



Update 72 COVID-19 Coronavirus Disease 2nd of June 2021



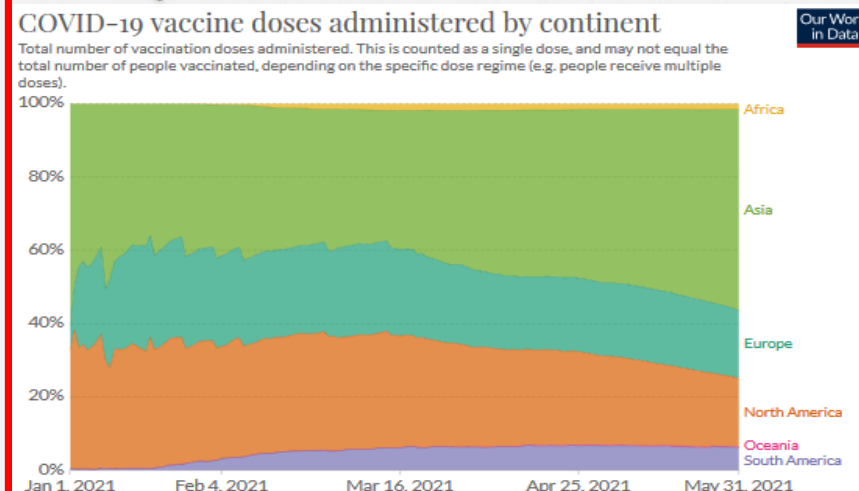
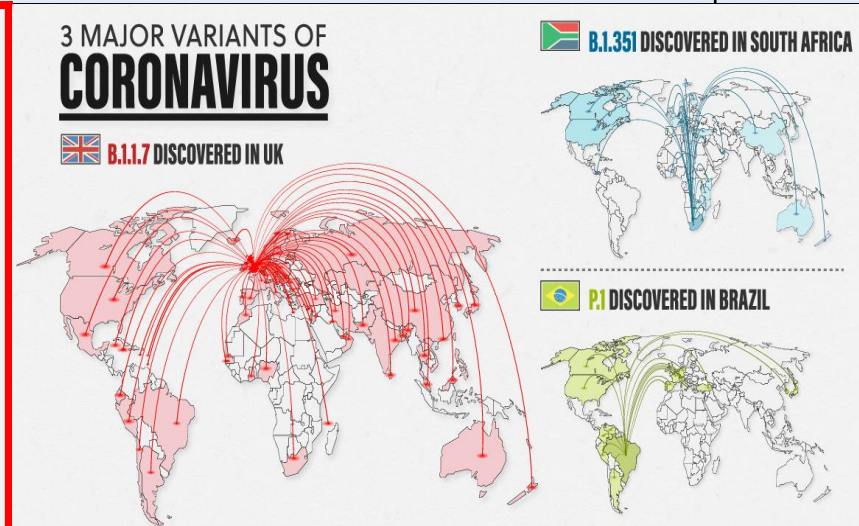
GLOBAL
↘
171 121 451
Confirmed cases
158 600 000 recovered
3 562 936 deaths

USA
(7-days incidence 36,6)
↘
33 136 380
confirmed cases
32 190 000 recovered
592 531 deaths

India
(7-days incidence 90,1)
↘
28 175 044
confirmed cases
24 200 000 recovered
331 895 deaths

Brazil
(7-days incidence 201,0)
↘
16 624 480
confirmed cases
15 090 000 recovered
465 199 deaths

- News:**
- WHO:** WHO announces [simple, easy-to-say labels for SARS-CoV-2 Variants of Interest and Concern](#), to ward off misreporting and stigmatization and discrimination.
 - WHO:** [validated the Sinovac-CoronaVac COVID-19 vaccine for emergency use](#), giving countries, funders, procuring agencies and communities the assurance that it meets international standards for safety, efficacy and manufacturing. The vaccine is produced by the Beijing-based pharmaceutical company Sinovac.
 - 47th World Health Assembly:** Decided to [strengthening WHO preparedness for and response to health emergencies](#). Member States today agreed to meet again in November, at a special session of the World Health Assembly, to consider developing a WHO global agreement.
 - WHO:** Announced again, that smokers face a 40 – 50% higher risk of developing severe disease and death from COVID-19. Therefor [WHO launched a campaign](#) to support those millions of tobacco users who are actively taking steps to save their lives, but still need help to succeed.
 - CDC:** Published [clinical considerations](#) on myocarditis and pericarditis after receipt of mRNA COVID-19 vaccines among adolescents and young adults.
 - OECD:** has launched an initiative for safe travel in Corona times. A new international forum should allow governments and other stakeholders to be informed quickly about plans for travel facilitation. Participation in this initiative is voluntary, with 38 states so far.
 - EU:** The EU Commission has spoken out in favour of a far-reaching freedom of travel for fully vaccinated people in Europe. They should no longer be quarantined or have to show tests, the Brussels authority said. For convalescents, this should apply for half a year. Children under the age of six accompanied by their vaccinated or recovered parents would not have to quarantine, but older ones could be required to be tested. All travelers from countries with a seven-day incidence of less than 25 should not be subject to any restrictions anyway. However, this is currently only the case in Malta in the EU. With these recommendations, the EU Commission is trying to ensure that rules in Europe are as uniform as possible. The recommendations have yet to be adopted by the EU countries.
 - ECDC:** published [a report that provides policymakers in EU/EEA with a number of objectives and considerations on COVID-19 vaccination of 12-18-year-olds](#). The report highlights the current recommendations and status of COVID-19 vaccination of adolescents in EU/EEA countries, describes the epidemiology of COVID-19 in this age group and discusses vaccine effectiveness against transmission of SARS-CoV-2.
 - Topics:**
 - Global situation
 - European situation
 - Vaccination news
 - SARS-CoV-2 VOIs and VOCs
 - Countries in Focus
 - Subject in Focus:** WHO; Causes and Findings from the Pandemic Part 2
 - NATO Member State:** Summary of information on the individual national Corona restrictions



EUROPE
↘
52 084 321
confirmed cases
49 860 000 recovered
1 122 835 deaths

France
(7-days incidence 101,6)
↘
5 677 172
confirmed cases
5 409 000 recovered
109 662 deaths

TUR
(7-days incidence 63,9)
↘
5 256 516
confirmed cases
5 064 000 recovered
47 656 deaths

Russia
(7-days incidence 42,7)
↘
5 022 881
confirmed cases
4 766 000 recovered
119 830 deaths

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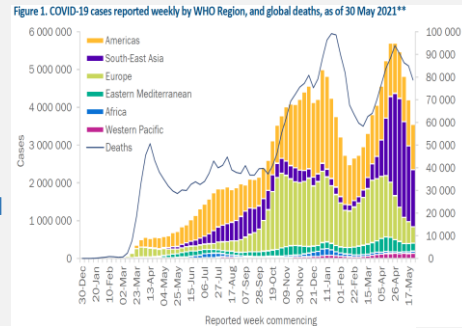
Situation by WHO Region, as of 01st June

Global epidemiological situation overview; WHO as of 25 May 2021

The number of new COVID-19 cases and deaths continues to decrease, with over 3.5 million new cases and 78 000 new deaths reported globally in the past week; a 15% and 7% decrease respectively, compared to the previous week (Figure 1). The **European and South-East Asia Regions** reported the largest decline in new cases and deaths in the past week, while case incidence increased in the **African and Western Pacific regions**. The numbers of cases reported by the **Americas and Eastern Mediterranean Regions** were similar to those reported in the previous week. An increase in death incidence was reported in the **African Region**, whereas the **Europe and the Eastern Mediterranean Regions** reported decreases, and the reported death incidence in the **Western Pacific and the Americas Regions** was similar to the death incidence in the previous week. Although the number of global cases and deaths continued to decrease for a fifth and fourth consecutive week respectively, case and death incidences remain at high levels and significant increases have been reported in many countries in all regions.

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

- **India**; reporting 1 364 668 new cases; 26% decrease ,
- **Brazil**; reporting 420 981 new cases; 7% decrease
- **Argentina**; reporting 219 910 new cases; 3% increase,
- **United States of America**; reporting 153 587 new cases; 18% decrease and
- **Colombia**; reporting 150 517 new cases; 40% increase.

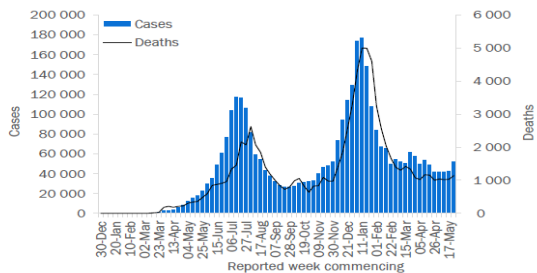


WHO regional overviews

African Region

The African Region reported over 52 000 new cases and over 1100 new deaths, a 22% and an 11% increase respectively compared to the previous week. Case incidence increased after four consecutive weeks of a plateau in new weekly cases. The highest numbers of new cases were reported from South Africa (26 498 new cases; 44.7 new cases per 100 000 population; a 24% increase), Uganda (2424 new cases; 5.3 new cases per 100 000; a 191% increase), and Kenya (2377 new cases; 4.4 new cases per 100 000; a 13% decrease).

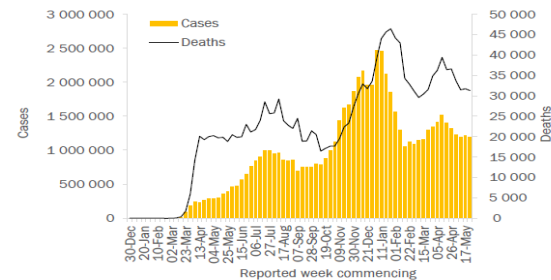
The highest numbers of new deaths were reported from South Africa (591 new deaths; 1.0 new deaths per 100 000 population; similar to the number reported in the previous week), Kenya (92 new deaths; 0.2 new deaths per 100 000; a 92% increase), and Ethiopia (75 new deaths; 0.1 new deaths per 100 000; an 18% decrease).



