



Update 78 COVID-19 Coronavirus Disease 14th of July 2021



GLOBAL



187 825 998
Confirmed cases
177 000 000 recovered
4 049 183 deaths

USA

(7-days incidence 49,9)



33 760 374
confirmed cases
32 870 000 recovered
605 029 deaths

India

(7-days incidence 21,1)



30 907 282
confirmed cases
29 810 000 recovered
410 784 deaths

Brazil

(7-days incidence 148,4)



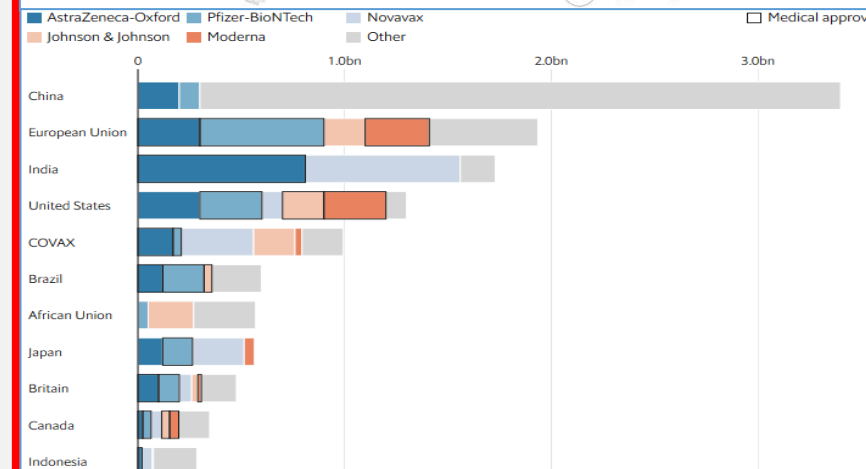
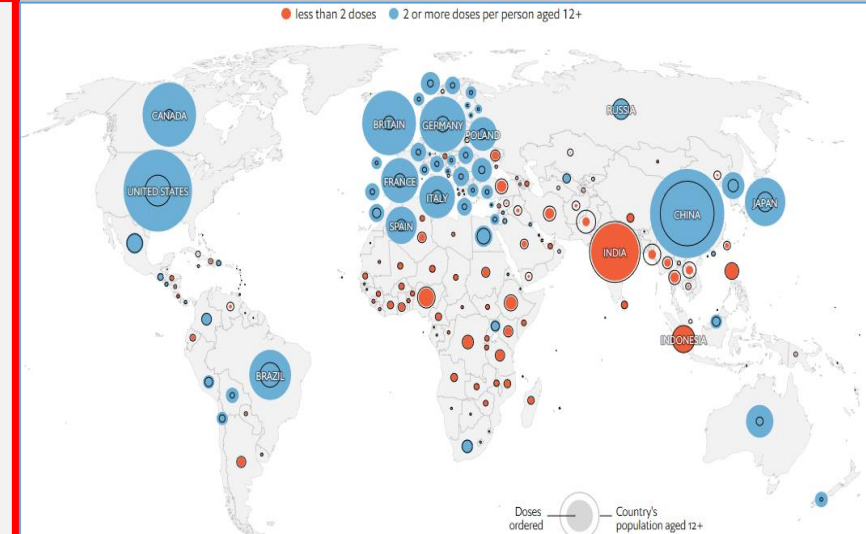
19 151 993
confirmed cases
17 780 000 recovered
535 838 deaths

News:

- **WHO:** Launched a [new SARS-CoV-2 antigen rapid diagnostic tests online course](#).
- **WHO:** The COVID-19 subcommittee of the WHO Global Advisory Committee on Vaccine Safety (GACVS): [updated the guidance](#) regarding myocarditis and pericarditis reported with COVID-19 mRNA vaccines.
- **EMA:** [EMA's safety committee \(PRAC\) has concluded](#) that myocarditis and pericarditis can occur in very rare cases following vaccination with the COVID-19 vaccines Comirnaty and Spikevax (previously COVID-19 Vaccine Moderna).
- **WHO:** Launched three new courses on the Open [WHO One Health Channel](#), allowing learners from around the globe to explore principles and best practices for a One Health approach for zoonotic diseases.
- **ECDC:** Published an update on [COVID-19 in children and the role of school settings in transmission](#).
- **CDC:** Published a [summary of recent changes on the CDC Influenza SARS-CoV-2 \(Flu SC2\) Multiplex Assay](#). The assay is a RT-PCR test that detects and differentiates RNA from SARS-CoV-2, influenza A virus, and influenza B virus in upper or lower respiratory specimens. The assay provides a sensitive, nucleic-acid-based diagnostic tool for evaluation of specimens from patients in the acute phase of infection.
- **WHO:** The agency advised those willing to vaccinate against arbitrarily combining corona vaccines from different manufacturers. "Data from mix-and-match studies of various vaccines are still pending — both efficacy and safety need to be evaluated." The arbitrary combination of different vaccines is a "rather dangerous trend". Such decisions should be left to the health authorities.
- **UN:** Published a [new report](#) that show the dramatic worsening of world hunger in 2020, much related to the fallout of COVID-19.
- **IFO:** A [new study shows](#) that crisis-experienced countries ordered vaccines much earlier and thus administered more vaccine doses in the winter of 2021 than countries with less crisis experience.

Topics:

- Global situation
- WHO updates on guidance regarding myocarditis and pericarditis reported with COVID-19 mRNA vaccines
- European situation
- ECDC risk assessment for the Olympic Games of Tokyo 2020
- Vaccination news
- SARS-CoV-2 VOIs and VOCs
- Subject in Focus: COVID Vaccination Boosters
- Country's in Focus: Haiti and Madagascar
- Other Infectious Disease Outbreaks
- NATO Member State: Summary of information on the individual national Corona restrictions
- Travel Recommendations and other Useful Links



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EUROPE



54 834 800
confirmed cases

52 260 000
recovered
1 167 402 deaths

France

(7-days incidence 45,1)



5 820 849
confirmed cases

5 658 000 recovered
111 407 deaths

Russia

(7-days incidence 116,7)



5 762 211
confirmed cases
5 255 000 recovered
142 102 deaths

TUR

(7-days incidence 52,6)



5 493 244
confirmed cases
5 360 000 recovered
50 324 deaths

Situation by WHO Region, as of 11th July

Global epidemiological situation overview; WHO as of 11 July 2021

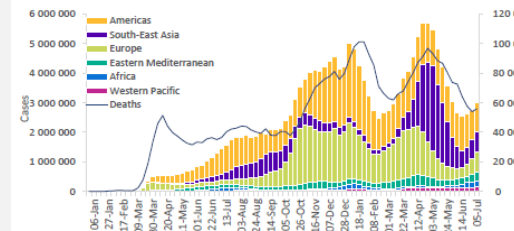
The global number of new cases reported last week (5-11 July 2021) was nearly 3 million, a 10% increase as compared to the previous week (Figure 1). Following a steady decline for nine consecutive weeks, the number of weekly deaths increased by 3% this week compared to the previous week, with over 55,000 deaths reported. Globally, COVID-19 incidence increased with an average of over 400,000 cases reported each day as compared to 370,000 from the previous week. The cumulative number of cases reported globally is now over 186 million and the number of deaths exceeds 4 million.

This week, **all Regions** with the exception of the Americas recorded an increase in incidence. The **Eastern Mediterranean Region** recorded the largest increase in incidence (25%) followed by **European Region** with a 20% increase as compared to the previous week. The **African Region** had the smallest percentage increase in incidence with a 5% increase. However, the region recorded a 50% increase in the number of deaths as compared to the previous week. The **South-East Asia Region** also recorded a significant increase in number of deaths, reporting a 26% increase as compared to the previous week. The **Region of the Americas** reported a 3% decline in incidence and an 11% decrease in number of deaths reported last week.

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

- **Brazil**; reporting 333 030 new cases; 9% decrease,
- **India**; reporting 291 789 new cases; 7% decrease,
- **Indonesia**; reporting 243 119 new cases; 44% increase,
- **United Kingdom**; reporting 210 277 new cases; 30% increase,
- **Colombia**; reporting 174 320 new cases; 15% decrease

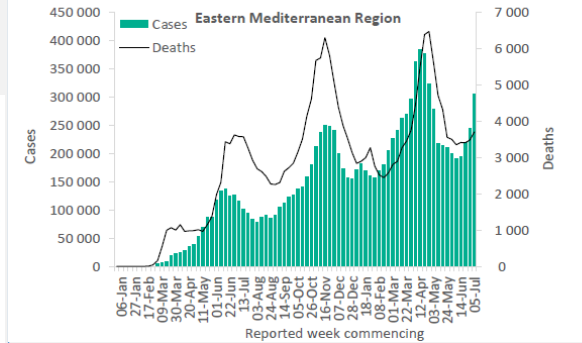
Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 11 July 2021**



Eastern Mediterranean Region

The Eastern Mediterranean Region reported just under 307 000 new cases and over 3700 new deaths, a 25% and a 7% increase respectively as compared to the previous week. This is the fourth consecutive week of increase in cases reported in the region. The highest numbers of new cases were reported from the Islamic Republic of Iran (114 749 new cases; 136.6 new cases per 100 000; a 38% increase), Iraq (56 535 new cases; 140.6 new cases per 100 000; a 29% increase), and Tunisia (52 076 new cases; 440.6 new cases per 100 000; a 47% increase).

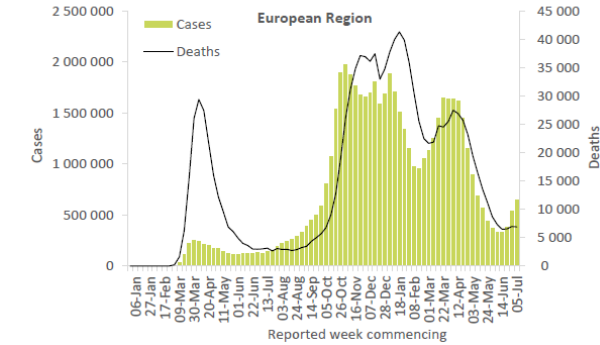
The highest numbers of new deaths were reported from the Islamic Republic of Iran (1067 new deaths; 1.3 new deaths per 100 000; a 16% increase), Tunisia (983 new deaths; 8.3 new deaths per 100 000; a 44% increase), and Afghanistan (525 new deaths; 1.3 new deaths per 100 000; a 4% decrease).



