



**GLOBAL**

222 118 293  
Confirmed cases  
207 400 000 recovered  
4 588 639 deaths

**USA**

(7-days incidence 328.1)  
40 087 319  
confirmed cases  
36 960 000 recovered  
647 363 deaths

**India**

(7-days incidence 21.3)  
33 096 718  
confirmed cases  
31 980 000 recovered  
441 411 deaths

**Brazil**

(7-days incidence 69.8)  
20 914 237  
confirmed cases  
19 970 000 recovered  
584 108 deaths

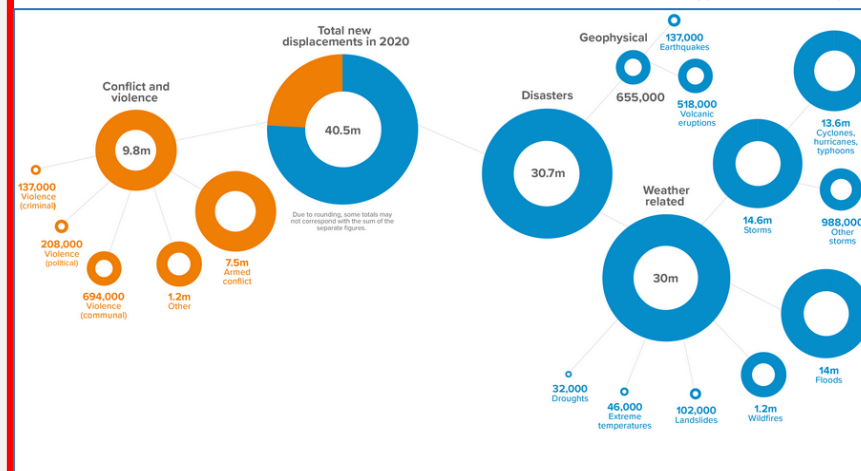
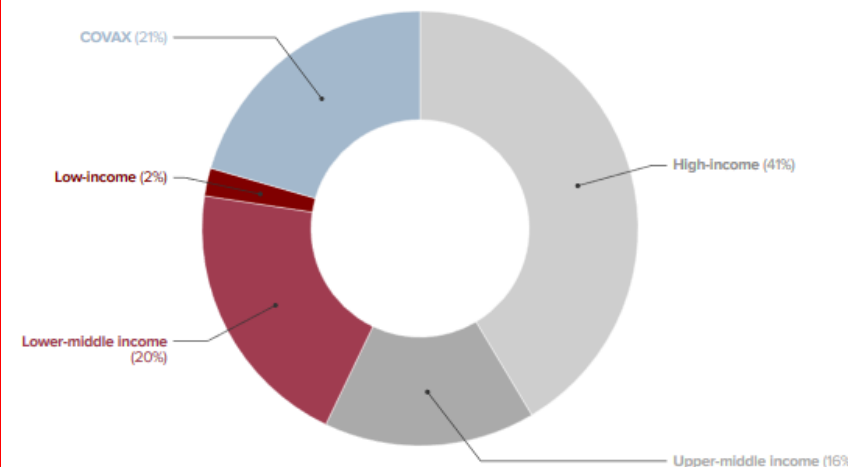
News:

- **WHO:** The WHO Consultation on the Composition of Influenza Virus Vaccines for Use in the 2022 Southern Hemisphere Influenza Season will take place virtually from 13-23 September 2021, followed by an Information Meeting on the 24 September 2021, with vaccine manufacturers and national vaccine regulatory agencies. More information is available on the website [here](#).
- **WHO:** Germany open [Hub for Pandemic and Epidemic Intelligence](#) in Berlin. The new hub's mission is to provide the world with better data, analytics and decisions to detect and respond to health emergencies
- **ECDC:** Celebrating the [World Field Epidemiology Day](#). It is a global movement to recognise the role of field epidemiologists in protecting the health of populations and in advancing global health security, and to advocate for increased investment in training and research in field epidemiology.
- **ECDC:** published an [interim public health considerations for the provision of additional COVID-19 vaccine doses](#), to summarises the current evidence and outlines options for consideration by public health authorities.
- **ECDC:** Published Version 2.0 of their [data collection on COVID-19 outbreaks in closed settings](#) with a completed vaccination programme: long-term care facilities.
- **ECDC:** has [awarded](#) more than 77 M€ to 24 EU/EEA countries to strengthen whole genome sequencing and RT-PCR infrastructures within the countries' national public health programmes.
- **The Global Fund:** According to a [new report released by the Global Fund](#) today, the COVID-19 pandemic had a devastating impact on the fight against HIV, TB and malaria in 2020. The Results Report shows that while some progress was made, key programmatic results have declined for the first time in the history.

• **Topics:**

- Global situation
- European situation
- Vaccination news
- SARS-CoV-2 VOIs and VOCs
- Subject in Focus: Impacts of COVID-19 on internal displacement
- Other Infectious Disease Outbreaks
- NATO Member State: Summary of information on the individual national Corona restrictions
- Travel Recommendations and other useful Links

Splitting the vaccine pie



New displacements in 2020: Breakdown for conflict, violence and disasters

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**EUROPE**

63 012 082  
confirmed cases  
59 430 000  
recovered  
1 245 435 deaths

**Russia**

(7-days incidence 86.0)  
6 946 922  
confirmed cases  
6 467 000 recovered  
185 447 deaths

**GBR**

(7-days incidence 401.2)  
7 056 110  
confirmed cases  
6 368 000 recovered  
133 483 deaths

**France**

(7-days incidence 131.7)  
6 854 028  
confirmed cases  
6 498 000 recovered  
1115 130 deaths

# Situation by WHO Region, as of 7 September

## Global epidemiological situation overview; WHO as of 7 September 2021

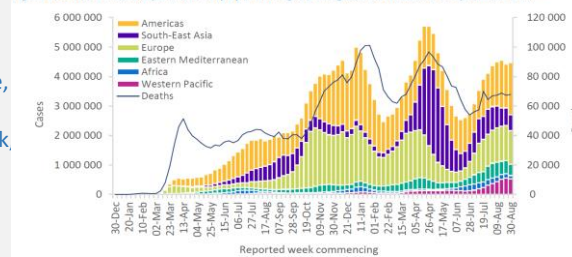
Globally, the number of new cases reported this week remained similar to that of the previous week. With over 4.4 million new cases reported this week (30 August-5 September; Figure 1), the global incidence of COVID-19 cases has remained stable over the past month. In the past week, all regions reported either a decline (Regions of Africa, South-East Asia, and the Eastern Mediterranean) or a similar trend in new reported cases, as compared to previous week (Regions of Europe and the Western Pacific); the Region of the Americas reported a 19% increase.

The number of deaths reported globally this week also remained similar to the previous week, with just under 68 000 new deaths reported. The incidence of new deaths declined in all regions apart from the Region of the Americas and Europe where deaths increased by 17% and 20%, respectively. Regionally, the largest proportionate decreases in new deaths this week were observed in the South-East Asia (21% decrease) and African (26% decrease) regions, while the regions of the Western Pacific (8% decrease) and the Eastern Mediterranean (14% decrease) also reported notable declines, as compared to the previous week. The cumulative number of cases reported globally is now just over 220 million and the cumulative number of deaths is over 4.5 million.

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

- **United States of America;** reporting 1 297 399 new cases; 38% increase,
- **India;** reporting 293 643 new cases; 8% increase,
- **United Kingdom;** reporting 243 125 new cases; similar to previous week,
- **Iran;** reporting 208 089 new cases; 19% decrease,
- **Brazil;** reporting 152 154 new cases; 13% decrease.

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 5 September 2021\*\*

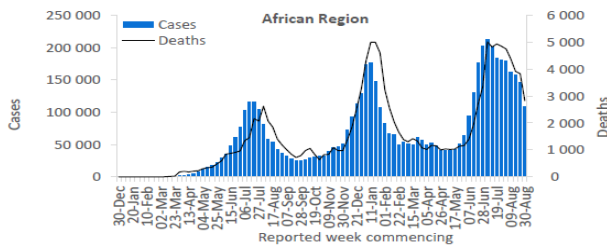


## WHO regional overviews — Epidemiological week 30 Aug–5 Sep 2021

### African Region

The African Region continued to report substantial declines in incidence of both cases and deaths. This week the Region reported over 110 000 new cases and over 2800 new deaths, decreases of 25% and 26%, respectively, as compared to the previous week. These declining trends for the Region's third wave are encouraging, and largely driven by continued declines in South Africa. Nonetheless, several countries continued to report increasing trends in cases (> 30%) this week while mortality continued to increase, albeit at a lower proportion (>10%) in five countries. The highest numbers of new cases were reported from South Africa (56 823 new cases; 95.8 new cases per 100 000 population; a 26% decrease), Ethiopia (8391 new cases; 7.3 new cases per 100 000; a 17% decrease), and Botswana (5524 new cases; 234.9 new cases per 100 000; a 25% decrease).

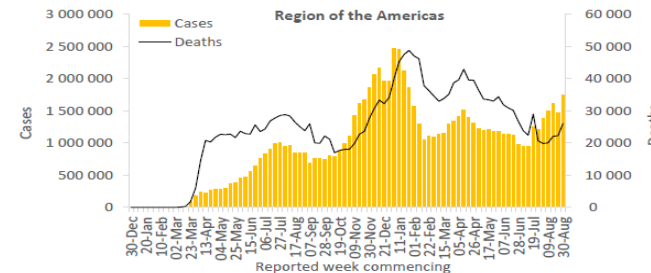
The highest numbers of new deaths were reported from South Africa (1700 new deaths; 2.9 new deaths per 100 000 population; a 23% decrease), Algeria (194 new deaths; <1 new death per 100 000; similar to the previous week), and Nigeria (127 new deaths; <1 new death per 100 000; a 26% increase).



### Region of the Americas

The Region of the Americas reported marked increases in the number of cases and deaths in the past week. With over 1.7 million new cases and over 26 000 new deaths, increases of 19% and 17%, respectively. These are the largest regional proportionate increases in cases at the regional level as compared to the previous week. The highest numbers of new cases were reported from the United States of America (1 297 399 new cases; 392.0 new cases per 100 000; a 38% increase), Brazil (152 154 new cases; 71.6 new cases per 100 000; a 13% decrease), and Mexico (93 977 new cases; 72.9 new cases per 100 000; an 18% decrease).

