

ASPHER Report

COVID-19 Situation Reporting across Europe

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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.

We are concerned about the [disastrous explosion of the pandemic in India](#). We call on the international community to respond to needs identified by the public health authorities in India and offer every feasible support. The situation in India presents an extreme case of need that cannot be met within a country and why we need international health action agencies capable of responding to need, as set out in our [BMJ piece](#). It also shows the need for further efforts to promote [internationalism in vaccination programmes](#) for the protection of everyone.

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 data on the transmission of variants is very limited and the criteria for sequencing of samples tested across countries is not yet standardized.

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 vaccine rollout, some countries have significantly reduced the number of deaths and the infection rate (UK, Spain, Israel, Portugal). A few countries in individual European sub-regions have started easing lockdown restrictions (UK, Bulgaria, Hungary, Estonia, Israel, Portugal, France, Denmark, Belgium). However, some countries are still experiencing a mounting infection rate, which is a major concern (Turkey, France, Germany).

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 over three million lives to date (3,299,764) and the total number of confirmed COVID-19 cases has surpassed 0.1 billion (158,651,638). Individual WHO Regions confirmed COVID-19 cases are as follows (2).

Table 1

WHO Region	Confirmed COVID-19 cases
Americas	63,848,602
Europe	53,010,891
South-East Asia	26,289,943
Eastern Mediterranean	9,500,567
Africa	3,366,036
Western-Pacific	2,634,853

As per the WHO weekly epidemiological report, the European Region is contributing 35% of cumulative COVID-19 confirmed cases worldwide. The number of **new cases and deaths in the past 7 days has reduced by 23% and 18% respectively compared to the previous week**. In Turkey, France and Germany a high incidence of coronavirus is reported at 197.7, 188.3, 124.5 per 100,000 population respectively in two consecutive weeks (3). According to IHME COVID briefing, as of 10th May, **29% of the European population has been infected with COVID-19**; in two consecutive weeks, COVID-19 is the top one leading cause of mortality in Europe. Overall, **the effect of the pandemic is declining in Europe, which is reflected through the decrease in the number of daily reported cases and deaths**. Analysis of the transmission of variants suggests that the variant identified in India may lead to further outbreaks in the coming months which is already prevalent at the moment in the UK (4).

Vaccination plays an important role in controlling the pandemic, protecting against death and serious disease. There is further work ongoing to determine its effectiveness in preventing disease transmission. Research regarding the effectiveness of vaccines is still open-ended (5). Globally a total of 1,264,164,553 vaccine doses have been administered against coronavirus by 12th May (6). The distribution of vaccine is unequal among countries and regions. **The share of the population who received at least one dose of the COVID-19 vaccine is 30.56% in high-income countries and is 0.36% in low-income countries (Figure 11) (7)**. Although differences exist within the countries, accessibility and vaccine hesitancy are also important factors to be looked into affecting the vaccination process. A recent online survey (between February and March 2021) among 27 EU member states revealed that **27% of people in Europe are showing unwillingness to receive the vaccine**. Especially, age groups between 18-34 years are skeptical to take up vaccine giving the reason that vaccine may cause unhealthy consequences. Comparatively women (25%) are less reluctant than men (29%) to accept the vaccine. The amount of time spent on social media, taking into account as the main source of information is strongly associated with vaccine hesitancy. **The study also found that the inclination to receive the vaccine is higher in Northwest Europe and Scandinavian countries and the contrast is seen in South-East Europe**. In Malta, Denmark and Ireland the proportion of people likely to get vaccinated is above 70 at 72.9%, 73.5%, 76.6% respectively and the willingness is above 60% in Spain, Italy, Portugal, Sweden, Finland. **Bulgarians are found to be more reluctant with 48% stating they are very unlikely to get vaccinated (8) (9)**.

The following table shows daily new confirmed coronavirus cases, deaths and an estimate of the effective reproduction rate (R) across European countries as reported on 10/05/2021 (table 2) (10).