European Region

Cases in the European Region have been steadily increasing over the past month and this week, the Region reported over 653 000 new cases, a 20% increase as compared to the previous week. The number of new deaths reported regionally this week was similar to that of the previous week. The highest numbers of new cases were reported from the United Kingdom (210 277 new cases; 309.8 new cases per 100 000; a 30% increase), Russian Federation (172 392 new cases; 118.1 new cases per 100 000; an 8% increase), and Spain (52 824 new cases; 111.6 new cases per 100 000; a 19% decrease).

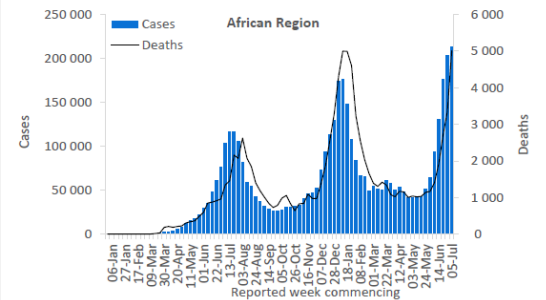
The highest numbers of new deaths were reported from the Russian Federation (5077 new deaths; 3.5 new deaths per 100 000; a 9% increase), Turkey (318 new deaths; 0.4 new deaths per 100 000; a 9% decrease), and Germany (201 new deaths; 0.2 new deaths per 100 000; a 27% decrease).



African Region

The weekly case incidence and deaths continues to increase for the past consecutive nine weeks and eight weeks, respectively. The African Region reported over 213 000 new cases and over 5000 new deaths, a 5% and a 50% increase respectively as compared to the previous week. In the past week, 62% of all new cases and 53% of all new deaths were reported from South Africa. The highest numbers of new cases were reported from South Africa (132 986 new cases; 224.2 new cases per 100 000 population; percentage difference similar to last week), Zimbabwe (13 188 new cases; 88.7 new cases per 100 000; a 72% increase), and Zambia (12 302 new cases; 66.9 new cases per 100 000; a 25% decrease).

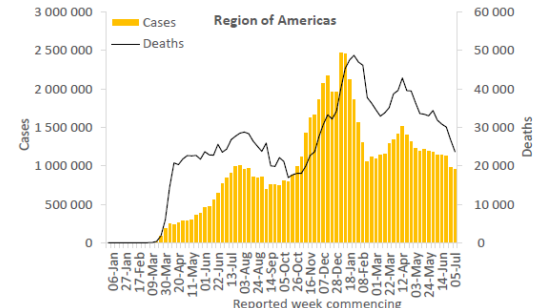
The highest numbers of new deaths were reported from South Africa (2631 new deaths; 4.4 new deaths per 100 000 population; a 52% increase), Uganda (897 new deaths; 2.0 new deaths per 100 000; a 176% increase), and Zambia (378 new deaths; 2.1 new deaths per 100 000; a 12% decrease).



Region of the Americas

The Region of the Americas reported over 962 000 new cases and over 23 000 new deaths, a 3% and an 11% decrease respectively as compared to the previous week. Overall, cases continue to decline in the region, however, large increases in case incidence were reported in small islands such as British Virgin Islands, Martinique, Barbados and Turks and Caicos Islands. The highest numbers of new cases were reported from Brazil (333 030 new cases; 156.7 new cases per 100 000; a 9% decrease), Colombia (174 320 new cases; 342.6 new cases per 100 000; a 15% decrease), and the United States of America (128 482 new cases; 38.8 new cases per 100 000; a 38% increase).

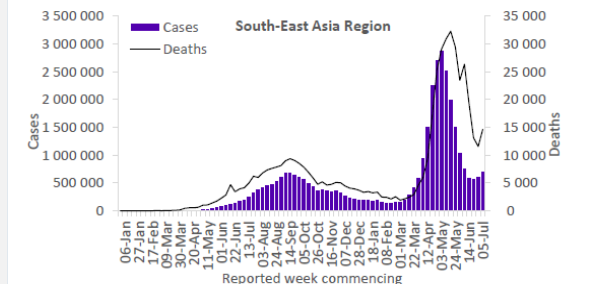
The highest numbers of new deaths were reported from Brazil (9736 new deaths; 4.6 new deaths per 100 000; a 10% decrease), Colombia (4008 new deaths; 7.9 new deaths per 100 000; a 9% decrease), and Argentina (2849 new deaths; 6.3 new deaths per 100 000; a 16% decrease).



South-East Asia Region

Although trends in the incidence of new cases in the South-East Asia Region are at much lower levels as compared to the region's highest peaks at the start of May, the Region is reporting another resurgence in cases with over 712 000 new cases reported in the Region this week, a 16% increase as compared to the previous week. More concerning is the number of new deaths: the past week saw over 14 000 new deaths, a 26% increase as compared to the previous week. The highest numbers of new cases were reported from India (291 789 new cases; 21.1 new cases per 100 000; a 7% decrease), Indonesia (243 119 new cases; 88.9 new cases per 100 000; a 44% increase), and Bangladesh (76 272 new cases; 46.3 new cases per 100 000; a 35% increase).

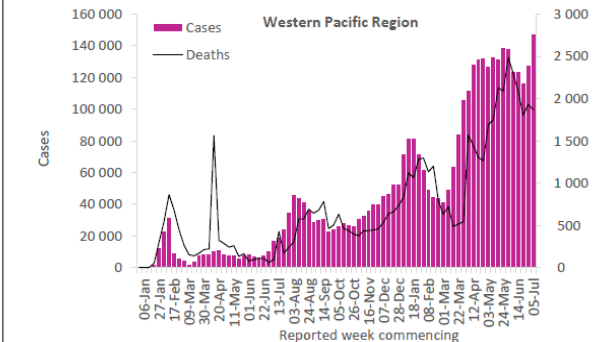
The highest numbers of new deaths were reported from India (6035 new deaths; 0.4 new deaths per 100 000; a 4% decrease), Indonesia (5882 new deaths; 2.2 new deaths per 100 000; a 71% increase), and Bangladesh (1354 new deaths; 0.8 new deaths per 100 000; a 52% increase).



Western Pacific Region

The Western Pacific Region has reported increasing trends in case incidence for the past three weeks although deaths remain relatively stable. This week over 147 000 new cases and over 1800 new deaths were reported, a 15% increase and a 3% decrease respectively as compared to the previous week. The highest numbers of new cases were reported from Malaysia (54 584 new cases; 168.6 new cases per 100 000; a 24% increase), the Philippines (36 706 new cases; 33.5 new cases per 100 000; a 5% decrease), and Japan (13 314 new cases; 10.5 new cases per 100 000; a 22% increase).

The highest numbers of new deaths were reported from the Philippines (753 new deaths; 0.7 new deaths per 100 000; an 8% decrease), Malaysia (633 new deaths; 2.0 new deaths per 100 000; a 15% increase), and Cambodia (185 new deaths; 1.1 new deaths per 100 000; a 7% increase).



Global Situation



The UN's pandemic-year spending: The UN's spending increased in 2020, with at least \$2.1 billion, or 11 percent, going to COVID-19-related goods and services. The UN's annual procurement report – based on public data on 36,594 contracts – shows that purchasing of PPE and other COVID-19 supplies pushed up spending by UNICEF and the UN Development Programme, while WHO's buying almost doubled, to \$1.7 billion. Overall, health-related purchasing represents the largest slice of the UN's \$22.3 billion outgoings. But that's not new. Three pharmaceutical companies top the list of suppliers by value: GlaxoSmithKline, Pfizer, and the Serum Institute of India. These firms were already major suppliers of childhood vaccinations, and the purchase of COVID-19 vaccines in 2021 will likely see pharmaceutical firms top the list again in 2021. The pandemic did reduce some UN spending: Travel and accommodation went down by nearly half, to \$668 million.

ECDC: In their second update of [COVID-19 in children and the role of school settings in transmission](#), the agency stressed that by the time schools reopen for the new school year, children and adolescents will have become the age groups with the lowest rates of COVID-19 vaccination coverage in the European Union (EU) and European Economic Area (EEA). Therefore, in the absence of strict adherence to effective public health mitigation measures, concentrated circulation of COVID-19 is to be expected, including outbreaks in this age group.

JAP/IOC: The Olympic Games of Tokyo 2020 (OG) will take place from 23 July - 8 August 2021 with some of events starting already on 21 July 2021. The Paralympic Games will be held from 24 August - 5 September 2021. The games were rescheduled to this year due to COVID-19 pandemic. Over 11 000 OG athletes, including over 2 600 athletes from the European Union, will compete in 33 sports, 339 events across 42 competition venues. In addition, almost 40 000 support staff from all over the world are expected to attend the OG. Most of the venues are located in the Greater Tokyo area. Spectators from abroad will not be allowed to Japan as per announcement in [March 2021](#). Local spectators will not be allowed in four out of seven prefectures: Tokyo, Chiba, Kanagawa and Saitama prefectures, following declaration of emergency state in Japan between 12 July and 22 August 2021, according to a [media report](#). In Miyagi, Fukushima, and Shizuoka prefectures the venues can be filled to 50% of capacity with a maximum of 10 000 local spectators.

NLD: At a music festival in Utrecht, around 1000 visitors have been infected with the coronavirus. According to the health authorities of the evening, the numbers could still rise. The organizers reacted shocked and emphasized that they had adhered to all requirements. Around 20,000 people attended the two-day open-air festival "Verknijpt" (Crazy) on 3 and 4 July. On the first day, at least 448 visitors became infected, and on the second day, another 516 festival-goers had to prove that they had been vaccinated or tested negative. According to the organizers, strict checks were carried out at the entrance. Time slots have been set up for visitors to prevent crowds.

SVN: The entry rule will be tightened from Thursday. This also applies to transit travellers and freight forwarders. Travelers entering the country must then in principle prove that they are either vaccinated against COVID-19 or have survived the disease or tested negative for the coronavirus. The only exceptions are children under the age of 15 and farmers who cultivate land across borders.

