



# Update 71 COVID-19 Coronavirus Disease 26<sup>th</sup> of May 2021



## GLOBAL

168 104 640  
Confirmed cases  
154 000 000 recovered  
3 490 915 deaths

## USA

(7-days incidence 50,9)  
33 166 879  
confirmed cases  
31 950 000 recovered  
590 950 deaths

## India

(7-days incidence 126,4)  
27 157 795  
confirmed cases  
21 960 000 recovered  
311 388 deaths

## Brazil

(7-days incidence 219,2)  
16 194 209  
confirmed cases  
14 660 000 recovered  
452 031 deaths

### News:

- International organizations have come together to launch a [new One Health High-Level Expert Panel](#) to improve understanding of how diseases with the potential to trigger pandemics, emerge and spread. The panel will advise four international organizations - the Food and Agriculture Organization of the United Nations (FAO); the World Organisation for Animal Health (OIE); the United Nations Environment Programme (UNEP); and the World Health Organization (WHO) - on the development of a long-term global plan of action to avert outbreaks of diseases.
- WHO:** The WHO Global TB Programme shared [its first report](#) of country case studies on programmatic innovations that are being implemented to overcome challenges in tuberculosis (TB) prevention and care, created or exacerbated by the COVID-19 pandemic.
- WHO:** The global death toll, directly or indirectly, from the Corona pandemic is likely to be about two to three times higher than the 3.4 million COVID-19 deaths confirmed by May. According to a conservative estimate, at least six to eight million people may have died so far.
- ECDC:** published a [brief technical note](#) that was developed at the request of the European Commission to inform the discussion on Digital Green Certificates to facilitate the safe and free movement of citizens within the EU during the COVID-19 pandemic.
- ECDC:** Released [a new dashboard](#) that provides an overview of the proportion of SARS-CoV-2 variants of concern and variants of interest among sequenced samples in EU and EEA countries, as well as sequencing volumes. It complements the data published in ECDC's weekly country overview report.
- CDC:** Updated their [COVID-19 Travel Recommendations by Destination](#) side.
- CDC:** Updated the COVID Data Tracker. [The Cases, Deaths, and Testing tab now displays percent positivity with more granularity.](#) The [new COVID-19 Hospitalizations and Disease Severity tab](#) shows trends in hospitalizations and disease severity among patients hospitalized with COVID-19 in a large subset of hospitals across the U.S. and the [updated Vaccination Demographics and Vaccination Demographic Trends tabs](#) display new age groupings among younger ages.
- EU:** At the EU summit, the Heads of State or Government agreed to donate at least 100 million doses of vaccine to the United Nations Covax programme by the end of the year.
- WHO:** At least 115,000 caregivers worldwide have died linked to a coronavirus infection, according to an estimate.

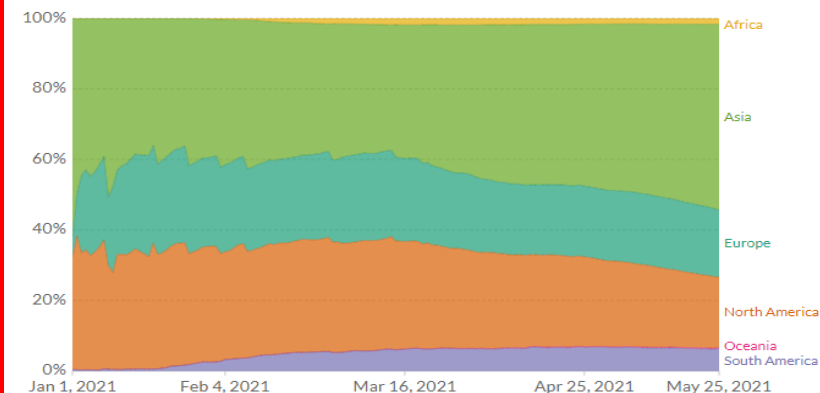
### Topics:

- Global situation
- European situation
- Vaccination news
- SARS-CoV-2 VOIs and VOCs
- Subject in Focus:** WHO; Causes and Findings from the Pandemic
- Conflict & Health:** Iraq
- Recommendations on COVID-19 therapeutics
- 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).

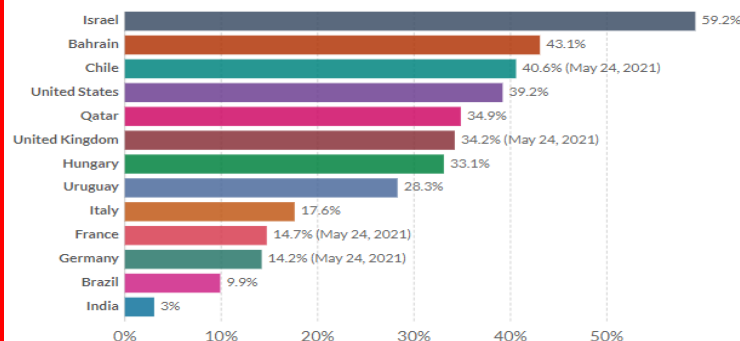
Relative



### Share of the population fully vaccinated against COVID-19, May 25, 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

51 685 523  
confirmed cases  
49 200 000  
recovered  
1 113 530 deaths

## France

(7-days incidence 104,3)  
5 609 050  
confirmed cases  
5 316 000 recovered  
108 879 deaths

## TUR

(7-days incidence 76,8)  
5 203 385  
confirmed cases  
4 962 000 recovered  
46 621 deaths

## Russia

(7-days incidence 40,3)  
4 968 421  
confirmed cases  
4 708 000 recovered  
117 595 deaths

# Situation by WHO Region, as of 25<sup>th</sup> May

## Global epidemiological situation overview; WHO as of 25 May 2021

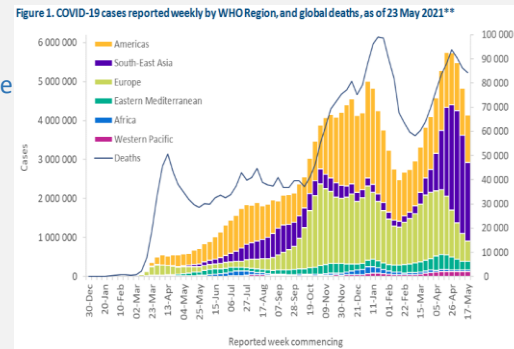
Over the past week, the number of new cases and deaths continued to decrease, with over 4.1 million new cases and 84 000 new deaths reported; a 14% and 2% decrease, respectively, compared to the previous week (Figure 1). The **European Region** reported the largest decline in new cases and deaths in the past week, followed by the **South-East Asia Region**. The numbers of cases reported by the **Americas, Eastern Mediterranean, African, and Western Pacific Regions** were similar to those reported in the previous week. The **Western Pacific Region** reported the largest increase in the number of deaths, while other regions reported decreases or similar numbers to the previous week. Despite a declining global trend over the past four weeks, incidence of COVID-19 cases and deaths remain high, and substantial increases have been observed in many countries throughout the world.

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

- **India**; reporting 1 846 055 new cases; 23% decrease ,
- **Brazil**; reporting 451 424 new cases; 3% increase
- **Argentina**; reporting 213 046 new cases; 41% increase,
- **United States of America**; reporting 188 410 new cases; 20% decrease
- **Colombia**; reporting 107 590 new cases; 7% decrease .

### Additional update

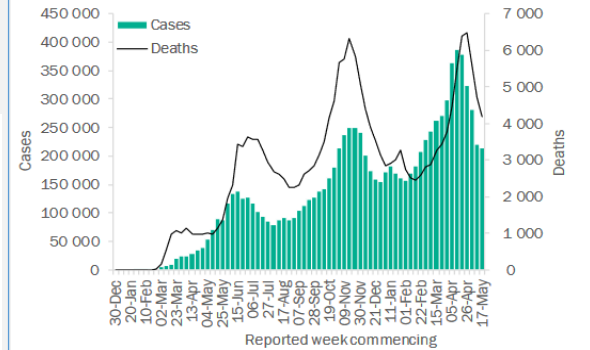
On 21 May, World leaders met at [the Global Health Summit](#), co-hosted by the European Commission and Italy as part of its G20 presidency, to [adopt an agenda to overcome the COVID-19 pandemic](#), and develop and endorse a [Rome Declaration of Principles](#).



## Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 215 000 new cases and over 4200 new deaths, a 2% and an 11% decrease respectively compared to the previous week. Overall case incidence has remained stable following sizeable increases observed in several countries in the region. Death incidence has decreased steeply for the past four weeks. The highest numbers of new cases were reported from the Islamic Republic of Iran (84 012 new cases; 100.0 new cases per 100 000; a 15% decrease), Iraq (27 232 new cases; 67.7 new cases per 100 000; a 4% decrease), and Pakistan (22 717 new cases; 10.3 new cases per 100 000; an 11% increase).

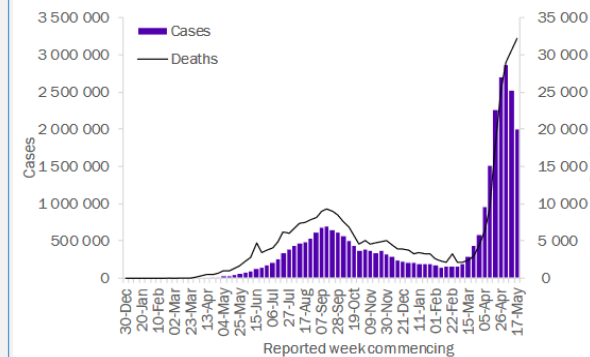
The highest numbers of new deaths were reported from the Islamic Republic of Iran (1748 new deaths; 2.1 new deaths per 100 000; a 17% decrease), Pakistan (710 new deaths; 0.3 new deaths per 100 000; a 6% increase), and Tunisia (403 new deaths; 3.4 new deaths per 100 000; a 6% decrease).



## South-East Asia Region

The South-East Asia Region reported over 2 million new cases and over 32 000 new deaths, a 21% decrease and a 4% increase respectively compared to the previous week. While the overall incidence of cases continues to decrease (driven primarily by trends in India), death incidence continued to increase for a tenth consecutive week, and sizeable increases have been observed in other countries in the region. The highest numbers of new cases were reported from India (1 846 055 new cases; 133.8 new cases per 100 000; a 23% decrease), Nepal (57 939 new cases; 198.9 new cases per 100 000; a 6% decrease), and Indonesia (33 270 new cases; 12.2 new cases per 100 000; a 24% increase).