Table 2

WHO Europe region	Rolling 7-day average of daily new confirmed COVID-19 cases/mill people	Rolling 7-day average of daily new confirmed COVID-19 deaths/mill people	Effective reproduction rate (R)estimate
Sweden	483.18	1.77	1.06
Cyprus	456.60	2.61	0.75
Lithuania	434.82	4.67	1.06
Netherlands	410.59	1.33	0.93
Georgia	340.71	5.08	1.12
Latvia	329.31	4.47	1.11
Croatia	321.02	9.92	0.82
Slovenia	298.78	2.06	0.90
France	263.10	3.29	0.79
Belgium	258.61	3.22	0.96
Bosnia and Herzegovina	258.61	13.54	0.76
Estonia	257.81	3.45	0.91
Andorra	247.76	0.00	0.75
Turkey	245.29	3.59	0.60
Luxembourg	213.61	0.91	0.94
Greece	210.19	6.88	1.02
Serbia	171.25	3.02	0.75
Switzerland	170.74	0.99	0.94
Germany	170.54	2.58	0.87
Spain	158.76	1.84	0.91
Kosovo	158.62	5.40	0.49
Denmark	155.85	0.17	1.15
Italy	154.95	3.78	0.83
Montenegro	147.16	7.73	0.71
Czech Republic	144.46	4.62	0.75
North Macedonia	142.78	10.15	0.63
Austria	137.92	2.09	0.73
Hungary	122.37	11.61	0.61
Belarus	121.72	1.06	0.99
Ukraine	121.70	5.92	0.82
Kazakhstan	115.12	0.15	0.92
Armenia	113.05	4.82	0.71
Azerbaijan	112.52	1.66	0.66
Bulgaria	112.15	9.19	0.80
Poland	110.70	7.28	0.66
Ireland	83.87	0.43	0.98
Norway	80.90	0.26	1.03
San Marino	67.35	0.00	0.32
Slovakia	66.96	6.38	0.81
Romania	62.33	4.86	0.72
Monaco	58.24	0.00	0.70
Russia	54.93	2.35	0.97
Kyrgyzstan	50.73	0.83	1.14
Moldova	50.29	3.83	0.66
Finland	39.22	0.23	0.91
Malta	33.65	0.32	0.57
United Kingdom	32.52	0.15	1.03
Portugal	31.98	0.22	0.88
Albania	23.63	0.84	0.69
Iceland	15.07	0.43	0.81
Uzbekistan	11.75	0.04	1.10
Israel	5.55	0.18	0.60
Tajikistan	0.00	0.00	0.00

- **In Cyprus** - Between 10th and 11th May, 390 new coronavirus cases (114 cases more than the previous day) and 2 new deaths have been recorded. The 7-day moving average is 436.78 per million people which was 644.40 a week before (11). **The government of Cyprus has extended measures to control the pandemic until 31st May** such as restricted movement from 11 pm to 5 am, gatherings both indoors and outdoors, religious ceremonies are limited to 10 people, for Church attendance the limit is 50 people until 16th May. From 17th May, a maximum of 200 people can participate in outdoor dining and religious ceremonies with mandatory Coronapass. It is mandatory to present a “Safepass” at certain places for age group 12 and above (social events, religious gatherings, shopping centres, and catering services). A Safepass can be a vaccination certificate or vaccination card, proof of recovery from COVID-19 in the last six months (received from Ministry of Health), a negative antigen or PCR test report (12) (13).
- **In Hungary** - The number of new coronavirus cases (122.37) and deaths (11.61) rolling 7-day average per million people is showing a downtrend in Hungary (14) also the number of people recovered from COVID-19 is improving. As of 12th May, 4.3 million people have received the first dose and 2.5 million received the second dose of vaccine against COVID-19. **Vaccination for the age group 16-18 years will commence from 13th May (15)**. Indoor catering services, leisure activities, sports events, entry to gyms, swimming pools are accepted for people holding vaccine certificate (16)
- **In Bulgaria** - For the first time, **three districts out of 28 in Bulgaria turned to “orange zone”** where the infection rate falls between 60 and 119.9/100 thousand population and the remaining 25 districts are in COVID-19 “red zones” (17). **To accelerate the vaccine rollout Bulgaria has planned to open green corridors at eight Diagnostic and Consulting Centers (DCC) from 17th May (18)**.
- **In Finland** - Between 11th and 12th May, Finland has reported 280 new coronavirus cases and three new deaths associated with coronavirus bringing the total numbers to 89,550 and 933 respectively (19). **The country has planned to ease restrictions starting from April through to August 2021 assuming the vaccination campaign will move on with set agenda and the changes in restrictions will be updated according to the governments hybrid strategy by analyzing the situation (three phases - baseline, acceleration phase and community transmission phase) throughout the country (20)**.
- **In Sweden** - According to the weekly epidemiological report (3rd to 9th May) since the second week of April, **the number of confirmed COVID-19 cases is showing a declining trend also the number of intensive care admissions. However, high pressure on the health care system is persisting**. The overall incidence is 326/100 thousand inhabitants this week, which was 346 in the past week. Between the 10-19 years age group, a significant statistical rise in incidence is observed followed by the 40-49 years age group and the contrast is seen among 30-79 years. **The survey on genome sequencing shows that the presence of variant B.1.1.7 is prevailing compared to the other two variants in Sweden (21)**. The Swedish public health agency is predicting that the infection level may go down by September 2021 provided that the vaccine drive continues according to the plan combined with adherence to the rules as recommended. **The proposed level based plan for lifting the measures will begin from 1st June in three steps and depends on the level of spread of infection, pressure on health care and the number of people receiving vaccine which take place from 1st June in three steps (22)**.
- **In Belgium** - The moving 7-day average of daily new confirmed COVID-19 cases and deaths are 258.61, 3.22 respectively per million people (10). The number of new hospital admissions due to COVID-19 is showing a downtrend (23). Easing restrictions began from 19th April after Easter pause such as reopening schools, shops and non-medical close contact professions, outdoor gatherings to a maximum of ten people (24). **A summer plan is proposed, which is a four-step gradual return to normal life provided that the vaccine rollout continues as planned and the number of intensive care admissions of COVID-19 patients does not exceed 500 (25)**.
- **In the United Kingdom** - In the United Kingdom, an increasing number of cases of variants first detected in India is observed. **The confirmed variant cases rose to 1,313 this week (520 last week) in some regions of the UK (Northwest and London)**. As part of the surveillance especially, to find the variants, **test kits were distributed** to ten schools and 153 existing test centres. For people who do not experience any symptoms, 133 mobile testing units have been arranged for PCR testing. In

