

ASPHER Report: COVID-19 Situation Reporting across Europe

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Authors: Rok Hrzic^{1,2,3}, Nadav Davidovitch^{3,4*}

¹ Maastricht University, the Netherlands

² ASPHER Young Professional

³ ASPHER COVID-19 Task Force

⁴ Ben-Gurion University of the Negev, Israel

Corresponding Author: nadavd@bgu.ac.il

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?

Key messages

- According to the [WHO weekly epidemiological update](#), the global number of new COVID-19 cases and deaths has continued to decline, decreasing by 17% and 3%, respectively, compared to the previous week. However, in the African region and the Americas, new cases have markedly increased.
- The [ECDC country overview report](#) highlights that transmission of COVID-19 declined but remained high in the EU/EEA (75% of the pandemic maximum for the EU/EEA for those aged 65 years and older). Four countries reported increases in hospital or ICU admissions/occupancy.
- A new [ECDC report](#) makes the case for an early second booster roll-out, especially for vulnerable groups and in countries with substantial immunisation coverage gaps. However, the optimal timing will largely depend on trends in infections. The public health benefit of administering a second booster dose is clearest in populations aged 80 years and older, based on data regarding continued high hospitalisation and ICU rates in many countries, lower immune response to vaccination, and a higher risk of severe disease. The immediate administration of a second booster dose in this population would be optimal in situations of continued high or increasing viral circulation. Alternatively, in situations of low viral circulation, the administration of a second booster dose should be considered before autumn 2022. For individuals below 60 years of age with normal immune systems, the administration of a second booster dose at this time is not supported by the current epidemiological, modelling or Vaccine Effectiveness data.

ASPHER is concerned about talk of the 'end of the pandemic'. *Pandemic* is not defined by politicians, or by journalists. The *pandemic* is defined by the World Health Organisation, under strict decision-making process and not as mere opinion. A pandemic is "an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people". We are still in the midst of the pandemic. We are also concerned at the misuse of the term *endemic* suggesting that COVID-19 has somehow become less serious. *Endemic* assumes there is a certain degree of predictability in the behaviour of the incidence and prevalence of the disease. Nothing enables us to state that there will be no new SARS-COV-2 variants: there is plenty of experience that there will be new variants. Nothing allows to predict what the

characteristics of the new variants will be, or the planetary region or time when they will appear. Therefore, we are not in *endemic* conditions, we continue to be in the *pandemic*.

We will not come out of the pandemic until we seriously address the problem globally. We need global solidarity, commitment to [international preparedness](#) and [increased global production of vaccines](#). ASPHER is concerned that many countries are relaxing protections, at a time when there is still substantial transmission of the virus, outbreaks affecting young children, disrupting education and leading to unexpected numbers of children's hospital admissions, and uncertain threats in terms of long COVID manifestations and late serious illness such as strokes and cardiac events. Hospital services continue to be confronted by high levels of serious infection, although intensive care services seem to be affected to different levels, in different areas.

Alongside political initiatives which are throwing away proven measure to control the pandemic, there is the reality with Omicron variant, that primary health care and social care is not coping across Europe. Occupational health services are non-existent in many parts of Europe and therefore unable to address mass sickness absence or support workers in key industries suffering burnout. We urge governments to invest in additional measures to support primary care, social care and occupational health. Protection of our key service workers is a central concern.

ASPHER supports the [VACCINE-plus approach](#) to pandemic control; or what we have called '[COVID-DO IT ALL](#)'. We recognize the importance of following [non-pharmacological interventions](#) as well as achieving a high level of vaccine uptake. Vaccine hesitancy still needs to be understood and addressed especially in Eastern parts of Europe. We need to protect frontline services, protect children, and protect vulnerable people. Current political moves in Europe are adding to the likelihood of increased transmission, creating more pressures on services, more likelihood of additional sickness absence, economic damage, and social disruption. The mindset of the 'pandemic is over' will have the dangerous impact of prolonging it.