AUS: The lockdown in Sydney will be extended for another two weeks until at least July 30 due to the spread of the highly contagious delta variant. On Wednesday, 97 locally transmitted new infections were reported in the region. Sydney has been in lockdown since June 26. Citizens are only allowed to leave their homes in exceptional cases, the schools are closed. In an international comparison, however, the numbers remain low: Since the beginning of the latest wave, 864 infections have been recorded in New South Wales. 71 people had to be treated in hospital, 20 of them in the intensive care unit.

ISR: In order to motivate the population to comply with self-isolation during the pandemic, the quarantine period will be shortened from at least ten days to seven days. Those affected could take a corona test on the seventh day and end the isolation if the test result is negative.

GBR: The British Parliament has approved a corona vaccination requirement for nurses in homes in England. From October, home staff will have to show two vaccinations against the virus. Previously, France had already issued a mandatory vaccination for health workers from September.

Contrary to a government decision, the British capital London is sticking to the mask requirement in public transport. From next Monday, masks will no longer be mandatory in the largest British part of England. Instead of state rules, the government relies on personal responsibility.

USA: The number of confirmed daily coronavirus infections in the U.S. has increased from 11,300 on June 23 to an average of around 23,600 on Monday. The increase also has to do with the rapidly spreading delta variant, lower vaccination rates, and the feirities around July 4. In all of the 50 states of the U.S. except Maine and South Dakota, the number of coronavirus cases has increased in the past two weeks.

UEFA European Football Championship 2021 Surveillance by ECDC (week 04 to 10 July 2021)

Since the previous report Germany has reported 18 SARS-CoV-2 cases and Finland has reported 45 additional cases linked to attendance of the UEFA EURO 2020 games. An increase in COVID-19 notification rates has been reported in **Finland, the Netherlands, Russia and the UK**.

Summary:

According to multiple sources, from the beginning of the EURO 2020 and as of 8 July 2021, eight countries have reported 2 535 SARS-CoV-2 positive cases linked to attendance at UEFA EURO 2020 games: **Denmark** (35, of these five with Delta variant), **Finland** (481), **France** (3), **Sweden** (2), **Scotland** (1991), **Germany** (18), **Croatia and the Netherlands** reported less than five cases each.

According to media and [WHO EURO 2020 explorer](#), among the UEFA host countries, an increase in SARS-CoV-2 cases was recently reported in St. Petersburg (Russia), Baku, (Azerbaijan), Amsterdam (Netherlands), Copenhagen (Denmark), Glasgow and London (the UK).

Finland reported that in week 25 (ending 27 June 2021), more than 40% of the positive SARS-CoV-2 infections detected were directly related to the UEFA EURO 2020, and in week 26 (ending 4 July 2021) the corresponding proportion was 15%.

Overall the **UK** is reporting an increase in the weekly SARS-CoV-2 notification rate by a 34.9% and a 51.5% increase in SARS-CoV-2 related hospitalisations. Overall, the Delta variant has been detected in the majority of new cases of SARS-CoV-2 in the UK. According to Public Health England's weekly SARS-CoV-2 variant report cases, as of 30 June 2021 data show that numbers of the Delta variant in the UK have risen by 50 824 since last week, to a total of 16 1981. According to Public Health Scotland, an increase in hospitalisations has been observed in recent days.

According to media SARS-CoV-2-related hospitalisations have increased in **St. Petersburg** in recent days. According to a statement by the deputy prime minister of **Russia**, UEFA EURO 2020 influenced the increase in the number of COVID-19 cases in St. Petersburg. On 7 July 2021, St. Petersburg reported overall 1 906 SARS-CoV-2 positive cases, and 1 194 cases on 25 June 2021.

During the monitoring period SARS-CoV-2 infection was not detected in players of the national teams.

WHO updates on guidance regarding myocarditis and pericarditis reported with COVID-19 mRNA vaccines

COVID-19 subcommittee of the WHO Global Advisory Committee on Vaccine Safety (GACVS): updated guidance regarding myocarditis and pericarditis reported with COVID-19 mRNA vaccines

On 26 May 2021, the COVID-19 subcommittee of the WHO Global Advisory Committee on Vaccine Safety (GACVS) issued a statement reviewing initial reports of mild myocarditis following COVID-19 mRNA vaccines.

More data have become available since the statement, with more countries reporting myocarditis and pericarditis in individuals who received COVID-19 mRNA vaccines. The reported cases have typically occurred within days of vaccination, more commonly among younger males and more often following the second dose of COVID-19 mRNA vaccines.

A strong signal of myocarditis/pericarditis has been reported recently with mRNA COVID-19 vaccines in the United States (US). However, the US Advisory Committee on Immunization Practices (ACIP) has concluded that the benefits of mRNA COVID-19 vaccines continue to outweigh the risks of myocarditis and pericarditis even among young people. According to the data in the US Vaccine Adverse Events Reporting System (VAERS), approximately 40.6 cases of myocarditis per million second doses among males and 4.2 cases per million among females have been reported as of 11 June 2021 in persons 12-29 years of age who received the mRNA COVID-19 vaccines. For persons over 30 years of age, the reporting rates were 2.4 and 1.0 per million second doses, respectively, for males and females.

The Pharmacovigilance Risk Assessment Committee (PRAC) of the European Medicines Agency (EMA) at its recent meeting on 5-8 July 2021 reviewed the latest data from Europe and has confirmed that there is a [plausible causal relationship between myocarditis and the mRNA vaccines](#).

In reaching its conclusion, the Committee took into consideration all currently available evidence. This included an in-depth review of 145 cases of myocarditis in the European Economic Area (EEA) among people who received Comirnaty and 19 cases among people who received Spikevax. PRAC also reviewed reports of 138 cases of pericarditis following the use of Comirnaty and 19 cases following the use of Spikevax. As of 31 May 2021, around 177 million doses of Comirnaty and 20 million doses of Spikevax had been given in the EEA. In addition the PRAC also looked into cases received worldwide.

The Committee concluded that the cases primarily occurred within 14 days after vaccination, more often after the second dose and in younger adult men. In five cases that occurred in the EEA, people died. They were either of advanced age or had concomitant diseases. Available data suggest that the course of myocarditis and pericarditis following vaccination is similar to the typical course of these conditions, usually improving with rest or treatment.

The Committee is therefore recommending listing myocarditis and pericarditis as new side effects in the product information for these vaccines, together with a warning to raise awareness among healthcare professionals and people taking these vaccines.

The GACVS COVID-19 subcommittee has reviewed all available information to date, and notes the following:

- The benefits of mRNA COVID-19 vaccines outweigh the risks in reducing hospitalizations and deaths due to COVID-19 infections.
- Very rare cases of myocarditis and pericarditis have been observed following vaccination with the mRNA COVID-19 vaccines. These cases occurred more often in younger men and after the second dose of the vaccine, typically within few days after vaccination. Current evidence suggests a likely causal association between myocarditis and the mRNA vaccines
- Available data suggest that the immediate course of myocarditis and pericarditis following vaccination is generally mild and responds to conservative treatment (e.g. rest, treatment with nonsteroidal anti-inflammatory drugs etc). Follow-up is ongoing to determine long term outcomes.
- More rigorous studies using alternative data sources and more robust study designs including comparison of vaccinated and unvaccinated populations as well as investigations monitoring for longer term follow up are underway; the GACVS subcommittee will continue to review this signal as more data become available.
- The US Food and Drug Administration (FDA) and the EMA have provided updates to the Product Information for the mRNA vaccines (Comirnaty and Spikevax). These and other agencies have issued advisories and various communication materials, to the public and healthcare professionals, with guidance or actions to take following vaccinations with mRNA vaccines.
- Vaccinated individuals should be instructed to seek immediate medical attention if they develop symptoms indicative of myocarditis or pericarditis such as new onset and persisting chest pain, shortness of breath, or palpitations following vaccination.
- Clinicians should be aware of the risk of myocarditis and pericarditis with mRNA vaccines and those most likely to be affected. They should be alert to presentations such as acute chest pain, shortness of breath and palpitations that may be suggestive of myocarditis after vaccination, especially in adolescent or young males. Coronary events are less likely to be the source of such symptoms among younger people.
- Where possible, suspected cases should be evaluated, provided guidance and be followed up with cardiologist consultation.
- It is important to rule out other potential causes of myocarditis and pericarditis, including COVID-19 infection and other viral etiologies. An infectious disease specialist and/or rheumatologist may need to be consulted to assist in this evaluation.

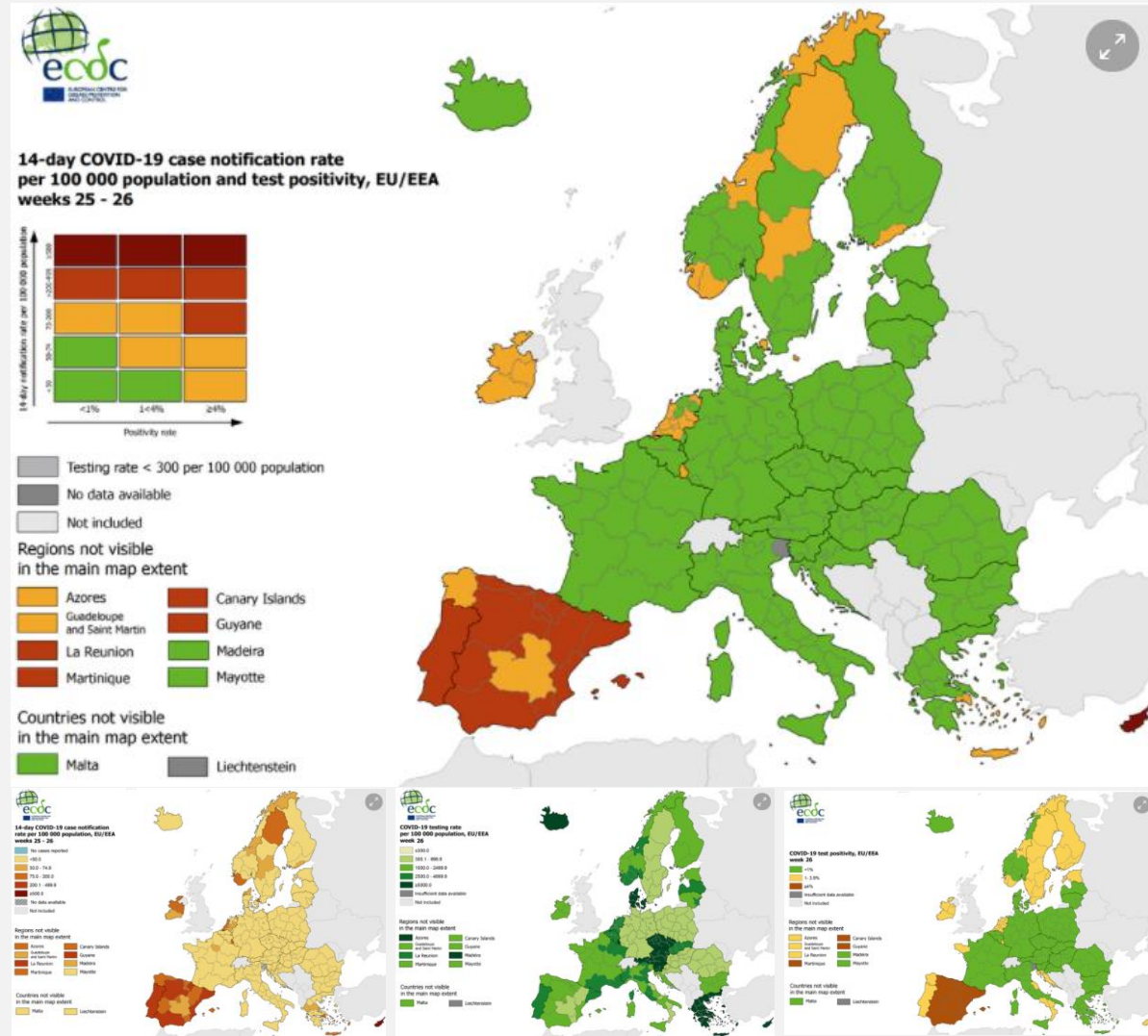
Sources:

<https://www.who.int/news/item/09-07-2021-gacvs-guidance-myocarditis-pericarditis-covid-19-mrna-vaccines>

<https://www.ema.europa.eu/en/news/comirnaty-spikevax-possible-link-very-rare-cases-myocarditis-pericarditis>

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 08 July 2021



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

ECDC COVID-19 surveillance report Week 26, as of 09 July 2021

- At the end of week 26, the overall COVID-19 case notification rate for the European Union and European Economic Area (EU/EEA) was 51.6 per 100 000 population (38.6 the previous week). This rate has been increasing for one week. Overall hospital admissions due to COVID-19 have been stable for five weeks and the 14-day COVID-19 death rate (9.4 per million population, 11.3 the previous week) has been stable for one week.
- ECDC's assessment of each country's epidemiological situation derives from a composite score based on the absolute value and trend of five weekly COVID-19 epidemiological indicators. For week 26, the epidemiological situation in the EU/EEA was categorised overall as of low concern (of very low concern the previous week). One country was categorised as of high concern, two as of moderate concern, seven as of low concern and 20 as of very low concern. Compared to the previous week, seven countries (Belgium, Cyprus, Denmark, Greece, Ireland, Luxembourg and Spain) moved to a higher category, 22 countries (Austria, Bulgaria, Croatia, Czechia, Estonia, Finland, France, Germany, Hungary, Iceland, Italy, Liechtenstein, Lithuania, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia and Sweden) stayed in the same category and one country (Latvia) moved to a lower category.
- Ensemble model forecasts produced for each EU/EEA country on 5 July 2021 by the [European COVID-19 Forecast Hub](#) provide 4-week predictions from 27 to 30. Comparing week 30 with 27 for the EU/EEA overall, an increasing trend in cases and a stable trend in deaths are forecast, reaching 91.5 per 100 000 and 5.0 per million, respectively, in week 30). At the country level, an increasing trend in cases is forecast in 12 countries (Croatia, Cyprus, Czechia, Denmark, Finland, Greece, Liechtenstein, Luxembourg, Malta, Netherlands, Portugal and Spain) and an increasing trend in deaths is forecast in three countries (Cyprus, Greece and Portugal). Note that the uncertainty present in these forecasts, not shown here, increases the further ahead predictions are made.
- By the end of week 26, 61.0% of people aged 18 years and older in the EU/EEA (country median, range: 65.1%, 16.8–89.0%) had received at least one dose of vaccine against COVID-19 and 44.1% (country median, range: 43.5%, 14.9–79.1%) had been fully vaccinated.
- The reported distribution (median and range of values from 15 countries) of variants of concern was 51.7% (15.5–95.0%) for B.1.1.7 (Alpha), 30.1% (0.7–83.2%) for B.1.617.2 (Delta), 0.7% (0.0–13.5%) for P.1 (Gamma), 0.3% (0.0–9.6%) for B.1.351 (Beta) and 0.0% (0.0–3.1%) for B.1.1.7+E484K.
- The currently observed and predicted continuing deterioration of the epidemiological situation in many countries is expected given the rapid increase in the delta variant. To date, most recent increases have been reported among younger age groups, with limited observed changes so far in indicators of COVID-19 severity.

ECDC risk assessment for the Olympic Games of Tokyo 2020

The Olympic Games of Tokyo 2020:

The Olympic Games of Tokyo 2020 (OG) will take place from 23 July - 8 August 2021 with some of events starting already on 21 July 2021. The Paralympic Games will be held from 24 August - 5 September 2021. The games were rescheduled to this year due to COVID-19 pandemic. Over 11 000 OG athletes, including over 2 600 athletes from the European Union, will compete in 33 sports, 339 events across 42 competition venues. In addition, almost 40 000 support staff from all over the world are expected to attend the OG. Most of the venues are located in the Greater Tokyo area. Spectators from abroad will not be allowed to Japan as per announcement in [March 2021](#). Local spectators will not be allowed in four out of seven prefectures: Tokyo, Chiba, Kanagawa and Saitama prefectures, following declaration of emergency state in Japan between 12 July and 22 August 2021, according to a [media report](#). In Miyagi, Fukushima, and Shizuoka prefectures the venues can be filled to 50% of capacity with a maximum of 10 000 local spectators.

Epidemiological situation in Japan

COVID-19: as of 30 June 2021, overall [COVID-19 notification rates](#) started to increase slightly after several weeks of decline, especially in Tokyo and the metropolitan area. Hospitalisation and death rates are declining in recent weeks. Overall, Japan reported 81 1712 cases, including 14 897 deaths according to the [Ministry of Health, Labour and Welfare of Japan](#) as of 3 July 2021. Of all the tests performed, the B.1.1.7 lineage (alpha variant) is most frequently detected, but there is an increase of the number of reports of the B.1.617.2 lineage variants (including delta variant) which is at 30%, according to a media report. The number of vaccinations has exceeded 57 million nationwide (45% of the total 127 million population), of which two doses were received by 16.8% of the population and one dose was received by 28.4% of the population, according to the data on [8 July 2021](#).

Other diseases: according to the [National Institute of Infectious Diseases in Japan](#), in 2021 and as of week 25 (ending on 27 June 2021) there are 7 426 cases of tuberculosis reported from all prefectures. In 2021, 3 149 cases of syphilis and 482 cases AIDS have been reported. No cases of Japanese encephalitis were reported in 2021. Antimicrobial resistance is reported for Carbapenem-resistant enterobacteriaceae infection (853 cases), Vancomycin-resistant Enterococcus infection (61), and Vancomycin-resistant S. aureus infection (0).

Risk assessment

- The [overall risk of SARS-CoV-2 infection](#) related to the expected increase in circulation of the Delta VOC the risk for participating athletes and attending support staff is considered to be **low for fully vaccinated individuals and moderate for partially or unvaccinated individuals** considering the strict measures in place;
- The [risk for EU/EEA citizens travelling to Tokyo](#) is **low for fully vaccinated individuals and high for partially or unvaccinated individuals**.
- Overall, in the countries where mass gathering events take place, in the absence of sufficient mitigation measures the risk of local and pan-European transmission of COVID-19, including the spread of variants of concern, is expected to increase.
- Overall, the risk for EU/EEA citizens to become infected with [other communicable diseases](#) in Japan is considered **low** if preventive measures are applied.

Options for COVID-19 response are described in ECDC's latest COVID-19 rapid risk assessment [Assessing SARS-CoV-2 circulation, variants of concern, non-pharmaceutical interventions and vaccine rollout in the EU/EEA](#), 15th update, published on 10 June 2021 and its [Threat Assessment Brief, Implications for the EU/EEA on the spread of the SARS-CoV-2 Delta \(B.1.617.2\) variant of concern](#), published on 23 June 2021.

ECDC will be monitoring Tokyo OG through its epidemic intelligence activities on a daily basis from 16 July - 13 August 2021 and will report if major events are detected.

Source: <https://www.ecdc.europa.eu/sites/default/files/documents/communicable-disease-threats-report-week-27-public.pdf>

Side Facts

- Tokyo, its surrounding prefectures (i.e., Kanagawa, Yamanashi, and Chiba), and Okinawa are the five prefectures in Japan with the highest number of COVID-19 cases per 100,000 reported in the last 30 days as of July 4. COVID-19 vaccination coverage ranges from 21.1% -32.9% of each prefecture's population, with 23.5% and 13.0% of Tokyo's population having received one dose and two doses, respectively, as of July 4
- In response to the growing outbreak, a state of emergency will be in effect in Tokyo and Okinawa beginning on July 12 – August 22, during which the Olympics will be taking place. This state of emergency will require restaurants and bars to close by 8 PM and prohibits the serving of alcohol. Local authorities are also permitted to implement restrictions on operating hours of businesses, mass transit, and to ask residents to refrain from non-essential visits.
- For the Olympics, [the Tokyo 2020 Playbooks](#) outline the rules, responsibilities, and protocols to minimize the risks of COVID-19 spread for all Games participants-athletes, media, and surrounding workforce. They take effect 14 days before arrival to Japan, on entry, during the Games, and on departure. In addition, over 3,000 COVID-19 Liaison Officers will be responsible for ensuring compliance to the Playbook guidelines and collaborate with Japanese Health Authorities to report and monitor any infections that may occur.
- Vaccinations are not required for Games participants but will be needed to bypass the 14-day quarantine upon entry into Japan. COVID-19 testing will be conducted regularly for all Games participants to minimize the risk of undetected transmission. Two negative tests taken prior to travel and one negative PCR test taken on arrival are required to enter Japan. During the Games, testing will be conducted daily, or every 4 or 7 days, depending on the participant's proximity to athletes and the Olympic Village. Movement and social restrictions will be imposed to limit interactions with the Japanese public (e.g., ban on public transportation), and face masks will be required to be worn indoors except to eat, drink, compete, and sleep. Spectators will be banned from all **indoor and outdoor sport venues in the Tokyo area**.
- As of 4 July, the five prefectures with the highest number of COVID-19 cases per 100,000 reported in the last 30 days are: Okinawa (210.8 per 100,000), Tokyo (109.3 per 100,000), Kanagawa (65.7 per 100,000), Yamanashi (62.4 per 100,000), and Chiba (54.1 per 100,000).
- The five prefectures with the highest seven-day rolling average number of daily new cases per one million people are Tokyo (46.8), followed by Okinawa (41.3), Kanagawa (23.6), Chiba-ken (22.0), and Saitama-ken (15.1).
- The % of each prefecture's population that has received one vaccine dose ranges from 21.1% in Tochigi to 32.9% in Saga-ken. In Tokyo (where the Olympics are being held), 23.5% and 13.0% of the prefecture's population has received one dose and two doses, respectively.
- Vaccines being used in Japan include: Pfizer/BioNTech and Moderna.