Region of the Americas

The Region of the Americas reported just under 1.2 million new cases and over 31 000 new deaths, figures similar to those of the previous week. The number of new cases has remained relatively stable for a fourth consecutive week, while the number of deaths has remained stable for a third consecutive week. The highest numbers of new cases were reported from Brazil (420 981 new cases; 198.1 new cases per 100 000; a 7% decrease), Argentina (219 910 new cases; 486.6 new cases per 100 000; a 3% increase), and the United States of America (153 587 new cases; 46.4 new cases per 100 000; an 18% decrease).

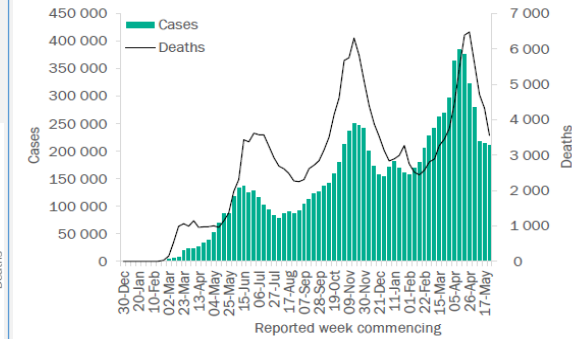
The highest numbers of new deaths were reported from Brazil (12 736 new deaths; 6.0 new deaths per 100 000; a 7% decrease), the United States of America (4596 new deaths; 1.4 new deaths per 100 000; a 14% increase), and Colombia (3488 new deaths; 6.9 new deaths per 100 000; similar to the number reported in the previous week).



Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 212 000 new cases, similar to the number reported in the previous week, and over 3500 new deaths, an 18% decrease compared to the previous week. While small decreases have been seen in case incidence for the past three weeks, death incidence continued a steep decline for a fifth consecutive week. The highest numbers of new cases were reported from the Islamic Republic of Iran (69 331 new cases; 82.5 new cases per 100 000; a 17% decrease), Iraq (29 459 new cases; 73.2 new cases per 100 000; an 8% increase), and Bahrain (20 829 new cases; 1224.1 new cases per 100 000; a 32% increase).

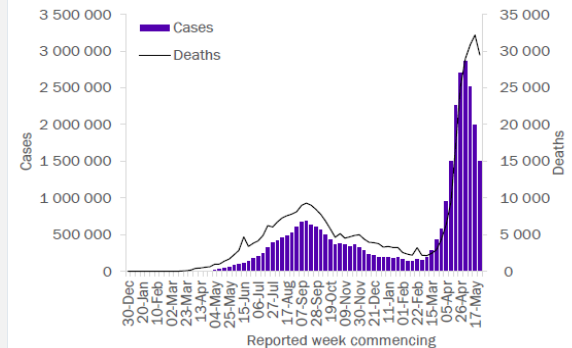
The highest numbers of new deaths were reported from the Islamic Republic of Iran (1360 new deaths; 1.6 new deaths per 100 000; a 22% decrease), Pakistan (503 new deaths; 0.2 new deaths per 100 000; a 29% decrease), and Tunisia (392 new deaths; 3.3 new deaths per 100 000; a 3% decrease).



South-East Asia Region

The South-East Asia Region reported over 1.5 million new cases and over 29 000 new deaths, a 24% and an 8% decrease respectively compared to the previous week. Case incidence continued to follow a sharp decline for a third consecutive week, and death incidence decreased for the first time since early March 2021, primarily driven by trends reported in India. The highest numbers of new cases were reported from India (1 364 668 new cases; 98.9 new cases per 100 000; a 26% decrease), Nepal (47 779 new cases; 164.0 new cases per 100 000; an 18% decrease), and Indonesia (39 986 new cases; 14.6 new cases per 100 000; a 20% increase).

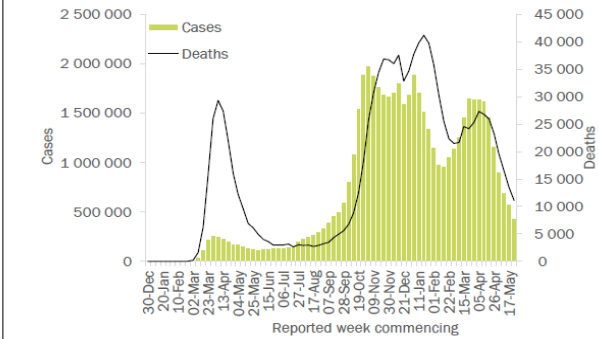
The highest numbers of new deaths were reported from India (26 706 new deaths; 1.9 new deaths per 100 000; an 8% decrease), Indonesia (1057 new deaths; 0.4 new deaths per 100 000; a 15% decrease), and Nepal (1010 new deaths; 3.5 new deaths per 100 000; a 22% decrease).



European Region

The European Region reported just under 431 000 new cases and over 11 000 new deaths, a 26% and a 17% decrease respectively compared to the previous week. The number of cases and deaths have steeply decreased for the past six and seven weeks respectively. The highest numbers of new cases were reported from the Russian Federation (61 937 new cases; 42.4 new cases per 100 000; similar to the number reported in the previous week), France (60 600 new cases; 93.2 new cases per 100 000; a 26% decrease), and Turkey (57 330 new cases; 68.0 new cases per 100 000; a 20% decrease).

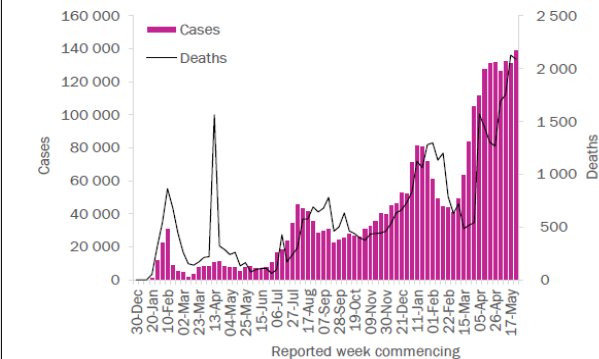
The highest numbers of new deaths were reported from the Russian Federation (2680 new deaths; 1.8 new deaths per 100 000; a 3% increase), Turkey (1200 new deaths; 1.4 new deaths per 100 000; a 22% decrease), and Ukraine (1104 new deaths; 2.5 new deaths per 100 000; a 15% decrease).



Western Pacific Region

The Western Pacific Region reported over 139 000 new cases, a 6% increase compared to the previous week and just under 2100 new deaths, a similar number to the previous week. The numbers of both cases and deaths remain at the highest levels since the beginning of the pandemic. The highest numbers of new cases were reported from Malaysia (53 419 new cases; 165.0 new cases per 100 000; a 38% increase), the Philippines (38 362 new cases; 35.0 new cases per 100 000; a 4% decrease), and Japan (27 400 new cases; 21.7 new cases per 100 000; a 24% decrease).

The highest numbers of new deaths were reported from the Philippines (776 new deaths; 0.7 new deaths per 100 000; a 13% decrease), Japan (684 new deaths; 0.5 new deaths per 100 000; a 12% decrease), and Malaysia (451 new deaths; 1.4 new deaths per 100 000; a 35% increase).



Country Reports

AUT: The so-called Green Passport cannot be introduced as planned next week because the EU has changed its technical requirements at the last moment. The detection of corona vaccinations, tests or recovery by mobile phone will be delayed by at least a week.

ESP: After more than seven months, the nightly curfew in Mallorca is lifted in the face of further falling corona numbers. It is only valid until Sunday. There are also facilitations at private meetings. Groups of up to 15 people are now allowed to come together outdoors, and up to ten people indoors, who are also allowed to come from different households. However, the mask requirement also in the open air remains. There are exceptions for eating and drinking, smoking, sports and on the beach. The entry conditions also remain in place. By 7 June, all passengers must present a negative PCR test, after which the test obligation for fully vaccinated people will no longer apply. The new rules will apply for the time being until 20 June.

AUS: An Australian court has upheld a far-reaching travel ban imposed because of the coronavirus pandemic. The aim of the travel ban is to prevent Australians from importing the virus on their return. They are only allowed to leave the country in "exceptional circumstances".

GBR: Students in the UK could spend more time at school after the pandemic. An extension of the school days by about half an hour is part of an action plan from government circles. The aim is to make up for the backlog caused by the pandemic and to close knowledge gaps.

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Many experts are calling on the government in London to put its plans to lift the distance rules and the remaining restrictions on hold by June 21. First, even more people need to be immunized before easing is safe, experts argue. The government wants to announce on 14 June whether there will be a postponement of the easing.

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On Monday, for the first time in about a year, no COVID-19 deaths were reported in the UK. This was last the case in July 2020. However, observers pointed out that reports of deaths on weekends and at the beginning of the week are often lower, as fewer employees are then available for statistics.

RUS: Moscow is once again struggling with rising corona numbers. On Sunday, 3719 new cases were registered, the fourth day as a result of more than 3000 new infections within 24 hours. Overall, only about eleven percent of the population in Russia is vaccinated.

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From 2 June, there will again be regular flights between Moscow and London. From 10 June, flights will also be served to Austria, Hungary, Luxembourg and Croatia as well as Lebanon, Mauritius and Morocco. Regular flights to Turkey, a popular holiday destination for many Russians, will remain suspended until at least June 21, according to the Russian authorities.

