



Update 70 COVID-19 Coronavirus Disease 19th of May 2021



GLOBAL

164 448 196
Confirmed cases
149 000 000 recovered
3 408 011 deaths

USA

(7-days incidence 112,9)
32 996 951
confirmed cases
31 680 000 recovered
587 203 deaths

India

(7-days incidence 164,3)
25 496 330
confirmed cases
19 370 000 recovered
283 248 deaths

Brazil

(7-days incidence 211,6)
15 732 836
confirmed cases
14 260 000 recovered
439 050 deaths

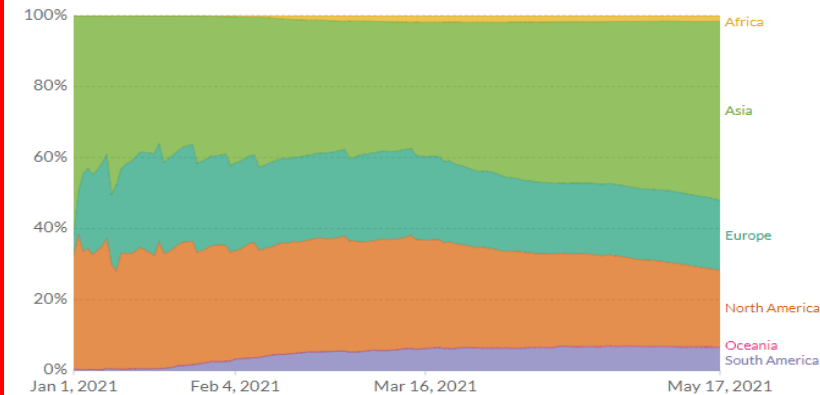
News:

- WHO:** launched a new subpage about Vaccines. The '[Vaccine Explained](#)' series features illustrated articles on vaccine development and distribution.
 - ECDC:** published an [Overview of EU/EEA country recommendations on COVID-19 vaccination with Vaxzevria, and a scoping review of evidence to guide decision-making](#)
 - EU:** Negotiations between the European Parliament and EU countries on the introduction of a European vaccination certificate for travel in the summer have once again failed. Among other things, the Member States rejected the request by delegates to offer free corona tests for persons who have not yet been vaccinated. This is where Parliament brought into play the possibility of EU funding.
 - EU/WTO:** The European Union intends to submit proposals to the World Trade Organisation (WTO) to increase vaccine production. Universal and fair access to vaccines and treatment must be a global priority. A discussion is currently under way on a temporary repeal of patent protection for COVID vaccines. The EU Commission is critical of the US proposal. The Commission does not expect that the release of patents will bring additional doses of vaccine in the short and medium term.
 - WHO/UNICEF:** WHO Director-General urged Member States to continue donating vaccines to COVAX in an effort to increase vaccine-supply to low-income countries, which are presently receiving only about 0.3% of all supply. UNICEF Executive Director also called vaccine equity, warning of a huge shortfall in the vaccine supply to COVAX, in a [statement released by UNICEF](#).
 - UN:** This week marks UN Global Road Safety, with the aim to lower speeds to significantly reduce the risk of death and injury. Although increased public health and social measures during the pandemic has meant more people have been working from home and overall there has been less road traffic, the number of traffic-related deaths did not decrease to the same degree.
 - WHO:** published a [flow diagram](#) for health worker communication for COVID-19 vaccination.
 - WHO:** published an interim guidance on the "[Continuity of essential health services: Facility assessment tool](#)".
- Topics:**
- Global situation
 - European situation
 - Vaccination news
 - News and Facts
 - SARS-CoV-2 variants of concern
 - Subject in Focus:** Emergence of SARS-CoV-2 B.1.617 variants in India and situation in the EU/EEA, ECDC
 - Conflict & Health:** Chad
 - 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).

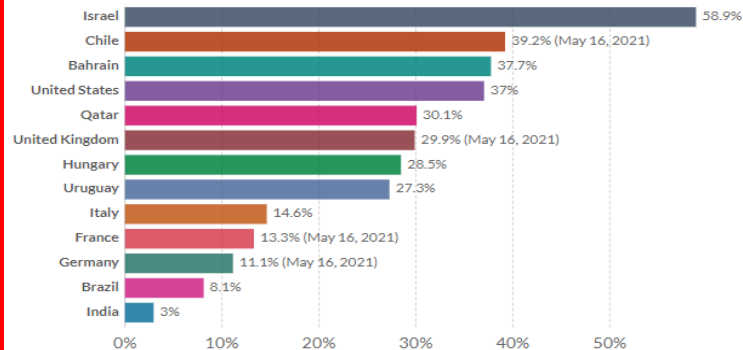
Relative



Share of the population fully vaccinated against COVID-19, May 17, 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.

[+ Add country](#)



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EUROPE

51 528 559
confirmed cases
48 650 000
recovered
1 100 261 deaths

France

(7-days incidence 146,4)
5 898 347
confirmed cases
5 532 000 recovered
108 040 deaths

TUR

(7-days incidence 96,3)
5 139 485
confirmed cases
4 809 000 recovered
45 186 deaths

Russia

(7-days incidence 40,9)
4 900 995
confirmed cases
4 654 000 recovered
114 619 deaths

Global Situation

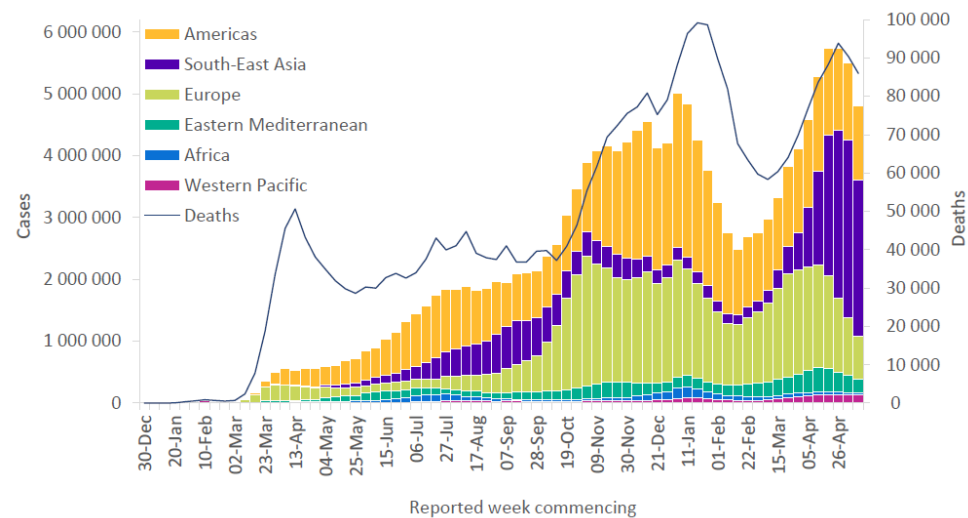
Global epidemiological situation overview; WHO as of 18 May 2021

Globally, in the past week, the number of new cases and deaths continued to decrease with just over 4.8 million new cases and just under 86 000 new deaths reported; a 12% and 5% decrease respectively compared to the previous week (Figure 1). Despite a declining trend over the past three weeks, the incidence of cases remains at some of the highest levels since the start of the pandemic. All regions reported a decline in new cases this week apart from the Western Pacific Region, where the incidence of new cases was similar to the previous week (Table 1). The European Region reported the largest decline in new cases this week, followed by the Eastern Mediterranean. These regions also reported the largest decline in new deaths over the past week. South-East Asia and Western Pacific regions reported a similar number of new deaths as the previous week.

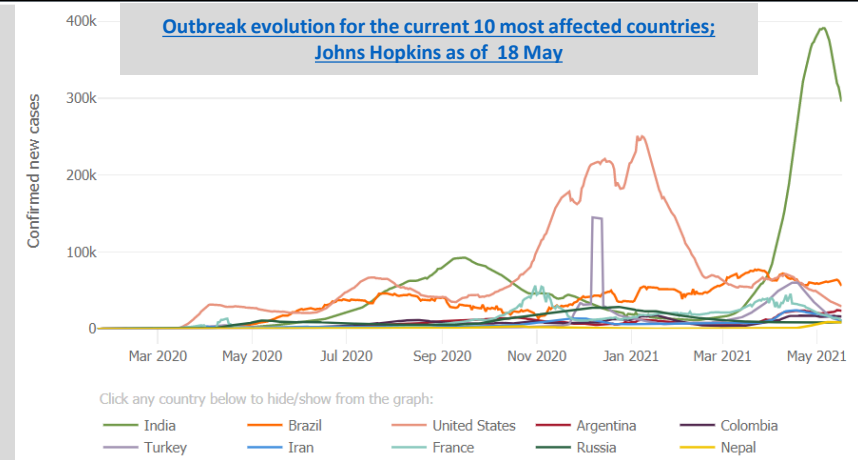
In the past week, the five countries reporting the highest number of new cases were:

- **India**; reporting 2 387 663 new cases; 13% decrease ,
- **Brazil**; reporting 437 076 new cases; 3% increase
- **United States of America**; reporting 235 638 new cases; 21% decrease ,
- **Argentina**; reporting 151 332 new cases; 8% increase and
- **Colombia**; reporting 115 834 new cases; 6% increase .

