ASPHER Report: COVID-19 Situation Reporting across Europe

Week of January 16th, 2023

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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?

Key messages

- The WHO weekly epidemiological update highlights that nearly 2.9 million new cases and over 11 000 deaths were reported in the week of 2 to 8 January 2023. This represents a reduction in weekly cases and deaths of 9% and 12%, respectively. In the last 28 days, over 13.9 million cases and over 49 000 new deaths were reported globally – an increase of 10% and 22% respectively, compared to the previous 28 days
- The ECDC country overview report highlights the overall epidemiological situation was improving compared to the substantial increases in transmission and severity indicators reported by numerous countries during the year-end holiday period. Surveillance data suggests an overall decline in transmission together with stable or decreasing trends in hospital/ICU indicators and deaths pooled at the EU/EEA level. Three countries reported increases in case notification rates. Seven out of 21 countries with data reported an increase in at least one hospital or ICU indicator. One country reported an increase in COVID-19 deaths.

Highlighted COVID-19 paper

Reynolds, C. J., et al. (2022). Immune boosting by B.1.1.529 (Omicron) depends on previous SARS-CoV-2 exposure. Science (Vol. 377, Issue 6603). https://doi.org/10.1126/science.abq1841

- Vaccine boosting results in distinct, imprinted patterns of hybrid immunity with different combinations of SARS-CoV-2 infection and vaccination. Immune protection is boosted by B.1.1.529 (Omicron) infection in the triple-vaccinated, previously infection-naïve individuals, but this boosting is lost with prior Wuhan Hu-1 imprinting. This "hybrid immune damping" indicates substantial subversion of immune recognition and differential modulation through immune imprinting and may be the reason why the B.1.1.529 (Omicron) wave has been characterized by breakthrough infection and frequent reinfection with relatively preserved protection against severe disease in triple-vaccinated individuals.

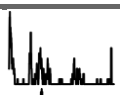
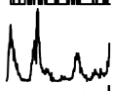
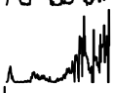
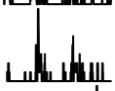
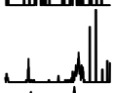
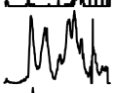
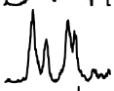
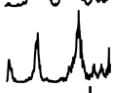
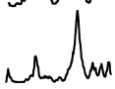
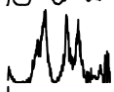
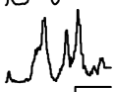
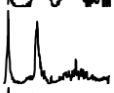
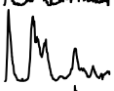
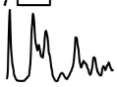
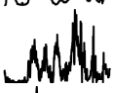
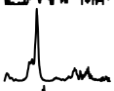
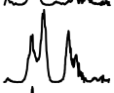
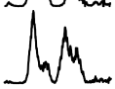
ASPHER statement on the pandemic

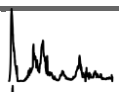
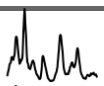
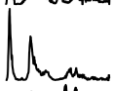
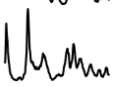
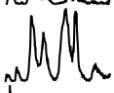
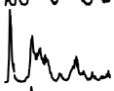
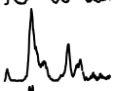
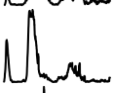
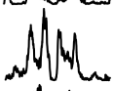
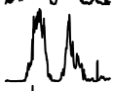
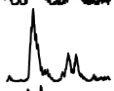
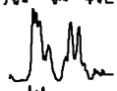
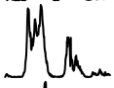
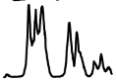
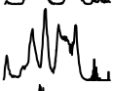
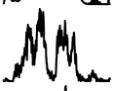
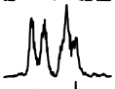
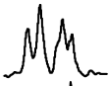
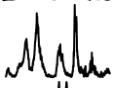
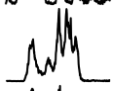
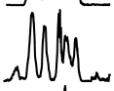
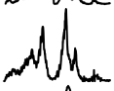
ASPHER is concerned about talk of the 'end of the pandemic'. *Pandemic* is not defined by politicians, or by journalists. The *pandemic* is defined by the World Health Organisation, under strict decision-making process and not as mere opinion. A pandemic is "an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people". We are still in the midst of the pandemic.