FRA: In Paris, thousands of people attended a corona test concert. 5000 people danced in the concert arena in the Bercy district to the music of the rock band Indochine. Researchers want to use the test concert to find out how high the risk of coronavirus infection is at major events. As visitors to the test concert, only 18- to 45-year-olds without pre-existing conditions were admitted. They had to be tested for the coronavirus before the concert and wear masks during the event. One week after the concert, the concert visitors have to be tested again. Their data are then compared with those of a control group of 2500 people who had to spend Saturday evening at home. Comparable test events have already taken place in Spain and Great Britain. There, the researchers had not detected an increased risk of infection.

ISR: After a sharp decline in new coronavirus infections, the state restrictions are almost completely lifted. According to a statement from the Ministry of Health, regulations according to the so-called Green Pass expire on 1 June. This means that in future public institutions will be equally open to the vaccinated and the unvaccinated. The presentation of a proof of vaccination as a prerequisite for admission is not required. Associated with this measure is that all participant and visitor limits for events, shops and restaurants, for example, are eliminated. For the time being, however, the mask requirement remains indoors. Even when entering Israel, certain obligations continue to apply.

SWE: The measures will be gradually relaxed. More than eight participants are allowed at meetings and events. Indoors with fixed seats, up to 50 people are allowed to attend, and up to 500 at outdoor events. In outdoor sporting competitions, 150 participants are allowed. In addition, restaurants are now allowed to remain open for two hours longer than before, until 10.30 p.m. However, a maximum of only four people may sit at the same table. These are the first steps in a five-step plan with which the Swedish government wants to scale back corona measures over the summer.

THA: After a recent record number of new infections, Thailand is stepping up its efforts to contain the virus. The number of new infections rose to 5485 on Monday, of which almost 2000 were registered in prisons. The death toll rose by 19 to 1031 since the beginning of the pandemic. The governor of Bangkok nevertheless announced a relaxation of the restrictions. Parks, massage and beauty salons were allowed to reopen, but masks had to continue to be worn. Bars and clubs had to remain closed, restaurants were not allowed to serve alcohol. The country has reported a total of 159,792 infections so far. 82 percent of these were recorded in the most recent wave.

MYS: A second nationwide lockdown has begun. Shopping centres and many businesses had to close. The government imposed the restrictions after the number of new coronavirus infections rose despite a partial lockdown in place since May 12. Many companies must now remain closed until 14 June. Important sectors such as banking, media and food are excluded.

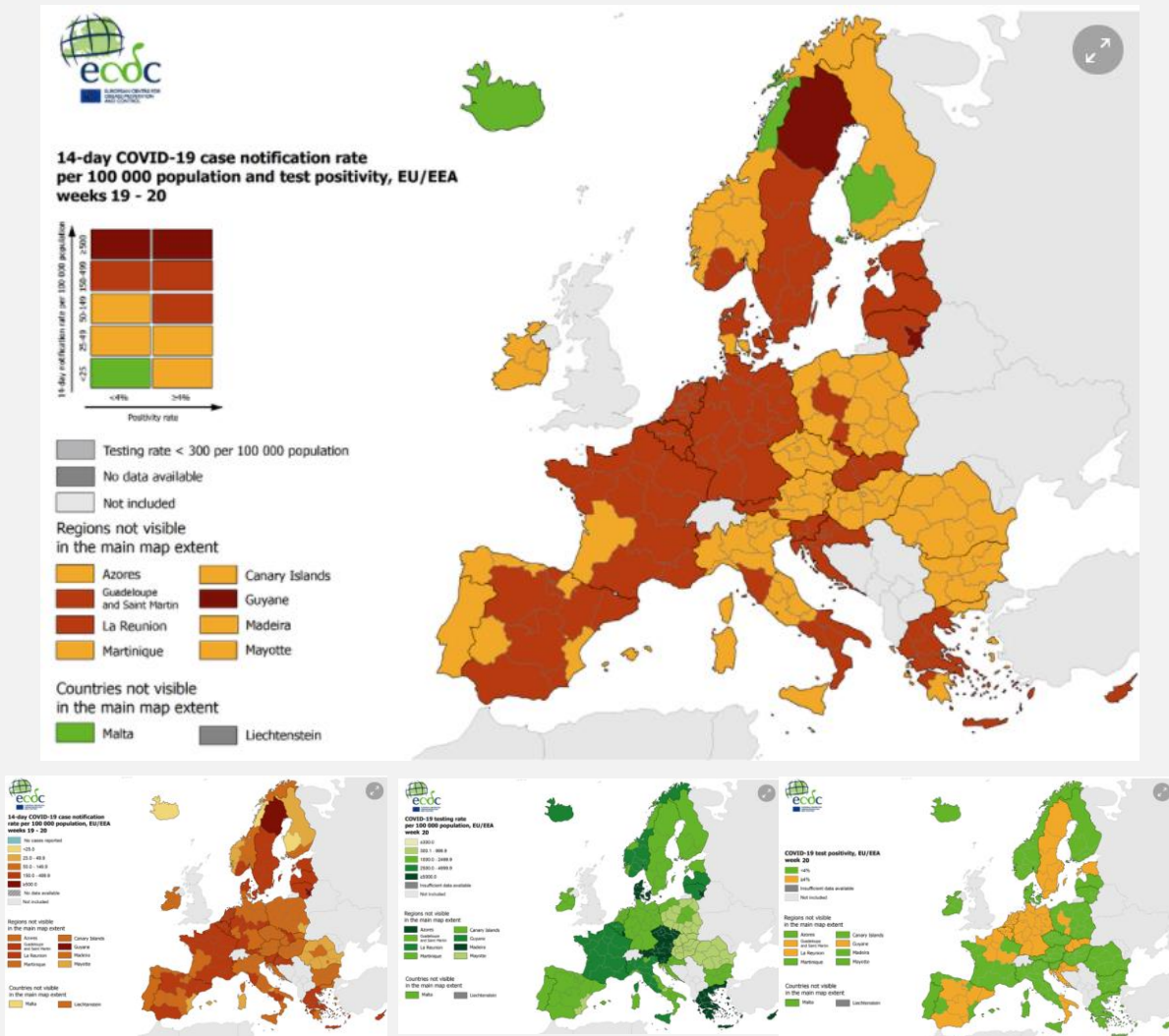
CHN: With 20 new local infections in one day, the largest number of new corona cases in months was recorded. According to the National Health Authority, all cases were registered in the southern Chinese province of Guangdong, where 18 new infections were reported in the provincial capital Guangzhou (canton) alone. After cases had already occurred there in recent days, the authorities ordered residents of some streets in Liwan District to stay at home. In addition, mass tests were carried out. People who want to leave the city by plane, bus or train must prove a negative COVID-19 test.

ZAF: After the number of new infections had risen in recent weeks, the corona restrictions are being slightly tightened again. Since Monday, instead of the lowest warning level, an adjusted level two has been in place. This means, among other things, that the nocturnal ban on going out will be extended by one hour and will last from 11 p.m. to 4 a.m. Indoors, only a maximum of 100 people are allowed to gather, outdoors 250.

South America: In Uruguay, there were hardly any restrictions during the corona pandemic, while Argentina took a very restrictive course. Paradoxically, despite the completely different approaches, the situation of the South American neighbors is the same: in both countries, just as many people are dying from COVID-19 as almost nowhere else in the world. 15 months after the virus first appeared on the continent, much of South America is experiencing its worst phase of the pandemic to date - despite great progress in vaccination in many countries. In the past two weeks, Uruguay counted 21.62 deaths per 100,000 inhabitants, in Argentina it was 14.73. The situation is also dramatic in Paraguay, Colombia, Brazil and Peru.

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 27 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 20, as of 28 May 2021](#)

Weekly surveillance summary

Overall situation

At the end of week 20 (week ending Sunday 23 May 2021), three countries in the European Union/European Economic Area (EU/EEA) had reported increasing case notification rates and/or test positivity. Case rates in older age groups had not increased in any countries; one country reported increasing hospital or intensive care unit (ICU) admissions and/or increasing occupancy due to COVID-19, and no countries reported increasing death rates. Absolute values of several indicators, including hospital and ICU occupancy, remained high, but 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 is 41.7% 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 20, the 14-day case notification rate for the EU/EEA, based on data collected by ECDC from official national sources in 29 countries, was 155 (country range: 9-467) per 100 000 population. The rate has been decreasing for seven weeks. Among the 24 countries with high case notification rates (at least 60 per 100 000 population), an increase was observed in one country (Denmark). Stable or decreasing trends in case rates of 1-12 weeks' duration were observed in 23 countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Estonia, Germany, Greece, Hungary, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, the Netherlands, Norway, Poland, Slovakia, Slovenia, Spain and Sweden).
- Based on data reported to The European Surveillance System (TESSy) from 23 countries for people over 65 years old, 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 13 countries (Belgium, Cyprus, Czechia, Estonia, Greece, Hungary, Latvia, Lithuania, the Netherlands, Poland, Romania, Slovenia and Sweden).
- Notification rates are dependent on several factors, one of which is the testing rate. Weekly testing rates for week 20, available for 29 countries, varied from 616 to 73 134 tests per 100 000 population. Denmark had the highest testing rate, followed by Austria, Greece, Cyprus and Czechia.
- Among the 13 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 13 countries (Belgium, Bulgaria, Croatia, Estonia, Germany, Hungary, Latvia, Lithuania, the Netherlands, Poland, Slovakia, Spain and Sweden).

Hospitalisation and ICU

- Pooled data from 23 countries for week 20 show that there were 5.7 patients per 100 000 population in hospital due to COVID-19. According to weekly hospital admissions data pooled from 19 countries, new admissions were 3.6 per 100 000 population.
- Pooled data from 18 countries for week 20 show that there were 1.4 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 1.2 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 20 countries (Austria, Belgium, Bulgaria, Cyprus, Estonia, Finland, France, Germany, Greece, Italy, Latvia, Lithuania, Luxembourg, the Netherlands, Norway, Poland, Romania, Slovenia, Spain and Sweden). However, in 23 countries, there were decreases in these indicators compared with the previous week.

