

# ASPHER Report

## COVID-19 Situation Reporting across Europe

### Week of June 1<sup>st</sup> 2021

**Authors:** Pallavi Chatarajupalli<sup>1,2</sup>, Petra Andelic<sup>2,3</sup>, Ralf Reintjes<sup>1,4</sup>, John Middleton<sup>4,5,\*</sup>

<sup>1</sup> HAW Hamburg University, Germany

<sup>2</sup> ASPHER Young Professional

<sup>3</sup> Maastricht University, the Netherlands.

<sup>4</sup> ASPHER COVID-19 Task Force

<sup>5</sup> ASPHER President

\* Corresponding Author: [john.middleton@aspher.org](mailto: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.

We are concerned about the disastrous explosion of the pandemic in India (<https://time.com/5957118/india-covid-19-modi/>). 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. (<https://blogs.bmj.com/bmj/2021/04/26/what-should-we-ask-of-a-new-global-treaty-for-pandemic-preparedness/>) It also shows the need for further efforts to promote internationalism in vaccination programmes (<https://doi.org/10.3389/ijph.2021.1604077>) 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 current scenario demands international consensus on a long-term strategy to minimize the transmission of variants, not only by rapid vaccination but also by increasing vaccine confidence. Improving accessibility to vaccine must be considered to prevent further waves. Despite vaccination status, the use of face masks and social distancing is still necessary.*

[https://www.aspher.org/download/726/aspher\\_statement\\_on\\_abolition\\_of\\_prevention\\_measures.pdf](https://www.aspher.org/download/726/aspher_statement_on_abolition_of_prevention_measures.pdf)

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, most of the countries have significantly reduced the number of deaths and the infection rate. *Consequently they have begun (stepwise) lifting lockdown restrictions* (UK, Bulgaria, Hungary, Estonia, Israel, Portugal, France, Denmark, Belgium, Germany). However, the transmission of variants of SARS-CoV-2 in a few European countries is a rising concern (England, Wales, Scotland, Southeast Europe, and Central Asia) (2).

*Recently, WHO with its expert scientific committee has ascertained a nomenclature system for the variants (both Variants of Concern (VOC) and Interest (VOI)) by using Greek alphabet letters- Alpha (B.1.1.7), Beta (B.1.351), Gamma (P.1), Delta (B.1.617.2)-VOC, Epsilon (B.1.427/B.1.429), Zeta (P.2), Eta (B.1.525), Theta (P.3), Iota (B. 1.526), Kappa (B.1.617.1)-VOI. The major purpose is to make them simple to pronounce for the general public and non-medical experts and to avoid (regional) stigma* (3).

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 (3,548,628) and the total number of confirmed COVID-19 cases has surpassed 0.1bill (170,426,245). Individual WHO regions confirmed COVID-19 cases are as follows (4).

Table 1

| WHO Region            | Confirmed COVID-19 cases |
|-----------------------|--------------------------|
| Americas              | 67,472,965               |
| Europe                | 54,343,73                |
| South-East Asia       | 31,923,614               |
| Eastern Mediterranean | 10,134,399               |
| Africa                | 3,512,562                |
| Western-Pacific       | 3,038,218                |

As per the WHO weekly epidemiological report, the European Region is contributing 32% of cumulative COVID-19 confirmed cases worldwide. **The number of new cases and deaths in the past 7 days has reduced by 26% and 17% respectively.** (5).

IHME analysis shows the infection rate and death rate are declining in Europe because of the rising vaccination rate and seasonality. However, the transmission of COVID-19 is increasing in a few European countries – Portugal, Scotland, England and some regions in Central Asia. It is evident that the high level of transmission in England and Scotland is related to the Delta variant. IHME predicts the daily death rate may show a downtrend in July and an increase could be possible in August particularly in East Europe and Central Asia due to low vaccine confidence and increased mobility. Currently, the Alpha variant is the dominant variant circulating in the European Region followed by the Beta variant. The presence of Delta and Gamma variants have been identified in 16 and 14 European countries respectively (6).

The following table shows daily new confirmed coronavirus cases, deaths and the percentage of people who received at least one dose of COVID-19 vaccine across European countries reported on 01/06/2021 (table 2) (7).

