



Update 69 COVID-19 Coronavirus Disease 12th of May 2021



GLOBAL

159 747 934
Confirmed cases
143 500 000 recovered
3 318 802 deaths

USA

(7-days incidence 79,4)
32 631 785
confirmed cases
31 340 000 recovered
580 282 deaths

India

(7-days incidence 199,1)
23 340 938
confirmed cases
16 920 000 recovered
254 197 deaths

Brazil

(7-days incidence 203,6)
15 282 705
confirmed cases
13 850 000 recovered
425 540 deaths

News:

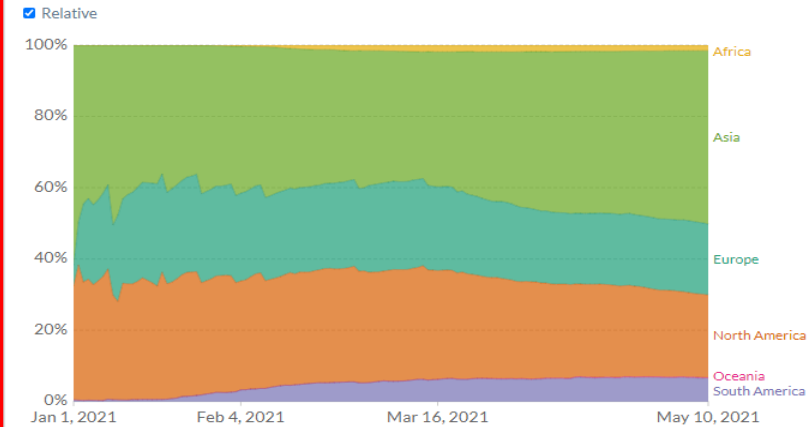
- WHO:** The [WHO lists additional COVID-19 vaccine for emergency use and issues interim policy recommendations](#) – SINOPHARM has been approved for emergency use.
- ECDC:** published a technical report [overview of the implementation of COVID-19 vaccination strategies and vaccine deployment plans in the EU/EEA](#)
- ECDC:** published a technical report [Data collection on COVID-19 outbreaks in closed settings with a completed vaccination programme: long-term care facilities](#)
- ECDC:** published a technical report [considerations on the use of rapid antigen detection \(including self-\) tests for SARS-CoV-2 in occupational settings](#)
- EMA:** The EMA's Pharmacovigilance Risk Assessment Committee [announced](#) that the benefits of the Janssen vaccine in preventing COVID-19 outweigh the risks of side effects.
- Research:** A research team from the Hamburg University Clinic Eppendorf (UKE), together with the University Clinic Aachen, has identified two biomarkers that can provide information about the severity of a COVID-19 disease, as the UKE announced. The biomarkers are obtained from the patient's blood. This has already been successfully tested in 31 patients. The results of the pilot study are now to be confirmed in a large study.
- India:** It is being [reported](#) that increasing numbers of critically unwell patients with COVID-19 in India are becoming infected with mucormycosis – a, usually rare, fungal spore which can damage the brain. The Indian Health Ministry has released guidance on how it should be treated however treatment is complex particularly in immunocompromised or diabetic patients.
- Nepal,** which neighbours India, is struggling with increased numbers of COVID cases which, according to its Prime Minister, are putting significant strain on the healthcare system. In a [letter](#) to a British newspaper he requested additional support to the country.
- WHO:** the WHO has [announced](#) that the 'Indian' variant (B.1.617) is now considered a 'variant of concern' rather than a 'variant of interest'. This raises surveillance and response requirements by countries.

Topics:

- Global situation
- European situation
- Country report:** COVID-19 Pandemic in Brazil
- Vaccination news
- News and Facts
- SARS-CoV-2 variants of concern
- Subject in Focus:** Pregnancy and COVID-19
- Conflict & Health:** Liberia
- NATO Member State:** Summary of information on the individual national Corona restrictions
- Upcoming FHP Event

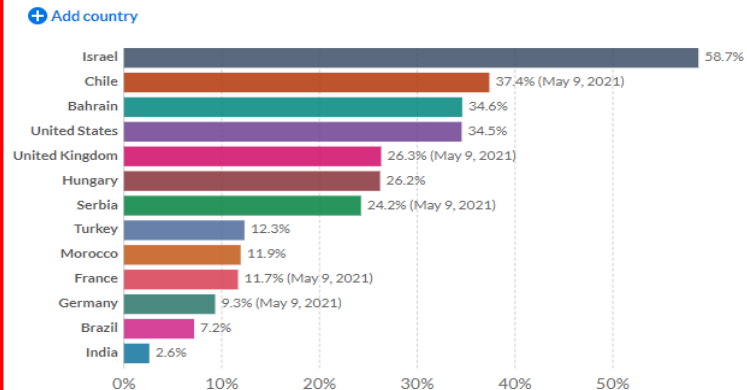
COVID-19 vaccine doses administered by continent

Total number of vaccination doses administered. This is counted as a single dose, and may not equal the total number of people vaccinated, depending on the specific dose regime (e.g. people receive multiple doses).



Share of the population fully vaccinated against COVID-19, May 10, 2021

Share of the total population that have received all doses prescribed by the vaccination protocol. This data is only available for countries which report the breakdown of doses administered by first and second doses.



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EUROPE

50 906 597
confirmed cases
47 550 000
recovered
1 085 442 deaths

France

(7-days incidence 178,6)
5 800 170
confirmed cases
5 376 000 recovered
106 935 deaths

TUR

(7-days incidence 156,7)
5 059 433
confirmed cases
4 562 000 recovered
43 589 deaths

Russia

(7-days incidence 38,5)
4 840 948
confirmed cases
4 597 000 recovered
112 063 deaths

Global Situation

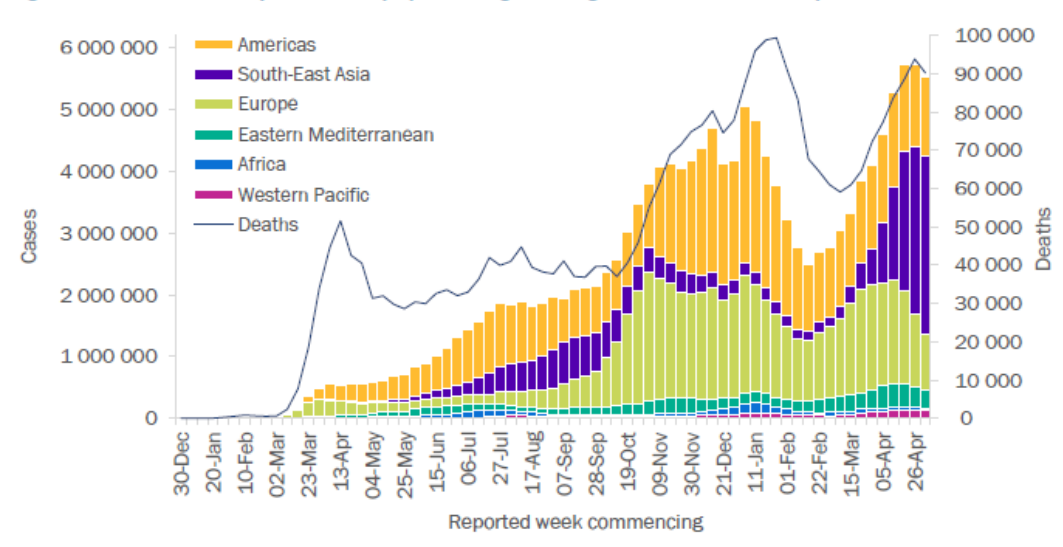
Global epidemiological situation overview; WHO as of 02 May 2021

The number of new COVID-19 cases and deaths globally decreased slightly this week, with over 5.5 million cases and over 90 000 deaths (Figure 1). Case and death incidence, however, remains at the highest level since the beginning of the pandemic. New weekly cases decreased in the regions of Europe and Eastern Mediterranean, while the South-East Asia Region continued an upward trajectory for 9 weeks and reported a further 6% increase last week (Table 1). Death incidence increased in the South-East Asia and Western Pacific regions. While India continues to account for 95% of cases and 93% of deaths in the South-East Asia Region, as well as 50% of global cases and 30% of global deaths, worrying trends have been observed in neighbouring countries. In all WHO Regions there are countries which have been showing a sustained upward trend in cases and deaths over several weeks.

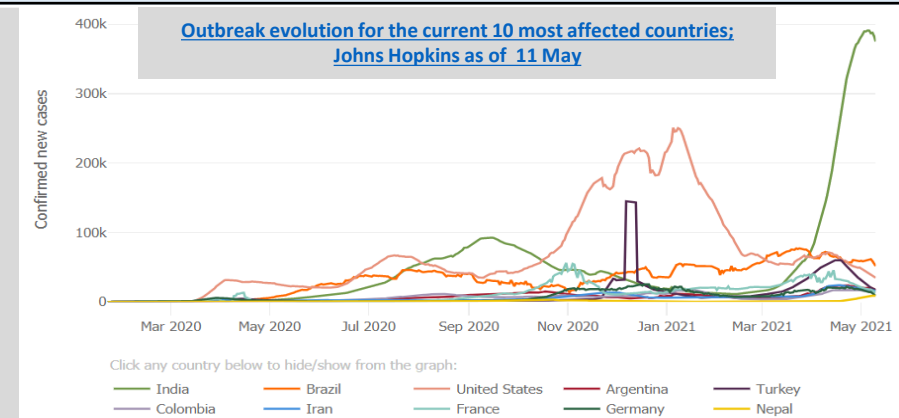
In the past week, the five countries reporting the highest number of new cases were:

- **India**; reporting 2 738 957 new cases; 5% increase ,
- **Brazil**; reporting 423 428 cases, a 4% increase
- **United States of America**; reporting 334 784 new cases; 3% decrease ,
- **Turkey**; reporting 166 733 new cases; 35% decrease and
- **Argentina**; reporting 140 771 new cases; 8% decrease .

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 9 May 2021**



Source: <https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---11-may-2021>



SAU: The Muslim Hajj pilgrimage in Saudi Arabia will only take place under strict conditions this year due to the corona pandemic. A "safe environment" will be created in Mecca to protect the health of the pilgrims, announced the responsible ministry of the state agency SPA on Sunday.