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 16 May 2021**



Source: <https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---18-may-2021>



	Unvaccinated People	Examples of Activities	Fully Vaccinated People
Safest		Outdoor Walk, run, wheelchair roll, or bike outdoors with members of your household	
		Attend a small, outdoor gathering with fully vaccinated family and friends	
		Attend a small, outdoor gathering with fully vaccinated and unvaccinated people	
		Dine at an outdoor restaurant with friends from multiple households	
Least Safe		Attend a crowded, outdoor event, like a live performance, parade, or sports event	
Less Safe		Indoor Visit a barber or hair salon	
		Go to an uncrowded, indoor shopping center or museum	
		Attend a small, indoor gathering of fully vaccinated and unvaccinated people from multiple households	
		Go to an indoor movie theater	
Least Safe		Attend a full-capacity worship service	
		Sing in an indoor chorus	
		Eat at an indoor restaurant or bar	
		Participate in an indoor, high intensity exercise class	

Get a COVID-19 vaccine

Recommendations for fully vaccinated and unvaccinated people by CDC, as of 13 May.

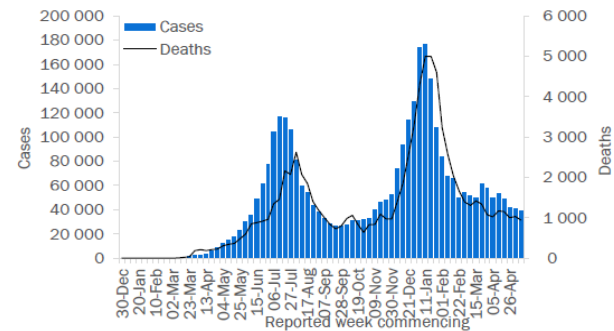
Situation by WHO Region, as of 18th May

WHO regional overviews

African Region

The African Region reported over 40 000 new cases and over 900 new deaths, a 4% and a 9% decrease respectively compared to the previous week. Case incidence continued to decrease for a fourth consecutive week while the number of deaths has reflected similar trends during this period. The highest numbers of new cases were reported from South Africa (16 326 new cases; 27.5 new cases per 100 000 population; a 36% increase), Botswana (3745 new cases; 159.3 new cases per 100 000; a 153% increase), and Ethiopia (3615 new cases; 3.1 new cases per 100 000; a 13% decrease). Cases in South Africa comprised 41% of cases reported in the Region.

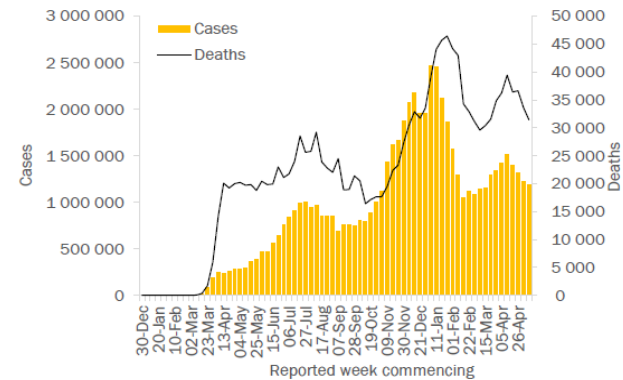
The highest numbers of new deaths were reported from South Africa (459 new deaths; 0.8 new deaths per 100 000 population; a 44% increase), Kenya (118 new deaths; 0.2 new deaths per 100 000; a 15% decrease), and Ethiopia (105 new deaths; 0.1 new deaths per 100 000; a 35% decrease).



Region of the Americas

The Region of the Americas reported over 1.2 million new cases and over 31 000 new deaths, a 3% and a 7% decrease respectively compared to the previous week. The number of cases decreased for a fourth consecutive week, and the number of deaths decreased for a second consecutive week. The highest numbers of new cases were reported from Brazil (437 076 new cases; 205.6 new cases per 100 000; a 3% increase), the United States of America (235 638 new cases; 71.2 new cases per 100 000; a 21% decrease), and Argentina (151 332 new cases; 334.8 new cases per 100 000; an 8% increase).

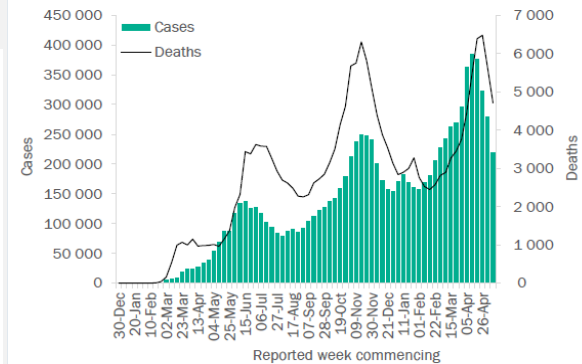
The highest numbers of new deaths were reported from Brazil (13 514 new deaths; 6.4 new deaths per 100 000; a 12% decrease), the United States of America (4143 new deaths; 1.3 new deaths per 100 000; a 12% decrease), and Colombia (3383 new deaths; 6.6 new deaths per 100 000; an 8% increase).



Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 220 000 new cases and over 4700 new deaths, a 22% and a 16% decrease respectively compared to the previous week. Case and death incidences have decreased steeply for the past four and two weeks respectively. The highest numbers of new cases were reported from the Islamic Republic of Iran (99 205 new cases; 118.1 new cases per 100 000; a 20% decrease), Iraq (28 359 new cases; 70.5 new cases per 100 000; a 26% decrease), and Pakistan (20 511 new cases; 9.3 new cases per 100 000; a 29% decrease).

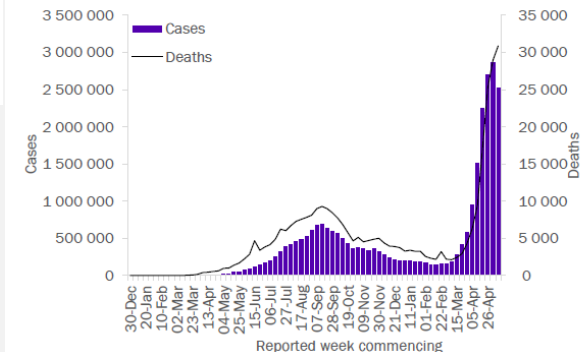
The highest numbers of new deaths were reported from the Islamic Republic of Iran (2109 new deaths; 2.5 new deaths per 100 000; a 13% decrease), Pakistan (670 new deaths; 0.3 new deaths per 100 000; a 20% decrease), and Tunisia (429 new deaths; 3.6 new deaths per 100 000; a 21% decrease).



South-East Asia Region

The South-East Asia Region reported over 2.5 million new cases and over 30 000 new deaths, a 12% decrease and a 7% increase respectively compared to the previous week. Case incidence decreased after nine consecutive weeks of increases, although the absolute number remains at its highest level since the beginning of the pandemic. Death incidence continued to increase for a ninth consecutive week. The highest numbers of new cases were reported from India (2 387 663 new cases; 173.0 new cases per 100 000; a 13% decrease), Nepal (61 814 new cases; 212.2 new cases per 100 000; an 8% increase), and Indonesia (26 908 new cases; 9.8 new cases per 100 000; a 27% decrease).

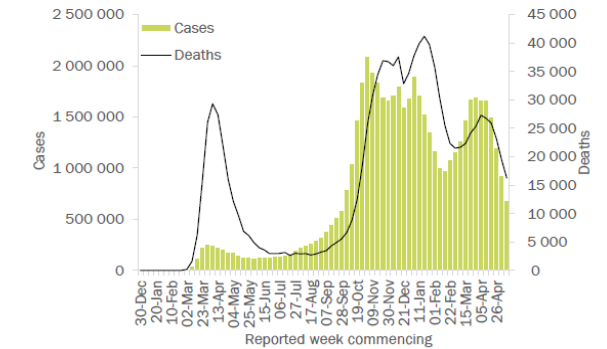
The highest numbers of new deaths were reported from India (27 922 new deaths; 2.0 new deaths per 100 000; a 4% increase), Nepal (1224 new deaths; 4.2 new deaths per 100 000; a 266% increase), and Indonesia (1125 new deaths; 0.4 new deaths per 100 000; a 5% decrease).



European Region

The European Region reported just under 685 000 new cases and over 16 000 new deaths, a 26% and a 16% decrease respectively compared to the previous week. The number new of cases and deaths continued their downward trend for a sixth and fifth consecutive week respectively. The highest numbers of new cases were reported from France (93 546 new cases; 143.8 new cases per 100 000; a 24% decrease), Turkey (90 721 new cases; 107.6 new cases per 100 000; a 46% decrease), and Germany (73 105 new cases; 87.9 new cases per 100 000; a 29% decrease).

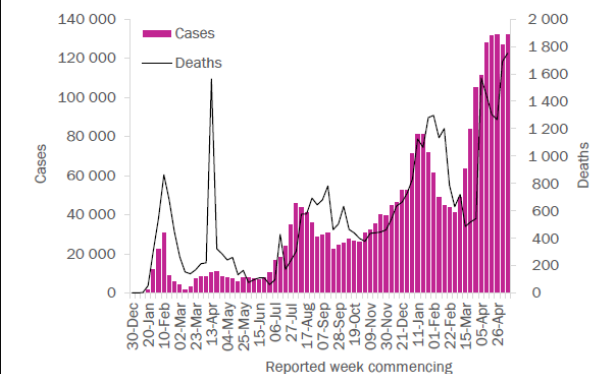
The highest numbers of new deaths were reported from Russian Federation (2545 new deaths; 1.7 new deaths per 100 000; a 3% increase), Turkey (1791 new deaths; 2.1 new deaths per 100 000; a 20% decrease), and Ukraine (1682 new deaths; 3.8 new deaths per 100 000; a 6% decrease).



