



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 reports¹.

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

03 July 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.

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

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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

¹ All information was updated with the reports provided by the National Medical Associations on 12 June 2020.

* 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.

	Availability of PPE
Albania	0
Austria	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.
Belgium	At the beginning of the crisis in Belgium there were big problems with the availability of PPE and testing kits. This situation has since improved significantly.
Bulgaria	There is a shortage across all sectors.
Croatia	Equipment availability fulfils current needs. Regular additional equipment deliveries are agreed between the Croatian and Chinese governments.
Cyprus	There is a create shortage of PPE in Cyprus. The stock is limited, and in a few days, only basic PPE will be available. Everything must be imported from abroad which is a problem especially after the general shut down. 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. 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. There was no response from EU-located companies – countries. Because of the lack of PPE for doctors, the Cyprus Medical Association is ordering more PPE, giving most of the money from its bank account for this order to support its doctor members.
Czech Republic	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. 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.
Denmark	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.
Estonia	The shortage of PPE was a problem at the beginning, when the pandemic was announced.

	Availability of PPE
Finland	There are no more shortages since the disease situation is no longer urgent and procurement of PPE from abroad has improved and domestic production started.
France	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.
Georgia	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.
Germany	The shortage of PPE at the beginning of the pandemic has been resolved, however there are still issues getting the PPE to the right place. The idea of a national emergency reserve is being explored. The federal system in Germany, with the Federal States responsible for the implication and easing of restrictions, makes it difficult to unify the national response.
Greece	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.
Hungary	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.
Iceland	There is now sufficient PPE, including for a possible second wave.
Ireland	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.
Israel	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.
Italy	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.
Kosovo*	There are shortages.

	Availability of PPE
Latvia	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.
Lithuania	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.
Malta	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.
Montenegro	The situation is optimal for now.
Netherlands	There are shortages. The distribution and purchase of PPE is coordinated by a national consortium. There is domestic production of PPE.
Norway	At the beginning there was a non-critical shortage of PPE and problems with the capacity for the analysis of COVID-19 tests but both of the issues have been sorted out.
Poland	There was a huge shortage of PPE at the beginning of the pandemic in Poland. The Chamber was able to buy and fly in a large amount from China due to donations of 4.5 million euro. This was distributed to regional chambers and individual doctors and dentists as hospitals were supplied by the government. There was also a problem that some PPE supplies were below standards, including supplies bought by health ministries.
Portugal	There is limited supply of PPE.
Romania	There is limited supply of PPE.
Serbia	There is enough PPE in healthcare institutions; citizens can purchase a limited amount. In the first 24-48h there was "panic" and after that supply was stabilised.
Slovakia	There is a shortage across the sector.
Slovenia	The lack of PPE is particularly pronounced among private physicians and dentists. In public healthcare, PPE is mainly provided by the state. There is now a debate on PPE procurement and how the ministry of economy organised that.
Spain	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).

	Availability of PPE
Sweden	There is still a lack of good quality PPE in some hospitals, restricting surgery. 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 to the healthcare system after quality controls. Since the beginning of March there have been 420 requests for extra protective equipment or support to municipalities and regions. The majority of these requests has been fulfilled. However, there have been some quality issues with masks.
Switzerland	There were problems with PPE, however the situation in Switzerland is much calmer now, with 15-20 new cases per day out of a total population of 8 million inhabitants.
Turkey	Health professionals still face quantitative and qualitative problems in relation to PPE.
UK	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." According to the BMA's recent surveys (14 May and 18 June), just 41% of doctors said they felt fully protected from the virus at work and that almost 30% felt pressured to work in conditions without proper PPE. Of particular concern, nearly 55% of those surveyed had had to source PPE themselves - for either their personal use, or that of their department/practice. For the following PPE supplies, the percentage of BMA members who reported shortages/no supply at all: facemasks (16%), gowns/aprons (23%), gloves (6%), eye protection (33%). For GPs, for the following PPE supplies, the percentage of members who reported shortages/no supply at all: Fluid-repellant facemasks (22%), aprons (9%), gloves (6%), eye protection (33%). Only 33% of doctors surveyed reported "always" having sufficient PPE for safe contact with both possible/confirmed COVID 19 patients and non-COVID patients. For 20% of doctors surveyed, PPE shortages was the biggest concern relating to the Coronavirus pandemic. Moreover, a staggering 80% of GPs say they still - in June - need an increased supply of face masks for staff and another 69% say likewise for patient face coverings as the NHS returns to increased face-to-face appointments
Ukraine	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.

	Testing Protocol: Medical professionals
Albania	0
Austria	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.
Belgium	Testing has been extended from only those with obvious symptoms (including doctors) to all contacts of a positive tested person.
Bulgaria	There are no specific guidelines.
Croatia	According to the national protocol issued by the Croatian Public Healthcare Institute, healthcare workers are a priority group for COVID-19 testing.
Cyprus	The testing protocol is liberal. Anyone who was in contact with proven COVID-19 case without the appropriate PPE, is being tested.
Czech Republic	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). 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 surgeries and/or invasive procedures. Unfortunately, this is not the case yet. Many hospitals are using their own budget to cover the test expenses and protect the staff and the patients from the COVID-19 infection.
Denmark	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.
Estonia	Medical professionals are only tested when symptomatic.

	Testing Protocol: Medical professionals
Finland	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 had not had access to testing, but this is likely to have improved as testing capacity has increased.
France	There is PCR testing only for those with symptoms suggestive of COVID-19.
Georgia	They are tested every 2 weeks.
Germany	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) as well as on asymptomatic people who have been in contact with a positive individual. However payment for these still needs to be clarified.
Greece	The testing for medical professionals is frequently revised 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. More than 60 000 tests have been performed, these are now being expanded to doctors and healthcare professionals.
Hungary	Medical professionals are treated as others - there is limited testing all over the country and no special treatment.
Iceland	Health professionals have access to testing and doctors can be tested for antibodies if required.
Ireland	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. 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 https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/clinicalmanagement/
Israel	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.
Italy	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..).
Kosovo*	Doctors are tested only if they are suspected of being infected.

	Testing Protocol: Medical professionals
Latvia	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.
Lithuania	All healthcare professionals are being tested every week and additional testing is possible if needed.
Malta	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: around 20% of those tested were asymptomatic. There were only 9 deaths in total and overall mortality in this period decreased compared to previous years.
Montenegro	Medical professionals are occasionally prioritized in testing. However, there are not enough tests available.
Netherlands	Testing takes place only if doctors are symptomatic
Norway	Health personnel is only tested when symptomatic. The Institute of Public Health recommends that persons with acute respiratory symptoms, fever, cough or short-windedness should be tested according to this priority: <ol style="list-style-type: none"> 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. Persons that have been in close contact with a person tested positive for COVID-19.
Poland	At present, there is no special protocol. The Polish Chamber advocates for establishing it as soon as possible.
Portugal	0
Romania	Medical professionals are tested only if suspected.
Serbia	Patients/persons living in health institutions are tested.
Slovakia	Employees in the health care service with close contact with patients are tested.
Slovenia	There are no special protocols for medical professionals.
Spain	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.

