



COMITÉ PERMANENT DES MÉDECINS EUROPÉENS  
STANDING COMMITTEE OF EUROPEAN DOCTORS



The Standing Committee of European Doctors (CPME) gathers COVID-19 related information amongst National Medical Associations on a continuous basis and releases weekly updated status reports<sup>1</sup>.

# COVID-19 in Europe: Status report from the National Medical Associations

**19 June 2020**

This report provides an overview of the national responses to the COVID-19 outbreak in Europe and the medical profession's involvement in the fight against the virus\*.

---

*Disclaimer: As national situations constantly evolve this report does not claim permanent or comprehensive validity but rather provides a snapshot at a given point in time. The information provided originates from different dates.*

---

---

<sup>1</sup> Fields marked with a « 0 » imply that no response has been received so far.

## Table of contents:

- Availability of personal protective equipment (PPE)
- Testing Protocol: Medical professionals
- COVID-19 prevalence amongst doctors
- COVID-19 prevalence amongst ethnic minority healthcare staff and the wider community (Infection/ death rates and admissions to critical care units). Proportion of ethnic minority healthcare staff versus proportion of the wider population.
- Testing Protocol: Testing of doctors` families
- Testing Protocol: Self-isolation of infected medical professionals
- Death Reporting/Recording Protocol: How to record deaths due to COVID-19
- Availability of medicines
- Availability of Medical Devices
- Availability of workforce
- Violence against workforce
- Working Time
- Number of children who have been tested who are COVID-19 negative? Change in attendance pattern (e.g. reduced or increased) attendances of children to urgent care facilities (of any kind) since the pandemic began?
- Non-Pharmaceutical Countermeasures (NPCs) introduced / Plans and schedules to roll-back NPCs.
- Other workforce measures of note
- Treatment guidelines (Triage Protocol)
- Malpractice claims in times of COVID-19
- Other comments

## Countries:

Albania	Germany 	Netherlands
Austria	Greece 	Norway 
Belgium 	Hungary	Poland
Bulgaria	Iceland 	Portugal 
Croatia 	Ireland 	Romania
Cyprus	Israel 	Serbia
Czech Republic	Italy	Slovakia
Denmark 	Kosovo*	Slovenia 
Estonia	Latvia 	Spain 
Finland 	Lithuania 	Sweden 
France 	Malta 	Switzerland 
Georgia 	Montenegro	Turkey
		UK
		Ukraine

\* References to Kosovo are without prejudice to positions on status. They are in line with United Nations Security Council Resolution 1244/1999 and the opinion by the International Court of Justice on the Kosovo declaration of independence.

 The National Medical Association of this country updated its country sheet.

	<b>Availability of PPE</b>
<b>Albania</b>	0
<b>Austria</b>	Equipment of this kind is in high demand in Austria in the course of the epidemic just as in any other European country. After widespread shortages, enough masks are currently available in Austria, in particular due to deliveries from China, increased production in Austria and self-made masks. However, demand remains high and more deliveries are planned and expected and procurement channels remain active.
<b>Belgium</b>	It was registered shortages of face masks. So far, the situation returned to normality.
<b>Bulgaria</b>	There is a shortage across all sectors.
<b>Croatia</b>	Equipment availability fulfils current needs. Regular additional equipment deliveries are set between the Croatian and Chinese governments.
<b>Cyprus</b>	<p>There is a create shortage of PPE in Cyprus now. The stock is limited, and in a few days, only basic PPE will be available.</p> <p>b. Everything must be imported from abroad. And that is a problem especially after the general shut down.</p> <p>c. Fortunately, there was a delivery of some extra PPE from a flight that delivered PPE from China to Greece. Some of that PPE was directed to Cyprus.</p> <p>d. Soon there will be some more PPE – a full cargo flight with PPE is expected from China. Some of these PPE are a donation from the government of China, some are donations from various companies and the rest is been bought by the government.</p> <p>e. Is very important to say that there was NO response from EU-located companies – countries.</p> <p>f. The Cyprus Medical Association, because of the lack of PPE for doctors, is ordering more PPE, giving most of the money from its bank account for this order to support its doctor members. Their lives are very precious to us!</p>
<b>Czech Republic</b>	<p>The national distribution of PPE among salaried doctors, put in place during the COVID-19 outbreak, ended. The Czech Medical Chamber had a central role in this process too. As a consequence, the healthcare professionals now need to buy at their own expenses all necessary equipment.</p> <p>The Ministry of Health recommended to all health facilities to stockpile PPE and sanitizers at least for one month of activities. This should be completed by the end of August 2020 at the latest. The Czech Medical Chamber has created the guidelines for producers and retailers of PPE.</p>
<b>Denmark</b>	The availability of PPE is stable and stocks are still growing. National production of PPE's has developed and corporation between state-authorities, regions and communities in buying PPE's in the market has contributed to the stabilisation.
<b>Estonia</b>	The shortage of PPE was problem at the beginning, when pandemic was announced.

	<b>Availability of PPE</b>
<b>Finland</b>	There are no more shortages.
<b>France</b>	There is a shortage, due to which there was an order of masks by the Ministry of Health, also masks are requisitioned from all legal entities and a priority is given to health professionals. There is no policy on the compulsory wearing of masks for the whole population. As to hydroalcoholic gel, French companies of all categories, which have the ability to manufacture it, are participating in the national mutual aid.
<b>Georgia</b>	There is a shortage. Last week Georgia received PPE from Germany, China, and South Korea, but still it is not enough. The government is working on it.
<b>Germany</b>	There are currently no shortages. The main problem is getting PPE to the right places and it is being considered to create a national emergency reserve.
<b>Greece</b>	At the beginning of the pandemic, Greece dealt with a shortage in PPE, but now no specific shortage of PPE is reported. The PPE available in the market is adequate for the doctors in private practice. Some factories in Northern Greece started to produce protective shields, which are available in the market.
<b>Hungary</b>	There is stockpiling and the available PPE quantity is more or less enough to fulfil the current need, but the quality of FFP2 masks is not known.
<b>Iceland</b>	There is now sufficient PPE, including for a possible second wave.
<b>Ireland</b>	As of 27 April, shortages of PPE have largely been resolved with some exceptions. However, there are still concerns in relation to continued access to of PPE.
<b>Israel</b>	There are problems with procuring PPE, for which a black market has developed; however improvements can be seen. The Ministry of Health is in charge of securing supplies, the army is helping.
<b>Italy</b>	Shortages still persist. Availability is increasing thanks to donations from abroad, from the pharmaceutical industries and other donors. The Civil Protection Department purchased PPE and medical devices, also thanks to the citizens' donations. Some fashion textile industries converted their production and are now producing face masks and medical gowns. As wearing the face mask will be mandatory in many circumstances after the 4th of May, to avoid any speculation on their price, an upcoming decree will fix the price for face masks at €0.50 and will introduce a full VAT exemption.
<b>Kosovo*</b>	There are shortages.
<b>Latvia</b>	There are currently no significant supply problems for PPE. The supply is coordinated by the State Operational Medical Commission headed by the State Secretary of the Ministry of Health and the National Health Service. Latvian Medical Association is involved mainly in the distribution chain especially to private medical institutions.
<b>Lithuania</b>	In the beginning there was a shortage of tests and PPE for healthcare professionals. The situation improved due to the activity of the Lithuanian Medical Association together with the Lithuanian government.

	Availability of PPE
<b>Malta</b>	PPE availability is increasing. However, the situation is still challenging. Should the reproduction rate not exceed 1.1, there should be enough PPE. Supplies are tending to be very challenging. Shipments are blocked in other countries (e.g. being lost in transit countries). It is much more difficult to import PPE as governmental measures of other countries block supplies from being delivered to Malta.
<b>Montenegro</b>	The situation is optimal for now.
<b>Netherlands</b>	There are shortages. The distribution and purchase of PPE is coordinated by a national consortium. There is domestic production of PPE.
<b>Norway</b>	At the beginning there has been non-critical shortage of PPE and problems with capacity of analysis of COVID-19 tests but both of the issues have been sorted out.
<b>Poland</b>	Difficult situation with availability of PPE in the beginning but the Polish chamber has used donated 20mln polish zlotys to provide healthcare professionals with 1.5 mln masks and additional equipment. However, some parts (even the one supplied through the Ministry of Health) of the supply were sub-standard.
<b>Portugal</b>	There is limited supply of PPE.
<b>Romania</b>	There is limited supply of PPE.
<b>Serbia</b>	There is enough PPE in healthcare institution; Citizens can purchase a limited amount. In the first 24-48h there was "panic" and after that supply was stabilised.
<b>Slovakia</b>	There is a shortage across the sector.
<b>Slovenia</b>	Lack of PPE is particularly pronounced by private physicians and dentists. In public health care, PPE is mainly provided by the state. There is now a debate on the PPE procurement and how did the ministry of economy organised that.
<b>Spain</b>	During the month of March 2020, the almost total absence of some elements of the PPE was critical in various Spanish hospitals. The situation has gone back, and has relatively normalized, but the reprocessing of some equipment is still being considered against the manufacturer's indications (disposable, single-use).
<b>Sweden</b>	The National Board of Health and Welfare has signed agreements on protective equipment and medical devices for more than SEK 1 billion, including 800 respirators and 12 million face masks. Deliveries are made on a continuous basis and distributed after quality control to the healthcare system. Since the beginning of March there has been 420 requests for extra protective equipment or support to municipalities and regions. The majority of these requests has been fulfilled. However, there has been some quality issues with masks.
<b>Switzerland</b>	Problems exist.
<b>Turkey</b>	

	<b>Availability of PPE</b>
<b>UK</b>	The situation has improved but there are still some shortages. The BMA Chair of UK Council has previously written to the Prime Minister to request that “ healthcare workers have the proper protection for caring for patients with COVID-19 as well as being given priority testing.” The BMA has surveyed members and found that just 33% of doctors said they felt fully protected from the virus at work and that around 27% felt pressured to work in conditions without proper PPE. Of particular concern, over 23% of those surveyed had had to source PPE themselves - for either their personal use, or that of their department/practice. Nearly 38% of those surveyed have received supplies of PPE as an external donation. Only 38% of doctors surveyed reported "always" having sufficient PPE for safe contact with both possible/confirmed COVID 19 patients and non-COVID patients.
<b>Ukraine</b>	There are extreme shortages. The Ukrainian Medical Association has written an open letter to the President and Prime Minister demanding the proper protection for doctors, nurses and other workers caring for patients with COVID-19 as well as being given priority testing.

	<b>Testing Protocol: Medical professionals</b>
<b>Albania</b>	0
<b>Austria</b>	The Austrian Ministry of Health announced in March that testing of medical personnel shall be increased as soon as possible. Critical medical personnel in regular contact with sick patients or persons in need of care are required to be tested in case of contact with a COVID-19 infected person. In case of a positive test, they are quarantined according to current standards. In case of a negative test, they can continue their work under certain conditions, including daily tests for the duration of 10 consecutive days. The Medical Chamber of Vienna organizes tests for self-employed doctors and their medical personnel upon request in case COVID-19 is suspected.
<b>Belgium</b>	Medical professionals are tested only when symptomatic.
<b>Bulgaria</b>	There are no specific guidelines.
<b>Croatia</b>	According to the national protocol issued by the Croatian Public Healthcare Institute, healthcare workers are a priority group for COVID-19 testing.
<b>Cyprus</b>	a. The testing protocol is liberal. Anyone who was in contact with proven COVID-19 case without the appropriate PPE, is being tested.
<b>Czech Republic</b>	<p>Medical professionals are treated as the rest of the Czech population. Insurance companies are covering the PCR tests for healthcare professionals only if requested by the doctor. The testing capacity is higher than the demand. The highest price asked for the test is being regulated (approx. 60 EUR).</p> <p>The Czech Medical Chamber is currently working hard to make sure that the insurance companies cover the test expenses for all patients who are about to undergo to surgeries and/or invasive procedures. Unfortunately, this is not the case yet. Many hospitals, in fact, are using their own budget to cover the test expenses and protect the staff and the patients from the COVID-19 infection.</p>
<b>Denmark</b>	Health care staff in health care and elderly care with light symptoms of Covid-19 – the staff refer themselves as agreed with their superior; Health care staff without symptoms of Covid-19 in institution where infection is found among the clients or the staff; Health care staff without symptoms who have been in close contact with a Covid-19 patient without PPE; Routine test of staff without symptoms in health- and elderly care, institution etc. who has contact with persons in one of the vulnerable groups – under consideration.
<b>Estonia</b>	Medical professionals are only tested if symptoms are present.

	<b>Testing Protocol: Medical professionals</b>
<b>Finland</b>	Medical professionals are mainly tested if symptomatic. According to a members' survey dating from 16 April, one sixth of physicians working with COVID-19 patients have not had access to testing, but this is likely to have improved as testing capacity has increased.
<b>France</b>	There is PCR testing only for those with symptoms suggestive of COVID-19.
<b>Georgia</b>	They are tested every 2 weeks.
<b>Germany</b>	Medical professionals are tested only when symptomatic. The German Federal Ministry of Health has announced a proposed regulation that would enable preventive series tests to be carried out in hospitals and nursing homes (including health professionals)
<b>Greece</b>	The testing for medical professionals is revised frequently according to the need arising and as the pandemic progresses. For the moment, we test professionals who have either symptoms or unprotected contact with COVID-19 patient (unprotected means that neither the patient nor the doctor wear surgical face masks). In general, there is a lack of testing capacity.
<b>Hungary</b>	Medical professionals are treated as others - there is limited testing all over the country and no special treatment.
<b>Iceland</b>	Health professionals have access to testing and doctors can be tested for antibodies if required.
<b>Ireland</b>	Healthcare professionals are required to self-monitor and regular temperature checks are taken in hospitals, community and long-term care facilities. Healthcare professionals who develop symptoms are considered among the priority groups for testing.
<b>Israel</b>	The IMA demands more testing for health professionals. In an experiment in one hospital, 13 asymptomatic health professionals were tested positive, thus proving the risk of spreading the disease unintentionally.
<b>Italy</b>	Medical professionals are tested if symptomatic. In some regions, hospital doctors, general practitioners and pediatricians are tested. The priority is given to those that have other diseases (hypertension, diabetes, etc..).
<b>Kosovo*</b>	Doctors are tested only if they are suspected of being infected.
<b>Latvia</b>	The testing protocol has not changed and Latvia continues as before following the WHO guidelines. There is no shortage of tests and the testing is broad. Those medical professionals who have laboratory-confirmed Covid-19 testing should be performed not earlier than 14 days after the confirmatory test in the absence of symptoms (for general population testing shall be performed not earlier than 21 days after the confirmatory test). Two negative tests with an interval of at least 24 hours are required to resume work.
<b>Lithuania</b>	All healthcare professionals are being tested every week and additional testing is possible if needed.
<b>Malta</b>	Any medical professional with symptoms is tested on the same day with the results available a few hours later. Malta is doing a lot of testing.