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 | Share of people who received at least one dose of vaccine against COVID-19 |
|------------------------|---|--|--|
| Georgia                | 210.61  | 5.37   | 3.61   |
| Denmark                | 171.68  | 0.15   | 38.09  |
| Netherlands            | 170.96  | 0.55   | N/A  |
| Lithuania              | 162.36  | 3.52   | 38.06  |
| Belgium                | 158.05  | 1.17   | 40.99  |
| Latvia                 | 151.78  | 2.80   | 26.92  |
| Greece                 | 145.01  | 3.43   | 35.49  |
| France                 | 144.11  | 1.66   | 38.82  |
| Slovenia               | 133.79  | 1.24   | N/A  |
| Andorra                | 120.18  | 0.00   | N/A  |
| Belarus                | 109.71  | 1.06   | N/A  |
| Luxembourg             | 92.20   | 1.14   | 36.70  |
| Spain                  | 91.36   | 0.56   | 39.41  |
| Estonia                | 91.00   | 1.83   | 36.09  |
| Turkey                 | 90.00   | 1.75   | 1.85   |
| Switzerland            | 88.69   | 0.66   | N/A  |
| Kazakhstan             | 85.43   | 0.17   | 11.35  |
| Ireland                | 74.27   | 0.00   | N/A  |
| Croatia                | 70.08   | 2.92   | 31.52  |
| Cyprus                 | 69.32   | 0.49   | 44.29  |
| Montenegro             | 66.87   | 1.82   | 21.31  |
| Norway                 | 63.59   | 0.03   | 30.64  |
| Ukraine                | 62.34   | 3.46   | 2.40   |
| Russia                 | 61.38   | 2.58   | 11.45  |
| Sweden                 | 57.97   | 0.78   | 37.00  |
| Italy                  | 52.95   | 1.70   | 39.49  |
| Portugal               | 51.81   | 0.06   | 38.17  |
| Germany                | 51.73   | 1.79   | 43.58  |
| United Kingdom         | 48.73   | 0.09   | 58.13  |
| Austria                | 47.81   | 1.01   | 40.98  |
| Kyrgyzstan             | 46.22   | 1.09   | N/A  |
| Serbia                 | 41.82   | 1.49   | N/A  |
| Czech Republic         | 40.05   | 1.04   | 36.75  |
| Bulgaria               | 34.54   | 2.98   | 11.69  |
| Hungary                | 32.56   | 2.66   | 53.90  |
| Armenia                | 30.81   | 2.17   | N/A  |
| Bosnia and Herzegovina | 25.25   | 4.44   | N/A  |
| Finland                | 23.15   | 0.36   | 44.69  |
| Slovakia               | 23.03   | 1.36   | 32.24  |
| Poland                 | 21.44   | 2.87   | 36.72  |
| Azerbaijan             | 17.44   | 0.62   | 13.86  |
| North Macedonia        | 15.98   | 5.55   | N/A  |
| Moldova                | 15.12   | 1.06   | 8.55   |
| Monaco                 | 14.56   | 3.64   | N/A  |
| Romania                | 13.54   | 2.32   | 22.54  |
| Kosovo                 | 11.83   | 0.15   | N/A  |
| Malta                  | 11.00   | 0.32   | 72.38  |
| Uzbekistan             | 7.03  | 0.03   | N/A  |
| Albania                | 5.36  | 0.20   | 16.93  |
| San Marino             | 4.21  | 0.00   | 63.59  |
| Israel                 | 2.01  | 0.12   | 62.99  |
| Iceland                | 0.00  | 0.00   | N/A  |
| Tajikistan             | 0.00  | 0.00   | N/A  |

### Denmark:

Between 1<sup>st</sup> and 2<sup>nd</sup> June, Denmark has reported 954 new infections and 0 deaths (8). As of June 2<sup>nd</sup>, 37.7% of the Danish population received the first dose of vaccine against COVID-19 and 22.1% have been fully vaccinated (9). The Statens Serum Institute (SSI), Denmark has analyzed the effectiveness of the Pfizer-BioNTech vaccine from December 27<sup>th</sup> 2020 till 11<sup>th</sup> April 2021 among the first five target groups (persons in nursing homes, >65 years age group receiving care, >85 years age group, health and social personnel who are at risk of infection and people with comorbidities). The study revealed, **in all groups the risk of infection, COVID-19 related hospitalizations and deaths were reduced by 82%, 93% and 94% respectively**. On 28<sup>th</sup> May, the Corona pass application was introduced for fast and easy-going access while attending any reopening services like shopping centres, restaurants, cafes, cultural, sports and religious events also to travel overseas where corona pass is mandatory (10) (11).