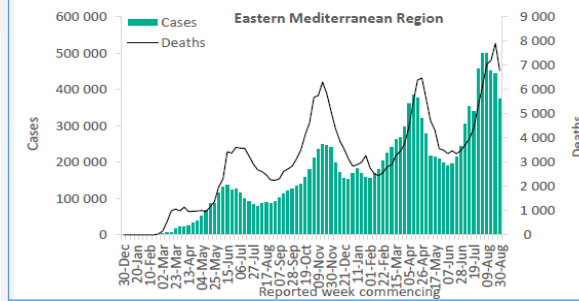
The highest numbers of new deaths were reported from the United States of America (11 946 new deaths; 3.6 new deaths per 100 000; a 63% increase), Mexico (5071 new deaths; 3.9 new deaths per 100 000; similar to the previous week), and Brazil (4344 new deaths; 2.0 new deaths per 100 000; a 10% decrease).



## Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 377 000 new cases and over 6700 new deaths, decreases of 16% and 14%, respectively, as compared to the previous week. The downward trend in the number of new cases reflects the decrease in case incidence from the top three countries reporting the highest numbers in the Region; the Islamic Republic of Iran (208 089 new cases; 247.7 new cases per 100 000; an 18% decrease), Iraq (44 043 new cases; 109.5 new cases per 100 000; a 10% decrease), and Morocco (31 510 new cases; 85.4 new cases per 100 000; a 27% decrease). These three countries accounted for over 75% of all new cases in the Eastern Mediterranean. However, six of 22 countries in the Region, including Djibouti, Egypt, occupied Palestinian territory, Oman, Syrian Arab Republic and Yemen reported increases in case incidence.

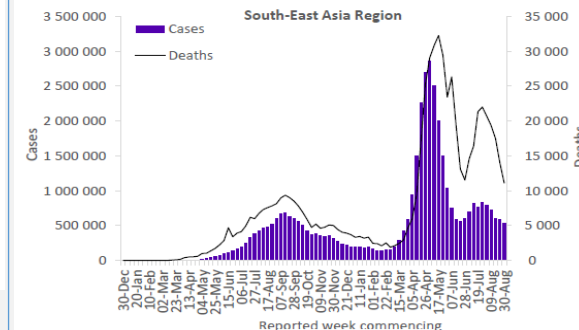
The highest numbers of new deaths were reported from the Islamic Republic of Iran (4163 new deaths; 5.0 new deaths per 100 000; an 8% decrease), Morocco (632 new deaths; 1.7 new deaths per 100 000; an 8% decrease), and Pakistan (579 new deaths; 0.3 new deaths per 100 000; a 16% decrease).



## South-East Asia Region

The South-East Asia Region reported over 543 000 new cases and over 11 000 new deaths, decreases of 9% and 21%, respectively, as compared to the previous week. Despite the overall regional decline in case incidence, India, Myanmar and the Maldives reported increases in the number of cases of 8%, 24% and 43%, respectively, as compared to the previous week. The highest numbers of new cases were reported from India (293 643 new cases; 21.3 new cases per 100 000; an 8% increase), Thailand (106 443 new cases; 152.5 new cases per 100 000; a 15% decrease), and Indonesia (55 189 new cases; 20.2 new cases per 100 000; a 42% decrease).

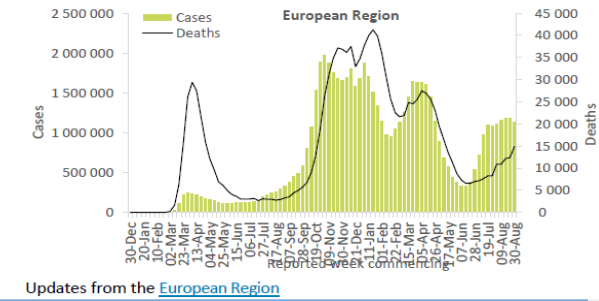
All countries except for Sri Lanka and Timor-Leste reported decreases in weekly mortality by more than 5%. The highest numbers of new deaths were reported from Indonesia (3938 new deaths; 1.4 new deaths per 100 000; a 29% decrease), India (2703 new deaths; <1 new deaths per 100 000; a 22% decrease), and Thailand (1712 new deaths; 2.5 new deaths per 100 000; a 6% decrease).



## European Region

While the European Region reported a number of new cases similar to that of the past week, with over 1.1 million new cases, the number of deaths increased by 20% with over 14 000 new deaths as compared to the previous week. Almost half (29/61) of the countries reported an increase in death incidence compared to last week. However, in a few countries in the Region where relatively high vaccination coverage and high case incidence were reported, death incidence was relatively low compared to that of countries with low vaccination coverage. The highest numbers of new cases were reported from the United Kingdom (243 125 new cases; 358.1 new cases per 100 000; similar to the previous week), Turkey (149 114 new cases; 176.8 new cases per 100 000; a 13% increase), and the Russian Federation (129 772 new cases; 88.9 new cases per 100 000; similar to the previous week).

The highest numbers of new deaths were reported from the Russian Federation (5563 new deaths; 3.8 new deaths per 100 000; similar to the previous week), Turkey (1879 new deaths; 2.2 new deaths per 100 000; a 15% increase), and Kazakhstan (1768 new deaths; 9.4 new deaths per 100 000).

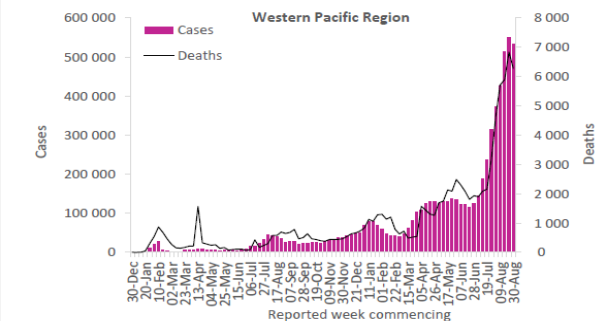


## Updates from the European Region

### Western Pacific Region

The Western Pacific Region reported over 531 000 new cases, a similar number as the previous week, and over 6200 new deaths, an 8% decrease compared to the previous week. Although the absolute numbers of cases and deaths remain very high, this is the first week in over two months in which declining trends in the number of deaths were reported. The highest numbers of new cases were reported from Malaysia (138 929 new cases; 429.2 new cases per 100 000; an 8% decrease), the Philippines (125 470 new cases; 114.5 new cases per 100 000; a 12% increase), and Japan (122 628 new cases; 97.0 new cases per 100 000; a 22% decrease).

The highest numbers of new deaths were reported from Viet Nam (2388 new deaths; 2.5 new deaths per 100 000; a 17% decrease), Malaysia (2081 new deaths; 6.4 new deaths per 100 000; a 12% increase), and the Philippines (1054 new deaths; 1.0 new deaths per 100 000; a 25% decrease).



## Updates from the Western Pacific Region

# Global Situation



**GLP:** On September 3, Guadeloupe had the **highest seven-day rolling average number of daily new cases per million population in the world**, after three consecutive weeks among the top five (Since August 12). A **sharp increase** in disease activity has been reported since the **end-July**, formally marking the **fourth wave** of transmission in the country. As of August 20, official data indicated that the **Delta variant (B.1.617.2) accounts for more than 92% of new cases**. The seven-day rolling average of daily new cases reached a **record high since the beginning of the pandemic of 2,313 on August 19**. Since then, disease activity has begun to decline and the seven-day rolling average number of the daily new case has **dropped four times to 583, as of September 4**. However, trends should be interpreted with caution, as reporting is weekly instead of daily and can skew trends. Since July 28, **2021, 31,602 cases have been reported which represents 98% of the 32,163 cumulative cases that have been confirmed since the start of the pandemic**. French authorities have warned that the **unprecedented rates of transmission have put a significant strain across the healthcare system**. As of August 25, official data indicated that the number of occupied intensive care beds tripled within a week, while at least 26 patients were transferred to mainland France. In addition, concerns have been raised about saturated morgues. In just a month, **17% of the total COVID-19 associated deaths** since the beginning of the pandemic were confirmed. Of note, the regional health agency (ARS) flagged that **98% of individuals hospitalized at the ICU's were not vaccinated**.

Since mid-August, health authorities from France sent additional medical personnel and oxygen supplies to Guadeloupe to help cope with the COVID-19 surge. Medical evacuations have been also stepped up to relieve the services of the local hospitals in Guadeloupe. Health authorities in Guadeloupe implemented a lockdown for at least three weeks on August 11, along with the closure of beaches and shops selling non-essential items, and restrictions on people's movements. These measures have now been extended until at least September 13. Tourists were advised to leave the island. The return to schools has also been pushed back to September 13.

**ISR:** Disease activity has been **increasing since early-July**, with the seven-day rolling average number of daily new cases rising from **260 on July 3 to an all-time high of 10,049 as of September 3**. On September 5, that number decreased to 9,426. While testing has remained stable, the 14-day test positivity rate has increased during the past few weeks, from 2.3% on August 5 to 6.5% as of September 5. As of September 5, Israel has **the world's highest seven-day rolling average of new daily cases per million people**. Health care officials have also highlighted that the **vast majority of hospitalized cases are unvaccinated individuals**. From the share of analyzed sequences as of August 31, over **98% of cases are due to the Delta variant**.

As of September 5, nationwide restrictions remain in place. On September 5, the local authorities announced that Israel will allow small foreign tour groups from selected countries to visit from September 19 under a pilot program to kick-start tourism. In early August, the country approved expanding the **Green Pass proof of immunity program** to apply to Israelis aged three and up. Events in private homes or venues are excluded from the Green Pass, which bars access from those not vaccinated or recovered, can have up to 50 people indoors and 100 people outdoors. On September 1, roughly 2.5 million Israeli students from kindergarten to 12th grade started the school year.

**KEN:** The government has admitted its daily statistics on COVID-19 deaths are an underestimate. The health ministry said it can only confirm the cause of deaths that occur in hospitals; only a few post-mortems are performed in the wider community. That's the case in much of Africa, and, as a result, the impact of COVID-19 is "vastly underestimated", according to a [study in the BMJ medical journal](#).

**GBR:** According to a study, people in the north of England have so far been hit harder by the corona pandemic than the rest of their compatriots. On average, they spent about a month and a half longer in lockdowns, had more mental illness and a greater risk of dying from COVID-19, according to an evaluation by the Northern Health Science Alliance.

**VNM:** Vietnam was praised as one of the world's most successful COVID-19 responses through 2020. The country entered a **fourth wave on April 27, 2021, driven by the Delta variant, which has overwhelmed Vietnam's once airtight system**. The daily number of reported cases has reached record highs. Since mid-August, the country has reported **10,000 new cases almost daily**. Of the country's total number of cases reported since the beginning of the pandemic, **90% have been confirmed amid the fourth wave, of which 50% have been confirmed over the last month**. Over the last 14 days, the test positivity rate remains at **5%**, considered indicative of under-reporting. Ho Chi Minh City remains as the epicentre of the new wave with **80% of the total COVID-19 associated deaths**, however, significant upward trends have also been reported from the provinces of Binh Duong, Dong Nai, Long An, and Tay Ninh. Along with the Delta variant, it is believed that the **main contributing factor to these trends, is that much of Vietnam's population has remained unvaccinated**.