	<b>Testing Protocol: Medical professionals</b>
<b>Montenegro</b>	Medical professionals are occasionally prioritized in testing. However, there are not enough tests available.
<b>Netherlands</b>	Testing takes place only if doctors are symptomatic
<b>Norway</b>	Health personnel is only tested when symptomatic. The Institute of Public Health recommends that persons with acute respiratory, fever, cough or short-winded should be tested according to this priority: 1. Patients in need for hospitalization 2. Patients/persons living in health institutions 3. Employees in the health care service with close contact with patients 4. Persons over 65 with other diseases (cancer, diabetes, chronic obstructive lung disease etc) 5. Person that has been in close contact with a person tested positive for COVID-19.
<b>Poland</b>	At present, there is no special protocol. The Polish Chamber advocates for establishing it as soon as possible.
<b>Portugal</b>	0
<b>Romania</b>	Medical professionals are tested only if suspected.
<b>Serbia</b>	Patients/persons living in health institutions are tested.
<b>Slovakia</b>	Employees in the health care service with close contact with patients are tested.
<b>Slovenia</b>	No special protocol for medical professionals
<b>Spain</b>	Officially, at this time, the guiding test is PCR. Rapid tests and conventional serologies are considered “under investigation”, so there are still no guidelines for their use. Reincorporation to the work of health professionals requires a negative PCR and their reincorporation will be done for the care of patients suspected or confirmed of COVID-19. In case of new positive PCR after 14 days of symptoms, it will be repeated every 72 hours.
<b>Sweden</b>	Medical professionals are prioritised as well as hospitalised patients and elderly care personnel with suspected COVID-19.
<b>Switzerland</b>	0
<b>Turkey</b>	0
<b>UK</b>	Following the BMA Chair of UK Council's letter to health secretary Matt Hancock urging priority testing for healthcare workers at the NHS's time of 'greatest need', the government has promised that this will be prioritised. The BMA's previous member survey on this question has revealed that nearly 30% of hospital doctors said their trust did not offer any COVID-19 testing for staff with self-isolating symptoms, and only 18% of members said their trust offered testing for all hospital doctors. According to our latest survey results, 10% of respondents said that they or someone in their household had successfully accessed a test over the last week. 4% of those surveyed said they had tried to access a test but it was not accessible or timely. 85% of those surveyed had not needed access to a test.
<b>Ukraine</b>	The actual protocol says that only workers with symptoms could be tested.

	<b>COVID-19 prevalence amongst doctors (Infection/death rates among doctors and other health professionals)</b>
<b>Albania</b>	18 doctors and 39 nurses are infected.
<b>Austria</b>	We do not have exact data on this issue. To date, the death of one doctor (GP) is known.
<b>Belgium</b>	On 13 May 2020, the total number of deaths in Belgium is now 8,843. Unfortunately, numbers about infection/death among doctors are not available.
<b>Bulgaria</b>	As of 7 May 2020, there were 1811 confirmed cases of which 192 of which are medical professionals, 84 infected deceased (4.6%) and 384 (22%) are healed. 2 medical doctors lost their lives.
<b>Croatia</b>	25 May 2020 data: General population: 109 active Covid-19 cases. Healthcare workers: no data available.
<b>Cyprus</b>	a. Unfortunately, several doctors and nurses had been exposed and tested positive to the virus. 25% of positive cases are health professionals; among 67 infected health professionals in total, there are 15 doctors, 35 nurses and 17 other professionals. b. 2 major hospitals had to close for a few days just to test staff and patients and regain control of the situation. c. About 25 doctors and around 60 nurses are in self isolation waiting to be tested as they were in contact with the proven positive cases without PPE.

	<b>COVID-19 prevalence amongst doctors (Infection/death rates among doctors and other health professionals)</b>
<b>Czech Republic</b>	<p>Healthcare professionals are the most affected group of workers in the Czech population (11%). The risk of COVID-19 infection is 5 times higher, as the healthcare professionals are approximately 2% of the Czech population. As of 23 May 2020:</p> <ul style="list-style-type: none"> <li>- 187 doctors were infected, 148 have already recovered</li> <li>- 408 nurses were infected, 298 have already recovered, 2 died</li> <li>- 17 laboratory technicians were infected</li> <li>- 21 pharmacists were infected</li> <li>- 306 other healthcare staff were infected</li> </ul> <p>There have been approximately 8900 confirmed cases of the infection, 939 were among healthcare professionals.</p> <p>As regarding the other worker categories:</p> <ul style="list-style-type: none"> <li>- 189 teachers were infected</li> <li>- 135 drivers were infected</li> <li>- 96 social care workers were infected</li> <li>- 82 policemen were infected</li> <li>- 56 firefighters and rescue workers were infected</li> <li>- 28 soldiers were infected</li> </ul> <p>Unfortunately all these categories do not receive any financial compensation for their health conditions, as the current legislation doesn't recognize the COVID-19 infection as an occupational risk. The Czech Medical Chamber strictly condemns such approach and is working to protect the medical profession.</p>
<b>Denmark</b>	<p>As of 27 May 2020, about 576.000 persons have been tested. 11.480 persons are infected of which 107 are admitted to a hospital (27.05.2020). 565 persons have died, and 10.106 persons have recovered from COVID-19.</p> <p>About 5.000 hospital doctors have been tested. 306 are infected = 6,11%. About 242 GPs have been tested. 7 are infected = 2,89%.</p> <p>The comparative positive rate for the danish population = 2,44%.</p> <p>One general practitioner is dead. We do not know whether he was infected at work or private.</p> <p>As of 12 June 2020, the healthcare professionals infected resulted to be 6% of the population.</p>
<b>Estonia</b>	In the main hospital of the island Saaremaa, 41 staff members are infected.
<b>Finland</b>	The authorities report that approx. 950 health professionals were infected, out of a total of 7064 infections in the population as of 11 June. There is no specific information on the number of infected doctors.
<b>France</b>	30 doctors in private function were infected, there is no data for public sector doctors.
<b>Georgia</b>	Up to this date, Georgia has an infection rate of 13.3% among medical personnel.
<b>Germany</b>	There are no reliable statistics available on death rates.

	<b>COVID-19 prevalence amongst doctors (Infection/death rates among doctors and other health professionals)</b>
<b>Greece</b>	170 medical professionals tested positive to COVID-19 with mild symptoms, 1 doctor passed away, but it was not related to COVID-19 patients' treatment.
<b>Hungary</b>	As of 31 May, there are 576 COVID-19 positive cases amongst health professionals, which constitutes 14,8% of all confirmed cases
<b>Iceland</b>	Only few doctors were affected in the course of the pandemic and most probably not through their work, but through foreign travel. None of the cases were severe. All infected individuals are followed by a single outpatient clinic with daily phonecalls to check for deterioration and then called in for assessment.
<b>Ireland</b>	As of 12 June, there are more than 25,000 confirmed cases of COVID-19 in Ireland of which around 6% are doctors (483). There have been approx. 7 deaths of doctors (approx. 0.9% of total). D20
<b>Israel</b>	294 healthcare workers are infected (3 April 2020).
<b>Italy</b>	As of 4 May 2020, 154 medical doctors died for Covid-19 infection. The healthcare professionals infected by Covid-19 represent 10,5% of the positive tests. In particular as of 4 May, Italy registered 21880 healthcare professionals infected.
<b>Kosovo*</b>	Healthcare workers represent almost 4% of those tested positive.
<b>Latvia</b>	According to the situation on May 6, arounding 10% of all patients from 900 cases in Latvia are medical professionals.
<b>Lithuania</b>	There haven't been any deaths among healthcare professionals. All healthcare professionals are being tested every week and additional testing is possible if needed. 113 medical professionals are infected. 44 doctors are ill. A total of 125 coronavirus patients are under treatment in hospitals and 10 of them are in intensive care (2020-04-03). As of 15 May, the rate of infected professionals is enough high-20% of all infected persons.
<b>Malta</b>	19 healthcare professionals have been tested positive in hospitals.
<b>Montenegro</b>	Montenegro still has a small number of cases ( 47 ). There is no information available for COVID-19 prevalence among professionals.
<b>Netherlands</b>	Up to 30 April, 13 884 health professionals were tested positive. The death of nine health professionals has been reported.
<b>Norway</b>	As of 12 June, there have been no deaths among healthcare professionals. As of 27 April, a number of health personnel in quarantine is 780. This number indicates health professionals that have been in contact with patients with COVID-19 and are isolated preemptively.
<b>Poland</b>	The Polish Ministry of Health has stopped providing the chamber with official reliable data on prevalence of COVID-19 among healthcare professionals. According to official data published on 2 April, in Poland there are 461 healthcare professionals (doctors, nurses, paramedics) with confirmed contagion, and approximately 4 500 professionals are in quarantine at the moment. 1 doctor with SARS-Cov-2 death is known.
<b>Portugal</b>	Healthcare workers represent almost 20% of the persons tested positive.

	<b>COVID-19 prevalence amongst doctors (Infection/death rates among doctors and other health professionals)</b>
<b>Romania</b>	The Healthcare workers represent 17% of those tested positive.
<b>Serbia</b>	So far 1 specialist doctor and 1 dentist (in serious condition) are confirmed. More colleagues are in isolation.
<b>Slovakia</b>	No data available.
<b>Slovenia</b>	There is data on infected health professionals, but not separately collected for different professions. Although these numbers exist. On 29 April, there were 295 infected health workers out of total 1429 positive tests in the whole population. No deaths among HCPs.
<b>Spain</b>	In Spain (with a population of about 47 million) 243000 patients affected by COVID-19 have been registered as of 12 June 2020. Among these, around 51,000 are health professionals. And 76 health care professionals have died (as of 12 June 2020). (see: <a href="https://www.efe.com/efe/espana/portada/los-profesionales-sanitarios-contagiados-por-covid-19-superan-50-000/10010-4246166">https://www.efe.com/efe/espana/portada/los-profesionales-sanitarios-contagiados-por-covid-19-superan-50-000/10010-4246166</a> ).
<b>Sweden</b>	No complete data is available for prevalence or for death rates. A study in April among healthcare workers at a University hospital in Stockholm showed 20 % antibody prevalence. 2 doctors and 1 nurses´s assistant has deceased. At Karolinska University Hospital in Stockholm, 20% doctors were tested and 5% were tested positive.
<b>Switzerland</b>	0
<b>Turkey</b>	14 physicians died.
<b>UK</b>	There is no widespread data available although some smaller scale testing in individual hospitals indicate an infection rate of ~15%.
<b>Ukraine</b>	4 infected doctors out of 136 cases in total as of March 25. Fears exist as to be on the verge of an outbreak.

	COVID-19 prevalence amongst ethnic minority healthcare staff and the wider community (Infection/ death rates and admissions to critical care units); Proportion of ethnic minority healthcare staff versus proportion of the wider population
Albania	0
Austria	0
Belgium	0
Bulgaria	0
Croatia	There is no data on this.
Cyprus	0
Czech Republic	0
Denmark	0
Estonia	0
Finland	There is no data on this.
France	There is no data on this.
Georgia	0
Germany	The ethnic background is not recorded.
Greece	There is no specific data concerning the ethnicity of healthcare staff. Among the wider population there are 3088 cases.
Hungary	There is no information about this topic.
Iceland	0
Ireland	0
Israel	0
Italy	0
Kosovo*	0
Latvia	As it is not common practice to make such a division, there is no data available.
Lithuania	0
Malta	0
Montenegro	0
Netherlands	0

<b>Norway</b>		0
<b>Poland</b>		0
<b>Portugal</b>		0
<b>Romania</b>		0
<b>Serbia</b>		0
<b>Slovakia</b>		0
<b>Slovenia</b>		0
<b>Spain</b>		0
<b>Sweden</b>	No data.	
<b>Switzerland</b>		0
<b>Turkey</b>		0
<b>UK</b>	BAME minorities are disproportionally represented amongst the COVID-19 deaths of healthcare workers in the UK. The first 10 doctors to have died of the virus in the UK were all from BAME background, and the majority of the ~25 doctors who have died since are also from a BAME background. ICNARC data on CCU admissions in England, Wales and Northern Ireland, shows that BAME people make up 35% of people in intensive care. Black people in particular, who made up 11.16% of people in CCU, are particularly over-represented – as they make up 6.92% of the general population. BAME healthcare workers comprise 44% of medical staff compared with 14% of the population of England and Wales. Following repeated calls by the BMA Chair of Council, Dr Chaand Nagpaul, the government has now announced a review into the impact of COVID-19 on BAME communities and NHS Digital will also start collecting ethnicity data as part of their daily releases related to deaths.	
<b>Ukraine</b>		0

	<b>Testing Protocol: Testing of doctors` families</b>
<b>Albania</b>	According to the Public Health Institute tests are made available for all members of health professionals families.
<b>Austria</b>	There is no standard testing of family members of medical professionals for the time being.
<b>Belgium</b>	Doctors' families are only tested when symptomatic.
<b>Bulgaria</b>	Doctors' families are only tested when symptomatic, as is the rest of the population.
<b>Croatia</b>	The same rules apply as for the rest of the population.
<b>Cyprus</b>	1) The testing protocol is liberal. In the case of a positive test on a doctor, the whole family is tested – if the doctor is still living with the family. 2) The aim now is to give shelter to the staff (doctors and nurses etc.) working at the COVID-19 reference hospitals, away from their families. 3) For this reason, hotels are housing staff – like self-isolation.
<b>Czech Republic</b>	Doctors' families have no priority in testing.
<b>Denmark</b>	For the population: Patients with light symptoms of COVID-19 infection; Patients with moderate and severe symptoms of COVID-19 infection; Clients without symptoms in institutions where other clients or staff are infected; Patients who are expected to be admitted to a hospital in less than 24 hours regardless of the reason for being admitted; Patients – regardless the cause – who shall receive special treatment in a specialist practice, at a dentist or being an out-patient at a hospital; Persons who have close contact to a COVID-19 infected person – shall be tested on day 4,6 and 8.
<b>Estonia</b>	There is no special testing for doctors' families.
<b>Finland</b>	The same rules apply as for the rest of the population.
<b>France</b>	France increased the testing protocol for frail people and healthcare professionals. On another note, the Pasteur Institute is working on serological blood tests.
<b>Georgia</b>	There is no priority yet for testing doctors' families. Families are tested only when symptomatic.
<b>Germany</b>	Doctors' families are tested only when symptomatic.
<b>Greece</b>	The procedure of testing applies as for the general population, provided that the doctor is positive to COVID-19
<b>Hungary</b>	There is no specific testing protocol.
<b>Iceland</b>	Doctors' families are tested along the same guidelines as the rest of the population.
<b>Ireland</b>	People who live with frontline healthcare workers are also considered priority groups.