Bolton (Northwest region), **mobile testing units are established with door-to-door PCR testing is offered** for more than 20,000 households in the areas where the variants are recognized also a **vaccine bus is organized** to accelerate the process of vaccination. To identify clusters, throughout London, enhanced contact tracing, PCR testing, genome sequencing are employed (26).

Mediterranean Region:

Figure 1

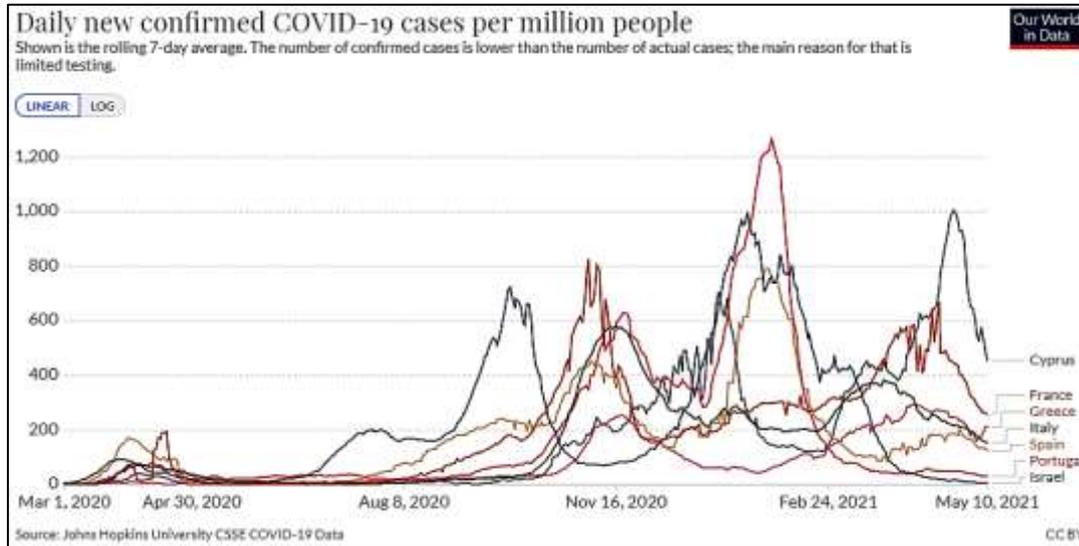
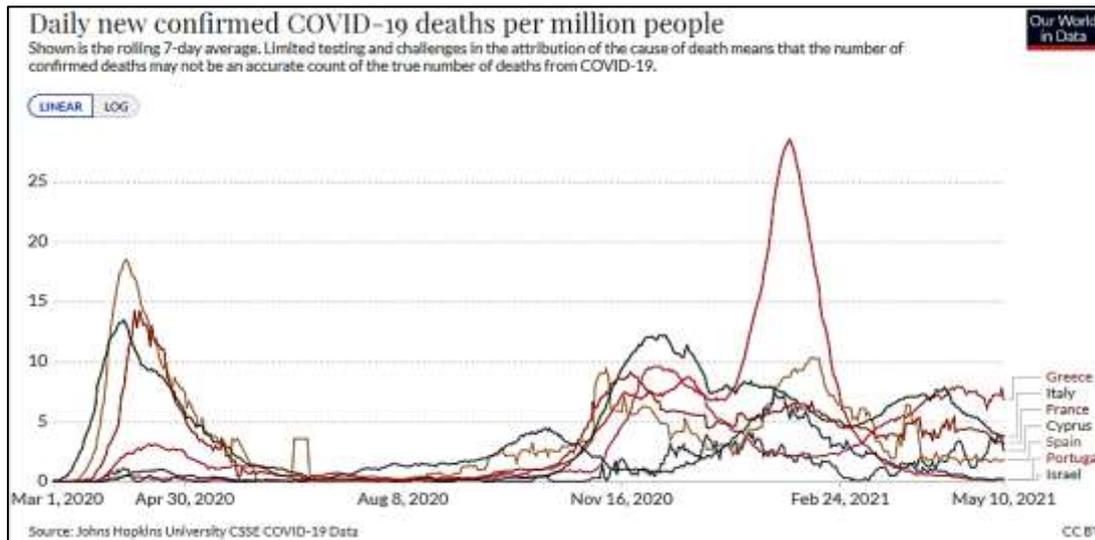