Source: <https://bluedot.global/>

Table 2. Highlighted COVID-19 safety countermeasures from Tokyo 2020 Playbooks, by Games participant type and point of travel

Safety Measures	Participants	Pre-Arrival (14 Days Before Travel)
Vaccinations	All	- Not required to participate in the Games, but required to bypass the 14-day quarantine on arrival - Record of vaccination status and history of COVID-19 tests required
COVID-19 Testing and Contact Tracing	All	- Monitor health daily for the 14 days before arrival to Japan (temperature, COVID-19 symptoms) and keep physical contact with other people to a minimum - Two negative COVID-19 tests on two separate days within 96 hours of the departure of the flight to Japan - Complete an Activity Plan to track personal information, travel information, accommodation, contact information for regular contacts, all possible destinations (restricted to official Games venues and limited permitted destinations)
Safety Measures	Participants	On Arrival (Entering Japan)
COVID-19 Testing and Contact Tracing	All	- Every visitor must download two smartphone apps, Online Check-in and Health report App (OCHA) and Contact Confirming App (COCOA). OCHA informs the entry to Japan procedures of quarantine and daily health reporting, and COCOA will support COVID-19 contact tracing - On arrival, a quantitative saliva antigen test is performed. If positive or unclear, a further PCR test from the same sample will verify results - For the first three days, quarantine is required. However, if daily COVID-19 tests are negative, the Games participant agrees to a high level of supervision by Tokyo 2020 (e.g., via use of GPS data), then the participant may perform Games-related activities during the three days. If not, a 14-day quarantine is required at the accommodation on arrival - All pre-Games training camps/host towns, daily testing will be conducted for the first three days
Safety Measures	Participants	During/Between the Games
COVID-19 Testing	Athletes, Officials, Accredited Personnel	- At the Games, daily testing with quantitative saliva antigen test will be conducted. If results are positive or inconclusive, a nasopharyngeal PCR test will be performed to confirm results - Daily temperature checks and proactive monitoring of COVID-19 symptoms
Other	Participants	- At the Games, testing with saliva PCR is conducted either every day, every 4 days, or 7 days (depending on operational nature of role and proximity to athletes, officials, and the Olympic Village) - Daily temperature checks and proactive monitoring of COVID-19 symptoms
Accommodation	All	- Must reside in accommodation provided by or certified by Tokyo 2020 - Wearing a face mask at all times, except when eating, drinking, bathing, and sleeping - Ventilating rooms regularly where possible, every 30 minutes and for several minutes each time
Sport Venues	Athletes and Officials	- Wearing a face mask at all times, except when competing, training, and interviewing
Other	Participants	- Overall accreditation numbers reduced, venue operational plans adapted, and access to venues restricted to only those strictly required for operational reasons - Under state of emergency restrictions instated on July 8, 2021, spectators will be banned from all indoor and outdoor sport venues in the Tokyo area
Movement	Athletes and Officials	- Use of Games vehicles permitted only. No public transportation allowed unless the only option to reach remote venues
Other	Participants	- Carry out activities submitted in the Activity Plan of permitted destinations only - For the first 14 days, no public transportation allowed
Safety Measures	Participants	On Departure (Leaving Japan)
COVID-19 Testing	All	- Produce a negative COVID-19 test certificate before leaving Japan for entry to destination country, according to the entry requirements for the destination country/transit countries

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

476,040,996

394,416,423

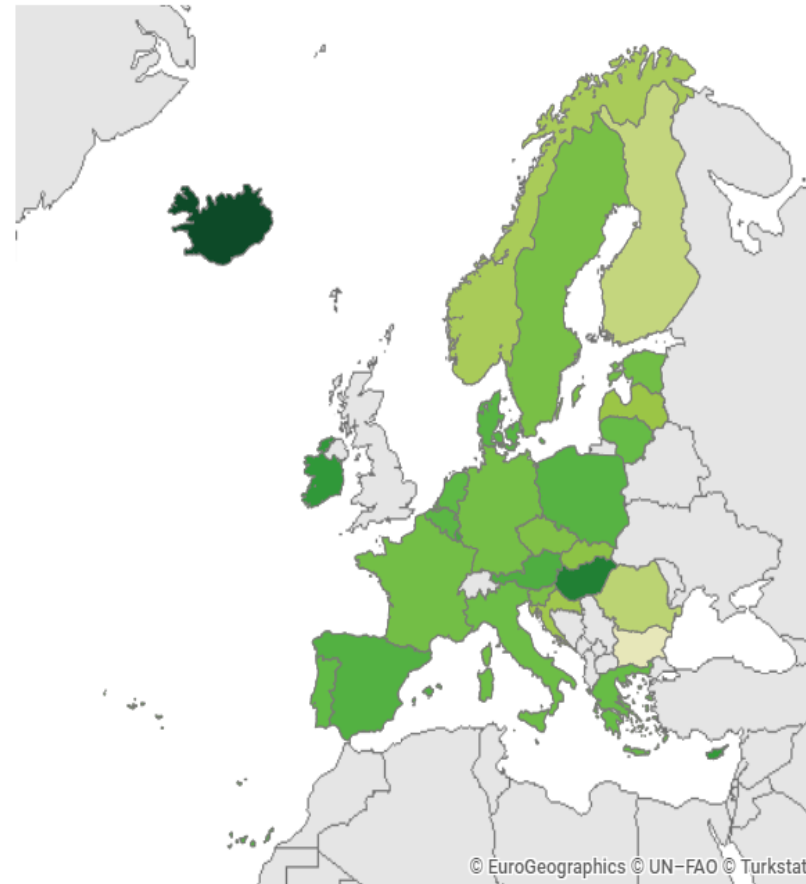
Select View : Uptake full vaccination

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 2021-07-13

Country	Uptake at least one dose (%) - 80 years old and above
Austria	98.2%
Belgium	89.7%
Bulgaria	17.3%
Croatia	54.1%
Cyprus	91.4%
Czechia	80.8%
Denmark	100.0%
Estonia	62.5%
Finland	94.1%
France	80.0%
Germany	-
Greece	70.1%
Hungary	73.9%
Iceland	99.9%
Ireland	100.0%
Italy	93.3%
Latvia	34.3%
Liechtenstein	-
Lithuania	53.0%
Luxembourg	80.5%
Malta	100.0%
Netherlands	-
Norway	100.0%
Poland	61.9%
Portugal	99.4%
Romania	19.0%
Slovakia	50.9%
Slovenia	68.9%
Spain	100.0%
Sweden	94.5%

Cumulative uptake (%) of full vaccination among adults (18+) in EU/EEA countries as of 2021-07-13

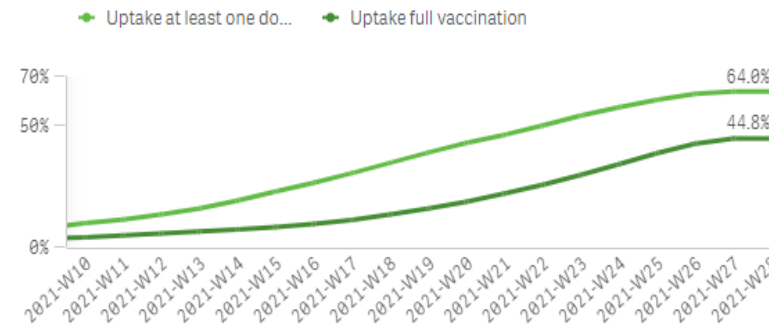


Uptake full vaccination (%)



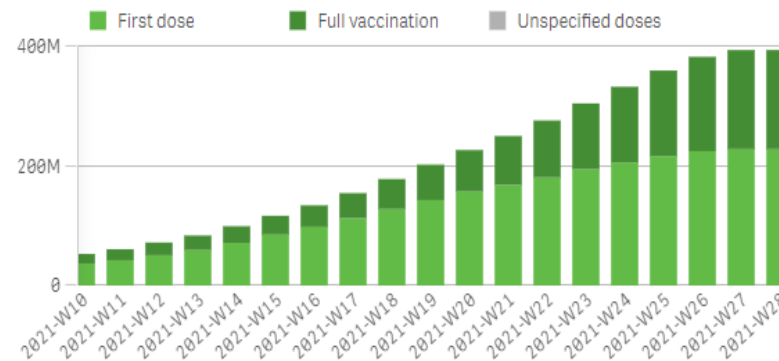
Cumulative uptake (%) of at least one vaccine dose and full vaccination among adults (18+) in EU/EEA countries as of 2021-07-13

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



Cumulative number of doses administered to adults (18+) in EU/EEA countries as of 2021-07-13

by reporting week (data for current week are preliminary)