### Latvia:

Between 1<sup>st</sup> and 2<sup>nd</sup>, June 348 new COVID-19 infections and 7 new deaths have been reported in Latvia (12). The recent epidemiological situation shows **a declining trend in infection rate due to immunity acquired through vaccination against COVID-19. However, among the European Union, the country is in 4<sup>th</sup> place in morbidity rate and the detection of the Delta variant is raising concerns at the moment** (13). From 1<sup>st</sup> June, digital certificates are available in the republic of Latvia and from 15<sup>th</sup> June, they will be integrated with the EU digital COVID-19 certificate (14). **Latvia has initiated vaccination for the 12-15 year age group** (with only Pfizer-BioNTech Comirnaty) from 2<sup>nd</sup> June (15).

### Netherlands:

There is a **decrease in incidence** from 146.8 positive cases / 100.000 citizens to 119.6 positive cases / 100.000 citizens (from 26<sup>th</sup> May to 1<sup>st</sup> June) **also the number of the new hospital and ICU admissions reduced by 43% each** (940 to 533;196 to 112). Thereby, 9.1 million people are vaccinated which corresponds with almost half of the people over 18 receiving their first jab (16) (17). Consequently, **the Netherlands proceeds into phase 3 of the reopening plan and loosens several COVID-19 restrictions on the 5<sup>th</sup> of June**, including the maximum number of visitors at home increases from 2 to 4, museums and cinemas reopen, restaurants can receive people inside again and can stay open till 10 p.m. However, the 1.5 m distance rule and wearing a face mask will be in place despite the relaxation measures (18). **As part of implementing 3<sup>rd</sup> step relaxation, the government has planned to introduce a corona entry pass system so that the host can accommodate allowing guests according to their capacity keeping in mind the 1.5 meter distance rule. For 30<sup>th</sup> June the 4<sup>th</sup> step of reopening is planned** which will be decided on 22<sup>nd</sup> June. In the 5<sup>th</sup> Step, the basic rules and corona pass system will be lifted provided the infection rate and the hospitalizations are low (19).

### North Macedonia:

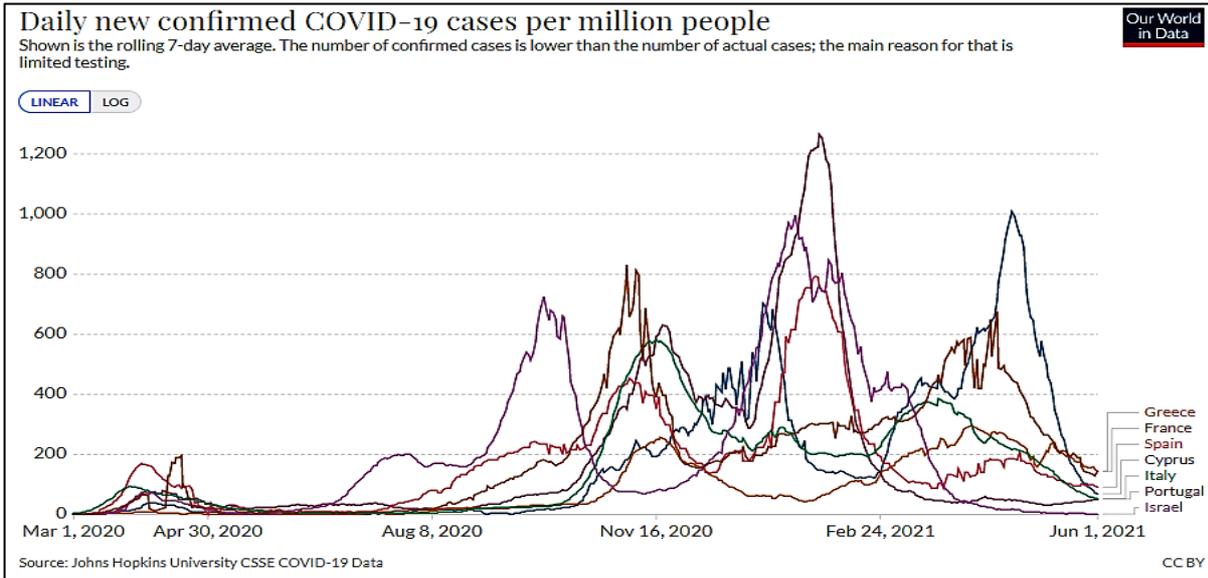
Starting from June 1, North Macedonia is easing restrictions as new cases and hospitalizations are decreasing. The mandatory requirement for wearing masks outdoors will be abolished and celebrations are allowed to have 50% of the venue's capacity with a maximum of 100 guests. Thereby, spectators are allowed to attend outdoor sports events at 30% of the capacity (20).