Figure 2



South-East Europe Region:

Figure 3

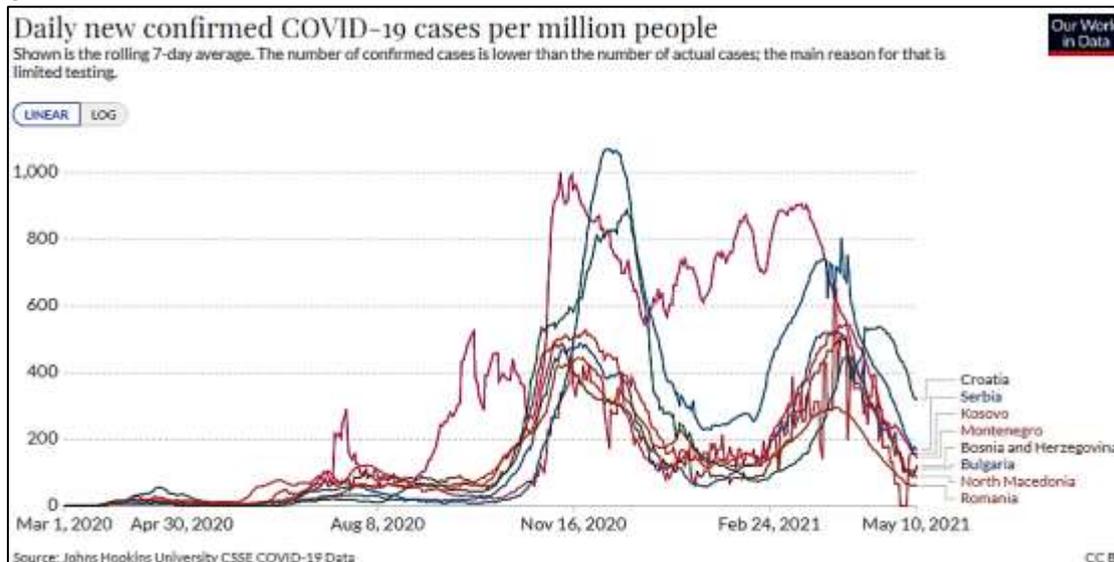
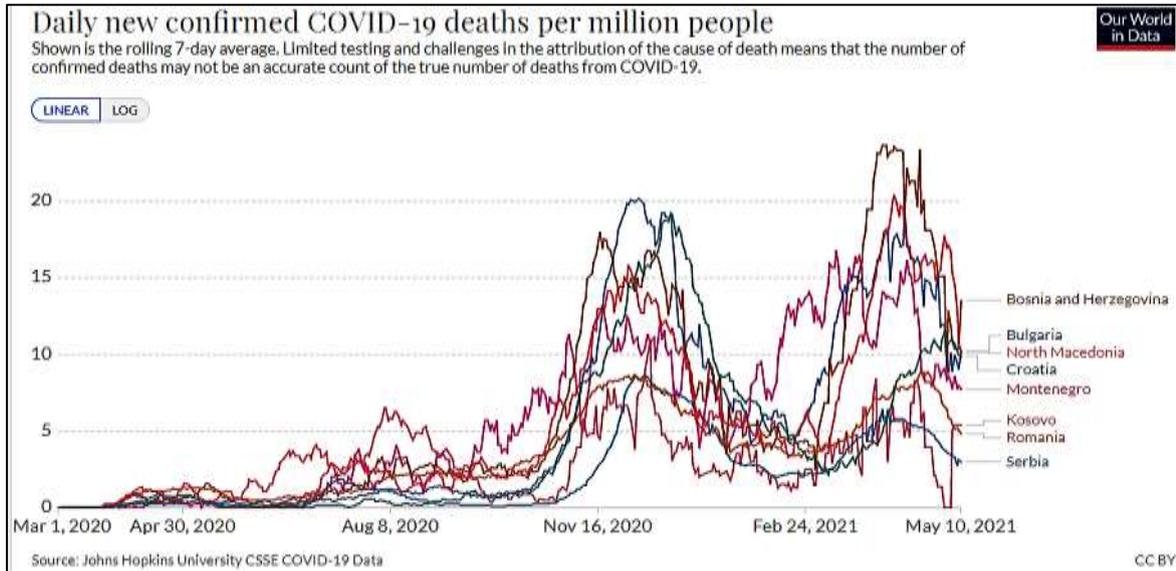