Western Pacific Region

The Western Pacific Region reported over 132 000 new cases and over 1700 new deaths, both increasing by 4% compared to the previous week. Both weekly case and death incidences were the highest reported in the Region since the beginning of the pandemic. The highest numbers of new cases were reported from Japan (44 961 new cases; 35.5 new cases per 100 000; a 26% increase), the Philippines (43 339 new cases; 39.5 new cases per 100 000; a 10% decrease), and Malaysia (29 386 new cases; 90.8 new cases per 100 000; a 16% increase). These three countries comprised 89% of all cases reported in the Region in the past week.

The highest numbers of new deaths were reported from the Philippines (782 new deaths; 0.7 new deaths per 100 000; a 15% decrease), Japan (640 new deaths; 0.5 new deaths per 100 000; a 21% increase), and Malaysia (209 new deaths; 0.6 new deaths per 100 000; a 54% increase).



Country Reports

DEU: In recent weeks, customs authorities have prevented the import of tens of thousands of Chinese protective masks and disposable gloves that do not meet EU standards for sale in Germany. In some cases, the goods lacked the CE marking, the identification information of the manufacturer or German-language user manuals. According to the information, there are doubts about product safety and the import is stopped by the customs office.

AUT: After months of lockdown, cafes, bars and restaurants, as well as hotels and cultural facilities, are allowed to reopen. Not only the outdoor areas, but also the interiors of the restaurants are allowed - there, however, only a lower utilization is allowed.

FRA: After a significant drop in the number of Corona infections, the requirements are being relaxed further: for the first time in six and a half months, cafes and restaurants are allowed to reopen their outdoor areas. In addition, "non-essential" shops and department stores open, as well as museums, cinemas and theatres. The nightly curfew will now apply throughout France only from 9 p.m., two hours later than before.

LVA: Due to decreasing new corona infections, the current restrictions can be further relaxed cautiously. Under strict hygiene and distance rules, shops can now reopen in shopping centres that have direct access from the street or a separate entrance. In future, up to 20 people will be able to gather for lessons or group activities such as outdoor sports, instead of ten.

ITA: The number of new corona infections and deaths is rising again despite the progress of vaccination. According to the country's Ministry of Health, the number of new infections increased within 24 hours to 4452 from 3455. The agency puts the number of deaths at 201, up from 140 the day before.

GBR: The number of Corona patients has fallen to its lowest level in more than half a year. As of Monday morning, a total of 798 people were still being treated in hospitals in the UK,000, according to the NHS. Experts point to the consequences of the months-long lockdown with initial and contact restrictions, as well as the success of the vaccination program. More than 20 million people are now fully vaccinated, or just under a third of the UK population. However, authorities are concerned about the rapid spread of the corona variant, which was first discovered in India and is believed to be highly contagious. However, the government remains committed to its plan to lift all Corona restrictions on June 21.

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The variant of the coronavirus, initially discovered in India, continues to spread in the UK. There are 2323 confirmed cases nationwide. That's a good 1000 more than on May 12. The central English towns of Bolton and Blackburn are particularly affected.

DEN: From Friday, almost all of the facilities that have been closed will be allowed to reopen - except nightclubs and nightclubs. A prerequisite for the openings are distance rules and in many places also the presentation of the Corona Pass, with which one can detect negative corona tests, vaccinations and survived infections in Denmark. Saunas, bathing areas and indoor areas of zoos and amusement parks are allowed to reopen. Students can return to universities completely, evening and music schools reopen. The ban on gatherings will be increased from a maximum of 25 to 50 for indoor events and from 75 to 100 participants in the open air. The government and parties also agreed to phase out the rules for wearing a mouth-nose protection and showing the Corona Pass.

TUR: After a nearly three-week hard lockdown, restrictions to contain the coronavirus are being relaxed again. People are now allowed to leave the house during the day, but a curfew will apply from 9 p.m. local time in the evening. Initial restrictions will now continue to apply on weekends, with residents only allowed to take to the streets for urgent errands. Even cafes and restaurants will remain closed for the time being and may only offer delivery services. Shopping malls and clothing stores reopen.

SGP: Schools are closed for fear of new and more contagious variants of the coronavirus. As of Wednesday, all elementary, middle and high school students will have to learn through home schooling, the government said. The reason is that children are increasingly affected by the new virus variants - including the variant first discovered in India. On Sunday, the Southeast Asian city-state had registered 38 home-grown corona cases, the highest number of new cases in eight months. On Monday, another 21 new infections were reported.

JAP: The President of the International Olympic Committee (IOC) has offered Japan medical personnel for the Olympic Games and Paralympics in Tokyo in two months' time to support medical operations and "the strict implementation of COVID-19 measures in the Olympic Village and the competition venues. In Japan, there have been recent calls for the Games to be cancelled.

USA: The number of daily Corona deaths has fallen to its lowest level since March last year. On average, 546 people died each day last week as a result of coronavirus infection, the CDC said. The number of new daily infections is also at its lowest level since June, at around 17,700 cases.

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A year and a half after the Corona lockdown, the shows on New York's Broadway are scheduled to resume on September 17. Already, fans are allowed back into the Yankees and Mets' baseball stadiums if they are fully vaccinated and wear masks. Restaurants, theatres, museums, hair salons, amusement parks and gyms are also open.

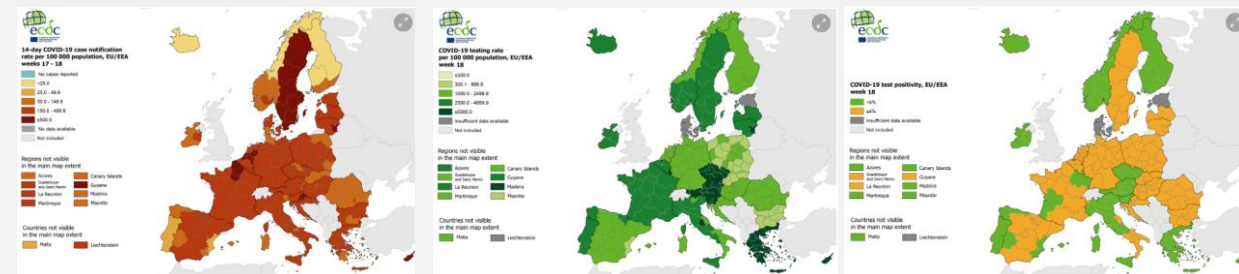
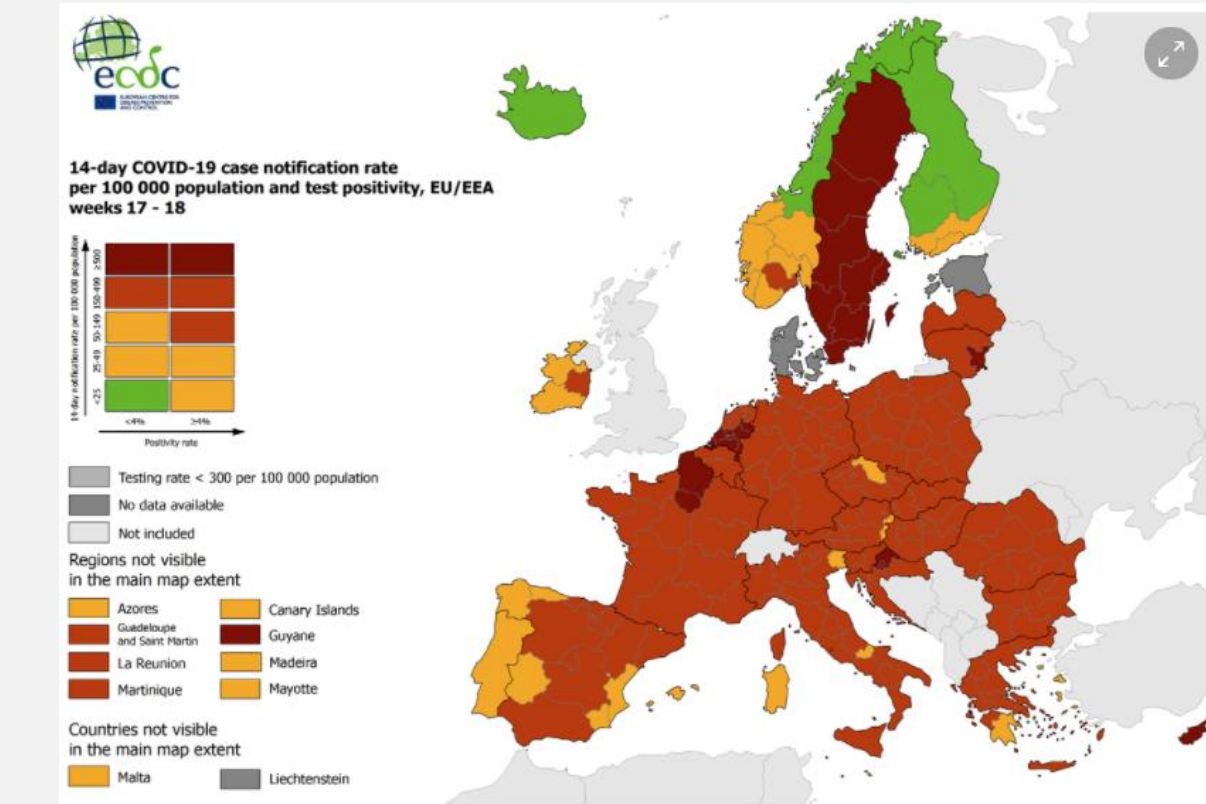
IND: With 4529 deaths related to the coronavirus, a new high was recorded. In addition, the Ministry of Health reported 267,334 new infections. Experts fear that the actual figures could be five to ten times higher.