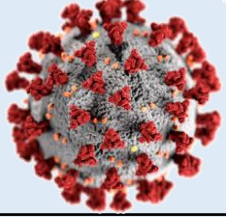
While access to vaccines has been a factor, the country has imposed strict lockdowns to contain the surge of infections. In response to the worsening upward trends, health authorities have issued strict stay-at-home orders in major cities like Ho Chi Minh City and Hanoi since July 25, with extensions through August 23, and more recently to at least September 21. On August 20, the government dispatched the military to Ho Chi Minh City to enforce the lockdown measures and hand out food supplies amid the worsening outbreak. Stricter movement restrictions are also being ordered in neighbouring provinces, including Dong Nai and Binh Duong. Health authorities in Ho Chi Minh City also started a **citywide testing campaign for its 9 million residents**. The government aims to contain the virus to pockets in Ho Chi Minh City by September 15.

**MNG:** Disease activity has been rising since August, with the seven-day rolling average number of daily new **cases increasing** from 1,130 on August 7 to 2,425 as of August 31. The average previously peaked at 2,496 on June 21. While testing has remained stable, the 14-day test positivity rate has increased from **17.4% on August 7 to 28.5% as of August 31**. As of August 31, over the past month, 48,673 cases were reported, representing 22.8% of the cumulative total (213,820) reported in the country since the start of the pandemic.

As of August 31, nationwide restrictions remain in place. Non-essential businesses, including restaurants, are allowed to operate with capacity limits and curfews. Individuals must use QR codes to show their vaccination status health certificates to enter establishments. As of September 1, children can return to in-person school for the first time since the closure of in-person learning at schools and transfer to online learning in January 2020. Domestic air travel is operational though international travel remains restricted. Travellers from abroad must present negative PCR test results within 72 hours of travelling to Mongolia.

**Sint Maarten:** Disease activity has been **decreasing** since reaching a peak on August 24. The seven-day rolling average number of new cases increased from nine cases on August 1 to 42 cases on August 24 and subsequently has fallen to 23 cases as of August 31. The 14-day test positivity rate data is currently not available as the extent of testing is unknown. On August 30, St. Maarten Medical Centre announced that there will be a temporary pause on all non-urgent admissions and procedures. Domestically, all individuals are required to wear protective facemasks in public places and in areas where physical distancing is not possible. Individuals must maintain two meters of distance from each other at all times. For international travel, Sint Maarten has imposed a classification system for countries: banned, high-risk, and low-risk. Only residents and citizens of Sint Maarten, Saint Martin, Saint Eustatius, or Saba can enter from a banned country, provided they present a negative PCR test result taken within 72 hours of departure. Travellers arriving from a high-risk country are required to present a negative PCR test result completed within 72 hours before departure, self-monitor for symptoms for five days, and submit daily health information to authorities. Travellers arriving from low-risk countries have no restrictions or requirements.





# Vaccination news



As of September 2, a total of **10 countries** accounted for **72%** of all vaccinations administered globally. The **top five** countries/territories with the **highest** number of cumulative people vaccinated with at least one dose per 100,000 population are **Gibraltar** (117,710), **Palau** (93,830), **United Arab Emirates** (87,010), **Portugal** (85,200), and **Iceland** (81,400). The **top five** countries/territories with the **lowest** number of cumulative people vaccinated with at least one dose per 100,000 population are **Congo** (90), **Chad** (240), **Haiti** (240), **South Sudan** (460), and **Tanzania** (500).

**VNM:** Vietnam has one of the **lowest coronavirus vaccination rates in the Asian region**. As of September 1, only **2.78% (2,940,000)** of the country's 98 million population are fully vaccinated with the two doses of the COVID-19 immunization schedule, while **15% (14,700,000)** have only one dose. The slow vaccine rollout has been partially attributed due to the lack of urgency in securing vaccine supplies amid low infection rates before the arrival of the Delta variant. Health authorities started speeding up vaccine roll-out in July 2021. With the arrival of 1.5 million doses of the Sinopharm vaccine, the newly announced national inoculation strategy expects to complete vaccinations of 70% of the population by mid-2022. **Health authorities have set a deadline of September 15 for everyone in its main cities to have at least one dose of a COVID-19 vaccine.** Vietnam **highlights the difficulties of fighting the pandemic, and how populations remain vulnerable as new variants emerge**, regardless of how successful the initial COVID-19 response strategies had been in the past.

**GLP:** As of September 1, **38% (152,077)** of the 400,204 total island population has received only **one dose of a COVID-19 vaccine, while 21% (84,042) of the adult population is fully vaccinated.** The French overseas territory has been administering the Pfizer/BioNTech, Moderna, and AstraZeneca in the vaccination roll-out. **Low vaccination rates in Guadeloupe have been largely attributed to population hesitancy due to deep distrust of the government, and misinformation around COVID-19 vaccines.**

**ISR:** As of September 5, of the country's roughly nine million population, **67.7% (6,099,093)** have received at least **one dose** of a COVID-19 vaccine and **64.8% (5,510,000)** are **fully vaccinated.** Israel is now rolling out a booster programme, offering a third dose, beginning with people over 60 years of age and more recently to those over 40.

**Rohingya** in Bangladesh's camps received their first COVID-19 vaccines on 10 August – nearly five months after the [government postponed rollouts for refugees](#). Rohingya are meant to be included in Bangladesh's national vaccine plans, but the government postponed a March start date in the camps because it hadn't received any deliveries from the COVAX vaccine sharing scheme (national rollouts were launched in January with jabs that were bought or donated). The UNHCR said some 48,000 Rohingya older than 55 are eligible for the initial vaccine drive; the camps have a population of roughly 900,000. This comes as the Delta variant continues its surge in Bangladesh and beyond. The Rohingya camps recorded more than 2,500 cases as of early August, but test-positivity rates were higher in the surrounding Cox's Bazar district and nationwide. Source: [The new humanitarian](#)

**HTI**, which has seen recent spikes in COVID-19 cases, received its first delivery of 500,000 vaccines in July. Haiti is one of the last countries in the Americas to start its vaccination campaign, which initially targeted workers in clinics and hospitals. Earlier in the year it rejected a shipment of AstraZeneca vaccines. Source: [The new humanitarian](#)

**AFG:** Facing surging infections, a battered health system, and vaccine shortages, Afghanistan's COVID-19 caseload has risen to "alarming levels", the UN said in a 1 July briefing. Afghanistan's government asked its ambassadors to "seek help" to obtain emergency oxygen supplies on 4 June. Amnesty International said both oxygen and vaccines are urgently needed. Afghanistan is one of dozens of countries facing vaccine shortages due to global supply failures and export restrictions in India. As of 1 July, some 898,000 people had been vaccinated with at least one dose – about 2.3 percent of the population. Source: [The new humanitarian](#)

**BioNTech** announced plans to manufacture their COVID-19 vaccine at South Africa's Biovac Institute. The first doses will be produced in 2022 and will be available exclusively to African countries. However, Médecins Sans Frontières described the deal as "restrictive", and said it wouldn't be enough "to achieve vaccine independence on the African continent".

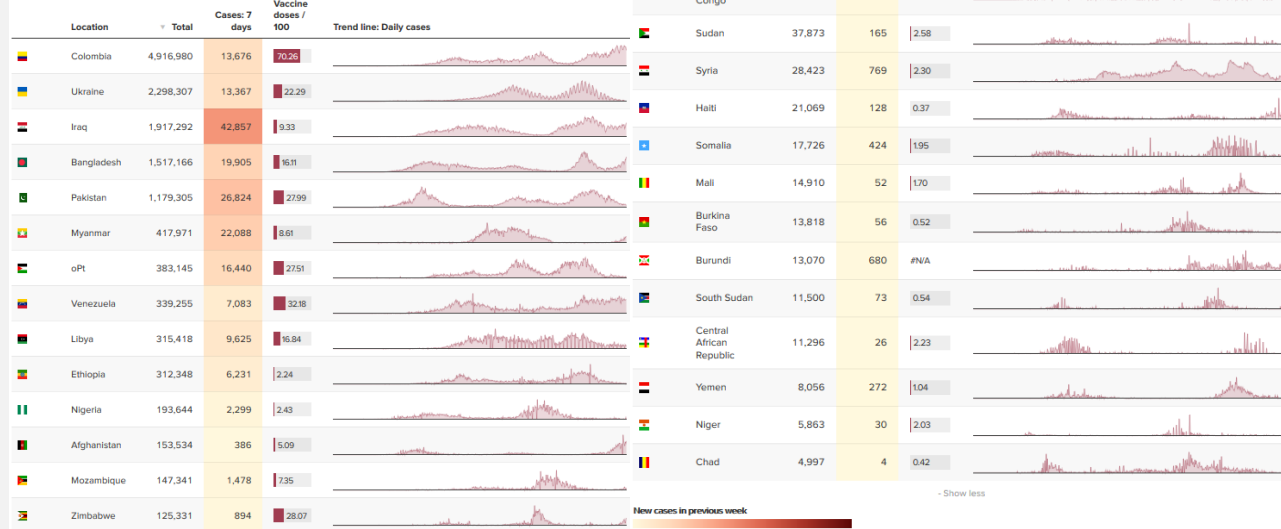
According to a new study, the BioNTech vaccine protects pregnant women well from corona infection and from hospitalization.

Source: [The new humanitarian](#); <https://www.nature.com/articles/s41591-021-01490-8.pdf>

## COVAX: Humanitarian responses

There are at least 28 global humanitarian appeals in 2021. The table below shows coronavirus trends in each location, and the number of COVID-19 vaccine doses administered per 100 people in the population.

Source: [The new humanitarian](#)



There's a clear divide in who has access to coronavirus vaccines.

Warnings of "vaccine nationalism", hoarding, and queue-jumping have come to fruition as wealthier countries that scooped up early supplies gradually re-open and relax restrictions – while others face repeat waves and dangerous new variants with few vaccines. The WHO inked agreements to reserve some 1.3 billion doses for 92 low- and middle-income countries under the COVAX programme, which was created with the goal of ensuring equal vaccine access, including doses for at least 20 percent of countries' populations. WHO said wealthier countries circumvented COVAX by signing dozens of bilateral deals with manufacturers – driving up prices and delaying COVAX deliveries. He urged countries to vaccinate health workers and older people, then share excess doses with COVAX.

