



Update 85 COVID-19 Coronavirus Disease 29 September 2021



GLOBAL
↘
232 909 875
Confirmed cases
220 100 000 recovered
4 766 795 deaths

USA
(7-days incidence 253,5)
↘
43 022 507
confirmed cases
40 190 000 recovered
689 148 deaths

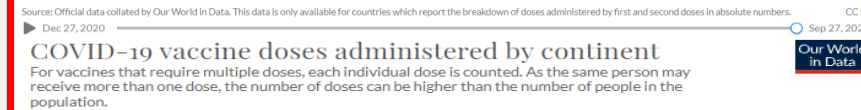
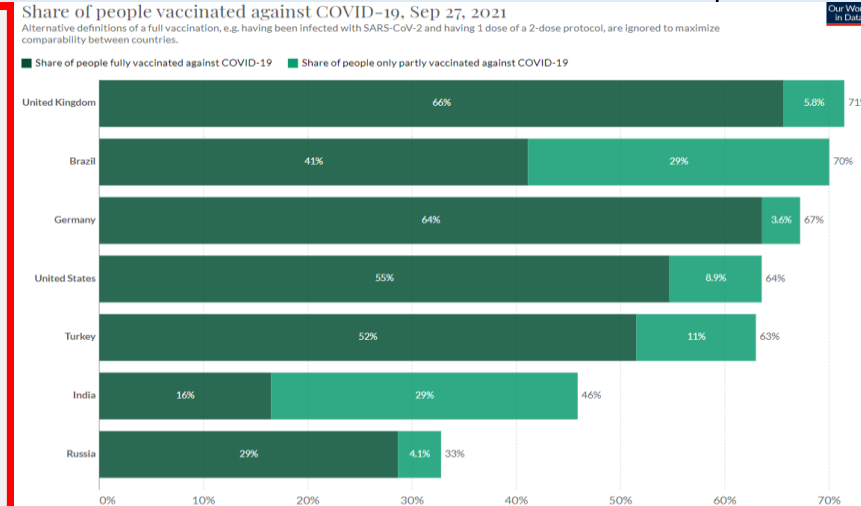
India
(7-days incidence 14,2)
↘
33 697 581
confirmed cases
32 770 000 recovered
447 373 deaths

Brazil
(7-days incidence 56,2)
↘
21 381 790
confirmed cases
20 380 000 recovered
595 446 deaths

News:

- **WHO:** will continue to [support the Ministry of Public Health](#) and people of Lebanon because the current complex crisis has heavily impacted the health system in Lebanon, decreasing availability, affordability, accessibility and quality of health care in general, and threatening the sustainability and resilience of the health system.
- **WHO/Europe:** A *Hospital of Tomorrow* case study in Bologna, Italy, shows the way to safer hospitals *Redesigning health care facilities to scale up pandemic preparedness and response*
- **ECDC:** published a technical report about [overview of the implementation on COVID-19 vaccination strategies and deployment plans in the EU/EEA](#)
- **ECDC:** published the [Protocol for a focused after-action review on evidence-based decision-making for selected COVID-19 response measures](#)
- **PAHO:** selects [centres in Argentina, Brazil to develop COVID-19 mRNA vaccines](#)
- **CDC:** published [CDC Statement on ACIP Booster Recommendations](#)
- **CDC:** reported [Studies Show More COVID-19 Cases in Areas Without School Masking Policies](#)

- **Topics:**
- Global situation
- European situation
- Vaccination news
- SARS-CoV-2 VOIs and VOCs
- Subject in Focus: Update - Monoclonal Antibodies and COVID-19
- Other Infectious Disease Outbreaks
- Cholera Outbreak
- NATO Member State: Summary of information on the individual national Corona restrictions
- Travel Recommendations and other useful Links



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EUROPE

↘
66 046 767
confirmed cases
62 470 000
recovered
1 285 984 deaths

GBR
(7-days incidence 360,8)
↗
7 736 239
confirmed cases

7 079 000 recovered
136 375 deaths

Russia
(7-days incidence 100,6)
↗
7 355 883
confirmed cases
6 839 000 recovered
201 854 deaths

Turkey
(7-days incidence 195,3)
↘
7 066 658
confirmed cases
6 610 000 recovered
63 372 deaths

Situation by WHO Region, as of 28 September

Global epidemiological situation overview; WHO as of 26 September 2021

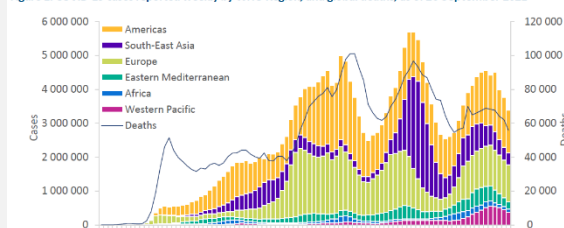
Globally, the numbers of weekly COVID-19 cases and deaths continued to decline. Over 3.3 million new cases and over 55 000 new deaths were reported during the week of 20 – 26 September 2021, decreases of 10% as compared to the previous week for both cases and deaths. The largest decrease in new weekly cases was reported from the Eastern Mediterranean Region (17%), followed by the Western Pacific Region (15%), the Region of the Americas (14%), the African Region (12%) and the South-East Asia Region (10%); while weekly cases in the European Region were similar to the previous week. The cumulative number of confirmed cases reported globally is now over 231 million and the cumulative number of deaths is more than 4.7 million.

The number of new weekly deaths reported showed a large (>15%) decline for all regions except for the European Region, which reported a similar number of weekly deaths compared to previous week, and the African Region which reported a slight increase (5%). The largest decline in weekly deaths was reported from the Western Pacific Region, with a 24% decline as compared to the previous week. The regions reporting the highest weekly case and death incidence rates per 100 000 population remain the same as in the previous weeks: the Region of the Americas (124.6 new cases per 100 000 population; 2.3 deaths per 100 000 population) and the European Region (117.6 new cases per 100 000 population; 1.6 deaths per 100 000 population).

The highest numbers of new cases were reported from:

- United States of America (765 827 new cases; 31% decrease)
- Brazil (247 397 new cases; 135% increase due to changes in reporting)
- United Kingdom (230 494 new cases; 14% increase)
- India (204 582 new cases; similar to previous week)
- Turkey (192 778 new cases; similar to previous week)

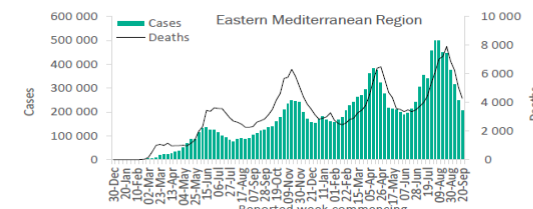
Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 26 September 2021**



Eastern Mediterranean Region

The Eastern Mediterranean Region continued to report decreases in case and death incidences this week, with over 209 000 new cases and over 4200 new deaths, decreases of 17% and 16% respectively as compared to the previous week. The decline in the number of weekly cases was driven by decreases reported from the three countries reporting the highest numbers of new cases: the Islamic Republic of Iran (110 868 new cases; 132.0 new cases per 100 000; a 17% decrease), Iraq (18 923 new cases; 47.0 new cases per 100 000; a 26% decrease), and Pakistan (15 627 new cases; 7.1 new cases per 100 000; a 21% decrease). Together these countries accounted for 69% of new cases reported in the Region.

A decrease in death incidence was reported from 9 of the 22 countries in the Region, including the three countries which reported the highest numbers of new deaths in the past week: the Islamic Republic of Iran (2281 new deaths; 2.7 new deaths per 100 000; a 23% decrease), Pakistan (389 new deaths; 0.2 new deaths per 100 000; an 18% decrease), and Morocco (302 new deaths; 0.8 new deaths per 100 000; a 12% decrease).

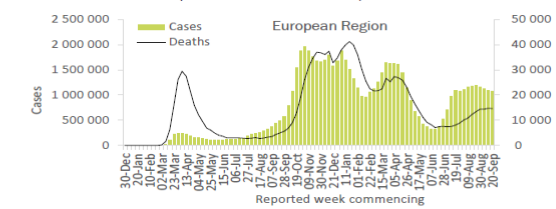


Updates from the [Eastern Mediterranean Region](#)

European Region

The European Region reported just under 1.1 million new cases and over 14 000 new deaths, similar numbers to those reported during the previous week. For over two months, the number of new weekly cases in the Region has oscillated within range of a <5% change week-on-week, although within the Region, countries have reported varying trends. For example, case incidence in Romania and Serbia have increased sharply, while case incidence has decreased in Israel over the past month. The highest numbers of new cases were reported from the United Kingdom (230 494 new cases; 339.5 new cases per 100 000; a 14% increase), Turkey (192 778 new cases; 228.6 new cases per 100 000; a 5% increase), and the Russian Federation (145 985 new cases; 100.0 new cases per 100 000; an 8% increase).