TWN: With nationwide school closures, the government is ruling on the increase in the number of cases. From Wednesday to the end of next week, all students will be taught online at home, the government announced. This is an extraordinary intervention for the island state, because until the very end the infection was considered to be largely under control. However, this has changed recently. Last week, almost 1,000 infections were registered domestically. According to the Minister of Health, these are usually mild disease histories.

THA: Within 24 hours, about 9700 more people were infected with the coronavirus. More than 6,800, or more than two-thirds of new infections, were registered among inmates in the country's prisons. Tests at eight prisons in the capital Bangkok and its suburbs revealed that almost half of 24,000 inmates were infected. Prisons where prominent democracy activists are imprisoned are also affected. By April, Thailand had been able to keep the number of corona infections relatively low, subject to strict conditions. Since then, the number of cases has risen, and the country is experiencing a third wave of corona.

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 17 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 18, as of 13 May 2021

Weekly surveillance summary

Overall situation

By the end of week 18 (week ending Sunday 9 May 2021), five 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 three 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, whilst the median cumulative uptake of at least one vaccine dose among adults aged 18 years and above in the EU/EEA is 34.2% and increasing, as reported in the [COVID-19 Vaccine rollout overview](#).

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 18, the 14-day case notification rate for the EU/EEA, based on data collected by ECDC from official national sources in 30 countries, was 277 (country range: 25-798) per 100 000 population. The rate has been decreasing for five weeks.
- Among the 26 countries with high case notification rates (at least 60 per 100 000 population), increases were observed in three countries (Denmark, Latvia and Lithuania). Stable or decreasing trends in case rates of 1–9 weeks' duration were observed in 23 countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Estonia, France, Germany, Greece, Hungary, Ireland, Italy, Liechtenstein, Luxembourg, the Netherlands, Norway, Poland, Romania, Slovakia, Slovenia, Spain and Sweden).
- Based on data reported to The European Surveillance System (TESSy) from 25 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 19 countries (Austria, Belgium, Cyprus, Czechia, Denmark, Estonia, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, the Netherlands, Poland, Romania, Slovakia, Slovenia, Spain and Sweden).
- Notification rates are dependent on several factors, one of which is the testing rate. Weekly testing rates for week 18, available for 27 countries, varied from 853 to 33 846 tests per 100 000 population. Cyprus had the highest testing rate for week 18, followed by Austria, Greece, Czechia and Slovenia.
- Among 15 countries in which weekly test positivity was high (at least 3%), two countries (the Netherlands and Slovakia) had observed an increase in test positivity compared with the previous week. Test positivity remained stable or had decreased in 13 countries (Belgium, Bulgaria, Croatia, France, Germany, Hungary, Italy, Latvia, Lithuania, Poland, Romania, Spain and Sweden).

Hospitalisation and ICU

- Pooled data from 25 countries for week 18 show that there were 8.1 patients per 100 000 population in hospital due to COVID-19. According to weekly hospital admissions data pooled from 20 countries, new admissions were 7.2 per 100 000 population.
- Pooled data from 19 countries for week 18 show that there were 1.8 patients per 100 000 population in ICU due to COVID-19. Pooled weekly ICU admissions based on data from 14 countries show that there were 2.0 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 26 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, Spain and Sweden). However, in 23 countries, there were decreases in these indicators compared with the previous week.

Mortality

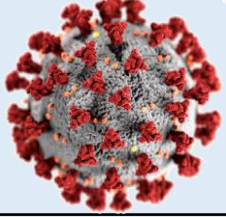
- The 14-day COVID-19 death rate for the EU/EEA, based on data collected by ECDC from official national sources for 30 countries, was 55.6 (country range: 0.0-193.7) per million population. The rate has been decreasing for two weeks.
- Among 22 countries with high 14-day COVID-19 death rates (at least 10 per million), increases were observed in three countries (Cyprus, Latvia and the Netherlands). Stable or decreasing trends in death rates of 1–7 weeks' duration were observed in 19 countries (Austria, Belgium, Bulgaria, Croatia, Czechia, Estonia, France, Germany, Greece, Hungary, Italy, Liechtenstein, Lithuania, Luxembourg, Poland, Romania, Slovakia, Slovenia and Spain).

Variants of concern and variants of interest

- Sequencing capacity varies greatly across the EU/EEA; 14 EU/EEA countries (Belgium, Denmark, Estonia, France, Germany, Hungary, Iceland, Ireland, Italy, Luxembourg, Malta, Norway, Poland 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 11 May 2021 or to TESSy by 9 May 2021 (data referring to the period from 19 April to 2 May 2021). During the same period, six countries sequenced and reported between 60 and 499 samples, while 10 countries sequenced and reported <60 samples or did not report data.
- Among the 14 countries with the recommended level of 10% or 500 sequences reported per week in the period from 19 April to 2 May 2021, 12 had a valid denominator. The median (range) of the variants of concern (VOC) reported in all samples sequenced in the period in these 12 countries was 92.4% (80.7–98.2%) for B.1.1.7, 0.7% (0.0–8.9%) for B.1.351, 0.1% (0.0–6.7%) for P.1 and 0.0% (0.0–0.6%) for B.1.1.74-E484K.
- The median (range) of the variants of interest (VOI) reported in all samples sequenced in the period in these 12 countries was 0.0% (0.0–2.5%) for B.1.617, 0.0% (0.0–2.2%) for B.1.525, 0.0% (0.0–0.1%) for B.1.620 and 0.0% (0.0–0.0%) for B.1.621. 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 (LTCFs)

- Based on data reported to TESSy from five countries (France, Ireland, Lithuania, Luxembourg and the Netherlands), in week 18, the pooled incidence of COVID-19 cases among LTCF residents was 110.3 per 100 000 LTCF beds, the pooled incidence of fatal COVID-19 cases was 6.6 per 100 000 LTCF beds, and 6% of participating LTCFs reported one or more new COVID-19 cases among their residents.



Vaccination news

COVAX: So far, significantly fewer doses have been distributed than planned. In the current week, the amount delivered would only be 65 million, in fact it should have been 170 million doses of vaccination by that time. The bottlenecks can be explained primarily by the situation in India. Deliveries to Covax have been stalled since the end of March because the Indian government has stopped issuing export permits in the face of the second wave of Corona in the country.

The world's largest vaccine manufacturer, Serum Institute of India (SII), plans to return corona vaccine to the international Covax initiative by the end of the year. The Serum Institute continues to work to expand production. First of all, India is prioritised.

EMA/BioNTech: In future, BioNTech's Corona vaccine can be stored at higher temperatures for longer. Studies have shown that the vaccine can be stored for 31 days at refrigerator temperatures of two to eight degrees Celsius and not only five days as previously practiced, the Mainz-based pharmaceutical company announced. The European Medicines Agency (EMA) had agreed to a corresponding amendment to the storage rules. Until now, longer storage was only allowed at temperatures of minus 80 to minus 60 degrees, which was logistically difficult for longer distances or storage in doctor's offices.

Johnson & Johnson: The US company is lagging behind in the deliveries of its Corona vaccine to the EU. Of the 55 million cans to be delivered in the second quarter, less than ten percent have actually arrived so far. Johnson & Johnson has halved the delivery promised for the current week, citing increasing supply problems with precursors. However, this is only intended to represent a temporary reduction, which will be made up later. Johnson & Johnson is still looking for 55 million cans to be delivered in the second quarter.

Sanofi: The Corona vaccine candidate from the French pharmaceutical company Sanofi and the British manufacturer GSK is entering the final test phase before the hoped-for approval. The third phase with 35,000 subjects is scheduled to start between the end of May and the beginning of June. Previous tests have shown antibodies in more than 95 percent of cases after two vaccinations with the vaccine. However, the vaccine has not yet been tested for its effectiveness against variants. Sanofi also expects the vaccine to be launched in the fourth quarter.

USA: According to the CDC, about 600,000 children between the ages of 12 and 15 were vaccinated against corona last week. In total, more than four million people under 17 have already been vaccinated. Immunologist Anthony Fauci says he expects enough data to be available in the US by the end of the year to vaccinate children of all ages.

In the fight against the Corona pandemic, the US will send 20 million additional doses of vaccine to other countries. In addition to AstraZeneca, AstraZeneca is now also to be delivered to us-approved vaccines by the end of June. As a result, the US has promised deliveries of a total of 80 million vaccination units abroad.

IDN: From now on, a private vaccination program is also being used to fight the coronavirus. More than 22,000 companies will buy vaccines themselves to vaccinate their employees. Up to ten million employees are to be protected from the virus. They will initially receive doses from the Chinese manufacturer Sinopharm, and later the CanSino and Sputnik V vaccines will be added. The Ministry of Health required the participating companies to use vaccines other than the government, which uses, among other things, the vaccines of Sinovac and AstraZeneca.

CZE: Since Sunday, all people aged 40 and over can register for a vaccination appointment. The large crowd led to the collapse of the online sign-up system for almost an hour in the early morning. So far, more than 4.1 million doses have been administered in the Czech Republic, according to official figures. More than one million of the nearly eleven million inhabitants are fully protected.

ZAF: After a long delay, the large-scale vaccination program against the coronavirus has now been started. By the end of June, more than five million people over the age of 60 are expected to be vaccinated - if deliveries reach the country as planned. South Africa expects 4.5 million doses of The BioNTech/Pfizer vaccine and two million doses of Johnson & Johnson's vaccine over the next six weeks. The vaccination campaign has so far been slow. Fewer than 480,000 people - or one percent of the population - have been vaccinated since February.