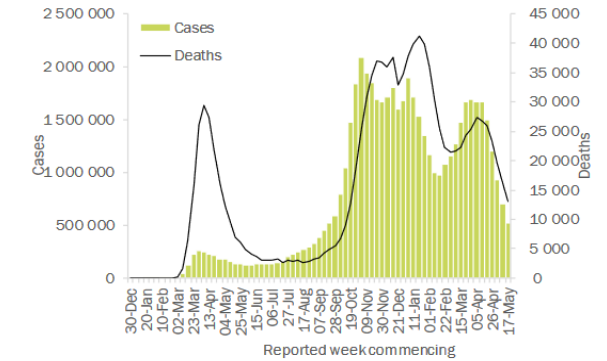
The highest numbers of new deaths were reported from India (28 982 new deaths; 2.1 new deaths per 100 000; a 4% increase), Nepal (1297 new deaths; 4.5 new deaths per 100 000; a 6% increase), and Indonesia (1238 new deaths; 0.5 new deaths per 100 000; a 10% increase).



## European Region

The European Region reported just under 525 000 new cases and just under 13 000 new deaths, a 25% and a 21% decrease respectively compared to the previous week. A sharp downward trend in cases and deaths has been observed over the last five weeks. The highest numbers of new cases were reported from Turkey (71 786 new cases; 85.1 new cases per 100 000; a 21% decrease), the Russian Federation (61 260 new cases; 42.0 new cases per 100 000; a 2% increase), and Germany (55 524 new cases; 66.8 new cases per 100 000; a 24% decrease).

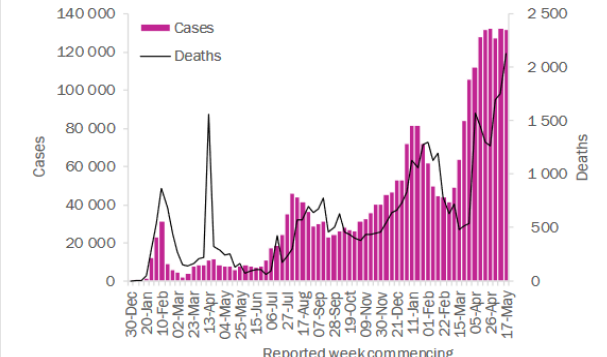
The highest numbers of new deaths were reported from the Russian Federation (2611 new deaths; 1.8 new deaths per 100 000; a 3% increase), Turkey (1534 new deaths; 1.8 new deaths per 100 000; a 14% decrease), and Ukraine (1293 new deaths; 3.0 new deaths per 100 000; a 23% decrease).



## Western Pacific Region

The Western Pacific Region reported over 131 000 new cases (similar to the previous week) and over 2100 new deaths (a 22% increase). The absolute numbers of cases and deaths remain the highest reported since the beginning of the pandemic. The highest numbers of new cases were reported from the Philippines (40 034 new cases; 36.5 new cases per 100 000; an 8% decrease), Malaysia (38 785 new cases; 119.8 new cases per 100 000; a 32% increase), and Japan (36 286 new cases; 28.7 new cases per 100 000; a 19% decrease).

The highest numbers of new deaths were reported from the Philippines (895 new deaths; 0.8 new deaths per 100 000; a 14% increase), Japan (773 new deaths; 0.6 new deaths per 100 000; a 21% increase), and Malaysia (333 new deaths; 1.0 new deaths per 100 000; a 59% increase).

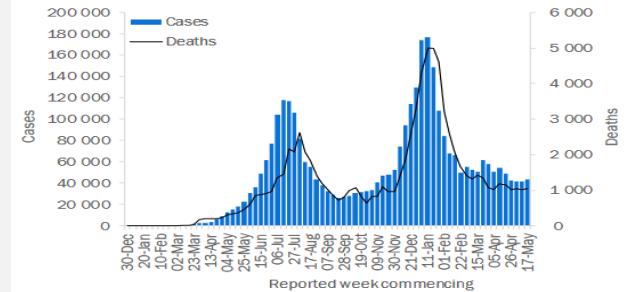


## WHO regional overviews

### African Region

The African Region reported over 44 000 new cases and over 1000 new deaths, a 4% and a 2% increase respectively compared to the previous week. The incidences of cases and deaths remain at similar rates to the previous four weeks. The highest numbers of new cases were reported from South Africa (21 429 new cases; 36.1 new cases per 100 000 population; a 31% increase), Ethiopia (3069 new cases; 2.7 new cases per 100 000; a 15% decrease), and Kenya (2729 new cases; 5.1 new cases per 100 000; a 27% increase).

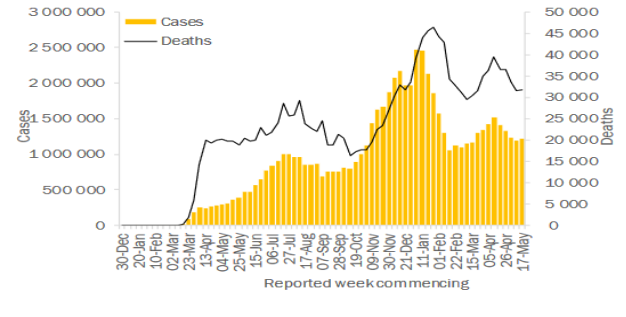
The highest numbers of new deaths were reported from South Africa (589 new deaths; 1.0 new deaths per 100 000 population; a 28% increase), Ethiopia (92 new deaths; 0.1 new deaths per 100 000; a 12% decrease), and Angola (60 new deaths; 0.2 new deaths per 100 000; a 140% increase).



### Region of the Americas

The Region of the Americas reported over 1.2 million new cases and over 31 000 new deaths. Overall case and death incidence has remained stable in recent weeks; however, sizeable increases have been observed in several countries. The highest numbers of new cases were reported from Brazil (451 424 new cases; 212.4 new cases per 100 000; a 3% increase), Argentina (213 046 new cases; 471.4 new cases per 100 000; a 41% increase), and the United States of America (188 410 new cases; 56.9 new cases per 100 000; a 20% decrease).

The highest numbers of new deaths were reported from Brazil (13 681 new deaths; 6.4 new deaths per 100 000; similar to the previous week), the United States of America (4032 new deaths; 1.2 new deaths per 100 000; a 3% decrease), and Argentina (3538 new deaths; 7.8 new deaths per 100 000; a 19% increase).



# Country Reports

**DEU:** The number of deaths in Germany in the second week of May was six per cent higher than in previous years. According to the Federal Statistical Office, 18,324 people died between 10 and 16 May. That was almost a thousand more than the average for the comparative weeks of 2017 to 2020.

**AUT:** Due to the spread of the Indian variant of the Corona virus, a landing ban will be imposed on all aircraft from the UK from 1 June. GBR was also added to the list of virus variant areas on Tuesday. Entry from Great Britain to Austria is therefore only possible to a very limited extent. In essence, only Austrian citizens and persons domiciled or habitually resident may enter Austria. Entry on humanitarian grounds or in the overriding interest of the Republic is also possible.

**ESP:** According to official data, 4.05 million hotel nights were recorded for April. That's 85 percent less than in the same month of 2019. In April last year, tourism had come to a complete standstill due to the strict Corona lockdown.

Another piece of normality has returned to the Balearic Islands : From now on, the restaurateurs will be allowed to host guests indoors for the first time since March due to the relaxed Corona location - until June 5, however, only until 6 p.m. The outdoor areas are allowed to remain open until 11 p.m. However, strict conditions still apply: The catering establishments, which have terraces, are initially only allowed to host a maximum of 30 percent of the usual number of guests in their indoor areas. For restaurants without outdoor areas, a maximum occupancy rate of 50 percent applies - as long as there are no more than 150 guests. A maximum of four people may sit at each table. In addition, all islands in the region have a night curfew between midnight and 6 a.m.

**LTU:** In the run-up to the EU, a Green Passport for Corona vaccinated, tested and recoveries will be introduced in digital form. The QR code available on mobile phones is intended to provide special facilitation. Under strict guidelines, the certificate can then be used to visit events and gastronomy indoors.

**GBR:** According to the NHS, up to 8700 people have died after a corona infection they contracted in hospital. According to this, more than 32,000 people have contracted COVID-19 since March 2020 during a hospital stay for other reasons. About 8,700 of them died within 28 days of their positive test. It is not known in how many cases COVID-19 was the leading cause of death, or perhaps just an additional factor.

The government has tightened the distance rules in individual English districts with high levels of the coronavirus variant first discovered in India. The government website was updated last Friday for eight districts nationwide. People there are therefore being urged not to leave their districts, to keep two metres away from others and not to meet indoors. The list includes areas in the north-west of the country, in central England and also in a London borough. The Bolton area in Greater Manchester is the worst affected. There, about 450 new infections per 100,000 inhabitants were last recorded within seven days.

The UK wants to strengthen acceptance of Corona tests and self-isolation through a range of measures, such as increased welfare and alternative accommodation. To this end, the government launched a pilot project in several areas of the largest part of the country, England. There, for example, people with mental health problems and interpreters take care of non-native speakers. Those who live in apartments with many others and therefore cannot isolate themselves can find shelter elsewhere. Overcrowded homes, especially in socially deprived areas, are seen as a major reason for the rapid spread of the coronavirus.

**ITA:** On Tuesday, 110 deaths were reported related to the Coronavirus. That's up from 72 deaths on Monday. The number of new infections, on the other hand, fell from 3995 to 2490.

**HUN:** The government has relaxed further Corona rules. The mask requirement in the open air and the nocturnal exit restrictions no longer apply. Mouth-nose protection only needs to be worn in enclosed public spaces such as shops or public transport. However, tourist trips to Hungary are generally not yet possible - except for people who have been vaccinated in a country whose vaccination certificates Hungary recognises. Currently these are Romania, Serbia, Montenegro, Croatia, Slovenia, Turkey and Bahrain.