	<b>Testing Protocol: Testing of doctors` families</b>
<b>Israel</b>	Testing for doctors' families is carried out along same guidelines as for the rest of the population.
<b>Italy</b>	Testing for doctors' families is carried out along same guidelines as for the rest of the population.
<b>Kosovo*</b>	Doctors' families are tested only when symptomatic.
<b>Latvia</b>	There is no difference in testing protocols for doctors` families from the general population. A testing algorithm has been established for large scale of high-risk individuals and the testing is broad. Persons with symptoms are referred by a family doctor.
<b>Lithuania</b>	There is no standard testing of family members of medical professionals. If a doctor is tested positive, the family members are tested. Everybody has the right to be tested if he or she wants to. There are special places for testing and it is necessary to inform in advance.
<b>Malta</b>	If a doctor is tested positive the family/household is tested.
<b>Montenegro</b>	The same guidelines apply as for the rest of the population.
<b>Netherlands</b>	They are tested only when symptomatic including fever.
<b>Norway</b>	On 29 April, Norwegian authorities announced increased testing capacity up to 300 000 per week. Everybody with symptoms can now be tested, not only certain groups.
<b>Poland</b>	At present, there is the same protocol as for the rest of population.
<b>Portugal</b>	Families are tested only when symptomatic.
<b>Romania</b>	Families are tested only when symptomatic.
<b>Serbia</b>	Families are tested along the same guidelines as the rest of the population.
<b>Slovakia</b>	The same rules apply as for the rest of the population. Families are tested only when symptomatic.
<b>Slovenia</b>	If doctor is positive, the family/household is tested.
<b>Spain</b>	Testing to doctors' family are not being done generally.
<b>Sweden</b>	The same rules apply as for the rest of the population.
<b>Switzerland</b>	0
<b>Turkey</b>	0
<b>UK</b>	10% of respondents to the BMA`s latest survey on this question said that they or someone in their household had successfully accessed a test over the last week. 4% of those surveyed said they had tried to access a test but it was not accessible or timely. 85% of those surveyed had not needed access to a test.
<b>Ukraine</b>	No priorities for doctors families exist. Tests are conducted on a common basis in the presence of symptoms of the disease.

	<b>Testing Protocol: Self-isolation of infected medical professionals</b>
<b>Albania</b>	0
<b>Austria</b>	Infected medical professionals are quarantined until they recover from the disease just as any other infected person upon order of the regional sanitary authority (in line with the Austrian Law on Epidemics).
<b>Belgium</b>	The same rules apply as for the rest of the population.
<b>Bulgaria</b>	0
<b>Croatia</b>	Medical personnel with proven COVID-19 infection have to self-isolate for two weeks. An additional PCR test is required after the two-week period. Two negative PCR tests are necessary to terminate the quarantine.
<b>Cyprus</b>	a. They have to have two negative tests before they are able to return to work.
<b>Czech Republic</b>	Medical personnel with proven COVID-19 infection have to self-isolate. They undergo the next PCR test after the two-week period. Two negative PCR tests are required to terminate the quarantine.
<b>Denmark</b>	Any persons infected with the corona virus, including medical professionals, must isolate themselves until they no longer have symptoms. If problem with self-isolation the community will be able to help with localities for the isolation-period.
<b>Estonia</b>	Self-isolation is applied till the end of symptoms and they test negative.
<b>Finland</b>	The same rules apply as for the rest of the population. Healthcare personnel can go back to work when there have been two days without symptoms.
<b>France</b>	The same rules apply as for the rest of the population.
<b>Georgia</b>	Testing of medical personnel who are in self-isolation is a priority.
<b>Germany</b>	The same rules apply as for the rest of the population.
<b>Greece</b>	For suspected COVID-19 cases in doctors, there is a 7-day isolation. They can go back to work after the test becomes negative. For positive cases of COVID-19 in doctors, the protocol is the same as for general COVID-19 patients.
<b>Hungary</b>	Infected medical professionals are in isolation by the order of the preventive medical authority. Self-isolation is a preventive measure for contacts with confirmed cases.
<b>Iceland</b>	Self-isolation is mandatory as for the rest of population.
<b>Ireland</b>	Health professionals displaying symptoms are required to self-isolate for 14 days and to contact occupational health services. HSE staff are required to contact occupational health services.
<b>Israel</b>	Over 2000 health workers are in isolation, including 20% medical personnel.

	<b>Testing Protocol: Self-isolation of infected medical professionals</b>
<b>Italy</b>	The same rules apply as for the rest of the population. They need to have two negative tests before they are able to return to work. There are 14 days of self- isolation in case of being in close contact with a confirmed case of COVID-19.
<b>Kosovo*</b>	Doctors self-isolate only when symptomatic.
<b>Latvia</b>	At present, the protocol is the same as for the rest of population.
<b>Lithuania</b>	Infected medical professionals have to stay in quarantine, usually for 14 days and after that is tested two times.
<b>Malta</b>	0
<b>Montenegro</b>	Infected medical staff is in isolation for two - four weeks without any obligation to return to work until tested negative.
<b>Netherlands</b>	When tested positive, they must go into self-isolation until they have no longer symptoms for at least 24 hours .
<b>Norway</b>	Infected health personnel must be in isolation, normally in their home until tested negative.
<b>Poland</b>	At present, there is the same protocol as for the rest of population.
<b>Portugal</b>	The same rules apply as for the rest of the population.
<b>Romania</b>	The same rules apply as for the rest of the population.
<b>Serbia</b>	The same rules apply as for the rest of the population.
<b>Slovakia</b>	The same rules apply as for the rest of the population.
<b>Slovenia</b>	Yes
<b>Spain</b>	There is a protocol that determines the home quarantine of the healthcare professional in close contact with COVID-19 patients treated without protection. There is a recommendation for daily self-monitoring of symptoms for all professionals caring for COVID-19 patients.
<b>Sweden</b>	The same rules apply as for the rest of the population. If COVID-19 is not diagnosed but symptoms occur, medical professionals can return to work after two days without symptoms.
<b>Switzerland</b>	0
<b>Turkey</b>	0
<b>UK</b>	The same rules apply as for the rest of the population.
<b>Ukraine</b>	The same rules apply as for the rest of the population.

	<b>Death Reporting/Recording Protocol: How to record deaths due to COVID-19.</b>	
<b>Albania</b>		0
<b>Austria</b>	Both reported and confirmed deaths are published on the health ministry's COVID-19 information page : <a href="https://info.gesundheitsministerium.at/?l=en">https://info.gesundheitsministerium.at/?l=en</a> . Data on reported deaths is collected by the provincial health directorates and updated once a day. The number of confirmed deaths is based solely on the Epidemiological Reporting System (EMS), maintained by the district administrative authorities.	
<b>Belgium</b>	Belgium is including all potential deaths in nursing homes — even if COVID-19 has not been confirmed as the cause of death. Of Belgium's registered deaths, 44 percent died in hospital (and were tested). The majority of 54 percent died in a nursing home — and only in 7.8 percent of those cases was COVID-19 confirmed as the cause (20 April 2020).	
<b>Bulgaria</b>		0
<b>Croatia</b>	The classification of deaths due to COVID-19 is made on the grounds of the clinical judgment of a competent physician.	
<b>Cyprus</b>		0
<b>Czech Republic</b>	The process of death reporting/recording is based on the positive PCR test. Thus, the number of fatalities due to COVID-19 could certainly be higher.	
<b>Denmark</b>	Only those deaths tested positive to COVID-19 in a previous period of 30 days are recorded as deaths due to COVID-19. COVID-19 is not necessarily the primary cause for the death.	
<b>Estonia</b>	Those having a positive Covid-19 test are registered as deaths due to Covid-19.	
<b>Finland</b>	The Finnish Institute for Health and Welfare has given guidelines on this. Reporting takes place daily.	
<b>France</b>	In France, the total of death toll is calculated by the government based on the information gathered from medical and medico-social establishments (such as hospitals, clinics and elderly care homes) : <a href="https://www.santepubliquefrance.fr/maladies-et-traumatismes/maladies-et-infections-respiratoires/infection-a-coronavirus/articles/infection-au-nouveau-coronavirus-sars-cov-2-covid-19-france-et-monde">https://www.santepubliquefrance.fr/maladies-et-traumatismes/maladies-et-infections-respiratoires/infection-a-coronavirus/articles/infection-au-nouveau-coronavirus-sars-cov-2-covid-19-france-et-monde</a>	
<b>Georgia</b>	Georgia is using ICD 10- U07.1. With the communication between clinics and NCDC, a death due to COVID-19 is notified urgently.	
<b>Germany</b>	The Robert Koch-Institut (national public health authority) registers all deaths that were tested positive on SARS-CoV-2.	
<b>Greece</b>	As of 6 May, 183 deaths have been reported. All fatal cases of COVID-19 are reported to the Ministry of Health daily.	

	<b>Death Reporting/Recording Protocol: How to record deaths due to COVID-19.</b>	
<b>Hungary</b>	Only PCR-confirmed COVID -19 positive cases are considered as "death due to COVID-19" in official numbers. In statistics, the primary cause of death must be the chronic disease and COVID-19 is added as supplementary cause. COVID-19 as primary cause of death can be only administered if there are no other known diseases in the anamnaesis.	
<b>Iceland</b>		0
<b>Ireland</b>	Ireland has a one of the best, very accurate system in identifying deaths in community and hospitals. Given the current pressures on medical professionals, provision is being made for other qualified persons, including registered nurses or paramedics, to pronounce death. If the deceased had a confirmed diagnosis of COVID-19, the death will be reported to the coroner but a post mortem will not normally be required, unless required for other reasons. In cases where it is unclear whether COVID-19 was a cause of death, a COVID-19 test may be required.	
<b>Israel</b>		0
<b>Italy</b>	In line with the guidelines issued by the Ministry of Health in its circular published on February 2020, all certificates recording COVID-19 as the cause of death shall be accompanied by an opinion of the Istituto Superiore di Sanità (ISS). A working group has therefore been created to study the cause of death of patients who were tested positive for SARS-CoV-2. Only those that were tested positive to SARS-CoV-2 are registered on the statistics as deaths due to COVID-19 - 19.	
<b>Kosovo*</b>		0
<b>Latvia</b>	In order to identify all deaths due to COVID-19 as well as to register COVID-19 as a significant condition contributing to the death in other cases (and to make the data internationally comparable), Latvia is following the principles of international guidelines for certification and classification of COVID-19 as cause of death issued by WHO on 16th of April. Based on these guidelines, the Latvian Centre for Disease Prevention and Control issued the recommendations and they are widespread.	
<b>Lithuania</b>	The Ministry of health reports the number of deaths and the death cause COVID-19 every day. There are 54 deaths (2020-05-15), only 6 persons were younger than 65-years old.	
<b>Malta</b>		0
<b>Montenegro</b>		0
<b>Netherlands</b>	The record describes the number of persons who had tested positive for COVID-19 at time of death.	
<b>Norway</b>	The municipalities and hospitals report the number of deaths and the death cause direct to the Public Health Institute. The local physician decide the death cause.	
<b>Poland</b>		0
<b>Portugal</b>		0
<b>Romania</b>		0

	<b>Death Reporting/Recording Protocol: How to record deaths due to COVID-19.</b>	
<b>Serbia</b>		0
<b>Slovakia</b>		0
<b>Slovenia</b>	n/a	
<b>Spain</b>	Urgent notification of all COVID-19 cases, both confirmed and probable, as well as their situation (ICU, exitus ...) is mandatory. There is a recommendation to certify clinically and epidemiologically compatible tables as COVID-19, even if there is no confirmatory PCR, in the context of the pandemic.	
<b>Sweden</b>	The statistics of deceased persons are based on data reported so far to the Public Health Agency. Statistics show the number of people with confirmed covid-19 who have died, regardless of the cause of death.	
<b>Switzerland</b>		0
<b>Turkey</b>		0
<b>UK</b>		0
<b>Ukraine</b>		0

	<b>Availability of medicines (e.g. Propophol)</b>
<b>Albania</b>	0
<b>Austria</b>	With April 1, authorization holders for medication (“Zulassungsinhaber”) and their representatives are required to report any restrictions on their ability to provide prescription medicine. The reporting on non-prescription medicine is done on a voluntary basis. The Austrian Federal Office for Safety in Healthcare (Bundesamt für Sicherheit im Gesundheitswesen – BASG) reports on any potential shortages. No problems or shortages have been reported so far. In order to ensure future availability, all nine states will define a central COVID-19 pharmacy, which will function as a single point of communication. They will be in charge of keeping an overview of required COVID-19 related medication and will also distribute said medication to the hospitals in their state.
<b>Belgium</b>	Shortages of test kits and reagents were registered. So far there is no more shortages.
<b>Bulgaria</b>	At the moment, there are no shortages.
<b>Croatia</b>	There are no medicine shortages so far.
<b>Cyprus</b>	a. For now, no shortage of medicines is being reported. b. In the case of massive numbers of ICU cases, there is a strong possibility for medicine shortage.
<b>Czech Republic</b>	The availability of Remdesivir is very limited and the effect of Hydroxychloroquin is not sufficient (this substance is too dangerous as well). The Czech Medical Chamber is cooperating with the Military University Hospital and tries to find donors of plasma from recovered COVID-19 patients. Convalescent plasma therapy seems to have the effect as for serious conditions.
<b>Denmark</b>	Access to medicines and medical equipment, including ventilators and other equipment is sufficient and under control. The healthcare staff has been busy, but in general, the pandemic has been and is under control, so the healthcare system can keep up. The authorities have started a re-opening of the elective healthcare system and taken up postponed operations.
<b>Estonia</b>	There are no reports of shortages of medicines so far.
<b>Finland</b>	No serious shortages have been reported.
<b>France</b>	There is no stock shortage at the moment, however 1. Hydroxychloroquine is restricted and available with a hospital only initial prescription followed by a possible renewal by any doctor. 2. For Paracetamol, there is a limitation of dispensing, and 3. there is a limited drugs prescription renewal. The ANSM (National Agency for the Safety of Medicines and Health Products) has announced that in case of medicinal shortages, veterinary medicinal products with the same therapeutic aim, benefiting from a marketing authorization mentioned in article L.5141 -5 of the public health code of the same active substance, the same dosage and the same route of administration, can be prescribed, prepared, dispensed and administered in hospitals.
<b>Georgia</b>	There is a shortage.