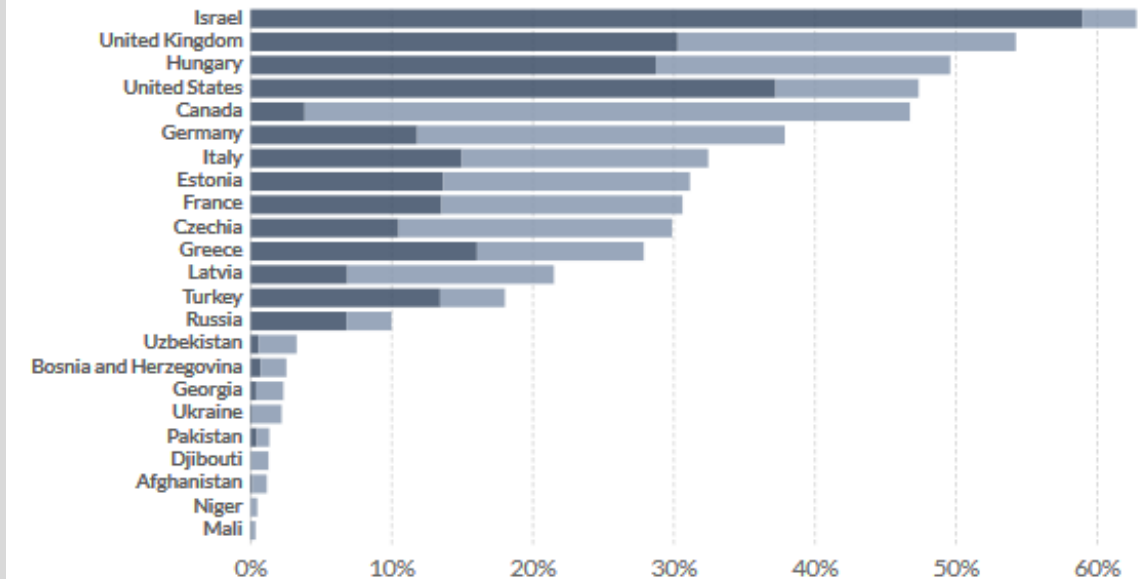
Share of people vaccinated against COVID-19, May 18, 2021

This data is only available for countries which report the breakdown of doses administered by first and second doses.



+ Add country

■ Share of people fully vaccinated against COVID-19 ■ Share of people only partly vaccinated against COVID-19



Source: Official data collated by Our World in Data

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News and Facts

Pfizer, Moderna vaccines effective against COVID variants from India: Study

The Pfizer/BioNTech and Moderna coronavirus vaccines appear to protect against COVID variants B.1.617 and B.1.618 first identified in India, researchers have reported in a new pre-print paper, which has not yet been peer-reviewed.

Based on lab experiments involving cell cultures, the B.1.617 and B.1.618 variants seem to be partially resistant to the antibodies elicited by vaccination. The new research involved serum samples collected from eight people who recovered from COVID-19, six people fully vaccinated with the Pfizer/BioNTech vaccine and three people fully vaccinated with Moderna's vaccine. The researchers analyzed in lab experiments how the serum samples neutralized lentiviruses -- a type of retrovirus -- equipped with the same mutations as the B.1.617 and B.1.618 coronavirus variants. They found that the efficacy of the antibodies in B.1.617 and B.1.618 was slightly lower than the original type of pathogen against which the vaccines were developed. However, the researchers assume a far-reaching protective effect.

It should be noted that these are laboratory experiments. The extent to which vaccination actually protects against the Indian variants cannot be inferred with certainty that requires further study.

https://www.business-standard.com/article/current-affairs/pfizer-moderna-vaccines-effective-against-covid-variants-from-india-study-121051800070_1.html

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 18, 2021 (9 May 2021)

Total doses distributed and administered

Total number of vaccine doses distributed by manufacturers to EU/EEA countries: 209 090 038 (29 countries reporting)

Median number of vaccine doses distributed by manufacturers to EU/EEA countries per hundred inhabitants: 54.7 (range: 35.1–104) (29 countries reporting)

Total number of vaccine doses administered: 177 205 258 (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 34.2% (range: 11.2–54.9%) (30 countries reporting)

Cumulative uptake of full vaccination among adults aged 18 years and above: median of 13.3% (range: 4.7–31.1%) (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 78.8% (range: 10.6–100%) (24 countries reporting)

Cumulative uptake of full vaccination among persons aged 80 years and above: median of 58.2% (range: 3.8–97.8%) (24 countries reporting)

Cumulative uptake of at least one vaccine dose among healthcare workers: median of 83% (range: 20.5–100%) (16 countries reporting)

Cumulative uptake of full vaccination among healthcare workers: median of 59.4% (range: 18–100%) (16 countries reporting)

Cumulative uptake of at least one vaccine dose among residents of long-term care facilities: median of 78.9% (range: 33.9–100%) (11 countries reporting)

Cumulative uptake of full vaccination among residents of long-term care facilities: median of 68.7% (range: 22.5–100%) (11 countries reporting)

EU Commission proposes to ease restrictions on non-essential travel to the EU while addressing variants through new 'emergency brake' mechanism

The EU states want to allow fully vaccinated people from all over the world to re-enter the country against the coronavirus. The restrictions on non-compulsory entry at the beginning of the pandemic are to be lifted after an agreement by the EU ambassadors. This should apply if the EU states also accepted proof of vaccination for travel within the EU. In addition, more people will be able to enter the country in the future regardless of vaccination. At present, it is possible to enter tourists for no compelling reason from seven countries where the virus situation is good. The criteria for this are now being relaxed. Exceptions already apply to family members, diplomats or medical personnel, for example.

As an emergency brake, when the epidemiological situation of a non-EU country worsens quickly and in particular if a variant of concern or interest is detected, a Member State can urgently and temporarily suspend all inbound travel by non-EU citizens resident in such a country.

https://ec.europa.eu/commission/presscorner/detail/en/ip_21_2121

https://ec.europa.eu/home-affairs/sites/default/files/pdf/03052021_proposal_council_recommendation_com-2021-232_en.pdf

Outcome of the longitudinal examination of corona infections and corona immunity in different employee groups of Deutsche Bahn Fernverkehr AG

Working and travelling on long-distance trains appears to be less dangerous than some feared in Corona times, according to a new study. This is the result of a long-term study by *Deutsche Bahn (DB) Fernverkehr* and the *Charité* Research Organisation (CRO).

As a result, DB employees with intensive customer contact on the trains are not exposed to a significantly higher Corona risk than DB employees without this customer contact. Not only the infection values of on-board service personnel, train drivers and maintenance workers were compared, but also their figures with the general infection situation in Germany.

A total of 1037 employees were examined between 24 February and 2 March 2021. Previously, there had been two previous test series in June and July 2020 and October 2020.

<https://www.deutschebahn.com/resource/blob/6189164/71597f5847cf1ebf9abf85e37ddf9a02/20210518-Download-Abschlussbericht-Charite-Studie-data.pdf>

European Situation on Vaccination

Total doses distributed to EU/EEA countries

221,120,722

187,796,315

Select View : Uptake full vaccination

Country ▼

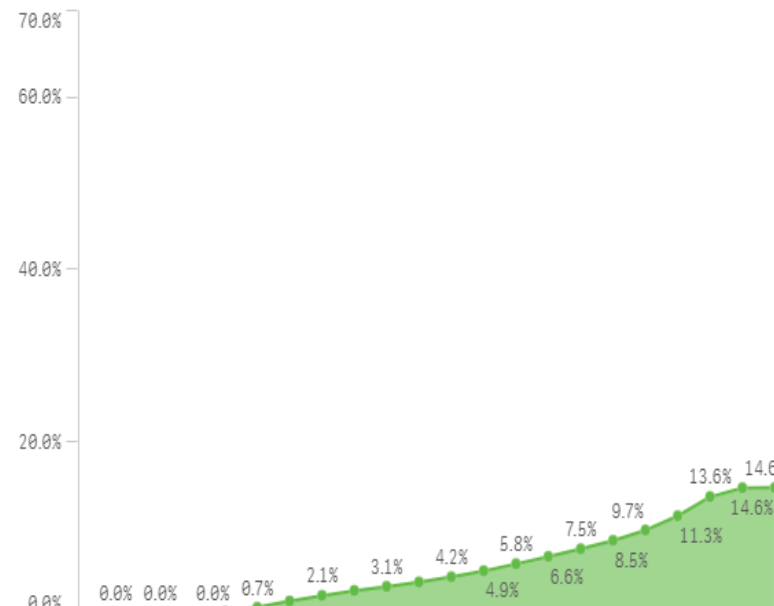
Cumulative uptake (%) of at least one vaccine dose by age group in EU/EEA countries as of 2021-05-18