**AUS:** In Melbourne, stricter restrictions have been imposed after nine new corona infections. In rooms, masks are mandatory, where only a maximum of five people are allowed to meet. A maximum of 30 people are allowed to gather outdoors. The restrictions are expected to apply until the end of next week. The cases were linked to a Melbourne traveller who had become infected in a quarantine hotel.

**IND:** The rare disease Mukormykose caused by a mould continues to spread. So far, some 9,000 cases have been reported. The so-called black fungus mainly affects COVID-19 sufferers or people who have practically survived a corona infection. The drug *Amphotericin B*, which can be used to treat the infection, has long since become scarce. According to India media, more than 250 people have already been killed. The spread is now to be followed more closely for example must all medical facilities now have to report mukormycosis cases centrally.

More than 300,000 people have now died who tested positive for the coronavirus. The number rose by 4,454 more deaths in 24 hours on Tuesday to 303,720, according to health ministry data. In addition, 222,315 new infections were registered within a day.

**USA:** Two months before the Summer Olympics in Japan, the US State Department has warned against travel to the country because of the spread of the coronavirus. The travel warning level has been raised to the highest level of four. According to the CDC, even fully vaccinated travelers in Japan can infect themselves, spreading variants of the virus.

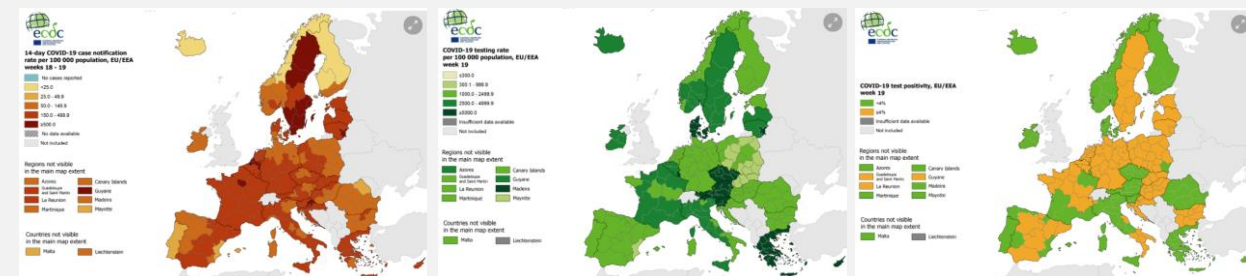
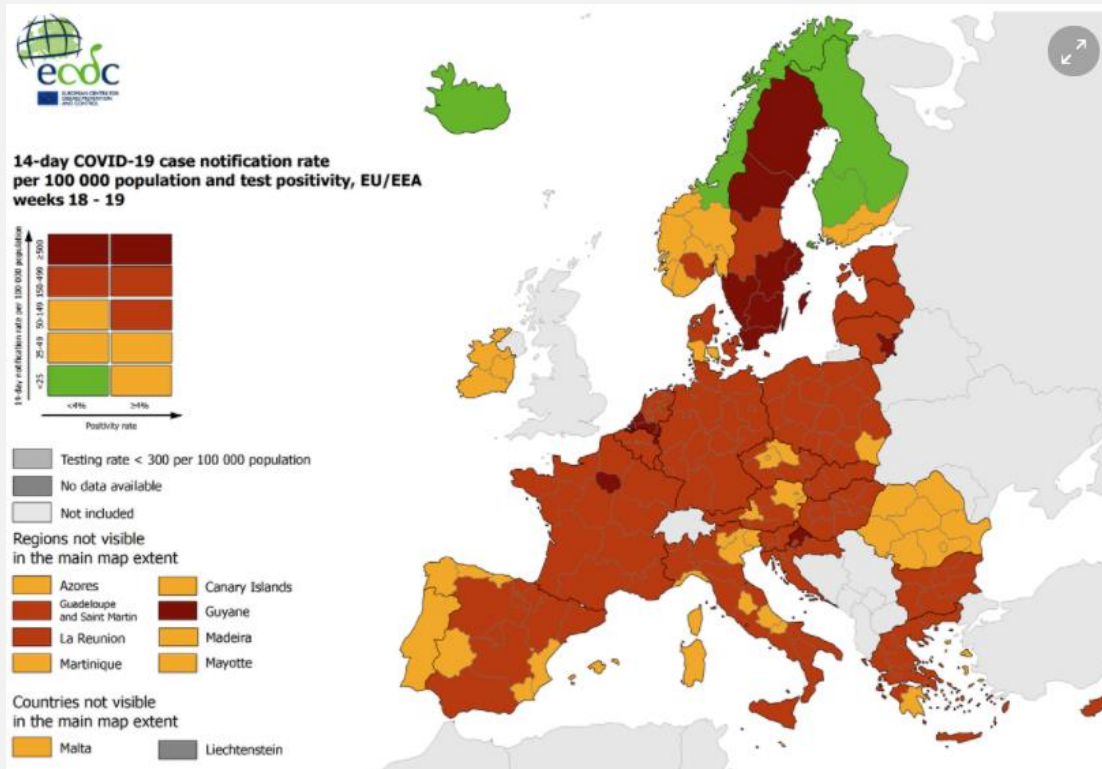
In New York, there will be no distance classes in the coming school year, following the Corona restrictions of the past few months. From September, all students of all classes will be taught on site again.

**THA:** Phuket unveiled plans in March to allow vaccinated holidaymakers to holiday on the island from July. Discussions are currently under way as to whether and how this can still be implemented in the light of weeks of rising Corona figures in the country.

**MYS:** On Sunday, a new high of corona cases was recorded with in one day, with 6976 new infections. The previous peak of 6,806 infections within 24 hours had not been recorded until 20 May.

# 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 21 May 2021



ECDC COVID-19 surveillance report Week 19, as of 21 May 2021

## Weekly surveillance summary

### Overall situation

At the end of week 19 (week ending Sunday 16 May 2021), two 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 two countries; 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 hospital and ICU occupancy, remained high, suggesting widespread transmission. However, trends for a number of indicators were stable or decreasing in several countries. Moreover, the median cumulative uptake of at least one vaccine dose among adults aged 18 years and above in the EU/EEA was 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 19, the 14-day case notification rate for the EU/EEA, based on data collected by ECDC from official national sources in 30 countries, was 224 (country range: 18-577) per 100 000 population. The rate has been decreasing for six weeks.
- Among the 26 countries with high case notification rates (at least 60 per 100 000 population), increases were observed in two countries (Denmark and Greece). Stable or decreasing trends in case rates of 1–11 weeks' duration were observed in 24 countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Estonia, France, Germany, Hungary, Ireland, Italy, Latvia, Liechtenstein, Lithuania, 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 the previous week were observed in 20 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 19, available for 29 countries, varied from 721 to 69 880 tests per 100 000 population. Denmark had the highest testing rate for week 19, followed by Austria, Cyprus, Greece and Czechia.
- Among the 14 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 14 countries (Belgium, Bulgaria, Croatia, Estonia, France, Germany, Hungary, Latvia, Lithuania, the Netherlands, Poland, Slovakia, Spain and Sweden).

### Hospitalisation and ICU

- Pooled data from 24 countries for week 19 showed that there were 6.5 patients per 100 000 population in hospital due to COVID-19. According to weekly hospital admissions data pooled from 19 countries, new admissions were 5.4 per 100 000 population.
- Pooled data from 19 countries for week 19 showed that there were 1.5 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 1.5 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 22 countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Denmark, Estonia, Finland, France, Germany, Greece, Italy, Latvia, Lithuania, Luxembourg, the Netherlands, Norway, Poland, Romania, Slovakia, Slovenia, Spain and Sweden). However, in 20 countries, there were decreases in these indicators compared with the previous week.

### Mortality

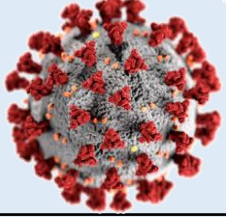
- The 14-day COVID-19 death rate for the EU/EEA, based on data collected by ECDC from official national sources for 30 countries, was 45.4 (country range: 0.0-133.6) per million population. The rate has been decreasing for three weeks.
- Among the 22 countries with high 14-day COVID-19 death rates (at least 10 per million), an increase was observed in one country (Latvia). Stable or decreasing trends in death rates of 1–8 weeks' duration were observed in 21 countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Estonia, France, Germany, Greece, Hungary, Italy, Liechtenstein, Lithuania, Luxembourg, the Netherlands, Poland, Romania, Slovakia, Slovenia and Spain).

### Variants of concern and variants of interest

- Sequencing capacity varies greatly across the EU/EEA; 13 EU/EEA countries (Belgium, Denmark, France, Germany, Hungary, Iceland, Ireland, Lithuania, 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 18 May 2021, or to TESSy by 16 May 2021 (data referring to the period 26 April to 9 May 2021). During the same period, eight countries sequenced and reported between 60 and 499 samples, while nine countries sequenced and reported <60 samples or did not report data.
- Among the 13 countries with the recommended level of 10% or 500 sequences reported per week in the period from 26 April to 9 May 2021, 10 had a valid denominator. The median (range) of the variants of concern (VOC) reported in all samples sequenced in the period in these 10 countries was 91.5% (71.3–96.0%) for B.1.1.7, 0.5% (0.0–7.9%) for B.1.351, 0.3% (0.0–6.0%) for P.1 and 0.0% (0.0–1.3%) for B.1.1.7+E484K.
- The median (range) of the variants of interest (VOI) reported in all samples sequenced in the period for these 10 countries was 0.2% (0.0–5.2%) for B.1.617, 0.0% (0.0–1.5%) for B.1.525, 0.0% (0.0–0.4%) 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 (Belgium, France, Lithuania, the Netherlands and Slovenia), in week 19, the pooled incidence of COVID-19 cases among LTCF residents was 75.6 per 100 000 LTCF beds, the pooled incidence of fatal COVID-19 cases was 5.8 per 100 000 LTCF beds, and 5.8% of participating LTCFs reported one or more new COVID-19 cases among their residents.



