







# ASPHER Report: COVID-19 Situation Reporting across Europe

## Week of October 4<sup>th</sup> 2021

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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 init?

The Delta variant is the dominant variant in most of the European region. A high level of protection against morbidity and mortality caused by COVID-19 and its variants can be attained by completing the vaccination schedule as recommended (link). ECDC emphasizes that the vaccination program in the EU/EEA region should focus on ensuring that all eligible populations are vaccinated (link). In addition, genomic surveillance is emerging as a vital necessity to achieve containment of the virus in this pandemic. It would facilitate greater early anticipation as well as initiation of effective strategies to mitigate outbreaks of new variants of the COVID-19 virus (link).

ASPHER is concerned about situation in Serbia with high incidence rate and vaccine hesitancy. Existing mitigation strategies to control the speed of transmission should be re-analysed or introduce new strategies if the situation demands. Alongside, improving vaccine confidence among public should also be taken into considered. Despite the efforts of authorities implementing rewards for vaccinees, absolute vaccine supply and availability of hundreds of walk-in vaccination centers did not ramp up Serbia's vaccination rate. Alleviating the mistrust on COVID vaccine through vigorous information campaigns, community outreach and vaccine mandates might help to fight vaccine hesitancy.

ASPHER is concerned about that countries are adopting different policies on rolling out a third vaccine dose. There should be greater international consensus and shared research to determine the vaccine efficacy and to prioritize age groups for the administration of the third jab. In countries such as Turkey, Scotland an increase in new infections is linked to school reopening and the infection rate among the young age group has been increased. ASPHER emphasizes that it is vital to consider new mitigation measures and/or re-evaluation of the existing to minimize school-based transmission and ensure safe learning.

ASPHER recognizes the importance of following <u>non-pharmacological interventions</u> as well as achieving high levels of vaccination uptake. Also, countries should closely monitor new infection rates among both vaccinated and unvaccinated to understand the efficacy of the vaccine.

The current situation demands international consensus on a long-term strategy to minimize the transmission of virus variants, not only by rapid vaccination but also by increasing vaccine confidence and improving accessibility to vaccines to prevent further waves. Despite vaccination status, non-pharmaceutical interventions which complement vaccination must be followed.

ASPHER remains concerned that countries are unprepared and complacent about the responses that will be needed by health services and public health authorities this autumn. Read our statement <u>here</u>.

Europe is currently in <u>a third wave of the pandemic</u>, fuelled by the delta variant. Countries are struggling to find a balance in controlling the virus and going back to the 'normal' everyday activity. Countries take several different approaches, with some considering more cautious strategies and others trying to 'live with the virus'. It is a new phase in the pandemic for Europe and authorities should be careful in how they address the pandemic, keeping in mind the risk of a new wave during autumn (1).

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 more than a 4.5million lives to date (4,800,375) and the total number of confirmed COVID-19 cases are now above two hundred million (234,809,103). Individual WHO regions confirmed COVID-19 cases are as follows (2).

WHO Region	Confirmed COVID-19 cases	
Americas	90,379,175	
Europe	70,727,085	
South-East Asia	43,156,488	
Eastern Mediterranean	15,847,982	
Western-Pacific	8,646,509	
Africa	6,051,100	

Table 1: Cumulative number of confirmed COVID-19 cases since 30/12/2019

As per the WHO weekly epidemiological report, the European region is contributing 30% of cumulative COVID-19 confirmed cases worldwide (3).

IHME policy brief show that in the WHO Europe region, the number of new infections, hospitalizations and deaths remain more or less similar for the past two weeks. New Delta surges (after decline) are possibly linked to school reopening in the Russian Federation and England. R-value is above 1 in 20 European regions. By the end of September, 8 countries have fully vaccinated more than 70% of their population and a similar proportion have received at least one dose of vaccine in 16 countries. However, in the Eastern Europe region, the rate of vaccination is still low. Combining both vaccination and previous infection, 53% of Europe's population attained immunity against the Delta variant. Prediction based on the analysis of the current situation shows that compared to the previous winter the effect of the pandemic could be lower this winter. Nonetheless, both flu and COVID-19 can strain the hospital system in winter. Mitigation measures such as mandatory vaccination and/or testing requirements at workplace and business service, wearing a face mask will help to reduce the rate of transmission among unvaccinated (4).