	Testing Protocol: Medical professionals
Sweden	Medical professionals are prioritised as well as hospitalised patients and elderly care personnel suspected of having COVID-19. There has been no blanket testing of medical personnel yet, but the Karolinska Hospital tested 20% of staff, with 5% testing positive.
Switzerland	Testing is being carried out on all people with symptoms, as well as contacts of positive patients.
Turkey	0
UK	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 latest member survey (18 June) on this question has revealed that 27% of those doctors who tried to access testing for coronavirus found it was not accessible, timely, or convenient 26% of doctors found it inconvenient to access an antibody test
Ukraine	The actual protocol says that only workers with symptoms could be tested.

	COVID-19 prevalence amongst doctors (Infection/death rates among doctors and other health professionals)
Albania	18 doctors and 39 nurses are infected.
Austria	We do not have exact data on this issue. To date, the death of one doctor (GP) is known.
Belgium	On 13 May 2020, the total number of deaths in Belgium was 8,843. Unfortunately, numbers about infection/death among doctors are not available.
Bulgaria	As of 7 May 2020, there were 1811 confirmed cases of which 192 are medical professionals, 84 infected deceased (4.6%) and 384 (22%) are healed. 2 medical doctors lost their lives.
Croatia	To date (12 June 2020), 2249 people have been infected with COVID-19, 2133 have recovered and 107 have died. There are currently 9 active cases. Healthcare professionals: no data available.
Cyprus	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. Two major hospitals had to close for a few days just to test staff and patients and regain control of the situation. 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.

	COVID-19 prevalence amongst doctors (Infection/death rates among doctors and other health professionals)
Czech Republic	<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"> - 187 doctors were infected, 148 have already recovered - 408 nurses were infected, 298 have already recovered, 2 died - 17 laboratory technicians were infected - 21 pharmacists were infected - 306 other healthcare staff were infected <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"> - 189 teachers were infected - 135 drivers were infected - 96 social care workers were infected - 82 policemen were infected - 56 firefighters and rescue workers were infected - 28 soldiers were infected. <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>
Denmark	<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, there are 68 people in hospital, with 14 in intensive care. The R number is just below 1 and has not markedly increased since reopening. The infection rates among health personnel has been double that of the ordinary population: 6% vs. 3%.</p>
Estonia	In the main hospital of the island Saaremaa, 41 staff members are infected.
Finland	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.

	COVID-19 prevalence amongst doctors (Infection/death rates among doctors and other health professionals)
France	At least 30 doctors in private practice have died. According to a survey by Santé publique France and the Groupe d'étude sur le risque d'exposition des soignants aux agents infectieux (Geres) in public and private hospitals, it was reported that from 1 March to 10 May 2020, 2 421 doctors have COVID-19 (https://splf.fr/wp-content/uploads/2020/05/SPF-Recensement-national-des-cas-de-COVID-19-chez-les-professionnels-en-etablissements-de-sante-14-05-20.pdf). Since 1 March 2020, the hospitals surveyed have reported the deaths of five doctors (https://www.santepubliquefrance.fr/etudes-et-enquetes/recensement-national-des-cas-de-covid-19-chez-les-professionnels-en-etablissements-de-sante).
Georgia	Up to this date, Georgia has an infection rate of 13.3% among medical personnel.
Germany	There are no reliable statistics available on death rates. The Robert Koch Institute reports that until 1 July 2020, a minimum of 13 853 persons working in hospitals, outpatient clinics and practices, dialysis clinics or outpatient nursing services have been infected with COVID-19, of which 635 have been hospitalised, and 20 cases have resulted in death. Out of the 13 853 cases it is estimated that 13 700 persons have recovered. It is highlighted that the data is treated as a minimum value, as there is no information on the occupation of around 25% of the total number of cases in Germany, therefore they are not taken into account in this category (https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Situationsberichte/2020-07-01-en.pdf?__blob=publicationFile).
Greece	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.
Hungary	As of 31 May, there are 576 COVID-19 positive cases amongst health professionals, which constitutes 14,8% of all confirmed cases
Iceland	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.
Ireland	There have been 25 500 cases in total - 6% of those infected were doctors and 7 died.
Israel	294 healthcare workers are infected (3 April 2020).
Italy	As of 3 July 2020, 171 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.
Kosovo*	Healthcare workers represent almost 4% of those tested positive.
Latvia	According to the situation on May 6, arounding 10% of all patients from 900 cases in Latvia are medical professionals.

	COVID-19 prevalence amongst doctors (Infection/death rates among doctors and other health professionals)
Lithuania	There have not 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 quite high, accounting for 20% of all infected persons.
Malta	19 healthcare professionals have been tested positive in hospitals.
Montenegro	Montenegro still has a small number of cases (47). There is no information available for COVID-19 prevalence among professionals.
Netherlands	Up to 30 April, 13 884 health professionals were tested positive. The death of nine health professionals has been reported.
Norway	As of 12 June, there have been no deaths among healthcare professionals. On 27 April, the number of health personnel in quarantine was 780. This number indicates health professionals that have been in contact with patients with COVID-19 and were isolated preemptively.
Poland	As regards the management of the healthcare system in Poland, one should note the significant tardiness in the introduction of in-hospital procedures regarding the use of PPE (due either to the ubiquitous difficulties in obtaining PPE or the negligence of health facility managers). Hospitals therefore became one of the main centres of outbreaks in the epidemic's initial phase. The authorities decided to impose a ban on doctors employed in the hospitals that had been transformed into infection centres for the sole treatment of COVID-19 patients from exercising their profession elsewhere. This action was unjustified since the vast majority of infections among medical staff were not among the doctors from these hospitals. Official figures showed that the infection rate among doctors and healthcare staff was higher than among the general population. However, official data on the infection rate among healthcare staff is no longer being made available, despite requests. 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. It is known that one doctor with SARS-Cov-2 died.
Portugal	Healthcare workers represent almost 11% of the persons tested positive.
Romania	The healthcare workers represent 17% of those tested positive.
Serbia	So far 1 specialist doctor and 1 dentist (in serious condition) are confirmed. More colleagues are in isolation.
Slovakia	There is no data available.

	COVID-19 prevalence amongst doctors (Infection/death rates among doctors and other health professionals)
Slovenia	There is data on infected health professionals, but not for different professions separately, although these numbers exist. On 29 April, there were 295 infected health workers out of a total of 1429 positive tests in the whole population. There were no deaths among healthcare professionals.
Spain	COVID-19 hit Spain like a tsunami. Among its 47 million inhabitants there were 243 000 infections, 150 000 people have recovered and 27 000 died. 51 000 health professionals were infected and 76 lost their lives.
Sweden	No complete data is available for prevalence or for death rates. A study dating from April among healthcare workers at a university hospital in Stockholm showed 20 % antibody prevalence. 2 doctors and 1 nurses' assistant have deceased. At Karolinska University Hospital in Stockholm, 20% of doctors were tested and 5% were tested positive.
Switzerland	0
Turkey	1 April 2020: 601 infected rising to 7428 infected health professionals on 29 April 2020. There is no information on how this number developed since the beginning of May since it is not published. 43 health professionals died (23 doctors).
UK	There is no widespread data available although some smaller scale testing in individual hospitals indicate an infection rate of ~15%.
Ukraine	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	No data available.
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 available.
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
Norway		0
Poland		0
Portugal		0
Romania		0
Serbia		0
Slovakia		0
Slovenia		0
Spain		0
Sweden	There is no data on this.	
Switzerland		0
Turkey		0
UK	<p>BAME minorities are disproportionately 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. The latest 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 make 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. According to the BMA's latest survey (18 June), more than a third of BAME doctors in the UK are still not being given access to potentially life-saving Covid-19 risk assessments and BAME doctors are still less likely to feel fully protected from coronavirus compared to their white colleagues (29% compared to 46%), and far more likely to often feel pressured into treating patients without the proper protective equipment³ (7% compared to 2.5%).</p>	
Ukraine		0