Mortality

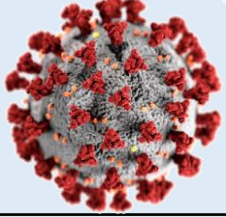
- The 14-day COVID-19 death rate for the EU/EEA, based on data collected by ECDC from official national sources for 30 countries, was 36.4 (country range: 0.0-105.0) per million population. The rate has been decreasing for four weeks.
- Among the 21 countries with high 14-day COVID-19 death rates (at least 10 per million), no increases were observed. Stable or decreasing trends in death rates of 1-9 weeks' duration were observed in 21 countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Estonia, France, Germany, Greece, Hungary, Italy, Latvia, 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; 12 EU/EEA countries (Belgium, Denmark, Estonia, France, Germany, Hungary, Iceland, Ireland, Luxembourg, Malta, Norway and Poland) met the recommended level of 10% or 500 sequences of SARS-CoV-2-positive cases sequenced and reported to the GISAID EpiCoV database by 25 May 2021, or to TESSy by 23 May 2021 (data referring to the period 3 May to 16 May 2021). During the same period, 11 countries sequenced and reported between 60 and 499 samples, while seven countries sequenced and reported <60 samples or did not report data.
- Among the 12 countries with the recommended level of 10% or 500 sequences reported per week in the period from 3 May to 16 May 2021, 10 had a valid denominator. The median (range) of the VOC reported in all samples sequenced in the period in these 10 countries was 90.4% (69.2-95.8%) for B.1.1.7, 0.8% (0.0-8.0%) for B.1.351, 0.3% (0.0-5.1%) for P.1, 0.2% (0.0-7.9%) for P.1 and 0.0% (0.0-1.3%) for B.1.1.7+E484K.
- The median (range) of the VOI reported in all samples sequenced in the period for these 10 countries was 0.0% (0.0-0.9%) for B.1.525, 0.0% (0.0-0.3%) 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 seven countries (Belgium, France, Lithuania, Luxembourg, the Netherlands, Slovenia and Sweden), in week 20, the pooled incidence of COVID-19 cases among LTCF residents was 64.2 per 100 000 LTCF beds, the pooled incidence of fatal COVID-19 cases was 6.6 per 100 000 LTCF beds, and 5.4% of participating LTCFs reported one or more new COVID-19 cases among their residents.



Vaccination news

EU: Following a recommendation by the Medicines Agency (EMA), the EU Commission officially granted approval for children aged twelve and over to the Corona vaccine from Biontech/Pfizer.

Johnson & Johnson: The reduction in the supply of Johnson & Johnson's vaccine to the European Union is only temporary, according to the EU Commission. The company still plans to meet the deliveries promised by the end of the year.

BioNTech: Following the EMA's recommendation to approve further production and bottling capacities at the BioNTech/Pfizer plant in Puurs, Belgium. The production of corona vaccine can be further ramped up there. This will support efforts to deliver more than 2.5 billion doses of vaccine this year, and possibly more next year.

GBR: With a planned mass vaccination of up to 15,000 people in a London rugby stadium, British authorities want to curb the spreading coronavirus mutant. On Monday, residents from the north-west of the capital were offered their first doses without prior notice at the Twickenham Arena. In the area, a particularly large number of new cases of the variant first discovered in India have recently been counted. It is now responsible for most of the new infections in the United Kingdom.

The UK government is considering a corona vaccine requirement for healthcare workers. This is to prevent the spread of the virus in hospitals and nursing homes.

DEN: The Danish government has asked the national health authorities to reconsider the halting of the use of two corona vaccines as part of the national vaccination campaign. The reason for this is that the vaccination calendar is postponed by 14 more days and the campaign thus extends into September. Against this background, the authorities were asked to reconsider their assessment of removing astraZeneca and Johnson & Johnson's preparations from the official vaccination programme. A few days ago, an additional regulation came into force that allows volunteers to have one of the two preparations administered to them. A prerequisite for such a vaccination at a private provider is a prior consultation with a doctor.

ITA: The Italian Medicines Agency (Aifa) has approved the use of BioNTech/Pfizer's corona vaccine for 12- to 15-year-olds. Aifa thus accepts the recommendation of the European Medicines Agency (EMA), which had previously approved the first corona vaccine for children of this age range. In Italy, more than 34.6 million corona vaccines have been administered so far. About 38 percent of the population has already been vaccinated against COVID-19. Other European countries like Romania and Poland will also start to vaccinate childrens.

AFG: In the midst of a third corona wave, Afghanistan is running out of vaccines. Due to a lack of vaccination doses, no new people are currently admitted to vaccinations. Currently, only people who already have the first partial vaccination are vaccinated. "In the near future", a vaccine delivery of 700,000 doses from China is expected. So far, the country of an estimated 37 million inhabitants has received 968 000 doses of vaccination. According to the Ministry of Health, this mainly vaccinated employees of the health sector, the security forces, the media and teachers. For one fifth of the population, the country is to receive vaccines via the Covax vaccination programme. Of the 16 million Covax doses, 468 000 have been delivered so far. The rest is to follow by the end of the year.

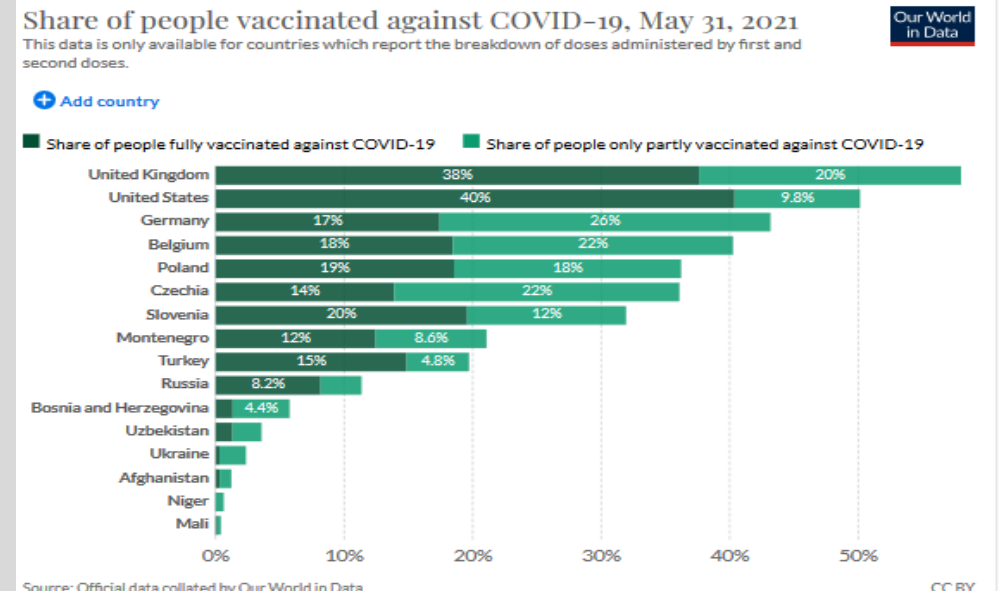
LBN: In the course of a "vaccination marathon", more than 10,000 people have been vaccinated against the coronavirus. Residents of the country had the opportunity to visit one of the 30 vaccination centers without prior registration. Among them are many foreign workers who have not yet been able to register via the government's digital platforms.

CHN: With regards to vaccination progress, media reports state that at least 400 million doses of COVID-19 vaccine have been administered in China as of May 19. A total of six domestically-produced vaccines are in use across the country, the majority of which have been authorized while only recently entering Phase 3 clinical trials. The national immunization effort is believed to be accelerating, with at least 10 million doses being administered daily. Media sources state that immunization coverage is presently highest in Beijing. As of mid-May, over 60% of Beijing residents (population of over 20 million) have received two doses of a COVID-19 vaccine, with more than 70% receiving one dose.

USA: In the meantime, half of all around 330 million inhabitants (50.3%) get at least the first vaccination. Around 40 percent of the population is fully vaccinated. Based on the number of around 260 million adults in the USA, the vaccination rate is even higher: a good 62 percent of them have received at least one vaccination so far, and more than 51 percent are fully vaccinated. In the particularly vulnerable population group aged 65 and over, 86 percent have already received at least one dose of a vaccine.

Alaska has been immunizing all residents aged at least twelve years since Tuesday, as well as visitors from other U.S. states and abroad, against the coronavirus, according to authorities. The state began vaccinations at airports in Anchorage, Fairbanks and Juneau.

SVK: The use of the controversial corona vaccine Sputnik V has been decided. The first vaccinations will be available on Monday. The Russian vaccine is planned for the age groups from 18 to 60 years. Slovakia will thus become the second EU country after Hungary to use the vaccine despite the lack of approval by the European Medicines Agency (EMA).