Death incidence has plateaued over the past month, after the Region reported a gradual increase in weekly deaths from mid-July to late-August. The three countries reporting the highest numbers of new deaths in the Region accounted for 56% of the Region's deaths this week: the Russian Federation (5682 new deaths; 3.9 new deaths per 100 000; a 4% increase), Turkey (1577 new deaths; 1.9 new deaths per 100 000; an 8% decrease), and the United Kingdom (958 new deaths; 1.4 new deaths per 100 000; a 4% decrease).



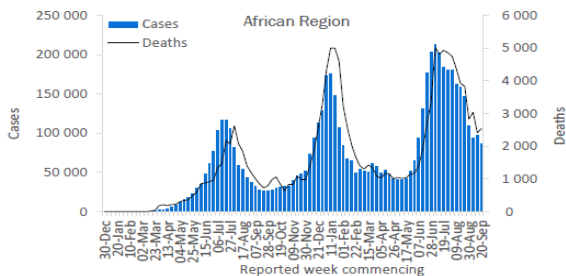
Updates from the [European Region](#)

WHO regional overviews Epidemiological week 20 – 26 September 2021

African Region

The African Region reported over 87 000 new cases and over 2500 new deaths, a 12% decrease and a 5% increase respectively as compared to the previous week. Since the latest peak early July, the number of weekly cases has been decreasing continuously for almost three months; while weekly deaths remain elevated. Approximately one third of countries (29%; 14/49) in the Region reported an increase in new cases, ranging from 17 to 61%, highlighting the heterogeneity of trends in the Region.

The highest numbers of new cases were reported from the United Republic of Tanzania (24 307 new cases, a country which has not reported regularly), South Africa (15 627 new cases; 26.3 new cases per 100 000; a 40% decrease), and Ethiopia (8842 new cases; 7.7 new cases per 100 000; a 5% decrease). The highest numbers of new deaths were reported from South Africa (885 new deaths; 1.5 new deaths per 100 000 population; a 35% decrease), the United Republic of Tanzania (664 new deaths this week), and Ethiopia (254 new deaths; <1 new deaths per 100 000; a 22% increase).

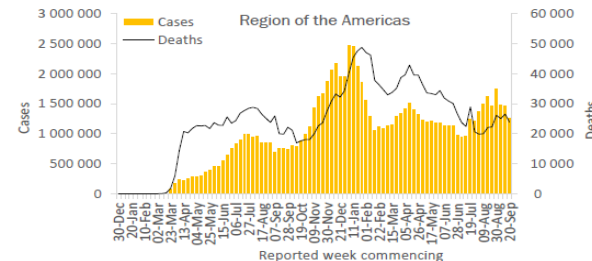


Updates from the [African Region](#)

Region of the Americas

The Region of the Americas reported over 1.2 million new cases and over 23 000 new deaths, decreases of 14% and 10% respectively as compared to the previous week. Despite the declining trend in new weekly cases and deaths, the overall epidemiological situation has not improved significantly since a surge in mid-July 2021. While the case incidence in the Region has decreased, in some countries, such as Dominica and French Guiana, the number of cases and the case incidence per 100 000 population have increased in the past week. Dominica reported 610 new cases/100 000 population this week, as compared to 361 the previous week. Similarly, French Guiana reported 510 new cases/100 000 population this week as compared to 471 the previous week.

The highest numbers of new cases were reported from the United States of America (765 827 new cases; 231.4 new cases per 100 000; a 31% decrease), Brazil (247 397 new cases; 116.4 new cases per 100 000; a 135% increase due to changes in reporting), and Mexico (66 132 new cases; 51.3 new cases per 100 000; a 13% increase). The highest numbers of new deaths were reported from the United States of America (12 312 new deaths; 3.7 new deaths per 100 000; a 17% decrease), Mexico (4165 new deaths; 3.2 new deaths per 100 000; a 13% increase), and Brazil (4090 new deaths; 1.9 new deaths per 100 000; a 10% increase).

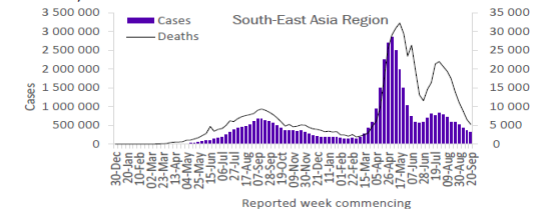


Updates from the [Region of the Americas](#)

South-East Asia Region

In the South-East Asian Region, both case and death incidence have declined for the past two months. In the past week, over 344 000 new cases and 5200 new deaths were reported, decreases of 10% and 20% respectively as compared to the previous week. All but two countries in the Region have reported declines in new cases over the past several weeks. This week, the highest numbers of new cases were reported from India (204 582 new cases; 14.8 new cases per 100 000; similar to last week's figures), Thailand (85 143 new cases; 122.0 new cases per 100 000; a 10% decrease), and Indonesia (17 250 new cases; 6.3 new cases per 100 000; a 26% decrease).

Seven of the 10 countries in the Region reported a decline in weekly deaths, with notable decreases reported from Nepal (by 38%) and Indonesia (by 37%). Bhutan did not report any new deaths, while the Maldives and Timor-Leste reported similar weekly figures as last week. The highest numbers of new deaths were reported from India (2080 new deaths; <1 new deaths per 100 000; similar to last week's figures), Indonesia (999 new deaths; <1 new deaths per 100 000; a 37% decrease), and Thailand (905 new deaths; 1.3 new deaths per 100 000; a 10% decrease).

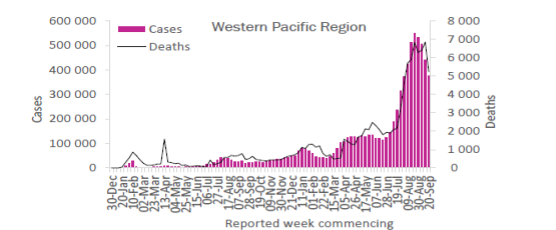


Updates from the [South-East Asia Region](#)

Western Pacific Region

The Western Pacific Region reported just under 379 000 new cases and over 5200 new deaths, decreases of 15% and 24% respectively as compared to the previous week. Although the regional case incidence has continued to decline for a month, weekly incidence increased in 5 of 26 (19%) countries; including in Singapore (63% increase) and Lao People's Democratic Republic (62% increase). The highest numbers of new cases were reported from the Philippines (122 625 new cases; 111.9 new cases per 100 000; a 13% decrease), Malaysia (102 255 new cases; 315.9 new cases per 100 000; a 16% decrease), and Viet Nam (69 655 new cases; 71.6 new cases per 100 000; an 8% decrease).

While there was a marked decline in the number of weekly deaths reported this week, four countries including Singapore, New Caledonia, Mongolia and China reported over 100% increase in new deaths as compared to the previous week. The highest numbers of new deaths were reported from Malaysia (2092 new deaths; 6.5 new deaths per 100 000; a 21% decrease), Viet Nam (1543 new deaths; 1.6 new deaths per 100 000; a 16% decrease), and the Philippines (822 new deaths; <1 new deaths per 100 000; a 49% decrease).



Updates from the [Western Pacific Region](#)

Global Situation



BELIZE: 171 new cases were reported on September 24. **Disease activity has been increasing since June** from a seven-day rolling average number of daily new cases of six on June 1, to 153 on September 26. The seven-day rolling average number of daily new deaths on September 26 is lower (at two) than what was observed during the all-time high for daily cases on December 9 when five deaths were reported. However, comparing to the previous wave may be premature as deaths are a lagging indicator and cases continue to rise. According to Government Officials, the **surge in cases is due to the Delta variant** (B.1.617.2) within the Belize District. To assist the country as it faces its third wave of the pandemic, PAHO donated non-invasive ventilation (BiPap) machines in early September, while Taiwan donated 50 oxygen concentrators on September 8.