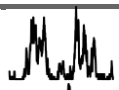
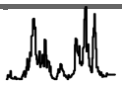
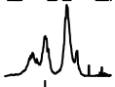
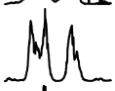
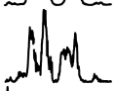
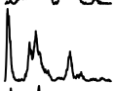
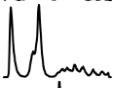
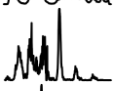
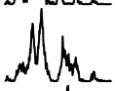
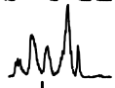
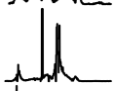
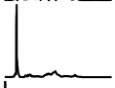
We are concerned with the rapid dismantling of non-pharmaceutical interventions against COVID-19 across Europe. In a recent opinion paper, we advocate for European governments' continued recommendation for the use of face masks in high-traffic public areas like public transport. The reality remains that 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. The 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 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.

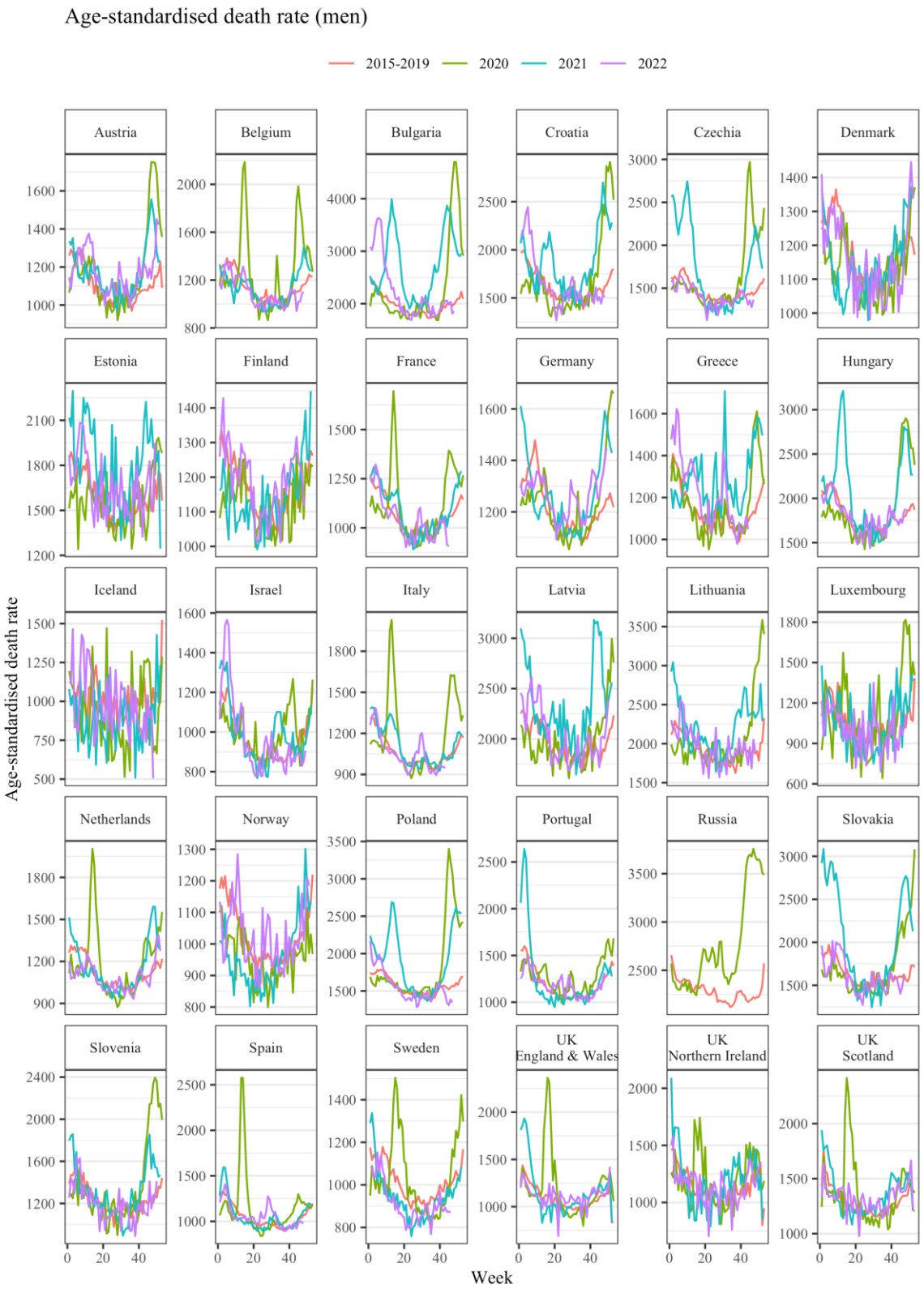
Rolling average of latest COVID-19 death and hospitalization rates in the countries of the WHO-Europe region (Source: Our World in Data).