ISR: According to the Minister of Health, there are said to be fewer than 1,000 active corona cases in Israel - for the first time since March 2020. At the height of the pandemic, there were more than 70,000. For a week now, the number of seriously ill people in Israel has been less than 100. This is a result of the country's successful corona vaccination campaign. In view of the low number of infections, most of the corona restrictions in Israel have now been lifted. So far, more than 5.4 million of the roughly nine million Israelis have received a primary vaccination with Biontech / Pfizer. Almost 5.1 million residents are fully vaccinated.

IND: In India, which is currently particularly affected by the pandemic, the number of new corona infections per day has fallen below the 400,000 mark for the first time in several days. The number of deaths was reported as 3,754, below the more than 4,000 reported on the previous two days.

To alleviate the critical corona situation in India, the Emirates airline from Dubai is flying relief supplies from WHO and other organizations to the subcontinent free of charge. First of all, material that is already in the UAE will be transported, the airline said. In the course of time, the action could also be extended to other parts of the Emirates route network. Emirates offers 95 flights a week to nine Indian cities. For aid organizations, the offer could mean major cost savings, as the prices for air freight skyrocketed during the pandemic. A first flight is scheduled to bring material for the construction of field hospitals to India on Thursday, whose health system is completely overloaded.

TUN: in view of the tense corona situation, a one-week lockdown came into force in Tunisia today. Mosques, markets and most shops have to close during this time. Public gatherings and private celebrations are prohibited. In addition, the nightly curfew takes effect from 7 p.m. and not from 10 p.m. as before. The stricter regulations are intended to prevent a further increase in the number of infections around the Muslim Eid-al-Fitr festival. There is usually a lot of tourist traffic in the country because of the holiday that marks the end of Lent. Due to the new regulations, travel to other regions is now prohibited.

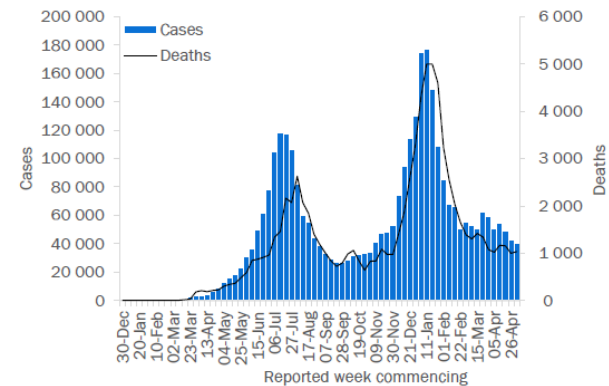
Situation by WHO Region, as of 11th May

WHO regional overviews

African Region

The African Region reported over 40 000 new cases and over 1000 new deaths, a 5% decrease and 3% increase respectively compared to the previous week. This follows a long-term downward trend in case and death incidence; however, this trend may soon reverse with cases and deaths beginning to climb again in some countries. The highest numbers of new cases were reported from South Africa (11 975 new cases; 20.2 new cases per 100 000 population; a 41% increase), Ethiopia (4155 new cases; 3.6 new cases per 100 000; a 42% decrease), and Cameroon (4126 new cases; 15.5 new cases per 100 000; a 10% decrease).

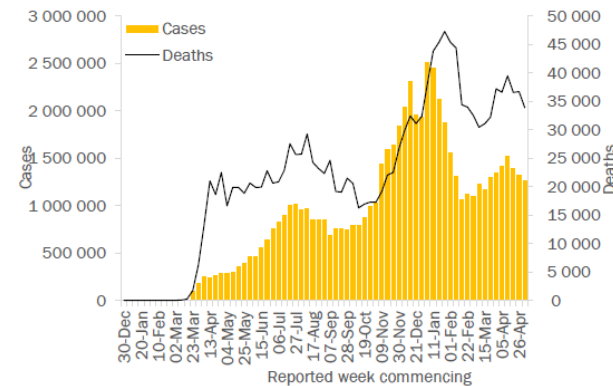
The highest numbers of new deaths were reported from South Africa (318 new deaths; 0.5 new deaths per 100 000 population; a 13% increase), Ethiopia (162 new deaths; 0.1 new deaths per 100 000; a 9% decrease), and Kenya (139 new deaths; 0.3 new deaths per 100 000; a 1% decrease).



Region of the Americas

The Americas reported over 1.2 million new cases and 33 000 new deaths, decreasing by 4% and 8% respectively compared to the previous week. This is the third consecutive week of decreasing case incidence across the region; however, cases and deaths continue to climb in some countries. The highest numbers of new cases were reported from Brazil (423 438 new cases; 199.2 new cases per 100 000; similar to previous week), the United States of America (334 784 new cases; 101.1 new cases per 100 000; a 3% decrease), and Argentina (140 771 new cases; 311.5 new cases per 100 000; an 8% decrease).

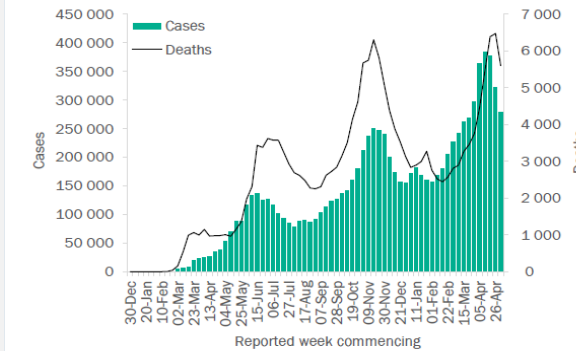
The highest numbers of new deaths were reported from Brazil (15 333 new deaths; 7.2 new deaths per 100 000; a 12% decrease), the United States of America (4940 new deaths; 1.5 new deaths per 100 000; a 4% increase), and Colombia (3147 new deaths; 6.2 new deaths per 100 000; a 4% decrease).



Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 280 000 new cases and over 5600 new deaths, both rates decreasing by 13% compared to the previous week. This is the first week a marked decrease in reported deaths has been reported following 11 weeks of rising numbers. The highest numbers of new cases were reported from the Islamic Republic of Iran (124 513 new cases; 148.2 new cases per 100 000; a 10% decrease), Iraq (38 192 new cases; 95.0 new cases per 100 000; a 15% decrease), and Pakistan (28 721 new cases; 13.0 new cases per 100 000; a 19% decrease).

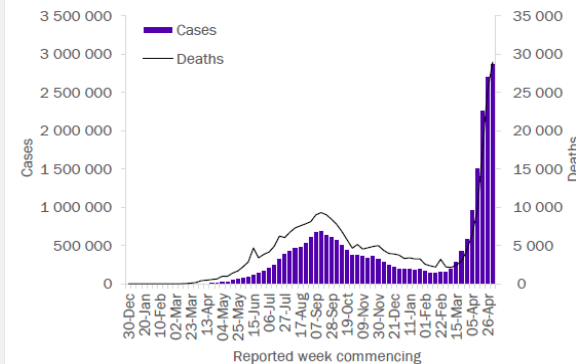
The highest numbers of new deaths were reported from the Islamic Republic of Iran (2434 new deaths; 2.9 new deaths per 100 000; an 18% decrease), Pakistan (840 new deaths; 0.4 new deaths per 100 000; a 12% decrease), and Tunisia (542 new deaths; 4.6 new deaths per 100 000; a 6% decrease).



South-East Asia Region

The South-East Asia Region reported over 2.8 million new cases and just under 29 000 new deaths, a 6% and a 15% increase respectively compared to the previous week. This marks the ninth consecutive week the incidences of cases and deaths have been increasing in the region. The highest numbers of new cases were reported from India (2 738 957 new cases; 198.5 new cases per 100 000; a 5% increase), Nepal (56 997 new cases; 195.6 new cases per 100 000; a 79% increase), and Indonesia (36 882 new cases; 13.5 new cases per 100 000; a 2% increase).

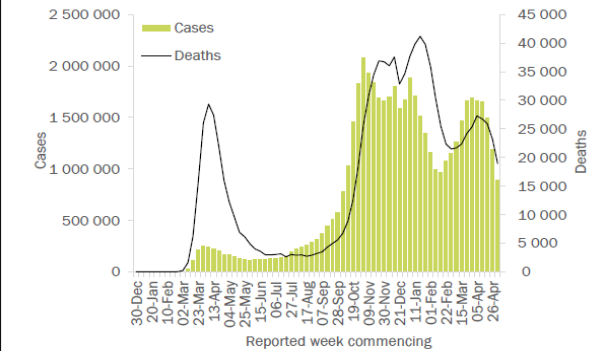
The highest numbers of new deaths were reported from India (26 820 new deaths; 1.9 new deaths per 100 000; a 15% increase), Indonesia (1190 new deaths; 0.4 new deaths per 100 000; a 3% increase), and Bangladesh (368 new deaths; 0.2 new deaths per 100 000; a 34% decrease).



European Region

The European Region reported over 897 000 new cases and just under 19 000 new deaths, a 25% and an 18% decrease respectively compared to the previous week. Cases and deaths in the region have been decreasing for the past month. The highest numbers of new cases were reported from Turkey (166 733 new cases; 197.7 new cases per 100 000; a 35% decrease), France (122 487 new cases; 188.3 new cases per 100 000; a 26% decrease), and Germany (103 507 new cases; 124.5 new cases per 100 000; a 20% decrease).

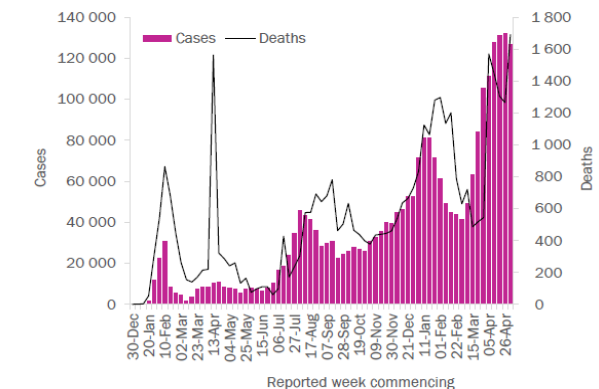
The highest numbers of new deaths were reported from Russian Federation (2464 new deaths; 1.7 new deaths per 100 000; a 6% decrease), Turkey (2242 new deaths; 2.7 new deaths per 100 000; a 10% decrease), and Poland (1944 new deaths; 5.1 new deaths per 100 000; a 27% decrease).



