

ASPHER Report

COVID-19 Situation Reporting across Europe

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Authors: Pallavi Chatarajupalli^{1,2}, Ralf Reintjes^{1,3}, John Middleton^{3,4,*}

¹ HAW Hamburg University, Germany

² ASPHER Young Professional

³ ASPHER COVID-19 Task Force

⁴ ASPHER President

* Corresponding Author: john.middleton@aspher.org

This is ASPHER's weekly surveillance report. We hope it is complementary to other resources such as ECDC and Our World in Data, where the reader can go for more detailed information. Please give us your feedback: is the presentation helpful to you and your colleagues? What other information would you like to see in it?

ASPHER celebrates the extraordinary and dramatic falls of deaths from COVID-19 in Israel, Spain, UK and urges all countries to address their internal problems with vaccination programmes and get these sorted.

ASPHER is still gravely concerned about the severe undermining of confidence in all COVID-19 vaccination, brought about through the actions of individual European governments in pausing use of the AstraZeneca vaccine. This is in direct contradiction to the advice of the international health agencies, World Health Organisation, ECDC and the European Medicines Agency. This is damaging to all efforts of European countries to combat the virus and reduce it to very low levels so that some return to 'new normality' may be possible. No-one will be free from the virus unless we are all free. (see also https://www.aspher.org/download/677/aspher_az_vaccine_statement_en.pdf)

ASPHER is concerned about the rise of cases in many countries and the necessity for new lockdown implementation in Belgium, France, Austria and Poland amongst others. We note most of the increase in cases is now focussed in Central and South Eastern European countries. We are concerned about contradictory policies on lockdown and travel and urge governments to work together with the World Health Organisation, ECDC and the European Commission to create a coherent framework for control on international movement. We call on all governments to work together to create a practical strategic approach for suppressing the virus, saving lives, and reopening social and economic life.

ASPHER urges countries which have not yet been able to implement effective vaccine programmes to pay particular attention to safeguarding their clinically vulnerable people.

More generally ASPHER is concerned about the recognition of an increasing number of new variants of the SARS-COV2 virus. We believe there should be increasing international collaboration and capacity in the surveillance of the variants of the virus, surveillance of the outcomes of vaccination, resistance to infection and timespan of immunity. There needs to be coordinated global effort towards anticipating new variants, and adapting vaccinations to meet mutating changes of the virus. (see also: <https://blogs.bmj.com/bmj/2021/01/28/we-need-an-equitable-and-coordinated-global-approach-to-covid-19-vaccination/>)

The COVID-19 pandemic has entered its second year since the time WHO declared the coronavirus outbreak as a global pandemic on 11th March 2020 (1). From the experiences of initial lockdown, countries have learned to develop strategies to sustain economic stability by imposing strict regulations instead of complete lockdown. Continuing the non-pharmacological interventions alongside of vaccine rollout, some countries have significantly reduced the number of deaths as well as infection rate (UK, Spain, Israel, Portugal). However, some countries are still experiencing a mounting infection rate which is a major concern (Poland, Turkey, France).

Since the beginning of the COVID-19 pandemic, the rapid spread of the virus in almost all countries has resulted in considerable disruption of public health at a global level. The pandemic has cost nearly three million lives to date (2,941,128) and the total number of confirmed COVID-19 cases has surpassed 0.1 billion with the highest number in the Americas (58,401,105) followed by Europe (47,891,858), South-East Asia region (16,534,019), Eastern Mediterranean (8,166,899), Africa (3,184,442), and Western Pacific (2,112,687) according to the WHO statistics (2).

As per WHO weekly epidemiological report, the European Region is contributing 35% of cumulative COVID-19 confirmed cases worldwide. Overall, Europe has seen a rising trend in the number of new deaths in the last 7 days (7%) and a 4% decrease in incidence. In Turkey, France and Poland high incidence of coronavirus is reported at 418.9, 408.1, 358.5 per 100,000 population respectively (3).