Figure 4



Central Europe:

Figure 5

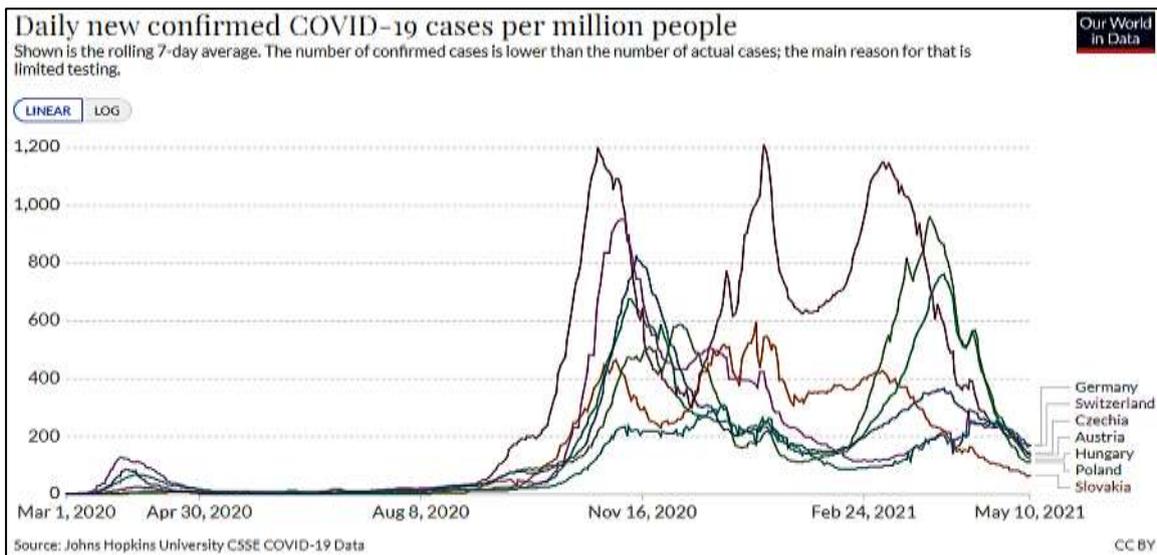
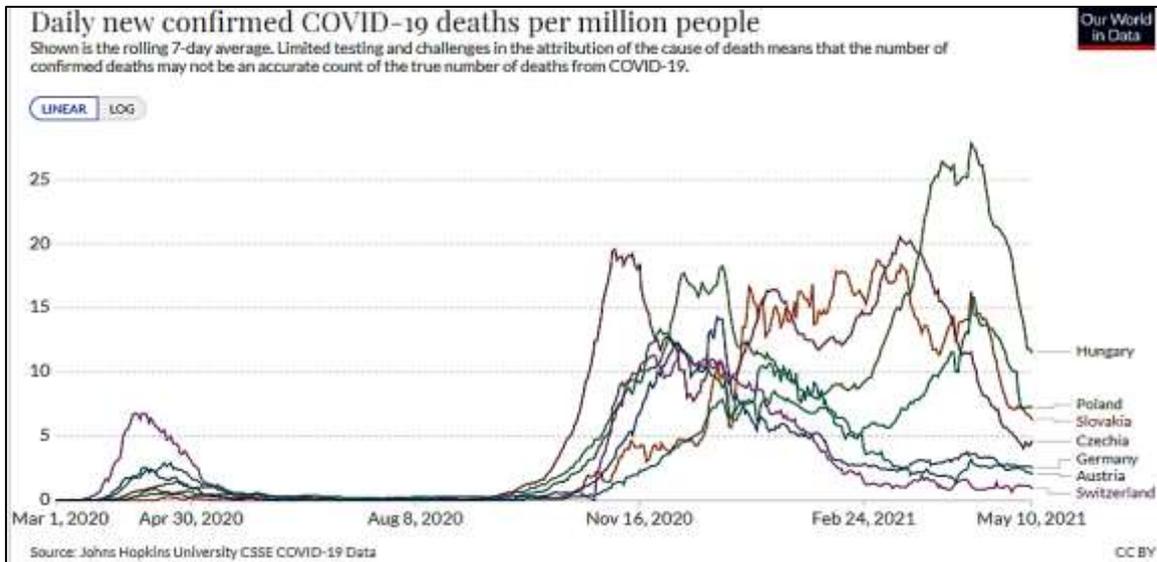