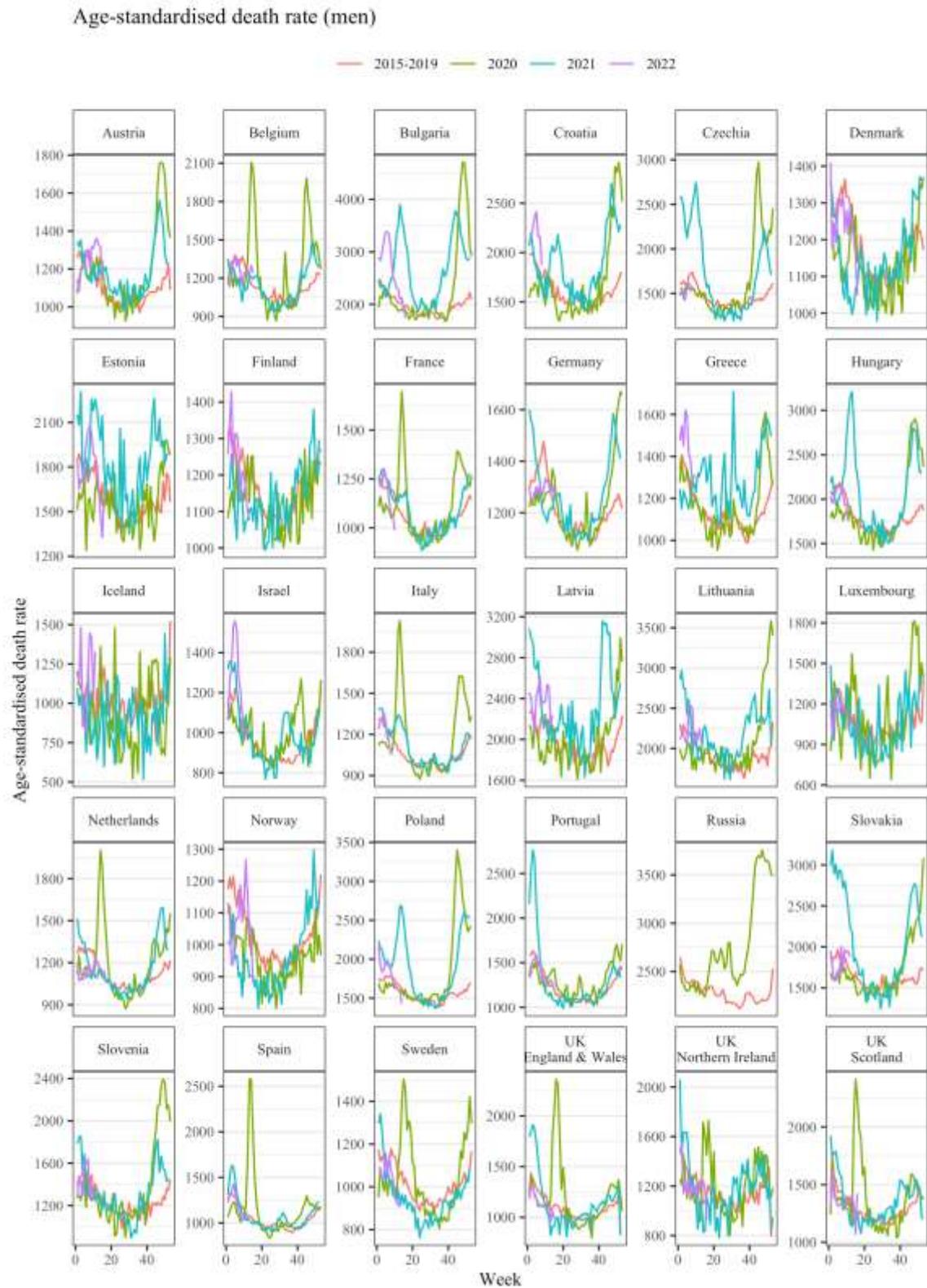
Rolling average of latest COVID-19 test, case, and hospitalization rates in the countries of the WHO-Europe region ([Source: Our World in Data](#)).