The following table shows the incidence of daily new coronavirus confirmed cases and deaths across European countries as reported on 12/04/2021

Table 1

Source: <https://ourworldindata.org/coronavirus>

WHO Europe region	Daily new confirmed COVID-19 cases/million people 7-day rolling average	Daily new confirmed COVID-19 deaths/million people 7-day rolling average
Hungary	523.32	26.32
Bosnia and Herzegovina	360.75	23.25
North Macedonia	470.87	19.54
Bulgaria	375.34	17.13
Montenegro	381.90	14.56
Slovakia	150.93	14.03
Poland	521.59	13.12
Czech Republic	365.03	11.49
Estonia	502.06	9.37
Ukraine	346.54	9.01
Croatia	444.52	8.70
San Marino	787.15	8.42
Moldova	213.54	8.18
Italy	237.81	7.76
Andorra	545.43	7.40
Romania	226.52	7.10
Greece	271.50	6.96
Armenia	299.58	6.65
Serbia	499.62	5.79
France	490.89	4.80
Lithuania	344.82	4.30
Latvia	272.20	4.24

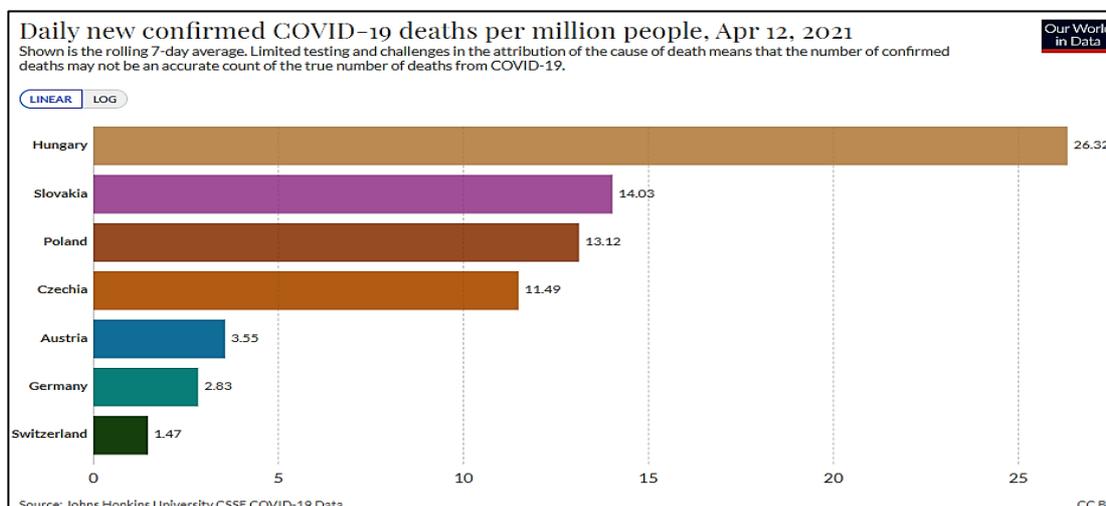
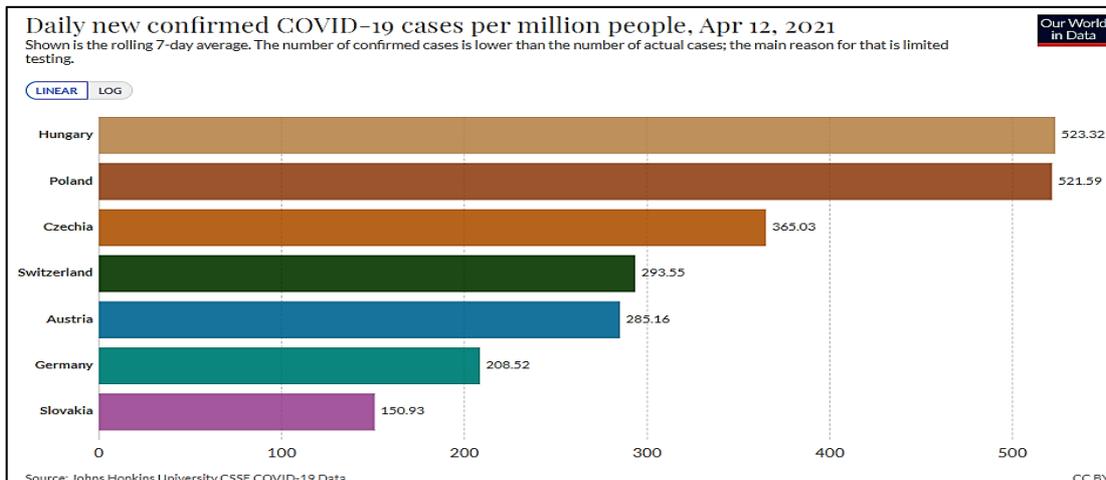
Belgium	299.10	3.71
Monaco	156.53	3.64
Austria	285.16	3.55
Azerbaijan	215.71	3.28
Slovenia	437.11	3.02
Kosovo	195.87	2.96
Turkey	633.45	2.92
Germany	208.52	2.83
Russia	58.05	2.45
Albania	85.53	2.33
Spain	180.06	2.27
Georgia	168.10	2.18
Luxembourg	235.52	2.05
Ireland	82.86	1.94
Cyprus	612.43	1.79
Sweden	625.36	1.74
Netherlands	430.38	1.50
Switzerland	293.55	1.47
Belarus	129.88	1.04
Malta	123.59	0.97
Israel	25.66	0.92
Finland	65.52	0.72
United Kingdom	24.55	0.51
Portugal	59.84	0.46
Kyrgyzstan	26.69	0.46
Denmark	111.21	0.32
Norway	132.28	0.29
Kazakhstan	133.59	0.17
Uzbekistan	5.60	0.01
Iceland	17.58	0.00
Tajikistan	0.00	0.00