### Romania:

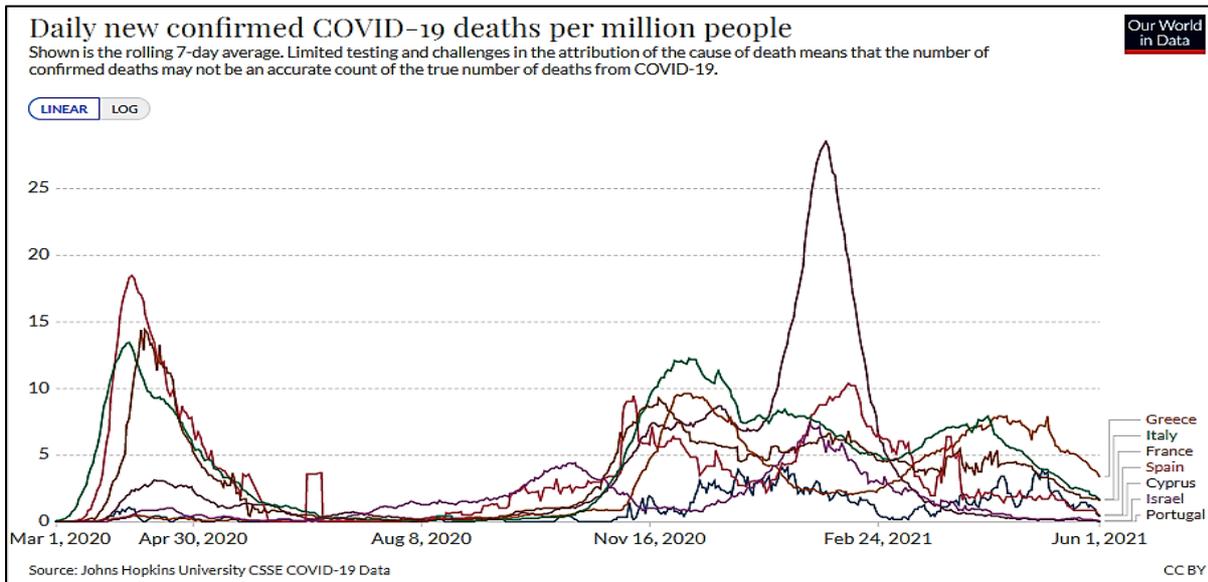
Romania has reported the rolling 7-day average of daily new confirmed COVID-19 cases and deaths at 13.54 and 2.32 per one mill people respectively (table 2). **As of June 1st, the Romanian government decided to ease more of the COVID-19 restrictions. The number of people participating in cultural, sports and entertainment activities outdoors increases from 500 to 1,000, if all participants vaccinated or have recovered from the virus.** Private events can be organized with a maximum of 50 people indoors and 70 outdoors. Bars and clubs can stay open till 24:00 and are limited to 50% of capacity (21).