	Testing Protocol: Testing of doctors` families
Albania	According to the Public Health Institute tests are made available for all members of health professionals families.
Austria	There is no standard testing of family members of medical professionals for the time being.
Belgium	Doctors' families are only tested when symptomatic.
Bulgaria	Doctors' families are only tested when symptomatic, as is the rest of the population.
Croatia	The same rules apply as for the rest of the population.
Cyprus	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. 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. For this reason, hotels are housing staff – like self-isolation.
Czech Republic	Doctors' families have no priority in testing.
Denmark	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.
Estonia	There is no special testing for doctors' families.
Finland	The same rules apply as for the rest of the population.
France	France increased the testing protocol for frail people and healthcare professionals. On another note, the Pasteur Institute is working on serological blood tests.
Georgia	There is no priority yet for testing doctors' families. Families are tested only when symptomatic.
Germany	Doctors' families are tested only when symptomatic.
Greece	The procedure of testing applies as for the general population, provided that the doctor is positive to COVID-19
Hungary	There is no specific testing protocol.
Iceland	Doctors' families are tested along the same guidelines as the rest of the population.
Ireland	People who live with frontline healthcare workers are also considered priority groups.
Israel	Testing for doctors' families is carried out along same guidelines as for the rest of the population.

	Testing Protocol: Testing of doctors` families
Italy	Testing for doctors' families is carried out along same guidelines as for the rest of the population.
Kosovo*	Doctors' families are tested only when symptomatic.
Latvia	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.
Lithuania	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.
Malta	If a doctor is tested positive the family/household is tested.
Montenegro	The same guidelines apply as for the rest of the population.
Netherlands	They are tested only when symptomatic including if they have fever.
Norway	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.
Poland	At present, there is the same protocol as for the rest of population.
Portugal	Families are tested only when symptomatic.
Romania	Families are tested only when symptomatic.
Serbia	Families are tested along the same guidelines as the rest of the population.
Slovakia	The same rules apply as for the rest of the population. Families are tested only when symptomatic.
Slovenia	If the doctor is tested positive, the family/household is tested.
Spain	Testing to doctors' family are not being done generally.
Sweden	The same rules apply as for the rest of the population. On 11 June 2020, the decision was made to allow access to testing and antibody testing for all, but testing facilities are unprepared.
Switzerland	0
Turkey	0
UK	0
Ukraine	No priorities for doctors families exist. Tests are conducted on a common basis in the presence of symptoms of the disease.

	Testing Protocol: Self-isolation of infected medical professionals
Albania	0
Austria	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).
Belgium	The same rules apply as for the rest of the population.
Bulgaria	0
Croatia	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.
Cyprus	They have to have two negative tests before they are able to return to work.
Czech Republic	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.
Denmark	Any persons infected with the corona virus, including medical professionals, must isolate themselves until they no longer have symptoms. If problem with selv-isolation the community will be able to help with localities for the isolation-period.
Estonia	Self-isolation is applied until the end of symptoms and patients are tested negative.
Finland	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.
France	The same rules apply as for the rest of the population.
Georgia	Testing of medical personnel who are in self-isolation is a priority.
Germany	The same rules apply as for the rest of the population.
Greece	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.
Hungary	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.
Iceland	Self-isolation is mandatory as for the rest of population.
Ireland	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.
Israel	Over 2000 health workers are in isolation, including 20% medical personnel.

	Testing Protocol: Self-isolation of infected medical professionals
Italy	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.
Kosovo*	Doctors self-isolate only when symptomatic.
Latvia	At present, the protocol is the same as for the rest of population.
Lithuania	Infected medical professionals have to stay in quarantine, usually for 14 days and after that they are tested two times.
Malta	0
Montenegro	Infected medical staff is in isolation for two - four weeks without any obligation to return to work until tested negative.
Netherlands	When tested positive, they must go into self-isolation until they no longer have symptoms for at least 24 hours .
Norway	Infected health personnel must be in isolation, normally in their home until tested negative.
Poland	At present, there is the same protocol as for the rest of population.
Portugal	The same rules apply as for the rest of the population.
Romania	The same rules apply as for the rest of the population.
Serbia	The same rules apply as for the rest of the population.
Slovakia	The same rules apply as for the rest of the population.
Slovenia	Yes, medical professionals must self-isolate if infected.
Spain	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.
Sweden	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.
Switzerland	0
Turkey	0
UK	0
Ukraine	The same rules apply as for the rest of the population.

	Death Reporting/Recording Protocol: How to record deaths due to COVID-19.
Albania	0
Austria	Both reported and confirmed deaths are published on the health ministry's COVID-19 information page : https://info.gesundheitsministerium.at/?l=en . 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.
Belgium	The death rate in Belgium appeared very high in comparison to other countries because initially all people who died were included in the statistics, even if no test was available. In addition, all deaths, not just hospital deaths, were included. This makes intercountry comparisons inaccurate. 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).
Bulgaria	0
Croatia	The classification of deaths due to COVID-19 is made on the grounds of the clinical judgment of a competent physician.
Cyprus	0
Czech Republic	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.
Denmark	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.
Estonia	Those having a positive Covid-19 test are registered as deaths due to Covid-19.
Finland	The Finnish Institute for Health and Welfare has given guidelines on this. Reporting takes place daily.
France	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) : 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
Georgia	Georgia is using ICD 10- U07.1. With the communication between clinics and NCDC, a death due to COVID-19 is notified urgently.

	Death Reporting/Recording Protocol: How to record deaths due to COVID-19.
Germany	The Robert Koch-Institut (national public health authority) registers all deaths that were tested positive on SARS-CoV-2.
Greece	As of 12 June, 183 deaths have been reported. All fatal cases of COVID-19 are reported to the Ministry of Health daily. 10 patients are in ICUs.
Hungary	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.
Iceland	0
Ireland	Ireland records both hospital and community deaths with COVID-19 in its statistics. 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.
Israel	0
Italy	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.
Kosovo*	0
Latvia	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.
Lithuania	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.
Malta	0

	Death Reporting/Recording Protocol: How to record deaths due to COVID-19.	
Montenegro		0
Netherlands	The record describes the number of persons who had tested positive for COVID-19 at time of death.	
Norway	The municipalities and hospitals report the number of deaths and the cause of death directly to the Public Health Institute. The local physician decides the cause of death.	
Poland		0
Portugal		0
Romania		0
Serbia		0
Slovakia		0
Slovenia	There is no data.	
Spain	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.	
Sweden	The statistics of deceased persons are based on data reported so far to the Public Health Agency. Statistics show the number of people with a confirmed COVID-19 diagnosis who have died, regardless of the cause of death.	
Switzerland		0
Turkey	Internationally recognised processes related to death reporting are still not adopted.	
UK		0
Ukraine		0

	Availability of medicines (e.g. Propophol)
Albania	0
Austria	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.
Belgium	At the beginning of the crisis in Belgium there were big problems with the availability of PPE and testing kits. This situation has since improved significantly.
Bulgaria	At the moment, there are no shortages.
Croatia	There are no medicine shortages so far.
Cyprus	For now, no shortage of medicines is being reported. In the case of massive numbers of ICU cases, there is a strong possibility for medicine shortage.
Czech Republic	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.
Denmark	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.
Estonia	There are no reports of shortages of medicines so far.
Finland	No serious shortages have been reported.