Central Europe:

Hungary: In Hungary, more than three thousand new infections were reported as reported on 14th April and 1,204 patients are on ventilators out of 10,364 hospitalized patients with COVID-19. The country's COVID-19 death rate is soaring (adding 285 new deaths, total 24,265 deaths since the beginning of the pandemic) despite the high vaccination rate (30.7%) in comparison with the EU average (15.8%). Nearly 3.5 million people have received at least one dose of vaccine out of which 1.29 million people have received a second dose of vaccination (4)(5). All existing measures are effective until 19th April.

Germany: The 7-day incidence (8th to 14th April) is 160/100,000 population (6) and the number of cases are high in the 35 to 59 age group followed by 15-34 (7). As reported on 16th April, 18.5% of population have received at least one dose of vaccine and 6.4% are fully vaccinated (8).

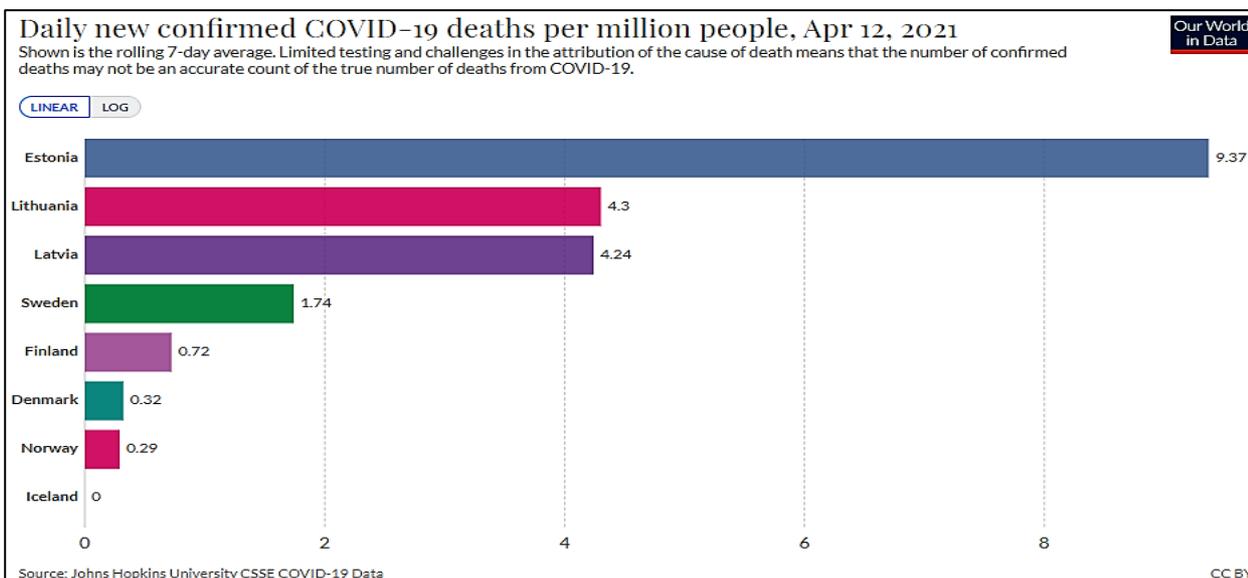
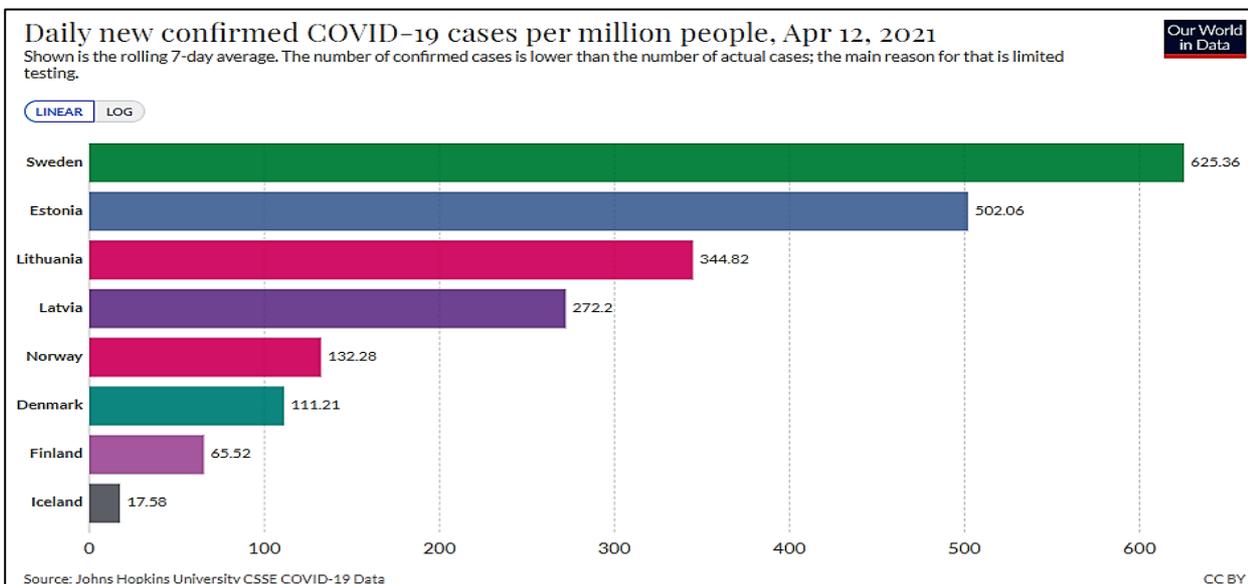
Austria: Incidence and vaccination rates remain very variable across geographical regions in Austria. The Eastern region of Austria has been in lockdown since 1st April, for about two weeks. Although the incidence is going down in this part of the country, the situation in the intensive care units remain critical reaching the highest levels so far in the pandemic and are still increasing. This is partly due to the high incidence of the British variant and the observed increased frequency and longer average length of hospital stay related to it. However, it remains unclear how far the reduction in observed incidence is a result of the lockdown versus lower levels of testing in the three large Eastern counties where the large-scale school-based testing is currently missing. This drop in test rates is clearly observable also in the daily number of PCR tests done. If the situation in the intensive care units does not improve in the next 1-2 weeks, this drop in incidence is likely to be a by-product rather than a real decline. The lockdown is now extended until 2 May in two out of the three counties, the third one will open up next Monday (J. Simon personal communication)



Scandinavian and Baltic countries:

Denmark: The number of daily new admissions to hospital with COVID-19 is stable at 25-35 during March. As a result of vaccination, there is reduction in the hospitalization of the above 80 years age group (to 12%) as of 13th April (as compared to 28% during mid-January) (9). The government has planned an automatic model for local shutdowns in the event of local outbreaks in municipalities (based on test-adjusted incidence) which is part of the framework agreement of the plan for measured and effective reopening (10) (11). Regular rapid tests are going on in schools which must be confirmed with PCR test for accuracy as well as further testing for variants (12).