Weekly doses

Cumulative doses

Variants Of Concern (VOC) Notable Update – Lambda and Delta Variants

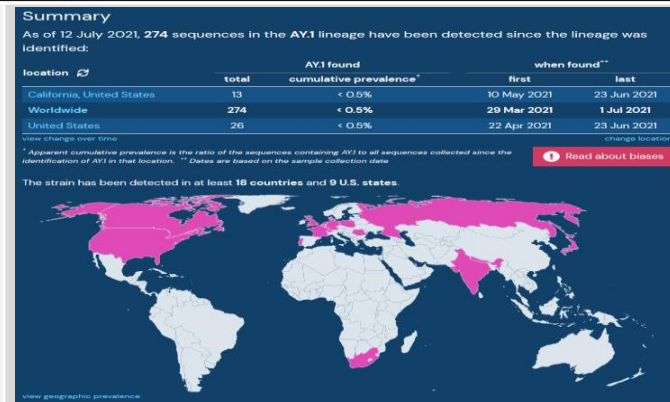
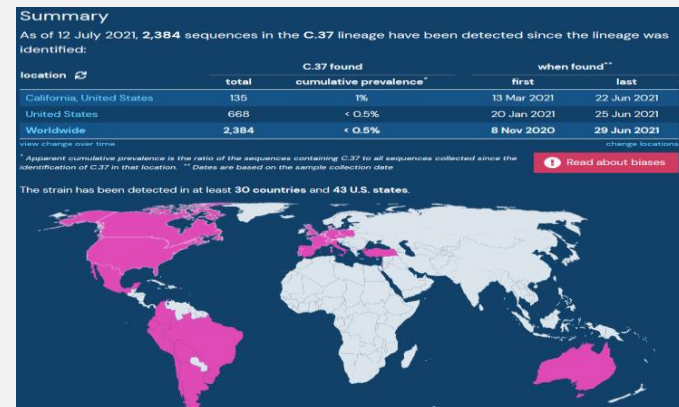
Source: <https://outbreak.info/situation-reports>
<https://bluedot.global/>



Lambda Variant (C.37)

In a follow-up on the **Lambda variant (C.37, first found in Peru)**, **Canada has confirmed its first cases**. According to the Public Health Agency of Canada (PHAC), as of July 5, there has been 11 Lambda variant cases in the country. Two recent cases were in Alberta and both related to a history of travel. Moreover, there is limited information but media reports have indicated that the first cases of **Lambda variant have been confirmed in Ontario as of July 9**. Although the WHO has deemed it as a variant of interest (VOI) there are concerns that it could be upgraded to a variant of concern (VOC) as it is associated with **substantive rates of community transmission in South America**. Lambda variant has now spread to at least **30 countries** (including Chile, Argentina, Peru, Ecuador, Brazil, Colombia, the U.S., Canada, Germany, Spain, Israel, France, the U.K, and Zimbabwe), and has **hit South America hardest**. There is currently limited evidence on the full extent of the impact associated with the mutations that the Lambda variant carries (such as **L452Q** and **F490S**); however, there are concerns that these could make it more transmissible or resistant to neutralizing antibodies.

A non-peer-reviewed study from the University of Chile, in Santiago, found the Lambda spike protein mutations confer increased infectivity and immune escape from neutralizing antibodies among healthcare workers with two doses of China's CoronaVac vaccine (or Sinovac); however, investigations are ongoing to ensure the validity of these data.

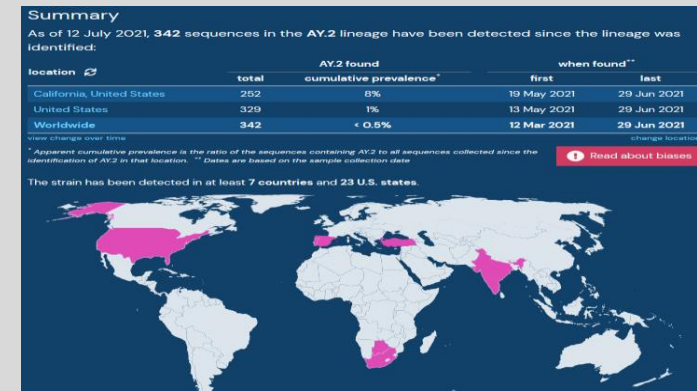


Delta Variant (AY.1)

According to data available via outbreak.info, as of July 12, **274 sequences of the AY.1 variant sub-lineage** have been detected globally. These cases have been reported in Portugal (54), Japan (49), the United Kingdom (47), Switzerland (42), the United States (26), India (16), Poland (13), France (8), Nepal (8), Netherlands (2), Qatar (2), Belgium (1), Canada (1), Denmark (1), Germany (1), Romania (1), Russia (1), and South Africa (1).

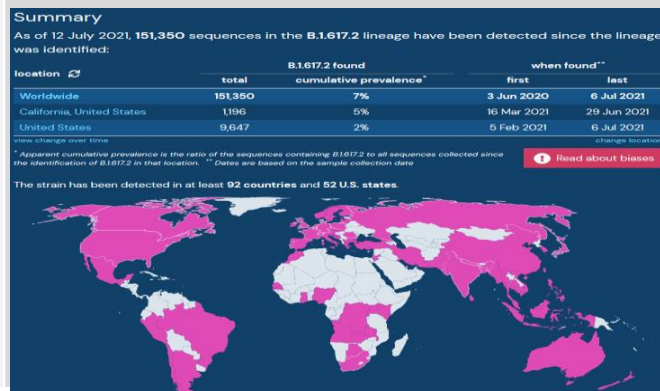
Delta Variant (AY.2)

Similarly, as of July 12, 329 sequences of the **AY.2 variant sub-lineage** has been detected globally. The majority of AY.2 cases have been reported in the **United States (329)**, with other cases reported in India (5), South Africa (2), Turkey (2), Botswana (1), Portugal (1), and Spain (1).



Delta plus variants (AY.1 and AY.2)

The **Delta plus variants sub-lineage**, identified as **AY.1 (B.1.617.2.1)** or **AY.2 (B.1.617.2.2)**, are becoming a global concern. Acquisition of **K417N** mutation in Delta (B.1.617.2), resulted in the evolution of **AY.1**. Similarly, the acquisition of **K417N** and **A222V** mutations in Delta (B.1.617.2), resulted in the evolution of **AY.2**. Although limited data are available, there are concerns that **Delta plus variants sub-lineage** could be more transmissible, more severe, lead to a reduction in neutralization by some approved monoclonal antibody treatments, and potential reduction in neutralization after vaccination. AY.1 has already been labelled as a VOC by the Indian government; however, the U.S. CDC is still combining data on Delta plus variants AY.1 and AY.2 along with Delta (B.1.617.2), but continues to evaluate the independent classification of the sub-lineages. There is currently limited evidence on the full extent of the impact associated with these sub-lineages; although, both new variants merit further investigation.

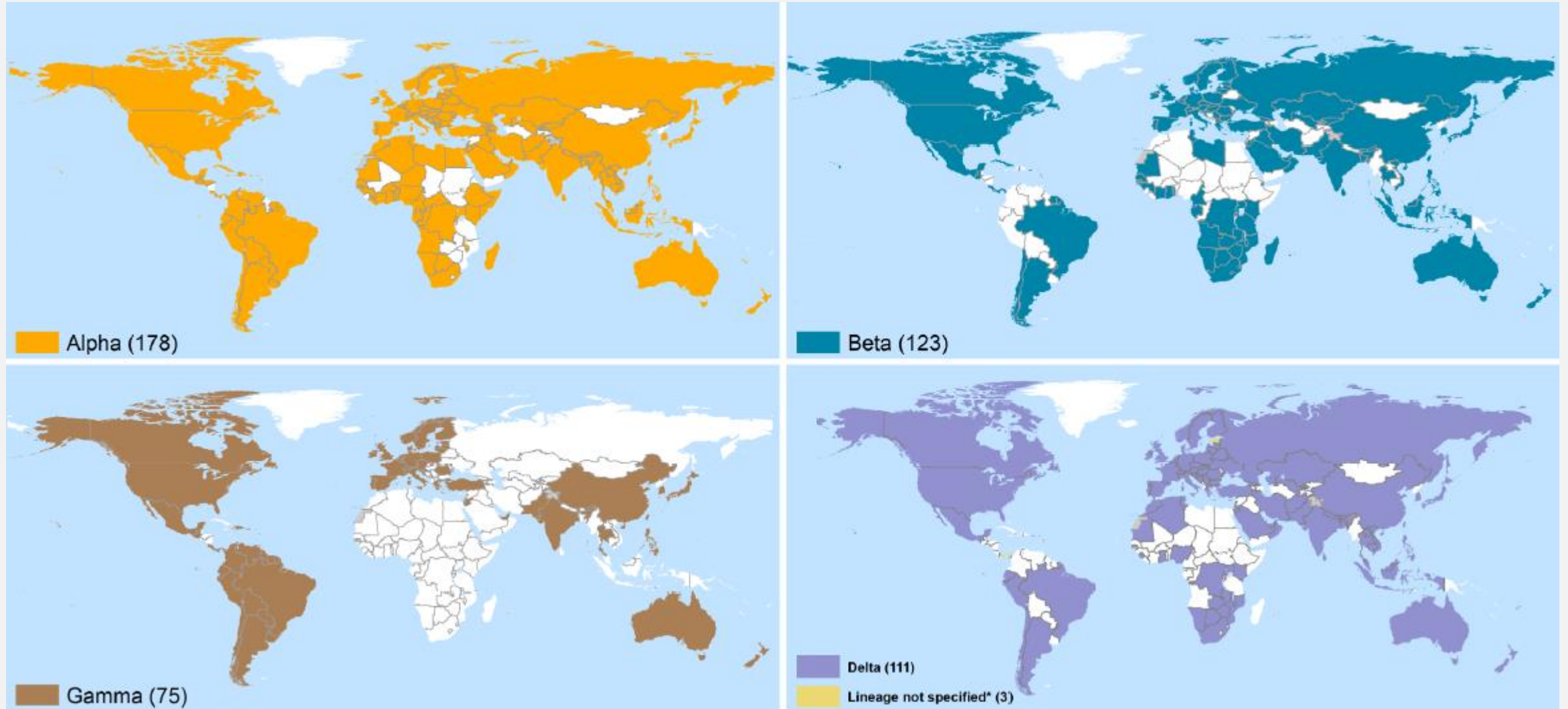


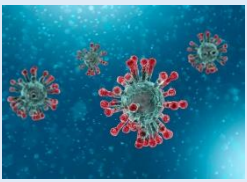
Delta Variant (B.1.617.2)

As of July 13, 94 countries have reported the Delta (B.1.617.2) variant. The majority has been reported in GBR (108,380), IND (11,188), POR (1,934), SGP (1,027), ZAF (805), ISR (671), IDN (612) and MEX (608). Globally, of the 30,653 B.1.617.2 cases reported over the past seven days, 83% were reported in Europe, 9% in North and Central America, and 6% in Asia.