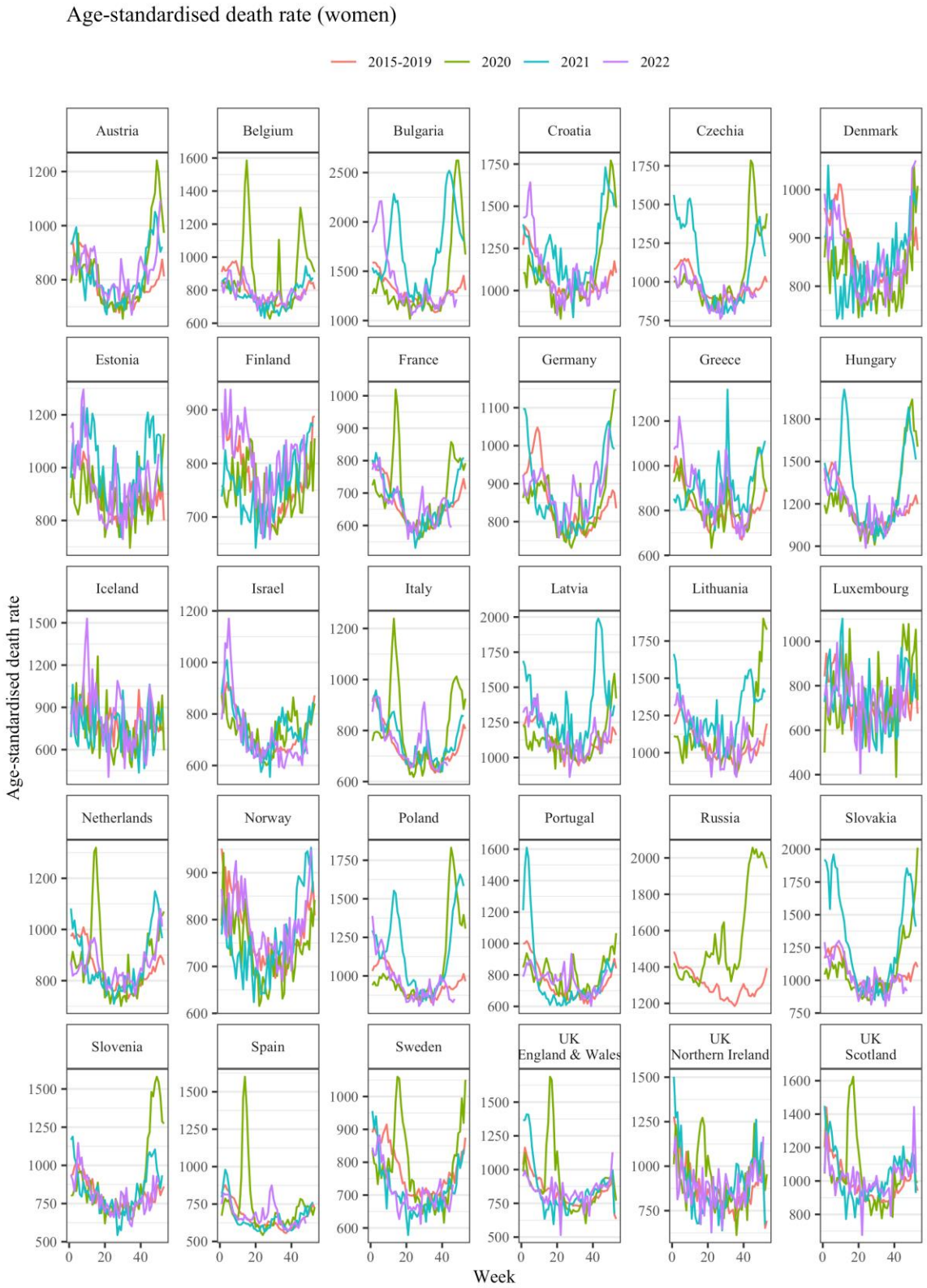
WHO Europe region	Daily newly confirmed COVID-19 deaths/million people	30-day trend in deaths	Weekly hospital admissions/million	30-day trend in weekly hospital admissions
Andorra	12.53			
Sweden	6.81			
Finland	4.33			
San Marino	4.24			
Monaco	3.92			
Iceland	3.45		24.40	
Greece	2.27		120.99	
Croatia	2.23		127.84	
Denmark	2.21		59.67	
Belarus	2.10			
Germany	1.56		56.63	
Estonia	1.40		94.73	
Ireland	1.39		127.84	
Italy	1.39		54.56	
Cyprus	1.28			
Portugal	1.27			
Hungary	1.19			
Lithuania	1.04			

