



Update 86 COVID-19 Coronavirus Disease 06 October 2021



GLOBAL
↘
236 021 445
Confirmed cases
223 700 000 recovered
4 819 837 deaths

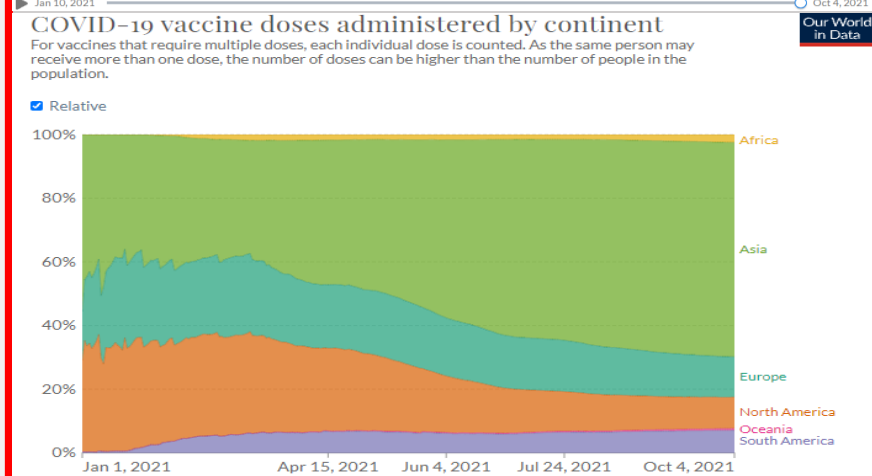
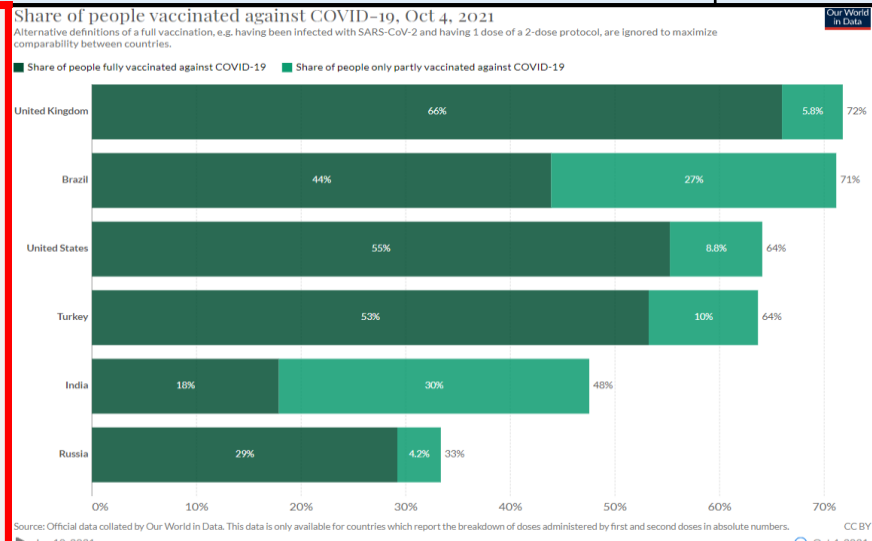
USA
(7-days incidence 217,3)
↘
43 743 452
confirmed cases
41 170 000 recovered
701 737 deaths

India
(7-days incidence 11,4)
↘
33 871 881
confirmed cases
33 000 000 recovered
449 538 deaths

Brazil
(7-days incidence 53,1)
↘
21 499 074
confirmed cases
20 580 000 recovered
598 829 deaths

- News:**
- **WHO:** established [A clinical case definition of post COVID-19 condition by a Delphi consensus, 6 October 2021 \(who.int\)](#)
 - **ECDC:** [High risk of autumn surge in COVID-19 cases and deaths in countries with insufficient vaccination coverage](#)
 - **ECDC:** published a risk assessment about [Assessing SARS-CoV-2 circulation, variants of concern, non-pharmaceutical interventions and vaccine rollout in the EU/EEA](#)
 - **ECDC:** published the [Cryptosporidiosis - Annual Epidemiological Report for 2018 \(europa.eu\)](#)
 - **UNICEF:** published a report about [The State of the World's Children 2021 - On My Mind: promoting, protecting and caring for children's mental health](#)
 - **CDC:** reported [Multicomponent strategies to prevent SARS-CoV-2 transmission — nine overnight youth summer camps, United States, June–August 2021 \(cdc.gov\)](#)