Western Pacific Region

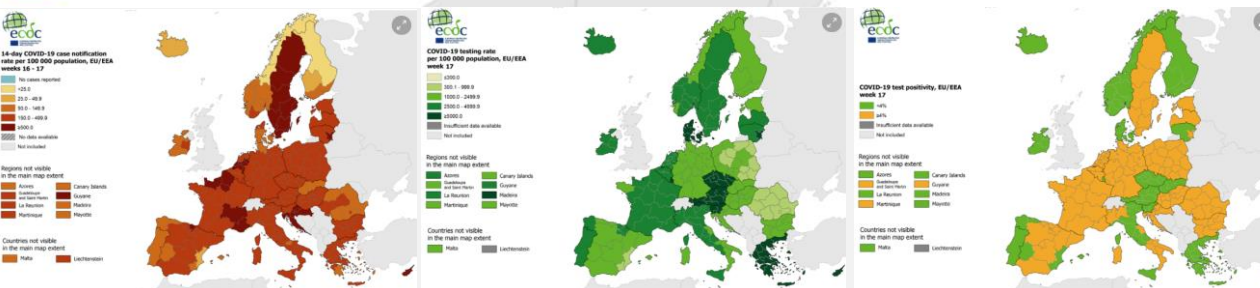
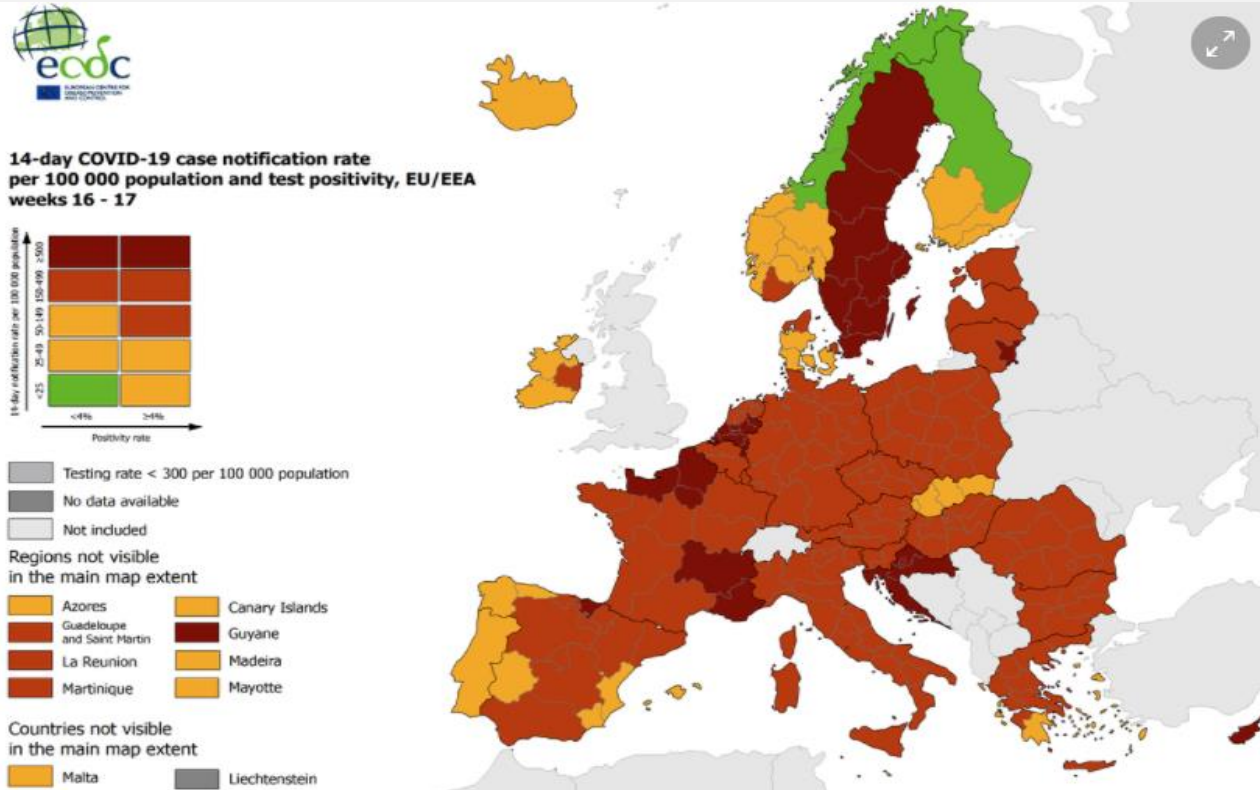
The Western Pacific Region reported over 127 000 new cases and just under 1700 new deaths, a 4% decrease and a 34% increase respectively compared to the previous week. The highest numbers of new cases were reported from the Philippines (48 197 new cases; 44.0 new cases per 100 000; a 16% decrease), Japan (35 802 new cases; 28.3 new cases per 100 000; a 2% increase), and Malaysia (25 350 new cases; 78.3 new cases per 100 000; a 19% increase).

The highest numbers of new deaths were reported from the Philippines (915 new deaths; 0.8 new deaths per 100 000; a 35% increase), Japan (527 new deaths; 0.4 new deaths per 100 000; a 38% increase), and Malaysia (136 new deaths; 0.4 new deaths per 100 000; a 43% increase).



European Situation

Maps in support of the Council Recommendation on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic in the EU, as of 06 May 2021



14-day case notification rate per 100 000 inhabitants Testing rates per 100 000 inhabitants Positivity rates

ECDC COVID-19 surveillance report Week 17, as of 07 May 2021

Weekly surveillance summary

Overall situation

By the end of week 17 (week ending Sunday 2 May 2021), three countries in the European Union/European Economic Area (EU/EEA) had reported increasing case notification rates and/or test positivity. Case rates in older age groups had increased in one country, while two countries reported increasing hospital or intensive care unit (ICU) admissions and/or increasing occupancy due to COVID-19, and two countries reported increasing death rates. Absolute values of several indicators, including for hospital and ICU occupancy, remain high, suggesting widespread transmission. However, trends for a number of indicators are stable or decreasing in several countries.

Recent changes to the report

Country level figures showing age-specific vaccine uptake aligned with key epidemiological indicators (age-specific case and death rates, hospital/ICU occupancy and admissions due to COVID-19).

Trends in reported cases and testing

- By the end of week 17, the 14-day case notification rate for the EU/EEA, based on data collected by ECDC from official national sources in 30 countries, was 340 (country range: 42-1 145) per 100 000 population. The rate has been decreasing for four weeks.
- Among the 28 countries with high case notification rates (at least 60 per 100 000 population), increases were observed in three countries (Ireland, Latvia and Lithuania). Stable or decreasing trends in case rates of 1-8 weeks' duration were observed in 25 countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, France, Germany, Greece, Hungary, Italy, Liechtenstein, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden).
- Based on data reported to The European Surveillance System (TESSy) from 24 countries for people over 65 years of age, high levels (at least 60 per 100 000 population) or increases in the 14-day COVID-19 case notification rates compared with last week were observed in 17 countries (Austria, Belgium, Cyprus, Czechia, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, the Netherlands, Poland, Romania, Slovenia, Spain and Sweden).
- Notification rates are dependent on several factors, one of which is the testing rate. Weekly testing rates for week 17, available for 29 countries, varied from 849 to 59 081 tests per 100 000 population. Denmark had the highest testing rate for week 17, followed by Cyprus, Austria, Czechia and Slovenia.
- Among 16 countries in which weekly test positivity was high (at least 3%), no countries had observed an increase in test positivity compared with the previous week. Test positivity remained stable or had decreased in 16 countries (Belgium, Bulgaria, Croatia, Estonia, France, Germany, Hungary, Italy, Latvia, Lithuania, the Netherlands, Poland, Romania, Slovakia, Spain and Sweden).

Hospitalisation and ICU

- Pooled data from 24 countries for week 17 show that there were 10.7 patients per 100 000 population in hospital due to COVID-19. According to weekly hospital admissions data pooled from 20 countries, new admissions were 9.6 per 100 000 population.
- Pooled data from 18 countries for week 17 show that there were 2.3 patients per 100 000 population in ICU due to COVID-19. Pooled weekly ICU admissions based on data from 13 countries show that there were 2.6 new admissions per 100 000 population.
- Hospital and/or ICU occupancy and/or new admissions due to COVID-19 were high (at least 25% of the peak level during the pandemic) or had increased compared with the previous week in 25 countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Romania, Slovakia, Slovenia and Sweden). No other increases have been observed, although data availability varies.

Mortality

- The 14-day COVID-19 death rate for the EU/EEA, based on data collected by ECDC from official national sources for 30 countries, was 65.4 (country range: 0.0-258.7) per million population. The rate has been decreasing for one week.
- Among 25 countries with high 14-day COVID-19 death rates (at least 10 per million), increases were observed in two countries (Croatia and Lithuania). Stable or decreasing trends in death rates of 1-6 weeks' duration were observed in 23 countries (Austria, Belgium, Bulgaria, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Liechtenstein, Luxembourg, Malta, the Netherlands, Poland, Romania, Slovakia, Slovenia, Spain and Sweden).

Variants of concern and variants of interest

- Sequencing capacity varies greatly across the EU/EEA; 12 EU/EEA countries (Belgium, Denmark, Estonia, France, Germany, Hungary, Iceland, Ireland, Italy, Lithuania, Norway and Sweden) met the recommended level of 10% or 500 sequences of SARS-CoV-2-positive cases sequenced and reported to the [GISAID EpiCoV database](#) by 4 May 2021 or to TESSy by 2 May 2021 (data referring to the period from 12 April to 25 April 2021). During the same period, 10 countries sequenced and reported between 60 and 499 samples, while eight countries sequenced and reported <60 samples or did not report data.
- Among the 12 countries with the recommended level of 10% or 500 sequences reported per week in the period from 12 April to 25 April 2021, 11 had a valid denominator. The median (range) of the variants of concern in all samples sequenced in the period in these 11 countries was 86.7% (26.6-98.2%) for B.1.1.7, 0.5% (0.0-6.9%) for B.1.351, 0.1% (0.0-8.1%) for P.1 and 0.0% (0.0-2.6%) for B.1.525.
- The median (range) of the variants of interest in all samples sequenced in the period in these 11 countries was 0.0% (0.0-2.4%) for B.1.1.7+E484K, 0.0% (0.0-0.7%) for B.1.620 and 0.0% (0.0-0.1%) for B.1.617. A list of current variants of concern and variants of interest for the EU/EEA is published on [ECDC's website](#).