WHO Europe region	Daily newly confirmed COVID-19 deaths/million people	30-day trend in deaths	Weekly hospital admissions/million	30-day trend in weekly hospital admissions
Spain	1.04		50.32	
Belgium	1.02		39.21	
Serbia	1.00			
France	0.96		45.92	
Austria	0.94			
Switzerland	0.72		7.32	
North Macedonia	0.68			
Slovakia	0.68		26.74	
Luxembourg	0.66		7.88	
Slovenia	0.61		40.78	
Czechia	0.60		34.40	
Turkey	0.48			
Montenegro	0.46			
Bulgaria	0.42		590.32	
Israel	0.39		31.22	
Georgia	0.38			
Azerbaijan	0.37			
Romania	0.32			
Moldova	0.31			
Russia	0.30		35.93	

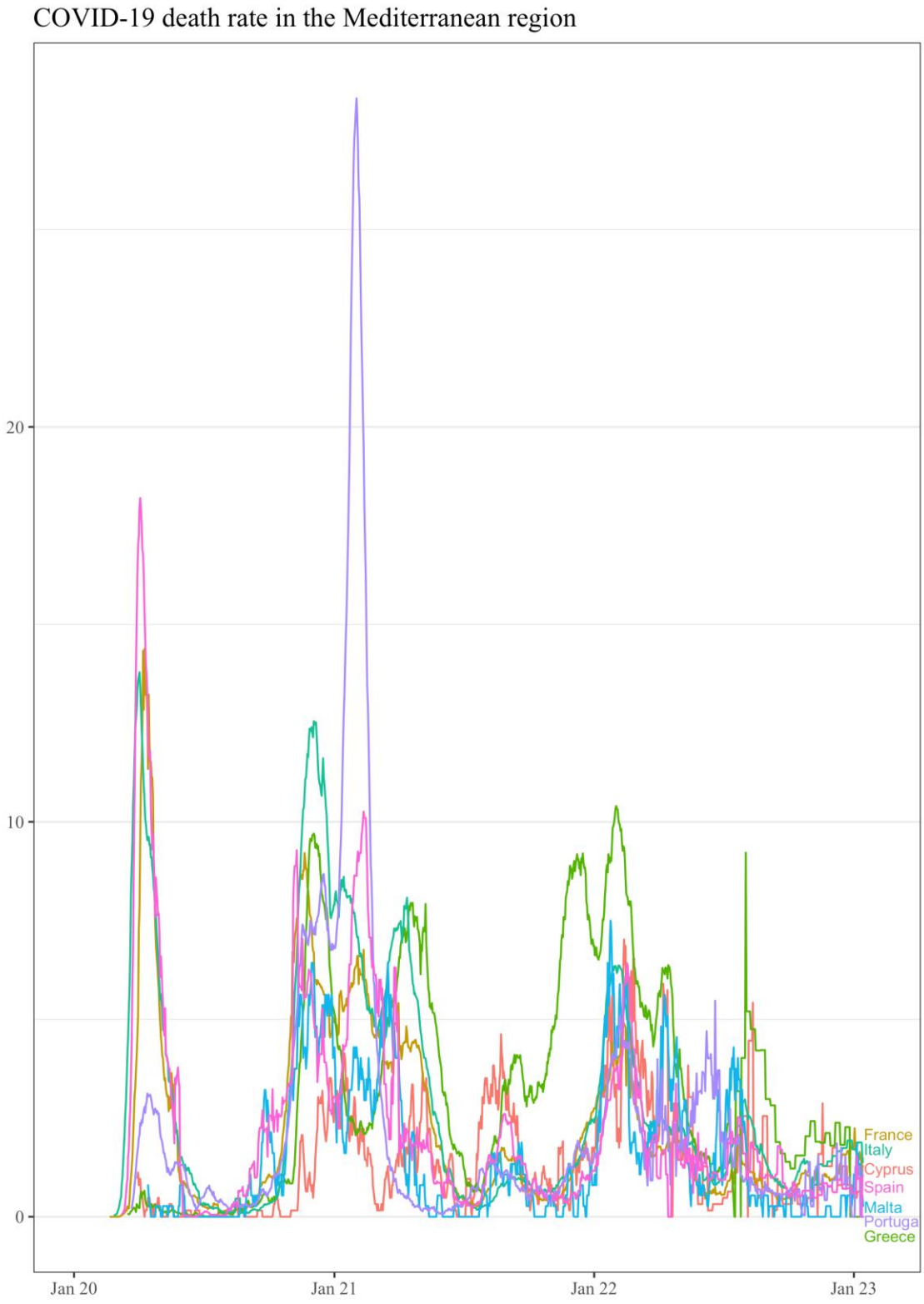
WHO Europe region	Daily newly confirmed COVID-19 deaths/million people	30-day trend in deaths	Weekly hospital admissions/million	30-day trend in weekly hospital admissions
Malta	0.27		15.50	
Ukraine	0.26			
Poland	0.21			
Bosnia and Herzegovina	0.18			
Netherlands	0.16		36.32	
United Kingdom	0.09		58.67	
Kosovo	0.08			
Albania	0.05			
Armenia	0.05			
Kazakhstan	0.02			
Kyrgyzstan	0.02			
Tajikistan	0.01			
Uzbekistan	0.01			