The previously set curfew of 9 p.m. to 4 a.m. has been modified to begin at 7 p.m. as of September 21 until at least October 3. Select areas (Ambergris Caye, Caye Caulker Village, Hopkins Village, and the Placencia Peninsula) will follow the previous set curfew beginning at 9 p.m. Minors are expected to follow an earlier curfew of 6 p.m. to 4 a.m. **Additional weekend lockdowns will be enforced** between 4 a.m. to 6:59 p.m. with only essential activities allowed. Extra measures include limiting recreational facilities to 50% capacity, limiting gatherings to 10 people, and restaurants are only open for take-out dining. International travellers must provide a negative PCR test within the last 96 hours or upon arrival. All individuals that test positive will need to quarantine for 14 days. Travel restrictions are in place for people who have recently visited India or Bangladesh.

ESTONIA: 390 new cases have been reported. Since July, **disease activity has been surging**, with the **Delta variant driving the new wave** and comprising 99% of new cases. The northern region of the country is experiencing significantly increased outbreaks.

The seven-day rolling average number of daily new cases has increased from 107 on July 27 to 537 on September 27. The seven-day rolling average number of daily new deaths in this time frame has also increased from zero to three. Over the past month, the **14-day test positivity rate has remained relatively stable**, at 7.7% as of September 27. This has occurred while the average number of tests in the last 14-days per 100,000 has increased from 4,437 on August 27 to 5,288 on September 27, which supports a growing epidemic.

As of September 9, **Estonian authorities are maintaining international and domestic restrictions until at least October 7**. All air travellers to Estonia must complete a traveller's questionnaire before entering the country. Individuals who are fully vaccinated may be exempt from entry restrictions. Authorities have categorized countries as green, yellow or red based on local disease activity. Fully vaccinated travellers from green-labelled countries may enter the country without restriction, yellow-labelled countries require negative PCR and/or rapid antigen tests, and red-labelled countries must additionally self-quarantine for 10-days upon arrival. Domestic businesses are operational, with some capacity limits for indoor spaces. Public events require visitors to present the European Union (EU) Digital COVID-19 Certificates to enter.

GUYANA: 141 new cases were reported on September 21. Disease activity has been **increasing since early August**; health authorities suspect that increases are due to the **Delta variant** (B.1.617.2). The seven-day rolling average number of new cases has increased from 49 cases on August 2 to **a peak of 253 cases on September 17**. Subsequently, it has decreased slightly to 207 cases as of September 21. Due to low testing in certain regions of the country, health authorities believe these numbers are artificially low. There is limited information regarding the test positivity rate to understand the potential level of under-detection. The seven-day rolling average number of new deaths attributed to COVID-19 has increased from two new deaths on August 2 to **six new deaths on September 21**. Earlier this year Guyana experienced what has been described as the worst flooding experienced in the country in over 20 years. Non-governmental organizations continue to provide support for individuals and communities affected by the floods. Crisis situations have been exacerbated by the pandemic and it is expected that water and vector-borne diseases will increase due to receding waters.

Restrictions remain in place until at least September 30; this includes a daily nationwide curfew from 10:30 p.m. to 4:00 a.m. and a mask mandate for individuals while in public spaces and on public transport. Social activities such as private parties, receptions, and recreational activities at public pools and beaches are prohibited. Public spaces such as places of worship, cinemas, gyms, casinos, and restaurants are operating at limited capacity, while cinemas, casinos, and restaurants also require proof of full vaccination for entry of adults. Domestic travel by land, sea, and air is limited to obtaining or providing essential goods and services or for government purposes. International commercial flights are operational out of Cheddi Jagan International and Eugene F. Correia International airports. There are no flights to and from Brazil. Travellers entering the country by air must complete an online Passenger Locator Form at least 24 hours before travel and upload a negative PCR test result. For tests completed up to 72 hours before travel, there is no further testing or quarantine requirement. However, travellers with tests completed four to seven days before travel must complete a second test upon arrival. Those who test positive may be subject to self-isolation as per direction from health officials.

IRELAND: 1,420 new cases were reported on September 21. **Disease activity has been slowly decreasing since the fourth wave began in mid-July**. This recent wave has been predominantly driven by the **Delta variant**, which has been attributed to **98% of all new sequenced cases** since August. The seven-day rolling average number of daily new cases has declined from 1,777 on August 21 to **1,318 on September 21**. As of September 21, in the past 30 days, 40,820 cases were reported (**11% of the cumulative total**) since the start of the pandemic. The **14-day test positivity rate has decreased from 8.6% on August 21 to 5.4% on September 21**, while the 14-day average number of tests per 100,000 individuals have increased from 5,809 to 6,512 in the same timeframe.

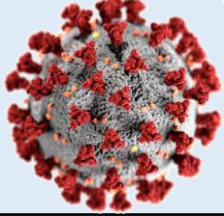
As of September 9, officials noted that domestic and international **restrictions will remain until at least September 23**, with the possibility of extensions. **Governmental officials are planning to remove all remaining restrictions by October 22**. International travellers from the European Union, Iceland, Norway, Liechtenstein, and Switzerland must either show proof of vaccination, recovery from COVID-19, or a negative PCR test 72 hours before entry. All other international travellers who are travelling from 'high-risk' countries, are unvaccinated, or have not recently recovered from the disease are required to quarantine for up to 14-days upon arrival at a government-designated hotel until a negative PCR result is confirmed. There are no social gathering capacity limits for those who are fully vaccinated or recovered within the past nine months, while a 100-person cap remains for wedding receptions.

MOLDOVA: 1,300 new cases were reported on September 21. **Disease activity has been increasing since July** with a seven-day rolling average number of daily new cases of 61 on July 1 to the high of **1,036 on September 21**. This has yet to surpass the peak seven-day rolling average number of daily new cases of 1,637 observed during the third wave in March. On September 17, Moldova received 20 ventilators donated by NATO and Hungary in response to their request for assistance. The seven-day rolling average number of daily new deaths has increased to **10 on September 21** from two on July 1. The 14-day test positivity rate as of September 21 is **12%**, indicating a substantial degree of underdetection of cases.

In response to the state of healthcare emergency, **restrictions have been increased until the end of October**. Access to recreational facilities like bars, restaurants, and cinemas is restricted to individuals with a negative PCR test within the last 72 hours or proof of full vaccination. Regions with higher rates of infection are subjected to stricter restrictions, such as gathering limits and reduced hours for businesses. International travel-related restrictions remain unchanged, whereby travellers must provide a negative PCR test within the last 72 hours, proof of full vaccination, or a certificate of recovery. Otherwise, they must self-quarantine for 14 days upon entry.

PALESTINE: 2,200 new cases have been reported. **Palestine experienced a third wave of disease activity between August and September**, peaking on September 7 when the seven-day rolling average number of daily new cases reached 2,438. While disease activity has declined since then, the country experienced a halt in the declining trend. The seven-day rolling average of daily new cases has stayed at around 1,950 cases between September 21 to September 26. According to the WHO, **infections in the Gaza Strip account for the majority of all cases**, at just over 67%, while numbers of cases are slowing down in the West Bank. The breakdown of active cases is as follows: Gaza Strip (67.1%), followed by the West Bank governorates of Nablus (8.5%), Tulkarm (6.3%), Ramallah (4.5%), Jenin (3.7%), Qalqilya (2.8%), Salfit (1.7%), Hebron (1.1%), and Tubas (0.6%). The overall case fatality rate across the region remains at 1%. During the third wave, Palestine has also observed an **increase in the proportion of positive test results**. While the number of tests conducted in the region is largely unchanged during the third week of September, the overall positivity rate has remained at 21%, with an average of 33% in the Gaza Strip during the past two weeks. These high positive rates indicate a large degree of underdetection. Testing has also increased in the West Bank during the past two weeks, with a concomitant decline in positivity to 12.7% from 22% in mid-September. According to the WHO, **the overall bed occupancy remains high at 74%**, as of September 25. The number of cases admitted to ICU also continues to increase in the Gaza Strip, with 60% of ICU beds occupied by COVID-19 patients. In the West Bank, ICU bed occupancy has decreased to 72% from 86% one week ago.

The state of emergency over COVID-19 in the West Bank continues in place. Also in the West Bank, social gatherings, including at funerals and weddings, are currently banned. Local authorities in the Gaza Strip have resumed the vaccination campaign targeting employees of the public sector and high school students above 16 years old.



Vaccination News



BioNTech/Pfizer: Pfizer and BioNTech have submitted the data to the US Food and Drug Administration for approval of their Covid-19 vaccine for use in children between the ages of five and eleven. A formal application for an emergency permit is expected to follow in the coming weeks, the companies said. BioNTech and Pfizer published positive study results on the use in children last week. In the crucial study with five to eleven year olds, the vaccine was well tolerated and produced a strong immune response

BioNTech/Pfizer: The US pharmaceutical company Pfizer has started a clinical trial with an mRNA vaccine against influenza. The goal is to improve the effectiveness of flu vaccines by using the new technology, the company announced. The vaccines currently in use have an efficacy of 40 to 60 per cent. More than 600 test persons aged 65 to 85 years are to take part in the study in the USA.

