





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

⁴Ben-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 init?

Key messages

- The <u>WHO weekly epidemiological update on COVID-19</u> highlights that the global number of weekly cases and deaths continues to decline. Compared to other world regions, the European region saw some of the greatest declines in cases and deaths.
- The <u>ECDC country overview report</u> highlights that the overall case notification rate continues to decline. The wave driven largely by BA.5 that was previously observed to be moving from west to east appears to have passed its peak in all countries. Three countries reported increases in hospital or ICU admissions or occupancy rates, while the overall pressure on ICU capacity remains low.

Selected recent COVID-19 publications

Böhm, R., Betsch, C., Litovsky, Y., Sprengholz, P., Brewer, N. T., Chapman, G., Leask, J., Loewenstein, G., Scherzer, M., Sunstein, C. R., & Kirchler, M. (2022). Crowdsourcing interventions to promote uptake of covid-19 booster vaccines. Eclinicalmedicine, 53, 101632–101632. https://doi.org/10.1016/j.eclinm.2022.101632

• Interventions that received the most positive evaluations regarding both effectiveness and acceptability across evaluation groups were: a day off work after getting vaccinated, financial incentives, tax benefits, promotional campaigns, and mobile vaccination teams.

Malato, J., Ribeiro, R. M., Leite, P. P., Casaca, P., Fernandes, E., Antunes, C., Fonseca, V. R., Gomes, M. C., & Graca, L. (2022). Risk of ba.5 infection among persons exposed to previous sars-cov-2 variants. The New England Journal of Medicine, (20220831). <u>https://doi.org/10.1056/NEJMc2209479</u>

• Breakthrough infections with the BA.5 subvariant were less likely among persons with a previous SARS-CoV-2 infection history in a highly vaccinated population, especially for previous BA.1 or BA.2 infection, than among uninfected persons.

Waltz, E. (2022). How nasal-spray vaccines could change the pandemic. In Nature (Vol. 609, Issue 7926, pp. 240–242). Springer Science and Business Media LLC. <u>https://doi.org/10.1038/d41586-022-02824-3</u>

• Chinese and Indian regulators approved the first intranasal COVID-19 vaccines for use this week.

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 concerned with the rapid dismantling of non-pharmaceutical interventions against COVID-19 across Europe. In a recent opinion paper, we advocate for European governments' continued recommendation for the use of face masks in high traffic public areas like public transport. The reality remains that the future evolution of the pandemic is highly uncertain. Primary health care and social care provision across Europe are not yet restored to pre-pandemic levels due to the burden of ever new variants of the virus. 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. 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 supports the <u>VACCINE-plus approach</u> to pandemic control; or what we have called <u>'COVID-DO IT_ALL'</u>. We recognize the importance of following <u>non-pharmacological interventions</u> 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.

Latest COVID-19 test rates in the countries of the WHO-Europe region (<u>Source: Our World in</u> <u>Data</u>).



New COVID-19 tests per 1,000 population

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 cases	Weekly hospital admissions/million	30-day trend in weekly hospital admissions
Netherlands	0.28	m	6,046.56		18.74	MM
Slovenia	1.50		623.42	h	44.57	M.
Greece	9.12	A	576.54	N	111.25	MM
Luxembourg	2.55	MM	529.36	my	1.57	Mm
Georgia	0.93	~M	478.79	_~mL		
Austria	9.66	hul	463.82	mh		
Serbia	0.92	m	440.80	_ml		
Germany	1.06	m	425.06	h	37.43	MM
Russia	0.96	ma	317.34	in	166.83	
Italy	3.26	M	298.50	mh	35.25	Mm
Cyprus	75.00	M	279.34	_wh	52.45	MM
Moldova	4.17	ww	278.29	mal		
Lithuania	0.27	M	264.68	_m		
France	2.99	Mun	239.72	in	39.44	Umm
Switzerland	1.05	ment	238.68	m	13.46	Uhrh
Portugal	4.74	June	221.74	_n_h		
Turkey	1.59	- Mrl	212.16	M		
Finland	0.72	MM	209.51			
Hungary	0.45	M	178.86	M		

Rolling average of latest COVID-19 test, case, and hospitalization rates in the countries of the WHO-Europe region (<u>Source: Our World in Data</u>).

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 cases	Weekly hospital admissions/million	30-day trend in weekly hospital admissions
Belarus	0.74	Mul	166.60	~~~		
Croatia	0.38	ww	154.39	M	127.84	MM
Czechia	0.35	M	152.25	m.M.	59.94	M.M.
United Kingdom	3.85	hul	129.53		74.15	M.M.
Belgium	0.98	Junit	128.67	uh	35.22	Urm
Denmark	1.23	M	122.45		45.95	n.h.
Armenia	0.53	m	119.21	M		
Iceland	1.24	mall	112.64	h	24.40	
Romania	3.92	MA	110.74	M		
Ukraine	1.21	M	105.77	M		
Israel	2.82	m	97.13		18.84	m
Andorra	1.15	Nu	93.99			
Estonia	0.75	m	85.80		60.90	M
Bulgaria	0.45	m	78.53			
Poland	0.09	M	77.22	M.M.		
North Macedonia	0.38	MM	68.46	MM		
Sweden	0.23	M	64.54	m		
Albania	0.13	M	63.35	MM		
Bosnia and Herzegovina	1.07	Mm	47.82	MM		
Spain	0.92	Mal	47.63	Mula	41.86	Mul

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 cases	Weekly hospital admissions/million	30-day trend in weekly hospital admissions
Ireland	1.04	when	46.35		57.13	MM
Azerbaijan	0.23	M	45.31	MML		
Malta	2.73	much	39.60	Mum	13.56	Mul
Slovakia	0.39	An	38.89	M		
Kosovo	0.12	M	37.27	MU		
Kazakhstan	2.08	M	15.17	ently		

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 (<u>Source: Human Mortality Database</u>).

Age-standardised death rate (men)



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 (<u>Source: Our World in Data</u>).



Mediterranean region





Central Europe



Baltics and Nordic Countries



North-Western Europe