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).

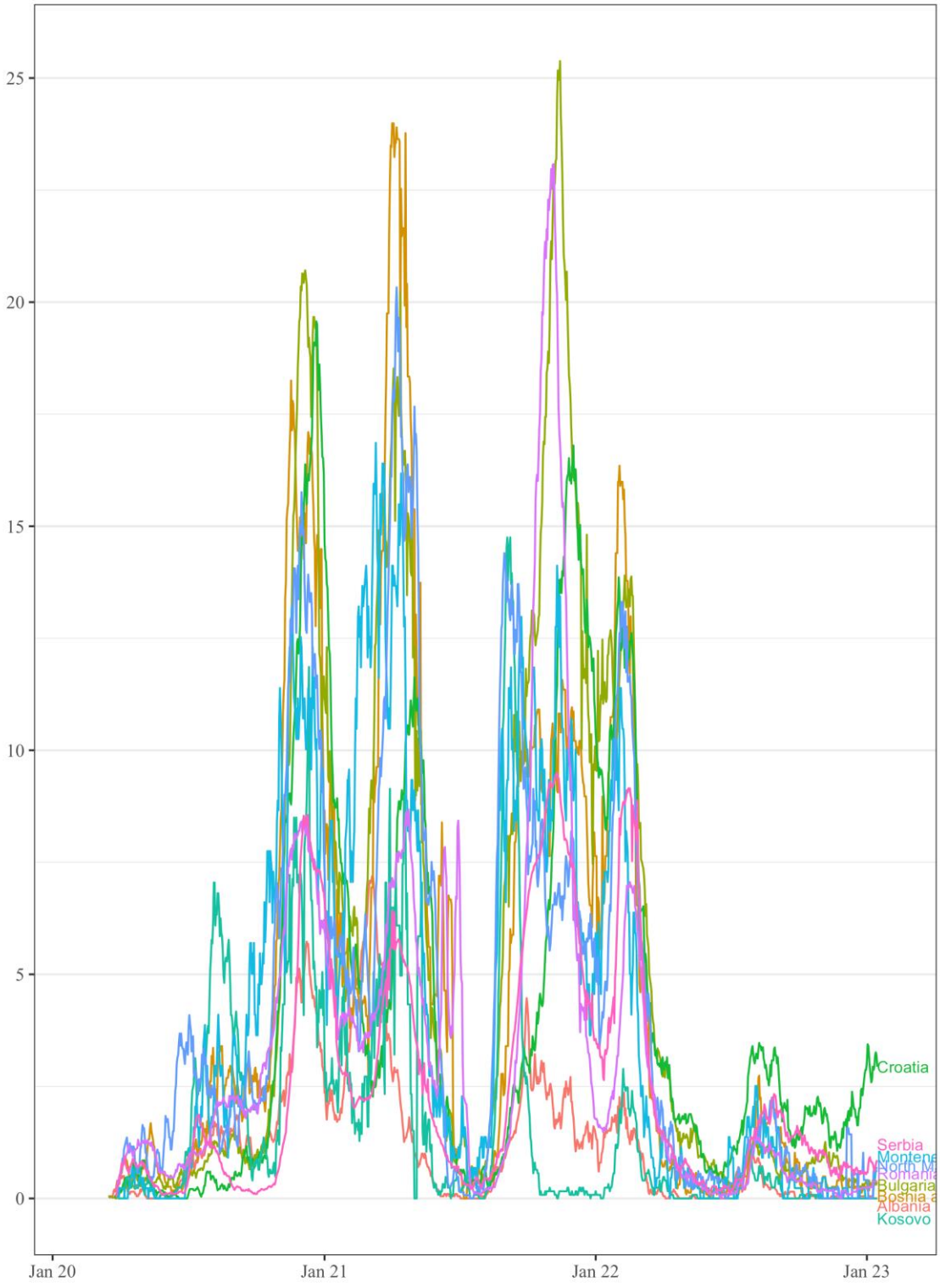



Age-standardised death rate (women)
2015-2019
2020
2021
2022
Austria
Belgium
Bulgaria
Croatia
Czechia
Denmark
Estonia
Finland
France
Germany
Greece
Hungary
Iceland
Israel
Italy
Latvia
Lithuania
Luxembourg
Netherlands