PRZ: Portugal has dissolved a military-led corona working group. The goal of vaccinating 85 percent of the population against the corona virus has almost been achieved. The task force, which has been led by a Navy officer for the past eight months, is to be replaced by three teams reporting to the Department of Health. The Portuguese vaccination campaign is the most advanced in the world: 84.88 percent of the country's 10.3 million people have been vaccinated, according to statistics from Our World in Data. As a result, Portugal is now lifting most of the corona restrictions.

ITA: In Malta, restaurateurs are encouraged to only serve vaccinated guests. Restaurants and bars are allowed to refuse entry to people who do not have a vaccination certificate from October 9th. Health Minister Chris Fearn announced that these restaurants will be allowed to be open longer than others. In addition, the tables can be moved closer together and guests can also be served at the bar. Malta is the country with one of the highest vaccination rates against Covid-19: More than 90 percent of people approved for vaccination are fully immunized.

DEU: With the corona vaccinations in Germany, almost three quarters of the adults and one third of the children between 12 and 17 years are now fully vaccinated. According to data from the Robert Koch Institute (RKI), 74.7 percent of all people over the age of 18 have received the second injection, which is usually necessary for this, and 33.2 percent of young people between the ages of 12 and 17. According to this, 78.6 percent of adults and 41 percent of 12 to 17 year olds received at least one first vaccination. A total of 53.3 million people or 64.1 percent of the population are now fully vaccinated.

PSE: As of September 23, of the country's population of over 4.6 million inhabitants, **29.8%** (1,347,092) have received at least one dose of a COVID-19 vaccine, and **14.2%** (654,315) are fully vaccinated. According to the Palestinian Center for Policy and Survey Research, **there has been a significant rise in public support for vaccination.** A majority now support making vaccinations mandatory, with just one-third opposing such a policy. Of those opposing, a significant percentage favour vaccine mandates for public sector workers. Support for vaccine mandates is higher amongst those already vaccinated.

GUY: According to news media, as of September 20, of Guyana's adult population, **67.6%** (346,526) have received **at least one dose** of COVID-19 vaccine, while **34.9%** (179,115) are **fully vaccinated.** Health authorities estimate that **28.3%** (20,136) of adolescents aged 12 to 17 have received at least one dose of vaccine. On August 13, Guyana received 57,600 AstraZeneca COVID-19 vaccines from the COVAX facility. The country is vaccinating residents with either AstraZeneca, Pfizer/BioNTech, Sinopharm, or Sputnik-V vaccines.

BLZ: As of September 26, **48.0%** (187,270) of Belize's population of 390,353 people have received **at least one dose** of a COVID-19 vaccine and **28.5%** (111,073) are **fully vaccinated.** Vaccines administered include Comirnaty (BioNTech/Pfizer), Janssen (Johnson & Johnson), Vaxzevria (Oxford AstraZeneca), and BBIBP-CorV (Sinopharm).

Q&A COVID and Flu Vaccination

1. Are there any interactions that could happen if you were to get the flu shot if you already had a Covid shot or get one around the same time?

There is no evidence to suggest concerns with receiving the flu shot after receiving a COVID-19 vaccine, or vice versa. There are, however, ongoing studies to explore how the immune responds to vaccines for the flu and COVID-19 if they are administered at the same time. Historically, the administration of multiple vaccines at the same time has been remarkably successful, with evidence in both childhood vaccination programs and traveller vaccination. The advantage of receiving vaccines together include a reduction in the number of needles given, reduced burden for individuals and healthcare providers, and reduced costs. The main advantage of separating vaccines is that if an individual has side-effects, they can be more readily attributed to one vaccine. Data on existing combined vaccines show that getting several vaccines at the same time does not cause any acute or chronic health problems. The recommended vaccines have been shown to be as effective in combination as they are individually. Examples of existing combination with available data include: DTap (diphtheria-tetanus-pertussis) and, MMR (measles-mumps-rubella).

1.2. Is there scientific data to back up this question currently with it being so soon?

There is one small non-peer-reviewed study, published as a preprint on June 13, 2021, where 431 volunteers were given COVID-19 Novavax vaccine, and an Influenza shot at the same time. The researchers concluded that giving the COVID-19 vaccine at the same time as a seasonal flu vaccine appears safe and effective.

Although it is a small study, the effectiveness of the COVID-19 vaccine against symptomatic disease and the safety profile were similar among those that received only COVID-19 vaccines and those that received COVID-19 and influenza vaccines simultaneously. However, some common side-effects, such as soreness at the injection site, fatigue, and muscle pain were slightly more common in the group that received both vaccines compared to the group that received only the COVID-19 vaccine.

Moderna and Novavax are starting to develop a combination vaccine for COVID-19 and influenza, if approved these could be the first such type, and may be in anticipation of COVID becoming a seasonal disease, or one that requires regular boosters to maintain immunity. In addition, Moderna hopes eventually to also include a respiratory syncytial virus (RSV) dose, making it a triple target vaccine, and even further include human metapneumovirus (hMPV), another common cause of upper respiratory tract infections.

2. Also, is the immunity still the same, better, or worse with both shots?

Though COVID-19 and flu shots use distinctly different vaccine strategies and technologies, developed for two different viruses, they still have the same goal of helping our immune system recognize a virus. While the COVID-19 vaccines generally have been more effective than flu vaccines at protecting against severe disease, estimates from the CDC suggest that a person hospitalized with influenza is 2 to 5 times more likely to die if they are unvaccinated. Even when the flu vaccine is not a strong match against the circulating strains, it still confers a degree of protection.

It has also been hypothesized that receiving a flu vaccine may improve immunity to other viral infections including SARS-CoV-2 (called "bystander immunity").

2.1. Is there scientific data to back up this question currently with it being so soon?

In a recent preprint posted on September 10, 2021, researchers found that the influenza vaccine may improve both the response to and incidence of infection by the SARS-CoV-2.

In this study, evidence was found that those who took the flu shots experienced an immune response that reduced their risk of the coronavirus disease COVID-19 by 37% during the first wave of the pandemic, and by half in the second wave. In this study 184 cases of COVID-19 among healthcare workers in the Netherlands were reported, which included 3.3% of those who had not taken the flu shot as compared to 2.1% of those who had. Those who had received a flu shot experienced a 47% lower risk of COVID-19. The conclusions of this study are promising as it suggests that immune cells become more responsive to a variety of viral stimuli after a flu shot, but it was also found that the flu shot also reduced the inflammatory response to subsequent SARS-CoV-2 infection.

Of note, these are largely preliminary studies that will require further research to better understand how different immune responses could interact and/or affect COVID-19 incidence and confirm their potential benefit.