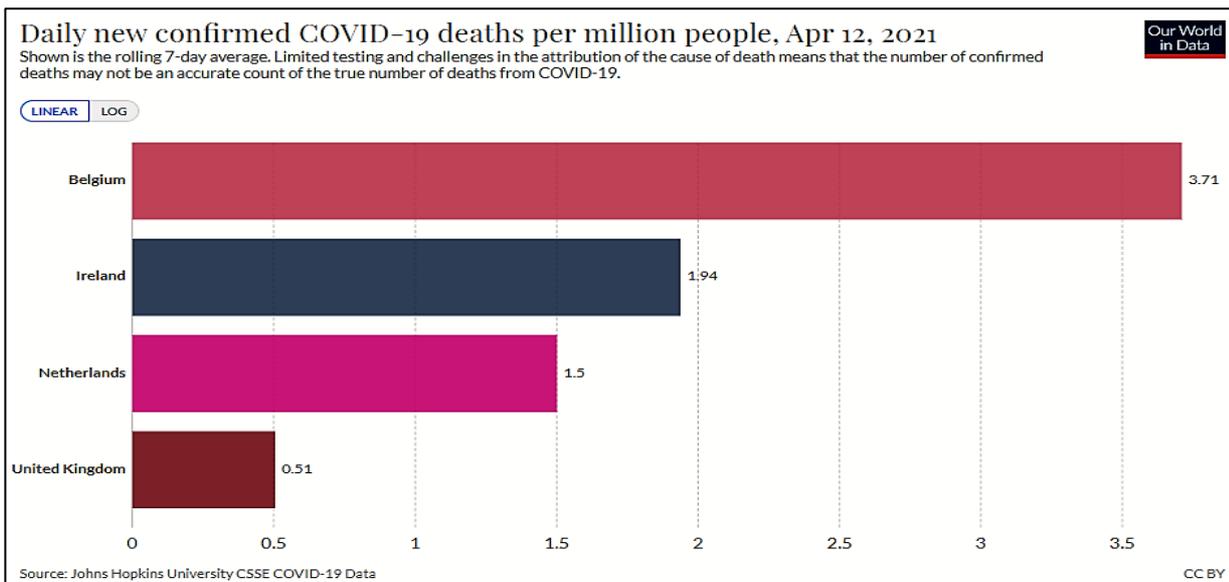
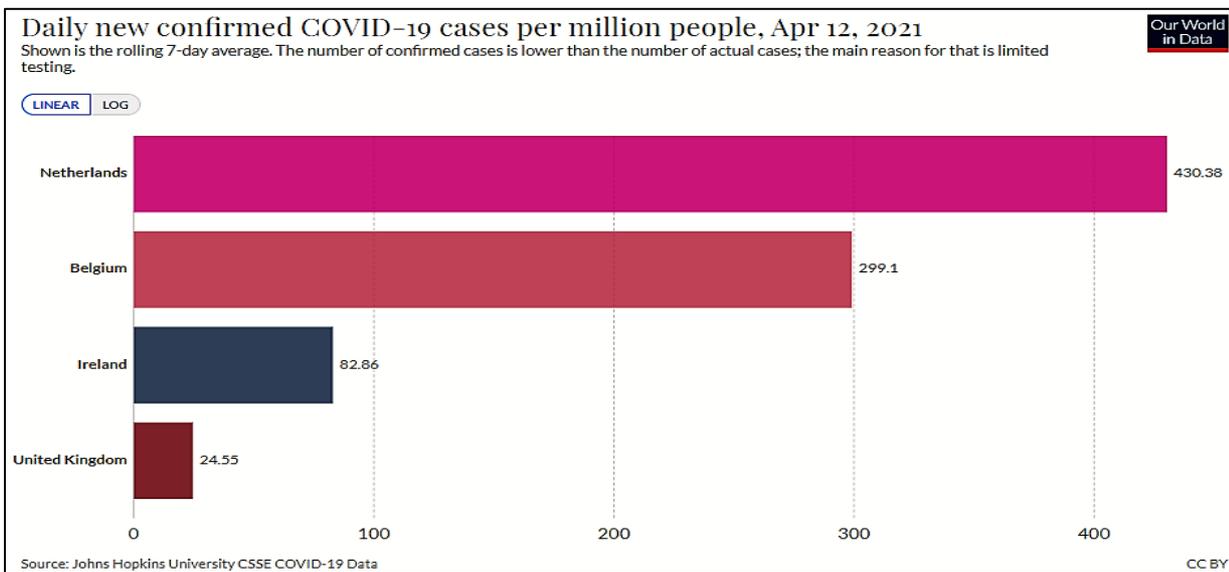
Sweden: The national incidence is 399/100,000 inhabitants. According to the weekly epidemiological report (5th to 11th April), the incidence in Sweden has increased (by 7% compared to the previous week) and the rising trend is predominant among age groups 20-29, 40-49 and statistical reduction is seen in 0-9 years (possibly because of school closure) and above 80 years age groups (due to vaccination) (13). The proportion of vaccinated people also increased compared to the previous week. As reported on 16th April, a total of 20.4% of population have received at least 1 dose and 7.9% are fully vaccinated (14)