**Mediterranean Region:**

**Figure 1**



**Figure 2**



**South-East Europe Region:**

**Figure 3**

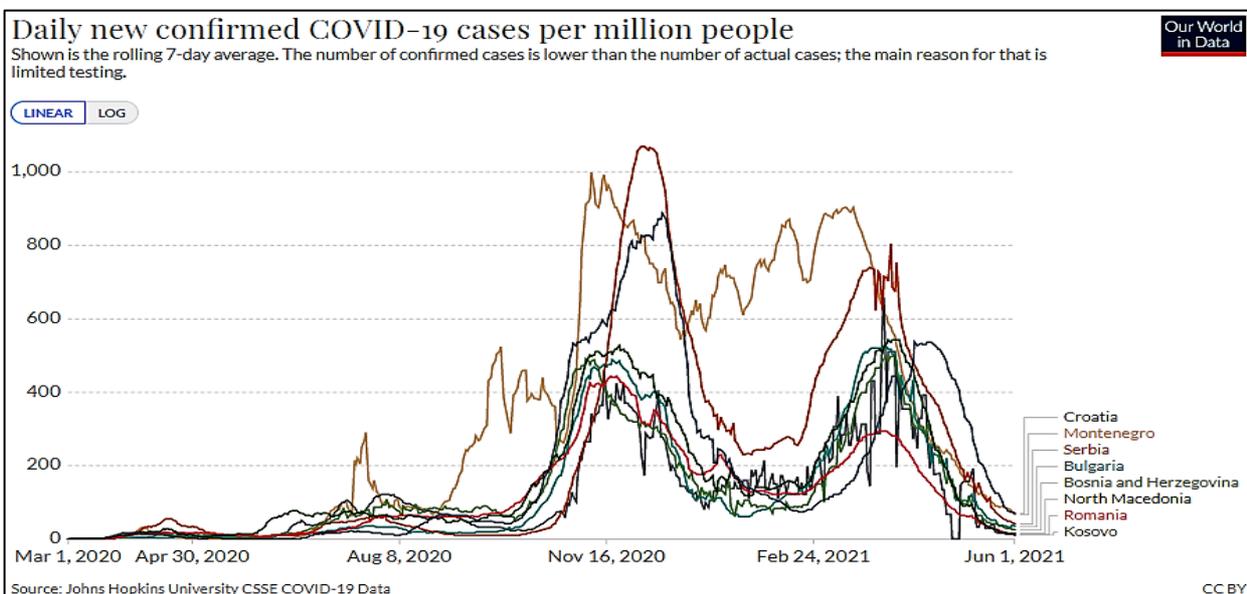
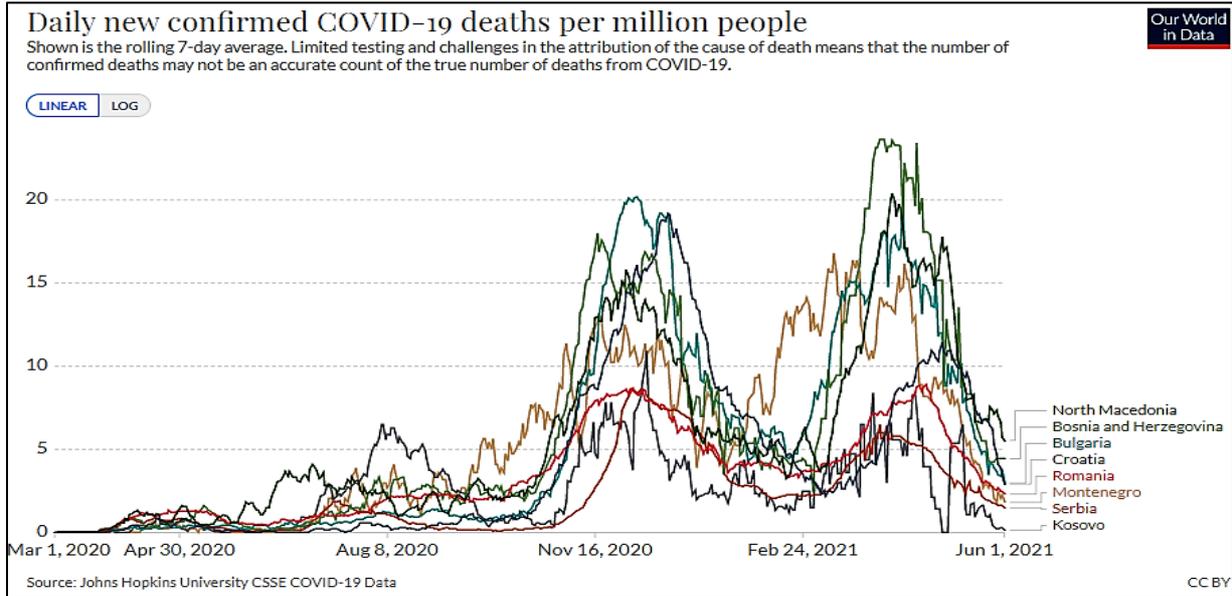