Long-term care facilities (LTCF)

- Based on data reported to TESSy from five countries (France, Ireland, Lithuania, Luxembourg and the Netherlands), in week 17, the pooled incidence of COVID-19 cases among LTCF residents was 145 per 100 000 LTCF beds, the pooled incidence of fatal COVID-19 cases was 7.2 per 100 000 LTCF beds, and 7.4% of participating LTCFs reported one or more new COVID-19 cases among their residents.

European Situation

DKN: In Denmark, around 50 people were infected with a corona variant discovered in Mexico. The infected are mainly staff and guests of a restaurant in the Nordsjaelland area north of the capital Copenhagen. The authorities did not classify the outbreak as particularly dangerous. How the variant came to Denmark is not yet known.

ESP: The state of emergency in Spain, declared to contain the pandemic, came to an end after six and a half months. This included the cordoning off of numerous regions in which entry or exit was previously prohibited without a valid reason. The regions of the country now decide, depending on the situation and within the scope of their legal possibilities, which measures they want to maintain or adopt again. Spain had temporarily been one of the countries with the highest numbers of infections in Europe. The seven-day incidence is now significantly lower, most recently it was only 84 infections per 100,000 inhabitants - and the trend is falling. In some holiday regions such as Valencia (approx. 16) and the Balearic Islands (approx. 26) with Mallorca, the situation is even more relaxed.

GBR: In England, most outdoor contact restrictions will end on May 17th. Then meetings with up to 30 people will be allowed. Up to six people or two households can meet indoors - this also applies to restaurants and pubs that can reopen their interiors. Cinemas, hotels and indoor sports can also open. Foreign travel without a quarantine requirement is also permitted again, albeit only to a few countries for the time being, including Israel and Portugal. The British government plans to further ease corona measures on June 21.

ITA: From tomorrow there will be no more so-called red zones with clear boundaries in Italy. European vacationers should also be able to enter the country in mid-May without the previous short quarantine. For EU citizens, British and travellers from Israel, it should then be enough that they either tested negative, fully vaccinated or recovered from Covid-19. The exact rules and dates have yet to be set down. In so-called yellow zones with little corona risk, outdoor catering is already allowed again.

CZE: After a six-month closure, the entire retail trade in the Czech Republic has reopened. There are strict hygiene rules, an FFP2 mask requirement and a limit of the number of customers to one person per 15 square meters of sales area. The business newspaper "Hospodarske noviny" reported, citing industry representatives, that around one in ten businesses had to give up because of the long lockdown.

IRL: Ireland has relaxed some corona measures after several months in lockdown with far-reaching contact and exit restrictions. Business that is not essential to life can now receive term customers and offer Click & Collect. Hairdressers and beauty salons are also allowed to receive customers with a reservation. Museums, libraries and other cultural institutions are also reopening. Up to six people or three households can meet in private gardens, and up to 50 guests can attend funerals and weddings. A maximum of 15 people are allowed to train or meet outdoors together. In addition, travel within the EU country is now allowed again, but no hotel accommodation. There is a bonus for those who are fully vaccinated. You can meet up with up to two other households in closed rooms, if they are also vaccinated, or with another non-vaccinated household.

BEL: In Brussels, the Belgian police broke up a gathering of hundreds of young people. On the Place Flagey, a popular meeting place in the Belgian capital, according to the police, many people had gathered in the evening to celebrate the opening of the outdoor restaurants and the end of the curfew. Because they violated a no-night gathering ban, the police eventually forcibly disbanded the gathering.

FRA: In the face of a somewhat easing corona situation, France is sticking to its plans to lift restrictions. Restaurants and bars are allowed to reopen their outdoor areas from May 19th. The number of patients in intensive care units fell below 5,000 for the first time since the end of March on Sunday.

AUT: In Austria, restaurants, cafés, hotels as well as cultural and leisure facilities will open again from May 19. However, the facilities can only be visited by people who have been vaccinated, tested or have recovered from a corona infection.

GRC: After six months of corona lockdown, all students in Greece can now go back to school.

[COVID-19 Vaccine roll-out overview EU, as of 05 May 2021](#)

Key figures on the vaccine rollout in the EU/EEA as of week 17, 2021 (2 May 2021)

Total doses distributed and administered

Total number of vaccine doses distributed by manufacturers to EU/EEA countries: 187 490 581 (29 countries reporting)

Median number of vaccine doses distributed by manufacturers to EU/EEA countries per hundred inhabitants: 49.2 (range: 20.8–98.7) (29 countries reporting)

Total number of vaccine doses administered: 153 770 592 (30 countries reporting)

Cumulative vaccine uptake in adults

Cumulative uptake of at least one vaccine dose among adults aged 18 years and above: median of 30% (range: 10.6–50.5%) (30 countries reporting)

Cumulative uptake of full vaccination among adults aged 18 years and above: median of 11.6% (range: 2.5–25.8%) (30 countries reporting)

Cumulative vaccine uptake in target groups

Cumulative uptake of at least one vaccine dose among persons aged 80 years and above: median of 78% (range: 10.1–100%) (24 countries reporting)

Cumulative uptake of full vaccination among persons aged 80 years and above: median of 56.1% (range: 2.4–97.8%) (24 countries reporting)

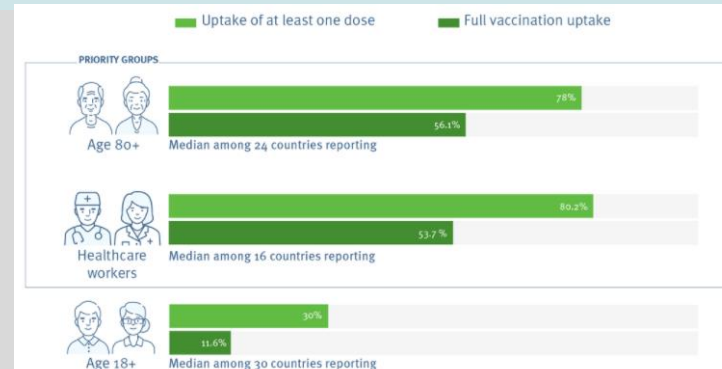
Cumulative uptake of at least one vaccine dose among healthcare workers: median of 80.2% (range: 20.4–100%) (16 countries reporting)

Cumulative uptake of full vaccination among healthcare workers: median of 53.7% (range: 17.2–100%) (16 countries reporting)

Cumulative uptake of at least one vaccine dose among residents of long-term care facilities: median of 77.3% (range: 33.6–100%) (11 countries reporting)

Cumulative uptake of full vaccination among residents of long-term care facilities: median of 65.2% (range: 20.5–100%) (11 countries reporting)

COVID-19 vaccination
in EU/EEA countries
Key data as of 02 May
2021



Country report: The COVID-19 Pandemic in Brazil

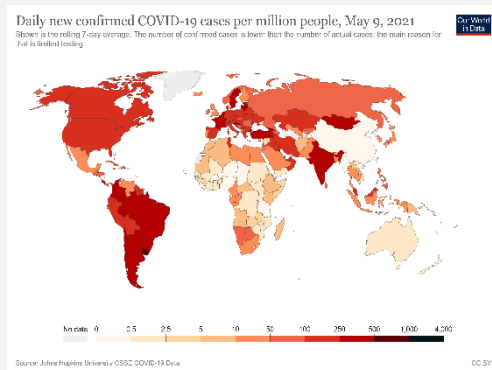
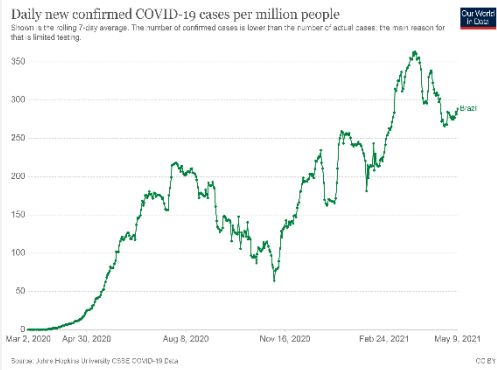
Brazil has been one of the countries hardest hit by the COVID-19 pandemic. As of 10 May:

15 million cases (3rd highest in the world)

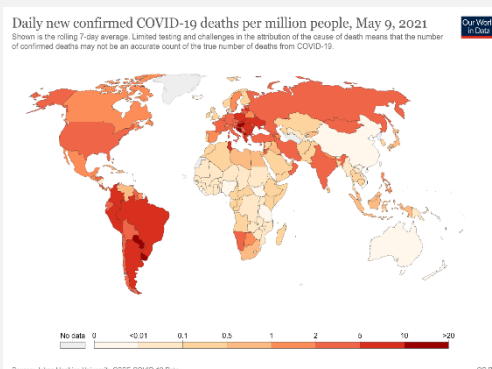
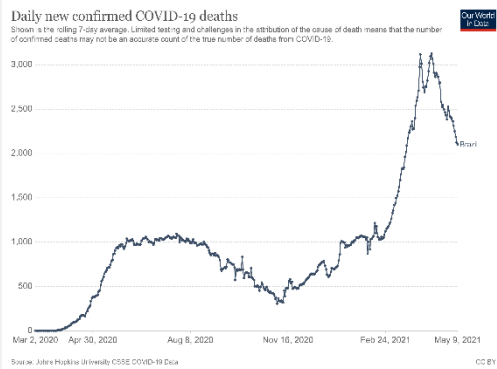
420,000 deaths

28 million vaccine doses

The following charts from OurWorldinData explore the COVID-19 pandemic in Brazil



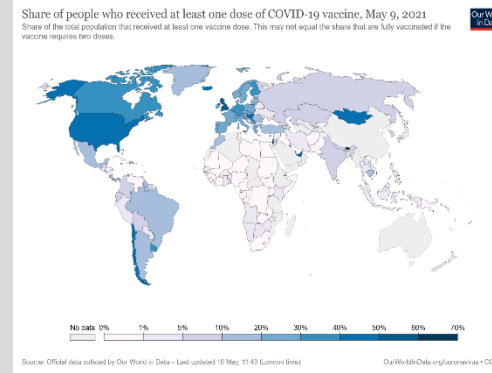
Daily cases: whilst there is some optimism that the number of daily cases has peaked and is now falling, Brazil still has one of the highest rates of COVID-19 daily infections globally. Spread has been exacerbated by the emergence of the P1 variant first identified in Brazil and thought to be more infectious.