Northwestern Europe:

Belgium: The current reproduction number is 0.94 and the average number of daily infections has decreased as well as hospital admissions. However, the burden on healthcare, especially in intensive care units is high. Belgium is close to easing lockdown restrictions (end of ‘Easter Pause’). From 19th April, schools will reopen and from 26th April, people will be allowed to meet outdoors (no more than 10 people) (15) (16).

Netherlands: The current reproduction number is 0.97. The number of positive tests between 7th and 13th April was 294/100,000 inhabitants which was 276 in the past week. Among the age groups 13 to 17 and 18-24, a rising trend in the test positivity is noticed. Due to vaccine rollout the number of hospitalizations (since the beginning of March) among the 80 years and above age group fell by 15% (17). All the existing measures will be in place until 28th April and with the exception of out-of-school care centers which reopen on 19th April and students higher education will attend in person (one day per week) from 26th April (18).

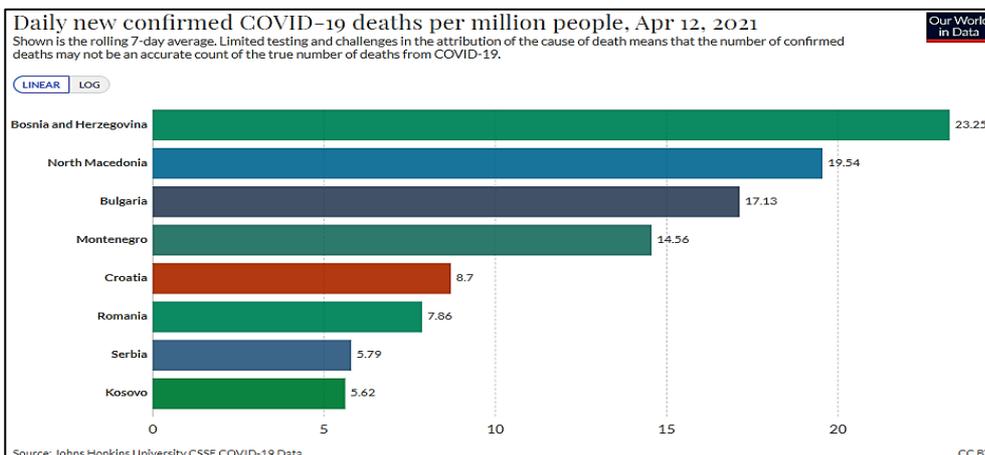
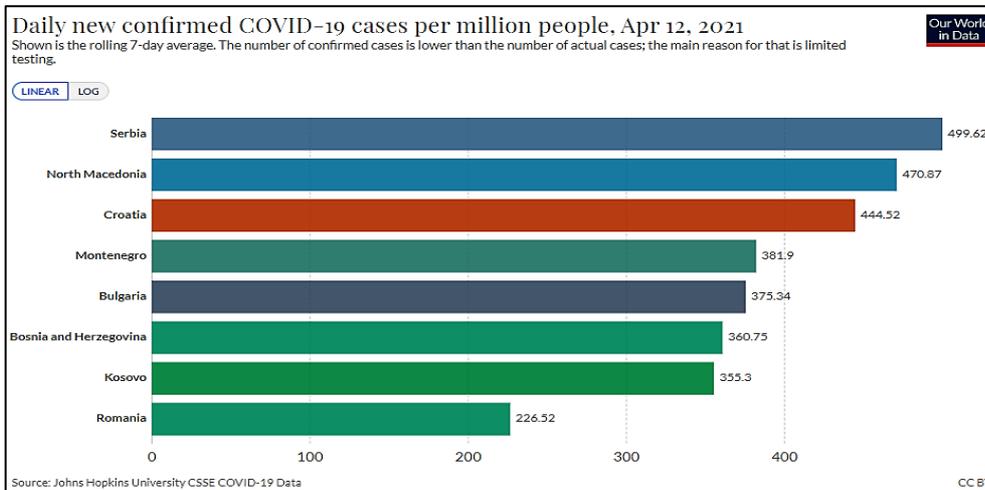