Countries began receiving their first COVAX doses in late February and early March. Initial planning called for some 330 million doses – enough to cover 3.3 percent of participating countries' populations – in the first half of 2021. In March, India restricted exports to deal with its worsening second wave, adding to global shortages. India's Serum Institute was slated to supply 70 percent of COVAX's initial pipeline. Dose deliveries picked up speed in July and August as wealthier nations that bought up early supplies began donating excess jabs. As of mid-August, COVAX had shipped 196 million doses – still short of its mid-year targets, but with more stock in the pipeline. As of mid-June, funding for the Access to COVID-19 Tools (ACT) Accelerator, the WHO-led partnership that includes the COVAX programme, was short \$16 billion – more than half of the projected budget for 2021. There are many factors driving global vaccine shortfalls and slow rollouts. There's also a worldwide shortage of the raw materials needed to produce vaccines, which has affected all manufacturers, for example. Trade barriers, export controls, and logistics have created bottlenecks that restrict global supply and distribution.

# 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

653,494,689

543,129,344

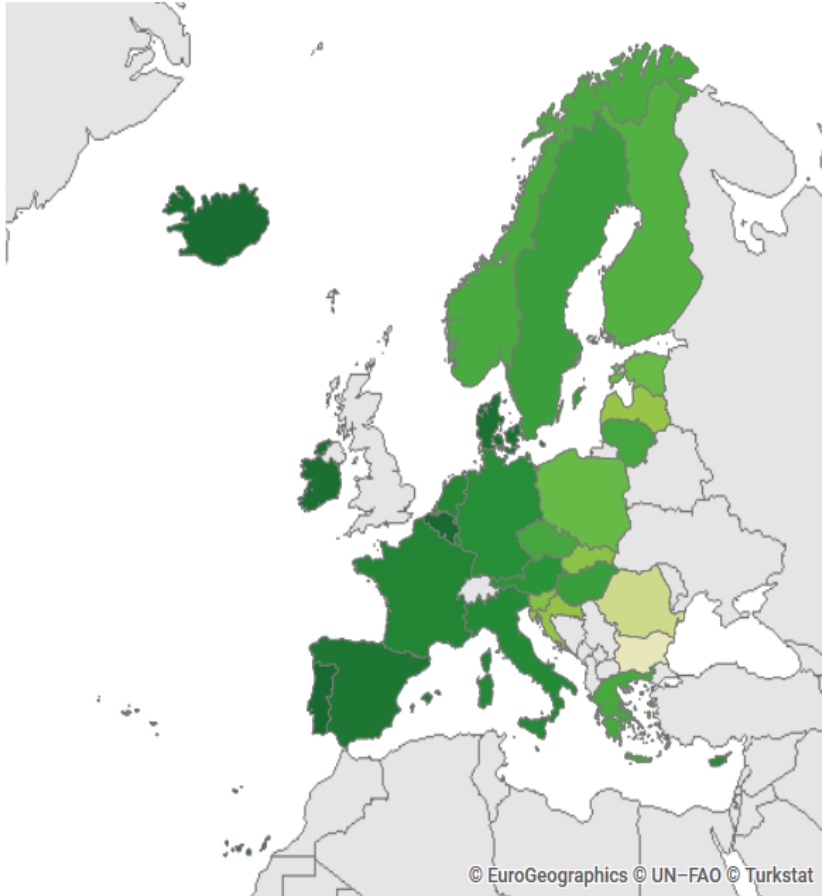
Indicator: Uptake full vaccination

Country: All EU/EEA countries

Cumulative uptake (%) of at least one vaccine dose by age group in EU/EEA countries as of 2021-09-07

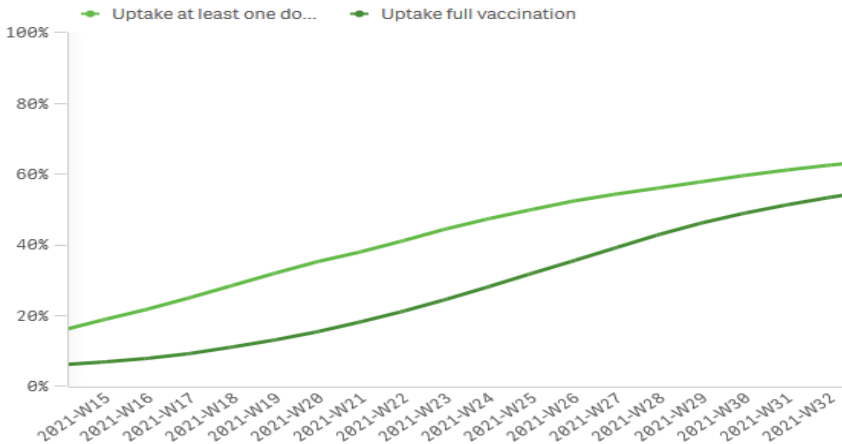
Country	80+ years	70-79 years	60-69 years	50-59 years	25-49 years
Austria	100.0%	82.9%	85.4%	75.1%	63.7%
Belgium	90.8%	95.9%	93.1%	89.4%	80.0%
Bulgaria	20.4%	31.7%	30.1%	25.3%	17.9%
Croatia	56.8%	73.6%	68.1%	55.5%	40.1%
Cyprus	96.6%	96.1%	88.6%	82.4%	74.4%
Czechia	83.2%	87.8%	75.4%	71.2%	55.4%
Denmark	100.0%	99.8%	97.0%	94.0%	82.0%
Estonia	65.8%	75.7%	70.6%	68.0%	58.7%
Finland	94.9%	99.4%	90.9%	87.2%	78.0%
France	85.2%	96.3%	88.7%	88.4%	81.6%
Germany	-	-	-	-	-
Greece	72.9%	81.5%	78.5%	71.5%	59.9%
Hungary	75.5%	86.4%	78.1%	71.7%	61.4%
Iceland	100.0%	100.0%	100.0%	94.8%	85.6%
Ireland	100.0%	100.0%	99.7%	97.8%	86.0%
Italy	96.9%	91.2%	88.4%	82.4%	72.0%
Latvia	41.8%	52.7%	53.5%	50.3%	48.4%
Liechtenstein	-	-	-	-	-
Lithuania	59.4%	76.3%	78.7%	71.4%	67.7%
Luxembourg	86.8%	87.0%	84.4%	81.5%	68.5%
Malta	100.0%	100.0%	95.4%	88.6%	87.5%
Netherlands	-	-	-	-	-
Norway	100.0%	97.7%	94.2%	93.0%	80.5%
Poland	63.8%	83.3%	71.6%	63.1%	52.2%
Portugal	100.0%	100.0%	100.0%	97.5%	90.6%
Romania	19.9%	36.9%	38.9%	37.7%	31.0%
Slovakia	53.0%	70.7%	63.3%	54.1%	44.4%
Slovenia	72.9%	80.9%	69.8%	60.4%	42.3%
Spain	100.0%	98.7%	97.8%	93.7%	80.8%
Sweden	94.9%	96.1%	91.2%	88.3%	75.2%

Cumulative uptake (%) of full vaccination in the total population in EU/EEA countries as of 2021-09-07



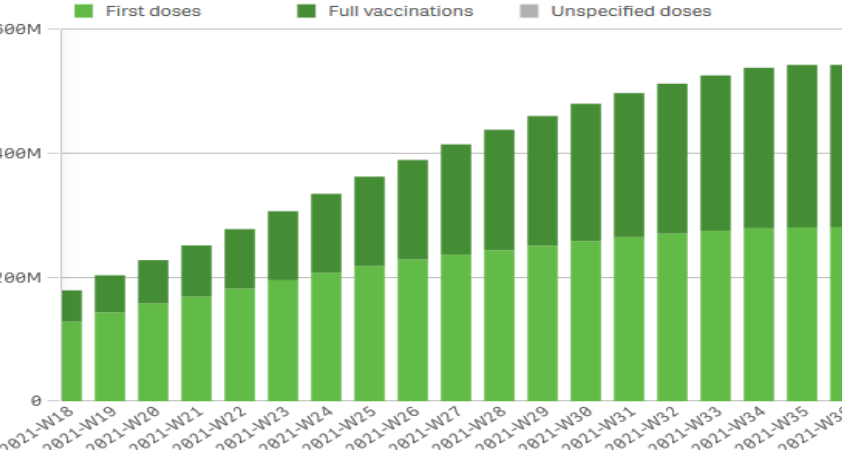
Cumulative uptake (%) of at least one vaccine dose and full vaccination in the total population in EU/EEA countries as of 2021-09-07

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



Cumulative number of vaccine doses administered to the total population in EU/EEA countries as of 2021-09-07

by reporting week (data for current week are preliminary)



Uptake full vaccination (%)



# Variants and Mutations; The most recent Variants of Global Concern

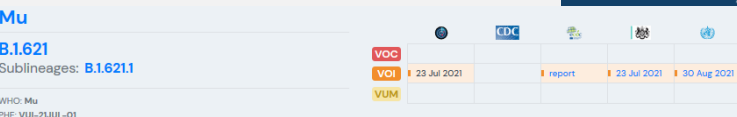
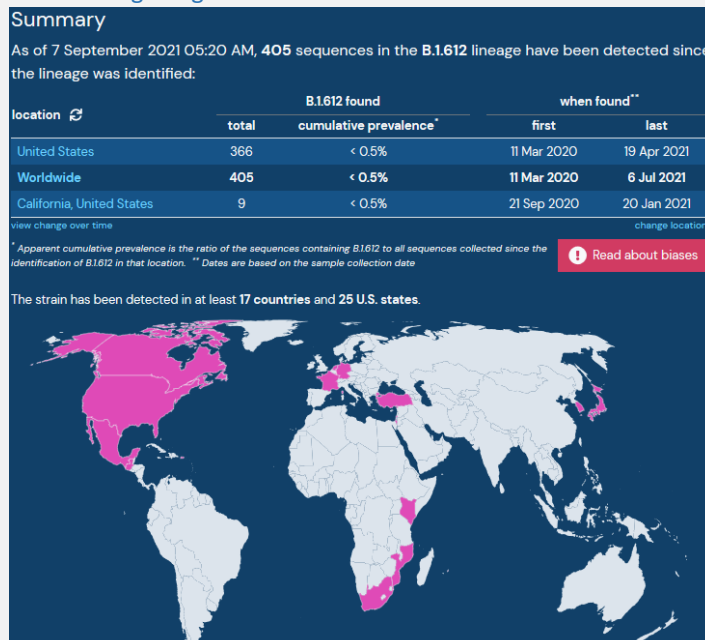


Provided that new variants are likely to emerge more frequently among populations where many individuals are infected, ongoing research has demonstrated that SARS-CoV-2 continues to evolve as it spreads within populations. As a result, multiple new variants are being followed closely by global research teams. This includes **Mu (B.1.612)**, the most recent variant of interest (VOI) upgraded by the WHO, as well as **C.1.2 (South Africa origin)**, which has been the subject of many headlines while investigations are underway to better understand the mutations it contains and how it behaves. Both new variants merit further investigation.