European Situation on Vaccination

Source: <https://gap.ecdc.europa.eu/public/extensions/COVID-19/vaccine-tracker.html#uptake-tab>

Total doses distributed to EU/EEA countries

270,034,139

234,458,946

Total doses administered in EU/EEA countries

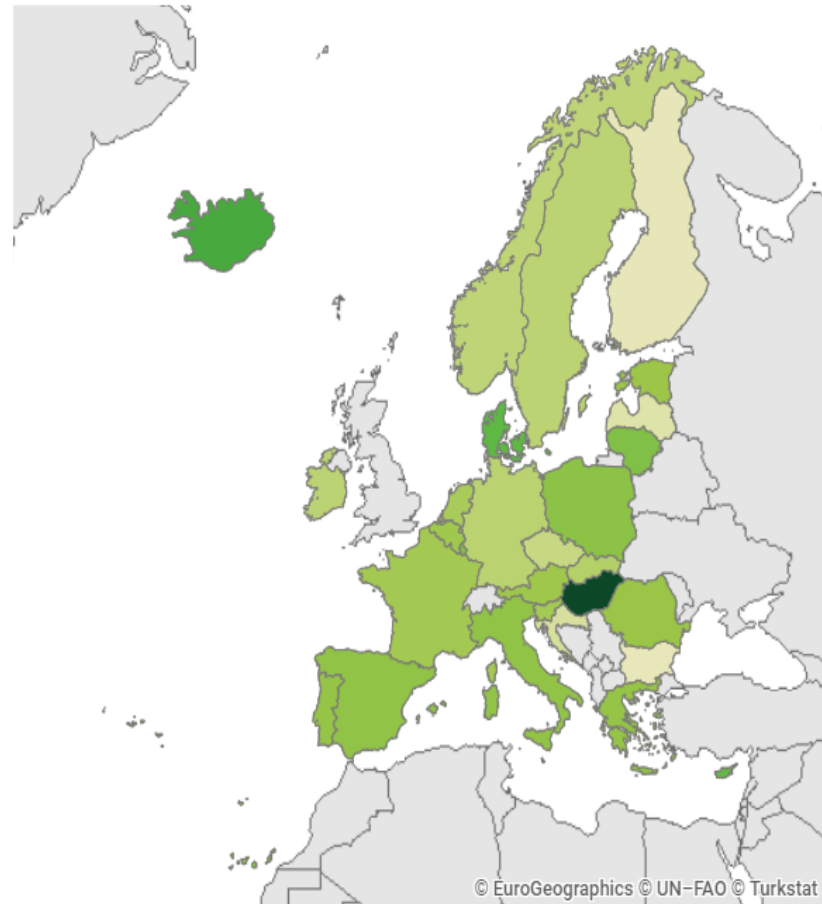
Select View : Uptake full vaccination

Select Country : All EU/EEA countries

Cumulative uptake (%) of at least one vaccine dose among people aged 80 years and above in EU/EEA countries as of 2021-05-31

| Country | Uptake at least one dose (%) - 80 years old and above |
|---------------|---|
| Austria | 81.9% |
| Belgium | 89.8% |
| Bulgaria | 12.9% |
| Croatia | 49.0% |
| Cyprus | 83.1% |
| Czechia | 77.9% |
| Denmark | 100.0% |
| Estonia | 61.0% |
| Finland | 92.7% |
| France | 75.8% |
| Germany | - |
| Greece | 65.9% |
| Hungary | 72.8% |
| Iceland | 99.3% |
| Ireland | 100.0% |
| Italy | 90.6% |
| Latvia | 29.0% |
| Liechtenstein | - |
| Lithuania | 50.7% |
| Luxembourg | 79.3% |
| Malta | 99.4% |
| Netherlands | - |
| Norway | 81.5% |
| Poland | 59.4% |
| Portugal | 96.3% |
| Romania | - |
| Slovakia | - |
| Slovenia | 63.9% |
| Spain | 100.0% |
| Sweden | 93.8% |

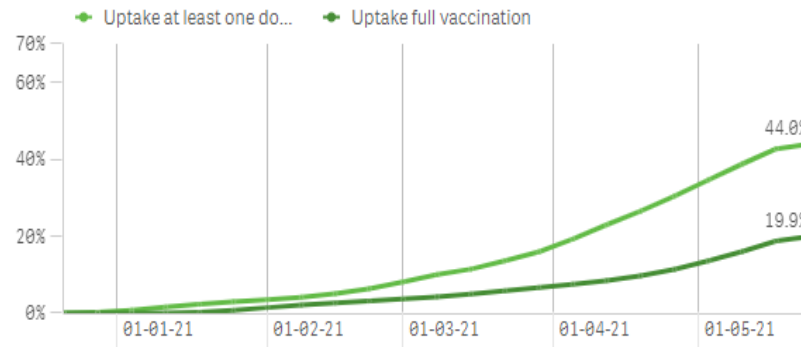
Cumulative uptake (%) of full vaccination among adults (18+) in EU/EEA countries as of 2021-05-31



Uptake full vaccination (%)

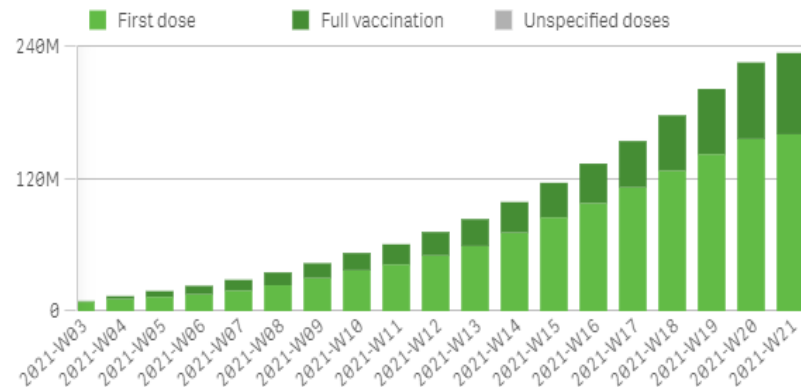
Cumulative uptake (%) of at least one vaccine dose and full vaccination among adults (18+) in EU/EEA countries as of 2021-05-31

by reporting week (data for the current week are preliminary)



Cumulative number of doses administered to adults (18+) in EU/EEA countries as of 2021-05-31

by reporting week (data for current week are preliminary)



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

Source: <https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19--1-june-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.

1. New easy-to-say VOI and VOCs labels for public communication

On 31 May 2021, WHO [announced new easy-to-say/easy-to-remember](#) VOI and VOC labels to facilitate public communication about SARS-CoV-2 variants. The need for easy-to-say labels of SARS-CoV-2 VOI and VOC arose for several reasons, including:

- the existence of different genomic nomenclature systems, which serve important scientific purposes but complicate public communication around variants due to the complexities of the labels assigned (e.g., B.1.617.2, 21A/S:478K),
- the common but potentially stigmatizing use of the name of the country or area of first detection of a variant as an easily recognizable label.

WHO has now assigned labels based upon the Greek alphabet to globally classified VOCs and VOIs (see right), and will sequentially assign new labels for newly-designated global VOCs and VOIs in the future. If all 24 letters become assigned, other lists of labels will be announced by WHO. As VOIs and VOCs are reclassified based on the evolving situation, it is expected that these will retain their label, and labels of former VOIs/VOCs will not be reused for labeling new emerging variants.

2. Recent changes to the VOIs and VOCs classifications

As the global public health risks posed by specific SARS-CoV-2 variants becomes better understood and evolves, WHO will continue to update the list of global VOIs and VOCs. This is necessary to adjust to the emergence of new variants, their changing epidemiology (e.g., the incidence of some variants is rapidly declining), and our understanding of their phenotypic impacts as new evidence becomes available and is shared.

First, available information allows for the delineation of **VOC B.1.617**. **B.1.617** viruses are divided in three lineages: **B.1.617.1**, **B.1.617.2** and **B.1.617.3**. Available findings for lineages **B.1.617.1** and **B.1.617.2** were initially used to designate **B.1.617** a global VOC on 11 May 2021. Since then, it has become evident that greater public health risks are currently associated with **B.1.617.2**, while lower rates of transmission of other lineages have been observed.

To reflect this updated information, **B.1.617** has been delineated as follows:

- B.1.617.2** remains a VOC and labelled variant Delta – we continue to observe significantly increased transmissibility and a growing number of countries reporting outbreaks associated with this variant. Further studies into the impact of this variant remain a high priority for WHO.
- B.1.617.1** has been reclassified to a VOI and labelled variant Kappa – while also demonstrating increased transmissibility (in specified locations), global prevalence appears to be declining. This variant will continue to be monitored and reassessed regularly.
- B.1.617.3** is no longer classified as either a VOI or VOC – relatively few reports of this variant have been submitted to date.

Second, variant **B.1.616**, which was first detected in **France** following investigations into an unusual cluster of cases in a hospital, is no longer classified as a VOI.

Local authorities have reported that the outbreak has been controlled, and no further detections within or outside of France have been reported since late-April 2021. Further local and regional monitoring remains prudent, given **B.1.616** was associated with potential increased disease severity and reduced detections via nasopharyngeal samples.

3. Variants of Concern:

A SARS-CoV-2 variant that meets the definition of a VOI and, through a comparative assessment, has been demonstrated to be associated with one or more of the following changes at a degree of global public health significance:

- Increase in transmissibility or detrimental change in COVID-19 epidemiology; or
- Increase in virulence or change in clinical disease presentation; or
- Decrease in effectiveness of public health and social measures or available diagnostics, vaccines, therapeutics.