	Availability of medicines (e.g. Propophol)
France	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.
Georgia	There is a shortage.
Germany	There are no shortages.
Greece	There are no medicine shortages so far.
Hungary	There is no shortage so far.
Iceland	There is no shortage for now.
Ireland	0
Israel	0
Italy	There is no shortage, apart from a slight shortage of hydroxychloroquine.
Kosovo*	Certain medicines are in short supply because there is an existing problem.
Latvia	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.
Lithuania	There are no shortages of medicines.
Malta	There are no reports of medicine shortages.
Montenegro	0
Netherlands	There are no shortages yet. Propophol supplies are running low. The availability of essential drugs is being monitored.
Norway	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: https://legemiddelverket.no/legemiddelmangel/nyheter-om-legemiddelmangel-og-avregistreringer
Poland	There are no reports of medicine shortages.
Portugal	The situation is ok for the time being.
Romania	Some hospitals in first line have medicines for a few more days, others have medicines for 2 weeks.

	Availability of medicines (e.g. Propophol)
Serbia	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.
Slovakia	There is a shortage.
Slovenia	Medicines are available.
Spain	There has been no shortage of drugs, although there is a limitation with anti-leukin drugs.
Sweden	There is some shortage of drugs, mainly anaesthetics but even some antibiotics and sterile water. Propophol is replenished from the veterinarians' supplies.
Switzerland	0
Turkey	0
UK	Our latest survey results (18 June) show that 33% of those surveyed reported shortages in medicines, medical gases, and other therapeutics.
Ukraine	There is a critical number of antiviral drugs.

	Availability of Medical Devices (e.g. ventilation devices)
Albania	0
Austria	No problems or shortages reported so far.
Belgium	There were shortages of A) ventilators (an additional 10,000 ventilators were ordered by the government, B) breathing tubes, and C) canulas for ECMO.
Bulgaria	At the moment, the available equipment is sufficient.
Croatia	There are no shortages of medical devices so far.
Cyprus	For now, there are no shortages of medical devices. But this will be a huge problem if it is not possible to stop the spread of the disease. Cyprus is trying to order more ventilators but there is a big shortage of ventilators worldwide. Cyprus did however manage to get some extra machines and hopes to have them in time to support when ICU capacity is reached. 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. There are around 30 ventilators coming from China with the following cargo flights.
Czech Republic	Thanks to the introduction of COVID-19 preventive measures, there wasn't any worrying increase of COVID-19 patients. Therefore, the 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 a few hundred. The hospitals have been returning to normal state since the beginning of May – special units are being out of operation.
Denmark	In April, according to the available Danish data; the need for ICUs and respirators decreased slightly.
Estonia	So far we are not faced with a shortage of medical devices.
Finland	Finland has been preparing for a large scale epidemic, tripling ICU beds. So far, capacity has been sufficient in all parts of the country.
France	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.

	Availability of Medical Devices (e.g. ventilation devices)
Georgia	Partially there are enough medical devices.
Germany	There are no shortages.
Greece	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. Wealthy donors have supported the public healthcare system by buying ventilators etc.
Hungary	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.
Iceland	The status as to ventilators is now deemed sufficient as it is for diagnostic sampling kits (sampling pins).
Ireland	No shortages envisaged at present
Israel	0
Italy	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 to the significant decrease of infected patients.
Kosovo*	142 are available and an additional 50 are already contracted. This can be considered enough based on the present situation.
Latvia	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.
Lithuania	There is no shortage for now.
Malta	Malta has a number of ventilators and is trying to acquire more. There is no shortage yet but it may develop in the future.
Montenegro	0
Netherlands	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.
Norway	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 ventilators.
Poland	As of 12 June, the very early lockdown seems to help in preventing the shortage of ICU beds and ventilators.
Portugal	The situation is ok for the time being but will depend on the evolution of the disease.

	Availability of Medical Devices (e.g. ventilation devices)	
Romania	Around 1,600 ventilators are available at 8,000 beds of anesthesia-intensive units (supplemented through opening of new anesthesia-intensive care units). Several hundred ventilators have been ordered but they will arrive in the coming weeks.	
Serbia	There is no shortage for now. Serbia received a big donation from China.	
Slovakia	There are 550 for 5 million inhabitants.	
Slovenia	Regarding COVID-19, there are enough medical devices for now.	
Spain	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.	
Sweden	There are no current shortages.	
Switzerland		0
Turkey		0
UK		0
Ukraine	There are extreme shortages. For example, there are only 180 mechanical ventilation units in Lviv region with more than 2 million inhabitants.	

	Availability of workforce
Albania	0
Austria	There are no problems or shortages reported so far.
Belgium	The government plans changing the law, enabling students to start the practical element of medical education (year 6) earlier.
Bulgaria	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.
Croatia	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.
Cyprus	There is a big shortage of workforce. State hospitals are suffering most as most of the positive cases are from the state hospitals. For this reason, workforce from the private sector is being moved to support the state hospitals. Furthermore, all the private hospitals are working along with the government to help manage the COVID-19 crisis. For now, the private sector is offering a supportive role covering all the non COVID-19 cases, but getting ready for all possible scenarios.
Czech Republic	Since the outbreak of the COVID-19 pandemic, the Czech Government promised support, better working conditions, benefits and wage increase for medical personnel. However, two months on with the alerting situation slowly going back to normality, the Government is trying to withdraw avoiding any beneficial increase of the working conditions and salaries.
Denmark	0
Estonia	There is no shortage yet. In the epicenter (island Saaremaa) the help of voluntary workforce was used.
Finland	There are no workforce shortages. Some healthcare personnel has been retrained and/or reassigned to different positions. Elective medical care was reduced in many health care units in March-April, and started again in May. Patients have cancelled their scheduled appointments for fear of exposure to the virus. Based on the emergency situation and legislation (called off on 16 June), authorities can, if needed because of the epidemic, require healthcare personnel to work in a certain healthcare facility.