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



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EUROPE
↗
67 202 735
confirmed cases
63 450 000
recovered
1 301 502 deaths

GBR
(7-days incidence 348,8)
↘
7 967 989
confirmed cases
7 306 000 recovered
137 152 deaths

Russia
(7-days incidence 114,9)
↗
7 524 465
confirmed cases
6 967 000 recovered
207 932 deaths

Turkey
(7-days incidence 241,0)
↗
7 296 849
confirmed cases
6 767 000 recovered
65 137 deaths

Situation by WHO Region, as of 03 October

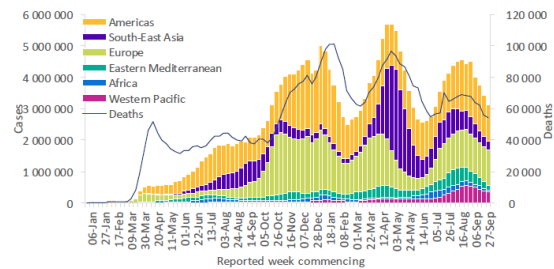
Global epidemiological situation overview; WHO as of 03 October 2021

Globally, the numbers of weekly COVID-19 cases and deaths continued to decline. This is a trend that has been observed since August (Figure 1). Over 3.1 million new cases and just over 54 000 new deaths were reported during the week of 27 September to 3 October 2021. Cases this week decreased by 9% as compared to the previous week, while the number of deaths remained similar to that of the past week. All regions reported a decline in the number of new cases this week apart from the European Region which reported a number similar to that of the previous week. The largest decrease in new weekly cases was reported from the African Region (43%), followed by the Eastern Mediterranean Region (21%), the South-East Asia Region (19%), the Region of the Americas (12%) and the Western Pacific (12%). The cumulative number of confirmed cases reported globally is now over 234 million and the cumulative number of deaths is just under 4.8 million.

The highest numbers of new cases were reported from:

- United States of America (760 571 new cases; similar to last week)
- United Kingdom (239 781 new cases; similar to last week)
- Turkey (197 277 new cases; similar to last week)
- Russian Federation (165 623 new cases; 13% increase)
- India (161 158 new cases; 21% decrease)

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 3 October 2021**

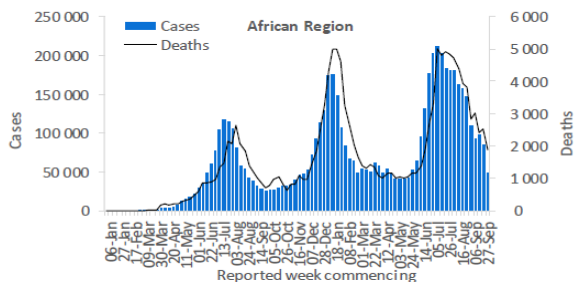


WHO regional overviews Epidemiological week 27 September-3 October 2021

African Region

The African Region reported over 49 000 new cases and just under 1900 new deaths, decreases of 43% and 25% respectively as compared to the previous week. The declining trend in cases reported in the region and observed since early July continued this week. While this trend is true for most countries in the region, in the past week, seven countries reported increases of over 20% in new cases as compared to the previous week.