Variants of Interest:

A SARS-CoV-2 isolate is a Variant of Interest (VOI) if, compared to a reference isolate, its genome has mutations with established or suspected phenotypic implications, and either:

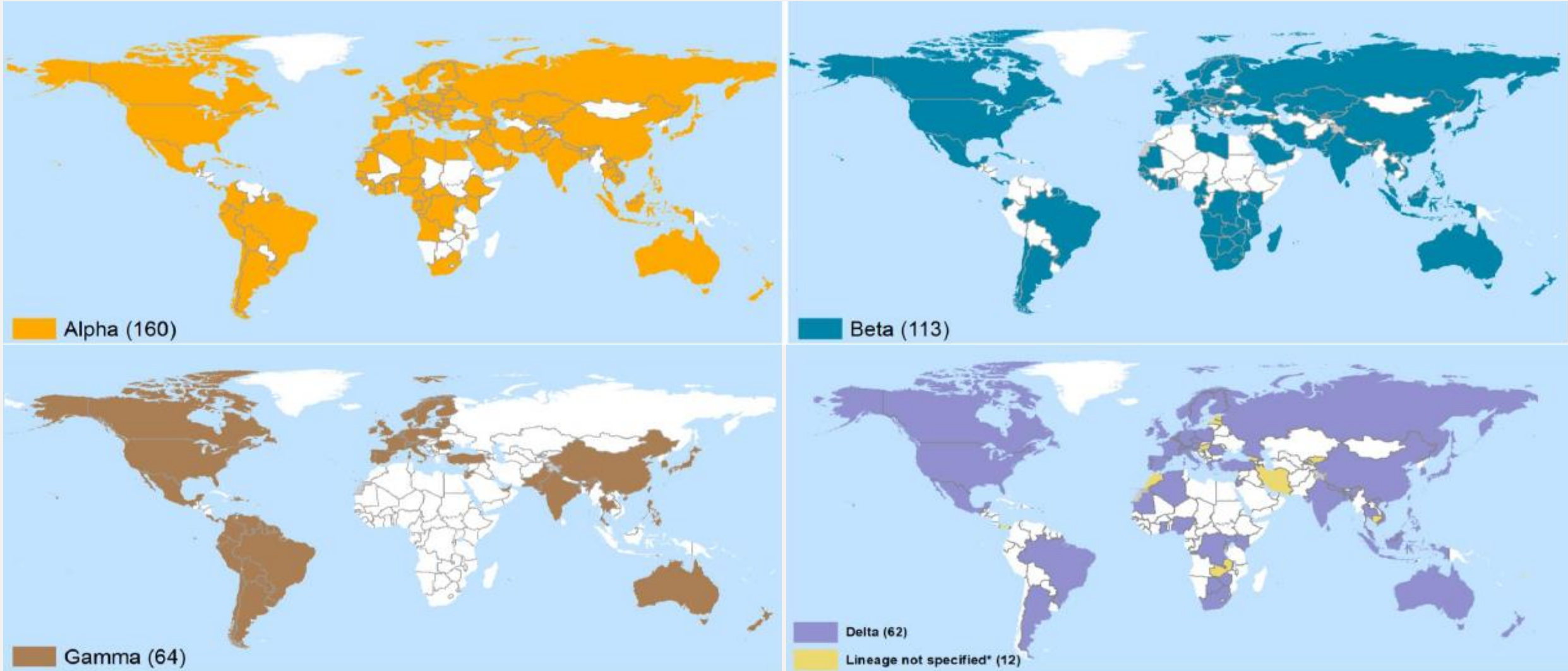
- has been identified to cause community transmission/multiple COVID-19 cases/clusters, or has been detected in multiple countries; OR
- is otherwise assessed to be a VOI by WHO in consultation with the WHO SARS-CoV-2 Virus Evolution Working Group.

SARS-CoV-2 VOCs and VOIs, as of 31 May 2021

| WHO label | Pango lineage | GISAID clade | Nextstrain clade | Earliest documented samples | Date of designation |
|------------------------------------|---------------------|---------------------------|------------------|------------------------------------|-------------------------------------|
| Variants of Concern (VOCs) | | | | | |
| Alpha | B.1.1.7 | GRY (formerly GR/501Y.V1) | 20I/501Y.V1 | United Kingdom, Sep-2020 | 18-Dec-2020 |
| Beta | B.1.351 | GH/501Y.V2 | 20H/501Y.V2 | South Africa, May-2020 | 18-Dec-2020 |
| Gamma | P.1 | GR/501Y.V3 | 20J/501Y.V3 | Brazil, Nov-2020 | 11-Jan-2021 |
| Delta | B.1.617.2 | G/452R.V3 | 21A/S:478K | India, Oct-2020 | VOI: 4-Apr-2021 VOC: 11-May-2021 |
| Variants of Interest (VOIs) | | | | | |
| Epsilon | B.1.427/ B.1.429 | GH/452R.V1 | 20C/S:452R | United States of America, Mar-2020 | 5-Mar-2021 |
| Zeta | P.2 | GR | 20B/S:484K | Brazil, Apr-2020 | 17-Mar-2021 |
| Eta | B.1.525 | G/484K.V3 | 20A/S484K | Multiple countries, Dec-2020 | 17-Mar-2021 |
| Theta | P.3 | GR | 20B/S:265C | Philippines, Jan-2021 | 24-Mar-2021 |
| Iota | B.1.526 | GH | 20C/S:484K | United States of America, Nov-2020 | 24-Mar-2021 |
| Kappa | B.1.617.1 | G/452R.V3 | 21A/S:154K | India, Oct-2020 | 4-Apr-2021 |

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

4. Countries, territories and areas reporting variants Alpha (B.1.1.7), Beta (B.1.351), Gamma (P.1) and Delta (B.1.617.2), as of 1 June 2021



Countries in Focus:

India, Nepal, Sri Lanka, Parkistan, Bhutan, Bangladesh and Myanmar

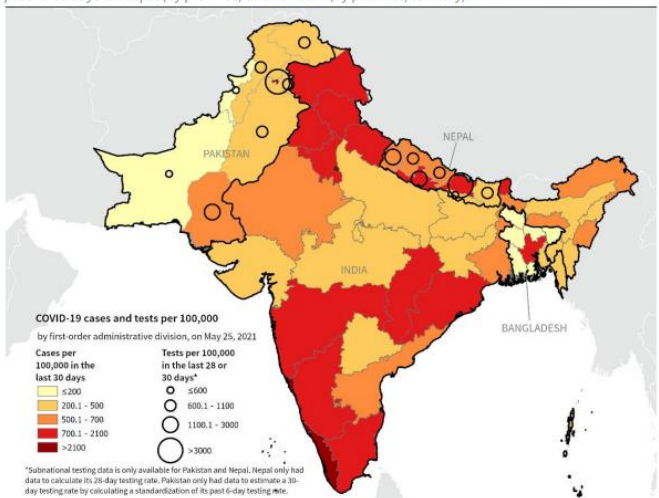
COVID-19 Epidemiological Situation

The highest number of COVID-19 cases per 100,000 reported in the past 30 days (in descending order) were in India, Nepal, Sri Lanka, Pakistan, Bhutan, Bangladesh, and Myanmar. However, COVID-19 testing capacity is limited, has decreased, or is unknown among these countries. In Myanmar, the COVID-19 test rate has decreased sharply since the political coup. In Sri Lanka, hospital laboratories are backlogged. In Nepal, reports suggest that many symptomatic individuals are hesitant to be tested due to the long wait times and a shortage of hospital beds. Furthermore, underreporting of deaths and access to testing is a significant challenge in India, particularly for rural areas.

Summary of epidemiological metrics for COVID-19 in our countries of interest as of May 24, 2021.

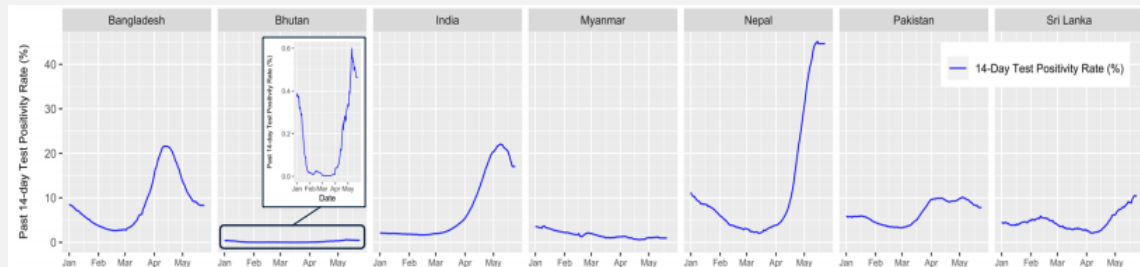
| Country | New cases reported in the last 30 days | New cases reported in the last 30 days (per 100,000) | Cumulative Case Count | Cumulative Death Count | Case Fatality Rate (%) | Cumulative people who have received ≥1 vaccine dose(s) | Percent of population who have received ≥1 vaccine dose(s) (%) | SARS-CoV-2 tests conducted in last 30 days (per 100,000) | 30-Day Test Positivity Rate (%) | Vaccines Used |
|------------|--|--|-----------------------|------------------------|------------------------|--|--|--|---------------------------------|--|
| India | 9,995,875 | 825.5 | 26,947,496 | 307,249 | 1.1 | 150,033,188 | 12.4 | 3,982.2 Samples tested | 20.7 | Covaxin, Oxford/AstraZeneca |
| Bangladesh | 48,121 | 29.8 | 790,521 | 12,401 | 1.6 | 5,823,201 | 3.6 | 273.5 Tests performed | 10.9 | Oxford/AstraZeneca |
| Bhutan | 376 | 49.8 | 1,394 | 1 | 0.1 | 482,512 | 64.0 | 9,285.5 Samples tested | 0.5 | Oxford/AstraZeneca |
| Myanmar | 530 | 1.0 | 143,234 | 3,216 | 2.2 | 1,772,177 | 3.4 | - ^a | - ^a | Oxford/AstraZeneca |
| Nepal | 223,374 | 795.3 | 520,461 | 6,531 | 1.3 | 2,113,080 | 7.5 | 1,336.0 Tests performed | 59.5 | Oxford/AstraZeneca, Sinopharm |
| Pakistan | 113,583 | 53.5 | 903,599 | 20,308 | 2.2 | 3,825,314 | 1.8 | 552.0 Tests performed | 9.7 | CanSino, Oxford/AstraZeneca, Sinopharm, Sinovac, Sputnik V |
| Sri Lanka | 63,615 | 293.6 | 164,201 | 1,178 | 0.7 | 1,437,147 | 6.6 | 2,897.8 Tests performed | 10.1 | Oxford/AstraZeneca, Sinopharm, Sputnik V |

For countries with subnational data available, **Figure 2** depicts the past-30-day incidence rate of COVID-19 in India (by state/union), Nepal (by province), Bangladesh (by division), Pakistan (by province/territory) and testing rate in the past 28-30 days for Nepal (by province) and Pakistan (by province/territory).