	Availability of workforce
France	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.
Georgia	There are enough health workers.
Germany	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.
Greece	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.
Hungary	There is no relative and absolute shortage in worforce. Medical facilities are starting to open up again.
Iceland	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.
Ireland	<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. 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. 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>
Israel	0

	Availability of workforce
Italy	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.
Kosovo*	Currently, we are managing successfully the situation but if the situation escalates, unemployed and retired doctors could be included to work if needed.
Latvia	There is no specific shortage due to COVID-19.
Lithuania	There is no specific shortage due to COVID-19. Medical students and residents are working in testing units. They are remunerated.
Malta	Many doctors (over 100 doctors, more than 10% of hospital workforce) are in quarantine due to the exposure to a confirmed case.
Montenegro	0
Netherlands	There are no shortage yet. Additional workforce has been created by reactivating former health professionals.
Norway	The demand is met for the time being. Norway has sent a health team consisting of physicians and nurses to Italy.
Poland	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.
Portugal	Healthworkers are becoming exhausted.
Romania	Health workers are becoming physically and mentally exhausted.
Serbia	Currently, a list of physicians working in private practice, as well as the unemployed and retired, could be included in the workforce if needed. Specialties potentially needed would be: anesthesiologists, infectious disease specialists and emergency medicine specialists.
Slovakia	There is a lack of doctors and nurses.
Slovenia	There is enough workforce for COVID-19 related activities, but a shortage for all other services.

	Availability of workforce
Spain	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 anesthetists acting as intensivists, general practitioners replacing internists; including orthopedic surgeons, surgeons or gynecologists, as support or general internists for the care of COVID-19.
Sweden	The acute need for health educated staff has resulted in shifting workplaces for healthcare staff. There is a call to reactivate students, pensioners, and staff from other sectors with a health care education to join in. Negotiations are in progress on summer vacations.
Switzerland	0
Turkey	0
UK	Our latest survey results on this question (14 May) demonstrated that 69% of those surveyed said self-isolation has either "significantly" or "slightly" reduced capacity available. And on the question of how they would cope if there was a second spike in Covid -19 infections, our latest survey results indicate 50% of doctors said they were either not very or not at all confident.
Ukraine	Before the pandemic, the shortage of infectious disease specialists and epidemiologists was up to 30% of the calculated need.

	Violence against workforce (see here: https://www.wma.net/news-post/world-medical-association-condemns-attacks-on-health-care-professionals/)	
Albania		0
Austria	No incidents have been reported yet.	
Belgium	Reports of health professionals being thrown out of their home by roommates because of fear to get infected. RTBF: https://bit.ly/2W6QcaF Unia: https://bit.ly/2Yg0Mif	
Bulgaria		0
Croatia	No incidents have been reported so far.	
Cyprus		0
Czech Republic	No violence against healthcare workforce has been reported.	
Denmark	No incidents have been reported.	
Estonia	There are no reports of violence against the workforce.	
Finland	No incidents have been reported.	
France		0
Georgia		0
Germany	No significant rise has been reported.	
Greece	No incidents have been reported.	
Hungary	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.	
Iceland		0
Ireland		0
Israel		0
Italy		0
Kosovo*		0
Latvia	No cases reported.	
Lithuania	There have been no incidents.	
Malta		0
Montenegro		0

	Violence against workforce (see here: https://www.wma.net/news-post/world-medical-association-condemns-attacks-on-health-care-professionals/)	
Netherlands	No incidents have been reported.	
Norway	No incidents have been reported	
Poland	Polish doctors encountered signs of great social sympathy, manifested, for example, in the provision of food free of charge to hospital staff and PPE provided by numerous individual donors. Unfortunately, as the weeks of the epidemic have passed, and with the appearance of SARS-Cov-2 outbreaks in medical facilities, verbal abuse, aggressive gestures and hate speech aimed at healthcare staff have started to take place, with events such as vandalising a nurse's car with paint, or the refusal to admit the children of doctors to kindergartens.	
Portugal		0
Romania	Reports of health professionals harassed by neighbors for working in a COVID-19 hospital because of fear to get infected were reported by DIGI24HD: https://bit.ly/3d02vfG .	
Serbia		0
Slovakia		0
Slovenia		0
Spain		0
Sweden	There are no reports of COVID-19 related violence.	
Switzerland		0
Turkey	There was a case of violence in a hospital in Trabzon and in Istanbul.	
UK	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, https://www.independent.co.uk/news/health/nurses-coronavirus-nhs-spitting-rcn-covid-19-a9414416.html . There are reports about silencing healthcare professionals speaking up about lacking protection: https://www.theguardian.com/society/2020/mar/31/nhs-staff-gagged-over-coronavirus-protective-equipment-shortages	
Ukraine		0

	Working Time	
Albania		0
Austria	Working time directives in hospitals suspended only with consent of employee.	
Belgium		0
Bulgaria	Working time is as usual.	
Croatia	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.	
Cyprus	All medical personnel is now divided in groups, so that in the case of exposure, the others can continue their work. Cypriot doctors are working long hours – 12 hours shifts.	
Czech Republic	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.	
Denmark		0
Estonia	There are no special changes in working time agreements. Most hospitals pay double salary for front-line workers.	
Finland	Adjustments have been needed in many healthcare units. In general, these are based on normal legislation and collective agreements. Emergency legislation (called off on 16 June) 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.	
France	This has not been evaluated but there is a very large volume of hours of activity for health professionals in the highly affected regions.	
Georgia	Working time is 24 hours- 7 days a week, i.e. 24/7.	
Germany		0
Greece	Doctors' working time remains the same till now. There are plans for weekly shifts if necessary. Patients are admitted to Greek hospitals 24/7.	
Hungary	Working time is normal.	

	Working Time
Iceland	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.
Ireland	Working time is extended on a case by case basis.
Israel	8 different collective bargaining agreements were negotiated to adjust working time and secure salaries.
Italy	There was no formal change, but doctors' working time has significantly changed during this pandemic.
Kosovo*	Working time has not changed from normal, but teams have been boosted with extra staff. All elective surgical procedures have been postponed.
Latvia	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.
Lithuania	Doctors' working time remains the same till now.
Malta	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.
Montenegro	0
Netherlands	There is no data available. Currently, research is being conducted to understand the role of children in transmitting the virus.
Norway	According to the wage agreement – but depending on the situation - the government can use the infectious disease law to order doctors to participate in prevention of COVID-19 and to examine and treat patients with COVID-19. The emergency law orders doctors to work more than ordinary working hours. Testing has mostly been carried out by individual doctors in primary health care and many doctors have done overtime.
Poland	At present, working time has not been extended.
Portugal	There is an overload.
Romania	There is an overload.
Serbia	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.
Slovakia	There is excessive overtime even in normal operation.
Slovenia	COVID-19 and IC units are working in double shifts of 12 hours. Doctors or other healthcare professionals have not received any financial compensation.

	Working Time
Spain	Work has been done in double shifts of 12 hours, and weekends with morning shifts, at least during the month of March and April.
Sweden	Working time has changed to 12-hour shifts. Overtime rate is increasing rapidly.18-hour shifts have been reported.
Switzerland	0
Turkey	0
UK	The latest survey from the BMA on this question (18 June) of more than 7,000 doctors found that 64% said there had been a significant increase in demand for non-Covid care and a fifth of doctors said the levels of demand were higher than before the pandemic began. Their optimism at the ability to manage patient demand as the NHS tries to manage the backlog is also very low with just 7% having confidence that their local health economy will be able to manage. Added to that, a quarter of doctors said they'd had no engagement whatsoever from their local health economy about how the increased patient demand will be managed as normal NHS services resumed. 45% of our survey respondents say they are feeling stressed, this is a slight increase on previous results.
Ukraine	In the infectious wards working time is 12 hours, in the intensive care units 24 hours.