The following table shows a moving 7-day average of daily newly confirmed coronavirus cases, deaths and proportion of people fully vaccinated against COVID-19 in the countries of the WHO-Europe region reported on 04/10/2021 (table 2) (5) (6) (7).

able2:	Rolling 7day average of daily newly confirmed COVID-	Rolling 7-day average of daily newly confirmed COVID-19	Share of the population fully vaccinated against COVID-19
WHO Europe region	19 cases/mill people	deaths/mill people	
Serbia	1017.15	6.89	42.12%**
Montenegro	685.79	8.42	34.31%
Lithuania	630.83	8.34	60.38%
Romania	555.35	9.16	28.41%
Latvia	539.00	4.13	46.48%
Estonia	535.66	2.59	46.48%
United Kingdom	490.88	1.69	66.01%
Slovenia	421.14	2.54	48.66%
Georgia	411.55	8.04	21.00%
Israel	378.17	2.58	64.41%
Turkey	336.62	2.58	53.22%
Croatia	308.35	2.77	42.09%
Armenia	303.70	6.40	N/A
Moldova	293.49	5.82	19.71%
Bulgaria	277.63	11.97	19.44%
Ireland	252.23	1.15	74.18%
Ukraine	225.51	4.11	13.39%
Greece	211.34	3.15	59.55%
Bosnia And Herzegovina	209.24	9.54	N/A
Belarus	207.17	1.48	N/A
Austria	205.79	0.92	60.15%
Slovakia	200.16	2.09	41.45%
North Macedonia	182.12	7.68	N/A
Albania	179.31	2.98	28.26%
Belgium	165.78	0.79	72.51%
Russia	161.70	5.92	29.19%
Andorra	144.05	0.00	N/A
Luxembourg	133.00	0.00	N/A
Switzerland	126.64	0.70	58.59%
Cyprus	116.55	0.32	62.15%**
Kazakhstan	109.74	2.36	35.12%
Netherlands	102.55	0.31	67.58%*
Iceland	98.19	0.00	N/A
Finland	96.25	0.39	63.45%
Germany	95.19	0.64	64.15%
Norway	89.49	0.29	67.07%
Denmark	77.58	0.44	75.31%
France	72.73	0.80	66.20%
Azerbaijan	69.55	1.51	38.44%
San Marino	67.21	0.00	N/A
Czech Republic	59.77	0.32	55.74%
Sweden	59.73	0.66	65.39%
Portugal	58.05	0.63	85.85%
Hungary	53.60	0.88	58.76%
Italy	51.02	0.77	68.39%
Monaco	50.61	0.00	N/A
Spain	42.05	0.70	78.66%
Malta	32.76	0.56	N/A
Poland	29.84	0.30	51.70%
Kosovo	29.84	1.85	31.95%
Uzbekistan	13.56	0.10	N/A
Kyrgyzstan	10.04	0.13	9.62%
Tajikistan	0.00	0.00	19.48%*

\*data available at the latest on 03.10.2021;\*\*data available latest on 02.10.2021

**Spain:** The virus transmission rate is declining. As of October 5, the national level 14-day incidence is 54.12 per 100 thousand inhabitants. In two regions of Spain, Asturias and Galicia the incidence rate is below 25 and in Melilla, it is more than 100. **Among all age groups, the highest rate of incidence is attributed to the under 12 population (96.21/100,000)** and hence abolishing mandatory face mask ruling for this age group is still a major concern. The number of hospital admission and ICU occupancy rate is also declining (8). **The country will start rolling out the third vaccine dose to the age olds above 70 from 25<sup>th</sup> October (with Pfizer-BioNTech and Moderna)**. So far 6.8mill population of this age group have been fully vaccinated. The Public Health Commission also approved a third vaccine jab to set of 100 thousand immune-compromised people (9). With the improvement in the epidemiological situation, throughout October, the sporting events will be conducted to full capacity outdoors and limited to 80% indoors. However, it is mandatory to wear a face mask and eating, drinking, smoking is prohibited at the venues (10).

**Malta:** Between October 4 and 5, Malta reported 25 new coronavirus cases. No patients are under intensive care in the previous 5days (11). **The country is planning to ease few restrictions from October 9.** Opening hours of bars and restaurants will be extended to 3 am and indoor table capacity will be 8 instead of 6 provided all staff and customers are fully vaccinated. From the beginning of October, quarantine obligation is lifted for COVID-19 recovered patients who are eligible for a single vaccine dose (12). **Schools are reopened from the end of September with face mask obligations irrespective of the vaccination status** (13).