South-East European Region:

Bulgaria: All 28 districts in Bulgaria are in COVID-19 “red zones” for four consecutive weeks noting the infection rate 120 or above per 100,000 population (19). Although, the 14-day incidence (for 100,000 population, from 29th March till 11th April) showed a declining trend (20) and the country is moving towards further relaxation of restrictions (21). As reported on 14th April, the number of patients admitted to hospital with COVID-19 are 9799 out of which 799 occupy intensive care units (22). The number of active cases along with hospitalization including ICU admissions have declined (1178, 171 and 23 respectively) compared to the statistical data on the previous day (23). A total of 116,423 individuals are fully vaccinated (24).

North Macedonia: The transmission of coronavirus is at the community level in Macedonia. According to weekly reporting (from 5th to 11th April), there is decline in incidence at 13.4% and increase in reported deaths by 6.2% compared to the previous week. Of 276 deaths, the majority are noted among the over 60 years age group: 238, followed by 50-59 years: 27; 40-49 years: 8; and 30-39 years: 3. Also, the reproduction number has reduced to 0.96 which was 1.07 in the previous week. At the moment, 1,696 people are hospitalized, of which 48 require invasive or non-invasive ventilation and 1,186 patients are on oxygen support. Macedonia has vaccinated 29,263 individuals till now. The current anti-epidemic measures will be in place until 20th April (25) (26).