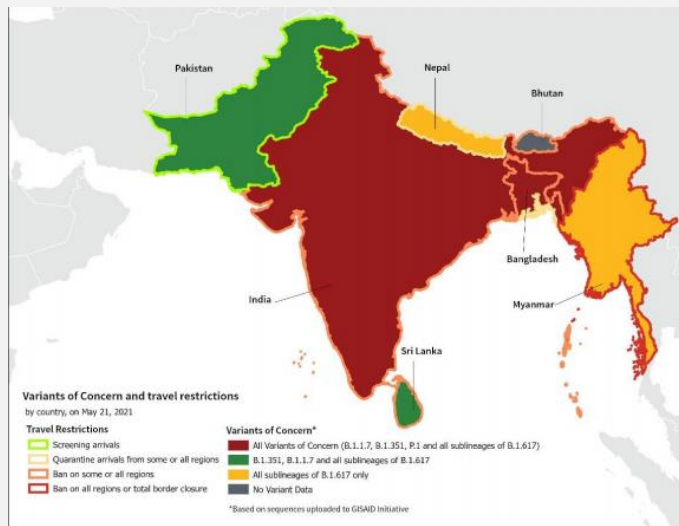
Healthcare System

Hospitals are overwhelmed in India, Nepal, and Sri Lanka. In Myanmar, healthcare services and COVID-19 vaccinations have been disrupted due to a shortage of healthcare workers who joined the Civil Disobedience Movement. Hospital capacity is stable in Bangladesh and improving in Pakistan after approaching maximum capacity in late April. Bhutan's healthcare capacity is currently unknown. Nepal and Pakistan rely on India for their medical oxygen supply while Bhutan relies on India for its supply of personal protective equipment, medicine, and test kits.



Variants of Concern (VoC)

Based on data for GISAID, VoCs have been detected in all these countries except for Bhutan (where no data has been provided). Notably, India and Bangladesh have reported all VoC (B.1.1.7, B.1.351, P.1, and the three sublineages of B.1.617).



Source: <https://bluedot.global/>
https://mcusercontent.com/ab84a833923e562d0999bf440/files/7f2bc962-dcc7-9885-a5eb-5eb512fff5a1/BlueDot_FocusReport_IndiaSurroundingCountries_01.pdf

Countries in Focus:

India, Nepal, Sri Lanka, Parkistan, Bhutan, Bangladesh and Myanmar

Genome Sequencing Capacity

It is very limited or unknown (i.e., in Myanmar). In Bangladesh, <1% of cases have been sequenced. Bhutan does not conduct genomic sequencing domestically and relies on the WHO Reference Laboratory in Thailand. Sri Lanka has doubled its average number of monthly sequenced samples to approximately 200 in May, and recently developed the ability to detect the B.1.617 VoC (first detected in India) using RT-PCR test kits without requiring full genome sequencing.

The need for genomic sequencing data is critical in determining the role of VoC in the widespread surge across these countries, particularly for tracking their importation and domestic spread. To assess the amount of variant activity occurring in a country, experts suggest 5-10% of all COVID-19 test-positive samples should be genetically sequenced.

The healthcare capacity, genome sequencing, and COVID-19 testing capacity of all countries based on data collected as of May 21,2021

| Country | Healthcare Capacity | Genome Sequencing Capacity | COVID-19 Testing Capacity |
|------------|---|--|--|
| India | Healthcare capacity is overwhelmed | Limited genomic sequencing As of May 18, amid rising concerns about new variants, the government plans to add 17 laboratories to the INSACOG (Indian SARS-CoV-2 Genomic Consortia) network to increase surveillance through genomic sequencing. Currently there are 10 labs across the country. ¹⁷ | Plans to scale-up testing capacity, particularly in rural areas <ul style="list-style-type: none"> 1 lakh = 100,000 According to the Indian Council of Medical Research, current testing capacity is 25 lakh samples/day (RT-PCR: 13 lakh, rapid antigen test [RAT]: 12 lakh). It is projected to increase to 45 lakh samples/day (RT-PCR: 18 lakh, RAT: 27 lakh) with the increase of RAT tests and deployment of mobile RT-PCR testing vans |
| Bangladesh | Hospital capacity is stable currently <ul style="list-style-type: none"> As of May 16, the Directorate General of Health Services spokesperson stated that there is currently adequate oxygen, high-flow nasal cannula and oxygen concentrators in hospitals across the country. In Dhaka city, there are 3,440 government hospital beds of which 2,785 are currently empty.¹⁸ | Limited genomic sequencing <ul style="list-style-type: none"> Fewer than 1% of cases have been sequenced¹⁹ B.1.351 VoC (Indian origin) detected as of May 8. Genome sequencing tests are being carried out at 20-26 laboratories each day²⁰ | Unknown |
| Bhutan | Unknown, but relies on medical supplies from India <ul style="list-style-type: none"> Through the SAARC Emergency COVID-19 Fund, India has provided a supply of personal protective equipment (PPE), medicines, and test kits.²¹ | Does not have domestic capability for genome sequencing, relies of WHO Reference Lab in Thailand <ul style="list-style-type: none"> In March 2021, the head of Bhutan's Royal Centre for Disease Control (Dr. Sonam Wangchuk) indicated that samples are sent to the WHO Reference Lab in Bangkok, Thailand. RCDC had acquired gene sequencing equipment in 2019, but it had not been set up or validated prior to COVID-19.²² In May 2021, Bhutan's Ministry of Health indicated the samples would also be sent to that WHO Reference Lab²³ | Unknown |
| Myanmar | Healthcare service and vaccination drive largely disrupted <ul style="list-style-type: none"> Most of the country's doctors and nurses have joined the Civil Disobedience Movement due to ongoing political unrest. As a result, there is a shortage of healthcare workers available.²⁴ | Current genomic sequencing capacity unknown <ul style="list-style-type: none"> In Jan 2021, Myanmar's Department of Medical Research had the ability to sequence cases for variant detection.²⁵ It is unclear whether this ability or capacity has changed since the political coup in February 2021. | COVID-19 testing has significant decreased <ul style="list-style-type: none"> # of tests: 1,987 on February 8 (the lowest since December 29, 2020) vs. an average of 17,000+ daily in late January.²⁵ The country stopped providing the daily number of tests conducted since March 5, when 979 tests were reported.²³ |

| COUNTRY | Healthcare Capacity | Genome Sequencing Capacity | COVID-19 Testing Capacity |
|-----------|--|--|---|
| Nepal | Hospitals are overwhelmed; shortage of hospital beds and oxygen. Relies on oxygen from India <ul style="list-style-type: none"> Relies on other countries for oxygen supply. A media report on May 12 indicated that Nepal has not received oxygen shipments for more than two weeks due to border closures and India's crisis²⁶ Some hospitals are now unable to make use of their already insufficient bed capacities due to oxygen shortages. In Kathmandu, where infection and death rates are currently highest, the hallways and courtyards of hospitals have turned into emergency wards. Media reports indicate that there is hesitancy to testing as there are fears across the population of bed shortages and that people have to wait more than six hours in crowded holding areas in hospitals to get medical assistance.²⁵ Nepal currently has only 1,127 ICU beds, 1,555 high-dependency units (adjacent to intensive care), and 453 ventilators for its population of 29 million—fewer per capita than India | Limited genomic sequencing <ul style="list-style-type: none"> While Nepal doesn't have the capacity for frequent sequencing, the B.1.1.7. VoC (U.K. origin) has been found, and officials are certain that the B.1.617 strain, the new VoC is also circulating. This information is from media reports that ascertain a statement from the country's Epidemiology Department²⁷ | Testing capacity is overwhelmed <ul style="list-style-type: none"> Reports of many symptomatic individuals unwilling to be tested knowing there are limited hospital beds and long wait-time of up to 6 hours in crowded areas to receive a PCR test²⁸ |
| Pakistan | Hospitals were nearly maximum capacity in late April, but appear to be improving <ul style="list-style-type: none"> In late April 2021, ICUs of Lahore's major public and private hospitals reached more than 93% bed capacity, while some of the major cities in the largest and worst-hit province, Punjab, had 80%+ utilization of ventilators and beds with oxygen Pakistan's National Command Operation Center produces near-daily reports on healthcare capacity. On May 21, the percentage of occupied COVID-19 hospital beds ranged 35% to 65% in the cities of Gujranwala, Multan, Swabi, Mardan, and Peshawar. The percentage of occupied ventilators for COVID-19 ranged from 28% to 68% in the Islamabad Capital Territory and the cities of Peshawar, Bahawalpur, Lahore, and Multan²⁹ Elective surgeries will be resuming on June 1²⁹ | Limited genomic sequencing with goals to scale-up to 15-20 sequences/week³⁰ <ul style="list-style-type: none"> There are three centers currently conducting sequencing: Aga Kahn University (AKU), the National Institute of Health and Karachi University Aiming to eventually scale-up to sequencing 15-20 sequences per week through a national genomics consortium of four-five labs³¹ | Unknown |
| Sri Lanka | Healthcare system is overwhelmed <ul style="list-style-type: none"> Need for oxygen rising³¹ Number of individuals waiting for hospital and ICU beds increasing; On May 21, the Sri Lankan Medical Association indicated that the healthcare system will encounter "serious breakdown"³¹ On May 6, the Sri Lankan Medical Association warned that a triage protocol may soon be needed³² | ~200 samples/per month in May, recently developed a RT-PCR test kit (not genome sequencing) to detect B.1.617 VoC <ul style="list-style-type: none"> All genome sequencing is done at University of Sri Jayawardeneperu in Colombo. This lab has doubled the average monthly # of samples sequenced to nearly 200 in May.³³ There is capacity to detect B.1.1.7, B.1.351, P.1, and (more recently) B.1.617 VoC using RT-PCR.³⁴ | Testing capacity is at its maximum <ul style="list-style-type: none"> On May 6, the Sri Lankan Medical Association indicated that there is a backlog in all hospital laboratories for PCR-testing, warning that they may soon have to be selective in only testing those provided in-hospital care³⁵ |