Country	80 years and	70-79 years	60-69 years	50-59 years	25-49 years
Austria	80.1%	72.7%	62.2%	42.8%	23.3%
Belgium	88.6%	93.3%	77.1%	35.9%	16.4%
Bulgaria	11.7%	18.8%	17.9%	14.2%	8.7%
Croatia	49.2%	59.2%	44.4%	24.5%	11.8%
Cyprus	-	-	-	-	-
Czechia	75.8%	75.6%	56.2%	38.7%	11.7%
Denmark	99.6%	95.6%	54.8%	14.8%	10.1%
Estonia	59.2%	67.9%	55.7%	44.1%	19.0%
Finland	91.3%	94.2%	73.8%	48.0%	14.4%
France	72.7%	79.0%	58.4%	33.6%	11.7%
Germany	-	-	-	-	-
Greece	63.8%	65.5%	49.2%	25.1%	12.2%
Hungary	71.3%	81.4%	70.4%	58.8%	44.2%
Iceland	99.1%	100.0%	91.2%	67.1%	26.5%
Ireland	100.0%	100.0%	84.0%	33.3%	16.4%
Italy	89.1%	76.6%	57.3%	27.7%	14.3%
Latvia	27.7%	34.4%	27.3%	18.6%	15.8%
Liechtenstein	-	-	-	-	-
Lithuania	49.4%	63.0%	52.4%	34.3%	23.1%
Luxembourg	78.5%	79.0%	75.6%	55.8%	12.4%
Malta	99.2%	94.7%	73.4%	69.4%	44.2%
Netherlands	-	-	-	-	-
Norway	81.1%	94.5%	62.8%	26.8%	11.6%
Poland	58.2%	73.9%	56.9%	41.2%	24.1%
Portugal	94.9%	92.4%	69.9%	19.1%	11.6%
Romania	-	-	-	-	-
Slovakia	-	-	-	-	-
Slovenia	61.6%	65.5%	48.9%	28.4%	9.4%
Spain	100.0%	93.4%	80.3%	19.8%	12.1%
Sweden	93.4%	92.1%	80.2%	34.4%	11.4%

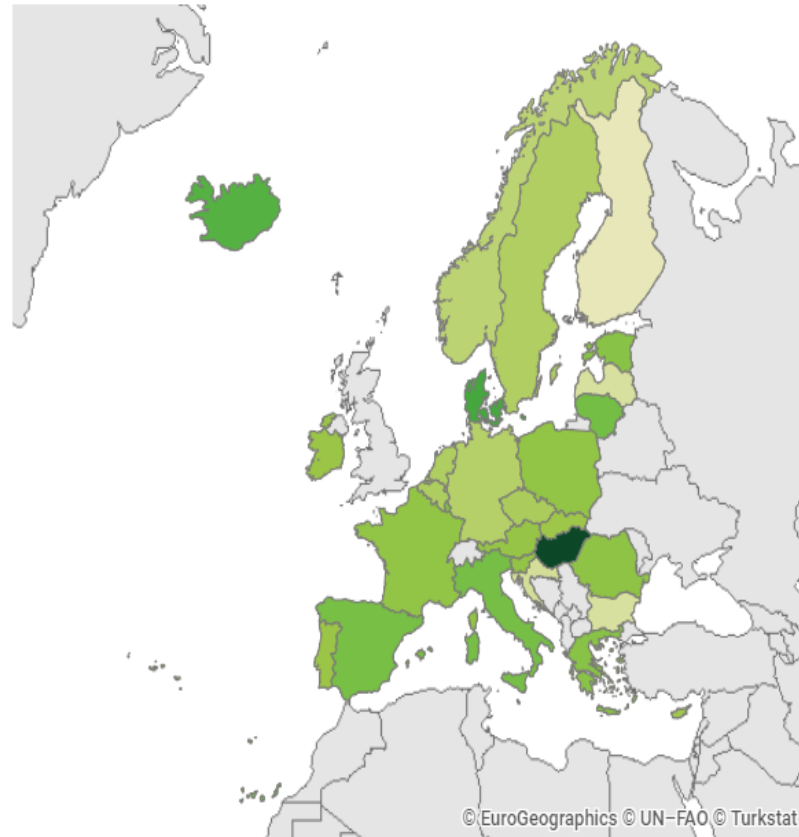
Cumulative uptake at least one dose among adults (18+) in EU/EEA	Cumulative uptake full vaccination among adults (18+) in EU/EEA
36.4%	14.6%

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

by reporting week



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



Uptake full vaccination (%)



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

Source: <https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---18-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.

Countries, territories and areas reporting B.1.617.1, B.1.617.2 or B.1.617.3 sublineages, or B.1.6.17 with an unspecified sublineage, as of 18 May 2021

Countries, territories and areas reporting B.1.617.1



Countries, territories and areas reporting B.1.617.2



Countries, territories and areas reporting B.1.617.3



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, H635Y, T1027I, V1176F
B.1.617* - G/432R.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.432R GH/432R.V1	CAL 20C/L432R	United States of America	Mar 2020	S13I, W152C, L432R, 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	14I/143del, E484K, N501Y, D614G, P681H, E1092K, H1101Y, V1176F
B.1.526 (+E484K/5477N) 20C GH	-	United States of America	Nov 2020	L3F, T93I, D253G, D614G, A701V, + [E484K or 5477N]
B.1.616 - GH	-	France	Feb 2021	H66D, G142V, 144del, D215G, V483A, D614G, H635Y, G669S, Q949R, N1187D

WHO Recommendation:

Virus evolution is expected, and the more SARS-CoV-2 circulates, the more opportunities it has to evolve. Reducing transmission through established and proven disease control methods such as those outlined in the COVID-19 Strategic Preparedness and Response Plan, as well as avoiding introductions into animal populations are crucial aspects of the global strategy to reduce the occurrence of mutations that have negative public health implications. PHSM remain critical to curb the spread of SARS-CoV-2 and its variants. Evidence from multiple countries with extensive transmission of VOCs has indicated that the PHSM, including infection prevention and control (IPC) measures in health facilities has been effective in reducing COVID-19 case incidence, which has led to a reduction in hospitalizations and deaths among COVID-19 patients. National and local authorities are encouraged to continue strengthening existing PHSM, IPC and disease control activities. Authorities are also encouraged to strengthen surveillance and sequencing capacities and apply a systematic approach to provide a representative indication of the extent of transmission of SARS-CoV-2 variants based on the local context, and to detect unusual events.

SARS-CoV-2 Variants Of Concern as of May 11, ECDC

Variants of concern (VOC)

For these variants, clear evidence is available indicating a significant impact on transmissibility, severity and/or immunity that is likely to have an impact on the epidemiological situation in the EU/EEA. The combined genomic, epidemiological, and in-vitro evidence for these properties invokes at least moderate confidence. In addition, all the criteria for variants of interest and under monitoring outlined below apply.

Lineage + additional mutations	Country first detected (community)	Spike mutations of interest	Year and month first detected	Evidence for impact on transmissibility	Evidence for impact on immunity	Evidence for impact on severity	Transmission in EU/EEA
B.1.1.7	United Kingdom	N501Y, D614G	September 2020	Yes (v) [1]	Unclear [2]	Yes (v) [3, 4]	Dominating
B.1.1.7+E484K	United Kingdom	E484K, N501Y, D614G	December 2020	Yes (v) [1]	Neutralisation (v) [2, 5]	Yes (v) [3]	Outbreaks
B.1.351	South Africa	K417N, E484K, N501Y, D614G	September 2020	Yes (v) [6]	Escape (v) [7, 8]	Yes (v) [4, 9]	Community
P.1	Brazil	K417T, E484K, N501Y, D614G	December 2020	Yes (v) [10]	Neutralisation (v) [11]	Yes (v) [4]	Community

Variants of interest (VOI)

For these variants, evidence is available on genomic properties, epidemiological evidence or in-vitro evidence that could imply a significant impact on transmissibility, severity and/or immunity, realistically having an impact on the epidemiological situation in the EU/EEA. However, the evidence is still preliminary or is associated with major uncertainty. In addition, all the criteria for variants under monitoring outlined below apply.

Lineage + additional mutations	Country first detected (community)	Spike mutations of interest	Year and month first detected	Evidence for impact on transmissibility	Evidence for impact on immunity	Evidence for impact on severity	Transmission in EU/EEA
B.1.525	Nigeria	E484K, D614G, Q677H	December 2020		Neutralisation (m) [5]		Community
B.1.427/B.1.429	USA	L452R, D614G	September 2020	Unclear [12]	Neutralisation (v) [12]		Sporadic/Travel
P.3	The Philippines	E484K, N501Y, D614G	January 2021	Yes (m) [1]	Neutralisation (m) [5]		Sporadic/Travel
B.1.616	France	V482A, D614G, H655Y, G669S	February 2021	Detection (c) [13]			Single outbreak
B.1.617.1	India	L452R, E484Q, D614G	December 2020	Yes (v) [16]	Neutralisation (m) [5, 12]		Outbreaks
B.1.617.2	India	L452R, T478K, D614G	December 2020	Yes (v) [17]	Neutralisation (m) [12]		Sporadic/Travel
B.1.617.3	India	L452R, E484Q, D614G	February 2021	Yes (m) [1]	Neutralisation (m) [5, 12]		Not detected
B.1.620	Unclear (b)	S477N, E484K, D614G	February 2021		Neutralisation (m) [5, 14]		Outbreaks
B.1.621	Colombia	R346K, E484K, N501Y, D614G	January 2021	Yes (m) [1]	Neutralisation (m) [5]		Sporadic/Travel

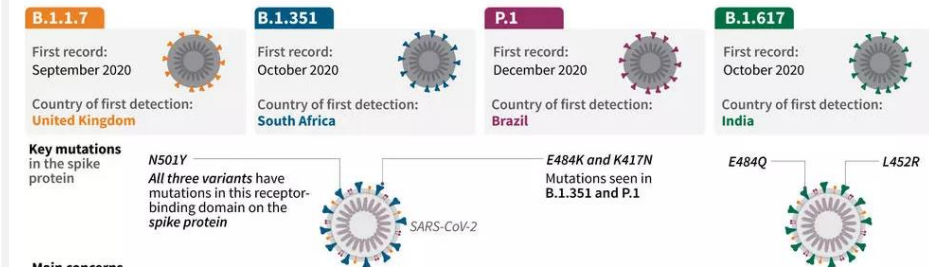
Variants under monitoring

These additional variants of SARS-CoV-2 have been detected as signals through epidemic intelligence, rules-based genomic variant screening, or preliminary scientific evidence. There is some indication that they could have properties similar to those of a VOC, but the evidence is weak or has not yet been assessed by ECDC. Variants listed here must be present in at least one outbreak, detected in a community within the EU/EEA, or there must be evidence that there is community transmission of the variant elsewhere in the world.

