

COVID-19: SITUATION IN SPAIN

1- Statistical Data (14/04/20)

TOTAL CASES: 172541

Last 24h Cases: 3045

Recovered: 67504

Deaths: 18056

Cases per CCAA (Autonomous Communities)

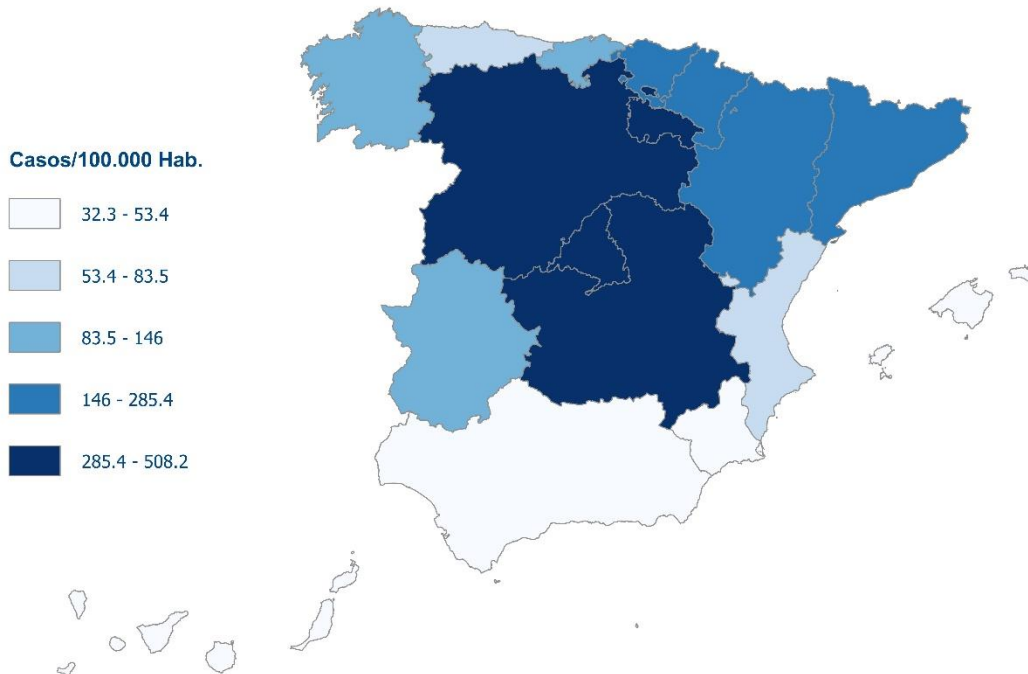
CCAA	Total	Last 24h	Inc.14d
Andalucía	10192	5	51.98
Aragón	4245	58	149.55
Principado de Asturias	2051	93	79.68
Islas Baleares	1571	21	43.67
Canarias	1958	14	32.32
Cantabria	1796	19	107.56
Castilla y León	13180	552	290.43
Castilla La Mancha	14329	275	388.86
Cataluña	35197	471	213.99
Galicia	7597	103	131.80
C. Valenciana	9213	153	74.04



CCAA	Total	Last 24h	Inc.14d
Extremadura	2684	26	98.90
Comunidad de Madrid	48048	902	308.24
Región de Murcia	1487	24	34.34
Comunidad Foral de Navarra	4150	58	282.02
País Vasco	11226	208	222.21
La Rioja	3420	62	508.21
Ceuta	96	1	73.13
Melilla	101	0	54.34

Si desea descargarse los datos pulse [aquí](#).

Incidencia acumulada últimos 14 días (13/04/2020)