Norway
Poland
Portugal
Russia
Slovakia
Slovenia
Spain
Sweden
UK England & Wales
UK Northern Ireland
UK Scotland
Age-standardised death rate
Week

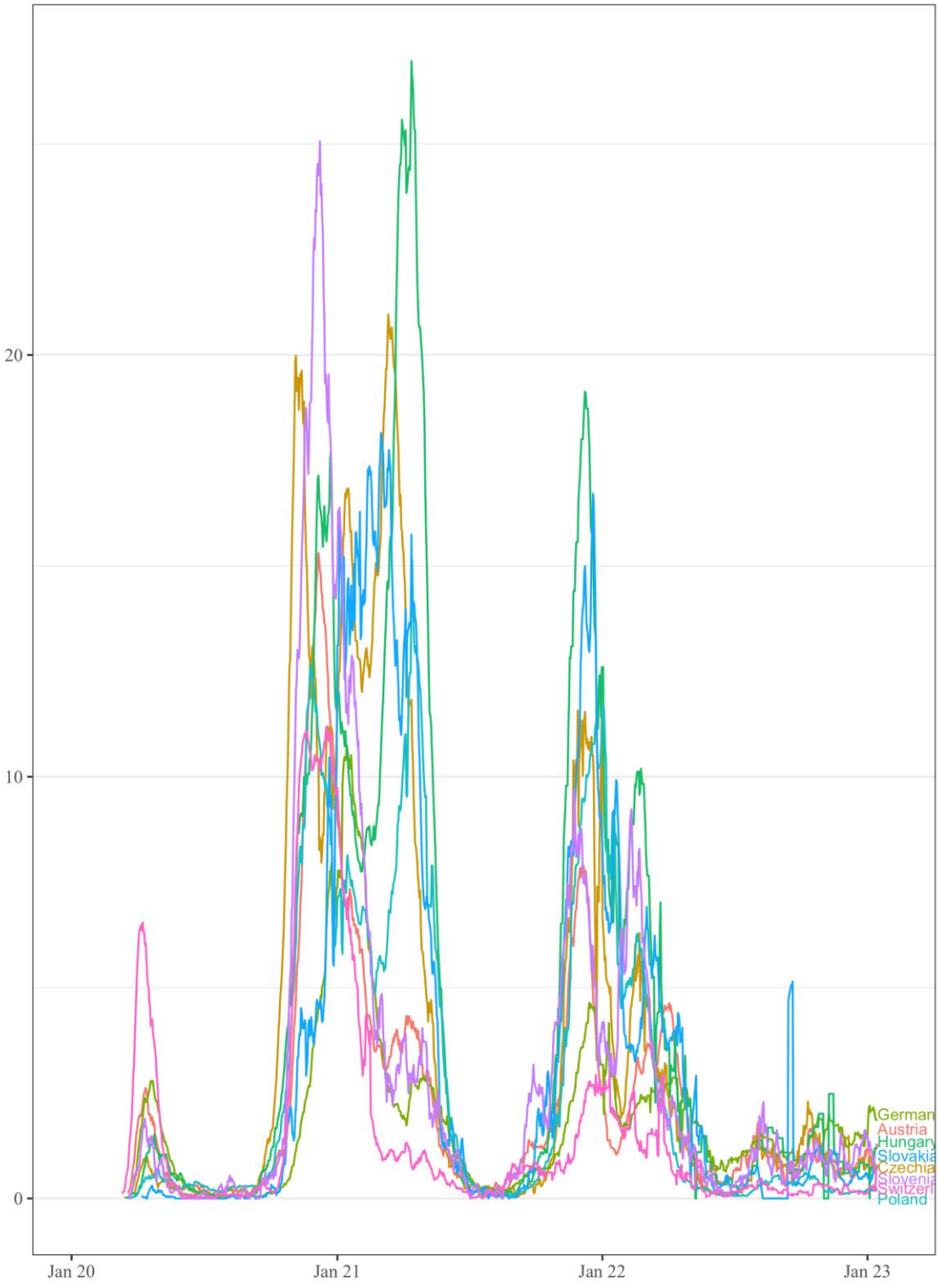
Rolling 7-day average of daily confirmed COVID-19 death rates (per million) in sub-regions of Europe (Source: Our World in Data).