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

686,785,376

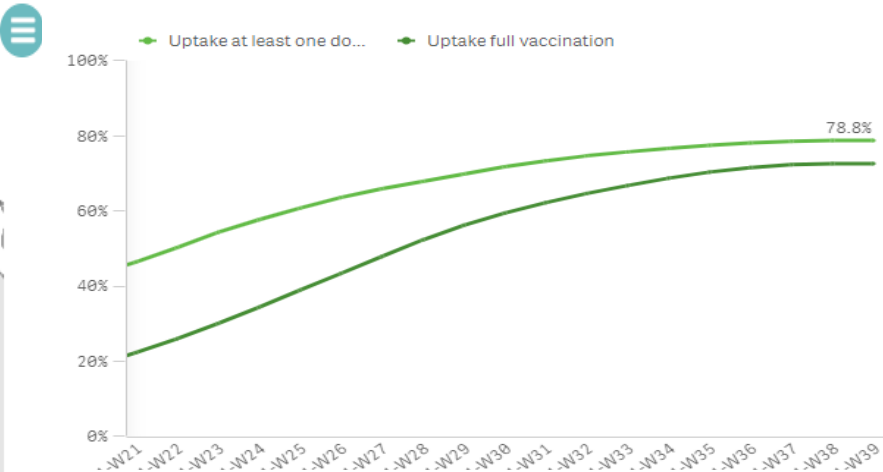
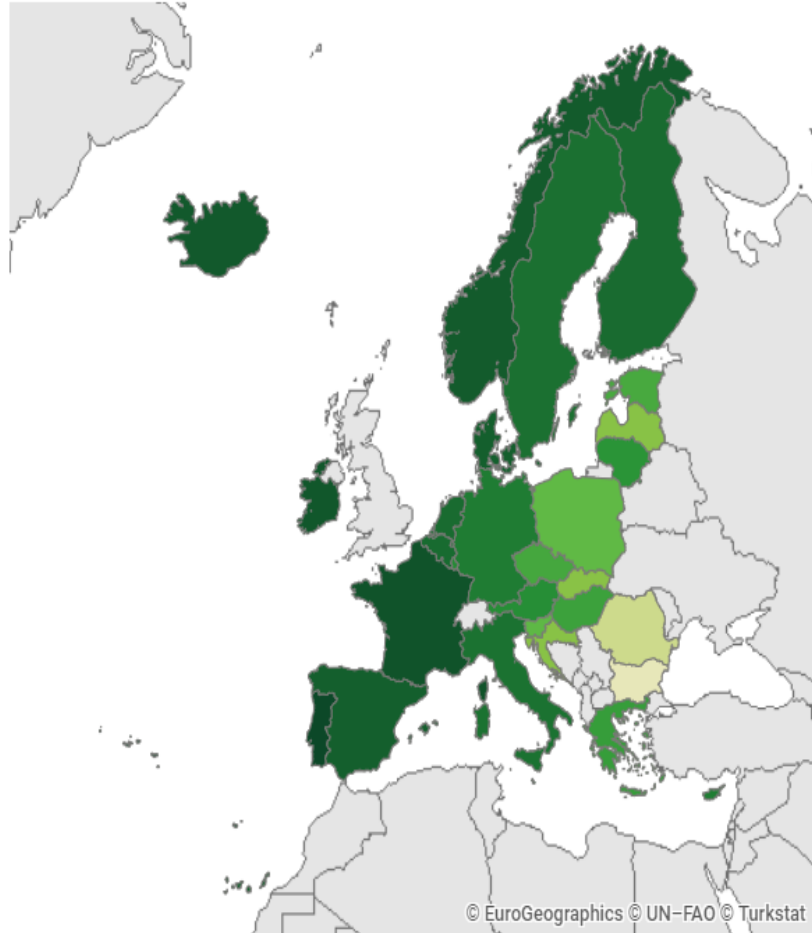
567,751,783

Cumulative uptake (%) of at least one vaccine dose by age group in EU/EEA countries as of 2021-09-28

Indicator: Uptake full vaccination

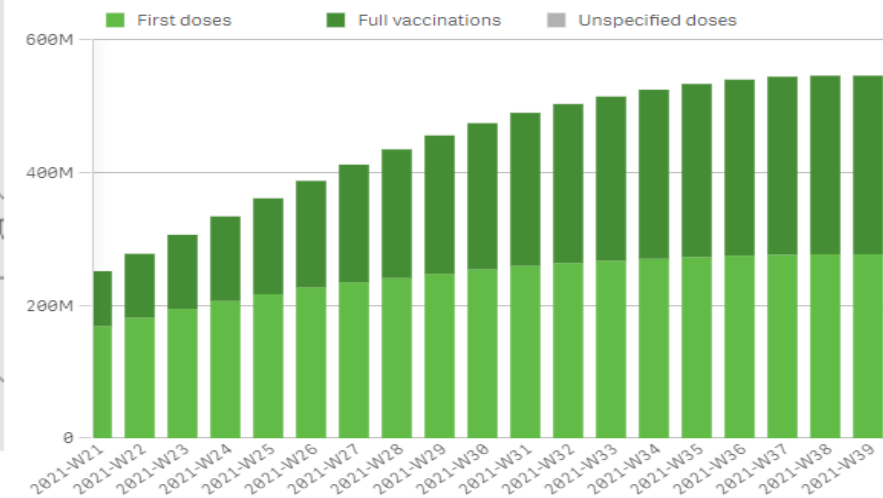
Cumulative uptake (%) of at least one vaccine dose and full vaccination among adults (18+) in EU/EEA countries as of 2021-09-28
by reporting week (data for the current week are preliminary)

Cumulative uptake (%) of at least one vaccine dose among adults (18+) in EU/EEA countries as of 2021-09-28



Cumulative number of vaccine doses administered to adults (18+) in EU/EEA countries as of 2021-09-28

by reporting week (data for current week are preliminary)



Country	80+ years	70-79 years	60-69 years	50-59 years	25-49 years
Austria	100.0%	83.6%	86.5%	76.6%	66.2%
Belgium	90.9%	96.1%	93.4%	89.8%	81.2%
Bulgaria	21.2%	32.8%	31.2%	26.8%	19.5%
Croatia	57.7%	74.8%	69.6%	57.4%	42.3%
Cyprus	97.2%	96.7%	89.6%	83.8%	76.6%
Czechia	83.7%	88.4%	76.1%	72.1%	56.5%
Denmark	100.0%	99.9%	97.2%	94.4%	83.4%
Estonia	66.6%	76.6%	72.0%	69.7%	60.9%
Finland	95.1%	99.7%	91.4%	87.9%	79.8%
France	85.8%	96.9%	89.4%	89.5%	83.5%
Germany	-	-	-	-	-
Greece	73.8%	82.3%	79.7%	73.6%	63.6%
Hungary	76.0%	86.8%	78.5%	72.3%	62.1%
Iceland	100.0%	100.0%	99.4%	92.5%	86.8%
Ireland	100.0%	100.0%	100.0%	98.1%	87.0%
Italy	97.4%	92.0%	89.8%	84.8%	75.8%
Latvia	43.3%	54.6%	56.1%	53.1%	51.3%
Liechtenstein	-	-	-	-	-
Lithuania	60.3%	77.3%	80.4%	73.7%	70.7%
Luxembourg	87.4%	87.6%	85.0%	82.5%	69.9%
Malta	100.0%	100.0%	95.5%	88.7%	87.9%
Netherlands	-	-	-	-	-
Norway	98.4%	100.0%	97.3%	95.1%	85.3%
Poland	64.6%	84.1%	72.3%	64.1%	53.5%
Portugal	100.0%	100.0%	100.0%	98.7%	93.2%
Romania	20.3%	37.5%	39.7%	39.1%	32.7%
Slovakia	58.7%	73.7%	63.6%	54.9%	45.2%
Slovenia	76.1%	84.7%	74.4%	66.3%	49.0%
Spain	100.0%	98.8%	98.3%	94.5%	82.8%
Sweden	95.0%	96.4%	91.6%	89.3%	78.0%

Uptake at least one dose (%)

© EuroGeographics © UN-FAO © Turkstat

Variants and Mutations; Variants of Global Concern

WHO, in collaboration with national authorities, institutions and researchers, routinely assesses if variants of SARS-CoV-2 alter transmission or disease characteristics, or impact vaccine, therapeutics, diagnostics or effectiveness of public health and social measures (PHSM) applied by national authorities to control disease spread. "Signals" of potential Variants of Concern (VOCs) or Variants of Interest (VOIs) are detected and assessed based on the risk posed to global public health.

As these risks evolve, WHO will continue to update lists of global VOIs and VOCs to support setting priorities for surveillance and research, and ultimately guide response strategies (for more information, please see the Tracking SARS-CoV-2 variants website).