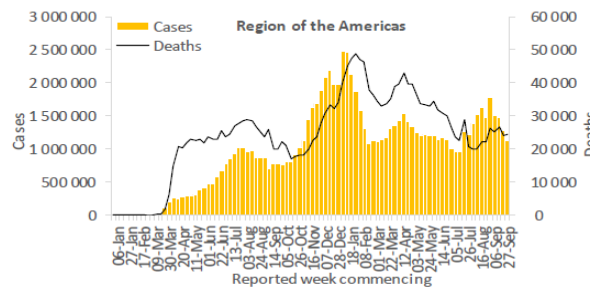
The highest numbers of new cases were reported from South Africa (9637 new cases; 16.2 new cases per 100 000 population; a 38% decrease), Ethiopia (7127 new cases; 6.2 new cases per 100 000; a 19% decrease), and Lesotho* (6943 new cases; 324.1 new cases per 100 000). The highest numbers of new deaths were reported from South Africa (752 new deaths; 1.3 new deaths per 100 000 population; a 15% decrease), Ethiopia (306 new deaths; <1 new death per 100 000; a 20% increase), and Lesotho* (231 new deaths; 10.8 new deaths per 100 000).



Region of the Americas

The Region of the Americas reported over 1.1 million new cases, a 12% decrease as compared to the previous week, and just over 24 000 new deaths, which was similar to the number reported the previous week. Overall, while the region has been reporting declining trends in both cases and deaths over the past month, the weekly incidence remains at levels below the peak seen in March.

The highest numbers of new cases were reported from the United States of America (760 571 new cases; 229.8 new cases per 100 000; similar to last week), Brazil (131 501 new cases; 61.9 new cases per 100 000; a 47% decrease), and Mexico (52 496 new cases; 40.7 new cases per 100 000; a 21% decrease). The highest numbers of new deaths were reported from the United States of America (13 736 new deaths; 4.1 new deaths per 100 000; a 12% increase), Brazil (4060 new deaths; 1.9 new deaths per 100 000; similar to last week), and Mexico (3275 new deaths; 2.5 new deaths per 100 000; a 21% decrease).

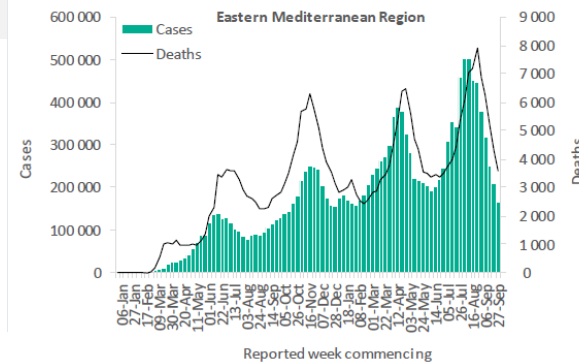


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

Since a peak in incidence in both cases and deaths in early August this year, weekly cases and deaths have continued to consistently decline in the Eastern Mediterranean Region. This week, the region reported over 166 000 new cases and over 3500 new deaths, decreases of 21% and 17% respectively as compared to the previous week. The highest numbers of new cases were reported from the Islamic Republic of Iran (91 972 new cases; 109.5 new cases per 100 000; a 17% decrease), Iraq (15 599 new cases; 38.8 new cases per 100 000; an 18% decrease), and Pakistan (11 314 new cases; 5.1 new cases per 100 000; a 28% decrease).

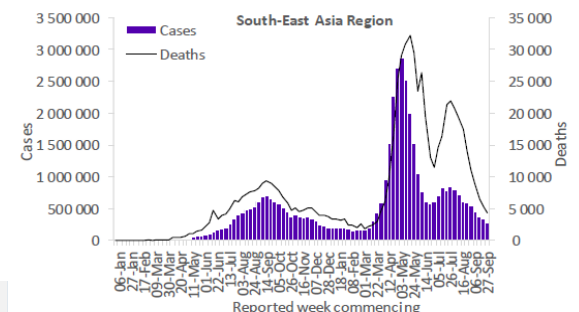
The highest numbers of new deaths were reported from the Islamic Republic of Iran (1808 new deaths; 2.2 new deaths per 100 000; a 21% decrease), Pakistan (307 new deaths; <1 new death per 100 000; a 21% decrease), and Iraq (272 new deaths; <1 new death per 100 000; an 8% decrease).