**Monaco:** Between October 4 and 5, seven new COVID-19 cases are confirmed (14). Currently, the following rules are in force in Monaco: **Health Pass is required to enter bars and restaurants** for all residents, students of the principality, Monegasques, employees and people who wish to stay at the hotel establishments or a ship at Monaco's port. Wearing face mask outdoors for all above 5years age with an exception at swimming pools and beaches. Gathering of more than 1000 people is possible provided if COVID-19 measures are followed (15). From the end of October, **the Health Pass rule will be applied to employees in all health care sectors and non-healthcare staff in health care establishments** (16).

**Poland:** During last week, the daily number of infections rose by 70% in Poland. The rate of vaccination is slowed down. In particular, **vaccine hesitancy is high among the rural population of East and South Poland** (17). In early September, Poland has opened registration for the third vaccine dose and later the list of the eligible population has been expanded. All immune-compromised individuals after 28days of completing vaccine schedule. Whereas the age group 50 and above can receive the third jab who are vaccinated 6months earlier (18). Cultural events, religious ceremonies, and gastronomy are allowed to operate with 75% capacity until the end of October (19).

**Kosovo:** Between 3 and 4 October, Kosovo recorded 38 new COVID-19 cases and 2 deaths (20). As of 4 October, the share of the population who have received a full vaccine course is 31.95% (21). The government postponed the start of the school year to September 13<sup>th</sup> instead of September 1<sup>st</sup> (22). As of 24 September: Employees of public institutions and public enterprises must present evidence of recovery, vaccination, or a recent negative test; the use of masks is mandated at all times except for when driving, exercising, and eating; there is a curfew in place between 22.00 and 5.00; in-person instruction in pre-university education is limited to 20 pupils, while education staff and university students must present evidence of recovery, vaccination, or a recent negative test; indoor gatherings are limited to 20 participants while 50 participants are allowed in gatherings outdoors; and all use of services, including entry into shopping centres, bars, and restaurants, is contingent on presenting evidence of recovery, vaccination, or a required to operate at reduced capacity (23).

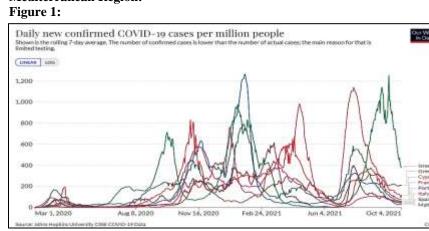
**Uzbekistan:** Between 3 and 4 October, Uzbekistan recorded 448 new COVID-19 cases (24). As of 28 September, the share of persons who have received a full vaccine course is 12.6% (25). No official information was available about the country's response to the pandemic.

**United Kingdom:** Between 4 and 5 October, the UK recorded 33,869 new COVID-19 cases, 642 hospitalizations, and 166 deaths (26). As of 21 September, everyone aged 50 and over, frontline health and social care workers, and those at greater risk from the virus are being invited for a third vaccine dose (27). The Office for National Statistics reported on 6 October that the rate of reinfection between July 2020 and September 2021 was low among the participants of the Coronavirus Infection Survey, amounting to 11.8 per

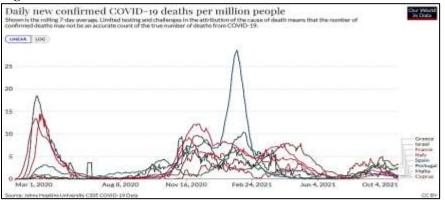
100,000 person-days (28). The government is currently (and until 11 October) holding a consultation regarding the so-called Plan B, which proposes mandatory vaccine-only certification for all visitors aged 18 or over and regular testing of the unvaccinated workforce in certain settings (29).

**Serbia:** The country is **reporting the highest number of new cases per million inhabitants over the last week, and is among the top 10 countries in the world according to this criterion: there has been a total of <b>981,329** cases of COVID-19 registered in Serbia since the beginning of the pandemic, and a total of **8,531 deaths, with a mortality ratio of 0.87%**. On October 6th there were 23,937 people tested for SARS-CoV-2; 7,150 confirmed new cases, and 50 deaths due to COVID-19. 6,530 people are currently hospitalized for COVID-19, and 278 are breathing thanks to a respirator. Current protective measures are related to the mandatory wearing of masks (only indoors) and respect for social distance. After an early rollout of vaccines in Serbia, there has been a halt in the newly vaccinated people in the last several months. Currently, there are 42% of people fully vaccinated. The highest vaccination rate is among the 70-79 years (78,6%), followed by 60-69 years (65%), 80+ (57.7%). Lower vaccination rates are seen in younger people, 18-24 years and 25-49 years with 15% and 33.6%, respectively (J.V. Aleksandra's personal communication).