[Brazil's 'rapid and violent' Covid variant devastates Latin America | Coronavirus | The Guardian](#)

[Harvard public health expert discusses Brazil's COVID-19 crisis – Harvard Gazette](#)

Daily deaths: Daily deaths seem to have peaked but, again, the death rate in Brazil remains one of the highest in the world.



Vaccination: There are reports of issues with vaccine availability and acceptance. There have been delays in provision of Pfizer/BioNTech vaccine to the country. It is also likely that there will be further delays in the supply of the Oxford/AstraZeneca vaccine produced in India.

[Brazil looks for vaccines as India's crisis slows deliveries | Latin America News | AJazeera](#)

[Covid: Brazil passes 400,000 deaths amid slow vaccination – BBC News](#)

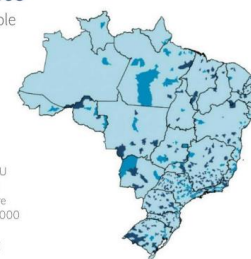
Vaccination: Five vaccines are licensed in Brazil and over 15% of the population have received at least one dose.



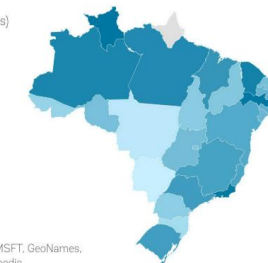
COVID-19 EXPOSURE: rapid projected spread with strained health systems in poorer states

Intensive care unit beds, SUS per 100,000 people

Note: "Below minimum" represents less than 10 ICU beds per 100,000. "Above minimum" represents more than 10 ICU beds per 100,000 people. Source: World Bank using DataSUS



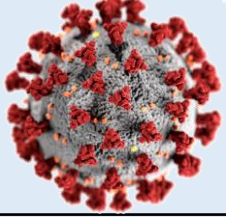
Intensive care units are strained (ICU occupation rates)



Health System: The health system in Brazil is under significant strain with reports of overwhelmed intensive care units and lack of oxygen.

[Covid-19: Brazil experts issue warning as hospitals 'close to collapse' - BBC News](#)

[Brazil coronavirus: No vaccines, no leadership, no end in sight. How nation has become a global threat - CNN](#)



Vaccination news

EMA: The EU Medicines Agency (EMA) wants to decide in May on the approval of the corona vaccine from the manufacturers BioNTech and Pfizer for children from the age of twelve.

The EU will not extend vaccine supply contracts with AstraZeneca beyond June. This was announced by Internal Market Commissioner Thierry Breton. The EU Commission is in a legal dispute with the company over delivery delays.

EU: The green vaccination certificate for easier travel in Europe can start punctually in June, according to EU Commission chief Ursula von der Leyen. The technical and legal preparations were on schedule, said von der Leyen after the EU summit in Porto. A forgery-proof proof of a corona vaccination, previous Covid disease or a negative test is planned. The Commission head also confirmed that enough vaccine will be available by July to immunize 70 percent of adults in the EU. So far, nearly 160 million Europeans have received a first dose of the vaccine, she said. In order to enable tourism again in summer, vaccination is the key.

The announced EU contract for the purchase of up to 1.8 billion additional doses of corona vaccine from BioNTech / Pfizer has been approved. The amount should be delivered by 2023. 900 million vials are to be ordered with another 900 million as an option. The aim is to refresh the vaccinations of adults and to immunize the 70 to 80 million children in the EU against the coronavirus.

The move by the USA to temporarily allow patent release for corona vaccines has also preoccupied the EU summit. Many arguments were given against it.

FDA/USA: the FDA has given Emergency Use Authorisation (EUA) for the Pfizer/BioNTech vaccine to be used in children as young as 12. This follows Canada's decision to expand use to under 16 years of age.

NovaVax: The US biotech company NovaVax is working on a double vaccine against the coronavirus and seasonal flu. Animal testing had "positive" results, said the Maryland-based company. Accordingly, hamsters and ferrets who were given the vaccine with the two vaccine candidates NVX-CoV2373 and Nanoflu developed antibodies against the coronavirus and against flu viruses. The two vaccine candidates are currently being tested in separate human clinical trials, but have not yet been approved. In a phase 3 study in Great Britain, the corona vaccine showed 100 percent effectiveness against severe courses of Covid-19 and an effectiveness of 96.4 percent for mild, moderate and severe disease courses with the conventional virus variant. However, the protection against mild and moderate disease progression was significantly lower in the South African variant.

WHO: The World Health Organization (WHO) is reviewing reports that around 37 percent of positive tests in the Seychelles come from completely vaccinated people.

PAK: A huge corona vaccination center has been opened in the Pakistani port city of Karachi. It has the capacity to vaccinate 100,000 people a day. The facility in the city's expo center should be open 24 hours. More than 3000 health workers are supposed to work here in three shifts.

NOR: In Norway, a government commissioned body recommended the exclusion of AstraZeneca and Johnson & Johnson vaccines. However, those willing to vaccinate who opted for it should receive the vaccine. Vaccinations with AstraZeneca were suspended on March 11 because of the risk of rare thrombosis. Johnson & Johnson is not even available in Norway.

GBR: Great Britain has reached a symbolic milestone in the fight against the coronavirus. A third of adults are now fully vaccinated, said the health authorities. Approximately 17.7 million people received the two dose that were deemed necessary for full protection.

Fully vaccinated people in UK should be able to digitally prove their vaccination status from next week. On May 17th - when the strict travel ban in UK ends - a new function is to be available for this in an app of the national health service NHS. Similar digital vaccination certificates are also being developed in the EU to make travel easier for vaccinated people.

SVK: Slovakia is suspending first vaccinations with AstraZeneca's drug. According to the Ministry of Health, on the other hand, people who have already been vaccinated should be supplied with it the second time. Last week the Slovak Medicines Agency reported the death of a 47-year-old who was believed to be related to an AstraZeneca vaccination.

BRA: After a death, the corona vaccinations with the Astrazeneca vaccine for pregnant women were suspended in large parts of Brazil. More than half of the states followed a recommendation from the licensing authority Anvisa.

DEU: The government have lifted the restrictions on the Johnson & Johnson vaccine. This was announced by Federal Health Minister Jens Spahn in Berlin. In Germany, the vaccine will generally be used in people aged 60 and over in the future. However, after medical advice, younger people can also opt for it. This will be from Monday.

CUB: Cuba plans to start using two self-developed vaccines in the coming week, although clinical tests are still ongoing. The Health Minister announced that the vaccination campaign will start in the capital Havana and the provinces of Santiago de Cuba and Matanzas. It is officially an extensive field study in which two out of five Cuban vaccine candidates are to be used. So far, Cuba is the only Latin American country that has developed its own corona vaccines. The government hopes to be able to grant emergency approval for the two vaccines Abdala and Soberana 2 in June. After that, the mass vaccinations should then be started.

USA: Against the background of dwindling demand for corona vaccinations, numerous US states have cut their vaccine orders from the government in Washington. They asked for a fraction of the amount that was actually intended for them to be delivered. This week alone, hundreds of thousands of vaccine doses are left lying around. More than 150 million Americans, about 57 percent of the adult population, have now been vaccinated at least once. President Joe Biden's administration is trying to convince the rest of the country to vaccinate.

DNK: Germany has received 55,000 doses of the corona vaccine from AstraZeneca from Denmark, which the Kingdom is currently not using. Denmark has suspended the use of this preparation for the moment.

News and Facts

Transmission from contaminated surfaces:

In the latest [Scientific Briefing](#) from the CDC – the transmission of COVID was addressed:

The infectious dose of SARS-CoV-2 needed to transmit infection has not been established. Current evidence strongly suggests [transmission from contaminated surfaces](#) does not contribute substantially to new infections. Although animal studies²²⁻²⁴ and epidemiologic investigations²⁵ (in addition to those described above) indicate that inhalation of virus can cause infection, the relative contributions of inhalation of virus and deposition of virus on mucous membranes remain unquantified and will be difficult to establish. Despite these knowledge gaps, the available evidence continues to demonstrate that existing recommendations to prevent SARS-CoV-2 transmission remain effective. These include physical distancing, community use of well-fitting masks (e.g., barrier face coverings, procedure/surgical masks), adequate ventilation, and avoidance of crowded indoor spaces. These methods will reduce transmission both from inhalation of virus and deposition of virus on exposed mucous membranes. [Transmission through soiled hands and surfaces](#) can be prevented by practicing good [hand hygiene](#) and by [environmental cleaning](#).



Smell and taste disorders:

According to experts, the loss of the sense of smell and taste due to a corona infection can last for months. In 80 to 95 percent of those infected with corona, the sense of smell and taste is normal or almost normal again within a month or two. At 5 to 20 percent, however, it takes longer. After more than a year of the corona pandemic, sudden smell and taste disorders are now one of the best-known symptoms of an infection with the Sars-CoV-2 virus. Many infected people complain about it. Overall, it could be said that around 50 percent of people with a corona infection developed a smell or taste disorder.

How safe are COVID-19 vaccines?

Public Health England (PHE) (see [here](#)) [analysis shows for the first time](#) that individuals who receive a single dose of the AstraZeneca vaccine have approximately 80% lower risk of death with COVID-19 compared with unvaccinated individuals.

The report also shows protection against death from the Pfizer-BioNTech vaccine rises from approximately 80% after one dose to 97% after 2 doses.

Separate [new PHE analysis](#) also confirms the Pfizer-BioNTech vaccine is highly effective in reducing the risk of hospitalisation, especially in older ages.

In one paper published today, PHE looked at the number of new symptomatic polymerase chain reaction (PCR) positive cases between December and April, and those who subsequently died within 28 days of their positive test and compared them according to vaccination status. This showed that COVID-19 cases vaccinated with a single dose of either the Pfizer-BioNTech or the AstraZeneca vaccines had similar levels of protection against mortality after a single dose, at 44% and 55% respectively, compared with unvaccinated cases. Combined with the

protection vaccines offer against becoming a case in the first place, this is equivalent to approximately 80% protection against mortality in individuals vaccinated with a single dose of either vaccine.