WHO Europe region	Daily new tests/thousand people	30-day trend in tests	Daily newly confirmed COVID-19 cases/million people	30-day trend in deaths	Weekly hospital admissions/million	30-day trend in weekly hospital admissions
Cyprus	75.00		1,578.60		25.67	
Portugal	4.20		1,224.85			
Germany	1.94		1,186.06		48.83	
Italy	5.61		934.62		69.14	
Luxembourg	3.02		781.11		20.48	
France	3.82		725.92		118.36	
Belgium	1.72		681.45		82.96	
Austria	19.91		626.94			
Andorra	1.18		620.52			
Greece	12.54		615.12		123.42	
Finland	1.60		580.38			
Slovakia	2.03		349.51			
Spain	1.25		344.69		114.90	
Slovenia	3.75		335.10		62.59	
Malta	3.39		309.46		98.82	
Switzerland	1.61		272.55		19.28	
Israel	5.60		260.47		26.59	
Croatia	0.86		176.82		89.93	
Iceland	1.97		171.22		200.66	

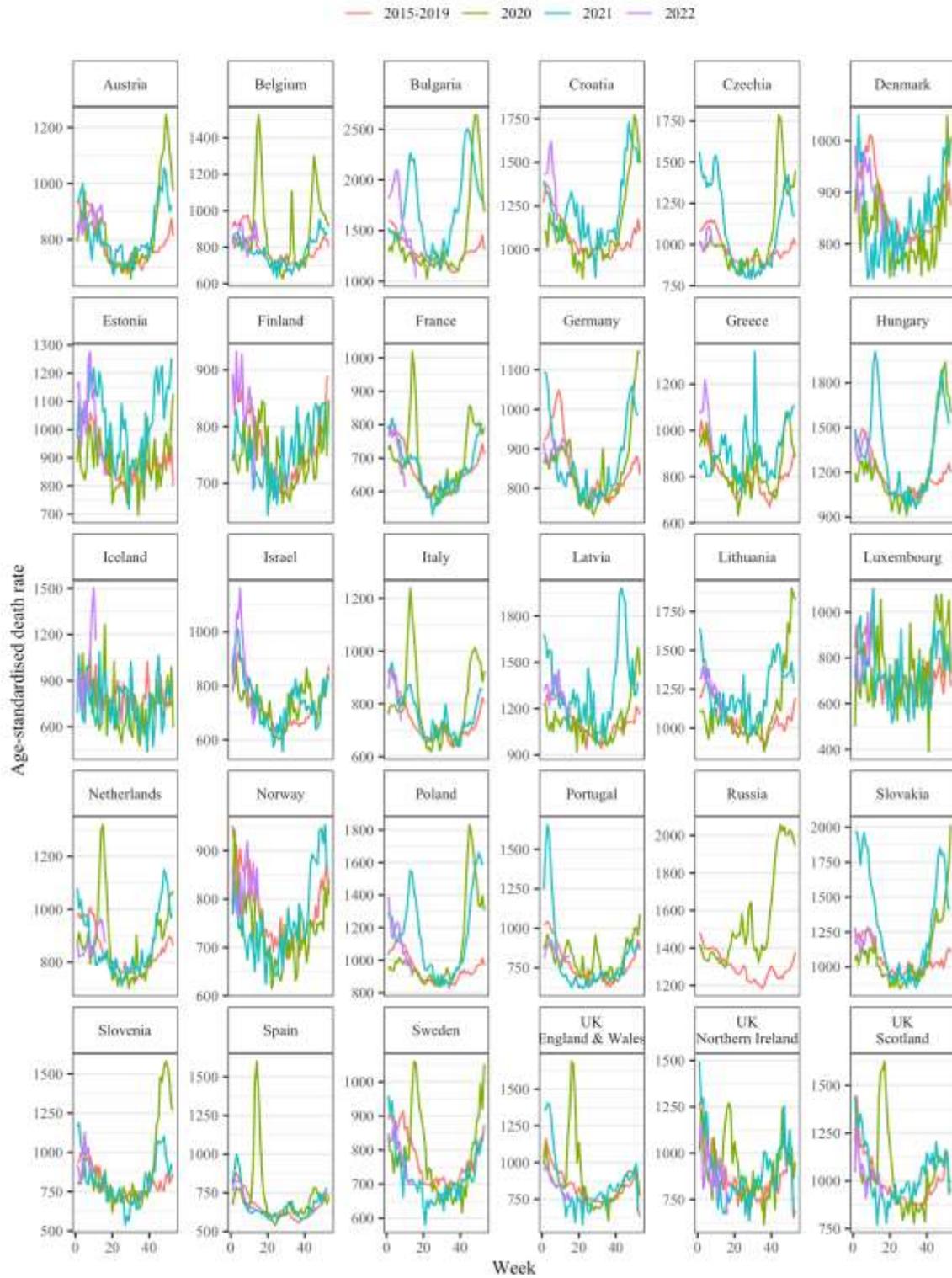
WHO Europe region	Daily new tests/thousand people	30-day trend in tests	Daily newly confirmed COVID-19 cases/million people	30-day trend in deaths	Weekly hospital admissions/million	30-day trend in weekly hospital admissions
United Kingdom	4.60		166.84		129.60	
Lithuania	1.93		166.44			
Denmark	2.19		162.51		71.39	
Estonia	1.77		162.03		104.51	
Ireland	1.31		150.83		104.87	
Hungary	0.60		132.30			
Czechia	1.16		116.19		55.39	
Netherlands	0.16		88.34		29.11	
Serbia	1.24		87.73			
Bulgaria	1.09		67.80			
Romania	3.96		49.66			
Russia	1.11		47.47		101.08	
Belarus	0.97		41.62			
North Macedonia	0.72		38.48			
Sweden	0.30		35.56			
Georgia	0.88		30.37			
Turkey	1.50		20.91			
Poland	0.32		18.92			
Albania	0.06		16.36			
Bosnia and Herzegovina	1.07		10.86			