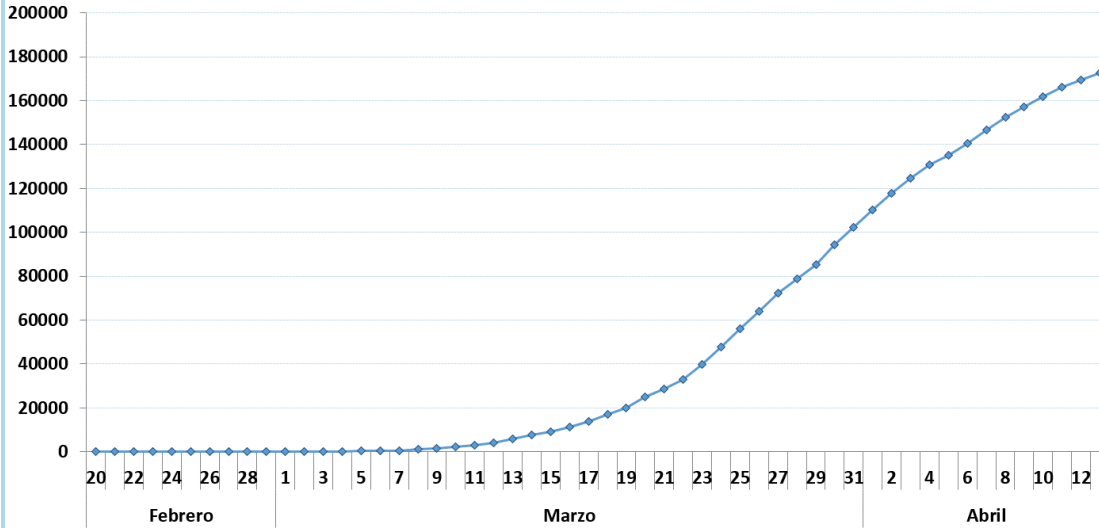


Fuente: RENAVE.ISCIII-CCAES

Daily Evolution of Cases per CCAA

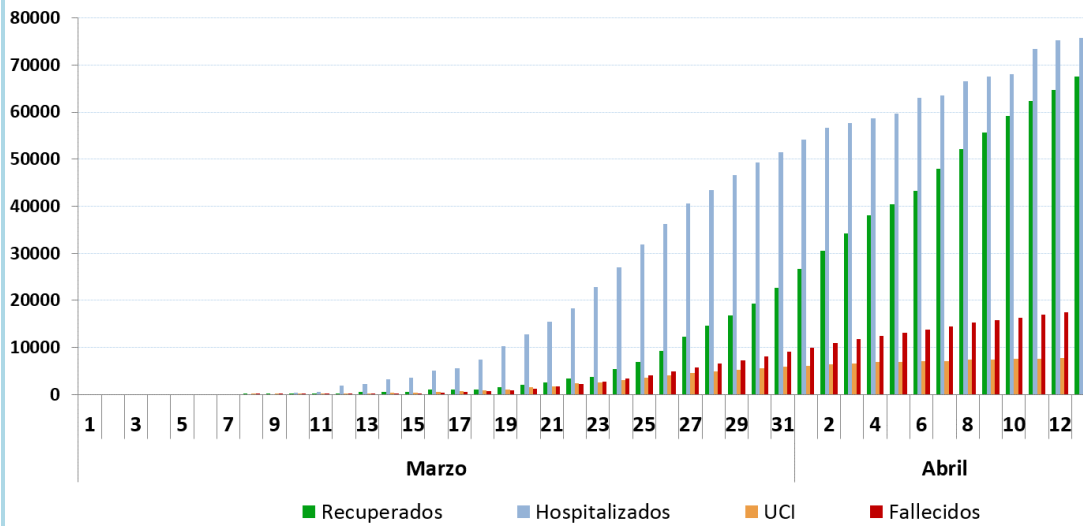


Casos acumulados por fecha de notificación



Fuente: RENAVE. ISCIII-CCAES

Evolución diaria de COVID-19 en España según situación clínica



Fuente: RENAVE. ISCIII-CCAES



Status COVID-19 in Europe

CORONAVIRUS	ESPAÑA	PORTUGAL	REP. CHECA	CROACIA	GRECIA	POLONIA	HUNGRÍA
CONTAGIADOS	153.222	13.956	5.569	1.407	1.955	5.575	980
CASOS GRAVES	7.371	241	96	34	79	160	17
MUERTES	15.447	409	112	20	87	174	66
MUERTES POR MILLÓN HAB.	330	40	10	5	8	5	7
GASTO SANIDAD (mill €)	75.435	12.192	12.837	2.618 *	8.733	22.407	6.115
GASTO SANIDAD (% PIB)	6,24	6,05	6,21	5,62 *	4,73	4,51	4,64
GASTO SANIDAD POR HABITANTE (€)	1.617	1.185	1.210	625 *	813	590	625

Fecha datos coronavirus: 9 abril 2020
Fuente: worldometers.info/coronavirus

Fecha datos sanidad: 2018
Fuente: <https://datosmacro.expansion.com/>

* Datos de 2016

2- Present Situation

This Tuesday, April 14, Spain has experienced a **slight rebound in the number of coronavirus cases** due to the lag caused by notifications over the weekend. Specifically, our country has registered 567 deaths in the last 24 hours, up to 18,056 coronavirus deaths. Plus 172,541 positive cases of coronavirus (+3,045, 1.8% more) and there are already 67,504 cured (+2,777), Spain is the third country worldwide with more patients cured.

According to the latest official figures, in Spain there are 26,672 **healthcare professionals infected from Covid-19**. The severity has usually been less than other patients. The general figures show a stabilization balance of a coronavirus pandemic whose peak has already been overcome.