# Vaccination news

**EU:** By next Sunday, 170 million Europeans are expected to be vaccinated against Corona at least once. That is 46 percent of the adult population in the EU. By 30 May, some 300 million doses of the Corona vaccine would be delivered in the EU, of which 245 million doses would be administered. Deliveries in the second quarter from April to June are therefore above initial expectations: 413 million doses of vaccine from BioNTech/Pfizer, Moderna, AstraZeneca and Johnson & Johnson are expected to arrive in the EU. As recently as the beginning of March, there were talk of 300 million doses in the second quarter. According to the current forecast, there will be as many as 529 million doses in the third quarter from July to the end of September, and another 452 million in the fourth quarter. The EU had declared the target of vaccinating at least 70 percent of adults in the EU against COVID-19. This could be achievable, at least for the initial vaccinations, by July.

In view of future health crises, the EU intends to finance the construction of vaccine production sites in Africa with EUR 1 billion. The so-called hubs are to be built across the continent. There is no information on the exact locations. Among other things, the infrastructure, the scientific environment and the supply of local specialists are important for the decision.

**EMA:** People who suffered from a blood clot and a lack of platelets after a first Corona vaccination with AstraZeneca should not receive a second dose of this vaccine. Doctors should also look for signs of blood clots within three weeks of vaccination if there is a lack of platelets and vice versa.

**COVAX:** Pharmaceutical companies Pfizer, Moderna and Johnson & Johnson want to provide 3.5 billion Corona vaccine doses to poor countries. They pledged this amount for the years 2021 and 2022 at the World Health Summit in Rome.

**Moderna:** At the beginning of June, the corona vaccine will be applied for approval in the EU for children and adolescents between the ages of 12 and 17. The EMA is already considering the approval of Biontech/Pfizer's Corona vaccine for 12 to 15-year-olds. In the US, the vaccine is already approved for this age group.

**IND:** Several Indian states have temporarily suspended their Corona vaccinations for 18- to 40-year-olds. According to the competent authorities, this is due to run-down stocks. The states, which include Chhattisgarh, Delhi, Karnataka, Maharashtra and Rajasthan, are considered particularly badly affected by the violent second wave of corona in India. According to government officials, the shortage of vaccine doses is only temporary. Between June and December, about 2 billion doses of vaccination are expected to be available.

**JAP:** From now on, people can be vaccinated in mass vaccination centres. At the facilities in Tokyo and Osaka, up to 10,000 people are now expected to receive their injections every day. The elderly in particular are addressed. The aim is to speed up the vaccination campaign before the start of the Olympic Games on 23 July. After all, the authorities are already talking about a fourth wave of infections.

**HKG:** Due to the low vaccination readiness, approximately two million BioNTech vaccine doses, which last for six months, have not been used up to now. Hong Kong had secured enough Corona vaccine to immunize all 7.5 million inhabitants. So far, only 19 percent of people in Hong Kong have received an initial vaccination, while 14 percent are fully vaccinated. Distrust of the government, misinformation on the internet and the relaxed Corona situation, however, have led to a low vaccination readiness in the metropolis of millions. At present, Hong Kong is considered almost corona-free. The municipal vaccination centres where the BioNTech/Pfizer drug is administered are scheduled to close in September. Some politicians had therefore proposed in recent weeks to export the unused vaccine cans.

**GBR:** As of Saturday, more than 40 percent of adults have already been fully vaccinated. The latest figures from the NHS show that more than 50 million doses of vaccine have been injected since the vaccination campaign began in December. By Friday, some 31.5 million people in England had received their first dose of COVID-19, and just under 18.7 million had already received their second.

**USA:** The US will provide the government in Seoul with Corona vaccine for the South Korean military. It said about 550,000 soldiers were killed. This is also in the interests of THE US forces stationed in South Korea. The U.S. government expects to have enough vaccine stake for all of about 330 million Americans by the end of May. About 60 percent of U.S. adults have already received a dose of vaccination, and nearly 50 percent are already fully vaccinated.

## Key figures on the vaccine rollout in the EU/EEA as of week 19, 2021 (16 May 2021)

### Total doses distributed and administered

Total number of vaccine doses distributed by manufacturers to EU/EEA countries: 232 119 277 (29 countries reporting)

Median number of vaccine doses distributed by manufacturers to EU/EEA countries per hundred inhabitants: 60.6 (range: 42.2–123) (29 countries reporting)

Total number of vaccine doses administered: 200 867 558 (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 37.8% (range: 12.2–57.4%) (30 countries reporting)

Cumulative uptake of full vaccination among adults aged 18 years and above: median of 16.2% (range: 4.9–33.8%) (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 79.5% (range: 11.7–100%) (24 countries reporting)

Cumulative uptake of full vaccination among persons aged 80 years and above: median of 60.2% (range: 6.4–98.3%) (24 countries reporting)

Cumulative uptake of at least one vaccine dose among healthcare workers: median of 85.2% (range: 20.8–100%) (16 countries reporting)

Cumulative uptake of full vaccination among healthcare workers: median of 61.9% (range: 18.8–100%) (16 countries reporting)

Cumulative uptake of at least one vaccine dose among residents of long-term care facilities: median of 79.2% (range: 34.6–100%) (11 countries reporting)

Cumulative uptake of full vaccination among residents of long-term care facilities: median of 69.1% (range: 25.9–100%) (11 countries reporting)

Total Vaccine Doses	People Vaccinated	
	At Least One Dose	Fully Vaccinated
Delivered 357,250,475	163,907,827	130,615,797
Administered 286,890,900	49.4%	39.3%
<a href="#">Learn more about the distribution of vaccines.</a>	163,805,654	130,607,271
	58.5%	46.6%
	158,757,341	128,622,427
	61.5%	49.8%
	46,734,016	40,480,404
	85.4%	74%

## COVID-19 Vaccinations in the USA, as of 24 May

# European Situation on Vaccination

Total doses distributed to EU/EEA countries

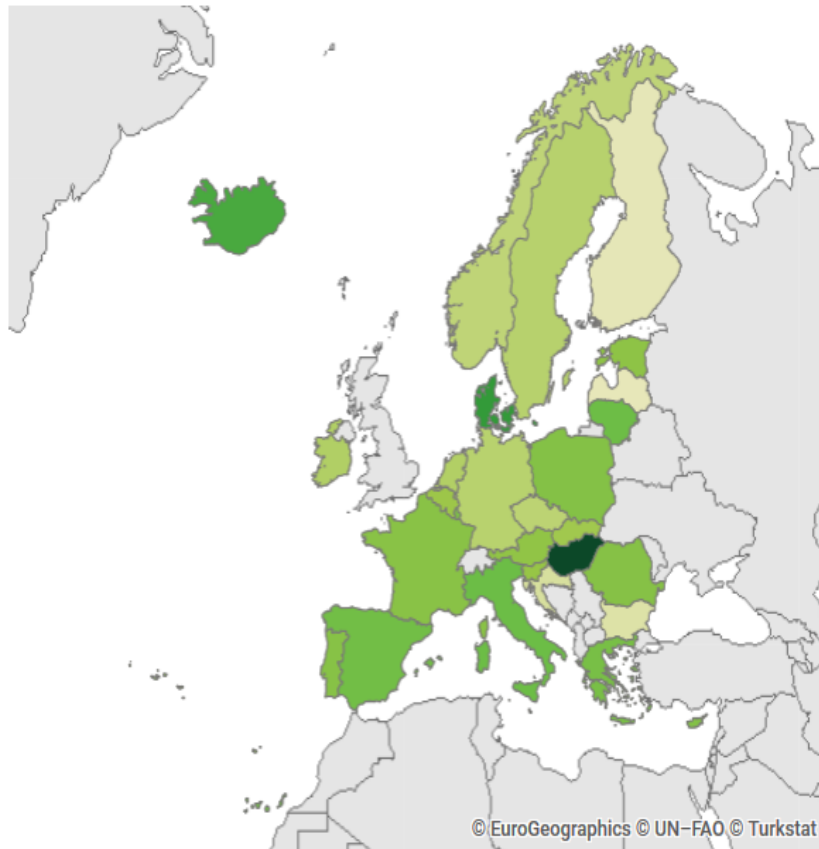
245,822,016

212,711,355

Select View : Uptake full vaccination

Country ▾

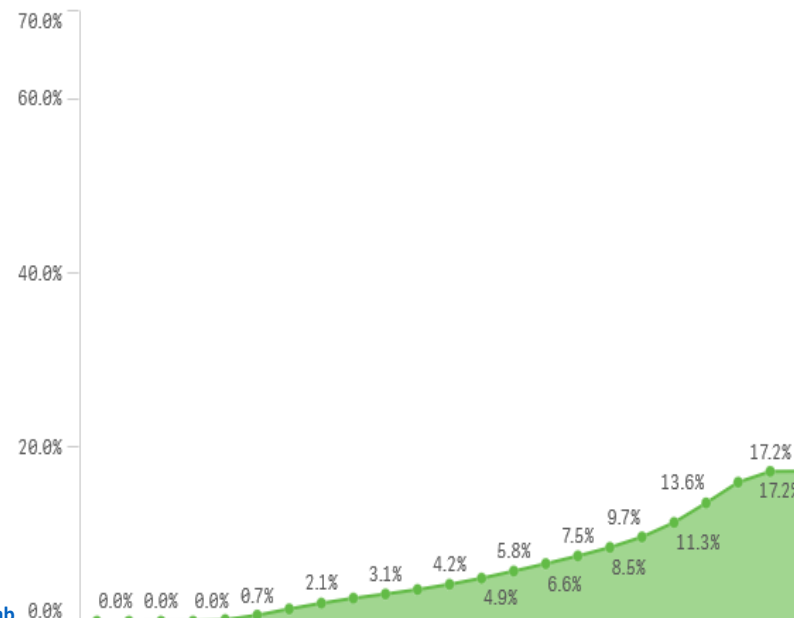
Cumulative uptake (%) of full vaccination among adults (18+) in EU/EEA countries as of 2021-05-25



Cumulative uptake at least one dose among adults (18+) in EU/EEA	Cumulative uptake full vaccination among adults (18+) in EU/EEA
40.6%	17.2%

Cumulative uptake (%) of full vaccination among adults (18+) in EU/EEA countries as of 2021-05-25

by reporting week



Cumulative uptake (%) of full vaccination by age group in EU/EEA countries as of 2021-05-25

