**European Centre for disease prevention and control**

**Coronavirus disease 2019 (COVID-19) pandemic: increased transmission in the EU/EEA and the UK – seventh update 25 March 2020.**

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Pregnant women and neonates: Pregnant women appear to experience similar clinical manifestations as nonpregnant adult patients with COVID-19 pneumonia. There are only two reported cases of mothers with ICU admission and requiring mechanical ventilation or extracorporeal membrane oxygenation (ECMO) [46]. No maternal deaths have been reported so far. COVID-19 appears to be less lethal for pregnant women than SARS (15% CFR in pregnancy) and MERS (27% CFR in pregnancy) [46]. There is limited evidence of severe adverse outcomes, such as miscarriage, preterm birth, stillbirths and foetal distress. No pregnancy losses and only one stillbirth have been reported to date [47]. Intrauterine transmission appears to be unlikely [46,48,49]. Elective Caesarean section deliveries have been commonly reported as a precautionary method to avoid perinatal transmission [46,50,51]. A confirmed COVID-19 neonatal case has been recently reported, however the mode of transmission remains unclear [52]. A neonate born to a confirmed maternal case had negative laboratory results for COVID-19 and died due to multi-organ failure [53]. The virus has not been found in breastmilk [49,54,55].

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Vulnerable groups: Data from Italy corroborate previously identified population groups at higher risk for having severe disease and death. These groups are elderly people above 70 years of age, and people with underlying conditions such as hypertension, diabetes, cardiovascular disease, chronic respiratory disease and cancer [8,18,20,56,57]. Men in these groups appear to be at a higher risk than females. Chronic obstructive pulmonary disease (COPD), cardiovascular diseases, and hypertension have been identified as strong predictors for ICU admission [20]. Higher ACE2 (angiotensin converting enzyme II) gene expression may be linked to higher susceptibility to SARSCoV-2. It has been shown that ACE2 expression in lung tissues increases with age, tobacco use and with some types of antihypertensive treatment. These observations might explain the vulnerability of older people, tobacco users/smokers and those with hypertension; they also highlight the importance of identifying smokers as a potential vulnerable group for COVID-19 [54,58-60].