WHO Europe region	Daily new tests/thousand people	30-day trend in tests	Daily newly confirmed COVID-19 cases/million people	30-day trend in deaths	Weekly hospital admissions/million	30-day trend in weekly hospital admissions
Kosovo	0.38		8.58			
Armenia	0.90		1.73			
Azerbaijan	0.31		1.51			
Kazakhstan	2.10		1.27			
Moldova	3.17		0.00			
Ukraine	1.21		0.00			

The age-standardised all-cause death rates in 2020, 2021 and 2022, and the 2015-2019 average by week and sex in selected countries of the WHO-Europe (Source: Human Mortality Database).

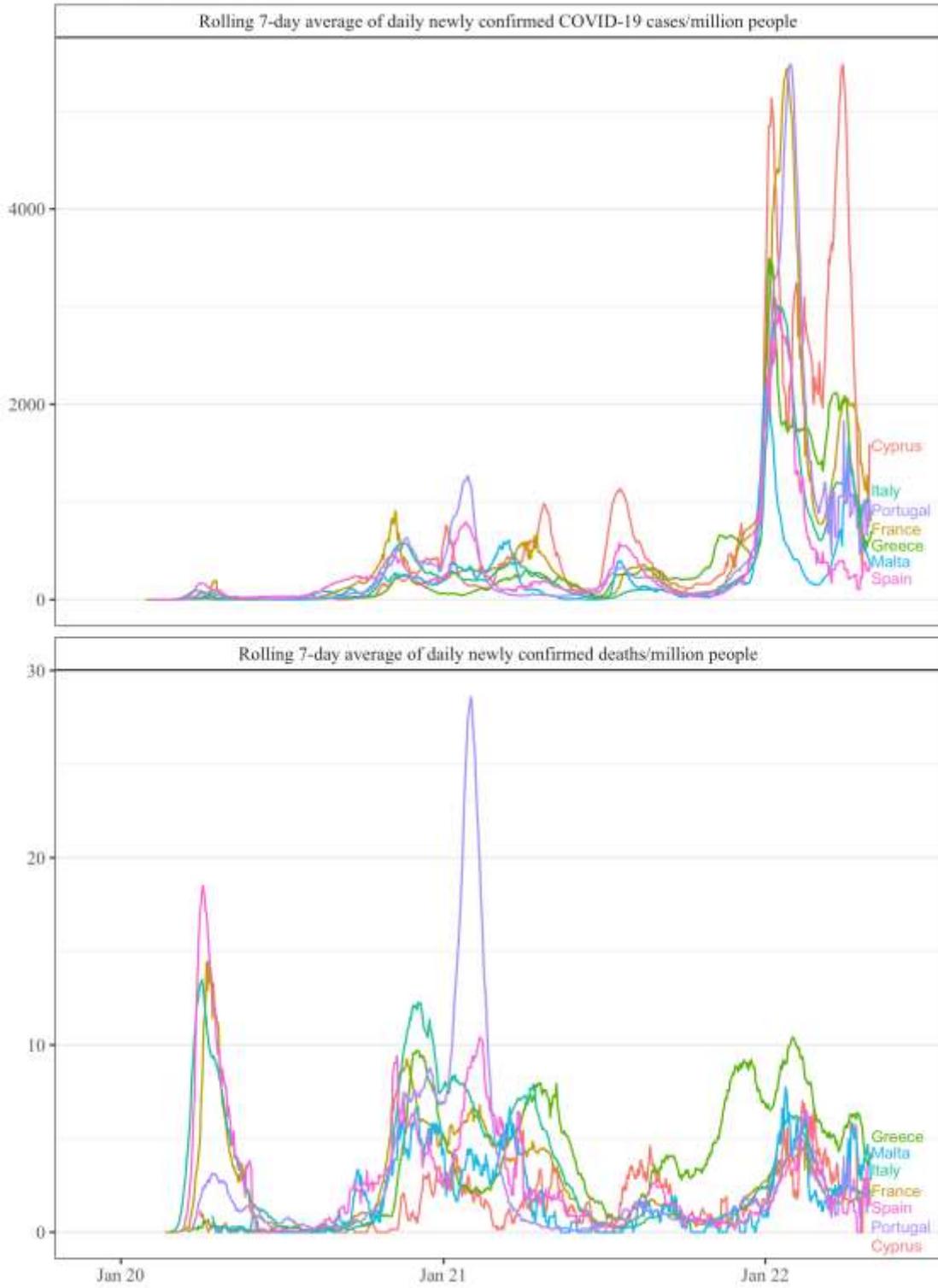


Age-standardised death rate (women)