South-East Asia Region

The South-East Asia Region reported over 278 000 new cases and over 4300 new deaths, decreases of 19% and 18% respectively as compared to the previous week. This sustained regional decline in both cases and deaths has been observed since late July. This week, only one country - Bhutan - reported an increase in cases - although absolute numbers reported remain low. Similarly, Nepal was the only country to report an increase in the number of new deaths this week (68 new deaths; a 21% increase). The highest numbers of new cases were reported from India (161 158 new cases; 11.7 new cases per 100 000; a 21% decrease), Thailand (75 794 new cases; 108.6 new cases per 100 000; an 11% decrease), and Indonesia (11 271 new cases; 4.1 new cases per 100 000; a 35% decrease).

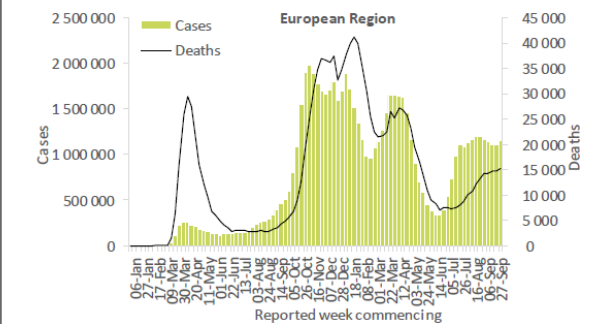
The highest numbers of new deaths were reported from India (1899 new deaths; <1 new death per 100 000; a 9% decrease), Thailand (746 new deaths; 1.1 new deaths per 100 000; an 18% decrease), and Indonesia (706 new deaths; <1 new death per 100 000; a 29% decrease).



European Region

The European Region reported over 1.1 million new cases and over 15 000 new deaths, with both numbers similar to the numbers reported in the previous week. Following sharp declines in the incidence in both cases and deaths between March and June this year, numbers in the European Region spiked again in July and have since remained at higher but more stable levels (<5% change) for the past three months. The highest numbers of new cases were reported from the United Kingdom (239 781 new cases; 353.2 new cases per 100 000; similar to previous week), Turkey (197 277 new cases; 233.9 new cases per 100 000; a number similar to that of the previous week), and the Russian Federation (165 623 new cases; 113.5 new cases per 100 000; a 13% increase).

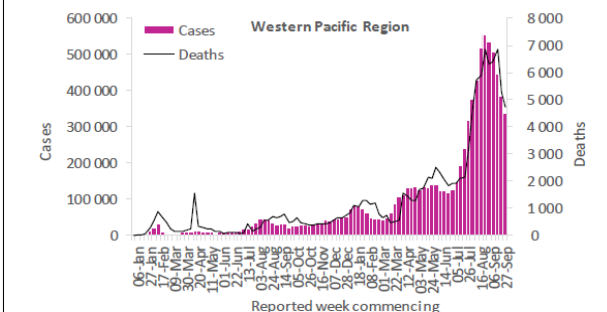
The highest numbers of new deaths were reported from the Russian Federation (6018 new deaths; 4.1 new deaths per 100 000; a 6% increase), Turkey (1529 new deaths; 1.8 new deaths per 100 000; a number similar to that of previous week), and Ukraine (1149 new deaths; 2.6 new deaths per 100 000; a 53% increase).



Western Pacific Region

The Western Pacific Region reported over 338 000 new cases and over 4700 new deaths, decreases of 12% and 10% respectively as compared to the previous week. After a sustained period of relatively stable numbers of both weekly cases and deaths, both began to rapidly increase from late June this year. However, this has been followed by consistent decreases in new cases and deaths observed in the region for over a month now and this is largely driven by declines in the Philippines and Malaysia. The highest numbers of new cases were reported from the Philippines (110 023 new cases; 100.4 new cases per 100 000; a 10% decrease), Malaysia (83 368 new cases; 257.6 new cases per 100 000; an 18% decrease), and Viet Nam (56 524 new cases; 58.1 new cases per 100 000; a 19% decrease).

The highest numbers of new deaths were reported from Malaysia (1406 new deaths; 4.3 new deaths per 100 000; a 33% decrease), the Philippines (1251 new deaths; 1.1 new deaths per 100 000; a 52% increase), and Viet Nam (1201 new deaths; 1.2 new deaths per 100 000; a 22% decrease).