## Mu (B.1.612)

On August 30, the WHO deemed B.1.612 the fifth VOI, and in line with the corresponding systematic designation, assigned it the Greek letter Mu. According to preliminary data available, Mu contains a constellation of mutations that may evade existing antibodies to COVID-19 acquired either by prior natural infection or after vaccination. There is currently limited evidence on the extent of the impact of Mu on transmissibility rates, disease severity, and/or reduction in neutralization by approved monoclonal antibody treatments. Mu was first found in Colombia in January 2021, since then it has spread to at least 39 other countries. Beyond South America, cases have been reported in the U.K., Europe, the US and Hong Kong.

According to officially available data, Mu accounts for less than 0.1% of global sequenced samples. However, the number of confirmed sequences has been steadily rising in Colombia and Ecuador, accounting for 39% and 13% of COVID-19 cases, respectively. A risk assessment recently released by Public Health England highlighted laboratory data that although there is no present evidence that Mu is outcompeting the Delta variant, immune escape could still give the variant an advantage over Delta, as the immunity to Delta rises. Additionally, the risk assessment reported that it appears unlikely that Mu is more transmissible than the Beta variant and is at least as resistant to immunity arising from vaccination as the Beta variant. However, more evidence to ascertain these theories is required.



## Variant under Monitoring

### C.1.2

Was first detected in May 2021 and evolved from the C.1 variant that dominated the first wave of SARS-CoV-2 infections in South Africa back in January 2021. It has since spread to most of South Africa's provinces, and to several other countries across Europe, Asia, Africa, and Oceania. It includes multiple mutations which have been found in variants of concern (VOCs), many of which are associated with increased transmissibility and the ability to evade the immune system. A pre-print article has described C.1.2 as "concerning" due to these mutations and recently found novel mutations. These additional novel mutations are believed to impact the neutralization sensitivity of the virus, allowing it to evade the immune system and have greater replicative fitness when compared to the VOCs.

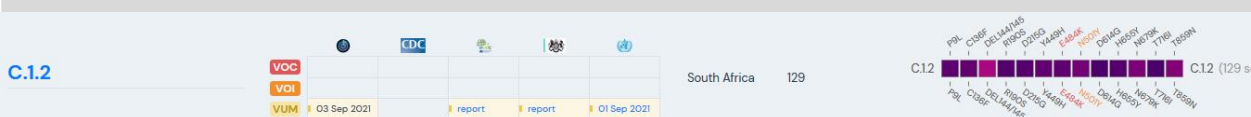
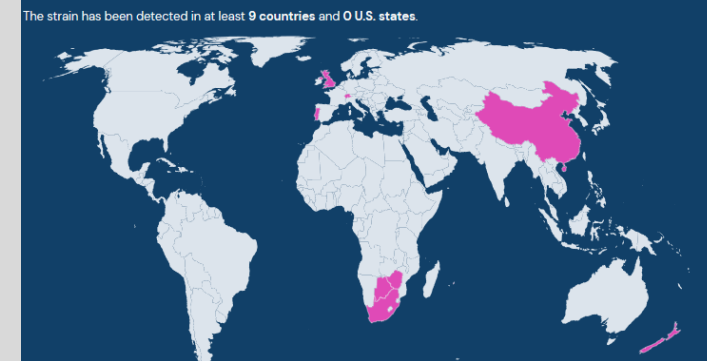
The WHO continues to monitor the variant, however, they have not deemed C.1.2 to be a VOI or VOC, and thus have not assigned it a letter of the Greek alphabet. This is due to the little evidence that exists to describe if the variant possesses significantly increased transmissibility, susceptibility to disease, and/or if there is decreased effectiveness of public health measures, diagnostics, or therapeutics. During July 2021 in South Africa, C.1.2 accounted for 3% of COVID-19 tested samples. Comparatively, during the same month in South Africa, the current dominant Delta variant accounted for 89% of tested samples. Researchers note that although C.1.2 makes up a small portion of South African cases, the rate of increase is similar to that of the Beta and Delta variants in South Africa during early detection. Nevertheless, limited evidence comparing C.1.2 to other VOCs currently exists, as such it is unknown at this time if it is more fit or if it could outcompete the dominant Delta variant. Researchers remind us that although C.1.2 contains mutations that may be able to evade the immune system, vaccines still offer high levels of protection against hospitalization and death.

### Summary

As of 7 September 2021 05:20 AM, 129 sequences in the C.1.2 lineage have been detected since the lineage was identified:

location	C.1.2 found		when found**	
	total	cumulative prevalence*	first	last
South Africa	117	2%	11 May 2021	10 Aug 2021
Worldwide	129	< 0.5%	11 May 2021	20 Aug 2021

The strain has been detected in at least 9 countries and 0 U.S. states.



Source: <https://outbreak.info/situation-report>

# 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 07 September 2021

Globally, cases of the Alpha variant have been reported in 194 countries (one new country since last week), territories or areas (hereafter countries), while 141 countries (no new countries) have reported cases of the Beta variant; 92 countries (one new country) have reported cases of the Gamma variant; and 174 countries (four new countries) have reported cases of the Delta variant.

Table 2: Summary of phenotypic impacts\* of Variants of Concern

WHO label	Alpha	Beta	Gamma	Delta
<b>Transmissibility</b>	Increased transmissibility <sup>5</sup>	Increased transmissibility <sup>6,7</sup>	Increased transmissibility <sup>7,8</sup>	Increased transmissibility and secondary attack rate <sup>7,9</sup>
<b>Disease severity</b>	Increased risk of hospitalization <sup>10</sup> , possible increased risk of severity and mortality <sup>11,2</sup>	Not confirmed, possible increased risk of in-hospital mortality <sup>12</sup>	Not confirmed, possible increased risk of hospitalization <sup>13</sup>	Increased risk of hospitalization <sup>14</sup>
<b>Risk of reinfection</b>	Neutralizing activity retained <sup>15</sup> , risk of reinfection remains similar <sup>16</sup>	Reduction in neutralizing activity reported; T cell response elicited by D614G virus remains effective <sup>17</sup>	Moderate reduction in neutralizing activity reported <sup>18</sup>	Reduction in neutralizing activity reported <sup>19-21</sup>
<b>Impacts on diagnostics</b>	Limited impact – S gene target failure (SGTF); no impact on overall result from multiple target RT-PCR, No impact on Ag RDTs observed <sup>22</sup>	No impact on RT-PCR or Ag RDTs observed <sup>21</sup>	None reported to date	None reported to date

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

Table 3. Summary of vaccine performance against Variants of Concern

	Anhui ZL-Recombinant	AstraZeneca-Vaxzevria	Beijing CNBG-BBIBP-CoV	Bharat-Covaxin	Gamma19-A	Inessip-AAD36-COV 2.5	Moderna-mRNA-1273	Moderna-mRNA-1273/Pfizer-BioNTech-Comirnaty	Novavax-Covavax	Pfizer-BioNTech-Comirnaty	SII - Covishield	Sinovac-CoronaVac
<b>Alpha</b> <sup>23,24</sup>												
<b>Summary of VE*</b>												
- Severe disease	-	↓	-	-	-	-	↔	↔	-	↔	-	-
- Symptomatic disease	-	↔ to ↓	-	-	-	-	↔	↔	↓	↔	-	-
- Infection	-	↔ to ↓	-	-	-	-	↔	↔	↔	↔	-	-
<b>Neutralization</b>	↔	↓	↔	↔	↔	↔	↔ to ↓	↓	↓	↔ to ↓	↔	↔ to ↓
<b>Beta</b> <sup>25-28</sup>												
<b>Summary of VE*</b>												
Protection retained against severe disease; reduced protection against symptomatic disease; limited evidence												
- Severe disease	-	↓	-	-	-	-	↔	-	↓	↔	-	-
- Symptomatic disease	-	↓	-	-	-	-	↔	-	↓	↔	-	-
- Infection	-	↓	-	-	-	-	↔	-	↓	↔	-	-
<b>Neutralization</b>	↔	↓	↔	↔	↔	↔	↔	↓	↓	↔	↔	↓
<b>Gamma</b>												
<b>Summary of VE*</b>												
Unclear impact; very limited evidence												
- Severe disease	-	-	-	-	-	-	-	-	-	-	-	-
- Symptomatic disease	-	-	-	-	-	-	-	-	-	-	-	-
- Infection	-	-	-	-	-	-	-	-	-	-	-	-
<b>Neutralization</b>	↔	↓	↔	↔	↔	↔	↓	↓	↔	↔	↔	↓
<b>Delta</b> <sup>29</sup>												
<b>Summary of VE*</b>												
Protection retained against severe disease; possible reduced protection against symptomatic disease and infection; limited evidence												
- Severe disease	-	↔	-	-	-	-	↔	-	↔	↔	-	-
- Symptomatic disease	-	↓	-	↓	-	-	↔	-	↔	↔	-	-
- Infection	-	↓	-	-	-	-	↔	-	↔	↔	-	-
<b>Neutralization</b>	↔	↓	↔	↔	↔	↔	↓	↓	↔	↔	↔	↓