Lineage + additional mutations	Country first detected (community)	Spike mutations of interest	Year and month first detected	Evidence for impact on transmissibility	Evidence for impact on immunity	Evidence for impact on severity	Transmission in EU/EEA
B.1.214.2	Unclear (b)	Q414K, N450K, ins214TDR, D614G	December 2020				Detected
A.23.1+E484K	United Kingdom	E484K, Q613H	December 2020		Neutralisation (m) [5]		Detected (a)
A.27	Unclear (b)	L452R, N501Y, H655Y	December 2020	Yes (m) [1]	Neutralisation (m) [12]		Detected (a)
A.28	Unclear (b)	E484K, N501T, H655Y	December 2020		Neutralisation (m) [5]		Detected (a)
C.16	Unclear (b)	L452R, D614G	October 2020		Neutralisation (m) [5]		Detected (a)
C.37	Peru	L452Q, F490S, D614G	December 2020				Detected (a)
B.1.351+P384L	South Africa	P384L, K417N, E484K, N501Y, D614G	December 2020	Yes (v) [6]	Escape (v) [7, 8]	Unclear [9]	Detected (a)
B.1.351+E516Q	Unclear (b)	K417N, E484K, N501Y, E516Q, D614G	January 2021	Yes (v) [6]	Escape (v) [7, 8]	Unclear [9]	Detected (a)
B.1.1.7+L452R	United Kingdom	L452R, N501Y, D614G	January 2021	Yes (v) [1]	Neutralisation (m) [12]	Yes (v) [3]	Detected (a)
B.1.1.7+S494P	United Kingdom	S494P, N501Y, D614G	January 2021	Yes (v) [1]	Neutralisation (m) [15]	Yes (v) [3]	Detected (a)
C.36+L452R	Egypt	L452R, D614G	December 2020		Neutralisation (m) [12]		Detected (a)
AT.1	Russia	E484K, D614G	January 2021		Neutralisation (m) [5]		Detected (a)
B.1.526	USA	E484K, D614G	December 2020		Neutralisation (m) [5]		Detected (a)
B.1.526.1	USA	L452R, D614G	October 2020		Neutralisation (m) [12]		Detected (a)
B.1.526.2	USA	S477N, D614G	December 2020				Detected (a)
B.1.1.318	Unclear (b)	E484K, D614G	January 2021		Neutralisation (m) [5]		Detected (a)
P.2	Brazil	E484K, D614G	January 2021		Neutralisation (m) [5]		Detected (a)

Coronavirus variants of concern

Mutations are natural and to be expected in any virus. Several variants of SARS-CoV-2 have been detected



Main concerns

Transmissibility

The B.1.1.7 and B.1.351 variants appear to spread more easily and quickly

Any change on the spike can potentially affect how easily a virus can infect a cell

Severity of illness

Studies on B.1.1.7 submitted to the UK's NERVTAG* in January suggested there could be a link to increased risk of death

*New and Emerging Respiratory Virus Threats Advisory Group

Vaccine efficacy

Some studies have suggested B.1.351 and P.1 may have mutations that prevent antibodies working as well, though more research is needed

Other lab studies have shown that vaccines retain effectiveness against B.1.351 and B.1.1.7

The Indian outbreak

While it is unknown if the variant is driving the huge India wave, a WHO official has said that there is "some available information to suggest increased transmissibility"

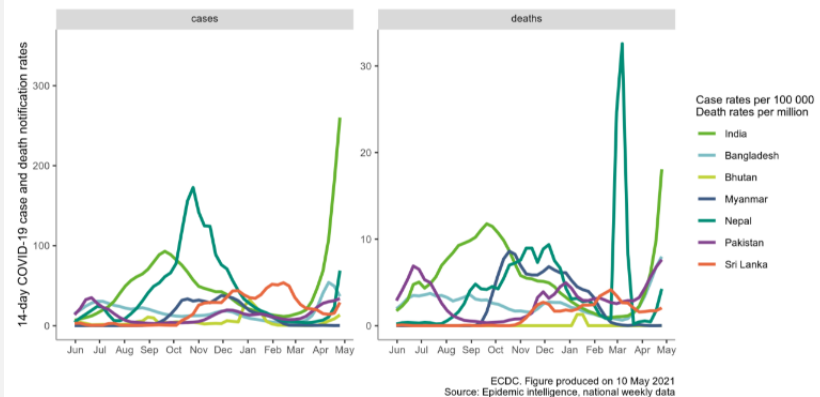
There is also some suggestion of "reduced neutralisation", but it is too early to say if vaccines are compromised

Source: <https://www.ecdc.europa.eu/en/covid-19/variants-concern>

Emergence of SARS-CoV-2 B.1.617 variants in India and situation in the EU/EEA, ECDC

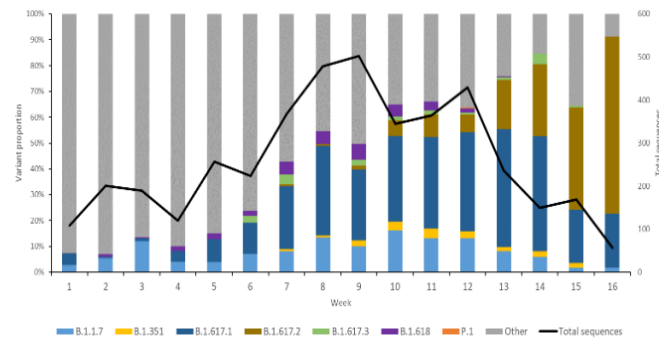
First reported in India in December 2020, SARS-CoV-2 lineages B.1.617.1, B.1.617.2 and B.1.617.3 have been increasingly detected, these lineages are distinct and differ by their characteristic mutations. Over the past eight weeks India and some surrounding countries have seen a sharp increase in the number of reported SARS-CoV-2 cases and deaths. This has been associated with a rising proportion of sequenced viruses belonging to lineages B.1.617.1 and B.1.617.2. The UK has seen a rapid increase in detection of lineage B.1.617.1 and, to a greater extent, B.1.617.2, associated with travel to India and onward community transmission. On the 6 May, the UK designated lineage B.1.617.2 as a variant of concern. On the 11 May the WHO characterized the viruses within the lineage B.1.617 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. In the EU/EEA there are indications that the frequency of detection of both lineages B.1.617.1 and B.1.617.2 is increasing.

Figure 1. COVID-19 14-day case notification rates per 100 000 and death rates per million population in India and land-bordering countries, 1 June 2020 to 2 May 2021



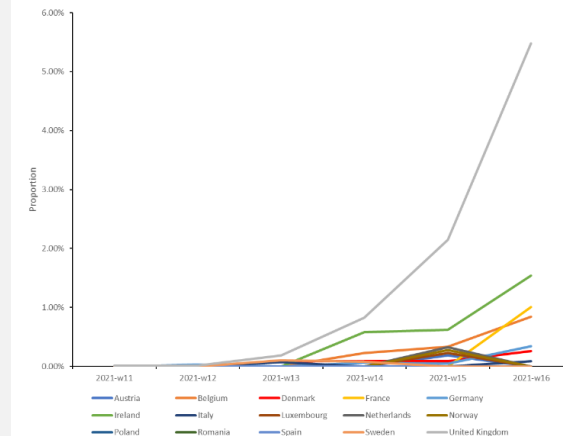
ECDC. Figure produced on 10 May 2021
Source: Epidemic intelligence, national weekly data

Figure 2. Variant distribution and total sequences reported from India during 2021. Based on data from GISAID EpiCoV available as of 10 May 2021



Data source: GISAID EpiCoV, accessed 10 May 2021

Figure 3. Proportion of B.1.617.2 among sequences reported to GISAID EpiCoV by EU/EEA countries and the UK, with >60 weekly sequences, samples collected weeks 11 to 16 2021



Properties of the B.1.617 SARS-CoV-2 variants

There are three distinct lineages within B.1.617, all with distinct mutation profiles which warrant assessment at the individual lineage level rather than assessment as one. The classification of the variants listed below are as of 10 May 2021.

B.1.617.1 is defined by the spike protein amino acid changes. This lineage has been classified as a VOI by ECDC and the WHO and as a variant under investigation (VUI) by the UK.

B.1.617.2 is defined by spike protein changes. It is increasing rapidly in the United Kingdom and it has also been detected in several other countries worldwide (Figure 3). This lineage has been classified as a VOI by ECDC and WHO, and as a VOC by the UK, due to an estimate of its transmissibility being at least as high as that of VOC B.1.1.7.

B.1.617.3 is defined by the spike protein changes. This lineage has been classified as a VOI by ECDC and WHO, and as a VUI by the UK.

Some of the specific spike protein changes associated with these lineages have been described as having an impact on viral properties, these include:

- L452R – associated with increased transmissibility and reduction in neutralisation by convalescent plasma and specific therapeutic antibodies.
- E484Q (only B.1.617.1 and B.1.617.3) – changes at this site are associated with reduction in neutralisation by convalescent sera.
- P681R – change is located directly adjacent to the furin cleavage site and could potentially have an effect on S1/S2 cleavage, cell entry and infectivity, although this has not been demonstrated in practice.
- D614G – This change is associated with increased transmissibility with high confidence. It is however carried by the vast majority of currently circulating viruses

Potential impact on transmissibility

There are no R0 estimates, estimates of peak viral load or duration of shedding published for any of the B.1.617 lineages. Public Health England (PHE) consider that B.1.617.2 is at least as transmissible as B.1.1.7. Furthermore, all three lineages contain the mutations L452R and D614G, which are both associated with increased transmissibility.