Global Situation



CROATIA: 219 new cases were reported on October 3. Disease activity has been **steadily increasing since early July** with the **Delta variant (B.1.617.2) accounting for 84% of infections**, according to media sources. The seven-day rolling average number of daily new cases has increased from 78 cases on July 2 to **1,258 cases on October 3**. This has not surpassed the peak average number of new cases experienced in the past two waves in December 2020 and April 2021, with 3,648 and 2,207 cases respectively. The seven-day rolling average number of new deaths has increased from two deaths on July 2 to **12 deaths on October 3**. The 14-day test positivity rate as of October 3 was **12.9%** of the 95,900 tests performed.

As of September 30, Croatia is following the recommendations of the European Council to relax travel restrictions for the following countries: Australia, Canada, Chile, Jordan, Kuwait, New Zealand, Qatar, Rwanda, Saudi Arabia, Singapore, South Korea, Taiwan, Ukraine, Uruguay, and China. The country is still maintaining restrictions on nonessential travel from other countries. All travellers must provide an EU Digital COVID-19 certificate or proof of negative PCR test within 72 hours or rapid antigen test 48 hours before arrival. If not, individuals will be tested while they self-quarantine. In the future, individuals who have been fully vaccinated, with vaccines used within the EU, for more than 365 days will also need to provide a negative PCR or rapid antigen test. Fully vaccinated individuals from the United Kingdom are exempted from providing proof of negative COVID-19 status. Domestic restrictions include gathering limits of 100 people when attendees do not possess an EU COVID-19 certificate, mandatory facemasks in indoor settings, and physical distancing.

GEORGIA: 867 new cases have been reported. The country entered the **fourth wave in July** and recently has had a decline in new cases since the end of August. Approximately **80% of cases** since August have been the **Delta variant**. The seven-day rolling average number of daily new cases has decreased from an **all-time peak of 5,025 on August 18** to 1,608 on October 4. The seven-day rolling average number of daily new deaths has also experienced a decline from 80 on September 4 to 32 on October 4. In the past month, the 14-day test positivity rate has oscillated between **9.9% to 6.3%**, while the number of tests per 100,000 has remained stable between September 4 to October 4.

As of October 4, officials are **maintaining domestic and international restrictions until at least October 19**. Businesses and services are operational with physical distancing and hygiene measures in place. Educational facilities have reopened to in-person teaching. Air travellers must provide proof of full vaccination to enter without restrictions. Land or sea travellers to the country must additionally provide a negative PCR test within 72 hours of arrival. Unvaccinated travellers may enter the country if they are from a select list of countries permitted into Georgia, complete a negative PCR test 72 hours before arrival and again on the third day of their stay, and complete a government application.

TURKEY: 28,810 new cases were reported on October 3. **Disease activity has surged over the last three months**. The seven-day rolling average number of new cases has increased from 5,385 cases on July 1 to **28,395 cases on October 3**. Within the same time frame, the seven-day rolling average number of new deaths has also increased from 51 new deaths on July 1 to **214 new deaths on October 3**. The 14-day test positivity rate as of October 3 was **7.9%**; given the consistently high number of daily cases, underreporting is likely. The **Delta variant** has been cited as the main driver behind the surge of cases and deaths in recent months.

Regionally, physical distancing and face masks are required in all public spaces, including outdoor areas. For domestic travel and attendance at cinemas, concert halls or theatres, individuals are required to show proof of vaccination or a negative PCR test completed within the previous 48 hours. For international travel, currently, there is a ban on incoming flights from Bangladesh, Brazil, Nepal, South Africa, and Sri Lanka. All incoming passengers over the age of six must complete a Traveller Entry Form a minimum of four days before their arrival in the country. Upon arrival, travellers over the age of 12 must present proof of a negative PCR test result completed in the prior 72 hours or a negative rapid antigen test completed in the prior 48 hours. Fully vaccinated and/or recovered individuals are exempt if they can provide proof of full vaccination completed at least 14 days before arrival or a medical certificate showing recovery within the previous six months. Travellers who are arriving from a high-risk country in the last 14 days are required to quarantine for 14 days at a government-approved facility.