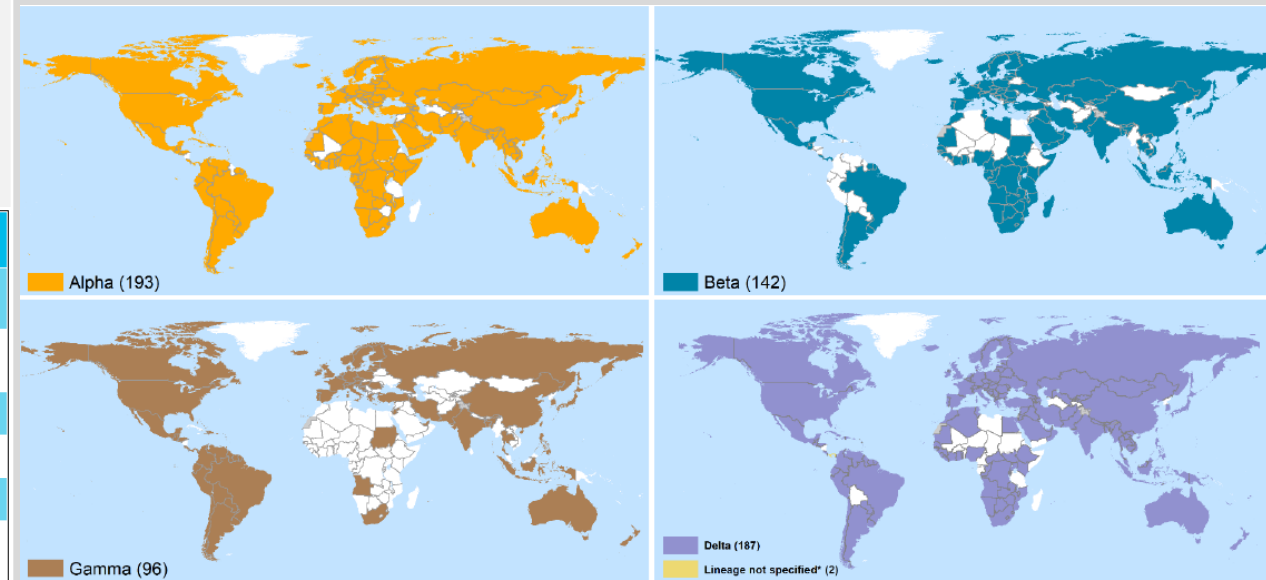
National authorities may choose to designate other variants of local interest/concern and are encouraged to investigate and report on impacts of these variants.

As surveillance activities to detect SARS-CoV-2 variants are strengthened at national and subnational levels, including through the expansion of genomic sequencing capacities, the number of countries/areas/territories (hereafter countries) reporting VOCs continues to increase (Figure 5, Annex 1). This distribution should nonetheless be interpreted with due consideration of surveillance limitations, including differences in sequencing capacities and sampling strategies between countries.

As countries gradually resume non-essential international travel, the introduction of risk mitigation measures aiming to reduce travel-associated exportation, importation and onward transmission of SARS-CoV-2 should be based on thorough risk assessments conducted systematically and routinely.

Pango lineage*	GISAID clade	Nextstrain clade	Earliest documented samples	Date of designation
B.1.427 [§] B.1.429	GH/452R.V1	21C	United States of America, Mar-2020	VOI: 5-Mar-2021 VUM: 6-Jul-2021
R.1	GR	-	Multiple countries, Jan-2021	07-Apr-2021
B.1.466.2	GH	-	Indonesia, Nov-2020	28-Apr-2021
B.1.1.318	GR	-	Multiple countries, Jan-2021	02-Jun-2021
B.1.1.519	GR	20B/S.732A	Multiple countries, Nov-2020	02-Jun-2021
C.36.3	GR	-	Multiple countries, Jan-2021	16-Jun-2021
B.1.214.2	G	-	Multiple countries, Nov-2020	30-Jun-2021
B.1.1.523	GR	-	Multiple countries, May-2020	14-July-2021
B.1.619	G	20A/S.126A	Multiple countries, May-2020	14-July-2021
B.1.620	G	-	Multiple countries, November 2020	14-July-2021
C.1.2	GR	-	South Africa, May 2021	01-Sep-2021
B.1.617.1 [§]	G/452R.V3	21B	India, Oct-2020	VOI: 4-Apr-2021 VUM: 20-Sep-2021
B.1.526 [§]	GH/253G.V1	21F	United States of America, Nov-2020	VOI: 24-Mar-2021 VUM: 20-Sep-2021
B.1.525 [§]	G/484K.V3	21D	Multiple countries, Dec-2020	VOI: 17-Mar-2021 VUM: 20-Sep-2021

Countries, territories and areas reporting variants Alpha, Beta, Gamma and Delta, as of 21 September 2021



VOI's (below) and VUM's (left side)

WHO label	Pango lineage*	GISAID clade	Nextstrain clade	Earliest documented samples	Date of designation
Lambda	C.37	GR/452Q.V1	21G	Peru, Dec-2020	14-Jun-2021
Mu	B.1.621	GH	21H	Colombia, Jan-2021	30-Aug-2021

Source:

[Tracking SARS-CoV-2 variants \(who.int\)](https://www.who.int/tracking-sars-cov-2)

[Weekly epidemiological update on COVID-19 - 28 September 2021 \(who.int\)](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports)

Update - Monoclonal Antibodies and COVID-19

Sources:

[Therapeutics and COVID-19: living guideline \(magicapp.org\)](#)
[A living WHO guideline on drugs for covid-19 | The BMJ](#)
[Anti-SARS-CoV-2 Monoclonal Antibodies | COVID-19 Treatment Guidelines \(nih.gov\)](#)
[COVID-19 treatments | European Medicines Agency \(europa.eu\)](#)
[RKI COVID-19 Treatment Overview \(rki.de\)](#)
[Neue Medikamentenkombination gegen Covid-19 weltweit verfügbar machen \(aerzte-ohne-grenzen.de\)](#)

Following the recent recommendation by the World Health Organisation (WHO) of the antibody combination **Casirivimab/Imdevimab** as preventive treatment option, we decided to update our article published in *“Information about Infection disease update 65a”* from 16 Apr 2021.

What are monoclonal antibodies?

Antibodies interact with and neutralise the virus. They do this by binding to specific areas of the spike protein, preventing the virus from entering host cells and allowing neutralisation. They have been used as treatments for a variety of diseases for several years and were identified as potential treatment candidates early in the COVID-19 pandemic.

Overview of available antibodies

Bamlanivimab/Etesevimab: These neutralizing monoclonal antibodies bind to different but overlapping epitopes in the spike protein RBD of SARS-CoV-2.

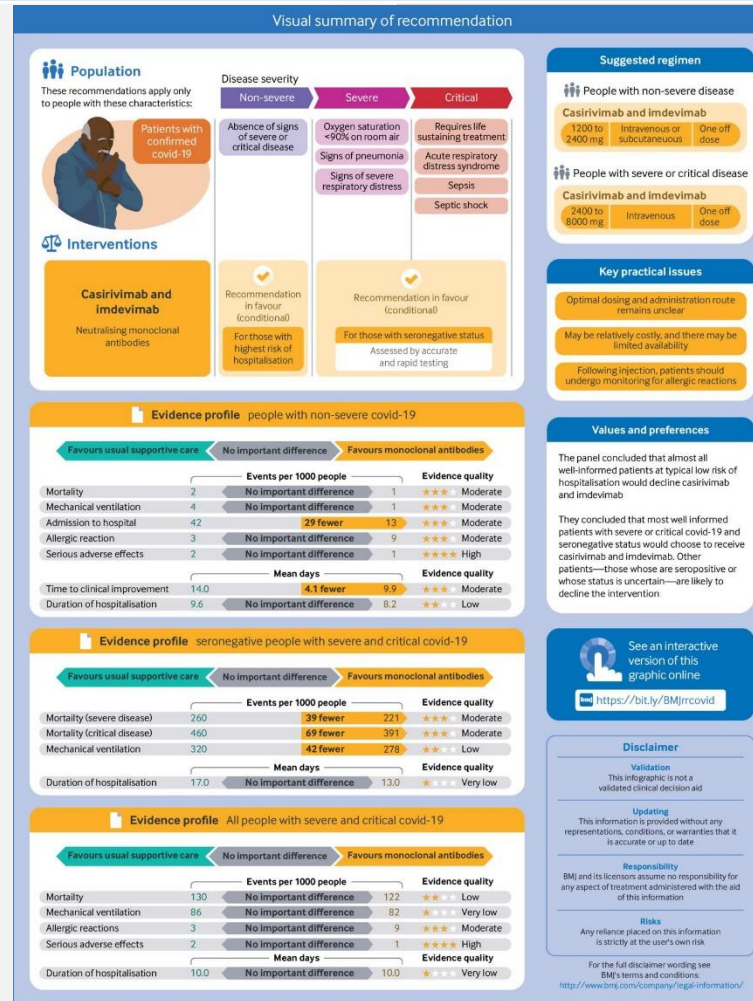
Casirivimab/Imdevimab: These recombinant human monoclonal antibodies bind to non-overlapping epitopes of the spike protein RBD of SARS-CoV-2.

Sotrovimab: This monoclonal antibody was originally identified in 2003 from a SARS-CoV survivor. It targets an epitope in the RBD of the spike protein that is conserved between SARS-CoV and SARS-CoV-2.

Regdanvimab: This is a monoclonal antibody with activity against the spike protein of SARS-CoV-2.

Current Situation – What has changed?