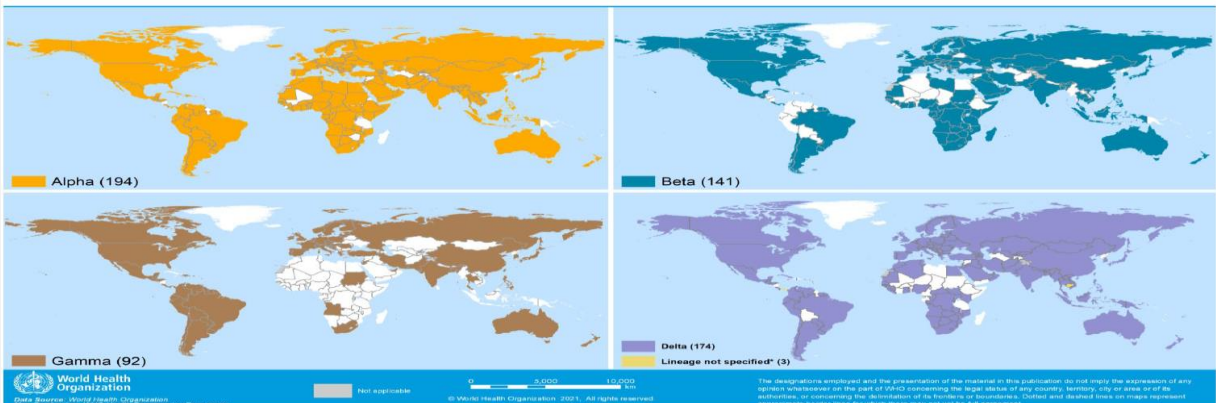
VE refers to vaccine effectiveness and vaccine efficacy. Summary of VE\* indicates the general conclusions but only for the vaccines evaluated against the specific variant. Arrows generalize the magnitude of reduction in VE or neutralization. "↔" <10% reduction in VE, or VE >90% with no comparator, or that there was a <2-fold reduction in neutralization; "↓" 10 to <20% reduction in VE, or 2 to <5-fold reduction in neutralization; "↔ to ↓" 20 to <30% reduction in VE, or 5 to <10-fold reduction in neutralization; "↓ to ↓" ≥30% reduction in VE, or ≥10-fold reduction in neutralization. When more than one neutralization study is available, the interquartile range (50th and 75th percentiles) of fold-reductions across all studies for specific vaccine/variant was used. \*Moderna-mRNA-1273/Pfizer BioNTech-Comirnaty indicates that both vaccines were evaluated together in study. The number of studies is shown as subscripts: vaccine effectiveness and neutralization studies informing this table can be found on the VIEW-hub Resources page (<https://view-hub.org/resources>). For individual vaccine effectiveness studies, see 'COVID-19 Vaccine Effectiveness Results Summary', reference numbers noted with a '#'. For a list of all neutralization studies, see 'COVID-19 Vaccine Neutralization Studies Table'. References indicated by superscripts next to VOC name in column 1 are vaccine efficacy results from randomized controlled trials informing this table and are included in the reference section below.

Annex 1. List of countries/territories/areas reporting Variants of Concern as of 7 September 2021\*\*

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Alghanistan	●	-	-	-	-
Albania	●	-	-	-	-
Algeria	●	-	-	-	-
Angola	●	-	-	-	-
Argentina	●	○	-	-	-
Aruba	●	○	-	-	-
Australia	●	-	-	-	-
Austria	●	-	-	-	-
Azerbaijan	●	-	-	-	-
Bahamas	●	-	-	-	-
Bahrain	●	-	-	-	-
Bangladesh	●	-	-	-	-
Barbados	●	-	-	-	-
Belarus	●	-	-	-	-
Belgium	●	-	-	-	-
Belize	●	-	-	-	-
Benin	●	-	-	-	-
Bermuda	●	-	-	-	-
Bhutan	●	-	-	-	-
Bolivia (Plurinational State of)	●	-	-	-	-
Bonaire	●	-	-	-	-
Bosnia and Herzegovina	●	-	-	-	-
Botswana	●	-	-	-	-
Brazil	●	-	-	-	-
British Virgin Islands	●	-	-	-	-
Brunei Darussalam	●	-	-	-	-
Bulgaria	●	-	-	-	-
Burkina Faso	●	-	-	-	-
Burundi	●	-	-	-	-
Cabo Verde	●	-	-	-	-
Cambodia	●	-	-	-	-
Cameroon	●	-	-	-	-
Canada	●	-	-	-	-
Cayman Islands	●	-	-	-	-
Central African Republic	●	-	-	-	-
Chad	●	-	-	-	-
Chile	●	-	-	-	-
China	●	-	-	-	-
Colombia	●	-	-	-	-
Congo	●	-	-	-	-
Congo	●	-	-	-	-
Costa Rica	●	-	-	-	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
France	●	-	-	-	-
French Guiana	●	-	-	-	-
French Polynesia	●	-	-	-	-
Gabon	●	-	-	-	-
Gambia	●	-	-	-	-
Georgia	●	-	-	-	-
Germany	●	-	-	-	-
Ghana	●	-	-	-	-
Gibraltar	●	-	-	-	-
Greece	●	-	-	-	-
Grenada	●	-	-	-	-
Guadeloupe	●	-	-	-	-
Guam	●	-	-	-	-
Guatemala	●	-	-	-	-
Guinea	●	-	-	-	-
Guinea-Bissau	●	-	-	-	-
Guyana	●	-	-	-	-
Haiti	●	-	-	-	-
Honduras	●	-	-	-	-
Hungary	●	-	-	-	-
India	●	-	-	-	-
Indonesia	●	-	-	-	-
Iran (Islamic Republic of)	●	-	-	-	-
Iraq	●	-	-	-	-
Ireland	●	-	-	-	-
Israel	●	-	-	-	-
Italy	●	-	-	-	-
Jamaica	●	-	-	-	-
Japan	●	-	-	-	-
Jordan	●	-	-	-	-
Kazakhstan	●	-	-	-	-
Kenya	●	-	-	-	-
Kosovo[1]	●	-	-	-	-
Kuwait	●	-	-	-	-
Kyrgyzstan	●	-	-	-	-
Lao People's Democratic Republic	●	-	-	-	-
Latvia	●	-	-	-	-
Lebanon	●	-	-	-	-
Leizhou	●	-	-	-	-
Liberia	●	-	-	-	-
Libya	●	-	-	-	-
Liechtenstein	●	-	-	-	-
Lithuania	●	-	-	-	-
Luxembourg	●	-	-	-	-
Madagascar	●	-	-	-	-
Malawi	●	-	-	-	-
Malaysia	●	-	-	-	-
Maldives	●	-	-	-	-
Mali	●	-	-	-	-
Martinique	●	-	-	-	-
Mauritania	●	-	-	-	-
Mauritius	●	-	-	-	-
Mexico	●	-	-	-	-
Moldova	●	-	-	-	-
Mongolia	●	-	-	-	-

Figure 4. Countries, territories and areas reporting variants Alpha, Beta, Gamma and Delta, as of 7 September 2021\*\*



Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Republic of Moldova	●	-	-	-	-
Romania	●	-	-	-	-
Russian Federation	●	-	-	-	-
Rwanda	●	-	-	-	-
Réunion	●	-	-	-	-
Saba	-	-	-	-	-
Saint Barthélemy	●	-	-	-	-
Saint Kitts and Nevis	●	-	-	-	-
Saint Lucia	●	-	-	-	-
Saint Martin	●	-	-	-	-
Saint Pierre and Miquelon	●	-	-	-	-
Saint Vincent and the Grenadines	●	-	-	-	-
Sao Tome and Principe	○	-	-	-	-
Saudi Arabia	●	-	-	-	-
Senegal	●	-	-	-	-
Serbia	●	-	-	-	-
Seychelles	●	-	-	-	-
Sierra Leone	●	-	-	-	-
Singapore	●	-	-	-	-
Sint Maarten	●	-	-	-	-
Slovakia	●	-	-	-	-
Slovenia	●	-	-	-	-
Somalia	●	-	-	-	-
South Africa	●	-	-	-	-
South Sudan	●	-	-	-	-
Spain	●	-	-	-	-
Sri Lanka	●	-	-	-	-
Sudan	●	-	-	-	-
Suriname	●	-	-	-	-
Sweden	●	-	-	-	-
Switzerland	●	-	-	-	-
Thailand	●	-	-	-	-
Timor-Leste	●	-	-	-	-
Togo	●	-	-	-	-
Trinidad and Tobago	●	-	-	-	-
Tunisia	●	-	-	-	-
Turkey	●	-	-	-	-
Turks and Caicos Islands	●	-	-	-	-
Uganda	●	-	-	-	-
Ukraine	●	-	-	-	-
United Arab Emirates	●	-	-	-	-
United Kingdom	●	-	-	-	-
United Republic of Tanzania	●	-	-	-	-
United States Virgin Islands	●	-	-	-	-
United States of America	●	-	-	-	-
Uruguay	●	-	-	-	-
Uzbekistan	●	-	-	-	-
Venezuela (Bolivarian Republic of)	●	-	-	-	-
Viet Nam	●	-	-	-	-
Wallis and Futuna	●	-	-	-	-
Yemen	●	-	-	-	-
Zambia	●	-	-	-	-
Zimbabwe	●	-	-	-	-



# Subject in Focus

## Impacts of COVID-19 on internal displacement

abstract of GRID 2021, IDMC

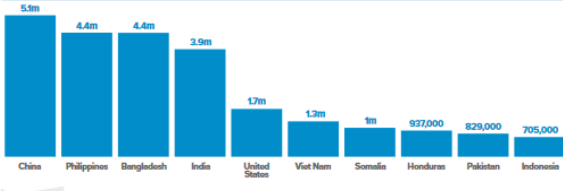


Figure 17: Ten countries with the most new displacements by disasters in 2020

The COVID-19 pandemic heightened IDPs' needs and generated new risks in 2020, while creating significant operational and financial challenges for governments and their humanitarian partners.

Every year, millions of people are forced to flee their homes because of conflict and violence. Disasters and the effects of climate change regularly trigger new and secondary displacement, undermining people's security and well-being. The scale of displacement worldwide is increasing, and most of it is happening within countries' borders. While responses must be led by governments and communities, the global implications of displacement require a global response and international cooperation.

Most internally displaced people (IDP) are living in low- and middle-income countries that are suffering from the effects of global inequality, the steep rise in extreme weather events, and unsustainable development practices.

Major climate-related disasters have almost doubled in the last twenty years as greenhouse gas emissions continue to climb. Combined with weak risk governance and environmental degradation, persistent inequality and marginalisation are creating new risks and aggravating the impacts of local crises to global scales. The COVID pandemic has been a wake-up call that emerging and new infectious diseases will be triggered as well.

At least seven million people were internally displaced by disasters across 104 countries and territories as of 31 December 2020. Most of the new displacements triggered by disasters in 2020 were recorded in East Asia and Pacific and South Asia, as in previous years. Tropical cyclones, monsoon rains and floods hit highly exposed areas that are home to millions of people. Many displacements were in the form of pre-emptive evacuations, but the extent of housing destruction in some disasters suggests that significant numbers of people face the prospect of prolonged displacement.

The COVID-19 pandemic posed additional challenges to disaster responses, because of the difficulty of maintaining social distancing and hygiene measures in crowded places such as evacuation centres. Many people stayed in their exposed homes despite early warnings because of fear of infection. Disaster displacement figures were the highest in a decade, despite lockdowns and other access constraints impeding data collection.