Figure 4



## Central Europe:

Figure 5

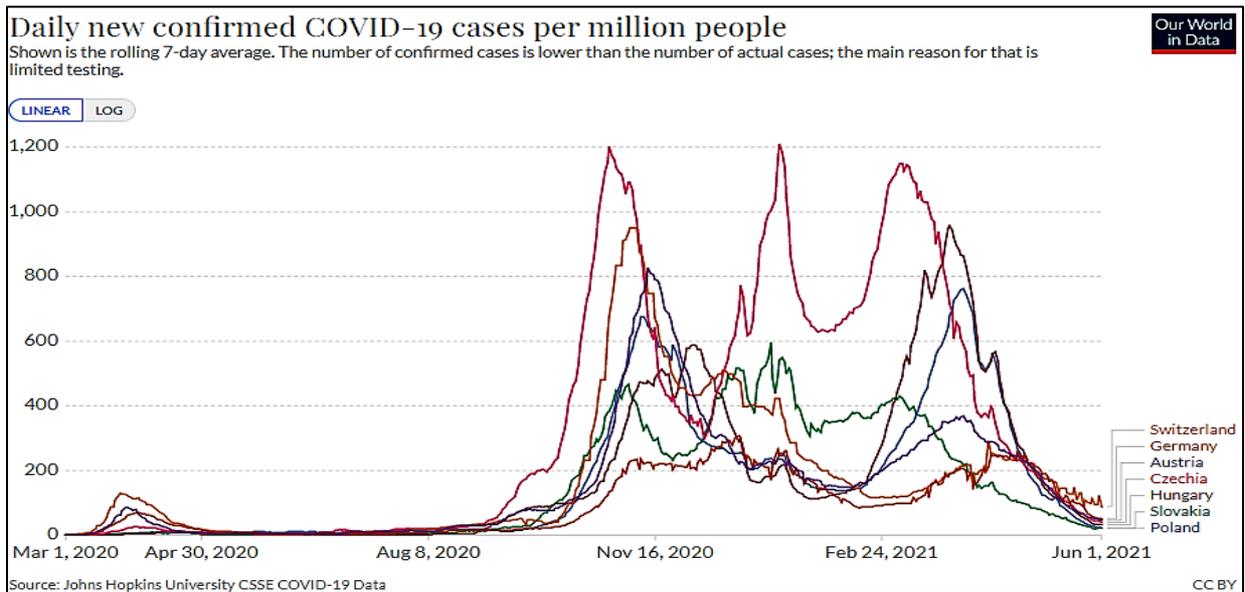
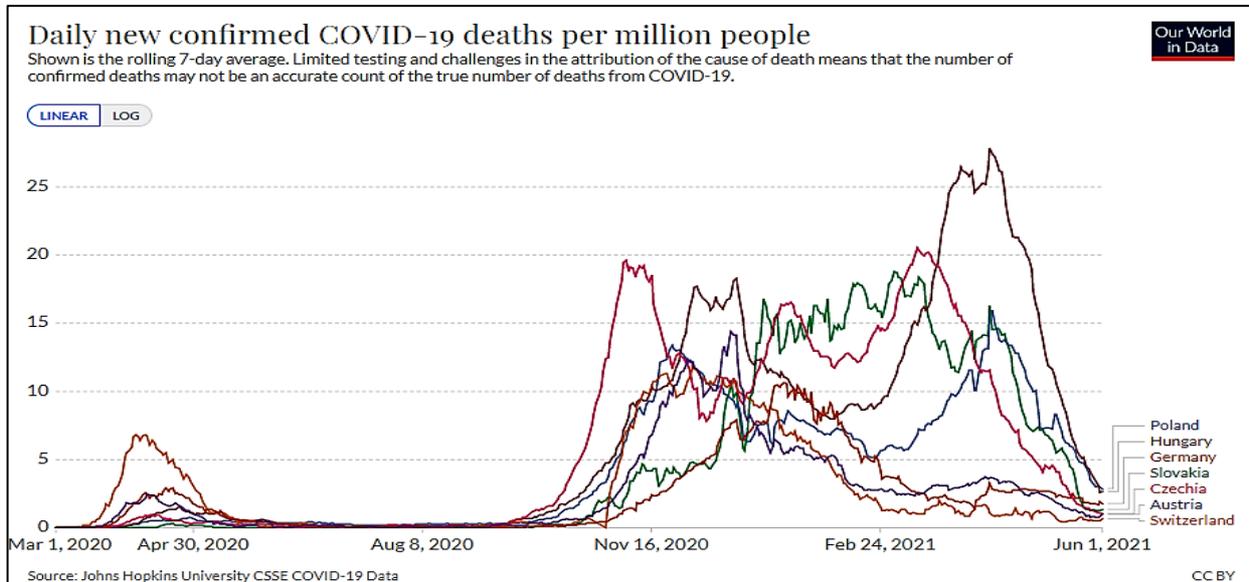