On 24 Sep 2021, the WHO released the 6 update (v7.1) to its *“WHO Therapeutics and COVID-19: living guideline”*. It addresses the use of Casirivimab/Imdevimab in two groups of patients: those with nonsevere COVID-19, and those with severe and critical illness. It follows the availability of pre-prints of four trials that are part of the larger adaptive randomised master protocol, addressing patients with non-severe illness, and of the RECOVERY-trial addressing severe and critically ill patients. Whereas Casirivimab/Imdevimab achieves a substantial reduction in the relative risk of hospitalization, the absolute benefit will be trivial or unimportant in absolute terms for all but those at highest risk for which the intervention should be reserved.



Current Guidelines

The WHO recommends the use of casirivimab/imdevimab in patients with non-severe COVID-19 and a high risk for a severe disease, typically older people, or those with immunodeficiencies and/or chronic diseases. As well as in patients with severe COVID-19 who are seronegative, e.g. unable to produce their own antibodies.

The American National Institute of Health (NIH) recommends the use of either Casirivimab/Imdevimab, Bamlanivimab/Etesevimab or Sotrovimab to treat nonhospitalized patients with mild to moderate COVID-19 who are at high risk of clinical progression.

The European Medicines Agency (EMA) is evaluating Casirivimab/Imdevimab, Bamlanivimab/Etesevimab, Sotrovimab and Regdanvimab under rolling review, member states can allow the use on a national level. The German RKI recommends the use of Casirivimab/Imdevimab and Bamlanivimab/Etesevimab in non-hospitalized patients with a high risk for a severe disease, hospitalised patients without supplementary oxygen or with Low-Flow-O2 and as a post-exposure prophylaxis for not (fully) vaccinated contacts.

Problems with Antibody Treatment

In comparison to vaccines, antibody treatment is typically used after the infection has been detected but before it becomes severe and has therefore a limited window of opportunity, while not preventing further spread of the disease. High costs and low availability are limiting factors, as costs per dose range from 800 USD to 2100 USD, while manufacturing costs are expected to be below 100 USD per gram. Also all available antibody treatments have to be administered in clinic via infusion or subcutaneous injection; hence, treatment in rural regions could be difficult.

Conclusion

Monoclonal antibodies offer promising treatment options, but the small window of opportunity, high cost and low availability make them difficult to use in practice. Nevertheless, drug development to treat COVID-19 remains important in the face of breakthrough infections, reduced vaccine efficacy due to variants and people who do not want to be vaccinated. Antibody treatments should be understood as part of a larger catalogue of treatment options.

Other Infectious Disease Outbreaks

Anthrax

Bangladesh: Cases of anthrax have been reported in Bangladesh in 2021. The affected individuals are residents of Daulatpur Upazila, in Kushtia District, Khulna Division in western Bangladesh. Individuals are reported to have become ill after consuming contaminated beef from Gopalpur village in Pragpur union of Daulatpur Upazila. The contaminated beef had been slaughtered and sold to locals. According to reports, the number of affected individuals is increasing daily. Officials in the area have been working towards vaccinating cattle in the region and health officials are taking measures to prevent further spread of the disease.

Source: www.bluedot.global

Bulgaria: A case of cutaneous form of anthrax in a shepherd was found in Shumen district. This is the 1st and only human case of the year 2021 in Bulgaria. According to a report on the epidemic situation of the Ministry of Health from mid-September, the man fell ill after treatment of the skin of a dead animal. After examination by an infectious disease specialist, he was left for home treatment. The diagnosis was laboratory confirmed. Health authorities are encouraging farmers to immediately report unexpected deaths across animals and to vaccinate all livestock within 10 km [6 mi] from the recently reported case. In addition, further investigations are ongoing to rule out any previous livestock outbreaks around this rural community, including unexplained sudden deaths among at-risk species.

Source: [Promed Post - ProMED-mail \(promedmail.org\)](#)

Avian Influenza

China: The health authority in southern China's Guangdong province said on Wednesday [22 Sep 2021] that a single case of a human being infected with the H5N6 strain of bird flu has been reported in the city of Dongguan. The infected patient, a 53-year-old male, is being treated in hospital, the Health Commission of Guangdong Province said in a statement, adding that experts considered the risk of transmission to be low at this stage.

Source: [Promed Post - ProMED-mail \(promedmail.org\)](#)

Legionellosis

USA - New Jersey - Five additional people have contracted Legionnaires' disease in Hamilton, Mercer County and another person has died, following a cluster of cases first detected a year ago. The total number of cases stretching back to August 2020 is now 9, with 3 deaths, and they remain under investigation by the state Department of Health, the town and state reported Tuesday 21 Sep 2021 in a joint statement.

Source: [Promed Post - ProMED-mail \(promedmail.org\)](#)

USA - New York - An investigation into the outbreak of Legionnaires' disease that emerged in Harlem in August 2021 is now over, according to the New York City Department of Health. No new cases of Legionnaires' disease have been identified in the neighbourhood for 4 weeks and the cooling towers in the affected areas have completed disinfection. City health officials said there were 18 cases of Legionnaires' disease associated with this cluster. All 18 people were hospitalized and 16 have been discharged. There have been no deaths.

Source: [Promed Post - ProMED-mail \(promedmail.org\)](#)

Malaria

Costa Rica - Officials from the Costa Rican Social Security Fund (CCSS) and the ministries of health of Costa Rica and Nicaragua identified 15 people positive for malaria in the border community of La Trocha, after an epidemiological sweep carried out in various parts of the area.

Source: [Promed Post - ProMED-mail \(promedmail.org\)](#)

Monkey Pox

DR Congo -The World Health Organization (WHO) reported 69 additional suspected monkeypox cases in the past month in the Democratic Republic of the Congo (DRC), bringing the cumulative total since the beginning of the year [2021] to 8849. In addition, 3 more deaths were recorded, bringing the monkeypox death for 2021 to 69.

In 2020, DRC saw a total of 6257 suspected cases including 229 deaths (CFR 3.7%) reported in 133 health zones from 17 out of 26 provinces in the country.

Source: [Promed Post - ProMED-mail \(promedmail.org\)](#)

Plague

Madagascar - In a follow-up on a report 2 weeks ago, on 29 Aug 2021, in the Itasy region, Arivonimamo health district, an alert was received by the health authorities regarding cases of pulmonary plague. As of 16 Sep 2021, a total of 38 suspected cases of Pneumonic plague including 19 confirmed and 6 death cases (CFR= 15.8%) are reported so far. Active case finding, chemoprophylaxis for high-risk contacts of alive and death cases are ongoing, as well as regular meetings of the plague control committees at regional and health district level, mass sensitization activities, contact tracing, ongoing investigation, as well as vector and anti-reservoir control measures.

Source: [Promed Post - ProMED-mail \(promedmail.org\)](#)

Psittacosis

Chile - In a follow-up on a report in August 2021, health officials in Osorno confirmed an increase in confirmed cases of psittacosis, which would have originated in agricultural companies in Puerto Octay, Los Lagos region. The new cases are linked with the index case, the 28-year-old veterinarian who at the end of July 2021 was admitted in serious condition due to pneumonia at the San José Base hospital, being transferred at life risk to Santiago and with an unconfirmed diagnosis, later to work in companies in the lake district. At that time he was suspected of having Q-Fever, the true diagnosis Chlamydoiphila psittaci infection, a type of bacteria found in bird droppings, which transmit the infection to humans, was only established later. The total confirmed cases amount to 15 and the source of the disease is still under investigation.

Source: [Promed Post - ProMED-mail \(promedmail.org\)](#)

Q-Fever

Germany - In Berlin, the animal disease Q fever was transmitted from sheep to laboratory staff in the summer 2021. On 24 Sep 2021, Officials reported up to 15 cases of infection are known to be counted in this outbreak. Q fever can be associated with flu-like symptoms in humans, but it can also lead to complications. Larger outbreaks like this are rare in Berlin. In this case, the infection process was quickly recognized and ended. The latest human illness known to the office was at the end of July 2021. People who have close contact with animals -- for example animal keepers, butchers, veterinary and laboratory staff -- are particularly at risk. Q fever is endemic in Germany. In Berlin there have been only a few cases of Q fever being transmitted to humans each year since 2016. In 2020 there were 3 cases, 2019 (2), 2018 (7), 2017 (4), and 2016 (4). Nationwide, the numbers fluctuate greatly. Since 2001 there have been between 55 and 416 registered illnesses per year with no discernible trend.