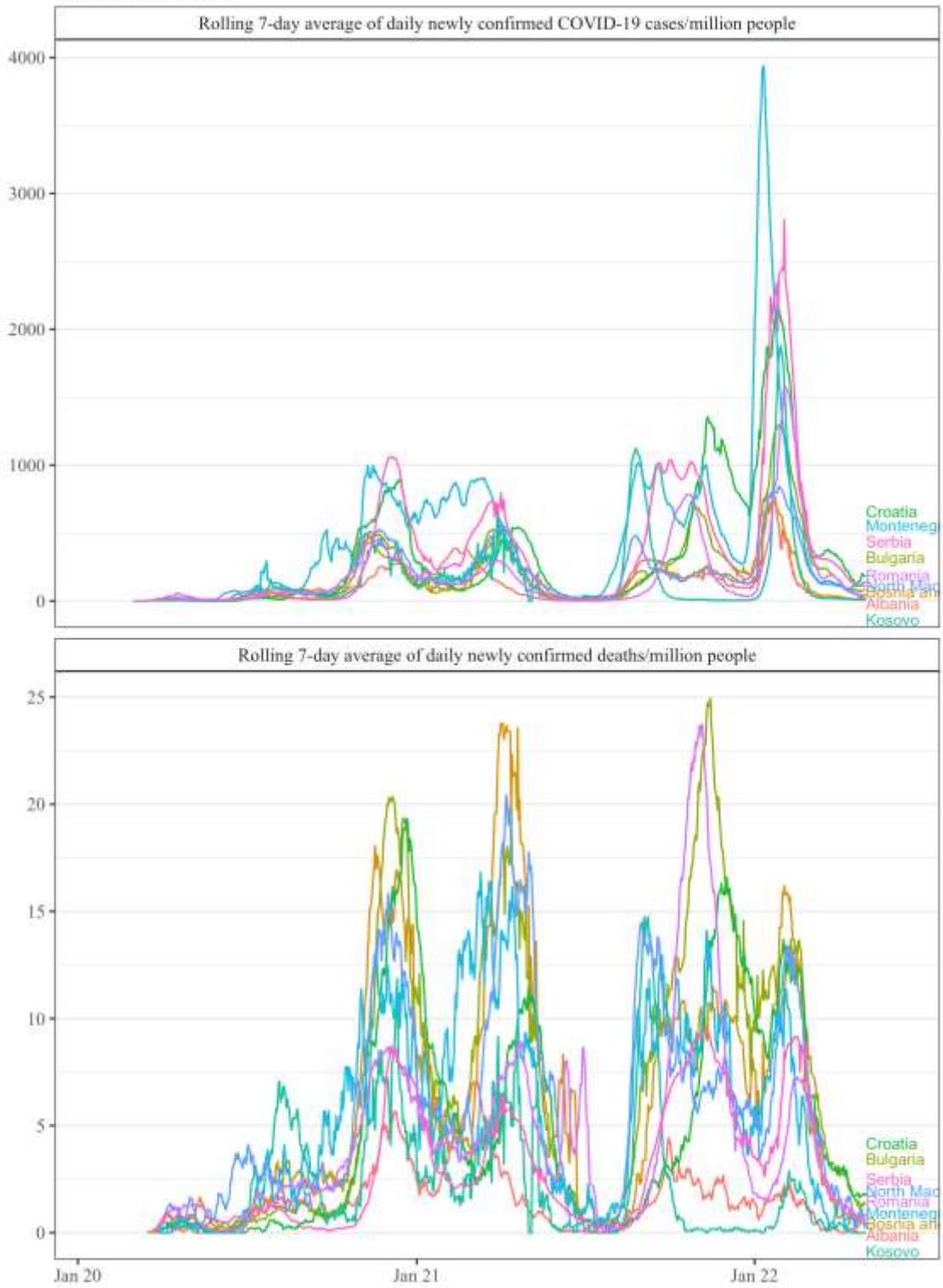


Rolling 7-day average of daily new confirmed COVID-19 cases and daily new confirmed COVID-19 deaths in sub-regions of Europe (Source: Our World in Data).