Figure 6



Baltics and Nordic countries:

Figure 7

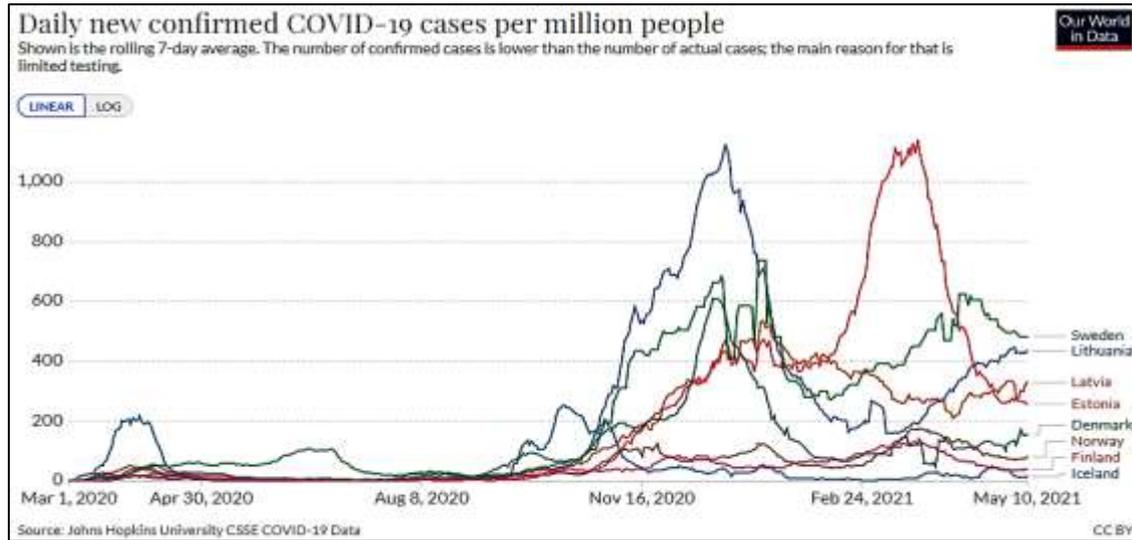
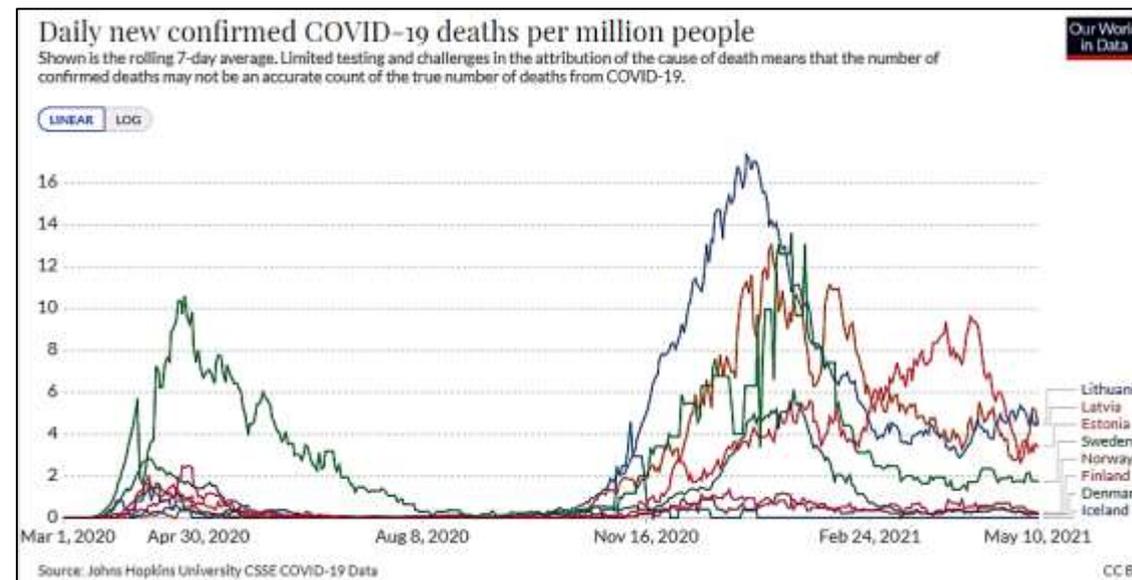