Source: [Promed Post - ProMED-mail \(promedmail.org\)](#)

Tularaemia

Austria - Cases of tularaemia have been reported in Ebensee, a town in the Traunviertel region of the state of Upper Austria in 2021. Approximately 10-15 cases of tularaemia have been reported among residents of Ebensee. Tularaemia is a zoonotic disease and is commonly known as rabbit plague, as it is transmitted to humans through contact with rabbits or small rodents. In Ebensee, the source of infection is believed to be mice. Health officials are advising residents to take precautions around dead rodents such as using gloves and face masks, and to avoid contact with mice, rats, and squirrels. If symptoms develop, health officials are urging residents to seek medical treatment as the disease can be fatal if left untreated. With proper treatment (antimicrobial therapy), most patients make a full recovery.

Source: www.bluedot.global

Spain - The Government of Navarra has registered a case of tularaemia in a forestry worker in the Leitza area, who had to be admitted to hospital, where he tested positive for the bacterium Francisella tularensis with the agglutination antibody test.

Source: [Promed Post - ProMED-mail \(promedmail.org\)](#)

Cholera Outbreak

In Mali

EVENT DESCRIPTION

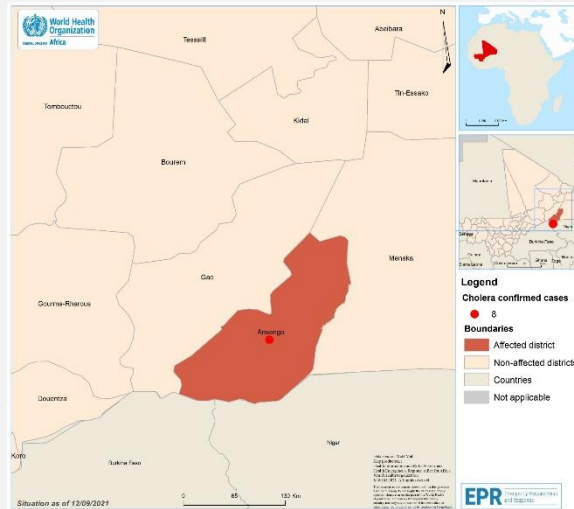
The cholera outbreak which was declared by the Malian health authorities on 11 September 2021 continues. The epicenter of the outbreak is currently in the health area of Labbezanga, Ansongo health district in the **Gao region**. As of 19 September 2021, **10 suspected cases** with two confirmed and **four deaths** (case fatality ratio (CFR) = **40%**), have been reported. This current CFR is high compared to the expected ratio of <1%. Preliminary investigations have shown that the index case was a Nigerien male from Ayorou town in the Tillabery region in Niger where a cholera outbreak is ongoing with nearly 5 000 cases and 151 deaths reported so far. Ayorou also borders the Malian region of Gao. He stayed with a family in Labbezanga for two days.

After his departure, a 17-year-old girl from the host family died on 5 September 2021, from diarrhoea and vomiting which is consistent with a clinical picture suggesting cholera. The onset date of this event was 8 September 2021, when the Chief Medical Officer of Ansongo health District was alerted by Labbezanga Community Health Center of two suspected cases of cholera received at a health facility in Labbezanga city. These two suspected cases revealed that they were from the same home as the 17-year-old girl who died on 5 September 2021. They suffered an acute illness with onset on 7 September 2021. They then sought medical care at Labbezanga Community Health Center on 8 September 2021 presenting with diarrhoea and vomiting and died the same evening. On 11 September 2021, cholera was confirmed with the isolation of *Vibrio cholerae* Ogawa 01 at National Institute of Public Health laboratory, the same serotype causing the ongoing cholera outbreak in Niger and Nigeria. Among the 10 reported cases, seven cases are female (70%) and three cases are male (30%), the male-female sex ratio is 2.3. The 25 and over age group is the most affected with 6 cases (60%). Regarding deaths, females are more affected with three deaths (75%) against one death for males (25%). The age groups affected by deaths are those of 25 years and over (2 deaths), 15-24 years (1 death) and 6-14 years (1 death). The investigation team deployed in the affected area identified several challenges, including the need for drugs and medical supplies for the case management, inadequate sampling kits, and poor community surveillance.

SITUATION INTERPRETATION

Since 1990, Mali regularly faces cholera outbreaks occurring in the dry season or in the rainy season. However, during the rainy season which runs from June to October, an increase in cases is seen. The spread of these outbreaks to a large part of the country is often along the Niger and Senegal rivers. Insufficient access to drinking water as well as poor hygiene conditions especially in rural areas, have been identified as the main risk factors of cholera outbreaks in Mali. The current outbreak is the result of cross-border transmission from Niger where another large-scale outbreak is underway. Although still localized, the risk of this outbreak spreading throughout the country is high because the implementation of the effective control measures may be impeded given the volatile security situation in the affected area. Nonetheless the overall risk to military operations is considered low as the most common route of transmission is contaminated drinking water and military personnel are usually supplied with a separate water supply. Whilst some NATO Nations regularly vaccinate mission personnel against cholera, effective treatment is available and the health risk in healthy adults such as soldiers is considered low.

Source: WHO AFRICA WEEKLY BULLETIN ON OUTBREAKS 26.09.2021



In other African Nations

DR Congo: 46 new cases and two deaths have been reported since 27. Aug. 21. In 2021, and as of 20 September, 3 562 suspected cholera cases including 95 deaths have been reported from 76 health zones across 14 provinces of the Democratic Republic of the Congo.

Ethiopia: In 2021, as of 2 May the country has reported a total of 1758 cases and 15 deaths (CFR 0.9%).

Mozambique: Since the beginning of the outbreak on 20 February 2020 and as of 27 June 2021, a total of 5 681 cases of cholera, including 35 deaths, have been reported.

Nigeria: Since 27. Aug. 21, Nigeria has reported 35 091 cholera cases and 1 226 deaths. Between 1 January and 22 September 2021, a total of 72 910 suspected cases of cholera, 359 confirmed cases and 2 404 deaths have been reported from 27 states and Federal Capital Territory (FCT).

Niger: Since 27. Aug. 21, Niger has reported 3 608 cholera cases and 121 deaths. In 2021, and as of 10 September 2021, a total of 3 856 cases including 133 deaths (CFR = 3.4%) have been reported. The outbreak is linked to the epidemic which has been ongoing for several months in the neighboring regions of northern Nigeria following reports of heavy rainfall, with many people living at the border. Six out of eight regions in Niger have reported cases so far.

Burkina Faso: Since 27. Aug. 21, one new case has been reported. In 2021 and as of 31 August 2021, a total of two cholera cases were reported in the country. The new case is a truck driver of Malian nationality. He was treated and released on 31 August 2021. The first confirmed case was discharged on 22 August 2021.

Kenya: In 2021, and as of 8 August 2021, 38 cases (14 confirmed) have been recorded in Garissa and Turkana Counties. Garissa's outbreak was linked to the Dagahaley Refugee Camp. According to WHO, both outbreaks have been controlled and the situation is currently stable.






























































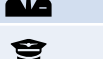



































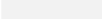
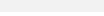
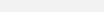
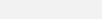
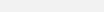
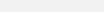
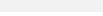
Cameroon: Since March 2021, three new cases have been reported. As of 31 August 2021, a total of 13 cholera cases including one death have been reported in the north-west region of Cameroon.



Source: ECDC Communicable disease threats report 24 Sep 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					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:

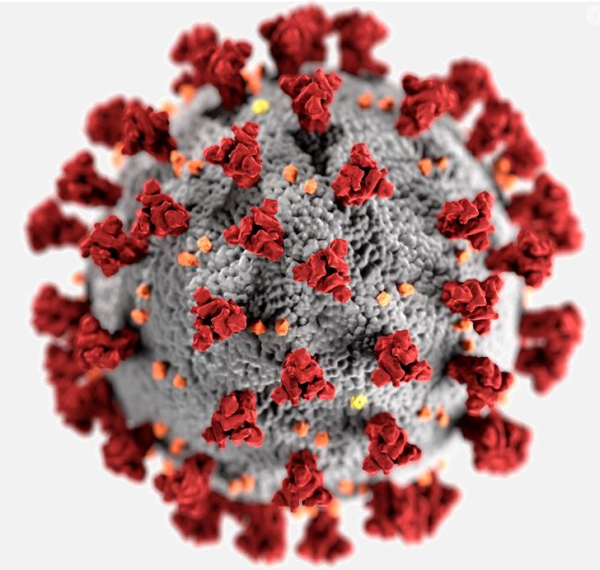
- COVID [Data Tracker](#) and [weekly review](#)
- [What’s new and Updated](#)
- [Guidance for COVID-19](#)

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
Link: Registration [page](#)