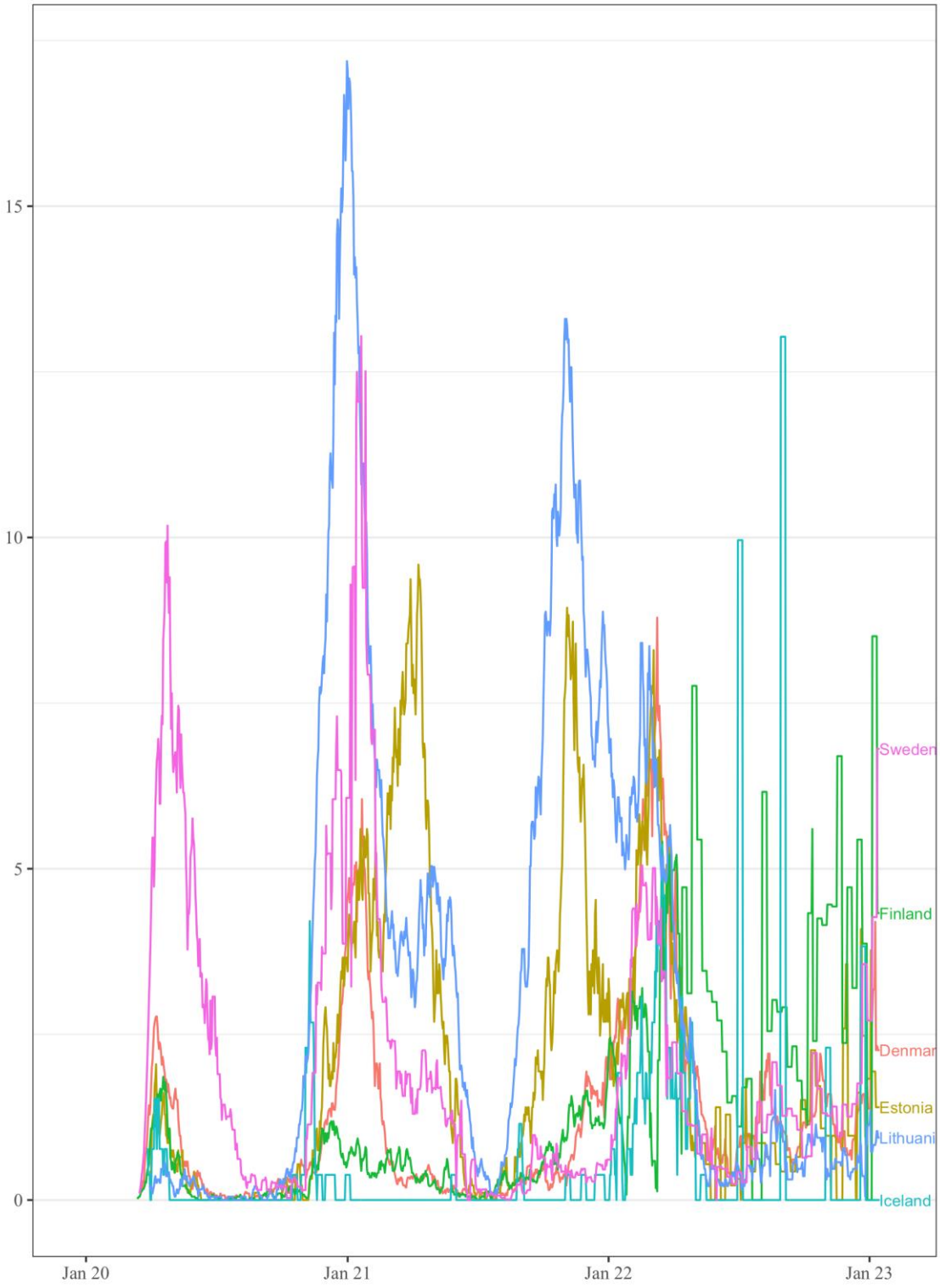
COVID-19 death rate in the South-East region