For the first time, the latest analysis includes protection against mortality from the AstraZeneca vaccine, and additional protection from 2 doses of the Pfizer-BioNTech vaccine. The data shows that protection against mortality from the Pfizer-BioNTech vaccine is even higher – around 69% – for confirmed cases who had their second dose at least 7 days prior to their positive test.

When combined with the estimated protection against becoming a case, this is equivalent to an estimated 97% protection against mortality in individuals vaccinated with 2 doses of the Pfizer-BioNTech vaccine.

A separate new PHE report also shows further evidence that the vaccine is highly effective in reducing the risk of hospitalisation, especially in older ages. For the over 80s, it is estimated that 2 doses of the Pfizer-BioNTech vaccine reduces the risk of hospitalisation by 93%.

Reports of Guillain-Barre Syndrome:

(Reuters) (see [here](#)) As part of a regular review of safety reports for the vaccine, Vaxzevria, the safety committee of the European Medicines Agency (EMA), is analysing data provided by AstraZeneca on cases of Guillain-Barre syndrome (GBS), it said on Friday, without specifying the number of cases. The Anglo-Swedish drug maker did not immediately respond to a request for comment. The move comes after the EMA found last month that COVID-19 vaccines from both AstraZeneca and Johnson & Johnson may have caused very rare blood clotting cases. While the regulator has said the benefits of AstraZeneca's cheap and easily transportable vaccine in fighting the deadly pandemic outweigh any risks, several European countries have limited use to older age groups or suspended use altogether. The EMA has also backed J&J's vaccine, which is based on a similar technology to AstraZeneca's. The regulator said GBS was identified as a possible adverse event that needed to be specifically monitored during the vaccine's conditional approval process, adding it had requested more detailed data on the cases from AstraZeneca. GBS is a rare neurological condition in which the body's immune system attacks the protective coating on nerve fibres. Most cases follow a bacterial or viral infection.

The condition has been linked in the past to vaccinations - most notably to a vaccination campaign during a swine flu outbreak in the United States in 1976, and decades later to the vaccine used during the 2009 H1N1 flu pandemic. However, researchers have found the chances of developing GBS after vaccination are extremely small.

On Friday, the EMA also said it was looking into reports of heart inflammation with Pfizer-BioNTech's vaccine and Moderna's shot. It said there was no indication at present that these cases were due to the vaccines.

Both the Pfizer-BioNTech and Moderna vaccines use new mRNA technology to build immunity.

Last week, the U.S. Centers for Disease Control and Prevention said it had not found a link between heart inflammation and COVID-19 vaccines.

Pfizer and BioNTech said in a joint statement they would support the EMA's review and that they also saw no indication of a causal link after more than 450 million doses had been administered globally. Myocarditis was not observed at a higher rate than would be expected in the general population, they added.

Moderna did not immediately respond to a request for comment.

European Situation on Vaccination

Total doses distributed to EU/EEA countries

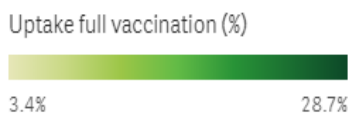
197,392,931

161,277,629

Select View : Uptake full vaccination

Country

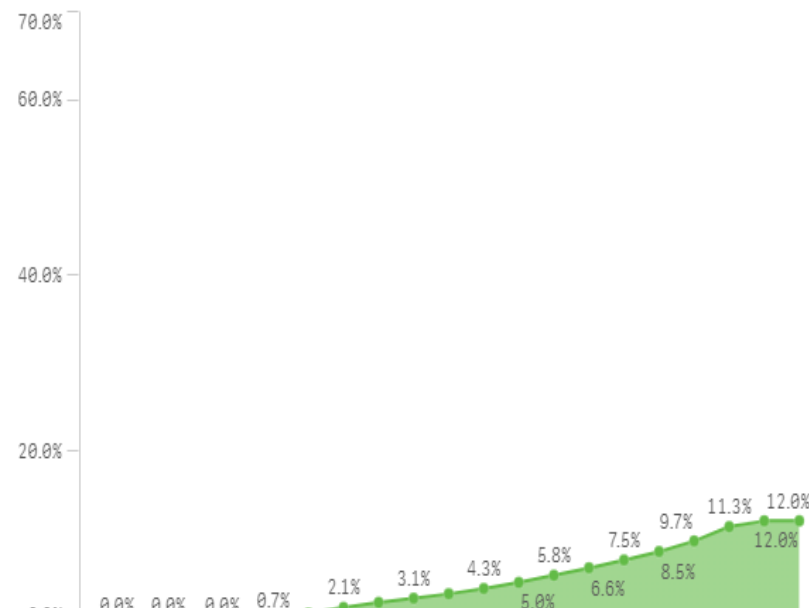
Cumulative uptake (%) of full vaccination among adults (18+) in EU/EEA countries as of 2021-05-11



Cumulative uptake at least one dose among adults (18+) in EU/EEA	Cumulative uptake full vaccination among adults (18+) in EU/EEA
31.7%	12.0%

Cumulative uptake (%) of full vaccination among adults (18+) in EU/EEA countries as of 2021-05-11

by reporting week



Cumulative uptake (%) of at least one vaccine dose by age group in EU/EEA countries as of 2021-05-11

Country	80 years and	70-79 years	60-69 years	50-59 years	25-49 years
Austria	79.4%	70.8%	56.3%	35.0%	19.5%
Belgium	87.0%	91.7%	63.2%	25.3%	13.6%
Bulgaria	10.6%	17.2%	16.5%	13.2%	8.0%
Croatia	52.2%	55.9%	35.1%	16.3%	7.4%
Cyprus	-	-	-	-	-
Czechia	74.4%	72.5%	46.9%	23.1%	10.0%
Denmark	99.1%	93.4%	37.2%	14.3%	9.9%
Estonia	58.0%	66.5%	52.8%	37.0%	16.7%
Finland	91.0%	93.6%	67.8%	36.2%	12.6%
France	70.9%	75.8%	51.6%	28.1%	8.8%
Germany	-	-	-	-	-
Greece	63.1%	64.2%	46.6%	13.8%	8.9%
Hungary	70.3%	80.3%	68.6%	55.4%	39.3%
Iceland	99.1%	100.0%	88.7%	39.2%	15.6%
Ireland	100.0%	99.7%	75.4%	27.1%	15.8%
Italy	86.9%	66.9%	37.8%	18.2%	11.9%
Latvia	25.2%	31.2%	22.2%	12.0%	7.6%
Liechtenstein	-	-	-	-	-
Lithuania	48.5%	61.7%	48.2%	28.6%	17.8%
Luxembourg	78.0%	78.4%	74.3%	38.7%	8.1%
Malta	98.9%	94.2%	72.5%	64.5%	27.7%
Netherlands	-	-	-	-	-
Norway	80.8%	93.6%	56.6%	22.8%	9.9%
Poland	57.6%	72.6%	54.4%	37.5%	18.7%
Portugal	94.1%	87.3%	48.4%	17.0%	11.0%
Romania	-	-	-	-	-
Slovakia	-	-	-	-	-
Slovenia	60.6%	63.5%	44.8%	17.8%	8.2%
Spain	100.0%	86.5%	61.4%	13.5%	11.8%
Sweden	93.0%	90.8%	72.8%	22.1%	9.1%

Update on SARS-CoV-2 Variants Of Concern (VOC)

Source: <https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---11-may-2021>

WHO/ECDC is working with partners to evaluate available evidence around transmissibility, severity, antibody neutralization capabilities and potential impacts on vaccines of specific mutations, variants of interest and variants of concern. Here we provide an update on ongoing studies, as well as the geographical distribution of three variants of concern as reported by countries, territories and areas (hereafter countries) as of 16 March 2021.

As surveillance activities to detect SARS-CoV-2 variant cases are strengthened at local and national levels, including systematic genomic sequencing, the number of countries reporting VOCs has continued to increase. This information should be interpreted with due consideration of surveillance limitations, including but not limited to differences between countries in sequencing capacity and prioritization of samples for sequencing.

The WHO SARS-CoV-2 Virus Evolution Working Group, WHO has determined that viruses within the lineage B.1.617 have been characterized as a VOC. B.1.617 contains three sub-lineages which differ by few but potentially relevant mutations in the spike protein as well as prevalence of detection globally. As of 11 May, over 4500 sequences have been uploaded to GISAID and assigned to B.1.617 from 44 countries in all six WHO regions, and WHO has received reports of detections from five additional countries.

- B.1.617 sublineages appear to have higher rates of transmission, including observed rapid increases in prevalence in multiple countries (moderate evidence available for B.1.617.1 and B.1.617.2), and
- Preliminary evidence suggests potential reduced effectiveness of Bamlanivimab, a monoclonal antibody used for COVID-19 treatment, and potentially slightly reduced susceptibility to neutralisation antibodies (limited evidence available for B.1.617.1)

Sublineage	B.1.617.1	B.1.617.2	B.1.617.3
Sequences in GISAID	2001	2507	67
Number of countries reporting detections	34 (in 6 WHO regions)	31 (in 5 WHO regions)	4 (in 3 WHO regions)
Number of lineage-defining spike mutations*	7	8	6
Characteristic spike mutations*	G142D, E154K, L452R, E484Q, D614G, P681R, Q1071H	T19R, G142D, del157/158, L452R, T478K, D614G, P681R, D950N	T19R, L452R, E484Q, D614G, P681R, D950N

*Mutations found in >60% of sequences

Countries, territories and areas with B.1.617.1, B.1.617.2 or B.1.617.3 sequences



Viruses in the B.1.617 lineage were first reported in India in October 2020. The resurgence in COVID-19 cases and deaths in India has raised questions on the potential role of B.1.617 and other variants (e.g., B.1.1.7) in circulation. Outside of India, the United Kingdom has reported the largest number of cases sequenced as B.1.617 sub-lineages, and recently designated B.1.617.2 as a national variant of concern.