Country	80 years and	70-79 years	60-69 years	50-59 years	25-49 years
Austria	70.1%	37.9%	17.6%	12.2%	8.4%
Belgium	58.6%	41.3%	14.7%	11.1%	8.1%
Bulgaria	8.1%	13.4%	13.2%	10.7%	6.1%
Croatia	27.4%	26.1%	13.8%	6.9%	3.5%
Cyprus	75.4%	44.0%	31.4%	26.2%	5.6%
Czechia	59.1%	37.9%	8.5%	10.0%	5.9%
Denmark	98.2%	86.8%	21.2%	11.8%	7.7%
Estonia	45.3%	35.6%	23.0%	16.8%	9.1%
Finland	46.8%	6.0%	6.1%	5.2%	3.7%
France	59.7%	53.5%	19.0%	12.2%	5.1%
Germany	-	-	-	-	-
Greece	60.1%	56.6%	23.7%	9.4%	6.2%
Hungary	62.0%	69.1%	53.8%	35.9%	20.9%
Iceland	97.9%	43.3%	36.7%	17.9%	13.4%
Ireland	94.6%	63.3%	6.3%	6.4%	5.0%
Italy	81.6%	28.9%	21.1%	13.9%	9.2%
Latvia	11.4%	14.1%	6.8%	4.2%	2.5%
Liechtenstein	-	-	-	-	-
Lithuania	36.6%	44.7%	32.6%	17.2%	9.8%
Luxembourg	71.9%	33.4%	52.8%	12.7%	4.6%
Malta	90.5%	99.9%	35.9%	30.8%	17.9%
Netherlands	-	-	-	-	-
Norway	87.2%	47.0%	6.5%	5.0%	3.2%
Poland	53.6%	61.2%	21.5%	16.0%	7.9%
Portugal	89.3%	32.9%	13.8%	10.8%	7.8%

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---25-may-2021>

WHO, in collaboration with national authorities, institutions and researchers, routinely assesses if variants of SARS-CoV-2 result in changes in transmissibility, clinical presentation and severity, or if they result in changes in public health and social measures (PHSM) implementation by national health authorities. Globally, systems have been established and are being strengthened to detect “signals” of potential Variants of Interest (VOIs) or Variants of Concern (VOCs) and assess these based on the risk posed to global public health.

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.

## Phenotypic characteristics

### Summary of phenotypic impacts\* VOCs, as of 25 May 2021

VOC (lineage)	B.1.1.7	B.1.351	P.1	B.1.617
<b>Transmissibility</b>	Increased transmissibility <sup>1</sup> , Increased secondary attack rate <sup>1</sup>	Increased transmissibility <sup>2</sup>	Increased transmissibility <sup>1</sup>	Increased transmissibility <sup>3,4</sup>
<b>Disease severity</b>	Not confirmed; possible increased risk of hospitalization <sup>5</sup> , severity and mortality <sup>6</sup>	Not confirmed, possible increased risk of in-hospital mortality <sup>7,8</sup>	Not confirmed, possible increased risk of hospitalization <sup>9</sup>	Under investigation
<b>Risk of reinfection</b>	Neutralizing activity retained <sup>10</sup> , risk of reinfection remain similar <sup>11,12</sup>	Reduction in neutralizing activity reported. T cell response elicited by D614G prototype virus remains effective against B.1.351 <sup>13-15</sup>	Moderate reduction in neutralizing activity reported <sup>16,17</sup>	Under investigation, possible modest reduction in neutralization activity (B.1.617.1) <sup>4</sup>
<b>Impacts on diagnostics</b>	Limited impact – S gene target failure (SGTF; no impact on overall result from multiple target RT-PCR, No impact on Ag RDTs observed. <sup>18</sup>	No impact on RT-PCR or Ag RDTs observed <sup>15</sup>	None reported to date	None reported to date

\*Generalized findings as compared to wildtype/non-VOC viruses. Based on emerging evidence, including non-peer-reviewed preprint articles and reports, all subject to ongoing investigation and revision.

- New evidence is emerging that secondary attack rates for variant B.1.617.2 reported in the UK were higher than that of B.1.1.7, among travellers and non-travellers
- A pre-print study of three outbreaks among kindergarten-aged children in Germany suggested that children aged 1 to 5 years who were infected with variant B.1.1.7 were as susceptible and infectious as adults infected with B.1.1.7.
- A study of seven European countries assessing disease severity of cases, reported that a significantly higher proportion of cases infected with one of the three VOCs: B.1.1.7, B.1.351 and P.1 were admitted to the hospital compared to those infected with non-VOCs

## SARS-CoV-2 VOCs and VOIs, as of 25 May 2021

PANGO lineage Nextstrain clade GISAI clade	Alternate name	First detected in	Earliest samples	Characteristic spike mutations
<b>Variants of Concern (VOCs)</b>				
B.1.1.7 20I/501Y.V1 GR/501Y.V1	VOC	United Kingdom	Sep 2020	69/70del, 144del, N501Y, A570D, D614G, P681H, T716I, S982A, D1118H
B.1.351 20H/501Y.V2* GH/501Y.V2	VOC	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	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)
<b>Variants of Interest (VOIs)</b>				
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	S131, 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, E1092R, 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 - GH	-	France	Feb 2021	H66D, G142V, 144del, D215G, V483A, D614G, H655Y, G669S, Q949R, N1187D

\* B.1.617 viruses are divided in three lineages (B.1.617.1, B.1.617.2 and B.1.617.3). Findings for lineages B.1.617.1 and B.1.617.2 were mainly used to designate B.1.617 a global VOC. Once more information becomes available, specific lineages may be designated.

- For vaccine performance against VOCs, new Phase III efficacy results from the UK have been made available and provide evidence that Novavax-Covavax is highly efficacious at preventing COVID-19 disease due to B.1.1.7. Efficacy against B.1.1.7 symptomatic disease ≥ 7 days after the second dose was 86.3%, similar to that against non-B.1.1.7 disease: 96.4%.
- Two new preprint studies (not yet peer-reviewed) estimated vaccine effectiveness (VE) of BioNTech and AstraZeneca vaccines against COVID-19 mortality and hospitalization among older adults in UK. Results show a single dose of AstraZeneca offers levels of protection against mortality among people who develop disease similar to a single dose of BioNTech. VE of two doses of BioNTech against death among people who develop disease was 69%.
- A new pre-print study from the UK suggested slightly lower effectiveness for BioNTech and AstraZeneca vaccines against symptomatic disease caused by B.1.617.2 compared to symptomatic disease caused by B.1.1.7. VE of two doses of BioNTech was 93.4% against B.1.1.7 and 87.9% against B.1.617.2. VE of two doses of AstraZeneca was 66.1% against B.1.1.7 and 59.8% against B.1.617.2.

## Summary of vaccine performance against Variants of Concern (VOC) relative to previously circulating (non-VOC) variants

B.1.1.7	B.1.351	P.1	B.1.617
<b>Efficacy/effectiveness against disease or infection</b>			
Protection retained against disease	Reduced protection against disease, limited evidence	Protection likely against disease, very limited evidence on only one vaccine	Protection likely against disease (for B.1.617.2), very limited evidence on only two vaccines
Severe disease: No/minimal loss: Pfizer BioNTech-Comirnaty <sup>21-25</sup>	Severe disease: No/minimal loss: Janssen Ad26.COV 2.5, Pfizer BioNTech-Comirnaty <sup>23,37</sup>	Symptomatic Disease: No/minimal loss: Sinovac-CoronaVac <sup>40,41</sup>	Symptomatic Disease: B.1.617.2: No/minimal loss: AstraZeneca- Vaxzevria after one dose and Pfizer BioNTech-Comirnaty after two doses <sup>42</sup>
Symptomatic Disease & Infection: No/minimal loss: AstraZeneca- Vaxzevria, Novavax-Covavax, Pfizer BioNTech-Comirnaty <sup>6-15</sup>	Mild-moderate disease: Moderate loss: Janssen-Ad26.COV 2.5, Novavax-Covavax <sup>37,38</sup> Inconclusive/substantial loss, limited sample size: AstraZeneca-Vaxzevria <sup>39</sup>	Infection: No/minimal loss: Sinovac-CoronaVac <sup>41</sup>	Minimal/modest loss: AstraZeneca- Vaxzevria after two doses <sup>42</sup>
Asymptomatic infection: No/minimal loss: Pfizer BioNTech-Comirnaty <sup>22,36</sup> Inconclusive/Moderate-substantial loss, limited sample size: AstraZeneca-Vaxzevria <sup>27</sup>	Infection: Moderate loss: Pfizer BioNTech-Comirnaty <sup>23</sup>  Asymptomatic infection: No evidence		
<b>Neutralization</b>			
No/minimal loss: Bharat-Covaxin, Gamaleya-Sputnik V, Moderna- mRNA-1273, Novavax-Covavax, Pfizer BioNTech-Comirnaty, BeijingCNBG-BBIBP-CorV, Sinovac-CoronaVac <sup>43-64</sup>	Minimal/modest loss: Beijing CNBG-BBIBP-CorV, Sinovac-CoronaVac, Anhui ZL- Recombinant <sup>65-67</sup>	No/minimal loss: AstraZeneca-Vaxzevria, Sinovac-CoronaVac <sup>58,74</sup>	B.1.617 (sublineage unspecified) Minimal/modest loss: Bharat-Covaxin <sup>77</sup>
Minimal/moderate loss: AstraZeneca-Vaxzevria <sup>27,58</sup>	Minimal to substantial loss: Moderna-mRNA-1273, Pfizer BioNTech-Comirnaty <sup>44,45,55,57,58,64,75,76-59,68-73</sup>	Minimal/moderate loss: Moderna-mRNA-1273, Pfizer BioNTech-Comirnaty <sup>44,45,55,57,58,64,75,76</sup>	B.1.617.1: Minimal/modest loss: SII-Covishield <sup>78</sup> Modest/moderate loss: Moderna- mRNA-1273, Pfizer BioNTech-Comirnaty <sup>73,79,80</sup>
	Moderate to substantial loss: AstraZeneca-Vaxzevria, Gamaleya-Sputnik V, Novavax-Covavax <sup>50,60,70,70</sup>		B.1.617.2, B.1.617.3: No sublineage-specific evidence