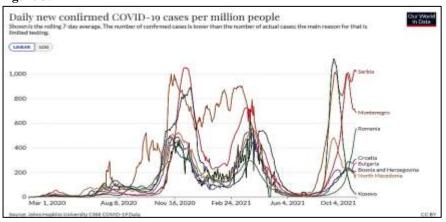
# Set of graphs: Rolling 7-day average of daily new confirmed COVID-19 cases and daily new confirmed COVID-19 deaths in sub-regions of Europe from the beginning of 1<sup>st</sup> March 2020 until 4th October 3 2021: Mediterranean Region:



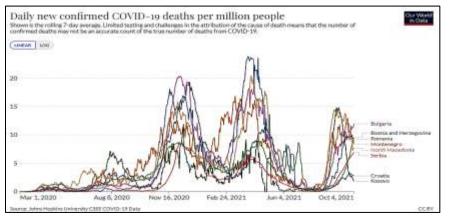




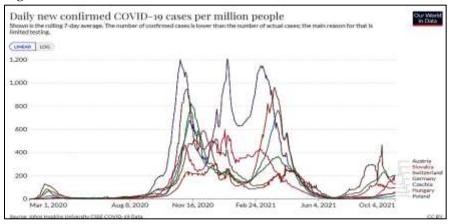
#### South-East region: Figure 3:



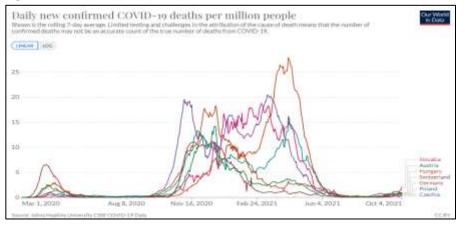
### Figure 4:



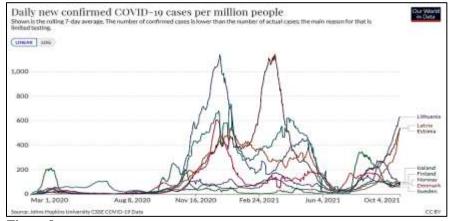
#### Central Europe: Figure 5:



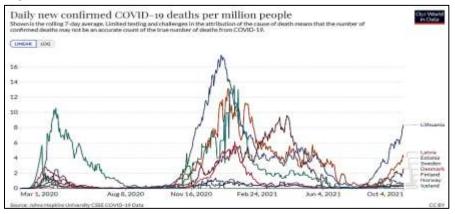
#### Figure 6:



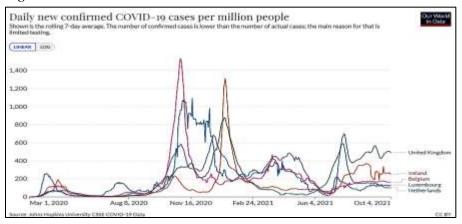




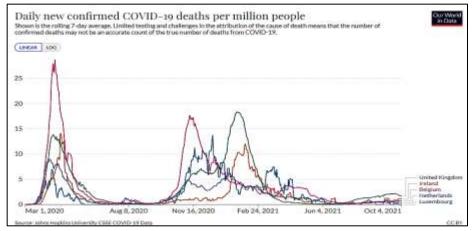




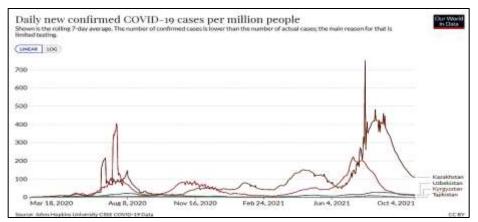
#### North-western Europe: Figure 9:



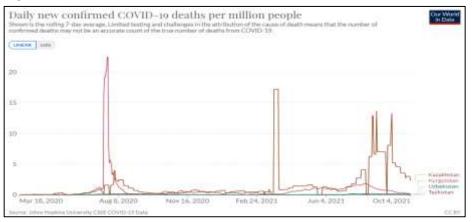
### Figure 10:



#### Central Asia: Figure 11:



#### Figure 12:



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