	Availability of medicines (e.g. Propophol)
<b>Germany</b>	There are no shortages.
<b>Greece</b>	There are no medicine shortages so far.
<b>Hungary</b>	There is no shortage so far.
<b>Iceland</b>	There is no shortage for now.
<b>Ireland</b>	0
<b>Israel</b>	0
<b>Italy</b>	There is no shortage, apart from a slight shortage of hydroxychloroquine.
<b>Kosovo*</b>	Certain medicines are in short supply because there is an existing problem.
<b>Latvia</b>	At the present time there are no reports of significant drug shortages. In order to avoid a shortage of medicines in an emergency situation, from April 3 of this year, restrictions on the export of medicines have been set in Latvia.
<b>Lithuania</b>	There are no shortages of medicines.
<b>Malta</b>	There are no reports of medicine shortages.
<b>Montenegro</b>	0
<b>Netherlands</b>	There are no shortages yet. Propophol supplies are running low. The availability of essential drugs is being monitored.
<b>Norway</b>	A list of medicines published by the Norwegian Medicines Agency shows that there is a shortage of medicines, for example cisatracurium and paracetamol, but alternatives are available. More information can be found here: <a href="https://legemiddelverket.no/legemiddelmangel/nyheter-om-legemiddelmangel-og-avregistreringer">https://legemiddelverket.no/legemiddelmangel/nyheter-om-legemiddelmangel-og-avregistreringer</a>
<b>Poland</b>	There are no reports of medicine shortages.
<b>Portugal</b>	The situation is Ok for the time being.
<b>Romania</b>	Some hospitals in first line have medicines for a few more days, others have medicines for 2 weeks.
<b>Serbia</b>	There is no shortage of drugs due to the COVID-19 pandemic. Certain medicines are in short supply because there is an old problem with suppliers. There are not enough tests, only 5000 symptomatic patients were tested.
<b>Slovakia</b>	There is a shortage.
<b>Slovenia</b>	Available
<b>Spain</b>	There has been no shortage of drugs, although there is a limitation with anti-leukin drugs.
<b>Sweden</b>	There is some shortage of drugs, mainly anesthetics but even some antibiotics and sterile water. Propophol is replenished from the veterinarians.
<b>Switzerland</b>	0



	Availability of medicines (e.g. Propophol)
Turkey	0
UK	Our latest survey results show that 30% of those surveyed reported shortages in medicines, medical gases, and other therapeutics.
Ukraine	There is a critical number of antiviral drugs.

	<b>Availability of Medical Devices (e.g. ventilation devices)</b>
<b>Albania</b>	0
<b>Austria</b>	No problems or shortages reported so far.
<b>Belgium</b>	There were shortages of A) ventilators (an additional 10,000 ventilators have been ordered by the government, B) breathing tubes, and C) canulas for ECMO.
<b>Bulgaria</b>	At the moment, the available equipment is sufficient.
<b>Croatia</b>	There are no shortages of medical devices so far.
<b>Cyprus</b>	<p>a. For now, there are no shortages of medical devices.</p> <p>b. But this will be a huge problem if it is not possible to stop the spread of the disease.</p> <p>c. Cyprus is trying to order more ventilators but there is a big shortage of ventilators worldwide.</p> <p>d. Cyprus did however manage to get some extra machines and hopes to have them in time to support when ICU capacity is reached.</p> <p>e. 50 more ventilators are coming from Israel – there is close collaboration with Israel at this difficult time. In exchange Cyprus is giving Israel Chloroquine – a medication that is being produced in Cyprus in big amounts.</p> <p>f. There are around 30 ventilators coming from China with the following cargo flights.</p>
<b>Czech Republic</b>	Thanks to the introduction of COVID-19 preventive measures, there wasn't any worrying increase of COVID-19 patients. Therefore, Czech Republic didn't face any collapse of the healthcare system. The hospitals reduced the elective surgeries and set aside the intensive care units for COVID-19 cases. The other standard wards (internal medicine) provided its capacity for such patients. So far, the Czech health system has approximately 3000 ventilators at disposal. The maximum use of this device was maximally a few hundred. The hospitals have been returning to normal state since the beginning of May – special units are being out of operation.
<b>Denmark</b>	In April, according to the available Danish data; the need for ICUs and respirators decreased slightly.
<b>Estonia</b>	So far we are not faced with a shortage of medical devices.
<b>Finland</b>	Finland has been preparing for a largescale epidemic, tripling ICU beds. So far, capacity has been sufficient in all parts of the country.

	<b>Availability of Medical Devices (e.g. ventilation devices)</b>
<b>France</b>	In case of shortages of an essential medical device and to ensure the continuity of care of a patient whose health could be endangered by an interruption, the equipment distributor or the pharmacist dispensing this device may replace the unavailable medical device with another within the following criteria: The substitutional device must have : 1. An identical use. 2. Equivalent technical specification. 3. Be registered on the list of products and services provided in article L.165-1 of the social security code. This substitution is subject to the prior agreement of the prescriber and the information of the patient.
<b>Georgia</b>	Partially there are enough medical devices.
<b>Germany</b>	There are no shortages.
<b>Greece</b>	There is an increase in ICU beds (ICU beds existing before pandemic: 564; now 850 ICU beds approximately). The Ministry of Health tends to increase the ICU beds further.
<b>Hungary</b>	There are more than 2000 ventilation devices available, as well as ongoing manufacturing and importing of more. There is no shortage, 24 patients are on ventilation devices in ICUs countrywide as of 03 June.
<b>Iceland</b>	The status as to ventilators is now deemed sufficient as it is for diagnostic sampling kits (sampling pins).
<b>Ireland</b>	No shortages envisaged at present
<b>Israel</b>	0
<b>Italy</b>	There was a lack of ventilators and intensive care beds during the first weeks of the pandemic. Today, no shortage of medical devices is registered, especially thanks to the large number of ventilators acquired or donated to hospitals and and to of the significant decrease of infected patients.
<b>Kosovo*</b>	142 are available and an additional 50 are already contracted. This can be considered enough based on the present situation.
<b>Latvia</b>	On May 7, a total of 29 patients were treated in hospitals: 26 patients with moderate disease, 3 patients with severe disease. Therefore there are currently no signs of a shortage of Medical Devices.
<b>Lithuania</b>	There is no shortage for now.
<b>Malta</b>	Malta has a number of ventilators and is trying to acquire more. There is no shortage yet but it may develop in the future.
<b>Montenegro</b>	0
<b>Netherlands</b>	There are no shortages yet. The distribution and purchase of medical devices is coordinated by a national consortium. There is domestic production of ventilation devices.
<b>Norway</b>	The demand is met for the time being. The number of patients in hospital have decreased to 125, including 32 (down from 52 previously reported) on ventilator.
<b>Poland</b>	As of 12 June, the very early lockdown seems to help in preventing the shortage of ICU beds and ventilators.
<b>Portugal</b>	The situation is Ok for the time being but will depend on the evolution of the disease.

	<b>Availability of Medical Devices (e.g. ventilation devices)</b>
<b>Romania</b>	Around 1,600 ventilators are available at 8,000 beds of anesthesia-intensive (supplemented through opening of new anesthesia-intensive care units). Several hundred ventilators have been ordered but they will arrive in the coming weeks.
<b>Serbia</b>	There is no shortage for now. Serbia received a big donation from China.
<b>Slovakia</b>	550 pc / 5 million inhabitants
<b>Slovenia</b>	Regarding COVID-19 - enough for now
<b>Spain</b>	During the month of March and until the first fortnight of April, 100 % of the mechanical ventilation devices installed, have been used primarily for COVID-19 patients, in the Autonomous Communities most affected by (País Vasco, Madrid, Catalonia, Castilla y León and Castilla -La Mancha). In addition, the installation of mechanical ventilation equipment in surgical areas has been doubled, using the units and equipment for resuscitation.
<b>Sweden</b>	No current shortages.
<b>Switzerland</b>	0
<b>Turkey</b>	0
<b>UK</b>	0
<b>Ukraine</b>	There are extreme shortages. For example, there are only 180 mechanical ventilation units in Lviv region with more than 2 million inhabitants.

	<b>Availability of workforce</b>	
<b>Albania</b>		0
<b>Austria</b>	There are no problems or shortages reported so far.	
<b>Belgium</b>	The government plans a change to the law, enabling students to start the practical element of medical education (year 6) earlier.	
<b>Bulgaria</b>	At this time, Bulgaria registers an acute need of anaesthesiologists and other medical professionals, particularly in hospitals outside Sofia. Moreover, the Governor of the Vidin Region has requested assistance from the Army, particularly asking for medical professionals and actions of sanification.	
<b>Croatia</b>	There is no workforce shortage caused by the COVID-19 pandemic. In fact, today Croatia registers the same rate of shortage of healthcare professionals as it was before the COVID-19 pandemic.	
<b>Cyprus</b>	a. There is a big shortage of workforce. State hospitals are suffering most as most of the positive cases are from the state hospitals b. For this reason, workforce from the private sector is being moved to support the state hospitals c. Furthermore, all the private hospitals are working along with the government to help manage the COVID-19 crisis. d. For now, the private sector is offering a supportive role covering all the non COVID-19 cases, but getting ready for all possible scenarios.	
<b>Czech Republic</b>	Since the outbreak of the COVID-19 pandemic, the Czech Government promised support, better working conditions, benefits and wage increase for medical personnel. However, after two months from these promises, and once the alerting situations is slowly going back to normality, the Government is trying to take back the word and avoiding any beneficial increase of the working conditions and salaries.	
<b>Denmark</b>		0
<b>Estonia</b>	There is no shortage yet. In the epicenter (island Saaremaa) the help of voluntary workforce was used.	
<b>Finland</b>	There are not workforce shortages. Some healthcare personnel has been retrained and/or reassigned to different positions. Elective medical care has been run down in many health care units, and patients have cancelled their scheduled appointments in fear of exposure to the virus. Based on emergency situation and legislation, authorities can, if needed because of the epidemic, require healthcare personnel to work in a certain healthcare facility.	

	<b>Availability of workforce</b>
<b>France</b>	Alongside the French Council of Nurses and public health authorities, the French Medical Council requested non-practicing doctors to join the health reserve. All doctors concerned have been contacted to increase the intervention capacity of the health reserve and give it the necessary means to deal with the epidemic, in particular in nursing homes and healthcare establishments. This call for solidarity can help guarantee the best possible care for the entire population. / In the 3 main regions, there are tension of hospital staff and reinforcement by the structures set up by the States, e.g. the Health Reserve. / Many patients have been moved from the most affected areas to the less affected ones. Also, Germany, Switzerland and Luxembourg are taking patients from France.
<b>Georgia</b>	There are enough health workers.
<b>Germany</b>	Currently, there are no shortages specific to the treatment of COVID-19 patients. The government has introduced a change to the law, enabling students to start the practical element of medical education (year 6) earlier.
<b>Greece</b>	The availability of the workforce is good enough for time being. Additionally, several calls from the Ministry of Health are in progress for doctors willing to work in and around the National Health System. For the following weeks, we do not expect to experience shortages in workforce. Retired doctors and medical students are volunteering.
<b>Hungary</b>	There is no relative and absolute shortage in workforce. Medical facilities are starting to open up again.
<b>Iceland</b>	In the long run, there might be a shortage of skilled healthcare professionals working in ICUs. The health system can today count on a reserve of 1000 healthcare professionals.
<b>Ireland</b>	<p>Historical shortages and difficulties in recruiting hospital specialists have come to the fore but there has been no local derogation of hospital consultant recruitment procedures.</p> <p>291 additional doctors have been employed through the HSE on-call initiative and this year's intake of medical interns has increased from 734 to approximately 1,100.</p> <p>Elective and non-urgent care has been deferred and some specialties have been redeployed to intensive care. Other staff have been redeployed from other public services to assist with contact tracing.</p> <p>Community Assessment Hubs have been established by the HSE around the country to allow a safe environment for COVID-19 patients to be physically assessed should that be required. The hubs are staffed by GPs, nurses, other healthcare professionals and administrators, with a mixture of staff deployed from hospitals and voluntary participation. The use of these Hubs will increase the ability of GPs to manage COVID-19 patients in the community outside of the GP Surgery thus allowing the surgeries to manage non COVID-19 patients more effectively</p> <p>The nursing home sector is experiencing significant shortages as infected staff are required to self- isolate.</p>
<b>Israel</b>	0

	<b>Availability of workforce</b>
<b>Italy</b>	In the past weeks, the Civil Protection Department launched two calls for doctors and nurses, as the most affected areas were in strong need of healthcare professionals. Thousands of doctors and nurses from each part of Italy and of different ages and years of expertise showed their interest. As a consequence, many doctors and nurses moved to the north of Italy and started working in those hospitals registering a lack of professionals and situated in the most affected areas. Moreover, some retired doctors returned to their job and junior doctors were employed in the hospitals.
<b>Kosovo*</b>	Currently, we are managing successfully the situation but if the situation escalates, unemployed and retired doctors could be included to work if needed.
<b>Latvia</b>	There is no specific shortage due to COVID-19.
<b>Lithuania</b>	There is no specific shortage due to COVID-19. Medical students and residents are working in testing units. They are remunerated.
<b>Malta</b>	Many doctors (over 100 doctors, more than 10% of hospital workforce) are in quarantine due to the exposure to a confirmed case.
<b>Montenegro</b>	0
<b>Netherlands</b>	There are no shortage yet. Additional workforce has been created by reactivating former health professionals.
<b>Norway</b>	The demand is met for the time being. Norway has sent a health team consisting of physicians and nurses to Italy.
<b>Poland</b>	There are considerable shortages. In a number of hospitals, normal activities have been limited and medical personnel has been delegated to respond to the pandemic.
<b>Portugal</b>	Healthworkers are becoming exhausted.
<b>Romania</b>	Health Workers are becoming physically and mentally exhausted.
<b>Serbia</b>	Currently, a list of physicians working in private practice, as well as the unemployed and retired, could be included in the workforce if needed. Potentially needed specialties would be: anesthesiologists, infectious disease specialists and emergency medicine specialists.
<b>Slovakia</b>	There is a lack of doctors and nurses.
<b>Slovenia</b>	There is enough for COVID-19 related activities, but a shortage for all other services.
<b>Spain</b>	In Spain, there have been more than 20,000 healthcare professionals affected with SARS-CoV-2 (+) or in close contact quarantine. Various specialists have voluntarily collaborated, for example anesthesiologists acting as intensivists, general practitioners replacing internists; including orthopedic surgeons, surgeons or gynecologists, as support or general internists for the care of COVID-19.