# SARS-CoV-2 Variants Of Concern as of May 24, 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>B.1.1.7</b>	United Kingdom	N501Y, D614G, P681H	September 2020	Yes (v) [1]	Unclear [2]	Yes (v) [3, 4]	Dominating
<b>B.1.1.7+E484K</b>	United Kingdom	E484K, N501Y, D614G, P681H	December 2020	Yes (v) [1]	Neutralisation (v) [2, 5]	Yes (v) [3]	Outbreaks
<b>B.1.351</b>	South Africa	K417N, E484K, N501Y, D614G, A701V	September 2020	Yes (v) [6]	Escape (v) [7, 8]	Yes (v) [4, 9]	Community
<b>P.1</b>	Brazil	K417T, E484K, N501Y, D614G, H655Y	December 2020	Yes (v) [10]	Neutralisation (v) [11]	Yes (v) [4]	Community
<b>B.1.617.2</b>	India	L452R, T478K, D614G, P681R	December 2020	Yes (v) [12-14]	Escape (v) [15]		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>B.1.525</b>	Nigeria	E484K, D614G, Q677H	December 2020		Neutralisation (m) [5]		Community
<b>B.1.427/B.1.429</b>	USA	L452R, D614G	September 2020	Unclear [12]	Neutralisation (v) [12]		Sporadic/Travel
<b>P.3</b>	The Philippines	E484K, N501Y, D614G, P681H	January 2021	Yes (m) [1]	Neutralisation (m) [5]		Sporadic/Travel
<b>B.1.616</b>	France	V483A, D614G, H655Y, G669S	February 2021	Detection (c) [13]			Single outbreak
<b>B.1.617.1</b>	India	L452R, E484Q, D614G, P681R	December 2020	Yes (v) [14]	Neutralisation (v) [15, 17]		Outbreaks
<b>B.1.617.3</b>	India	L452R, E484Q, D614G, P681R	February 2021	Yes (m) [1]	Neutralisation (m) [5, 12]		Not detected
<b>B.1.620</b>	Unclear (b)	S477N, E484K, D614G, P681H	February 2021		Neutralisation (m) [5, 14]		Outbreaks
<b>B.1.621</b>	Colombia	R346K, E484K, N501Y, D614G, P681H	January 2021	Yes (m) [1]	Neutralisation (m) [5]		Sporadic/Travel

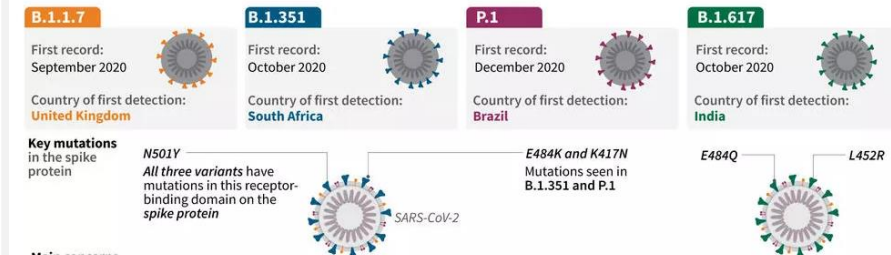
## Variants under monitoring

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>B.1.214.2</b>	Unclear (b)	Q414K, N450K, Ins214TDR, D614G	December 2020				Detected (a)
<b>A.23.1+E484K</b>	United Kingdom	V367F, E484K, Q613H	December 2020		Neutralisation (m) [5]		Detected (a)
<b>A.27</b>	Unclear (b)	L452R, N501Y, A653V, H655Y	December 2020	Yes (m) [1]	Neutralisation (m) [12]		Detected (a)
<b>A.28</b>	Unclear (b)	E484K, N501T, H655Y	December 2020		Neutralisation (m) [5]		Detected (a)
<b>C.16</b>	Unclear (b)	L452R, D614G	October 2020		Neutralisation (m) [5]		Detected (a)
<b>C.37</b>	Peru	L452Q, F490S, D614G	December 2020				Detected (a)
<b>B.1.351+P384L</b>	South Africa	P384L, K417N, E484K, N501Y, D614G, A701V	December 2020	Yes (v) [6]	Escape (v) [7, 8]	Unclear [9]	Detected (a)
<b>B.1.351+E516Q</b>	Unclear (b)	K417N, E484K, N501Y, E516Q, D614G, A701V	January 2021	Yes (v) [6]	Escape (v) [7, 8]	Unclear [9]	Detected (a)
<b>B.1.1.7+L452R</b>	United Kingdom	L452R, N501Y, D614G, P681H	January 2021	Yes (v) [1]	Neutralisation (m) [12]	Yes (v) [3]	Detected (a)
<b>B.1.1.7+S494P</b>	United Kingdom	S494P, N501Y, D614G, P681H	January 2021	Yes (v) [1]	Neutralisation (m) [15]	Yes (v) [3]	Detected (a)
<b>C.36+L452R</b>	Egypt	L452R, D614G, Q677H	December 2020		Neutralisation (m) [12]		Detected (a)
<b>AT.1</b>	Russia	E484K, D614G, N679K, Ins679GIAL	January 2021		Neutralisation (m) [5]		Detected (a)
<b>B.1.526</b>	USA	E484K, D614G, A701V	December 2020		Neutralisation (m) [5]		Detected (a)
<b>B.1.526.1</b>	USA	L452R, D614G	October 2020		Neutralisation (m) [12]		Detected (a)
<b>B.1.526.2</b>	USA	S477N, D614G	December 2020				Detected (a)
<b>B.1.1.318</b>	Unclear (b)	E484K, D614G, P681H	January 2021		Neutralisation (m) [5]		Detected (a)
<b>P.2</b>	Brazil	E484K, D614G	January 2021		Neutralisation (m) [5]		Detected (a)
<b>B.1.1.519</b>	Mexico	T478K, D614G	November 2020		Neutralisation (m) [12]		Detected (a)
<b>AV.1</b>	United Kingdom	N439K, E484K, D614G, P681H	March 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

<b>Transmissibility</b> 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	<b>Severity of illness</b> 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	<b>Vaccine efficacy</b> 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	<b>The Indian outbreak</b> 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
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Source: <https://www.ecdc.europa.eu/en/covid-19/variants-concern>

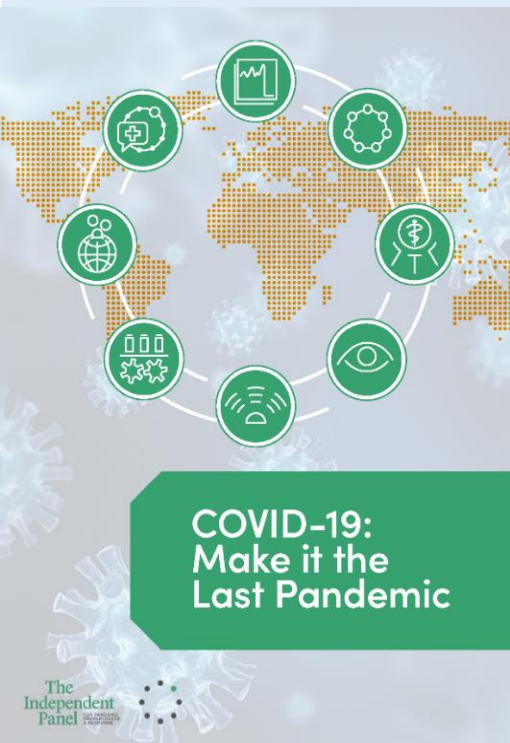




In cooperation with  
Bundeswehr HQ of  
Military Medicine

## Subject in Focus

# WHO; Causes and Findings from the Pandemic



### The COVID-19 Pandemic wasn't Inevitable - Causes and Findings

In May 2020 the World Health Assembly (WHA) asked WHO Secretary General Tedros Adhanom Ghebreyesus to set up an independent panel to investigate the COVID-19 pandemic. This started work in September 2020 and published its report on May 12th.

The report shows very clearly that the consequences of the ongoing pandemic go far beyond the direct medical consequences for those affected. Restrictions in public and business life such as exit restrictions, homeschooling, etc. are well known. Other serious consequences such as:

- Projected global economic damage through 2025 is estimated at \$ 22 trillion, the largest economic decline since the Great Depression of 1930-32
- The demand for help due to gender-based violence (i.e. violence against women) has increased fivefold
- 115-125 million people have slipped into extreme poverty

In the opinion of the Independent Panel, all of these massive effects were not inevitable and unavoidable, but rather result from errors in the preparation for such emergencies as well as the management, especially in the initial phase of the pandemic.

### The key findings:

- In recent years, given the increasing speed of the spread of zoonoses, experts have warned of the dangers of a pandemic, which has been largely ignored.
- The procedures of the international notification channels and the emergency declaration based on the international health agreements that followed the first clinical reports from Wuhan were far too slow.
- After declaring a health emergency of international concern, too many states have adopted a wait-and-see attitude instead of taking decisive containment measures. States with such delayed responses were also characterized by a lack of coordination, inconsistent or non-existent strategies, and a disregard for science in the decision-making process.
- There was no global leadership, as political tensions undermined multilateral institutions and cooperative actions.

- Global preparations were underfunded and the response (including international funding) was too slow and too little.
- The WHO was not in a position to adequately fulfil the tasks assigned to it due to a lack of resources on the part of the member states.
- The identified deficiencies have led to an increased gap in social inequality, which is shown in Figure 1 using the example of the price of protective equipment, which at least at times only rich countries could afford.
- National containment and control measures have been successful wherever lessons have been learned from past pandemics and functioning and adaptable plans existed and the measures were adapted depending on the situation. Involving local communities, observing scientific advice, and communicating transparently and consistently were key factors.
- A country's prosperity was not a reliable indicator of successful combat. After the paper situation, political decisions made even relatively well-prepared states fail (Figure 6).
- Open data and a corresponding scientific collaboration played central roles in alerting and responding.
- Similarly, the development of effective vaccines has taken place in record time.

The panel recommends a number of emergency measures to effectively overcome the pandemic. In addition, structural recommendations are made.