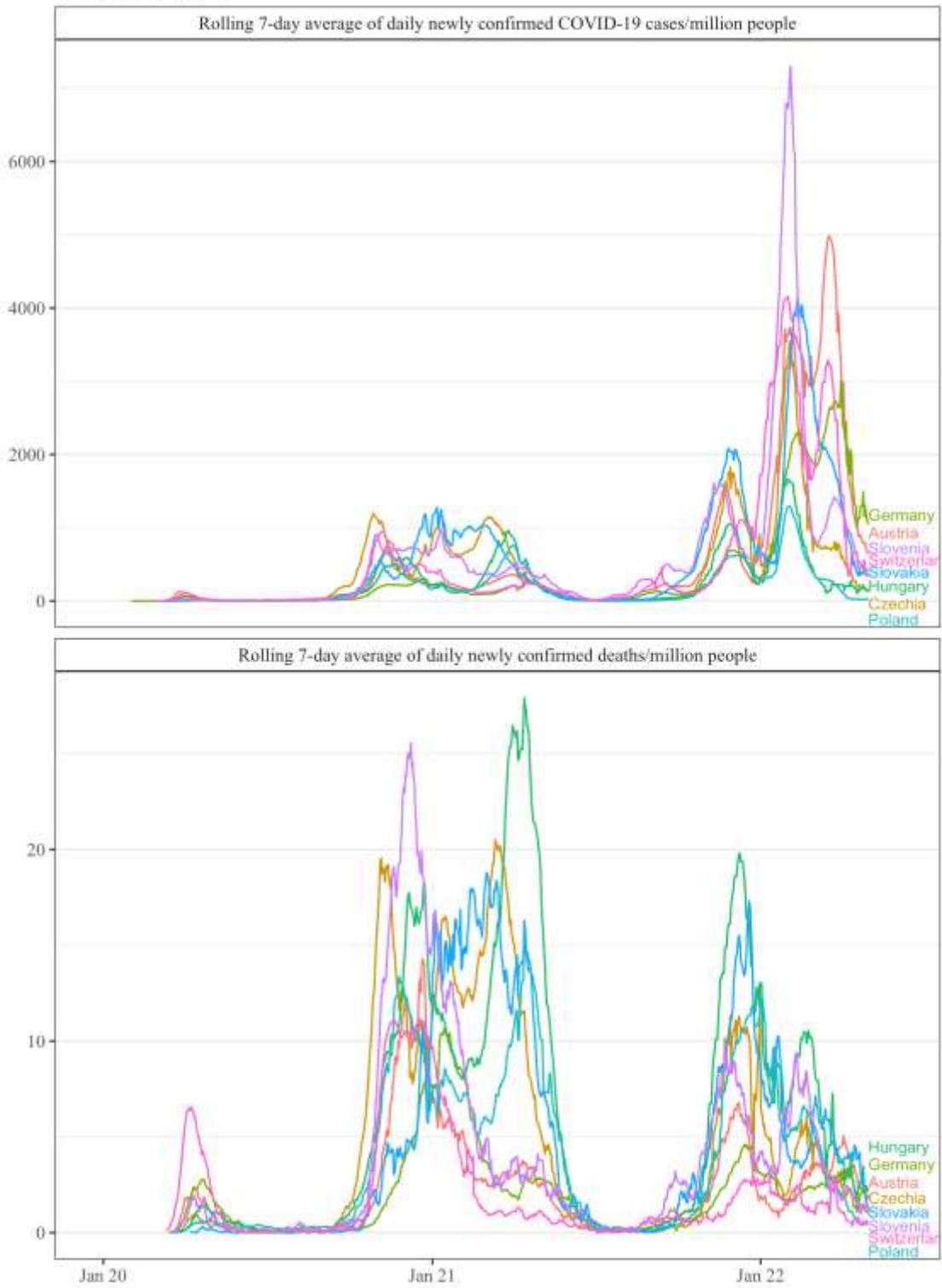
Mediterranean region