	<b>Availability of workforce</b>
<b>Sweden</b>	The acute need for health educated staff has resulted in shifting workplaces for healthcare staff. There is a call to reactivate students, pensioners, staff from other sectors with a health care education to join in. Negotiations are in progress on summer vacations.
<b>Switzerland</b>	0
<b>Turkey</b>	0
<b>UK</b>	Our latest survey results demonstrated that 68% of those surveyed said self-isolation has either "significantly" or "slightly" reduced capacity available.
<b>Ukraine</b>	Before the pandemic, the shortage of infectious disease specialists and epidemiologists was up to 30% of the calculated need.



	<b>Violence against workforce (see here: <a href="https://www.wma.net/news-post/world-medical-association-condemns-attacks-on-health-care-professionals/">https://www.wma.net/news-post/world-medical-association-condemns-attacks-on-health-care-professionals/</a> )</b>	
<b>Albania</b>		0
<b>Austria</b>	No incidents have been reported yet.	
<b>Belgium</b>	Reports of health professionals being thrown out of their home by roommates because of fear to get infected. RTBF: <a href="https://bit.ly/2W6QcaF">https://bit.ly/2W6QcaF</a> Unia: <a href="https://bit.ly/2Yg0Mif">https://bit.ly/2Yg0Mif</a>	
<b>Bulgaria</b>		0
<b>Croatia</b>	No incidents have been reported so far.	
<b>Cyprus</b>		0
<b>Czech Republic</b>	No violence against healthcare workforce has been reported.	
<b>Denmark</b>	No incidents have been reported.	
<b>Estonia</b>	There are no reports of violence against the workforce.	
<b>Finland</b>	No incidents have been reported.	
<b>France</b>		0
<b>Georgia</b>		0
<b>Germany</b>	No significant rise has been reported.	
<b>Greece</b>	No incidents have been reported.	
<b>Hungary</b>	There are some sporadic cases but basically there is no violence yet. However- patients expect much faster "reboot" of normal life and cannot understand that the virus is still here. This raises tensions.	
<b>Iceland</b>		0
<b>Ireland</b>		0
<b>Israel</b>		0
<b>Italy</b>		0
<b>Kosovo*</b>		0
<b>Latvia</b>	No cases reported.	
<b>Lithuania</b>	No incidents	
<b>Malta</b>		0
<b>Montenegro</b>		0

	Violence against workforce (see here: <a href="https://www.wma.net/news-post/world-medical-association-condemns-attacks-on-health-care-professionals/">https://www.wma.net/news-post/world-medical-association-condemns-attacks-on-health-care-professionals/</a> )	
<b>Netherlands</b>	No incidents have been reported.	
<b>Norway</b>	No incidents have been reported	
<b>Poland</b>		0
<b>Portugal</b>		0
<b>Romania</b>	Reports of health professionals harassed by neighbors for working in a COVID-19 hospital because of fear to get infected, DIGI24HD: <a href="https://bit.ly/3d02vfG">https://bit.ly/3d02vfG</a>	
<b>Serbia</b>		0
<b>Slovakia</b>		0
<b>Slovenia</b>		0
<b>Spain</b>		0
<b>Sweden</b>	No covid-19 related violence is reported.	
<b>Switzerland</b>		0
<b>Turkey</b>		0
<b>UK</b>	Nurses caring for patients in the community have been spat at and called 'disease spreaders' by members of the public, according to England's chief nurse and the Royal College of Nursing, <a href="https://www.independent.co.uk/news/health/nurses-coronavirus-nhs-spitting-rcn-covid-19-a9414416.html">https://www.independent.co.uk/news/health/nurses-coronavirus-nhs-spitting-rcn-covid-19-a9414416.html</a> . There are reports about silencing healthcare professionals speaking up about lacking protection: <a href="https://www.theguardian.com/society/2020/mar/31/nhs-staff-gagged-over-coronavirus-protective-equipment-shortages">https://www.theguardian.com/society/2020/mar/31/nhs-staff-gagged-over-coronavirus-protective-equipment-shortages</a>	
<b>Ukraine</b>		0

	<b>Working Time</b>	
<b>Albania</b>		0
<b>Austria</b>	Working time directives in hospitals suspended only with consent of employee.	
<b>Belgium</b>		0
<b>Bulgaria</b>	Working time is as usual.	
<b>Croatia</b>	Working time for healthcare professionals is returning to normality. The recommendation from March 25 by the Ministry of Health to divide the healthcare workforce in healthcare facilities into 3 equal teams (team A is responsible for regular tasks, team B is ready to be assigned to other healthcare facilities and team C is to be on stand-by at home) is withdrawn.	
<b>Cyprus</b>	a. All medical personnel is now divided in groups, so that in the case of exposure, the others can continue their work. b. Cypriot doctors are working long hours – 12 hours shifts.	
<b>Czech Republic</b>	There are certain measures to ensure the operation of most hospitals in the Czech Republic. Medical personnel are divided into teams to prevent COVID-19 exposure; most elective surgeries were postponed as well as care for patients with chronic illnesses. Medical personnel in acute-care facilities are working in 12 hour shifts. The employers have been violating the European Working Time Directive (EWTD) for a long time. There are recorded cases of attempts to reduce salaries of medical staff in relation to organisational changes.	
<b>Denmark</b>		0
<b>Estonia</b>	There are no special changes in working time agreements. Most hospitals pay double salary for front-line workers.	
<b>Finland</b>	Adjustments have been needed in many healthcare units. In general, these are based on normal legislation and collective agreements. Emergency legislation allows certain additional arrangements, and some employers have wanted to use these, but there has not really been need for them due to the well-controlled epidemic situation.	
<b>France</b>	This has not been evaluated but there is a very large volume of hours of activity for health professionals in the highly affected regions.	
<b>Georgia</b>	Working time is 24 hours- 7 days a week, i.e. 24/7.	
<b>Germany</b>		0
<b>Greece</b>	Doctors' working time remains the same till now. There are plans for weekly shifts if necessary. Patients are admitted to Greek hospitals 24/7.	
<b>Hungary</b>	Working time is normal.	
<b>Iceland</b>	Working time has increased for doctors in ICUs, and for primary healthcare workers as well as those in special COVID-19- outpatient and COVID-19 inpatient wards.	

	<b>Working Time</b>
<b>Ireland</b>	Working time is extended on a case by case basis.
<b>Israel</b>	8 different collective bargaining agreements were negotiated to adjust working time and secure salaries.
<b>Italy</b>	There was no formal change, but doctors' working time has significantly changed during this pandemic.
<b>Kosovo*</b>	Working time has not changed from normal, but teams have been boosted with extra staff. All elective surgical procedures have been postponed.
<b>Latvia</b>	Much additional work is being done by epidemiologists to track contacts and in testing units and laboratories. Additional work in the allowable overtime is being extra paid. Supplementary fees are set for medical professionals in the State Emergency Medical Service and Emergency Departments of Hospitals.
<b>Lithuania</b>	Doctors' working time remains the same till now.
<b>Malta</b>	There have been some changes to working times but so far no one is being obliged to work extra. However, Malta is still in the containment phase.
<b>Montenegro</b>	0
<b>Netherlands</b>	There is no data available. Currently, research is being conducted to understand the role of children in transmitting the virus.
<b>Norway</b>	According to the wage agreement – but depending on the situation - the government can use the infectious disease law to order doctors to take part in prevention of corona and to examine and treat patients with corona. The emergency law orders doctors to work more than ordinary working hours.
<b>Poland</b>	At present, the working time has not been extended.
<b>Portugal</b>	There is an overload.
<b>Romania</b>	There is an overload.
<b>Serbia</b>	Working time is organized differently in every hospital. The staff is divided into 2 groups, which are changed every 7 days or 3 days. According to the Healthcare Law, working time can be extended from 40 hours/week to 60 hours/week.
<b>Slovakia</b>	There is excessive overtime even in normal operation.
<b>Slovenia</b>	COVID-19 and IC units are working in double shifts of 12 hours. Doctors or other HCPs haven't received any financial compensation.
<b>Spain</b>	Work has been done in double shifts of 12 hours, and weekends with morning shifts, at least during the month of March and April.
<b>Sweden</b>	Working time has changed to 12-hour shifts. Overtime rate is increasing rapidly. 18-hour shifts have been reported.
<b>Switzerland</b>	0

	<b>Working Time</b>
<b>Turkey</b>	0
<b>UK</b>	0
<b>Ukraine</b>	In the infectious wards working time is 12 hours, in the intensive care units 24 hours.

	<b>Number of children who have been tested who are COVID-19 negative?</b> <b>Change in attendance pattern (eg reduced or increased) attendances of children to urgent care facilities (of any kind) since the pandemic began?</b>	
<b>Albania</b>	32 children are infected.	
<b>Austria</b>	This has not been reported.	
<b>Belgium</b>	A very small number of children are also counted in the deaths.	
<b>Bulgaria</b>		0
<b>Croatia</b>	There is no available data.	
<b>Cyprus</b>		0
<b>Czech Republic</b>	We have the following data at disposal: of a total of 6950 confirmed cases (since 20th April) 3,1% of cases were among children younger than 10 years and 5,5 % among those in the 10-18 age group.	
<b>Denmark</b>	As of 27 May 2020: Children 0-9 year: 25.882 tested, 270 positive, 1% positive, 99% negative, 0 deaths. Children 10 – 19 year: 29.026 tested, 515 positive, 1,8% positive, 98,2% negative, 0 deaths.	
<b>Estonia</b>	This has not been reported.	
<b>Finland</b>	This data is not available. More than 112 000 tests have been performed as of 7 May. The number of tests by age group has not been published. The attendance of children in any healthcare facility has decreased significantly.	
<b>France</b>	This has not evaluated at this time but the tests will be generalized in France between April and June. The government has ordered 5 million tests to be able to test the entire population (see with the National Professional College(CNP) of Pediatrics).	
<b>Georgia</b>	N/A	
<b>Germany</b>	There were reports of concerns that the postponement of examinations and therapies among children could yield negative long-term effects.	
<b>Greece</b>	There is no data available.	
<b>Hungary</b>	There is no data on this.	
<b>Iceland</b>		0
<b>Ireland</b>	There are no figures available on the number of children who have tested negative. As of 27th April there were 294 cases in children aged 14 and under representing 1.5% of confirmed cases.  There has been a decrease in attendances by adults and children for GP care, emergency care and scheduled and non-scheduled appointments.	
<b>Israel</b>		0

	<b>Number of children who have been tested who are COVID-19 negative? Change in attendance pattern (eg reduced or increased) attendances of children to urgent care facilities (of any kind) since the pandemic began?</b>
<b>Italy</b>	According to the Istituto Superiore di Sanità update, as of 28 April 2020, 1478 children under the age of 9 and 2511 children between 10 and 19 have been tested positive to Covid-19.
<b>Kosovo*</b>	0
<b>Latvia</b>	0
<b>Lithuania</b>	0-4 years old infected children -11, o 5-14 years old – 14 (2020-05-15).There is no data on how many children have been tested.
<b>Malta</b>	There is no data on how many children have been tested. There has been much reduced urgent attendance at community level of children. There has been an increase of people asking for advice over the phone about children. The schools are closed so possibly there is less transmission of 'normal' microbes.
<b>Montenegro</b>	0
<b>Netherlands</b>	1) NCPs applied as of 6 March for one region and 12 March for whole country. 2) On 12 March universities closed, on 15 March schools and daycare closed. 3) Since 12 March public gatherings over 100 people are prohibited, since 23 March all public gatherings are prohibited (some exceptions, such as funerals). 4) Shops are still open but need to take measures (e.g. 1,5 m distance), bars and restaurants have been closed since 15 March. 5) There is a flight ban since 13 March, fines can be levied if more than 2 people stand less than 1.5 metres apart since 23 March. Restrictions are extended until the end of April. As to the roll-back of NPC's, most of the measures have been extended until 19 May. Primary schools, including special primary schools, childcare centres for children aged 0 to 4 (including childminders), and out-of-school-care will reopen on 11 May. The size of classes at primary schools will be halved. Pupils will go to school approximately 50% of the time. Children aged 12 and under will be allowed to play sports together outdoors under supervision. Young people aged 13 to 18 will be allowed to play sports together outdoors under supervision, but must stay 1.5 metres apart. From 29 April, people aged over 70 who live independently may be visited occasionally by the same one or two people.
<b>Norway</b>	101 children in age 0-9 and 364 children in age 10 -19 have been tested positive. 3 people between 0-29 are in intensive care per 27 April.
<b>Poland</b>	0
<b>Portugal</b>	0
<b>Romania</b>	There are 47 positive individuals between 0-19 years old, that is 2.1%. We do not know how many children were tested. The number of children affected is extremely low and this situation continues.
<b>Serbia</b>	0

	Number of children who have been tested who are COVID-19 negative? Change in attendance pattern (eg reduced or increased) attendances of children to urgent care facilities (of any kind) since the pandemic began?	
<b>Slovakia</b>		0
<b>Slovenia</b>	In the age group 1-4 years of age 9 children tested positive, and in the age group 5 - 14 years of age 27 children tested positive. There is no data on how many children have been tested. The number of visits to primary care paediatricians was very much reduced and a lot of virtual consultations have been done.	
<b>Spain</b>	In the Comunidad de Madrid, the urgent care of children was centralized in a hospital (Hospital Niño Jesús de Madrid).	
<b>Sweden</b>	A clear reduction in attendance pattern for emergency care. Even significant reduction for prevalence of infections for RS virus and Influenza virus.	
<b>Switzerland</b>		0
<b>Turkey</b>		0
<b>UK</b>		0
<b>Ukraine</b>		0