SARS-CoV-2 variants of concern (VOC) and variants of interest (VOI), as of 11 May 2021

PANGO lineage Nextstrain clade GISAID clade	Alternate name	First detected in	Earliest samples	Characteristic spike mutations
Variants of Concern (VOCs)				
B.1.1.7 20I/501Y.V1 GR/501Y.V1	VOC 202012/01 [†]	United Kingdom	Sep 2020	69/70del, 144del, N501Y, A570D, D614G, P681H, T716I, S982A, D1118H
B.1.351 20H/501Y.V2 [†] GH/501Y.V2	VOC 202012/02	South Africa	May 2020	D80A, D215G, 241/243del, K417N, E484K, N501Y, D614G, A701V
B.1.1.28.1, alias P.1 [†] 20I/501Y.V3 GR/501Y.V3	VOC 202101/02	Brazil	Nov 2020	L18F, T20N, P26S, D138Y, R190S, K417T, E484K, N501Y, D614G, H655Y, T1027I, V1176F
B.1.617* [†] - G/452R.V3	-	India	Oct 2020	L452R, D614G, P681R, ± (E484Q, Q107H, T19R, del157/158, T478K, D950N)
Variants of Interest (VOIs)				
B.1.525 20A/S.484K G/484K.V3	-	Multiple countries	Dec 2020	Q52R, A67V, 69/70del, 144del, E484K, D614G, Q677H, F888L
B.1.427/B.1.429 20C/S.452R GH/452R.V1	CAL.20C/L452R	United States of America	Mar 2020	S13I, W152C, L452R, D614G
B.1.1.28.2, alias P.2 20B/S.484K GR	-	Brazil	Apr 2020	E484K, D614G, V1176F
B.1.1.28.3, alias P.3 -	PHL-B.1.1.28	Philippines	Jan 2021	141/143del, E484K, N501Y, D614G, P681H, E1092K, H1101Y, V1176F
B.1.526 (+E484K/S477N) 20C GH	-	United States of America	Nov 2020	L5F, T95I, D253G, D614G, A701V, + (E484K or S477N)
B.1.616 -	-	France	Feb 2021	H66D, G142V, 144del, D215G, V483A, D614G, H655Y, G669S, Q949R, N1187D

Summary of vaccine performance against variants of concern (VOC) relative to ancestral stains

VOC 202012/01 (B.1.1.7)	501Y.V2 (B.1.351)	P.1 (B.1.1.28.1)
Efficacy/effectiveness against disease or infection		
Protection retained against disease • Severe disease: No/minimal loss: Pfizer BioNTech-Comirnaty ^{1,3} • Infection & symptomatic disease: o No/minimal loss: AstraZeneca-Vaxzevria, Novavax-Covavax, Pfizer BioNTech-Comirnaty ^{2,13} • Asymptomatic infection: o No/minimal loss: Pfizer BioNTech-Comirnaty ^{2,14} o Inconclusive/moderate/substantial loss, limited sample size: AstraZeneca-Vaxzevria ⁵	Reduced protection against disease, limited evidence • Severe disease: No/minimal loss: Janssen Ad26.COV 2.5, PfizerBioNTech-Comirnaty ^{3,35} • Mild-moderate disease: o Moderate loss: Janssen-Ad26.COV 2.5, Novavax-Covavax ^{25,36} o Inconclusive/substantial loss, limited sample size: AstraZeneca-Vaxzevria ³⁷ • Infection: Moderate loss: Pfizer BioNTech-Comirnaty ³ • Asymptomatic infection: No evidence	Limited evidence • No/minimal loss: Sinovac-CoronaVac ⁴⁴
Neutralization		
• No/minimal loss: Bharat-Covaxin, Gamaleya-Sputnik V, Moderna-mRNA-1273, Novavax-Covavax, Pfizer BioNTech-Comirnaty, Beijing CNBG-BBIBP-CorV, Sinovac-CoronaVac ^{16,35} • Minimal/moderate loss: AstraZeneca-Vaxzevria ³¹	• Minimal/modest loss: Beijing CNBG-BBIBP-CorV, Sinovac-CoronaVac ^{39,40} • Minimal to large loss: Moderna-mRNA-1273, Pfizer BioNTech-Comirnaty ^{15,36,20-22,24-27,29-32,38,40-43} • Moderate to substantial loss: AstraZeneca-Vaxzevria, Gamaleya-Sputnik V, Novavax-Covavax ^{22,30,33,42}	• No/Minimal reduction: AstraZeneca-Vaxzevria, Sinovac-CoronaVac ^{30,45} • Minimal/moderate reduction: Moderna-mRNA-1273, Pfizer BioNTech-Comirnaty ^{16,17,24,27,29,30,41,43,45,46}



In cooperation with
Bundeswehr HQ of
Military Medicine

Conflict & Health Liberia

- https://www.deutschlandfunk.de/buergerkrieg-vor-30-jahren-liberias-blutige-vergangenheit.724.de.html?drum_archive_id=466617
- <https://www.gtai.de/gtai-de/trade/wirtschaftsumfeld/bericht-wirtschaftsumfeld/liberia/leicht-verbesserte-aussichten-fuer-liberias-wirtschaft-62184>
- <https://www.gtai.de/gtai-de/trade/wirtschaftsumfeld/special/liberia/covid-19-allgemeine-situation-und-konjunkturentwicklung-234920>
- <https://www.bti-project.org/en/reports/country-dashboard-LBR.html>
- <https://reliefweb.int/report/liberia/liberia-launches-vaccination-against-covid-19>
- <https://www.giz.de/en/worldwide/81469.html>
- <https://reliefweb.int/report/liberia/who-donates-essential-medicines-and-laboratory-supplies-covid-19-and-evd-testings>
- <https://frontpageafricaonline.com/opinion/commentary/a-pregnant-peace-liberia-in-the-absence-of-the-trc/>
- <https://blog.bti-project.de/2019/01/28/konfliktloesung-cote-divoire-und-liberia-schlummernde-feindseligkeiten/>
- <https://www.corona-in-zahlen.de/weltweit/liberia/>

Area:	111,369km ²
Population:	5,073,296
Capital:	Monrovia
Age structure:	
0-14 years:	43,35%
15-24 years:	20,35%
25-54 years:	30,01%
55-64 years:	3,46%
65 years and over:	2.83%



Conflict: Liberia achieved its independence on July 26, 1847, comparatively early in comparison with other African nations, and was never a European colony. However, the later national territory was originally owned by the American Colonization Society established for freed Christian slaves from the United States. As a result, the native ethnic groups were suppressed by the new minority, the Americo-Liberians. Although only making up five percent of the population, the black returnees and their descendants dominated politics and the economy until 1980. At the end of the 1970s there were increasing unrest, but it was not until the USA withdrew support from the Liberian leadership at the time that the then government under William Tolbert was overthrown in 1980 by Samuel Doe from the Krahn ethnic group. Thus, for the first time, an Afro-Liberian ruled, who subsequently reacted brutally against the elite of the formerly ruling Americo-Liberians. Samuel Doe built up his own patriarchal system, which mainly used the Krahn and Mandingo ethnic groups. In the wake of increasing ethnic tensions, among other things, a civil war began at Christmas 1989. Charles Taylor's NPFL ("National Patriotic Front of Liberia") invaded Liberia from the Ivory Coast and used the resentment of the oppressed ethnic groups to mobilize against Samuel Doe. In the following 14 years of civil war, which lasted until 2004, more than 250,000 people were murdered, around a tenth of the population at the time. Around a million Liberians fled abroad. Armed gangs marauded through the villages across the country, pillaging, murdering and raping. Two important actors in the civil war were Prince Johnson, a rebel leader from the Nimba province, under whose leadership President Samuel Doe had been captured and tortured to death, and the aforementioned

Charles Taylor, who initially prevailed in the struggle for power. It was not until 2003 that Taylor went into exile, clearing the way for the conflict to be resolved. Liberia was able to stabilize somewhat between 2004 and 2014, with the help of the UN and the international community. As part of the UN mission UNMIL ("United Nations Mission in Liberia"), which lasted from 2003 to 2014, more than 14,000 UN soldiers were stationed in the country. The aim was, among other things, to enable the refugees to return, to disarm the various rebel groups and to support the reconstruction of state institutions. Another decisive event was the West African Ebola epidemic in 2014 (more than 11,000 deaths in total), which hit the country hard and could only be brought under control with international help. The hesitant but noticeable economic awakening was also thrown back a long way as a result and has never fully recovered to this day. To make matters worse, the prices for the country's most important raw materials - iron ore, rubber and palm oil - also fell dramatically between 2014 and 2016. As in many other places, the coronavirus pandemic has had an aggravating effect. The hopes are now on a later post-corona period. The International Monetary Fund (IMF) is therefore forecasting real growth of 3.2 percent of gross domestic product (GDP) for 2021, and growth of 4.1 percent for 2022, with a further upward trend in the following years. A great burden is that the civil war is considered to have only been incompletely dealt with. After the end of the war, the conflicting parties initially successfully agreed to set up a truth and reconciliation commission, which, however, did not assume the function of a criminal court. With a few exceptions, the perpetrators in Liberia got away with impunity. Only in recent years have there been increasing numbers of indictments and judgments against important people in international courts, such as the conviction of Charles Taylor in 2012.

However, ethnic tensions are still simmering and sometimes openly violent. The risk of a return to violence remains. One glimmer of hope, however, is that the presidential elections last held between the end of 2017 and the beginning of 2018 led to a peaceful change of power. However, the then-elected President George Weah, former world footballer of 1995, was quickly accused of corruption.

Health: Liberia is one of the poorest countries in the world, with a gross domestic product of just 1428 US \$ per capita (as of 2019), it ranks 222nd out of 228 countries. More than 70% of the people live below the poverty line and can hardly generate more than they need to survive in everyday life. The school system is also considered to be weak, with around 48% of the population being literate. As is often the case in developing countries, the birth rate remains high and a large proportion of the population (at least 60%) is younger than 25 years old. Maternal and infant mortality rates are still very high. In 2015 there were just four doctors for every 100,000 inhabitants, the HIV rate in 2019 was an estimated 1.9% and thus well above the international average. In general, the health system is still heavily dependent on foreign aid organizations. During the Ebola epidemic, it became clear that resources quickly reached their limits. The official figures for COVID-19 should be treated with caution in view of an inadequate test and surveillance system. So far (as of April 29, 2021), according to official reporting statistics, there have been just under 2100 COVID-19 cases in the country since the beginning of the pandemic, the 7-day incidence is currently calculated at 0.2 / 100,000 inhabitants. There are hardly any resources for tests; other African countries with more sufficient test options show significantly higher infection rates. In this respect, it seems plausible to assume a high number of unreported SARS-CoV-2 infections. Support in testing most recently came from the WHO. In March 2021, test equipment was delivered to Liberia for testing initially 10,000 suspected COVID-19 cases. However, together with enough praziquant tablets to treat one million people (as part of mass treatment programs) against schistosomiasis, an endemic disease that affected a good quarter of the population in 2010 and is associated with morbidity and mortality. Other important infectious diseases that are endemic in the country are malaria, dengue and yellow fever. In this respect, COVID-19 is only one threat among many, which, in view of the relatively young age structure of the population, is likely to be mild in many cases. Nonetheless, healthcare workers in particular are likely to have benefitted from the first 96,000 (via COVAX) doses of the AstraZeneca vaccine delivered in early April 2021.