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

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 29 June 2021





Subject in Focus

COVID Vaccination Boosters

Background

There is debate about whether further booster doses of COVID vaccine are required this year. The US CDC responded to a Pfizer request for approval for a booster dose with the following statement:

“The United States is fortunate to have highly effective vaccines that are widely available for those aged 12 and up. People who are fully vaccinated are protected from severe disease and death, including from the variants currently circulating in the country such as Delta. People who are not vaccinated remain at risk. Virtually all COVID-19 hospitalizations and deaths are among those who are unvaccinated. We encourage Americans who have not yet been vaccinated to get vaccinated as soon as possible to protect themselves and their community.

Americans who have been fully vaccinated do not need a booster shot at this time. FDA, CDC, and NIH are engaged in a science-based, rigorous process to consider whether or when a booster might be necessary. This process takes into account laboratory data, clinical trial data, and cohort data – which can include data from specific pharmaceutical companies, but does not rely on those data exclusively. We continue to review any new data as it becomes available and will keep the public informed. We are prepared for booster doses if and when the science demonstrates that they are needed.

A statement from Pfizer and BioNTech cited early evidence from a sponsored trial claiming, “that a booster dose given 6 months after the second dose has a consistent tolerability profile while eliciting high a on neutralization titers against the wild type and the Beta variant, which are 5 to 10 times higher than after two primary doses”. The publication of this data in a peer-reviewed journal is awaited. This followed booster decision by the Israeli government to offer a booster dose to immunocompromised adults using the Pfizer/BioNTech vaccine.

The Joint Committee on Vaccination and Immunisation (JCVI) in the UK has provided some support for a booster dose but stated “We will continue to review emerging scientific data over the next few months, including data relating to the duration of immunity from the current vaccines. Our final advice vaccination may change substantially.” JCVI recommended that booster doses should be prioritised for those considered most at risk from severe disease and published a list of potential recipients of the booster. The French government have been offering third doses of vaccine to specific ‘at risk’ groups e.g. solid organ transplants, since early June.

Scientific Evidence of Effectiveness of Booster Dose

There is limited published data on the effectiveness of booster doses of COVID vaccine following the primary course.

Moderna reported initial results from a Phase II study showing that a booster dose increased neutralising antibody titre levels in previously vaccinated individuals including for the B.1.351 variant, and the P.1 variant. It reported that the third dose was well tolerated.

This finding mirrors data published by University of Oxford which suggested that ‘A third dose of ChAdOx1 nCoV-19 induces antibodies to a level that correlate with high efficacy after second dose and boosts T-cell responses.’

A study from Johns Hopkins University explored the effectiveness of a third dose of vaccine, using Moderna, Pfizer/BioNTech and Johnson & Johnson vaccines, on individuals with a solid organ transplant. It reported that “antibody titers increased after the third dose in one third of patients who had negative antibody titers and in all patients who had low-positive antibody titers.” Additionally, it reported that vaccine side effects appeared to be acceptable.

Ethical Debate

The debate about booster doses of COVID vaccines has generated a discussion about whether it is ethical to offer third doses of vaccine when much of the world is struggling to offer first doses of vaccine to its population. There is also a suggestion that sub-optimal vaccine programmes may allow the proliferation of variants of concern thereby threatening global vaccine efficacy.

Summary

Emerging evidence suggests that a booster dose of vaccine after the primary course will enhance the immune response. However, there is limited evidence that waning immunity will lead to widespread vaccine failure over the next few months. Additionally, there is concern that the widespread roll-out of booster doses will reduce the amount of vaccine available to low income countries and thereby increase the likelihood of poor quality vaccination campaigns and risk the emergence of new variants.

Sources:

<https://www.medscape.com/viewarticle/954530>

<https://www.hhs.gov/about/news/2021/07/08/joint-cdc-and-fda-statement-vaccine-boosters.html>

https://cdn.pfizer.com/pfizercom/2021-07/Delta_Variant_Study_Press_Statement_Final_7.8.21.pdf?IPpR1xZjlwvaUMQ9sRn2FkePcBiRPGqw

<https://www.reuters.com/world/middle-east/israel-offers-pfizer-covid-19-vaccine-boosters-shots-adults-risk-2021-07-11/>

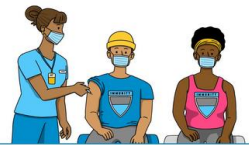
<https://www.gov.uk/government/news/jcvi-issues-interim-advice-on-covid-19-boosters-vaccination>

<https://www.euronews.com/2021/05/16/german-vaccine-tsar-everyone-may-need-a-third-dose-next-year>

https://solidarites-sante.gouv.fr/IMG/pdf/avis_du_cosv_6_avril_2021.pdf.pdf

GET VACCINATED EVEN IF YOU HAVE HAD COVID-19

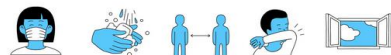
This is because we don't know how long the immunity from getting the disease lasts.



Think of the vaccine as a booster to protect you longer.



DOING IT ALL, PROTECTS US ALL



Always remember to follow these 5 precautions, even after getting vaccinated.



Country's in Focus

Haiti

Haiti's President Jovenel Moïse was assassinated at his private residence on 7 July. Moïse had been in power since 2017, and his term should have ended this February, amid growing calls to resign. The country has been without a parliament since January 2020, and distrust in government and street protests and gang violence have been growing in the midst of the ongoing pandemic and a slow vaccine rollout.

Haitian President assassination has pushed the Caribbean country into a new crisis, prompting fears that humanitarian aid to some 4.4 million people may be thwarted because of the volatile security situation and border closures. "This is the worst humanitarian crisis the country has faced over the past few years, and it's deteriorating week after week," UNICEF said. Martial law has been imposed, flights suspended, and food and cargo delays due to border closures have been reported. UNICEF said more than 1.5 million children were at risk, while thousands of people have been displaced due to gang violence. The assassination, meanwhile, has also forced the question of who's running the country: acting Prime Minister Claude Joseph or Ariel Henry who, before Moïse's death, was appointed to replace Joseph? An UN Special says Joseph will remain in office until elections are held later this year, but Henry has said he's in charge.

Haiti, which has yet to begin COVID-19 vaccinations after refusing an initial shipment of AstraZeneca vaccines, has also seen a recent spike in coronavirus cases, despite reporting relatively few cases in the first year of the pandemic. Any vaccine rollout is likely to be impacted by the political unrest and escalating gang violence that has gripped the country for months, especially in the capital, Port-au-Prince.

Haiti is still waiting for 130,000 doses of the AstraZeneca vaccine that were supposed to be delivered 14 June by the COVAX initiative. The Haitian government refused the initial shipment, citing concerns over adverse side effects like blood clotting associated with the AstraZeneca brand. The government's infrastructure to properly store the vaccine was also inadequate. In May 2021, when a surge in coronavirus cases reduced the Haitian government's resistance to AstraZeneca, its request for the very doses it rejected could not be fulfilled because the Serum Institute of India had production problems, and the global need was so great that vaccine makers in general couldn't keep up.

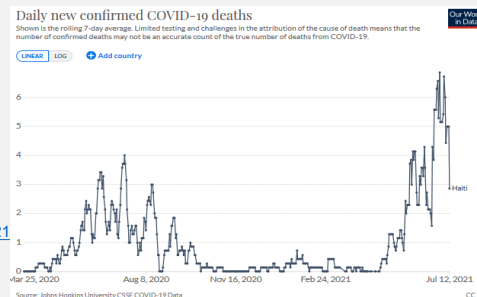
Additionally the country is among the low- and lower middle-income countries targeted by a donation of 55 million Pfizer doses from US President Joe Biden's administration, but it's unclear when Haiti will receive its first delivery.

That means Haiti is still one of a small number of countries in the world that has yet to rollout a coronavirus vaccination campaign — and the only country in the Americas.

Corona case numbers and deaths are rising, As of 13th July, more than 19,220 COVID-19 confirmed cases and 471 deaths had been reported. The main COVID-19 hospitals are saturated and face a shortage of oxygen. Some patients are dying because armed gang violence prevents ambulances from reaching them with oxygen and emergency treatment.

Outcome: With the ongoing political unrest and escalating gang violence alongside high vaccine hesitancy in the population the start and success of the vaccine rollout is still unsure.

Sources: <https://www.thenewhumanitarian.org/>
<https://reliefweb.int/report/madagascar/madagascar-grand-south-food-security-and-nutrition-snapshot-july-2021>
<https://www.unicef.org/documents/madagascar-covid-19-situation-report-april-2021>
<https://www.washingtonpost.com/world/2021/07/08/haiti-health-crisis/>
<https://www.thenewhumanitarian.org/news/2021/7/5/haiti-still-awaiting-first-covid-vaccines-as-cases-surge>



Madagascar

Severe hunger caused by climate change continues to affect southern Madagascar. The south is suffering from its worst drought since 1981, as well as other problems such as cyclones, dust storms and locusts. Additionally the pandemic is still raging, and the Delta variant is on the rise. Health institutions seem overwhelmed by the rising numbers of patients.

Hunger and Starvation

Around 1.14 million people of the Grand South of Madagascar are estimated to be in high levels of acute food insecurity (IPC Phase 3 or above) during the current period (April -September 2021), of which nearly 14,000 people are in the catastrophic level (IPC Phase 5). Over 500,000 children under the age of five in the Grand South of Madagascar will likely suffer from acute malnutrition through April 2022. Of these, over 110,000 are severely malnourished and are in urgent need of action. Three years of consecutive severe drought have wiped out harvests and hampered people's access to food in Madagascar's Grand South region. Of the ten hardest-hit southern districts, Amboasary, Atsimo is the epicenter, with nearly 14,000 people in Catastrophic conditions (IPC Phase 5), affected by extreme lack of food and basic services, even with full employment of coping strategies. In June WFP chief David Beasley, warned that Madagascar and countries like it could face an "unprecedented famine of biblical proportions". WFP asked for \$78.6 million to help get Madagascar through the lean season, which begins in the fall and lasts until the spring.