### Global figures at a glance

New displacements in 2020

**40.5m** new displacements, the highest figure in a decade

**9.8m** by conflict and violence

**30.7m** by disasters

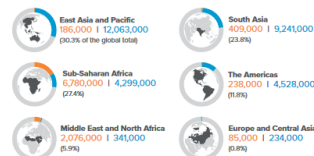


Figure 1: New displacements by conflict, violence and disasters per region

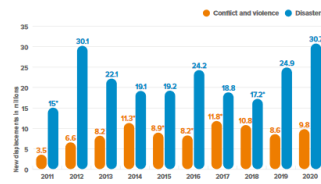


Figure 2: New displacements by conflict, violence and disasters worldwide (2010-2020)

Total number of IDPs as of end of 2020

**55m** people living in internal displacement

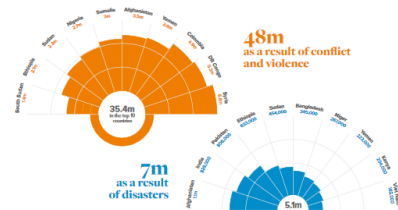


Figure 3: Conflict and disasters: Ten countries with the highest number of IDPs worldwide as of the end of 2020



Figure 4: Total number of IDPs worldwide as of end of 2020, by age group

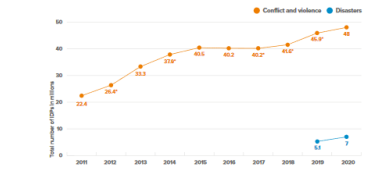


Figure 5: Total number of IDPs worldwide by year end (2010-2020)

Global Report on Internal Displacement 2021

The lockdowns and economic downturn that have accompanied the spread of COVID-19 have intensified the financial difficulties many displaced people were already struggling with. Unable to pay their rent and faced with the risk of eviction, many IDPs and returnees in Iraq resorted to negative coping strategies, such as continuing to work in contravention of government restrictions, child labour, selling assets and going further into debt. There were similar concerns in Afghanistan, where deepening poverty has forced more IDPs into early and forced marriages, child labour and begging, putting them at greater risk of violence and abuse.

School closures have increased barriers to education for displaced children, who are less likely to have access to alternative learning approaches than the general population. The suspension of temporary classrooms and child-friendly spaces in countries such as Myanmar also reduced humanitarian actors' ability to engage with displaced children and understand their protection needs.

Economic recession and changes in the availability and price of commodities have heightened food insecurity. By May 2020, humanitarian actors in Colombia were already expecting a two-fold increase in the number of food insecure people, including IDPs. In July, humanitarian actors in Cameroon warned that food insecurity due to market disruptions would lead to an increase in mortality, morbidity and malnutrition amongst the most vulnerable, including IDPs.

There are also concerns at the global level that displaced people may struggle to get vaccinated against COVID-19, given their limited access to health facilities and in some cases lack of legal documents. This despite growing evidence that underlying health conditions, overcrowding and poor hygiene and sanitation in areas where IDPs tend to live make them more vulnerable to the disease than the general population.

Forty-five per cent of IDPs surveyed in Yemen in November said they or some-one in their household had experienced COVID-19 symptoms, compared with 30 per cent of non-displaced people. Inability to physically distance from others was the most common challenge IDPs cited in trying to limit their risk of catching or spreading the virus.

Travel constraints, the disruption of supply chains and measures to limit the spread of the virus have created significant impediments for humanitarian organisations that support IDPs. COVID-19 measures have hindered primary data collection on IDPs, making it more difficult to track their movements and assess their needs.

The pandemic has also had financial repercussions for humanitarian assistance. A global COVID-19 humanitarian response plan published by the UN in March 2020 called for \$2 billion to address urgent needs in 54 countries. The amount had increased to \$9.5 billion for 63 countries a few months later. National humanitarian response plans were also revised to include additional costs for sanitary measures, epidemiological monitoring, communication, prevention, testing, analyses and medical treatment.

There is no doubt that the impacts of COVID-19 on internal displacement are immense and will continue to affect IDPs' lives and responses to the phenomenon for years to come, but the post-COVID recovery period will be an opportunity to "build back better", foster more sustainable and inclusive ways of working and strengthen IDPs' resilience. The unprecedented scale of needs has made it clear that, despite the billions invested in aid each year, the current approach is not viable. Longer-term investments and greater coordination are needed.

# Crises that can lead to Infectious Disease Outbreaks

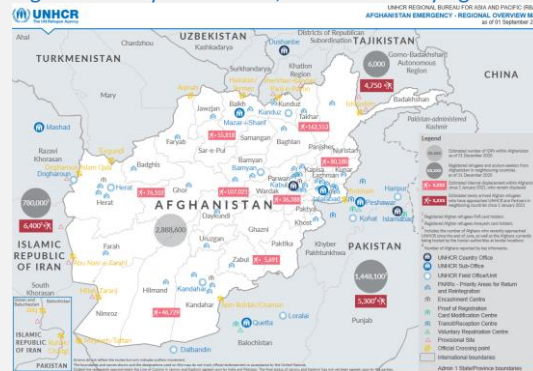
Source: <https://www.thenewhumanitarian.org/>

## Kabul airport blast adds to aid worries

The recent attacks outside Kabul's airport were claimed by fighters linked to an offshoot of so-called Islamic State – often called Islamic State Khorasan Province (ISKP) – which has opposed both the Taliban and the now-deposed Afghan government, and has specifically targeted aid operations and humanitarian workers in the past. Local and international aid groups are used to navigating relations with the Taliban, but ISKP is another matter. Fighters claiming allegiance to the group have attacked schools, hospitals, NGO offices, and polio vaccinators. A shocking attack on a maternity ward in Kabul last year pushed Médecins Sans Frontières to suspend its services there. The new violence comes as aid groups try to negotiate with the Taliban to continue or restart operations. The aim is to hammer out rules governing aid delivery nationwide, rather than relying on local negotiations that vary wildly by location.

About 16,500 and rising – that's the improbably low number of Afghans who have reached neighbouring countries this year as of 1 September, the UN's refugee agency estimates. UNHCR says it's almost certainly a vast undercount. But aid agencies – and Western donors – are making contingency plans for a far greater outflow. Aid groups are prepping a \$300 million response plan for a potential “worst-case scenario” where 515,000 cross to border countries like Iran, Pakistan, Tajikistan, Turkmenistan, and Uzbekistan. Donors, too, are queued up, with millions already announced in plans that are clearly geared – some more explicitly than others – towards keeping Afghans in the region (and not on the migration trail to Europe). But fear of the Taliban is not the only

thing that might drive displacement – either internally or across borders. Afghanistan is in the throes of a severe drought, the economy is cratering, and food prices are soaring. On top of this, public healthcare may be on the brink of collapse because donors have frozen funds, according to the Afghan NGOs that power the system in rural areas. For donors, funding anything in Afghanistan is politically precarious with the Taliban at the helm. But as plans gear up in nearby countries, many are warning of a humanitarian catastrophe within Afghanistan – which may well push people to leave their homes after all.



**Reasons for concern** - Haiti is one of the most impoverished countries in Latin America and has experienced years of political instability, especially recently, with the July 2021 assassination of its president. This has been coupled with frequent natural disasters, including the 7.0 magnitude earthquake in 2010 which caused nearly a quarter million deaths and left 1.6 million people homeless, along with a cholera outbreak. In 2016, Hurricane Matthew resulted in 3,000 deaths, infrastructure damage, and new cholera outbreaks. Densely populated areas and infrastructure, including healthcare and laboratory facilities, have been damaged. Access to healthcare was deteriorating even prior to the earthquake. Weakened infrastructure provides fertile reservoirs for uncontrolled transmission of diverse infectious pathogens. Historically, natural disasters such as earthquakes and hurricanes have led to outbreaks of endemic infectious diseases due to substantial population displacement, destruction of infrastructure, and degradation of sanitary conditions. In the aftermath of Hurricane Grace, these conditions are exacerbated in Haiti. Globally, disease outbreaks secondarily associated with natural disasters include diarrheal diseases, acute respiratory infections, malaria, leptospirosis, measles, dengue fever, viral hepatitis, typhoid fever, meningitis, tetanus and cutaneous mucormycosis. Following its 2010 earthquake and hurricane, Haiti had a cholera epidemic nine months later in October. This outbreak was introduced from abroad and exacerbated by degraded infrastructure and inadequate sanitation, which led to the quick spread of *Vibrio cholerae* in the immunologically naïve and highly susceptible population.

Public health issues remain a daunting challenge in Haiti. The lack of health information systems to routinely collect statistics to inform Haitian health policies is a major barrier. For example, there were recent efforts to register underlying causes of deaths in-hospital but data was largely unavailable, incomplete, and unreliable as they are primarily documented on paper. Thus, despite scarce reports on infectious diseases in Haiti, the true burden of all infectious diseases remain largely underestimated. Of the reported data, Haiti had multiple pre-existing infectious disease challenges prior to the earthquake and the COVID-19 pandemic. It is the country most affected by tuberculosis and HIV/AIDS\* in the region. Endemic infectious diseases with the highest prevalence include, but are not limited to: traveller's diarrhea, cholera, tuberculosis, HIV, pertussis, hepatitis A, leptospirosis, and dengue.

Haiti has one of the world's lowest COVID-19 vaccination coverage. It began vaccinations in July 2021 after receiving its first and only shipment (to date) of 500,000 doses via the COVAX program. It was the last country in the Americas to receive vaccine doses. As Aug 31, only 0.06% of Haiti's 11.2 million total population are fully vaccinated (n=6,750) with the Moderna or Johnson & Johnson vaccine while 0.26% have received one Moderna vaccine dose (n=6,409).

**Outlook** - Haiti has limited domestic resources to address the infrastructural, health, and socioeconomic impact of the earthquake. The earthquake only further exacerbates all existing challenges. It has deprioritized efforts on COVID-19 vaccination. Further, it likely compromises adherence to control measures, including mask wearing and physical distancing, due to the realities of the operational context. Most Haitians remain susceptible to COVID-19; and thus the country could experience a surge in cases, particularly as there is very limited healthcare and public health capacity. This also highlights the gross inequity of vaccine access globally and risks faced for importation of SARS-CoV-2 as an influx of international emergency responders provide assistance. Haiti has an immediate need for more international support. Many infectious diseases concerns, including but not limited to COVID-19, are likely to arise or worsen in the short-term future. This will further compound all concerns related to an already-overwhelmed public health system and general security and quality of life of residents. Extending aid to include access to vaccines and other preventive equipment and treatments for infectious diseases may help to lessen the severity of outbreaks that are anticipated to occur.