	<b>Non-Pharmaceutical Countermeasures (NPCs) introduced (physical distancing, working remotely, day care, schools, universities, public gatherings, shops)? / Plans and schedules to roll-back NPCs. An overview of the NPCs can be found in the Health System Response Monitor</b>	
<b>Albania</b>		0
<b>Austria</b>	<p>Austria introduced strict regulations regarding meetings, people's movement and businesses which were closed on 16 March 2020. Supermarkets and other vital shops remained open. The government decided that people should wear nose-mouth protection surgical masks starting 6 April 2020.</p> <p>Austria has similar restrictions as in Germany which are not as strict as in Spain; only in special areas higher restrictions occurred. Ischgl along with other ski resorts (Zell am See, Saalbach and others) were under complete lock down and declared quarantine areas. Shops below 400 m2 of sales area were opened on 14 April 2020 with strict measures, such as a limit on the number of customers allowed in the store and mandatory use of nose and mouth protectors.</p> <p>Starting on May 1 2020 the strict curfew has been lifted. New rules are in place: leaving the house is generally permitted, provided the safety distance of 1 meter is observed. Small gatherings of up to 10 persons are now permitted, as are funerals of up to 30 persons. Furthermore, tourist attractions as well hotels and other accommodations will reopen on 29 May 2020. Restaurants will allow no more than 4 persons (plus children) at one table, with service personnel wearing nose and mouth protectors and opening hours remaining limited to 6.00 – 23.00.</p>	
<b>Belgium</b>	<p>From 4 May 2020, wearing face masks in public transports is mandatory, but not for other activities i.e. shopping, as much as the physical distancing can be respected. Moreover, the National Security Council of Belgium confirmed on 13 May 2020 the country will relax some lockdown measures. In fact, from Monday 18 May, schools reopened part-time for some elementary and secondary grades. Nursery schools will remain closed. From the same day, also hair salons, museums, zoos, shops, outdoor food markets reopened and indoor gatherings of up to four people are now allowed. The next important phase starts June 8, when decisions about tourism, restaurants and bars are expected. Socializing in larger groups may also be addressed. Furthermore, hospitals are now allowed to restart their normal activities. The FPS Public Health, in collaboration with the VBS-GBS, drew up lists of treatments which can be started up according to their urgency and the patient's conditions.</p>	
<b>Bulgaria</b>	<p>Bulgaria introduced social distancing measures on the 13 March, which were made stricter a week later. However, as of 7 May 2020, some restriction measures are being relaxed; parks are opened, individual training allowed, terrace restaurants and bars are opened. Social distancing as well as wearing masks in public space are mandatory.</p>	

	<b>Non-Pharmaceutical Countermeasures (NPCs) introduced (physical distancing, working remotely, day care, schools, universities, public gatherings, shops)? / Plans and schedules to roll-back NPCs. An overview of the NPCs can be found in the Health System Response Monitor</b>
<b>Croatia</b>	<p>On 4 May 2020, the Croatian Government and authorities started a cautious lifting of the lockdown measures, following different phases indicated by the Croatian Institute of Public Health.</p> <p>The third phase has begun on 18 May. Under strict rules, childcare and primary schools could reopen. Restaurants, bars and shopping malls were also reopened, only if epidemiologic measures could be observed. Public transportation is functioning as well. Foreign citizens can enter the Republic of Croatia without testing. Only people who were in contact with COVID-19 infected patients will observe the self-isolation rule. In June additional lifting to the lockdown measures have been implemented. As of 12 June 2020, people coming from 10 EU countries</p>
<b>Cyprus</b>	In Cyprus, there is a shutdown as in most countries.
<b>Czech Republic</b>	There has been a slight lifting of the extraordinary preventive measures since the half of April. The economic aspects are being given the preference to the health aspects. People are tired of the epidemic and many of them refuse to respect the bans and recommendations, as they consider these bans and recommendations to be useless.
<b>Denmark</b>	After Easter, the government and the authorities have started a cautious re-opening of the society. Childcare and schools (only the younger classes), high schools (only the senior year) have opened but with controls as to infection risk. Also, some of the liberal professions such as hairdressers, physiotherapists, etc. have re-opened but also with strict controls as to infection risk. New actions has been taken during May 2020 with opening schools for all classes, some cultural facilities, big shopping centers and further actions will be on the list in June 2020 depending on the development of the pandemic.
<b>Estonia</b>	One of the hotspots is the Saaremaa Island with 30.000 population which means only 2.5% of the total population of Estonia. However, over half of all hospitalised patients are in Saaremaa. The virus was brought there by an Italian volleyball club from Milano at the beginning of March. From 14 March, Estonia's western islands, such as Saaremaa, were closed to all but residents.
<b>Finland</b>	As the disease situation has become significantly less urgent, there are discussions around lifting many restrictions including on travel. Restaurants reopened on 1 June and as of 1 July large outdoor events will be permitted again.
<b>France</b>	There is currently a low occupancy of ICU beds, apart from in the overseas departments of French Guiana and Mayotte which have infection rates similar to South America. All medical specialties are slowly taking up their activities again, but there are difficulties. The population is fearful to visit doctors' practices. Other activities, e.g. schools and business also remain cautious.
<b>Georgia</b>	There is a full lockdown in Georgia, and step-by-step Georgia is relaxing it. There is a campaign of physical distancing. The Georgian government announced 6 steps: <a href="http://gov.ge/index.php?lang_id=ENG&amp;sec_id=288&amp;info_id=75975">http://gov.ge/index.php?lang_id=ENG&amp;sec_id=288&amp;info_id=75975</a>

	<b>Non-Pharmaceutical Countermeasures (NPCs) introduced (physical distancing, working remotely, day care, schools, universities, public gatherings, shops)? / Plans and schedules to roll-back NPCs. An overview of the NPCs can be found in the Health System Response Monitor</b>
<b>Germany</b>	The lockdown has been almost complete: schools, universities, restaurants, soccer games, meetings with more than 5-10 people are forbidden, 2 metres of social distance are required (150 Euro fine otherwise), as well as home office solutions for companies. / German federalism makes it difficult to show a united front when it comes to NPCs and easing lockdown restrictions. Both the implementation and easing of restrictions are in the hands of the federal states. To some extent there has been a race to ease lockdown restrictions, e.g. federal states that are particularly attractive to tourists have lifted travel restrictions and permitted hotels and restaurants to open at an early stage. Bundesliga games have also resumed (in empty stadiums). Schools and kindergartens are also gradually reopening.
<b>Greece</b>	Schools opened on 18/5/20. Most shops have opened. Most of the companies have opened and the public servants have returned to their jobs. Some employees keep on working remotely.
<b>Hungary</b>	Physical distancing and closure of schools started on 16 March. Now we are in the reopening phase, meaning that <ul style="list-style-type: none"> <li>- citizens must wear masks inside shops in Budapest</li> <li>- citizens must cover their face on public transportation</li> <li>- medical capacity is limited to a maximum of 4 patients per hour in any specialty</li> <li>- kindergartens and primary schools under 4th grade are reopened but attendance is not obligatory, it is just a possibility for families.</li> </ul>
<b>Iceland</b>	The borders will reopen on 15 June. All arrivals will be given the choice between a test and follow-up or observing a two-week quarantine. There is no agreement in the medical profession on this measure and some doctors have criticised the lack of preparatory time.
<b>Ireland</b>	Since the 27th March the following restrictions have been in place and will continue until May 5th at least. <ul style="list-style-type: none"> <li>- Citizens have been asked to stay at home and only leave their homes to Shop for food or essential household goods, Collect medical supplies or go to medical appointments, Take care of children, older people or other vulnerable people, Exercise within 2 kilometres of their home.</li> <li>- Over 70s have been asked to “cocoon” – not leave their house at all.</li> <li>- Schools, universities, bars, restaurants, are closed and all public gatherings have been banned</li> <li>- For those who are unable to work from home temporary unemployment benefits and wage subsidy schemes have been introduced.</li> </ul> There is also a covid 19 illness benefit payable to those required to self-isolate.

	<b>Non-Pharmaceutical Countermeasures (NPCs) introduced (physical distancing, working remotely, day care, schools, universities, public gatherings, shops)? / Plans and schedules to roll-back NPCs. An overview of the NPCs can be found in the Health System Response Monitor</b>
<b>Israel</b>	Those patients with only mild symptoms are treated at home or designated facilities (e.g. converted hotels), this is not fully aligned with WHO recommendations, but relieves pressure off hospitals, to also continue treatment of other patients. In the multicultural country there are secluded communities such as the ultra-orthodox who do not follow usual media (therefore have less access to information on social distancing or the need to close synagogues) and often live in small houses with large families. These have become hotspot of infection; one example is Bnei Brak, where around 38% of the population is infected and a lockdown is enforced with police and the military. This experience has shown that any community with certain risk factors such as low socio-economic class, large families, and general lack of belief in government policy, requires specific government outreach to effectively ensure compliance with general containment protocols. If there is no tailored action, these communities can become heavily affected and also endanger the rest of society. In general it is feared that the upcoming holidays (Passover, Easter, Ramadan) pose a risk for an increase in infections. By the time the response was succesful and only 10 new cases per day occurred, the NPCs were removed with the exception of hygiene, masks and distancing measures. At the begiining of June the number of new infections went up to 200 new cases per day leading to a debate whether the opening went too quick. Currently, the new cases are locally dealt with isolation measures. At the same time public trust or interest in the measures seem to be decreasing - given i.a. some politicians not setting an example and the Supreme Court ruling 26 April against the Israeli government's Resolution 4950 authorizing the use of the tracing app as a general security services measure.
<b>Italy</b>	There is a lockdown, meaning that schools, universities, churches, restaurants, shops (with exemption of food suppliers, computer shops) are closed, and soccer games and meetings are forbidden. It is required to maintain a social distance of 1.5 meters. There are flexible working solutions for workers. All non-essential activities are prohibited. However, Italian Prime Minister Giuseppe Conte announced a "new phase of coexistence with the virus" as the country starts to ease some of the strictest lockdown measures in the EU. In fact, from the 4th of May, Italians will be allowed to visit family wearing masks, manufacturing industry will start reopening. Physical activity outside, even far from home, will also be allowed and parks will reopen. Professional athletes practicing individual sports will also be authorized to restart training, while teams will have to wait until May 18. Italy will enter another round of reopenings on May 18, which will include shops, museums, exhibitions and libraries. From June 1, bars, restaurants and hairdressers will also reopen.Schools will reopen only in September.
<b>Kosovo*</b>	0
<b>Latvia</b>	A "Stay at home, wash hands, social distancing at least 2 meters" campaign is widely run. Home office is encouraged. Only 2 people can gather or more only if required for the performance of the work tasks. Citizens are urged to not use public transport. As the outbreak subsides, restrictions are planned to be reduced, but they are still ongoing.

	<b>Non-Pharmaceutical Countermeasures (NPCs) introduced (physical distancing, working remotely, day care, schools, universities, public gatherings, shops)? / Plans and schedules to roll-back NPCs. An overview of the NPCs can be found in the Health System Response Monitor</b>
<b>Lithuania</b>	<p>The government declared quarantine and introduced restrictions which are similar to other Member States. The quarantine expiration deadline was extended and all borders were closed since the virus has not yet reached its peak. From the onset, the country established a COVID-19 hotline, free and available 24h to get truthful and precise information about COVID-19. Lithuania has an official website – Corona stop – containing updated safety instructions and recommendations. Moreover, new structures providing healthcare services were established:</p> <p>1) mobile stations/external checkpoints to survey for Corona virus. These are located in all municipalities. Arrival at the checkpoint is possible by car only and registrations are facilitated by the hotline service (1808). The person attending must have symptoms or must have been in contact with an infected patient. The mobile drive-in teams take samples from individuals for laboratory testing on COVID-19. The patients are informed and consulted by a team of doctors in the hot line. This procedure ensures that patients receive a faster diagnosis.</p> <p>2) clinics of fever in all municipalities. The registrations are made by the family doctor who evaluates the situation during a phone conversation. The doctor registers the patient online for a more detailed examination.</p>
<b>Malta</b>	<p>Restrictions were introduced, i.e. public meetings above 3 people are forbidden and public events and religious gatherings are cancelled. The delivery capacity is extended to meet the need of quarantined citizens. “Cocooning” of the population with the highest risk (1/4 of the total population) is applied. The first case has been identified on 7 March. At the beginning of the response there was a very close cooperation with a Chinese experts working in Malta to develop special materials in different languages. Then, the focus changed to the cases from Italy as they became the most problematic for Malta. There are disadvantages of Malta’s geography, i.e. a lack of flexibility to spillover to another country or region should the health system be overwhelmed. Moreover, Malta is very densely populated. Lately, there was an outbreak in a refugee reception centre that is now under quarantine.</p>
<b>Montenegro</b>	0
<b>Netherlands</b>	<p>There is a website hosting volunteers wanting to help in hospitals taking care of patients or working in laundry facilities or administrative facilities for the hospitals in need of assistance due to personnel shortages. Health personnel is no longer allowed to work / travel between different hospitals.</p>

	<b>Non-Pharmaceutical Countermeasures (NPCs) introduced (physical distancing, working remotely, day care, schools, universities, public gatherings, shops)? / Plans and schedules to roll-back NPCs. An overview of the NPCs can be found in the Health System Response Monitor</b>
<b>Norway</b>	On 12 March the authorities declared the emergency status and locked down the country. The government has since then used economic resources to save working places and companies. Kindergartens, physiotherapists and psychologists opened 20 April and schools (1-4) and hair dressers opened 27 April. Schools 5 to 10 will probably open 11 May. Restaurants and cafes can be open, but is must be two meters between the tables. In Oslo restaurants are not allowed to serve alcohol. Most offices are closed until 11 May. People work from home. The borders are still closed. From 20 April people are allowed to stay overnight outside the community where they live, for example in their summer houses and cabins in the mountains, but people are asked to reduce domestic travels. Shops can be open, but some are closed due to lack of customers. The hospitals plan to accept ordinary patients again, but the problem is the lack of protective equipment. The government has launched a corona app that people can voluntarily download. The app sends you a SMS if you have been close to an infected person for more than 15 minutes. Some are sceptical due to privacy, but more than 60 percent of the population report that they have downloaded the app. However, the testing must be intensified if the app shall be efficient. By 27 April 164 316 individuals (appr. 3 % of the population) have been tested for corona.
<b>Poland</b>	Personal distancing and closure of schools were introduced 3 weeks ago along with the ban of meetings >50 persons, closure of malls, restaurants etc. Stronger measures have been introduced gradually, at present going out of home is prohibited unless for work, shopping, support to dependent persons, very short walk with a pet. Only 2 persons can meet.
<b>Portugal</b>	The state of emergency was declared and the country is in lock down; The Portuguese Airport will be closed from 9-13 April.
<b>Romania</b>	1. on 23rd March physical distancing was introduced 2. all schools, day care and universities are closed 3. all public gatherings over 3 pax are prohibited 4. all shops are closed, with the exception of food suppliers 5. yes
<b>Serbia</b>	There is a quarantine from 17.00h-5.00h on week days, at weekends after 13.00h on Saturday to 5.00h on Monday. This does not apply to doctors. It is feared that returning expats (300 000-400 000 persons estimate) will increase infection rates.
<b>Slovakia</b>	0
<b>Slovenia</b>	Almost all NPCs have been introduced and for now they are in force until the end of April.