The improvement in ICUs has also been underlined, although they are still under high stress. This Tuesday, the Government has decided to strengthen the public health system by making available to the Autonomous Communities all clinical diagnosis centers, services and establishments.

In detail, the situation of COVID-19 in Spain is as follows:



- ♣ The percentage of women slightly increases compared to previous analyses, reaching 52.2%.
- ♣ The percentage of hospitalized patients slightly decreases, from 51.5% to 48.7%.
- ♣ In turn, cases with pneumonia slightly increase from 57.5 to 59.5%.
- ♣ The percentage of patients with mechanical ventilation decreases: from 7.9 to 7%.
- ♣ Lethality in reported COVID-19 cases increases from 5.3 to 7.6%.
- ♣ High blood pressure is also more significantly present in men than in women.
- ♣ The % of health workers in relation to the total number of reported cases decreases significantly: from 26% to 18.5% currently.
- ♣ The disease prevalence is 45% in non-hospitalized cases, 75% in hospitalized cases, 78% in those admitted to the ICU and 95% in the deceased.
- ♣ Since the beginning of the SARS-CoV-2 alert, 169,496 cases of COVID-19 have been reported in Spain, of which information has been received for 113,407 cases (67%) until 12:00 hours on April 14, 2020.
- ♣ 52.2% of COVID-19 cases are women and the average age is 60 years, being older in men than in women (62 vs 58 years). The most frequent symptoms are fever, cough, dyspnoea and chills; 40% presented digestive symptoms (diarrhoea or vomiting).
- ♣ Men have a higher prevalence of fever and dyspnoea, while sore throat and digestive symptoms are significantly more frequent in women. 48.7% of the reported cases were hospitalized, 57% developed pneumonia, 5.1% admitted in ICUs and 7.6% died. Men have a higher prevalence of pneumonia, underlying diseases (cardiovascular, respiratory, diabetes, hypertension) and a higher percentage of hospitalization, ICU admission, mechanical ventilation and lethality than women. 7% of patients need mechanical ventilation, 9.5% in men and 4.2% in women.
- ♣ The distribution by sex and age group indicates that COVID-19 cases, with respect to the distribution of the Spanish population, are overrepresented among those over 50, both in men and women. It is noteworthy that it is higher in women between 45 and 65 years, and in men from 60 years on. In contrast, COVID-19 cases in children under 25 years of both sexes is very low.
- ♣ 18.5% of the reported cases are health workers (data calculated on the cases that had information on this variable), this percentage of health staff being significantly higher among women than men (26 vs. 10.2%).
- ♣ Patients admitted in ICUs are significantly younger than those hospitalized without admission in ICUs (average age 65 vs. 69 years), been the percentage of patients older than 80 years.

3- Actions by the Spanish Government

Spanish doctors and health professionals have obtained a response from the Government to two of their major complaints in this **coronavirus crisis**:

It has been agreed not to extend the contracts of doctors in training in May, as announced shortly after the State of Alarm was decreed, and that health staff will not return to work until they have a **negative PCR**.

The Government decided to strengthen the public health system by making available to the Autonomous Communities of all clinical diagnosis centers, services and establishments. The Ministry of Health will thus speed up the coronavirus tests and will also regulate their prices to “avoid abusive situations”.

In addition, the Ministry of Internal Affairs keeps distributing up to 10 million masks on public transport, it started yesterday in nine autonomous communities.

The Government has adopted a plan of exceptional measures in the economic field to mitigate the impact of COVID-19 that will allow mobilizing up to 18,225 million euros this year. These measures are combined with those adopted in health and labour coverage approved by the Government.

- Strengthening the health system

The Government has taken different measures to reinforce the response capacity of the health sector, both the at a central and regional level, facing COVID-19, to contain its transmission and to care for infected people.

Firstly, the resources of the Ministry of Health are reinforced by 1,000 million euros through the contingency fund to meet the extraordinary expenses that are generated, so that it can adequately meet health needs.

In addition, the Government has decided to advance 2,800 million euros of payments on account to the Autonomous Communities to improve their resources to deal with urgent needs derived from this situation in their health systems.

Additionally, the Government is empowered to regulate the prices of some products necessary for the protection of health and, in the event of an exceptional situation, the Inter-ministerial Commission on Drug Prices may set the maximum RRP of certain drugs and products.

The main objective of the support measures for the families approved is to facilitate the protection of minors in vulnerable situations and ensure the proper functioning of the educational system in the face of the specific containment measures adopted.



The third group of measures is aimed at supporting business activity and, especially, the groups and sectors most directly affected by COVID-19.

In order for the General State Administration to be able to take the appropriate measures to deal with COVID-19, the procedure for contracting all kinds of goods or services that are necessary among which are non-EU countries health professionals is streamlined.