Source:

<https://bluedot.global/>

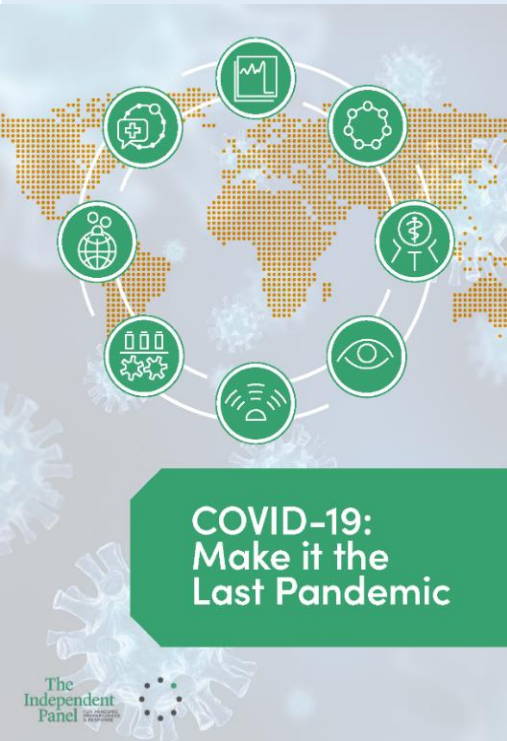
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In cooperation with
Bundeswehr HQ of
Military Medicine

Subject in Focus

WHO; Causes and Findings from the Pandemic (part 2)



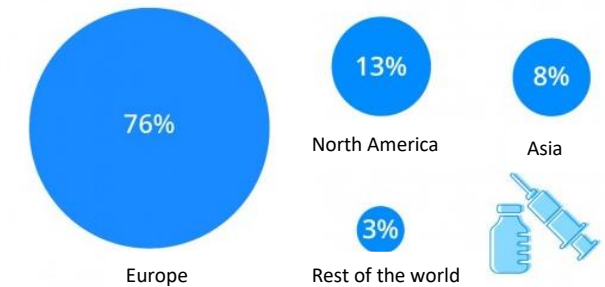
The COVID-19 pandemic: short-term recommendations from the Independent Panel (continued from the article from May 26, 2021)

In its report, the independent panel, which examined the course of the COVID-19 pandemic, presented results and recommendations for the future in addition to an analysis of the causes. The strengths identified in the first article also form the basis for the recommendations of this committee. Firstly, they include short-term measures aimed primarily at combating the ongoing pandemic. These are the following:

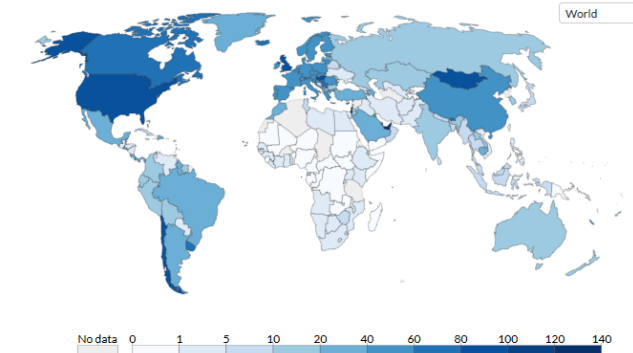
- In addition to the ongoing national vaccination campaign, industrialized countries with an adequate COVID-19 vaccination rate should undertake to provide at least one billion vaccine doses to the 92 countries of the COVAX initiative by September 1, 2021 at the latest. This is to be increased to more than two billion vaccine doses by mid-2022.
- The World Trade Organization (WTO) and the World Health Organization (WHO) should bring together the important vaccine-producing countries and companies in order to enable both voluntary licensing of technology transfer for COVID-19 vaccines. If this is not achieved within three months, a temporary suspension of corresponding intellectual property rights (patents) should come into effect under the Agreement on Trade-Related Aspects of Intellectual Property Rights.
- The seven major industrialized nations (G7) should immediately commit to assuming 60% of the total cost of ACT-A (\$ 19 billion). The remaining amount is to be raised by the other G20 states and other industrialized countries. A formula adapted to solvency should finance such global aid funds on a permanent basis. ACT-A includes support through such as vaccines, tests, medications and health system strengthening.
- All states should use non-pharmaceutical public health interventions systematically and consistently according to the respective epidemiological situation in order to limit COVID-19 transmission. This explicitly includes an evidence-based strategy that is coordinated at the highest level of government.
- WHO should immediately develop a plan to end the pandemic. This should define clear endpoints and intermediate goals in order to support the implementation on a national and global level and to monitor its progress

Europe currently produces around 76% of global vaccines against COVID-19 (Figure on the right) and, according to the EU, is "the only democratic region in the world that allows the export of vaccines on a large scale". The problem of the uneven distribution of vaccines is shown in the figure below with the proportion of the population who have already received at least one vaccine dose.

Vaccine production of selected companies by region 2019 (in%)



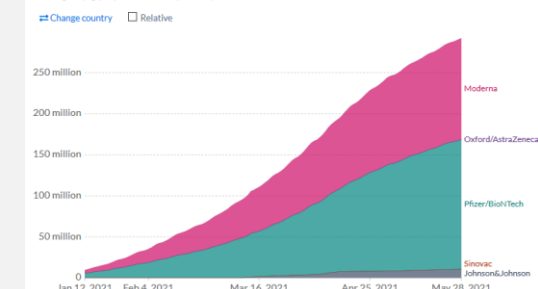
COVID-19 vaccine doses administered per 100 people, May 29, 2021
Total number of vaccination doses administered per 100 people in the total population. This is counted as a single dose, and may not equal the total number of people vaccinated, depending on the specific dose regime (e.g. people receive multiple doses).



Source: Official data collated by Our World in Data - Last updated 30 May, 12:00 (London time)
OurWorldInData.org/coronavirus • CC BY

Dec 2, 2020 May 29, 2021

COVID-19 vaccine doses administered by manufacturer, United States
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).



Reactions and discussion:

Demands for the suspension of patents are not new and are based on humanitarian and justice-based arguments on the one hand. In addition, practical arguments are put forward in particular the option to significantly expand vaccine production in a short period of time. Such a suspension requires the consent of all 164 WTO member states; So far, around 100 have shown themselves to be open to the proposal - including the USA. In addition to the pharmaceutical companies affected, European countries in particular are sceptical of the proposal. In addition to economic aspects, the main argument here is that the production of modern mRNA vaccines in particular is a complex process that requires well-trained personnel and high-quality raw materials and high standards. All of this is not easy to establish and would not help fight the current pandemic. In addition, the current manufacturers would already be producing at the limit of what the basic supply would provide.

Conclusion:








































































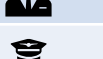








































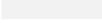
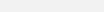
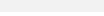
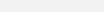
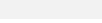
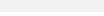
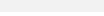
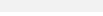
A quick solution to the patent question is not expected, but this is an important question that needs to be answered in the context of future strategies.

Sources:

<https://theindependentpanel.org/mainreport/#background-documents>
https://www.deutschlandfunk.de/patente-auf-impfstoffe-wie-die-coronakrise-den-patentschutz-2897.de.html?dram:article_id=496854
<https://www.tagesschau.de/wirtschaft/patente-impfstoffe-101.html>
https://www.deutschlandfunk.de/weltweite-corona-impfstoffverteilung-welchen-erfolg-hat-die-2897.de.html?dram:article_id=496465

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:

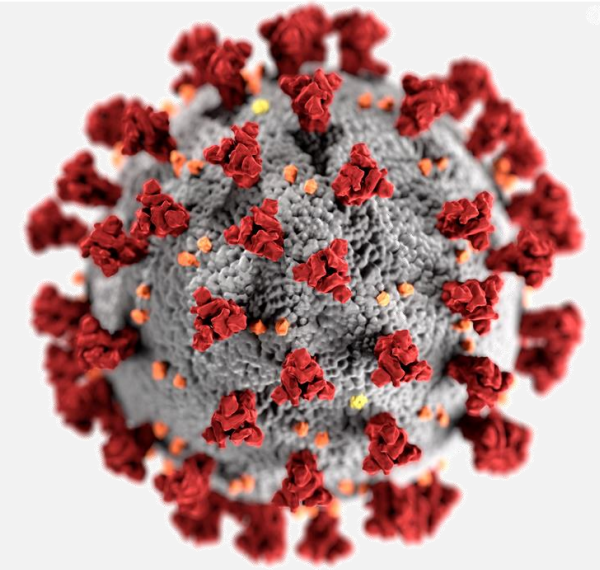
- COVID [Data Tracker](#) and [weekly review](#)
- [What’s new and Updated](#)
- [Guidance for COVID-19](#)

References:

- European Centre for Disease Prevention and Control www.ecdc.europa.eu
- World Health Organization WHO; www.who.int
- Centres for Disease Control and Prevention CDC; www.cdc.gov
- European Commission; https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response/travel-and-transportation-during-coronavirus-pandemic_en
- Our World in Data; <https://ourworldindata.org/coronavirus>
- Morgenpost; <https://interaktiv.morgenpost.de/corona-virus-karte-infektionen-deutschland-weltweit/>
- BlueDot; <https://bluedot.global/>

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](#)