GERMANY: For the last few weeks a large number of children have been presenting with respiratory tract infections that would usually only be expected in the winter months. Those under six are particularly affected, said Jakob Maske, spokesman for the Federal Association of Paediatricians, to the dpa news agency. Due to the closing of day-care centres and other corona measures last winter and spring, they have not yet come into contact with certain pathogens.

Source: <https://www.aerzteblatt.de/nachrichten/127834/Viel-mehr-Kinder-als-ueblich-mit-Atemwegsinfekten>

"The infections are now being caught up." "We have a few more sick children than usual at this time and fewer and fewer beds in children's hospitals because there is a lack of staff." According to Maske, it is already very difficult to place young patients in the hospital. Another reason is that too few child nurses are trained. The Robert Koch Institute reports a sharp increase in hospital admissions for infections with the respiratory syncytial virus (RSV) in one to four year olds.

LATVIA: 1,203 new cases have been reported. Disease activity has been **steadily increasing** since mid-July, and on August 30 news media reported that the **Delta variant (B.1.617.2)** made up **98%** of infections in the country. The seven-day rolling average number of new cases has increased from 38 cases on July 10 to **662 cases on September 28**. Within the same period, the seven-day rolling average number of new deaths increased from two on July 10 to **six on September 28**. The **14-day test positivity rate** as of September 3 was **1.2%**. News media reports that 4.2% of the 28,400 tests completed in the last 24 hours were positive.

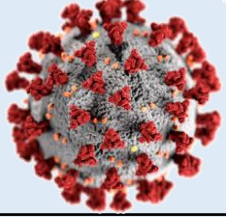
All individuals older than seven years of age must wear a face mask when outside the household if there is more than one person in the room, as well as, in high-traffic areas such as retail outlets. Face masks are also required on public transport, which additionally cannot exceed 65% capacity. There are no restrictions for the number of individuals allowed at private and public events when all individuals are vaccinated. Private events which include individuals who are unvaccinated or have not tested negative recently, are limited to 20 individuals indoors and 50 individuals outdoors. All international travellers entering the country must complete an online form 48 hours before arrival in the country. Vaccinated individuals or those with a recovery certificate may enter the country without further requirements. Unvaccinated individuals must present a negative PCR test result, completed no more than 72 hours before arrival in the country. Travellers entering from a country deemed high-risk or very high-risk are required to complete a second test upon arrival.

ST. VINCENT AND THE GRENADINES: 54 new cases have been reported. **Disease activity has surged since the end of August** with the seven-day rolling average number of new cases reaching its **highest peak on September 24**, with 74 cases. Approximately one quarter of the total cumulative cases occurred in the last 14 days. The seven-day rolling average number of new cases has increased from less than one case on August 24 to 73 cases on September 27. As of August, **Delta, Mu (B.1.621), and Gamma (P.1) variants have been detected**. The country continues to experience **oxygen supply shortages** from increasing hospitalization rates.

All international travellers must provide a negative PCR test completed within the 72 hours prior to arrival. Those who test positive upon entry are required to isolate in government approved facility. **As of September 15, country risk designations have been updated for international travel restriction protocols**. The following countries are now classified as very high-risk: Venezuela, Brazil, Ecuador, South Africa, Suriname, Colombia, Belize, Mexico, India, Guyana, Panama, Argentina, and Peru. Travellers from higher risk regions must quarantine for a minimum of 14 days if unvaccinated or two days if fully vaccinated. Limited domestic restrictions are in place and people are encouraged to maintain hygiene practices.

SYRIA: 317 new cases were reported on September 28. **Disease activity has spiked** since the beginning of August, resulting in a fourth wave, with an **all-time high of 442 new cases on September 25**. The seven-day rolling average number of daily new cases has jumped from 15 on August 1 to 311 as of September 28. The current 14-day test positivity rate is unknown. However, underdetection of cases is very likely as testing is inconsistent for a majority of the population. As of September 28, there have been 5,669 cases (17% of cumulative cases) reported in the past 30 days, with the **Delta variant now the suspected cause of most cases**. The capital of Damascus and the province of Latakia have reached **intensive care units (ICUs) capacity limits** for admissions of COVID-19 patients, along with severe **shortages of oxygen supplies and tests**. This situation has strained Syria's healthcare system on top of continued regional conflict and the emigration of 70% of the country's medical staff since the start of the civil war.