Figure 1: Death rates in this figure shows the cumulative, reported, age-standardized to COVID-19 deaths per hundred thousand people in the 50 days following the date of the first death in that country  
Source and adapted from: Sawyer Crosby et al, IHME, Think Global Health

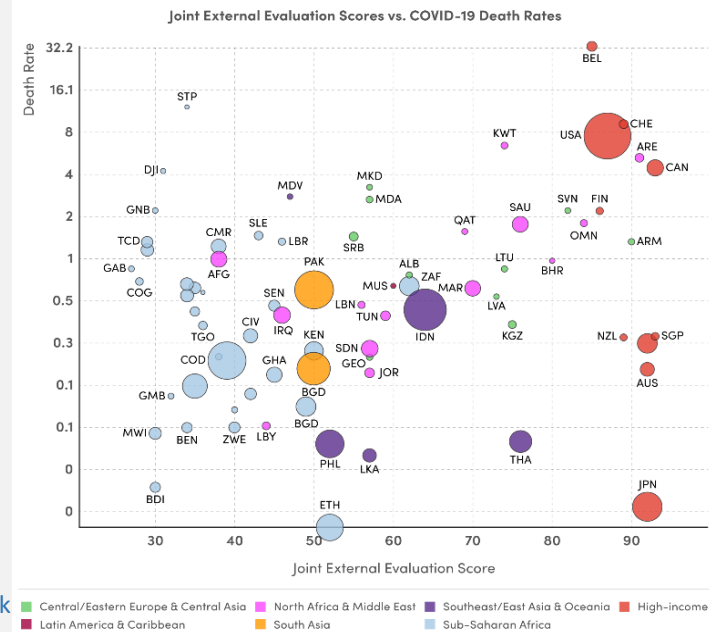
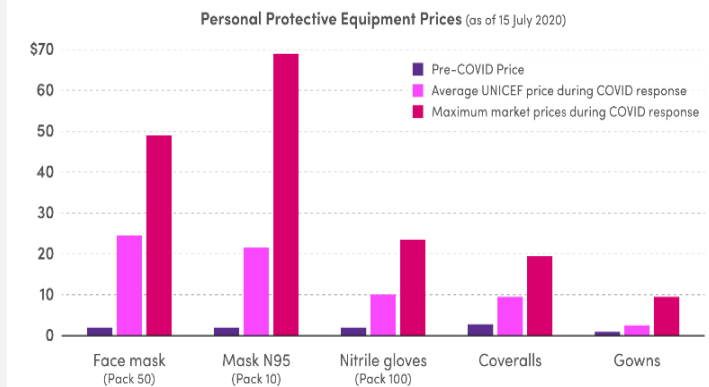


Figure 6: Personal Protective Equipment Prices (as of 15 July 2020)

Source: UNICEF Global COVID-19 Special Interim Report, August 2020.



Source: <https://theindependentpanel.org/mainreport/#background-documents>

[https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-19-Make-it-the-Last-Pandemic\\_final.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-19-Make-it-the-Last-Pandemic_final.pdf)



In cooperation with  
Bundeswehr HQ of  
Military Medicine

Sources:

<https://www.ghsindex.org/country/iraq/>  
<https://fragilestatesindex.org/>  
<https://www.bpb.de/internationales/weltweit/innerstaatliche-konflikte/54603/iraq>  
<https://reliefweb.int/country/iraq> <https://www.cia.gov/the-world-factbook/> <https://www.corona-in-zahlen.de/weltweit/iraq/>  
<https://www.sueddeutsche.de/politik/iraq-brand-krankenhaus-corona-station-1.5275744> <https://www.liportal.de/iraq/wirtschaft-entwicklung/> <https://www.tagesschau.de/ausland/asien/iraq-vertriebene-101.html> <https://reliefweb.int/report/iraq/iraq-coronavirus-disease-2021-covid-19-weekly-situation-report-week-18-03-may-9-may-2021>

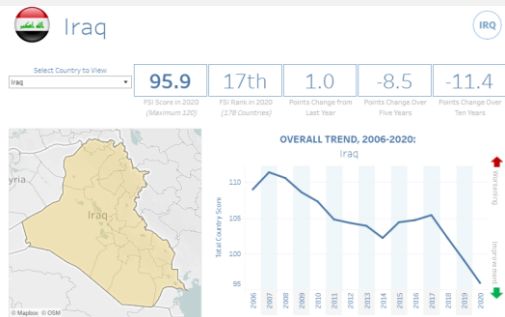
# Conflict & Health

## IRAQ

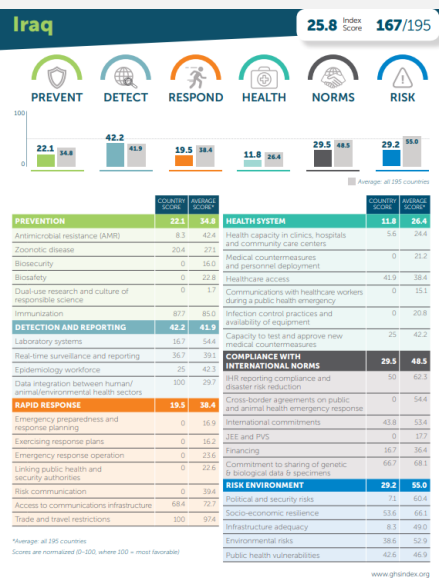


**Conflict:** Iraq, with its 39 million inhabitants, is one of the larger countries in the Arab world. In addition to the dominant Arab ethnic group, which makes up at least 75% of the population, there is also a large Kurdish minority (around 15-20% of the population) living primarily in northern Iraq, as well as various smaller ethnic groups such as Turkmen, Armenians and Assyrians. This multiethnicity is also to be seen as an expression of the colonial heritage. However, as a result of colonial history, not only were ethnic-cultural entities cut up, but a large number of different religious and social groups were also amalgamated into a single state. Although Islam is the predominant religion in Iraq and accounts for a good 97% of the population, an essential pillar of today's internal lines of conflict, in addition to the efforts of the Kurdish part of the population for state independence, is above all the inner-Islamic division into Sunnis and Shiites and their struggle for one political supremacy. Shiite Muslims make up the majority of the population in Iraq with up to 65 percent of the population. The rule of the Ba'ath Party, which had lasted since the late 1960s, during which the Iran / Iraq war and the first two so-called Gulf Wars also fell, was abruptly ended as a result of the third Gulf War in 2003 and with the fall of Saddam Hussein. Years of political instability and increasing terrorist activities as well as civil war-like conditions followed, which on the one hand were directed against the American presence, which was perceived as the occupation, but on the other hand were primarily an internal conflict between Sunni and Shiite Arabs. While the Shiites were still politically suppressed under Saddam Hussein, their influence increased steadily after 2003, also with the support of Shiite Iran.

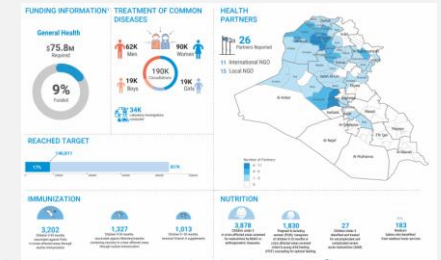
**Area:** 437,072 km<sup>2</sup>  
**Population:** 38,433,600  
**Capital:** Baghdad  
**Age structure:**  
 0-14 years: 37,2%  
 15-24 years: 19,83%  
 25-54 years: 35,59%  
 55-64 years: 4,23%  
 65 years and over: 3,33%



Other political actors whose work does not necessarily contribute to the stabilization of the country include Turkey and, most recently, China. The rise of the Sunni-influenced IS up to its decline in 2018 should also be understood in terms of this intra-Iraqi confessional division. After decades of international and domestic armed conflicts, the population is increasingly tired and the infrastructure is badly damaged. In addition, domestic unity is also endangered by the Iraqi Kurds' striving for independence. This conflict culminated in 2017 in an independence referendum held in the Kurdish autonomous region without the consent of the Iraqi central government, which subsequently led to violent confrontations with the central government in Baghdad (especially since the Kurdish side also claimed some oil-rich neighboring areas beyond the current autonomous region). A show of force by the Iraqi central government was able to preserve the unity of the country for the time being, but in the face of the conflicts described there has not been any real calm to this day. In particular, however, as a result of the temporary expansion of the IS sphere of influence and the ensuing domestic armed conflicts, there were sometimes up to 5 million internally displaced persons, of whom a considerable part (> 1 million people) still have to live in refugee camps, sometimes under extremely precarious conditions. The tense economic situation due to the relatively low oil prices and the correspondingly low achievable foreign exchange income also contribute to the fragile situation. The Kurdish autonomous region, which used to be considered stable, is also affected by the difficult economic situation, especially since the Kurds had to surrender control of the oil-rich areas around Kirkuk after the failed referendum. In addition, the political landscape is more fragmented than ever, the largest faction in the Iraqi parliament, the Sa'irūn list with supporters of Moqtada al-Sadr and secular parties, has just 14% of the seats.



**Health:** The humanitarian situation in Iraq, and in particular in the refugee camps, is still considered tense and has worsened considerably as a result of the COVID-19 pandemic. Recently, under pressure from the government, some camps were closed, but in many cases - apart from a small start-up aid of a few hundred dollars - no real prospects were shown to the displaced. Displaced persons have to live with the stigmatization as former IS fighters (in many cases without authorization) and in some cases are also afraid of reprisals if they return to their former settlement areas. The current second wave of COVID-19 is slowly fading away. According to official figures, the 7-day incidence is currently 59.8 / 100,000 inhabitants (as of May 18, 2021). In Iraq, a comparatively large number of COVID-19 tests have been carried out for a fragile state (as of May 17, 2021: so far 245 per 1000 inhabitants). Among other things, since the test quota is still far behind Western countries (e.g. as of May 17, 2021: Germany so far 692 tests per 1000 inhabitants), a relevant number of unreported cases can be assumed. The health system is still heavily burdened, and the hospitals are sometimes overwhelmed. Dissatisfaction among the population (with the government's pandemic management) is growing. A major fire in the Ibn al-Khatib hospital in the southeast of the capital Baghdad at the end of April 2021 was almost symbolic of the precarious situation of the hospitals. At least 82 people died in the flames, and over 100 other people were injured, some seriously. The fire broke out in a COVID-19 intensive care unit and the explosion of oxygen bottles triggered a fatal chain reaction. Infrastructural deficiencies in particular, such as the lack of a sprinkler system or fire hoses, were evident. The COVID-19 vaccination rate in calendar week 18/2021 was just 1.48% (people with at least one dose of a COVID-19 vaccine), but further vaccine deliveries via the COVAX initiative are expected. Overall, the Iraqi health system is ailing as a result of the years of turmoil and civil war. Many doctors have emigrated over the years, and the clinics often lack basic equipment. The density of doctors in 2018 was 0.71 doctors per 1000 inhabitants (compared to Germany in 2017: 4.25 per 1000 inhabitants), the number of hospital beds in 2017 was eight times lower than in Germany, for example. In addition to COVID-19, hepatitis A and typhoid are other important infectious diseases. The global economic slump as a result of the coronavirus pandemic does not stop at Iraq. Unemployment and poverty are expected to continue to rise, with up to a quarter of the population falling below the poverty line. In particular, youth unemployment was already at a very high level before the pandemic; in 2017, a good 25% of people between the ages of 15 and 24 were considered unemployed. Well-known problems such as mismanagement and corruption also contribute to the misery.