Figure 6



**Baltics and Nordic countries:**

Figure 7

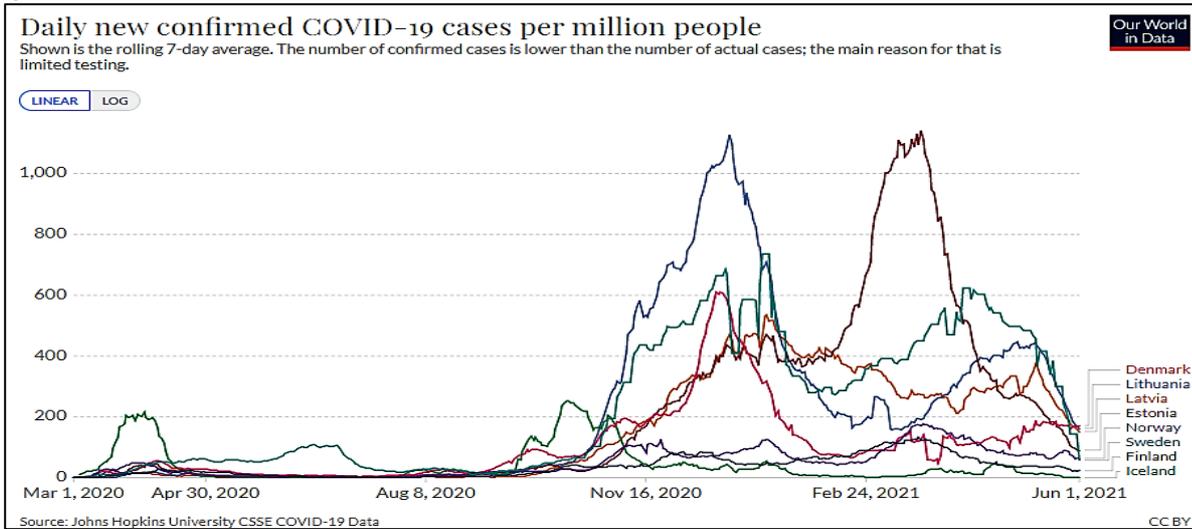
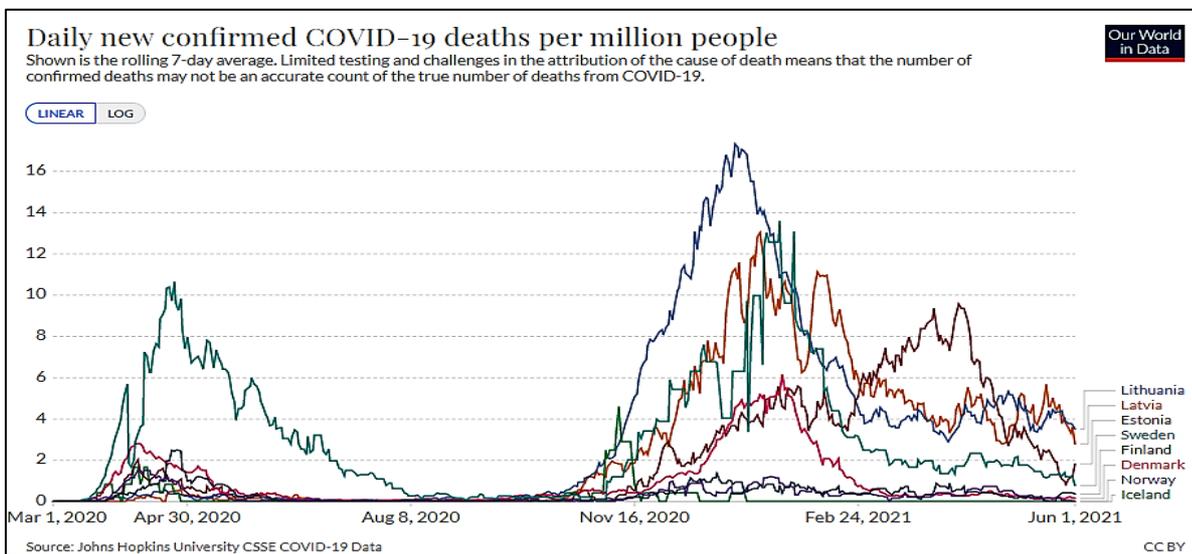