	<b>Non-Pharmaceutical Countermeasures (NPCs) introduced (physical distancing, working remotely, day care, schools, universities, public gatherings, shops)? / Plans and schedules to roll-back NPCs. An overview of the NPCs can be found in the Health System Response Monitor</b>	
<b>Spain</b>	<p>On March 15th, Royal Decree 463/2020, of March 14, entered into force, declaring the state of alarm for the management of the health crisis situation caused by COVID-19. This RD establishes compulsory home confinement, the suspension of teaching activities, the promotion of teleworking and the closure of bars, restaurants and shops of all kinds except food. On March 29th, the suspension of non-essential work activities was established, which was reactivated on Monday, April 13th, by Royal Decree-Law 10/2020, of March 29th, which regulates a recoverable paid leave. According to the latest Prime Minister's announcements, Spain will allow family walks and individual physical activity from May 2. Moreover, individual physical activity and walks with people from the same household would be authorized. The measures, which will be presented to the Council of Ministers on Tuesday 28 April 2020, will apply in May and could be extended in June.</p> <p>As of June 2020, some regions less affected by the virus are lifting the lockdown measures, reopening different economic activities. While the rest of the EU countries opened their borders on 15 June, Spain will open its borders on 21 June only.</p>	
<b>Sweden</b>	The importance of washing hands, keeping 2 meter distance, staying at home from work even with the slightest symptoms, no visits allowed at retirement homes, no gatherings over 50 persons, people over 70 and in risk groups in self-isolation. Everyone is expected to work from home if possible and only travel if absolutely necessary.	
<b>Switzerland</b>	On 28 February, the Federal Council banned events involving more than 1000 people. On 16 March, schools and most stores were closed nationwide. Additionally, the government has gradually imposed restrictions on border crossings. The state of emergency was introduced. Social distancing required as in other countries, 2m. The country is progressively coming out of the lockdown.	
<b>Turkey</b>		0
<b>UK</b>		0
<b>Ukraine</b>		0

	<b>Other workforce Measures of Note (e.g. student involvement - please note an ongoing survey here: <a href="https://docs.google.com/forms/d/1rSlml-qaSTUK8rLVj8DsCszkvq7A3DCN-rjIKyxUkc/viewform?edit_requested=true#responses">https://docs.google.com/forms/d/1rSlml-qaSTUK8rLVj8DsCszkvq7A3DCN-rjIKyxUkc/viewform?edit_requested=true#responses</a>)</b>	
<b>Albania</b>		0
<b>Austria</b>	Austria has introduced “COVID hospitals”, which are equipped to handle COVID-19 cases. For instance the Salzburg University Hospital is a COVID hospital. Access is limited to patients and healthcare professionals working in these hospitals.	
<b>Belgium</b>	All unnecessary operations have been postponed to allow the medical workforce to concentrate on COVID-19 related cases.	
<b>Bulgaria</b>		0
<b>Croatia</b>	The healthcare administration announced that the backlogs related to the Covid-19 outbreak will be modified, as additional shifts in the hospitals during the afternoons and weekends will be included. In order to ensure and ameliorate the doctor/patient relations even during the pandemic, the Republic of Croatia is making wide use of eCommunication tools.	
<b>Cyprus</b>		0
<b>Czech Republic</b>	The lesson learned from this crisis is that health professionals can organize their work by themselves and external management has been found ineffective. Moreover, the government provided insufficient support to medical personnel in terms of testing, accommodation (in case of quarantine or isolation) as well as for assistance with family matters as schools and kindergartens have been closed since March 2020.	
<b>Denmark</b>	Regional job fairs have been established for retired health personnel and medical students. So far, their services have not been needed – but for one retired doctor. Medical students are arranged in Covid-19 research-projects (testing patients among others).	
<b>Estonia</b>	Since 13 March, elective surgery and outpatient follow-up visits to policlinics were postponed. Some specialities (i.e. cancer treatment) continued to work.	
<b>Finland</b>	There are a lot of questions related to COVID-19 from members but they mainly relate to the terms and conditions of employment, emergency powers that the government has decided to put into operation etc.	
<b>France</b>	Confined private doctors are offered guarantees in terms of social protection, which the French Medical Council notably obtained from public and private insurers to cover these doctors, starting from the first day of their possible confinement. / There is the creation of “call-to-volunteer” platforms for all health professionals: requisitioning, retired doctors who return to work, medical students and nurses. There is the development of moving intensive care patients into hospitals to less affected regions (in France or to European countries such as Germany, Switzerland). There is also the voluntary mobility of health professionals to help the staff hospitals in affected areas.	
<b>Georgia</b>	1. Health personnel is no longer allowed to work between different hospitals. 2.Scheduled surgeries are delayed for 4 months.	



	<b>Other workforce Measures of Note (e.g. student involvement - please note an ongoing survey here: <a href="https://docs.google.com/forms/d/1rSlml-qaSTUK8rLVj8DsCszkvq7A3DCN-rjIKyxUkc/viewform?edit_requested=true#responses">https://docs.google.com/forms/d/1rSlml-qaSTUK8rLVj8DsCszkvq7A3DCN-rjIKyxUkc/viewform?edit_requested=true#responses</a>)</b>
<b>Germany</b>	Elective surgeries have been postponed to allow the medical workforce to concentrate on COVID-19 related cases. The government has enabled students to start the practical element of medical education (year 6) earlier.
<b>Greece</b>	0
<b>Hungary</b>	Autopsies are stopped countrywide. Telemedicine is widely supported (trans-telephony ECG, electronic prescription of medicines, doctors "on call" literally through phone/Viber/social media, etc.).
<b>Iceland</b>	Nurses plan to go on strike on 22 June due to an unresolved negotiation on salaries.
<b>Ireland</b>	Issues have arisen in relation to availability of accommodation and childcare for frontline workers.
<b>Israel</b>	All elective surgery was stopped on 23 March after an IMA request. Workforce in hospitals and ambulatory settings were divided into separate teams to be able to isolate infections.
<b>Italy</b>	0
<b>Kosovo*</b>	Retired doctors, unemployed doctors and students of the 6th year in the medical faculty, have been put on standby.
<b>Latvia</b>	The Latvian Medical Association has established two phone lines where doctors can contact asking for advice and support.
<b>Lithuania</b>	The Government decided a pay rise for medical staff. All staff working in corona hotspots will receive double pay.
<b>Malta</b>	In primary care a video consulting hub was set up where government contracted GPs work who have an increased risk of complications due to exposure. Malta is trying to move more consultations online. Many hospital outpatient visits are being held over the telephone. The Medical Council has approved electronic prescriptions for this period. Most elective services are cancelled.
<b>Montenegro</b>	0
<b>Netherlands</b>	There is a triage protocol for home vs hospital care for the elderly.
<b>Norway</b>	Norway had reduced hospital capacity in general and for intensive care over the last years, which was done against the medical profession's advice. The capacity to offer public healthcare was also reduced due to the agglomeration of communities. Despite these policies, Norway is managing to limit the exponential curb. The Norwegian Medical Association is heavily involved in the health authorities activities on the covid-19.
<b>Poland</b>	The Polish Chamber is looking at the economic effects for the healthcare professions (doctors and dentists as both part of the Chamber). The Government recently adopted a law providing economic support, which is welcomed by the Chamber, and will be analysed in detail.

	<b>Other workforce Measures of Note (e.g. student involvement - please note an ongoing survey here: <a href="https://docs.google.com/forms/d/1rSlml-qoaSTUK8rLVj8DsCszkvq7A3DCN-rjIKyxUkc/viewform?edit_requested=true#responses">https://docs.google.com/forms/d/1rSlml-qoaSTUK8rLVj8DsCszkvq7A3DCN-rjIKyxUkc/viewform?edit_requested=true#responses</a>)</b>
<b>Portugal</b>	The doctor's organisation has a group of doctors monitoring the Ministry of Health measures (in this group there are doctors of several areas: Public Health, Family Medicine, Pneumology, infectious diseases, pediatrics and intensive care).
<b>Romania</b>	Romania's health system, which is already facing problems due to the lack of medical personnel, is further restrained as more and more doctors are becoming infected with the new coronavirus, while others have chosen to resign, citing lack of adequate protective equipment.
<b>Serbia</b>	Institution GM decided to ban additional work at another institution. Some doctors were discontinued specializations and returned to their home institutions. Prohibition of going on vacation during the state of emergency. In the last few weeks doctors' wages were increased, and the Chamber advocated for providing financial support to doctors' families.
<b>Slovakia</b>	0
<b>Slovenia</b>	The chamber publishes daily information updates for its members. The chamber also carried out three weekly surveys among its members to check on the equipment situation and establish concerns. The publication in the Official Gazette states that this Decree shall enter into force on the day following its publication in the Official Gazette of the Republic of Slovenia, and shall apply from 31 May 2020.  Here is the link (in Slovenian language only, but Google translator works pretty good for this)  <a href="https://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/2020-01-1030/odlok-o-preklicu-epidemije-nalezljive-bolezni-sars-cov-2-covid-19">https://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/2020-01-1030/odlok-o-preklicu-epidemije-nalezljive-bolezni-sars-cov-2-covid-19</a>
<b>Spain</b>	In the Comunidad de Madrid, and other highly affected Autonomous Communities, all the hospitals were "COVID-19 hospitals" during the weeks that run from March 15th to April 12th, times when more than 90 % of their capacity was allocated to patients with COVID-19 and some came to have more than 1,000 beds for this disease. "Field hospitals" were installed with the one located in Ifema (Madrid), with the capacity to care for less serious patients, which came to house around 1,500 patients, in need of oxygen therapy. Likewise, hotels were "medicalized" for convalescent patients, without the need for oxygen therapy.
<b>Sweden</b>	On 2 April, the healthcare region of Stockholm decided to activate a 'crisis situation agreement' for the ICU's in Stockholm, giving power to the employer to freely dispose of their workforce, while the employees received 220% salary.
<b>Switzerland</b>	0
<b>Turkey</b>	0

	<p><b>Other workforce Measures of Note (e.g. student involvement - please note an ongoing survey here: <a href="https://docs.google.com/forms/d/1rSlml-qoaSTUK8rLVj8DsCszkvq7A3DCN-rjIKyxUkc/viewform?edit_requested=true#responses">https://docs.google.com/forms/d/1rSlml-qoaSTUK8rLVj8DsCszkvq7A3DCN-rjIKyxUkc/viewform?edit_requested=true#responses</a>)</b></p>
<b>UK</b>	<p>According to our latest survey results, 47% of those surveyed reported that they are currently suffering from depression, anxiety, stress, burnout, amotional distress, or other mental health condition relating to or has been made worse by their job. 32% of those have said that these problems have been made worse as a result of the pandemic.</p>
<b>Ukraine</b>	<p>The additional wage of the medical staff, which is directly involved, an amount of 200%, is foreseen. The Ministry of Health has called for volunteers to assist medical staff. Also a 100% payment for transportation to/from work is provided. In some regions, local authorities prepare hotels near hospitals or separate sections in hospitals for medical personal.</p>

	<b>Treatment guidelines (Triage Protocol)</b>	
<b>Albania</b>		0
<b>Austria</b>	They are in effect in most hospitals and offices. Entry checkpoints were established to allow for triage of patients before access to the hospitals.	
<b>Belgium</b>		0
<b>Bulgaria</b>		0
<b>Croatia</b>	Treatment guidelines are in force in all hospitals and healthcare facilities. Entry checkpoints were installed for the triage procedure before accessing the hospitals. Testing protocol is developed for surgical patients.	
<b>Cyprus</b>		0
<b>Czech Republic</b>	Treatment guidelines were provided by professional medical societies together with the Ministry of Health and State Institute for Drug Control in the middle of March. The Czech Medical Chamber also provides available information to all physicians. There is e.g. a special coronavirus section on the website of the Chamber including information from the Ministry of Health, regional districts, health insurance providers, legal and practical information and offers of PPE.	
<b>Denmark</b>	On a regular basis, the Danish National Board of Health publishes guidelines on triage, treatment, use of PPE, tests etc.	
<b>Estonia</b>	These exist in most hospitals.	
<b>Finland</b>		0
<b>France</b>	The HAS (High Authority of Health) published many treatment guidelines (chronic diseases, pregnancy, pediatrics, psychiatrics, etc.).	
<b>Georgia</b>		0
<b>Germany</b>		0
<b>Greece</b>	Treatment is delivered according to WHO guidelines.	