Since yesterday, employees have been allowed to return to work in the so-called essential industry: food, transportation, production and distribution of goods, services, health technology, medical supplies, protective equipment, healthcare and hospital equipment, prisons, civil protection, sea rescue, rescue and fire prevention and extinction, mine safety, and traffic and road safety institutions; lawyers, attorneys, social graduates, translators, interpreters and psychologists; legal offices and consultancies, administrative agencies and social graduates; cleaning, maintenance, urgent repairing and surveillance services, as well as services of collection, management and treatment of hazardous waste; postal service.

4- Actions by the Spanish General Medical Council (CGCOM)

The main actions carried out by the General Medical Council include:

1. Mobilization of volunteer retired and recently graduated medical professionals with specific profiles to reinforce prevention measures, telephone medical assistance and care work if their training allows it, in direct collaboration with the General Directorate of Civil Protection.
2. Requiring the national Government to provide the adequate healthcare material, as the number of infected healthcare workers is 14% of the total. The highest number in the world.
3. Demanding the Government the labour exemption for professionals in contact with COVID and with mild symptoms until a PCR test is performed.
4. Demanding the Government that the infection from COVID be considered an **occupational accident** and not a common disease, with the beneficial economic repercussions for the professional that this implies.
5. Leading the General Councils of all the health professions (Pharmacy, Nursing, Psychology, Veterinary Medicine, Dentistry and Physiotherapy) in periodic meetings agreeing public statements addressed to the Government.
6. Meeting with CONFEMEL and COVID training and prevention webinars with different Latin-American countries in order to avoid the same mistakes being made.
7. Free of charge for all CME online courses provided by our Foundation for Training.

In relation to Covid-19 coronavirus crisis and the cases in Spain, CGCOM has published different communications and documents to inform and give instructions to the medical



professionals and the citizens; always in line with the Ministry of Health and international organizations.

This is a list of some documents and actions carried out by CGCOM:

- https://www.cgcom.es/sites/default/files//u1026/trad_statement_cgcom_coronavirus_28_march.pdf
- https://www.cgcom.es/sites/default/files//u1026/joint_statement_health_professionals_general_councils_24_march.pdf
- https://www.cgcom.es/sites/default/files//u1026/spanish_gmc_positionon_covid-19_22_march_1.pdf
- https://www.cgcom.es/sites/default/files//u1026/cgcom_position_2_on_covid-19_12_march_1.pdf
- https://www.cgcom.es/sites/default/files//u1026/spanish_gmc_positionon_covid-19_6_march_1.pdf

For more information:

<https://www.cgcom.es/especial-coronavirus-informacion-documentacion>

5- Evolution of the situation in Spain and mistakes:

In many Spanish hospitals the capacity of intensive care units has tripled. In order to do this, ICU mechanical ventilators have been installed in recovering rooms and operating theaters.

In some hospitals, especially in Madrid, Castilla y Leon and Catalonia, during the peak period of the pandemic, patients who in a normal situation would have required intensive care were treated with more conservative measures due to lack of beds, which forced to make critical ethical decisions. Some professionals define it as "war medicine".

A great effort has been made to expand the capacity of intensive care, and progressively more equipment and more facilities have been acquired. This is an important area for improvement, and we are still working fiercely on it.

The provision of personal protective equipment is one of the specific threats to the good management of the epidemic, and to the protection of doctors and other professionals. In particular, there is a lack of coats and integral protective equipments. The international market is in short supply and local production was initially virtually nil. Although it has been improved in recent days, this is a true red dot for the entire management of the pandemic in Spain, both for the Autonomous Communities, which did not buy when they could and when the State assumed the central purchase procedure. This is the reason of the large number of infected health professionals, more than 14% of the total.



Although not enough, it can be said that our country is doing PCR in a similar range to other European countries. Diagnosis should be intensified by PCR and by immunoglobulin tests.

There are no drug shortages, or at least not generally.

At a point of intense local and community transmission, only social distancing and confinement can be expected to slow down the spread of the epidemic.

The speed of the epidemic decreases thanks to social distancing and confinement. Despite their toughness, they are necessary measures.

- KEY ERRORS

Anticipation failed. The risk was trivialized, the threat was underestimated. The virus was considered to be similar to influenza, both due to the type of disease and its death rate, as well as the protection measures.

We lost two precious months after the great outbreak in Wuhan.

We believed that it was safe to treat it in a general hospital, which is not true.

We do not stock up on PPE or hydrogels, which had the FATAL consequence of a very high risk of contagion among healthcare professionals, including, up to date, 48 doctors died directly from COVID 19.

Setting up of additional intensive care resources was not planned.

The flow of patients with suspected covid-19 was not separated architecturally from the rest.