Potential impact on diagnostics

The viruses belonging to the three B.1.617 lineages do not carry specific genomic features (e.g. large deletions) indicative of an increased risk of possible primer/probe mismatch that would hinder the capacity of current RT-PCR assays to detect SARS-CoV-2. As of 10 May, there was also no indication of reduced effectiveness of currently used molecular diagnostic assays.

Potential impact on disease severity

No information is available on severity related to any of the B.1.617 lineages. Until now the identified cases of these variants were still too recent to allow enough time to assess this variant's impact on disease severity in comparison to other co-circulating SARS-CoV-2 strains.

Summary

Currently described lineages B.1.617.1, B.1.617.2 and B.1.617.3 have distinct mutation profiles and warrant individual assessment. Given the still very limited available data with respect to their transmissibility, disease severity and immune escape potential relative to other co-circulating SARS-CoV-2 variants in the EU/EEA, the full impact of these lineages on public health is not yet possible to assess. At this time, ECDC maintains its assessment of B.1.617.1, B.1.617.2 and B.1.617.3 as variants of interest and will continue to actively monitor the situation.

Source: https://www.ecdc.europa.eu/sites/default/files/documents/Emergence-of-SARS-CoV-2-B.1.617-variants-in-India-and-situation-in-the-EUEEA_0.pdf



In cooperation with
Bundeswehr HQ of
Military Medicine

Conflict & Health Chad

Area: 1,284,000km²
Population: 13,670,084
Capital: N'Djamena
Age structure:
0-14 years: 47,43%
15-24 years: 19,77%
25-54 years: 27,14%
55-64 years: 3,24%
65 years and over: 2,43%



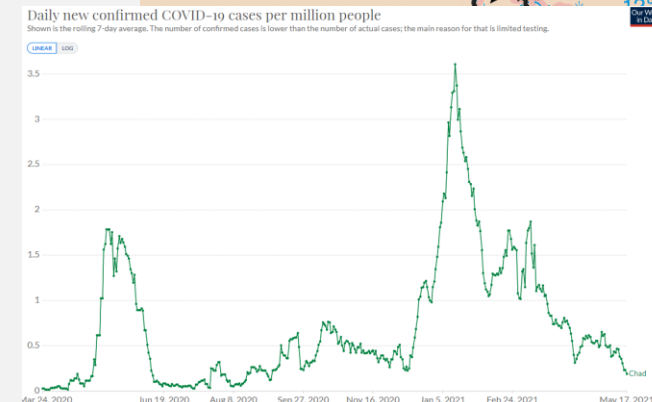
Conflict: Today's Chad with its approx. 16.2 million inhabitants was released from French colonial rule in 1960 as an independent republic. After the assumption of office by President Idriss Déby Itno in 1990 it initially seemed as if the country would gain a democratic opening, this period ended with the establishment of a presidential system. The most important steps in establishing power were the expansion of the security forces and the establishment of a sophisticated clientele and patronage system. Chad is one of the world's most corrupt countries (2019: 162nd out of 180) and one of the most fragile state governments (FSI 106.4 / 120). Any opposition or critical voices, e.g. from journalists, are constantly threatened by state reprisals as soon as they dare to denounce the constitutional amendment, bad governance, rampant corruption or extreme poverty. So far, the well-trained military has managed to keep armed rebellions against the Déby regime away from the center of the country - not least thanks to French support. As an ally in the fight against Islamist terror, Chad plays a key role in French and EU politics. At the regional level, he is involved in several missions and alliances aimed at curbing Islamist terrorism. Since July 2013, Chadian troops have been represented in Mali with a contingent of currently 1,460 soldiers in the UN blue helmet mission MINUSMA (Mission Intégrée des Nations Unies pour la Stabilisation au Mali). Since 2014, Chad has been part of the anti-terror mission "Barkhane" launched by France, together with Mauritania, Mali, Burkina Faso and Niger, and since September 2017 the country has been involved in the intervention force of the five Sahel countries (G5-Sahel Joint Force This prestige of Déby makes it almost hopeless for the political opposition to make their voice heard in international politics and the public.

The Federal Republic of Germany ended bilateral cooperation in 2012 because of the democratic deficits and has since limited itself to humanitarian support, transitional aid and 20% of aid payments The conflict between Boko Haram and the Nigerian security forces around the Lake Chad region has forced millions of people to flee their homes and caused massive civil suffering. In addition to the conflict with Boko Haram, the areas around Lake Chad pose a number of other challenges confronted (see "Health"). After more than 30 years in power, Chad's President Déby was killed in clashes with rebel groups on April 11, 2021. In the meantime, a transitional government appointed by the military rules the fate of the country. "Free and democratic" new elections are only announced after an 18-month transition period. France legitimizes the military junta, to the horror of the Chadian population as well as many Europeans. The state's external borders were closed, German citizens were asked to leave the country immediately and the German embassy was temporarily closed on April 21, 2021. Political instability and armed conflict are expected. With the death of the long-term ruler, an easing of the situation seems to be a long way off.



Health: Chad ranks 160/195 on the Health Security Index and is considered to be severely underdeveloped. The region around Lake Chad is struggling with extreme poverty, climate change, chronic food shortages, the emergence of several terrorist groups and organized crime. This leads (e) to considerable internal and cross-border population shifts. In 2020, the country will be confronted with several humanitarian crises: Due to the deterioration of the harvest in combination with the COVID-19 crisis, the number of acute malnutrition, especially for those under 5, will increase again. In addition, the country is hit annually by measles epidemics, which reached a new dimension in 2019 and has now lasted 2 years. Since only 37% of all children under the age of 5 are vaccinated against measles, a large-scale vaccination campaign was planned for 2020, but this was put on hold due to the corona pandemic. There are also fears that disruptions in care strategies could increase HIV deaths. After the WHO declared Africa free of wild poliovirus, there have been multiple cases of vaccinated polio from Sudan since 2019 (59 cases in 2019, 56 of them with acute flaccid paralysis). Here too, COVID-19 counteracts the initiation of defense strategies. Medical care by doctors and hospitals is still below average, although the mortality rate for major, known diseases can currently be reduced as far as possible. With regard to SARS-CoV-2, 4,877 infected people and 171 deaths were reported by May 18, 2021, these numbers referring to official reports. The capital N'Djamena and another 17 provinces are particularly affected by the virus.

Conclusion: The COVID-19 outbreak in March 2020 has further increased the pressure on the already fragile health system. The pandemic is expected to add even more pressure to resources that are already insufficient to carry out essential health programs. The economy depends in large part on the import of industrial products and food, the export of live cattle, grain and oil. The closing of the Chadian borders with neighboring countries severely impaired this exchange and has already led to high unemployment. The death of longtime ruler Déby does not seem to improve the overall situation in the country. Rather, more armed conflicts between rebel groups and the military are expected. Such an escalation will push even more people below the poverty line. It remains to be seen how the rest of Europe will react to the crisis and, in particular, the attitude of France.































































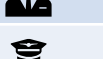

































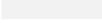
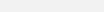
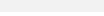
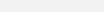
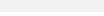
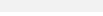


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<https://www.unicef.org/media/83146/file/Chad-SitRep-August-2020.pdf>

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** publishes a map of EU Member States, broken down by regions, which show the risk levels across the regions in Europe using a traffic light system. Find it [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:

- [All info about the COVID-19 pandemic](#); (situation updates, latest news and reports, risk assessments etc.)
- [COVID-19 Vaccine tracker](#)
- [Latest Risk assessment on COVID-19](#), 15 Feb 2021
- All “guidance’s and technical reports” can be found under “All COVID-19 outputs” on this page [here](#)

WHO:

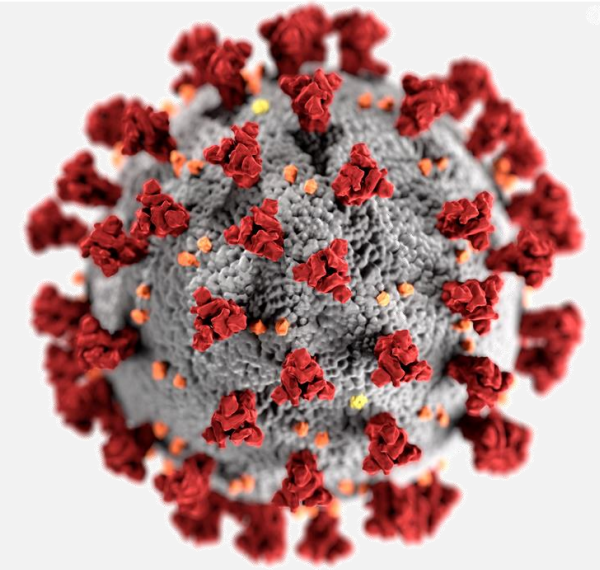
- Epi-WIN [webinars and updates](#)
- Status of “[COVID-19 Vaccines within WHO](#) EUL/PQ evaluation process” and the “Draft landscape and tracker of [COVID-19 candidate vaccines](#)”
- Weekly [Epidemiological and operational updates](#)
- COVID-19 new variants: [Knowledge gaps and research](#)
- COVID-19 [Dashboard](#)
- [Vaccines explained](#)
- Science in 5: [WHO’s series on science and COVID-19](#)
- [Quick links](#)

CDC:

- COVID [Data Tracker](#) and [weekly review](#)
- [What’s new and Updated](#)
- [Guidance for 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](#)