Figure 8



Northwestern Europe:

Figure 9

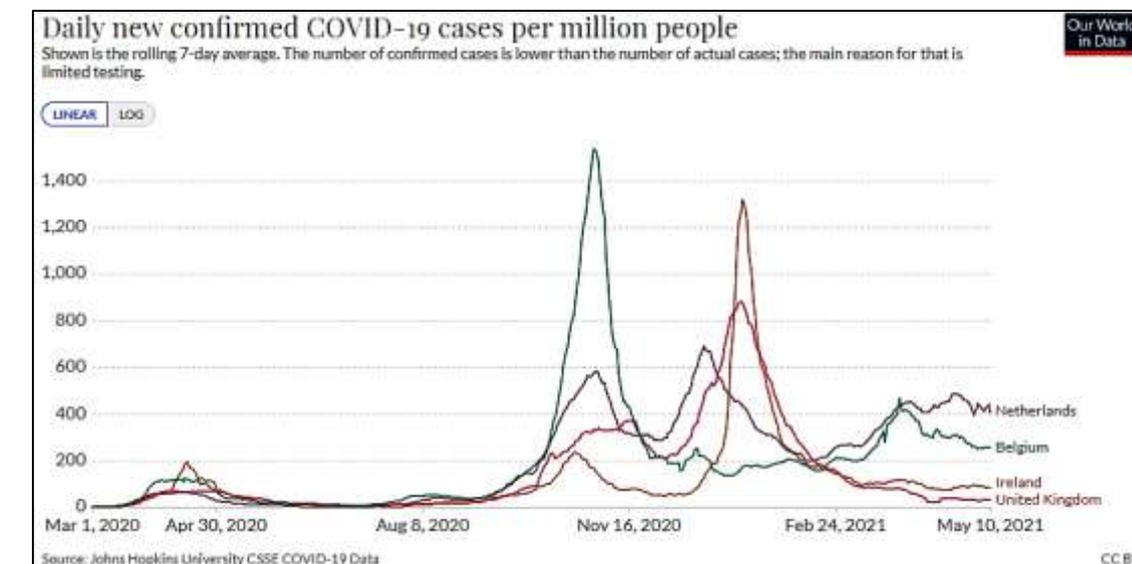


Figure 10

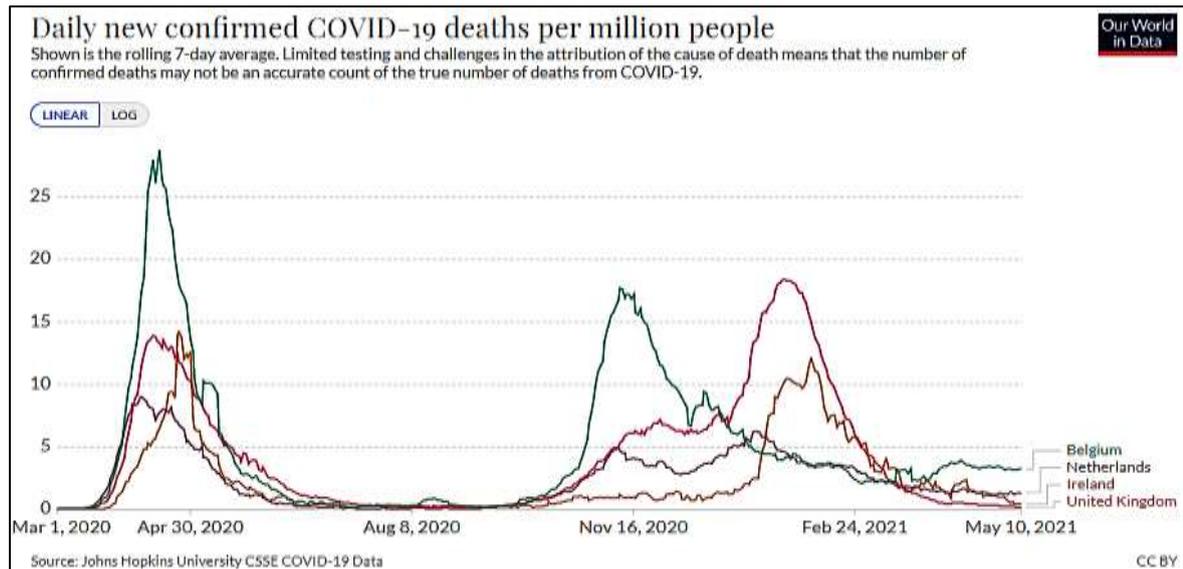