	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?	
Albania	32 children are infected.	
Austria	This has not been reported.	
Belgium	A very small number of children were recorded dead.	
Bulgaria		0
Croatia	There is no available data.	
Cyprus		0
Czech Republic	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.	
Denmark	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.	
Estonia	This has not been reported.	
Finland	The number of tests by age group has not been published. The attendance of children in any healthcare facility has decreased significantly.	
France	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).	
Georgia	N/A	
Germany	There were reports of concerns that the postponement of examinations and therapies among children could yield negative long-term effects.	
Greece	There is no data available.	
Hungary	There is no data on this.	
Iceland		0
Ireland	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.	
Israel		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?
Italy	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.
Kosovo*	0
Latvia	0
Lithuania	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.
Malta	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.
Montenegro	0
Netherlands	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.
Norway	101 children aged 0-9 and 364 children aged 10 -19 have been tested positive. 3 people between 0-29 are in intensive care as of 27 April.
Poland	0
Portugal	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?
Romania	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.
Serbia	0
Slovakia	0
Slovenia	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.
Spain	In the Comunidad de Madrid, the urgent care of children was centralized in a hospital (Hospital Niño Jesús de Madrid).
Sweden	There is a clear reduction in the attendance pattern for emergency care. There is an even more significant reduction in the prevalence of infections with RS virus and the influenza virus.
Switzerland	0
Turkey	0
UK	0
Ukraine	0

	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
Albania	0
Austria	<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.</p> <p>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>
Belgium	<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 that 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. For the deconfinement phases, see https://centredecrise.be/fr.</p>
Bulgaria	<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>

	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
Croatia	<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. The Croatian economy depends on tourism so reopening the country is essential in order to limit economic damage. Entry for foreign citizens from 10 European countries is currently permitted, others must justify their reason for entering the country.</p>
Cyprus	In Cyprus, there is a shutdown as in most countries.
Czech Republic	There has been a slight lifting of the extraordinary preventive measures since the second half of April. The economic aspects are given preference over health aspects. People are tired of the epidemic and many of them refuse to respect the bans and recommendations, as they consider these useless.
Denmark	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 have 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.
Estonia	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 in the beginning of March. From 14 March, Estonia's western islands, such as Saaremaa, were closed to all but residents.
Finland	As the disease situation has become significantly less urgent, the government called off the emergency situation and legislation on 16 June. Travel restrictions have been lifted as regards certain countries (Norway, Denmark, Iceland, Estonia, Latvia, Lithuania) since 15 June. Restaurants reopened on 1 June and as of 1 July large outdoor events will be permitted again but special arrangements are required.

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France	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.
Georgia	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: http://gov.ge/index.php?lang_id=ENG&sec_id=288&info_id=75975
Germany	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.
Greece	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. The current concern is about tourists bringing more cases into Greece and that the general population no longer adhering to physical distancing measures.
Hungary	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"> - citizens must wear masks inside shops in Budapest - citizens must cover their face on public transportation - medical capacity is limited to a maximum of 4 patients per hour in any specialty - kindergartens and primary schools under 4th grade are reopened but attendance is not obligatory, it is just a possibility for families.
Iceland	The current main issue is the plan to open the border on 15 June. Visitors will be able to choose between 14 days quarantine or taking a test. This is controversial among doctors due to a lack of time to prepare or clarity on how it will function.

	<p>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</p>
<p>Ireland</p>	<p>Since the 27th March the following restrictions have been in place and will continue until May 5th at least.</p> <ul style="list-style-type: none"> - 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. - Over 70s have been asked to “cocoon” – not leave their house at all. - Schools, universities, bars, restaurants, are closed and all public gatherings have been banned - For those who are unable to work from home temporary unemployment benefits and wage subsidy schemes have been introduced. There is also a covid 19 illness benefit payable to those required to self-isolate.
<p>Israel</p>	<p>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 beginning of June the number of new infections went up to 200 new cases per day leading to a debate whether the opening went too quickly. 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.</p>

	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
Italy	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.
Kosovo*	0
Latvia	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.
Lithuania	Quarantine ended on 16 June however some restrictions will remain.
Malta	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. All over 65s and care home residents were quarantined. People leaving hospital were quarantined, including before moving to a care home. The first case was 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.
Montenegro	0

	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
Netherlands	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.
Norway	Contact tracing and follow up is taking place and working. Society has opened up again and the aim is now to contain any local outbreaks with the reimplementation of local measures. There is concern about discipline among the population in order to enable tracing of early outbreaks.
Poland	The lockdown appears to have been effective, enabling sufficient ICU beds and ventilators to be available. Concern remains about localised outbreaks, e.g. in coalmines, and about the very quick relaxation of restrictions with fear of the virus diminishing among the population. This course of action could have a political connection in light of upcoming elections at the end of June.
Portugal	In Portugal many parties, including the Medical Association put pressure on the government to implement containment measures, e.g. school closures, as early as possible. Doctors also mobilised to organise health services and the Portuguese Medical Association, in partnership with the pharmaceutical industry, actively recommended the postponement of all meetings, serving as an example. Frontline health professionals have shown extraordinary leadership in making recommendations, anticipating needs and suggesting solutions.
Romania	1. On 23rd March physical distancing was introduced; 2. all schools, day care and universities are closed; 3. all public gatherings over 3 persons are prohibited; 4. all shops are closed, with the exception of food suppliers; 5. yes.
Serbia	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.
Slovakia	0
Slovenia	On 31 May, Slovenia officially declared the epidemic over and the most restrictive measures have now been lifted. Infection numbers are now very low, with some days showing no new cases. The population adhered well to the lockdown measures.

	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
Spain	<p>On March 15th, Royal Decree 463/2020 of March 14, entered into force, declaring the state of emergency 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>Spain has 17 autonomous regions and impact varied throughout the country. The reason for this could be down to population density and tourism. The biggest impact was around Madrid, with a number of large events in early March and authorities too slow to react. The lockdown is now loosening in several phases. Some regions are in phase 3, some in phase 2. Movement between regions is currently prohibited and Spain is not yet ready to open borders to other European countries.</p>
Sweden	The Swedish recommendations are quite similar to the restrictions in other countries: the importance of washing hands, keeping 2 meters apart, staying home from work with even the slightest symptoms, no visits allowed to homes for the elderly, no gatherings of more than 50 persons and self-isolation of individuals aged above 70 and at -risk groups. Everyone is expected to work from home if possible and only travel if absolutely necessary. What stands out in Sweden is the fact that pre-schools and primary schools have remained open during the pandemic since there was no solid evidence that school closures would slow down the outbreak, but the effects on the work force – not least on health care professionals – would have been significant.
Switzerland	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.
Turkey	On 1 June 2020 restrictions were rapidly lifted.
UK	0
Ukraine	0

	Other workforce Measures of Note (e.g. student involvement - please note an ongoing survey here: https://docs.google.com/forms/d/1rSlml-qoaSTUK8rLVj8DsCszkvq7A3DCN-rjIKyxUkc/viewform?edit_requested=true#responses)	
Albania		0
Austria	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.	
Belgium	All unnecessary operations have been postponed to allow the medical workforce to concentrate on COVID-19 related cases. This enabled ICU units and staff to cope, but patients with other diseases were neglected. On 8 June hospitals were 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 according to their urgency and the patients’ conditions. The government plans changing the law, enabling students to start the practical element of medical education (year 6) earlier.	
Bulgaria		0
Croatia	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.	
Cyprus		0
Czech Republic	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 assistance with family matters having schools and kindergartens closed since March 2020.	
Denmark	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).	
Estonia	Since 13 March, elective surgery and outpatient follow-up visits to policlinics were postponed. Some specialities (i.e. cancer treatment) continued to work.	
Finland	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.	