**Conclusion:** Iraq will not calm down any further. There are regular terrorist attacks in the country, especially the IS (Islamic State) is still active. Years of armed conflicts, unresolved ethnic and religious lines of conflict, the economic decline due to the collapse of the oil price and, most recently, the massive burdens due to the coronavirus pandemic are extremely demanding on the country. The health system, already ailing and fragile, has long since reached the limits of its capabilities. The vaccination campaign recently started gave the country a little hope in the fight against the pandemic despite the slow speed.

# Recommendations on COVID-19 therapeutics, WHO as of 18 May

## WHO recommended...

...administering standard thromboprophylaxis in hospitalized COVID-19 patients for:

**- TROMBOEMBOLISM**

Coagulopathy is common in patients with severe COVID-19, and both venous and arterial thromboembolism have been reported. Monitor patients with COVID-19, for signs or symptoms suggestive of thromboembolism, such as stroke, deep venous thrombosis, pulmonary embolism or acute coronary syndrome. If these are clinically suspected, proceed immediately with appropriate diagnostic and management pathways.

**- TROMBOPROPHYLAXIS**

In hospitalized patients with COVID-19, without an established indication for higher dose anticoagulation, WHO recommends administering standard thromboprophylaxis dosing of anticoagulation rather than therapeutic or intermediate dosing.

**therapeutic dosing** of anticoagulation refers to the dose used for treatment of acute venous thromboembolism; **intermediate dosing** is commonly interpreted as twice the standard thromboprophylaxis dose.

...immediate administration of supplemental oxygen therapy to any patient with emergency signs:

**- SUPPLEMENTAL OXYGEN THERAPY**

immediate administration of supplemental oxygen therapy to any patient with emergency signs during resuscitation to target SpO<sub>2</sub> ≥ 94% and to any patient without emergency signs and hypoxaemia (i.e. stable hypoxaemic patient) to target SpO<sub>2</sub> > 90% or ≥ 92–95% in pregnant women.

<https://www.who.int/publications/i/item/WHO-2019-nCoV-clinical-2021-1>

...the use of systemic corticosteroids for severe COVID-19:

**- SYSTEMIC CORTICOSTEROIDS**

to treat people with severe or critical COVID-19

**Caution:** The guideline panel noted that the oxygen saturation threshold of 90% to define severe COVID-19 was arbitrary and should be interpreted cautiously when used to define disease severity. For example, clinicians must use their judgment to determine whether a low oxygen saturation is a sign of severity or is normal for a given patient with chronic lung disease. Similarly, a saturation between 90–94% in room air may be abnormal (in patient with normal lungs) and can be an early sign of severe disease, if patient is on a downward trend. Generally, if there is any doubt, the panel suggested erring on the side of considering the illness as severe.

<https://app.magicapp.org/#/guideline/nBkO1E>

Source: [https://www.who.int/docs/default-source/coronaviruse/risk-comms-updates/update59-covid-19-therapeutics.pdf?sfvrsn=45f16c15\\_5](https://www.who.int/docs/default-source/coronaviruse/risk-comms-updates/update59-covid-19-therapeutics.pdf?sfvrsn=45f16c15_5)

## WHO not recommended...

**...ANTIBIOTIC THERAPY**

antibiotic therapy or prophylaxis for use in patients with mild or moderate COVID-19; *\*unless there is clinical suspicion of a bacterial infection*

**... use of HYDROXYCHLORQUINE, IOPINAVIR/RITONAVIR OR REMDESIVIR for treatment of COVID-19**

for treatment of COVID-19 for patients of any disease severity or to individuals who do not have COVID-19 as prevention measures

**...use of IVERMECTIN for treatment of COVID-19**

*\*except in the context of a clinical trial*

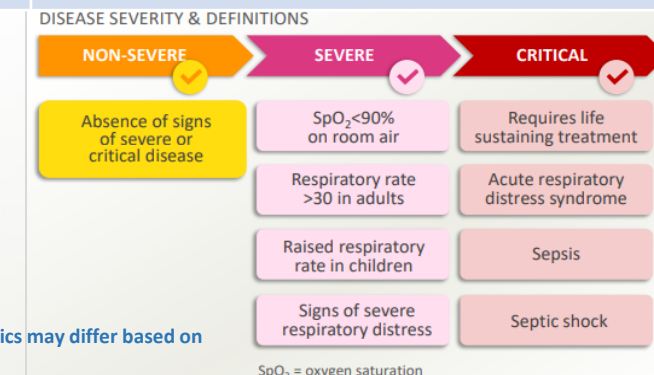
This recommendation applies to patients with any disease severity and any duration of symptoms. A recommendation to only use a drug in the setting of clinical trials is appropriate when there is very low certainty evidence and future research has a large potential for reducing uncertainty about the effects of the intervention and for doing so at reasonable cost.

<https://www.who.int/publications/i/item/WHO-2019-nCoV-therapeutics-2021.1>

...the use of systemic corticosteroids for mild COVID-19:

**- SYSTEMIC CORTICOSTEROIDS**

for patients with mild or moderate COVID-19



# Additional resources



## Therapeutics and COVID-19: living guideline

The Organization's most up-to-date recommendations for the use of therapeutics in the treatment of COVID-19

<https://www.who.int/publications/i/item/WHO-2019-nCoVtherapeutics-2021>



## Therapeutics and COVID-19: living guideline (MAGICapp)

Dynamically updated evidence and recommendations, focusing on what is new while keeping recommendations within the guidelines

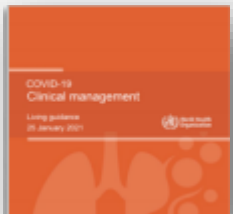
<https://app.magicapp.org/#/guideline/nBkO1E>



## Drug treatments for covid-19: living systematic review & network metaanalysis

Comparing the effects of treatments for COVID-19

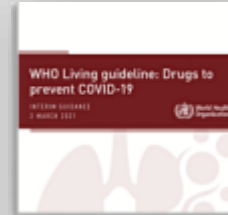
<https://www.bmj.com/content/370/bmj.m2980>



## COVID-19 Clinical management: living guidance

Providing omprehensive, holistic guidance for the optimal care of COVID-19 patients throughout their illness

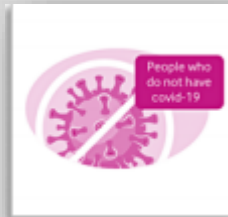
<https://www.who.int/publications/i/item/WHO-2019-nCoVclinical-2021-1>



## WHO Living guideline: Drugs to prevent

COVID-19 WHO's most up-to-date recommendations for the use of drugs to prevent COVID-19

<https://www.who.int/publications/i/item/WHO-2019-nCoVprophylaxes-2021-1>



## What is the role of drugs in preventing covid-19?

<https://www.bmj.com/content/372/bmj.n526>



## COVID-19 update: Guidelines development

The latest on developing WHO recommendations for public health policy • COVID-19 Clinical management: living guidance Providing comprehensive, holistic guidance for the optimal care of COVID-19 patients throughout their illness

<https://www.who.int/publications/i/item/WHO-2019-nCoVclinical-2021-1>

<https://www.who.int/publications/m/item/update-55-whocovid-19-guidelines-development-process>










































































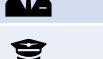







































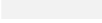
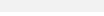
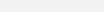
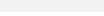
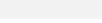
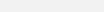
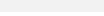
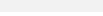
## Pharmacologic treatments for COVID-19 patients

Treatment comparisons

[https://covid-nma.com/living\\_data/index.php](https://covid-nma.com/living_data/index.php)

# 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](#)
- [SARS-CoV-2 variants dashboard](#) for EU
- [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:**

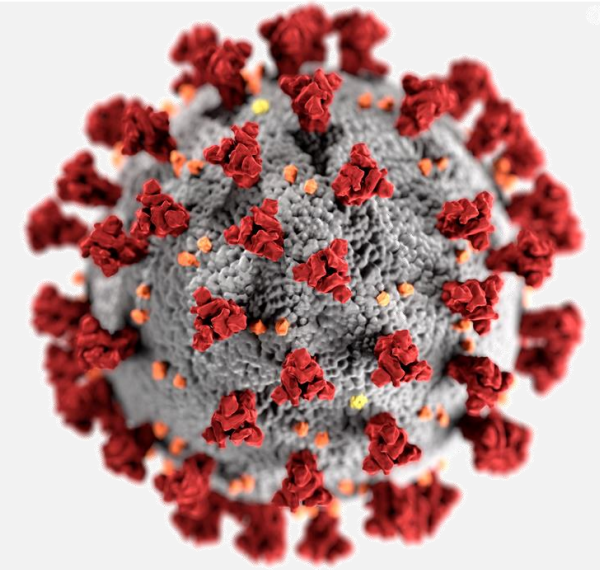
- Epi-WIN [webinars and updates](#)
- Status of “[COVID-19 Vaccines within WHO](#) EUL/PQ evaluation process” and the “Draft landscape and tracker of [COVID-19 candidate vaccines](#)”
- Weekly [Epidemiological and operational updates](#)
- COVID-19 new variants: [Knowledge gaps and research](#)
- COVID-19 [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:** 3<sup>rd</sup> to 4<sup>th</sup> November 2021  
**Location:** virtual event via Microsoft Office  
Teams platform  
**Registration:** open 3<sup>rd</sup> May 2021  
**Call for papers:** 3<sup>rd</sup> May to 25<sup>th</sup> June 2021  
**Link:** [Registration/Submission page](#)