Source: <https://reliefweb.int/report/haiti/2021-haiti-earthquake-situation-report-1-september-1-2021>  
<https://www.nature.com/articles/s41598-021-85146-0>  
<https://www.tandfonline.com/doi/full/10.1586/eri.11.155>

## Haiti

**Situation overview** - On August 14, 2021 at 8:30AM (local time), a 7.2 seismic event occurred in southwest Haiti with several after shocks around the vicinity of magnitude 5 or larger. The epicentre was 13km (8mi) south-southeast of Petit Troup de Nippes. As of August 22, the death toll has increased to more than 2,207 people, with nearly 12,268 injured and at least 344 people reported as missing. Nearly 1.2 million people have been affected by this earthquake. It was more powerful than the magnitude 7.0 earthquake in 2010. Of the 140 hospitals within the area, 38 have structural damage and 28 are severely damaged or destroyed. Prior to the earthquake, Haiti had very limited hospital bed capacity (i.e., 0.7 per 1,000 people, which is in the 2<sup>nd</sup> percentile of global estimates). Currently, there is a great need for medical personnel and equipment.

As of Aug 29, 2021, Haiti reported 693 new COVID-19 cases and 6.15 new cases per 100,000 in the past 30 days. Throughout the pandemic, most cases have been reported in and around Port-Au-Prince. There has been a sporadic, but generally downward trend in weekly cases and test positivity at the subnational level. However, a recent spike in weekly test positivity was observed in the departments of Nippes (20%) and Nord-Ouest (41%), indicating a large degree of under-detection of cases. The previous surge of COVID-19 cases in June was likely driven by the Alpha and Gamma variants. There have been no recent updates regarding the prevalence of variants of concern. As of July 2021, Haiti was relying on other countries to conduct genomic sequencing of samples.

# Other Infectious Disease Outbreaks

## Mapped: 50 years of weather-related disasters

**World-** The number of disasters has increased by a factor of five over the past 50 years. That's according to the [World Meteorological Organization's new atlas](#) – a statistical overview of global impacts from extreme weather, climate- and water-related hazards between 1970 and 2019. The more than 11,000 related disasters during the period accounted for over two million deaths and \$3.64 trillion in economic losses. Over 90 percent of deaths occurred in developing economies, with drought being the deadliest hazard overall. But it's not all bad news. Deaths due to disasters have decreased by almost threefold over the five decades, which the report attributes to improvements in early warning systems. Still, only half of the 193 WMO members have multi-hazard early warning systems and, the report notes, severe gaps remain in weather observation capabilities, especially in Africa and island states.

Source: [The new humanitarian](#)

## West Nile Fever in Europe

**Spain, Germany** – Between 20 and 26 Aug 2021, European Union (EU) and European Economic Area (EEA) countries reported 15 human cases of West Nile virus (WNV) infection and one death related to WNV infections. Cases were reported by Greece (11), Hungary (2) and Romania (2). The death was reported by Greece. EU-neighbouring countries reported 3 human cases of WNV infection in Serbia and no deaths related to WNV infections. Since the beginning of the 2021 transmission season and as of 26 Aug 2021, EU/EEA countries have reported 43 human cases of WNV infection in Greece (25), Italy (11), Romania (3), Austria (2) and Hungary (2) and one death in Greece (1). EU-neighbouring countries have reported 6 human cases of WNV infection in Serbia (6) and 2 deaths in Serbia (2).

According to media, 3 human cases of WNV infection were reported last week from the province of **Seville, Spain**. These cases will not appear in outputs, such as the WNV dashboard, maps and downloadable data file, until they are reported through The European Surveillance System (TESSy).

Human cases of autochthonous West Nile virus (WNV) have been reported in **eastern Germany** in August 2021.

Two blood donations, both collected on August 12 in Berlin and Brandenburg, were found to be infected with WNV by RT-PCR as part of a blood donor infectious disease marker screening that is performed on all blood donations. One of the blood donors had travelled to Denmark and Sweden in 2021 and the other had no travel history outside of Germany in 2021. Another case was identified in a patient hospitalized with encephalitis in Berlin. The affected individual has no reported travel history outside of Germany. Earlier this year, WNV was detected in birds in Berlin and Saxony-Anhalt. In Germany, WNV transmission typically occurs from May to November and cases have previously been reported from Leipzig, Meissen, and Berlin.



Source: <https://promedmail.org/promed-post/?id=8620709>  
<https://www.ecdc.europa.eu/en/publications-data/west-nile-virus-europe-2021>

## Anthrax in Spain

**Extremadura** - On September 6, health authorities from Extremadura -a western Spanish region bordering Portugal- issued an alert about probable cases of human anthrax. There is limited information about the number of individuals under investigation nor the clinical presentation among the affected. The Department of Agriculture of the Regional Government of Extremadura indicated that laboratory samples from animals in the local area have been sent for investigation. In addition, media reports indicate that by the end of August in the province of Badajoz, also in Extremadura, a horse was infected with anthrax. Anthrax continues to be a rare disease in Europe, with only a few cases reported every year. Between 2010 and 2014, 58 confirmed cases were reported via the European Surveillance System. Cutaneous anthrax is usually the most common form of anthrax and can occur after contact with infected livestock.

Source: <https://radio.opole.pl/104,479573,hispania-alert-epidemiczny-na-zachodzie-kraju-p>

## Unknown illness in India

**India; Firozabad, Uttar Pradesh**– On 30 August media reported about an unknown febrile illness that has been reported across rural areas of Agra, Mathura, and Firozabad in the state of Uttar Pradesh. The illness has resulted in at least 68 deaths, of which 40 are among children. Firstly there have been limited information about the cause of the disease, but reports indicate that an unspecified number of the affected individuals have presented with high body temperature, dehydration, and a sharp drop in platelet levels. As there have been significant upward trends of dengue reports in the state and throughout the country, healthcare workers have collected blood samples for testing. On 4 September, health authorities have provided an update after members of the NCDC and the National Vector Borne Disease Control Programme (NVBDCP) were sent to Firozabad. On September 6, the Union Health Secretary indicated that these teams have been conducting further investigations. The majority of the deaths among children have been attributed to dengue, scrub typhus, and leptospirosis. The number of cases for each disease and death, however, has not been disclosed. Follow-up measures to curb the outbreak are also underway.

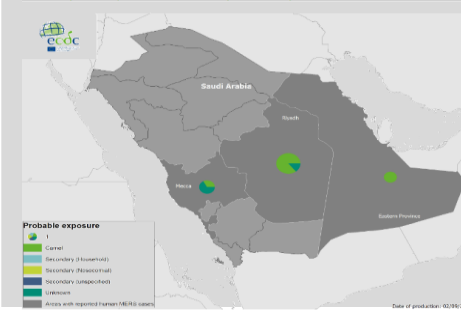
Source: <https://www.timesnownews.com/mirror-now/in-focus/article/fever-outbreak-in-firozabad-dengue-scrub-typhus-leptospirosis-uttar-pradesh/808539>  
[http://www.xinhuanet.com/english/asiapacific/2021-08/31/c\\_1310158004.htm](http://www.xinhuanet.com/english/asiapacific/2021-08/31/c_1310158004.htm)

## Summary on Middle East respiratory syndrome coronavirus (MERS-CoV)

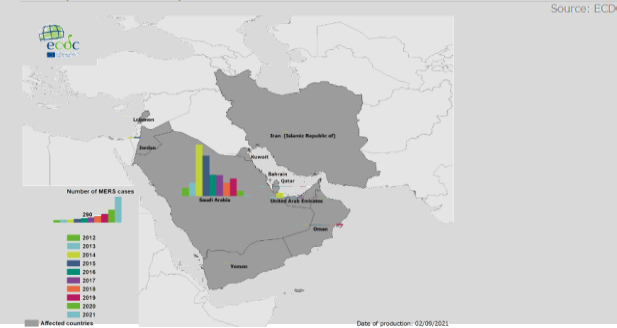
**Multi-country** - From 1 January 2012 to 1 September 2021, 13 MERS-CoV cases have been reported in Saudi Arabia (12) and the United Arab Emirates (1), including five deaths. In Saudi Arabia, all were primary cases, of whom nine reported contact with camels. These 12 cases were reported in Riyadh (7), Makkah (3), and the Eastern Province (2). Since April 2012, and as of 1 September 2021, 2594 cases of MERS-CoV, including 941 deaths, have been reported by health authorities worldwide.

Source: <https://www.ecdc.europa.eu/en/publications-data/west-nile-virus-europe-2021>

Geographical distribution of confirmed MERS-CoV cases by probable region of infection and exposure, from 1 January to 1 September 2021
























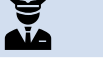















































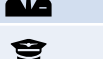








































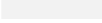
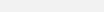
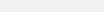
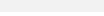
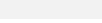
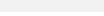
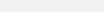
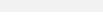


Geographical distribution of confirmed MERS-CoV cases by country of infection and year, from April 2012 to 1 September 2021



# 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				 Netherlands			
 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:**

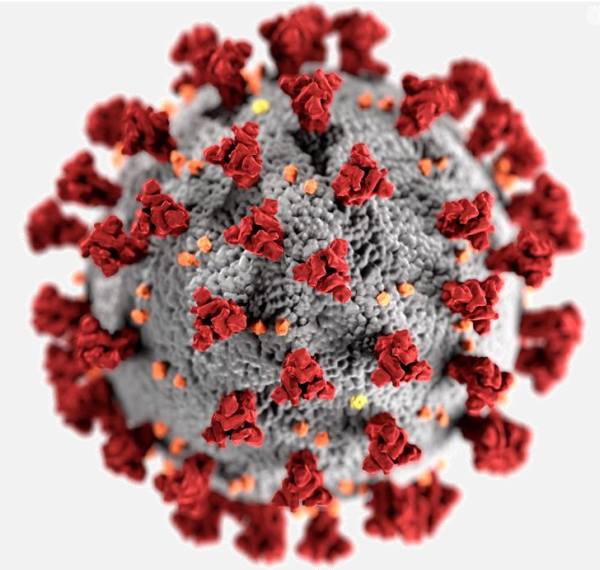
- COVID [Data Tracker](#) and [weekly review](#)
- [What’s new and Updated](#)
- [Guidance for COVID-19](#)

**References:**

- European Centre for Disease Prevention and Control [www.ecdc.europa.eu](http://www.ecdc.europa.eu)
- World Health Organization WHO; [www.who.int](http://www.who.int)
- Centres for Disease Control and Prevention CDC; [www.cdc.gov](http://www.cdc.gov)
- European Commission; [https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response/travel-and-transportation-during-coronavirus-pandemic\\_en](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:** 3<sup>rd</sup> to 4<sup>th</sup> November 2021  
**Location:** Virtual event via Microsoft Office  
Teams platform  
**Registration:** Open 3<sup>rd</sup> May 2021  
**Link:** Registration [page](#)