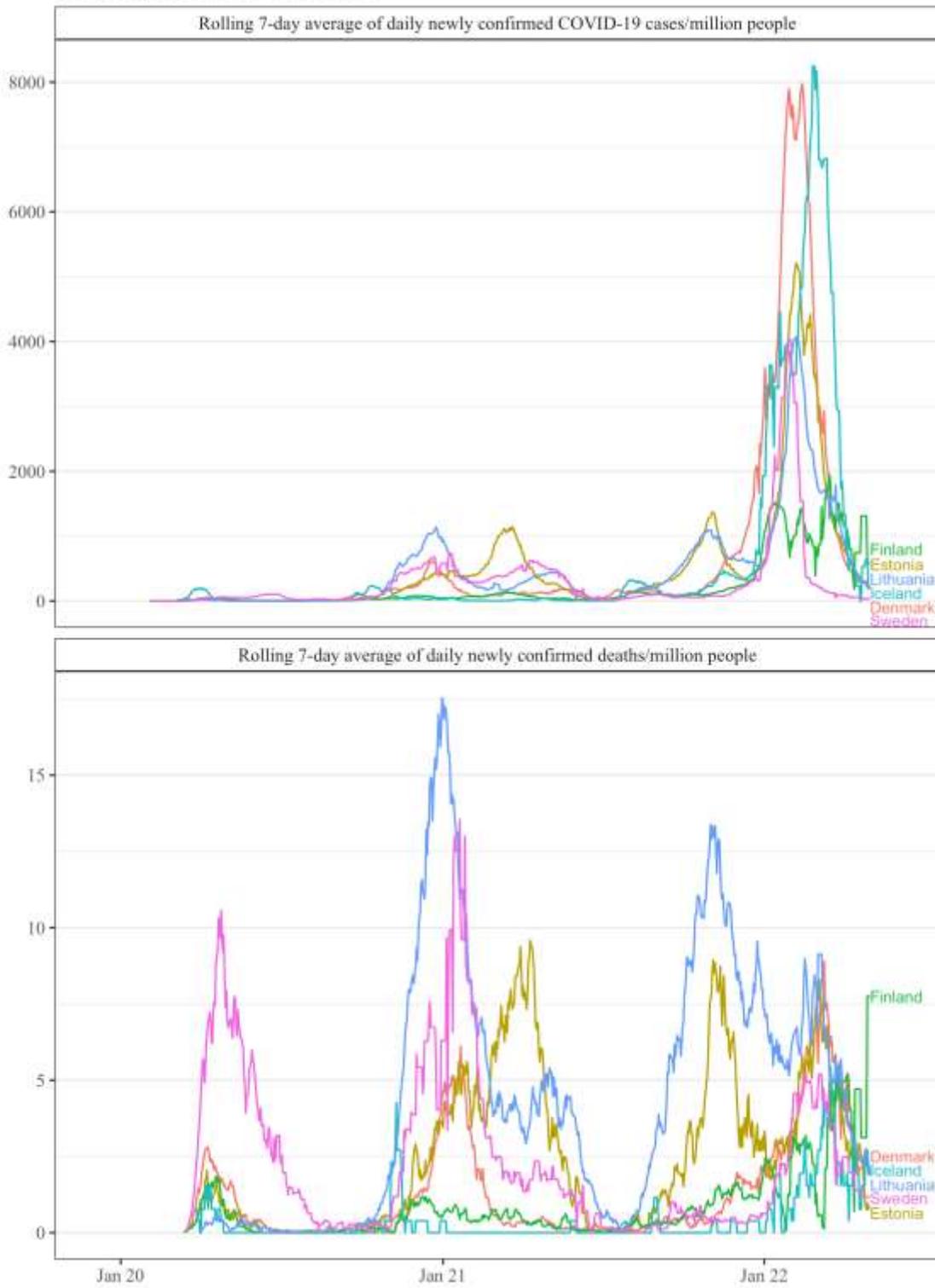
South-East region



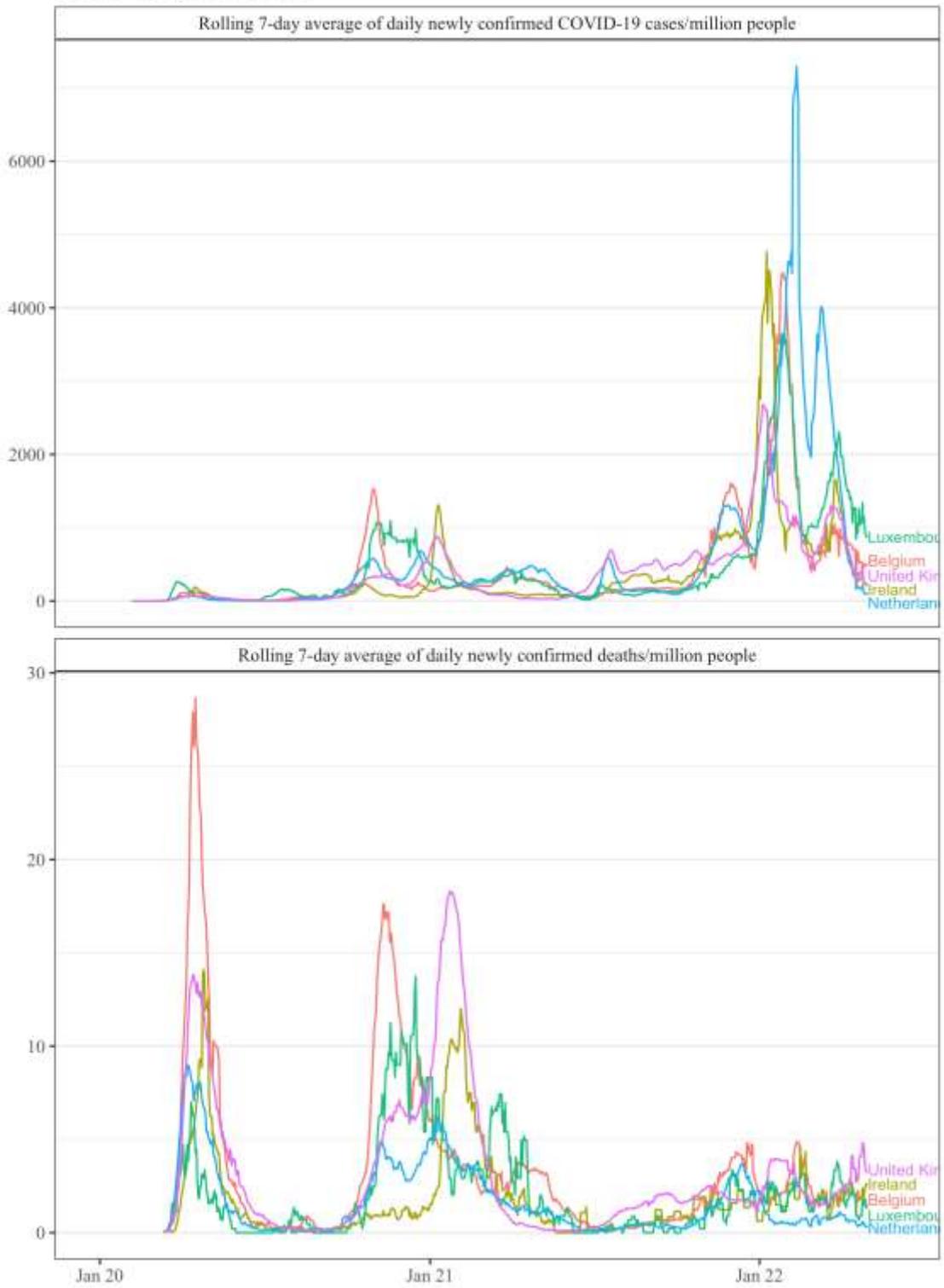
Central Europe



Baltics and Nordic Countries



North-Western Europe



Central Asia