	Treatment guidelines (Triage Protocol)	
<b>Hungary</b>	<p>There are the following categories: Suspicious cases:</p> <p>A) In case of upper airway infection and at least one of the following: fever/short of breath or coughing AND if the patient has come back from abroad</p> <p>B) In case of acute airway infection AND the patient had close contact with a confirmed COVID-19 patient</p> <p>C) In case of acute airway infection with fever and at least one other symptom, which needs hospital care</p> <p>Supposed cases: Suspicious cases where the SARS-CoV-2 rtPCR testing gave uncertain result OR where SARS-CoV-2 rtPCR testing was not performed yet OR quick immunoassay test was performed only (regardless of its result)</p> <p>Confirmed cases: All persons where SARS-CoV-2 rtPCR test is positive (regardless of symptoms)</p>	
<b>Iceland</b>	The guidelines foresee HCQ and AZT for most patients in ICU and tocilizumab for some in ICU.	
<b>Ireland</b>	Initially the criteria for testing included patients in at risk groups displaying 1 symptom. On March 23rd testing criteria changed to 2 symptoms to clear a backlog of tests. On April 27th the criteria reverted to 1 symptom and there are some concerns that this may create a backlog again. See also <a href="https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/clinicalmanagement/">https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/clinicalmanagement/</a>	
<b>Israel</b>		0
<b>Italy</b>		0
<b>Kosovo*</b>		0
<b>Latvia</b>		0
<b>Lithuania</b>		0
<b>Malta</b>		0
<b>Montenegro</b>		0
<b>Netherlands</b>	There is a triage protocol for home vs hospital care for the elderly.	
<b>Norway</b>		0
<b>Poland</b>		0
<b>Portugal</b>		0

	Treatment guidelines (Triage Protocol)	
Romania		0
Serbia		0
Slovakia		0
Slovenia	There are some in progress or in the change, a special one for dr. dent. med.	
Spain	Currently, a screening PCR is carried out almost in a general way at all hospital admissions, at least in the Community of Madrid.	
Sweden	The National Board of Health and Welfare has provided guidelines for prioritizing but they are all in Swedish.	
Switzerland		0
Turkey		0
UK		0
Ukraine		0

	<b>Malpractice claims in times of COVID-19 (increase of complaints and regulatory response planned?)</b>	
<b>Albania</b>		0
<b>Austria</b>	This has not been reported.	
<b>Belgium</b>		0
<b>Bulgaria</b>		0
<b>Croatia</b>	Only few cases of malpractice were reported by the media. However, official investigations are still going on.	
<b>Cyprus</b>		0
<b>Czech Republic</b>	There is no information about malpractice claims available yet. People strongly support the healthcare workers. Based on previous experiences such claims would probably appear after the situation stabilizes.	
<b>Denmark</b>	This has not been reported so far.	
<b>Estonia</b>	So far, there are no reports of malpractice. There are some complaints about postponed planned receptions.	
<b>Finland</b>	In Finland, malpractice issues regarding doctors have not (yet) been discussed during COVID-19 epidemic. In Finland there is a no fault/no blame compensation system for patient injuries, and therefore malpractice claims are generally quite rare ( <a href="https://www.pvk.fi/en/">https://www.pvk.fi/en/</a> ).	
<b>France</b>	We have noticed an increase in the number of complaints against doctors, which are related to doctors' interventions in the media or deviant medical practice. These complaints are dealt with and treated according to the current legal texts and could lead to imposing disciplinary sanctions.	
<b>Georgia</b>		0
<b>Germany</b>		0
<b>Greece</b>	No incidents have been reported.	
<b>Hungary</b>	There is no data on this.	
<b>Iceland</b>		0
<b>Ireland</b>		0
<b>Israel</b>		0
<b>Italy</b>	At the end of March, FNOMCeO sent a letter to the president of the lawyers' organization (Consiglio Nazionale Forense) criticizing that some lawyers are advertising to sue doctors for alleged malpractice during the pandemic and offering their legal assistance: <a href="https://portale.fnomceo.it/pubblicita-studi-legali-che-invitano-a-far-causa-a-medici-anelli-scrive-a-mascherin-rafforzare-vigilanza-su-deontologia-le-nostre-professioni-tutelano-diritti-di-rango-costituzionale/">https://portale.fnomceo.it/pubblicita-studi-legali-che-invitano-a-far-causa-a-medici-anelli-scrive-a-mascherin-rafforzare-vigilanza-su-deontologia-le-nostre-professioni-tutelano-diritti-di-rango-costituzionale/</a>	

	Malpractice claims in times of COVID-19 (increase of complaints and regulatory response planned?)
<b>Kosovo*</b>	0
<b>Latvia</b>	0
<b>Lithuania</b>	0
<b>Malta</b>	0
<b>Montenegro</b>	0
<b>Netherlands</b>	Regional Medical Disciplinary Tribunals received less complaints from 12 March until 10 April (70 complaints vs. 133 in same period in 2019).
<b>Norway</b>	0
<b>Poland</b>	Doctors in Poland from time to time encounter unsubstantiated claims by "advisors" encouraging patients and their relatives to initiate malpractice actions. The Chamber is considering to encourage regulatory change.
<b>Portugal</b>	0
<b>Romania</b>	0
<b>Serbia</b>	0
<b>Slovakia</b>	0
<b>Slovenia</b>	0
<b>Spain</b>	0
<b>Sweden</b>	0
<b>Switzerland</b>	0
<b>Turkey</b>	0
<b>UK</b>	0
<b>Ukraine</b>	0



	<b>Other comments</b>
<b>Albania</b>	In Albania there is a Covid 19 Task Force Committee collaborating with the Public Health Institute. These do not proactively provide information asked for in this survey. Generally speaking, one may say that Albania has established the same rules as in Italy and other neighbouring countries.
<b>Austria</b>	0
<b>Belgium</b>	0
<b>Bulgaria</b>	Growing morbidity is due to incoming infected individuals (i.e. flew in from the Netherlands, one patient was immediately admitted to ICU) and two nursing homes in the Vidin Region.
<b>Croatia</b>	<p>On April 14th, the digital assistant 'Andrew' was presented by the government of the Republic of Croatia. Andrew is a digital assistant who uses artificial intelligence to simultaneously connect with millions of citizens and all relevant institutions in the fight against coronaviruses. In contact with citizens, Andrew provides assistance as follows:</p> <p>It educates people on how to recognize the symptoms of a coronavirus infection in themselves and others through assisted self-assessment; citizens gain a better understanding of the potential for infection, when they can be calm and when they need to do something for the benefit of themselves and others.</p> <p>It assists people in contact with competent institutions, sending everyone to the right address, saving time and energy for citizens and doctors.</p> <p>It allows people to report relevant information from their household, thereby fulfilling their civic duty of helping in real-time, allowing data-dependent epidemiologists to establish or lift safeguards.</p> <p>The COVID-19 pandemic didn't hit the Republic of Croatia as strongly as other EU countries, as many preventive measures were taken well in advance, before the first cases appeared in the country. As of 12 June only 9 active cases are present in the Country.</p>
<b>Cyprus</b>	The cases started as imported cases originating from UK and Greece. Three hotspots exist (Larnaca, Paphos and British bases) which are/will be under quarantine. A lot of cases just came in; the health system is predicted to no longer cope with these after 20 April.
<b>Czech Republic</b>	Currently, there is one case of a rescue service nurse who is going to be sanctioned by the authority of the Central Bohemian Region. The reason for this litigation is that she denounced publicly the lack of PPE.
<b>Denmark</b>	The virus reproduction rate has stabilized on 0,6 – 0,7 in May 2020 and the virus is slowly decreasing despite reopening the society. There is an ongoing political discussion to assess how the emergency has been faced.

	<b>Other comments</b>
<b>Estonia</b>	The emergency situation was officially ended on 18 May. As of 21 May, 73 000 COVID-19 tests were carried out in Estonia and of those 1800 (2,4%) were positive. There have been 64 COVID-19 deaths. As of 21 May, 37 patients are in hospital care, 2 of which in ICU. The population of Estonia is approx. 1.3 million.
<b>Finland</b>	Updated information on the COVID-19 epidemic is available here: <a href="https://thl.fi/fi/web/infektioaudit-ja-rokotukset/ajankohtaista/ajankohtaista-koronaviruksesta-COVID-19">https://thl.fi/fi/web/infektioaudit-ja-rokotukset/ajankohtaista/ajankohtaista-koronaviruksesta-COVID-19</a> . The Finnish Medical Association plans to carry out another survey among its members in September, to follow up on the survey dating from April.
<b>France</b>	The French Medical Council made an announcement about the disciplinary and legal proceeding against those offering illusory therapies and such not proven by science. Because in times like these, some people (doctors or other) are taking advantage of the fear of the patients. There will be a high-level meeting of the public and private medical sectors to discuss next steps. There are three main challenges: the supply of PPE, the creation of local supply chains for medical equipment, and the solidarity and cooperation with neighbouring EU Member States.
<b>Georgia</b>	0
<b>Germany</b>	Germany was both lucky and well-prepared: 67% of cases occurred among 50-59 year olds, only 19% of all cases occurred among patients aged 70 or older, however these account for 86% of all fatalities. Outbreaks in hospitals and long-term care homes have been reported but are not common. There are also outbreaks in refugee accommodation and meat processing plants. Testing capacities were built up so that 3.9 to 5 million samples have been tested since the data collection started. The government created a vacancy bonus to increase capacities of hospital beds. 20% of beds are currently unoccupied; this includes 40% of all intensive care beds. Federalism made it difficult to take uniform action on reducing lockdown measures.
<b>Greece</b>	692 cases are considered to be related with travelling abroad and 1752 are related with confirmed cases
<b>Hungary</b>	There are partial results for countrywide PCR and immunoassay testing (H-UNCOVER) of a random representative sample of the population aged 14 and above: 10600 were tested: of the 8276 tests (SARS-CoV-2 rtPCR) 2 were positive; of the 1524 immunoassay tests, 9 were positive. The final results are in progress.
<b>Iceland</b>	According to reported data, there approx. 1% of the general population tests positively for antibodies. There is no data on false positives or false negatives. More data is expected. Please find information on the status of the COVID-19 in Iceland with a daily update at <a href="https://www.COVID-19.is/english">https://www.COVID-19.is/english</a> , <a href="http://www.COVID-19.is/data">www.COVID-19.is/data</a> ; <a href="https://www.COVID-19.is/data">https://www.COVID-19.is/data</a> Please find a prediction model for COVID-19 in Iceland, with an update twice per week at <a href="https://www.COVID-19.is/english">https://www.COVID-19.is/english</a> A NEJM article published 14 April on the Spread of SARS-COV-2 in the Icelandic population by Gudbjartsson et al. can be found at <a href="https://www.nejm.org/doi/full/10.1056/NEJMoa2006100?query=RP">https://www.nejm.org/doi/full/10.1056/NEJMoa2006100?query=RP</a>

	Other comments	
<b>Ireland</b>	The current focus is on safe opening up and allowing other patients to access the healthcare. Moreover, private hospitals have been taken over by the HSE increasing bed capacity in the public system by approximately 2000 beds and 200 ICUs. The surge in demand on the hospital system has not taken place to the extent expected. However there are a significant number of clusters within long-term residential care settings.	
<b>Israel</b>		0
<b>Italy</b>		0
<b>Kosovo*</b>		0
<b>Latvia</b>	Partial lockdown between 11 March and 9 June has allowed Latvia to keep the number of COVID-19 cases low. There have been almost 100.000 tests made. 1096 cases of COVID-19 have been detected and 27 patients died. Latvia has a sufficient testing capacity and all patients scheduled for surgeries or other hospital's treatments are tested beforehand.	
<b>Lithuania</b>		0
<b>Malta</b>	Malta has managed to deal very well with the pandemic to which it has been overprepared. Well planned and executed quarantines of It has registered 9 deaths in total. Malta has comprehensive testing and tracing strategy.	
<b>Montenegro</b>		0
<b>Netherlands</b>	The main challenge is the country's intensive care capacity of around 1150 ICU beds which is very low. Currently 1273 COVID-19 patients have been admitted into ICU and they normally stay for 3-4 weeks. The country is increasing capacity for a total of 2400 ICU beds. However, it is estimated that within two weeks this will no longer be sufficient. A solution that regional authorities are considering is the possibility of sending patients to Germany.	
<b>Norway</b>	Norway is currently in a so-called "yellow zone" at the moment preparing for the second wave. More than 277.000 people tested. 8.606 positive cases among which more than 800 has been hospitalized. There have been 242 death. The current reproduction number is 0.66. The pressure on hospitals and ICUs has been lower than expected. The measures the government imposed 12 March have been efficient, and the population have mainly complied with the directives. As of 27 April, the reproduction rate has decreased to around 0,7, but with some geographical variation.	
<b>Poland</b>	Many contagions happen at hospitals and this is debated in the media. The Polish Chamber is actively advocating for better supply of PPE and better protective equipment for healthcare staff.	
<b>Portugal</b>	Doctors' and other HCPs' leadership skills have been good. This should be recognised by the authorities and re-organising the system should be based on HCPs' experiences.	

	Other comments	
<b>Romania</b>		0
<b>Serbia</b>		0
<b>Slovakia</b>		0
<b>Slovenia</b>	The highest number of infected persons but also infected staff is in nursing homes. On 14 May, the Slovenian government called an official end to its coronavirus epidemic, becoming the first European country to do so, after authorities confirmed less than seven new coronavirus cases each day for the past two weeks. This Decree enters into force on the day following its publication in the Official Gazette of the Republic of Slovenia, and shall apply from 31 May 2020. <a href="https://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/2020-01-1030/odlok-o-preklicu-epidemije-nalezljive-bolezni-sars-cov-2-covid-19">https://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/2020-01-1030/odlok-o-preklicu-epidemije-nalezljive-bolezni-sars-cov-2-covid-19</a>	
<b>Spain</b>	Likewise, hospital geriatricians and family doctors supported the classification, referral and care of patients from nursing homes and social health centers.	
<b>Sweden</b>	The Public Health Agency of Sweden has the overall national responsibility for protecting the population against communicable diseases and coordinates communicable disease control on a national level. More information <a href="https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/communicable-disease-control/covid-19-more-information/">https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/communicable-disease-control/covid-19-more-information/</a>	
<b>Switzerland</b>	A phone application for tracking and tracing was released in June but it doesn't have many downloads yet. An official website providing information to the public as well as health care workers has been put in place, see <a href="https://www.bag.admin.ch/bag/en/home/krankheiten/ausbrueche-epidemien-pandemien/aktuelle-ausbrueche-epidemien/novel-cov/situation-schweiz-und-international.html">https://www.bag.admin.ch/bag/en/home/krankheiten/ausbrueche-epidemien-pandemien/aktuelle-ausbrueche-epidemien/novel-cov/situation-schweiz-und-international.html</a>	
<b>Turkey</b>		0
<b>UK</b>	UK: <a href="https://www.bma.org.uk/news-and-opinion/ppe-protect-your-face-wash-your-hands-arms-and-clothes">https://www.bma.org.uk/news-and-opinion/ppe-protect-your-face-wash-your-hands-arms-and-clothes</a>	
<b>Ukraine</b>		



COMITÉ PERMANENT DES MÉDECINS EUROPÉENS  
STANDING COMMITTEE OF EUROPEAN DOCTORS



*For more information, please contact:*

**Annabel SEEBOHM**

CPME Secretary General

cell: +32 477 81 32 44

[secretariat@cpme.eu](mailto:secretariat@cpme.eu)

[www.cpme.eu](http://www.cpme.eu)