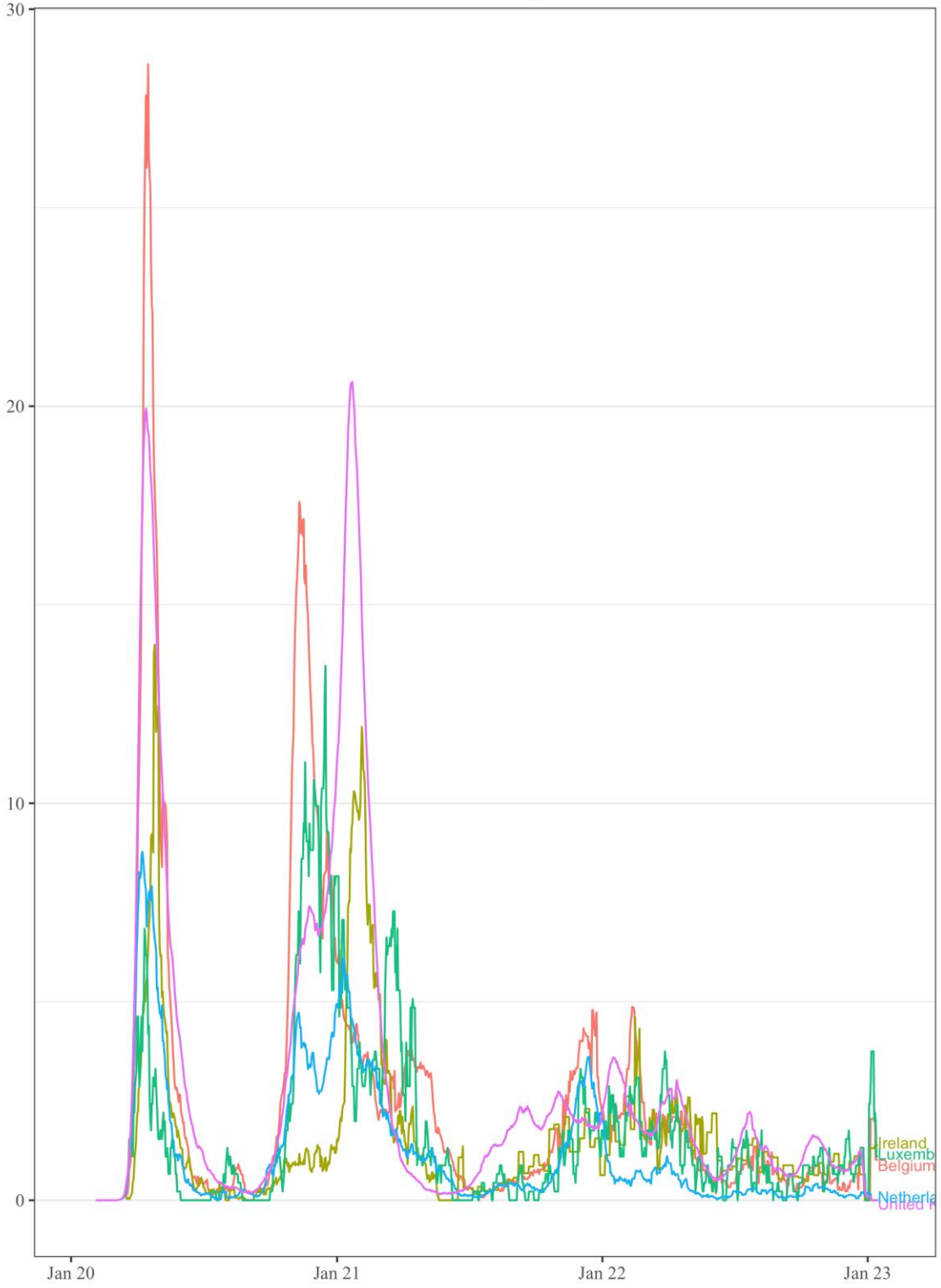
COVID-19 death rate in Central Europe



COVID-19 death rate in Baltics and Nordic Countries



COVID-19 death rate in North-Western Europe



COVID-19 death rate in Central Asia