COVID-19

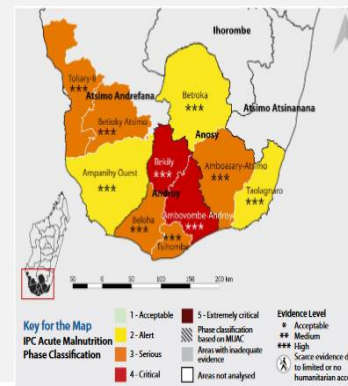
Since the beginning of the epidemic in Madagascar in March 2020 and till July 13th, 2021, 42,482 people were officially diagnosed positive for COVID-19. A first state of health emergency was declared over in October 2020. The period October 2020 to March 2021 was relatively quiet. Since the beginning of March, numbers have kept on increasing with a peak towards the 3rd week of April. The national programme revealed in March presence of the Beta variant in up to 30% of the specimens tested. This variant is much more aggressive and is infecting younger age groups, though mortality seems still in the older age group. The four most affected regions are Analamanga, Diana (Nosy Be), Atsinanana and Boeny. The vaccination program only started in May after receiving the first AstraZeneca vaccines from the COVAX initiative. As of 12 July 2021, a total of 197,001 vaccine doses have been administered. The country had initially indicated that it would not participate in the COVAX initiative. In March the country's health minister announced: "Madagascar will "wait and see" how the COVID-19 AstraZeneca jab vaccination roll-out fares elsewhere before procuring any itself". Instead the government touted people to use a herbal tonic - COVID Organics - as a cure for the virus despite the World Health Organization's warning against using untested remedies. The unproven remedy is available in tea and pill forms.

After a recorded spike in coronavirus cases in March and April the government decided to use the offered vaccination doses.

Outcome: As a result of the COVID-19 pandemic and persistent droughts, the humanitarian crisis in Madagascar is worsening. The country needs more support to fund lifesaving food and cash distributions as well as malnutrition treatment programs.



Students at the J.J. Rabearivelo High School in Antananarivo, Madagascar drink from bottles of Covid Organics, a herbal tea, touted by President Andry Rajoelina as a powerful remedy against the COVID-19 coronavirus, on April 23 2020. REUTERS/AFR/VI



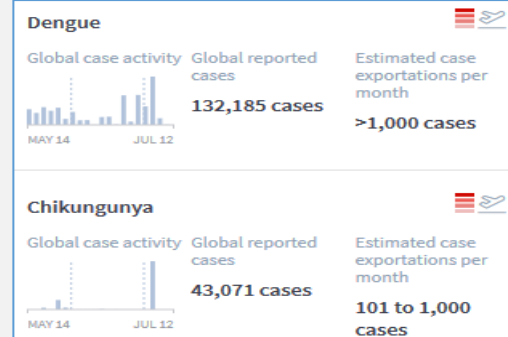
Other Infectious Disease Outbreaks

[A hotter planet amps up risk of mosquito-borne diseases](#)

Ahead of the official release next month of the Intergovernmental Panel on Climate Changes' dire climate report – which we already know a lot about thanks to an [early leak](#) – a new study in [The Lancet Planetary Health](#) now warns that billions of people may be at risk of [dengue fever](#) and malaria by 2080 if climate action is not taken. Once limited in geographical scope, the mosquito-borne diseases are projected to spread to new regions if temperatures rise unabated by 3.7 degree Celsius by the end of the century.

[Dengue](#), which was present in only nine countries before 1970, has since spread to over 100 and infected 5.2 million in 2019. That year, [malaria killed](#) over 400,000 people and infected 229 million, of which 94 percent of cases were in Africa. Meanwhile, a [separate study in Mexico](#) showed that data compiled on dengue hotspots in Mexico could provide predictive maps for future outbreaks of Zika and chikungunya, all transmitted by the aedes aegypti mosquito.

Source: <https://www.thenewhumanitarian.org/environment-and-disasters>



[Zika](#), (source: <https://www.siasat.com/kerala-reports-zika-virus-cases-2161705/>)

India, Kerala State– Cases of Zika Virus infection have been reported in Thiruvananthapuram (also known as Trivandrum), the capital of the southern Indian state of Kerala. According media reports, 13 of 19 blood samples sent to the National Institute of Virology in Pune came back positive for Zika virus. Limited information is available on when the first cases might have emerged or if any of the cases originated in other states with previously confirmed cases; however, the first case identified is a 24-year-old pregnant individual from Parassala, a town close to the border of Tamil Nadu state. The individual was admitted with symptoms such as fever, headache, and rash on June 28. Although India has a history of Zika virus transmission, this event is noteworthy as it is the first time Zika virus infection is being reported in Kerala state. Of note, the neighbouring state of Tamil Nadu first confirmed cases of Zika in 2017. Given the relatively low number of samples, the number of Zika virus cases in Kerala may be greater than what has been reported.

The stretched healthcare and laboratory resources due to the COVID-19 pandemic could have resulted in delays in detecting and reporting new cases. In addition, Zika Virus infections may be under-reported due to similarity of symptoms to COVID-19 and other mosquito-borne diseases, such as dengue and chikungunya virus

infections, which have ongoing outbreaks across India. Timely laboratory support is crucial for confirming a diagnosis, especially among women of child-bearing age who may have adverse outcomes associated with infection during pregnancy. Sufficient laboratory capacity is also essential to inform vector control activities. Health authorities are raising concerns and targeting Kerala state with increased awareness across the general population and among healthcare workers to advocate for increased surveillance.



Activity in Reunion May 16, 2021 – Today



[Denque](#)

France; Reunion - In Réunion, French authorities have reported 27 213 confirmed dengue cases for 2021, including 1 250 confirmed cases in week 24 and 806 cases in week 25, with the whole territory affected. Among the hospitalised dengue cases, 24% had severe dengue, which is a slightly higher proportion than in 2019 (17%) and 2020 (16%). Fifteen deaths are considered to be directly related to dengue. This represents an increase of 2 377 cases in 7 days.

Source: <https://www.ecdc.europa.eu/sites/default/files/documents/communicable-disease-threats-report-week-27-public.pdf>

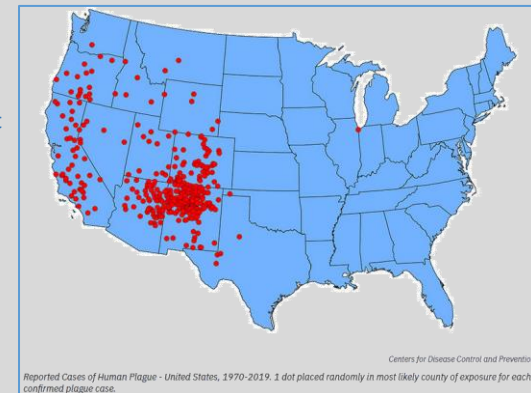
[Swine Influenza A\(H3N2\)v, human case](#)

Canada; Manitoba province - On 21 June 2021, Canadian authorities reported a new case of human infection with swine influenza A(H3N2) variant virus in Manitoba province, Canada. The case, a patient under 18 years of age, developed influenza-like-symptoms at the beginning of June 2021 and was referred for testing. The respiratory sample tested negative for SARS-CoV-2 and positive for influenza A. The National Microbiology Laboratory confirmed a human infection with an influenza A(H3N2)v virus. The case has fully recovered. The case lives in a rural area with pig farms but had no direct exposure to pigs. No further cases have so far been detected among the contacts of the case and no human-to-human transmission. Since 2005, two cases of influenza A(H3N2)v virus (including this one) have been reported in Canada. The previous case was reported in 2016.

Source: <https://www.ecdc.europa.eu/sites/default/files/documents/communicable-disease-threats-report-week-27-public.pdf>
<https://news.gov.mb.ca/news/?archive=&item=51474>

[Plague](#)








































































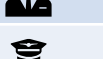








































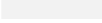
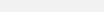
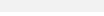
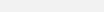
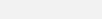
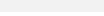
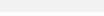
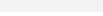
USA, Durango, Colorado - According to public health authorities in Colorado state's Durango municipality, the first probable plague-related death since 2015 has been reported. In a press release on July 7, San Juan Basin Public Health indicated this potential human case of plague and that the Colorado Department of Public Health and Environment is conducting additional testing to confirm the diagnosis. According to the CDC, there are between one to 17 cases of the plague every year, and it is more common in the western U.S. Plague outbreaks tend to surge more frequently across rural, agricultural areas. Within Colorado, most cases are found in the southern part of the state. Official information indicates that at least half of Colorado's plague cases between 2005-2020 were reported in La Plata County. While the source of the infection remains under investigation, health officials have launched an information campaign for local residents to take precautions against flea bites and contact with wild rodents.



Source: <https://www.cpr.org/2021/07/08/plague-in-colorado-first-possible-human-death-since-2015/>

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](#)
- Tracking [SARS-CoV-2 variants](#)
- Science in 5: [WHO’s series on science and COVID-19](#)
- [Quick links](#)

CDC:

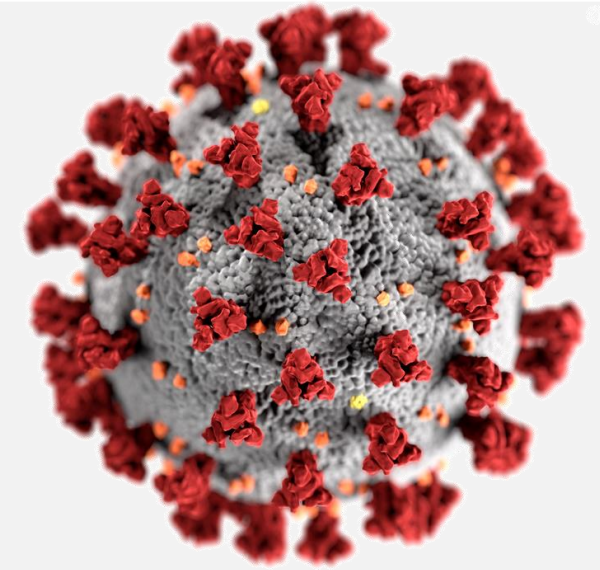
- COVID [Data Tracker](#) and [weekly review](#)
- [What’s new and Updated](#)
- [Guidance for COVID-19](#)

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](#)