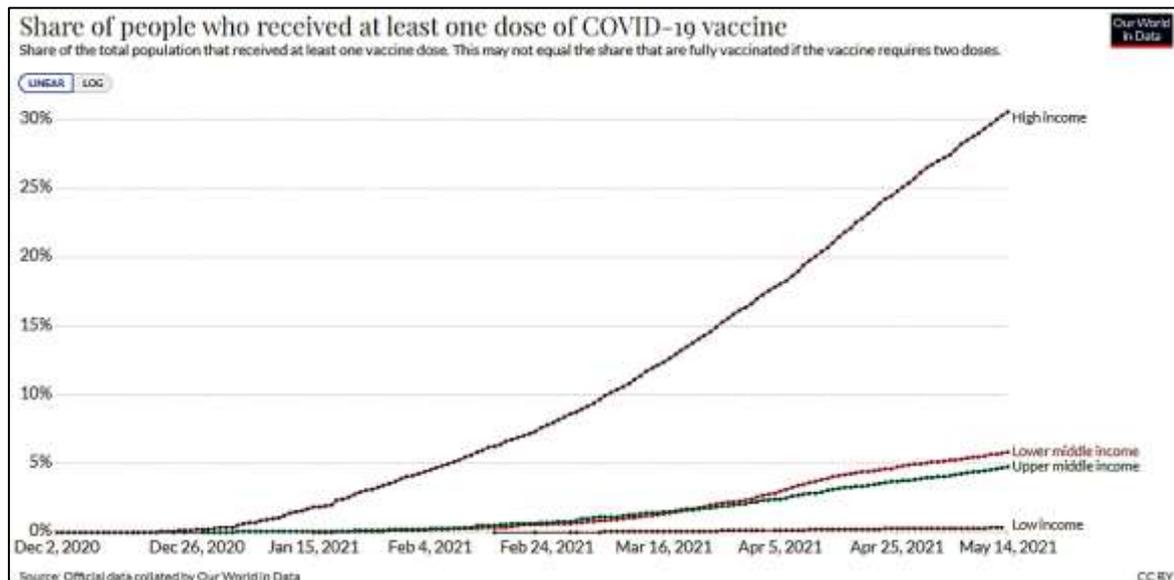


Figure 11



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