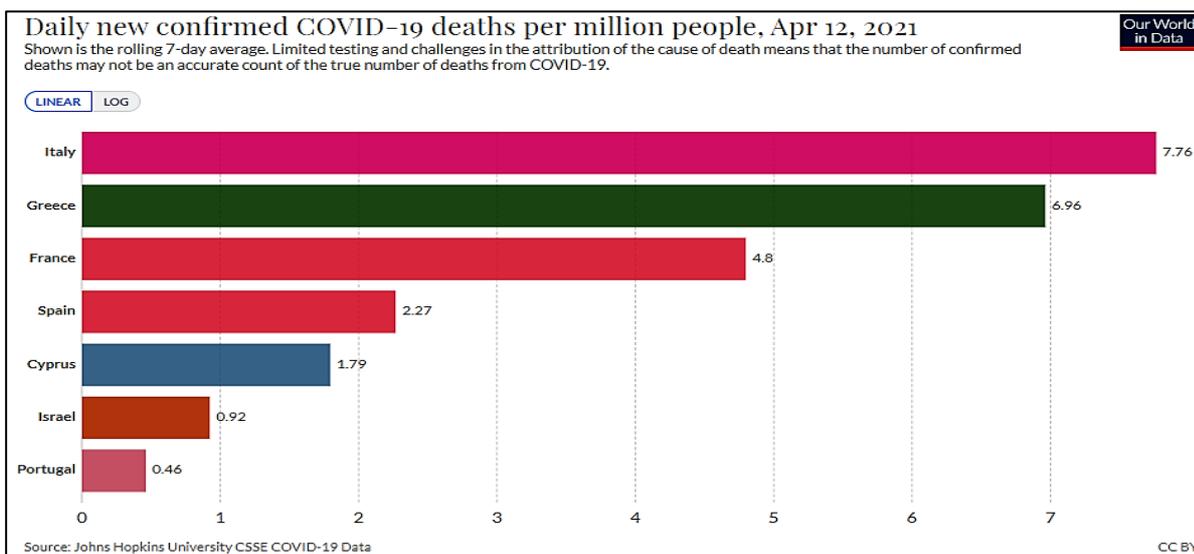
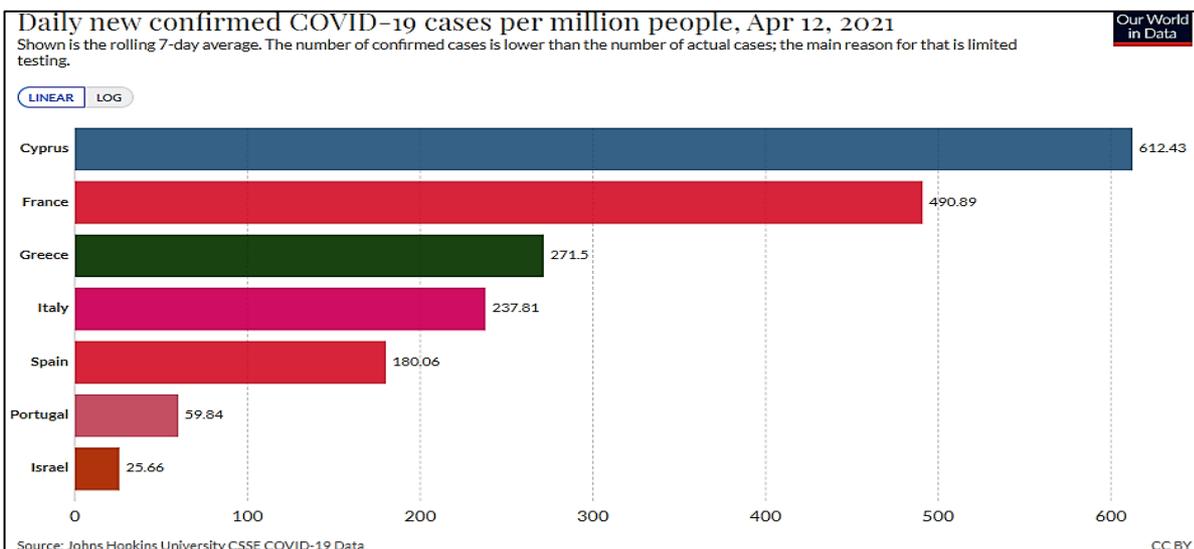
Montenegro: In Montenegro, the rolling 7-day average of daily new confirmed COVID-19 cases and deaths are 381.90, 14.56 per million people (table 1). On 14th April, 216 new cases were identified and the number of patients hospitalized with COVID-19 was 518 (27) (28). The number of people who received at least one dose of vaccine are 36,432 and the share of the population fully vaccinated against COVID-19 is 1.36% (29). In view of the current situation the Ministry of Health has embraced new measures (until 16th April) in certain municipalities regarding restriction in movement (not allowed to leave the residence from 22hrs until 5am next morning) and gatherings (prohibited both indoor and outdoor), closure of nightclubs, bars and discos, and prohibition of entertainment and other recreational activities for both children and adults in open and public places (30).



Mediterranean Region:

Portugal: According to the daily situation report, the incidence is 71/100,000 inhabitants and the rate of transmission is 1.06 (national level) (31). The region of Madeira is considered to be a risk area as the 7-day incidence is above 50 per 100,000 inhabitants (32). In the South of Portugal (Algarve) VOC B.1.1.7 already represents 95 to 98% of new cases. In this zone for the first time, 11% of new cases are children under 12 years of age. Just two weeks after the reopening of schools, in a private school (upper and upper-middle class) on the outskirts of Lisbon (Sintra) that covers children from 6 months to the 4th year of schooling (around 10 years) tested all 500 people and 55 cases tested positive for covid-19. The authorities did not disclose which school populations these cases belong to (H. Lopes personal communication). Since the beginning of vaccine roll-out, 15% of Portugal's population have received a first dose of vaccine and 6% are fully vaccinated (33).

Israel: Based on the new model 'Modified Magen Education', Israel is planning to reopen schools for all age groups and withdraw the capsule (bubble) formation. The mobility restriction for teachers and teacher's assistants will be lifted. To identify the infection outbreak, testing will be conducted at a wide range as part of the new model (34). From 23rd May, Israel will open its border for foreign nationals (first phase) provided they are vaccinated. Further decisions will be made depending on the infection trend noticed during the first phase (35)



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