Figure 8



**Northwestern Europe:**

Figure 9

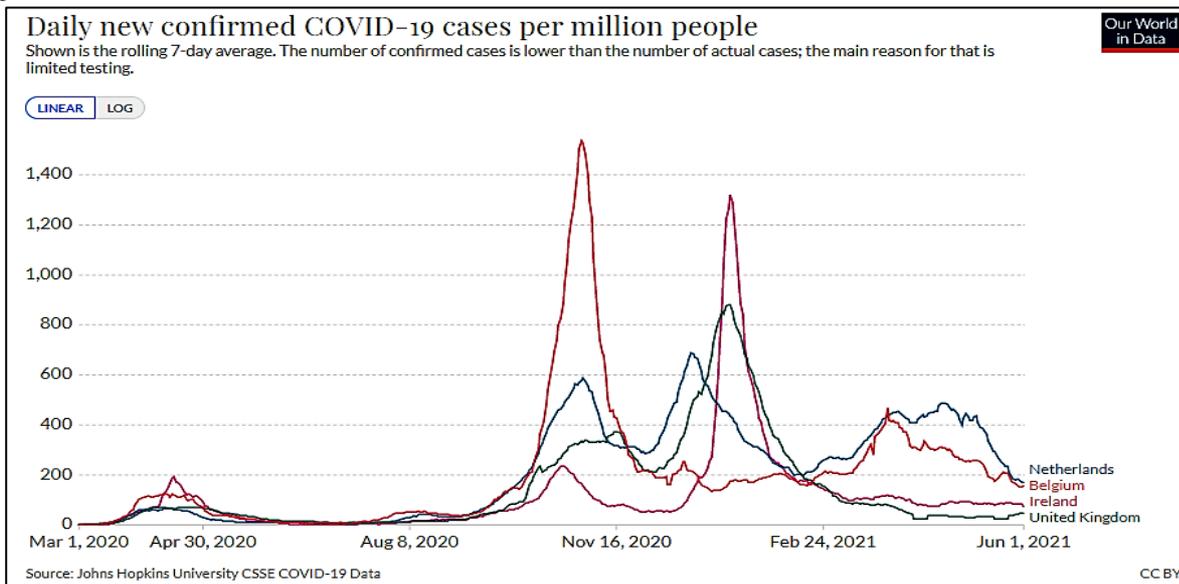
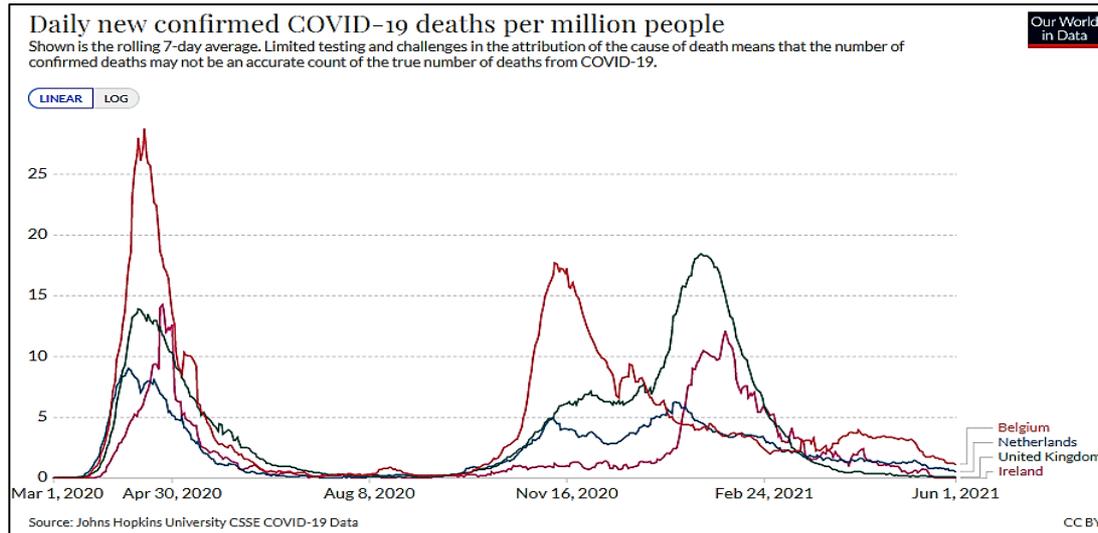


Figure 10



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