Conclusion: Liberia continues to face many challenges. In addition to the further stabilization of the political system and the balance between the ethnic groups, focus is primarily on further economic development in view of the poverty in the country. The country is rich in natural resources, and oil has also been found. COVID-19 has given the slow economic upswing a hard blow, it remains to be seen how the country will emerge from the crisis.

Compare with countries in region

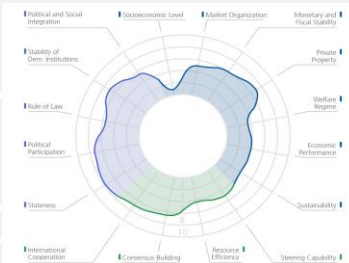
- Eastern Europe
- Latin America / Caribbean
- West and Central Africa
- Middle East / North Africa
- Southern and Eastern Africa
- Post-Soviet Eurasia
- Aisa and Oceania

Benin
Burkina Faso
Cameroon
C. African R.
Chad
Congo, DR
Congo, Rep.
Cote d'Ivoire
Equat. Guinea
Gabon
Gambia

Ghana
Guinea
Guinea-Bissau
Liberia
Mali
Mauritania
Niger
Nigeria
Senegal
Sierra Leone
Togo

Compare with regional average of West and Central Africa

Compare with other BTI results 2006 '08 '10 '12 '14 '16 2018



Liberia

35.1 Index Score **111/195**

PREVENT
14.3 / 34.8

DETECT
29.1 / 41.9

RESPOND
40.5 / 38.4

HEALTH
19.9 / 26.4

NORMS
71.5 / 48.5

RISK
37.4 / 55.0








































































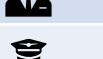








































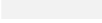
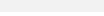
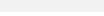
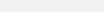
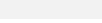
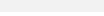
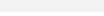
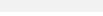
Average: all 195 countries

	COUNTRY SCORE	AVERAGE SCORE*	COUNTRY SCORE	AVERAGE SCORE*
PREVENTION	14.3	34.8	19.9	26.4
Antimicrobial resistance (AMR)	0	42.4	1.6	24.4
Zoonotic disease	33.3	27.1	33.3	21.2
Biosecurity	4	16.0		
Biosafety	0	22.8	25.7	38.4
Dual-use research and culture of responsible science	0	1.7		15.1
Immunization	39.5	85.0	0	20.8
DETECTION AND REPORTING	29.1	41.9		
Laboratory systems	16.7	54.4		
Real-time surveillance and reporting	45	39.1		
Epidemiology workforce	50	42.5		
Data integration between health/ environmental/sectoral sectors	0	29.7		
RAPID RESPONSE	40.5	38.4		
Emergency preparedness and response planning	25	16.9		
Exercising response plans	0	16.2		
Emergency response operation	33.3	23.6		
Linking public health and security authorities	0	22.6		
Risk communication	75	39.4		
Access to communications infrastructure	53.4	72.7		
Trade and travel restrictions	100	97.4		
COMPLIANCE WITH INTERNATIONAL NORMS			71.5	48.5
Health capacity in clinics, hospitals and community care centers			1.6	24.4
Medical countermeasures and personnel deployment			33.3	21.2
Healthcare access			25.7	38.4
Communications with healthcare workers during a public health emergency			0	15.1
Infection control practices and availability of equipment			0	20.8
Capacity to test and approve new medical countermeasures			75	42.2
RISK ENVIRONMENT			37.4	55.0
Cross-border agreements on public and animal health emergency response			50	54.4
International commitments			75	53.4
JEE and PVS			50	17.7
Financing			85.5	36.4
Commitment to sharing of genetic & biological data & specimens			66.7	68.1
Socio-economic resilience			43.8	66.1
Political and security risks			60.7	60.4
Infrastructure adequacy			60.7	66.1
Environmental risks			83.3	49.0
Public health vulnerabilities			18.2	46.9

*Average: all 195 countries
Scores are normalized (0-100 where 100 = most favorable)

Summary of information on the individual national Corona restrictions

The icons are linked to the respective information. Please click on the icons for information.

NATO Member State		Health information	Vaccination news	Governmental information	NATO Member State		Health information	Vaccination news	Governmental information
	Albania					Latvia			
	Belgium					Lithuania			
	Bulgaria					Luxembourg			
	Canada					Montenegro			
	Croatia					Netherland			
	Czech Republic					North Macedonia			
	Denmark					Norway			
	Estonia					Poland			
	France					Portugal			
	Germany					Rumania			
	Great Britain					Slovakia			
	Greece					Slovenia			
	Hungary					Spain			
	Italy					Turkey			
	Iceland					USA			

Travel Recommendations and other useful links

Travel Recommendations

Many countries have halted some or all international travel since the onset of the COVID-19 pandemic but now have re-open travel some already closed public-travel again. This document outlines key considerations for national health authorities when considering or implementing the gradual return to international travel operations.

The decision-making process should be multisectoral and ensure coordination of the measures implemented by national and international transport authorities and other relevant sectors and be aligned with the overall national strategies for adjusting public health and social measures.

Travel has been shown to facilitate the spread of COVID-19 from affected to unaffected areas. Travel and trade restrictions during a public health event of international concern (PHEIC) are regulated under the International Health Regulations (IHR), part III.

The majority of measures taken by WHO Member States relate to the denial of entry of passengers from countries experiencing outbreaks, followed by flight suspensions, visa restrictions, border closures, and quarantine measures. Currently there are exceptions foreseen for travellers with an essential function or need.

Information on COVID-19 testing and quarantine of air travellers in the EU and the US you can find following the link:

<https://www.ecdc.europa.eu/en/publications-data/guidelines-covid-19-testing-and-quarantine-air-travellers>
<https://www.cdc.gov/coronavirus/2019-ncov/travelers/testing-air-travel.html>

More information about traveling worldwide:

- National regulation regarding travel restrictions, flight operation and screening for single countries you will find [here](#) (US) and [here](#) (EU).
- Official IATA travel restrictions. You will find [here](#).

More information about traveling in the EU by the European Commission you will find here:

<https://www.consilium.europa.eu/en/policies/coronavirus/covid-19-travel-and-transport/>

The ECDC will publish a map of EU Member States, broken down by regions, which will show the risk levels across the regions in Europe using a traffic light system find [here](#).

As a general rule, information on new measures will be published 24 hours before they come into effect. All information should also be made available on [Re-open EU](#), which should contain a cross-reference to the map published regularly by the European Centre for Disease Prevention and Control.

Useful links

ECDC:

- [Objectives of vaccination strategies against COVID-19](#), Technical report 23 Apr 2021
- [Interim guidance on the benefits of full vaccination against COVID-19 for transmission and implications for non-pharmaceutical interventions](#), Technical report 21 Apr 2021
- [Considerations on the use of self-tests for COVID-19 in the EU/EEA](#), Technical report 17 Mar 2021
- [Options for the use of rapid antigen tests for COVID-19 in the EU/EEA and the UK](#), Technical report 19 Nov 2020
- [COVID-19 testing strategies and objectives](#), Technical report 18 Sep 2020
- SARS-CoV-2 variants of concern pose a higher risk for hospitalisation and intensive care admission, study coordinated by ECDC "[Characteristics of SARS-CoV-2 variants of concern B.1.1.7, B.1.351 or P.1: data from seven EU/EEA countries, weeks 38/2020 to 10/2021](#)", 28 Apr 2021
- [Vaccine tracker](#)
- [Risk assessment ECDC](#), 15 Feb 2021

WHO:

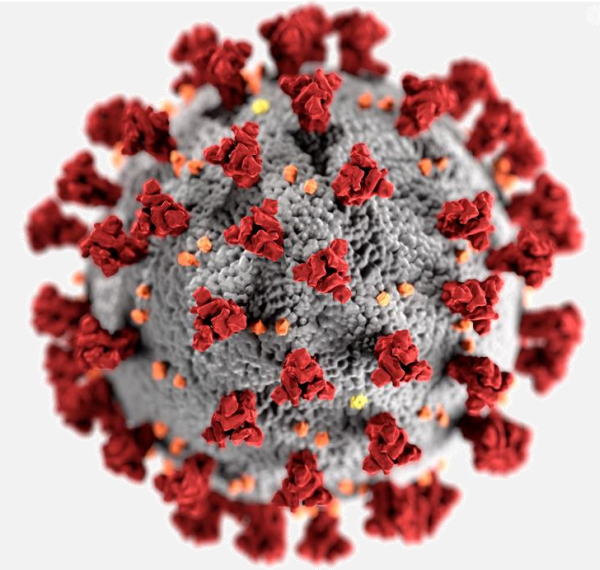
- Epi-WIN [webinars and updates](#)
- Status of [CoViD-19 Vacines within WHO](#) EUL/PQ evaluation process
- Weekly [Epidemiological and operational updates](#)
- COVID-19 new variants: [Knowledge gaps and research](#)
- COVID-19 [Dashboard](#)

CDC:

- COVID [Data Tracker](#) and [weekly review](#)
- Interim [Guidance on Ending Isolation and Precautions for Adults with COVID-19](#)

Upcoming Events FHPB

We are happy to announce the;
Force Health Protection Event:
COVID-19; A retrospective look at a turbulent time



When: 3rd to 4th November 2021
Location: virtual event via Microsoft Office
Teams platform
Registration: open 3rd May 2021
Call for papers: 3rd May to 25th June 2021
Link: [Registration/Submission page](#)