	Other workforce Measures of Note (e.g. student involvement - please note an ongoing survey here: https://docs.google.com/forms/d/1rSlml-qaSTUK8rLVj8DsCszkvq7A3DCN-rjIKyxUkc/viewform?edit_requested=true#responses)
France	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.
Georgia	1. Health personnel is no longer allowed to work between different hospitals. 2.Scheduled surgeries are delayed for 4 months.
Germany	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.
Greece	0
Hungary	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.).
Iceland	Nurses have just announced a strike on 22 June due to a lack of progress in salary negotiations with the government.
Ireland	Issues have arisen in relation to availability of accommodation and childcare for frontline workers.
Israel	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.
Italy	0
Kosovo*	Retired doctors, unemployed doctors and students of the 6th year in the medical faculty, have been put on standby.
Latvia	The Latvian Medical Association has established two phone lines where doctors can contact asking for advice and support.
Lithuania	The Government decided a pay rise for medical staff. All staff working in corona hotspots will receive double pay. Planned operations and other healthcare services have restarted, all patients are tested prior to planned procedures.

	Other workforce Measures of Note (e.g. student involvement - please note an ongoing survey here: https://docs.google.com/forms/d/1rSlml-qaSTUK8rLVj8DsCszkvq7A3DCN-rjIKyxUkc/viewform?edit_requested=true#responses)
Malta	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.
Montenegro	0
Netherlands	There is a triage protocol for home vs hospital care for the elderly.
Norway	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 curve. The Norwegian Medical Association is heavily involved in the health authorities' activities on the COVID-19.
Poland	The Polish Chamber is looking at the economic effects for the healthcare professions (doctors and dentists as both are part of the Chamber). Doctors were promised compensation for having to work only in one workplace and losing income possibilities. Unfortunately, this additional remuneration has not been paid out so far and administrative procedures are underway to calculate these payments (which are becoming increasingly disadvantageous). In addition, Polish cross-border healthcare workers were unfairly and unequally treated, being the only group of workers who would have to be quarantined after returning from Germany when the border with Germany was reopened. During the pandemic other fields of medicine were suspended with as yet unknown consequences.
Portugal	The doctor's organisation has a group of doctors monitoring the measures by the Ministry of Health (in this group there are doctors from several areas: public health, family medicine, pneumology, infectious diseases, pediatrics and intensive care).
Romania	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.
Serbia	The Institution GM decided to ban additional work at another institution. Some doctors discontinued specializations and returned to their home institutions. There was a 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.

	Other workforce Measures of Note (e.g. student involvement - please note an ongoing survey here: https://docs.google.com/forms/d/1rSlml-qoaSTUK8rLVj8DsCszkvq7A3DCN-rjIKyxUkc/viewform?edit_requested=true#responses)	
Slovakia		0
Slovenia	<p>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 The 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.</p> <p>Here is the link (in Slovenian language only, but Google translator works pretty good for this) https://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/2020-01-1030/odlok-o-preklicu-epidemije-nalezljive-bolezni-sars-cov-2-covid-19</p>	
Spain	In the Comunidad de Madrid and other highly affected Autonomous Communities all the hospitals were 'COVID-19 hospitals' during the weeks from March 15th to April 12th. At 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 seriously affected 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.	
Sweden	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. The focus on COVID-19 cases has meant less hospital capacity to treat other patients.	
Switzerland	GPs and hospital doctors have been in the front line. Non-emergency treatment and consultations were forbidden during lockdown so there has been a large financial loss for specialists and private clinics.	
Turkey		0
UK	Half of more than 2,000 GPs responding to the BMA's latest survey (18 June) said that they are having to now provide care that would normally be delivered by secondary care colleagues. A further 81% said that they have been asked to carry out new investigations and manage ongoing care, which would also usually be done in hospitals, further adding to GPs' growing workload	
Ukraine	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.	

	Treatment guidelines (Triage Protocol)	
Albania		0
Austria	They are in effect in most hospitals and offices. Entry checkpoints were established to allow for triage of patients before access to the hospitals.	
Belgium		0
Bulgaria		0
Croatia	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.	
Cyprus		0
Czech Republic	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.	
Denmark	On a regular basis, the Danish National Board of Health publishes guidelines on triage, treatment, use of PPE, tests etc.	
Estonia	These exist in most hospitals.	
Finland		0
France	The HAS (High Authority of Health) published many treatment guidelines (chronic diseases, pregnancy, pediatrics, psychiatrics, etc.).	
Georgia		0
Germany		0
Greece	Treatment is delivered according to WHO guidelines.	

	Treatment guidelines (Triage Protocol)
Hungary	<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:</p> <p>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:</p> <p>All persons where SARS-CoV-2 rtPCR test is positive (regardless of symptoms)</p>
Iceland	The guidelines foresee HCQ and AZT for most patients in ICU and tocilizumab for some in ICU.
Ireland	0
Israel	0
Italy	0
Kosovo*	0
Latvia	0
Lithuania	0
Malta	0
Montenegro	0
Netherlands	There is a triage protocol for home vs hospital care for the elderly.
Norway	0
Poland	0
Portugal	0
Romania	0
Serbia	0
Slovakia	0

	Treatment guidelines (Triage Protocol)
Slovenia	There are some in progress or in the process of being changed; there is a special one for dr. dent. med professionals. There is also a debate on the hospitalisation of nursing home residents.
Spain	Currently, a screening PCR is carried out almost in a general way for 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. Although Sweden has very good quality healthcare, it has the lowest numbers of hospital beds and ICU beds in Europe. This shortage of ICU beds contributed to the decision not to send some very old and fragile people to hospital. There is now a big debate about whether more old people should have been sent to hospital. Increasing the numbers of ICU beds and more equipment in care homes for the elderly would be necessary improvements.
Switzerland	0
Turkey	0
UK	0
Ukraine	0

	Malpractice claims in times of COVID-19 (increase of complaints and regulatory response planned?)
Albania	0
Austria	This has not been reported.
Belgium	0
Bulgaria	0
Croatia	Only few cases of malpractice were reported by the media. However, official investigations are still going on.
Cyprus	0
Czech Republic	There is no information about malpractice claims available yet. People strongly support the healthcare workforce. Based on previous experiences such claims would probably appear after the situation stabilizes.
Denmark	This has not been reported so far.
Estonia	So far, there are no reports of malpractice. There are some complaints about postponed planned receptions.
Finland	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 (https://www.pvk.fi/en/).
France	There has been 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.
Georgia	0
Germany	0
Greece	No incidents have been reported.
Hungary	There is no data on this.
Iceland	0
Ireland	0
Israel	0
Italy	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: https://portale.fnomceo.it/publicita-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/

	Malpractice claims in times of COVID-19 (increase of complaints and regulatory response planned?)
Kosovo*	0
Latvia	0
Lithuania	0
Malta	0
Montenegro	0
Netherlands	Regional Medical Disciplinary Tribunals received fewer complaints from 12 March until 10 April than last year (70 complaints vs. 133 in same period in 2019).
Norway	0
Poland	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.
Portugal	0
Romania	0
Serbia	0
Slovakia	0
Slovenia	0
Spain	0
Sweden	0
Switzerland	0
Turkey	0
UK	0
Ukraine	0

	Other comments
Albania	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.
Austria	0
Belgium	0
Bulgaria	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.
Croatia	On April 14th, the digital assistant 'Andrew' was presented by the government of the Republic of Croatia. "Andrew" 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: 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. It assists people in contact with competent institutions, sending everyone to the right address, saving time and energy for citizens and doctors. 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. 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.
Cyprus	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.
Czech Republic	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 publicly denounced the lack of PPE.
Denmark	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.
Estonia	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.

	Other comments
Finland	Updated information on the COVID-19 epidemic is available here: https://thl.fi/fi/web/infektiotaudit-ja-rokotukset/ajankohtaista/ajankohtaista-koronaviruksesta-COVID-19 . The Finnish Medical Association plans to carry out another survey among its members in September, to follow up on the survey dating from April.
France	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.
Georgia	0
Germany	Germany withstood the first wave relatively well due to luck and being well prepared. 67% of cases were in people aged 15-59, whereas only 19% were in those aged over 70. 86 % of those who died were over 70. The already high number of ICU beds (30 000) was increased by introducing a vacancy bonus of 560€/day for hospitals per ICU bed kept free, plus 50 € per patient for PPE. This measure proved slightly excessive, with around 20% of hospital beds and 40% intensive care beds currently unoccupied. On 29 May there were 8 000 ICU beds available and 730 COVID-19 cases in ICU.
Greece	The pandemic has slowed in Greece, with 3400 cases.
Hungary	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.
Iceland	According to reported data, 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 https://www.COVID-19.is/english , www.COVID-19.is/data ; https://www.COVID-19.is/data Please find a prediction model for COVID-19 in Iceland, with an update twice per week at https://www.COVID-19.is/english . 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 https://www.nejm.org/doi/full/10.1056/NEJMoa2006100?query=RP . As of 4 April, 13.3% of those recruited for targeted testing had positive results for infection with SARS-CoV-2, but in the general population only 0.6% of participants in the random screening tested positive. These numbers appear to be more or less constant until today (https://www.nejm.org/doi/full/10.1056/NEJMoa2006100?query=featured_home).

	Other comments
Ireland	Ireland is in the second phase coming out of the pandemic. Ireland initially had the lowest number of ICU beds in the EU so the public health service bought beds from the private system, which luckily weren't needed. Now the focus is on opening up and meeting the needs of patients who didn't seek medical help during the pandemic.
Israel	0
Italy	0
Kosovo*	0
Latvia	The already low infection rate in Latvia continues to decrease. In total there have been 1096 cases of COVID-19 with 27 deaths. Lockdown was implemented on 11 March and ended on 9 June with public activities resuming step by step. More than 100 000 tests have already been carried out and patients are tested 24 hours before entering hospital for planned treatment.
Lithuania	The situation in Lithuania is stable. 74 deaths have been recorded so far.
Malta	It was pointed out that it is very difficult to draw comparisons between different country's data sets due to different definitions used and ways in which data is collected and reported. This could be addressed by the European Commission in the future to facilitate more accurate comparisons.
Montenegro	0
Netherlands	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 to 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.
Norway	Norway is now in control of the pandemic and currently in the Yellow Zone. With 5 million inhabitants, 277 000 tests have been carried out, 8606 of which were positive. 242 deaths have been recorded. The R number currently stands at 0.66, with 16 people hospitalised.
Poland	Currently, the majority of healthcare facilities are still not providing planned treatments. In most small towns, patients cannot arrange a visit to general practitioners, only teleconsultation is available, and even this is not available in all outpatient clinics. The medical community in Poland is afraid that the healthcare system – which is still up and running only because of the significant amount of overtime work carried out by medical personnel – will completely collapse after the epidemic. And eventually, as a consequence of the coronavirus epidemic, it is likely that far more people will lose their health and lives due to a lack of access to the healthcare system rather than due to the infection itself.

	Other comments
Portugal	<p>Doctors' and other healthcare professionals' leadership skills have been good. This should be recognised by the authorities and re-organising the system should be based on healthcare professionals' experiences. One lesson learned from the crisis is the need to invest more in people's health in order to safeguard all areas of society. The pandemic exposed the need for strong public services and highlighted the importance of health for the world's economy.</p> <p>European leaders face 3 majors challenges for future: Investing a good percentage of GDP in health systems, valuing doctors and health professionals at all times, not just during crises, and improving systems for the easy and safe exchange of health data in the European Union in order to promote research and lifelong learning to respond better and more quickly to challenges.</p>
Romania	0
Serbia	0
Slovakia	0
Slovenia	<p>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. https://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/2020-01-1030/odlok-o-preklicu-epidemije-nalezljive-bolezni-sars-cov-2-covid-19</p>
Spain	<p>Likewise, hospital geriatricians and family doctors supported the classification, referral and care of patients from nursing homes and social health centers. //The health system was totally overloaded and collapsed. A provisional hospital with 5000 beds had to be built in 4 days to cope with needs.</p>
Sweden	<p>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 https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/communicable-disease-control/covid-19-more-information/. The situation in Sweden has been reported inaccurately in the foreign press, including creating a false impression that the health authority was aiming at herd immunity. The reason given for the approach in Sweden was rather to prevent hospitals from being overwhelmed. It is estimated that around 10% of the population now has antibodies.</p>

	Other comments
Switzerland	A phone application for tracking and tracing was released in June but it does not have many downloads yet. An official website providing information to the public as well as healthcare workers has been put in place, see https://www.bag.admin.ch/bag/en/home/krankheiten/ausbrueche-epidemien-pandemien/aktuelle-ausbrueche-epidemien/novel-cov/situation-schweiz-und-international.html
Turkey	The Turkish Medical Association awaits the Ministry of Health to share with professional organisations, the scientific community and the public detailed data relating to the outbreak (i.e. distribution of cases and deaths by age groups, gender, place of settlement, co-diseases, risk groups etc.).
UK	UK: https://www.bma.org.uk/advice-and-support/covid-19/what-the-bma-is-doing/covid-19-analysing-the-impact-of-coronavirus-on-doctors
Ukraine	



COMITÉ PERMANENT DES MÉDECINS EUROPÉENS
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