As of July 2, there are **no restrictions on international travel** to Syria. As per authorities, travellers who provide proof of full vaccination status are exempt from completing a PCR test, while unvaccinated travellers must provide a negative PCR test within 96 hours before arrival. As of September 27, authorities have imposed a **curfew in the Autonomous North and East Syrian regions until at least October 1**. However, hospitals, pharmacies, bakeries, and fuel stations are exempt from the restrictions. This region's borders remain restricted as well, except for humanitarian aid, students, and commercial traffic. Nationally, authorities advocate the public to continue maintaining precautionary measures by wearing face masks in public settings—educational facilities to remain closed until further notice.



Vaccination News

EMA: EMA's human medicines committee (CHMP) has concluded that an extra dose of the COVID-19 vaccines Comirnaty (BioNTech/Pfizer) and Spikevax (Moderna) may be given to people with severely weakened immune systems, at least 28 days after their second dose.

The recommendation comes after studies showed that an extra dose of these vaccines increased the ability to produce antibodies against the virus that causes COVID-19 in organ transplant patients with weakened immune systems. Although there is no direct evidence that the ability to produce antibodies in these patients protected against COVID-19, it is expected that the extra dose would increase protection at least in some patients. EMA will continue monitoring any data that emerges on its effectiveness. The product information of both vaccines will be updated to include this recommendation.

Source: <https://www.ema.europa.eu/en>

AstraZeneca: AstraZeneca wants to bring a drug to the market for the prevention of Covid-19 in the USA: The pharmaceutical company has applied for an emergency approval for the drug from the US drug authority FDA. In August, AstraZeneca published study data showing that antibody therapy reduced the risk of symptomatic Covid 19 disease by 77 percent. "With this first global application for approval, we have come one step closer to providing an additional option to protect against Covid-19 in addition to vaccines," explains Head of Research Mene Pangalos.

BioNTech/Pfizer: According to BioNTech, the corona vaccines may have to be adapted to new virus variants in 2022. In the current year this is unnecessary, because the vaccines also worked against the previous variants, even if they are more contagious. At present, booster vaccinations appeared to be able to combat the main variants. However, the virus will develop further mutations over time. Possibly a new variant of the immune response triggered by the vaccine could escape, so a "bespoke" version might be required.

Israel: Due to the high number of infections, the Israeli government is increasing the pressure on people who have been vaccinated twice during the corona crisis: From today, the so-called green passport, which facilitates access to public life, is only valid for up to six months after the second vaccination. Afterwards, those affected must receive a third injection as a booster. Even those who have tested positive for Corona must receive a vaccination no later than six months afterwards. According to figures from the Ministry of Health, the new regulation could affect more than a million people. According to the Ministry of Health, around 61 percent of the 9.4 million inhabitants have been vaccinated twice, around 37 percent three times. The prerequisite for the third injection is that the second vaccination was at least five months ago. At the end of July, Israel became the first country in the world to start giving third vaccinations. The background to the decision are figures from the Ministry of Health, according to which the effectiveness of the vaccination has declined sharply since the beginning of June.

Australia: Undecided residents of Australia are now to be encouraged with the help of a million-dollar lottery to get vaccinated against the corona virus. A total of 4.1 million Australian dollars (around 2.5 million euros) have been raised by companies and philanthropists to bring the vaccination rate in the country to over 80 percent, the media reported. The top prize is a check for a million dollars (around 625,000 euros); the winner is to be drawn on November 5th. The remaining participants will receive 3,100 prizes of 1,000 dollars each in the coming weeks.

Source: <https://www.tagesschau.de/>

Croatia: As of October 3, of the country's roughly 4.1 million population, **45.0%** (1,829,251) have received **at least one dose** of a COVID-19 vaccine and **42.3%** (1,714,992) are **fully vaccinated**. Vaccines administered include Comirnaty (Pfizer/BioNTech), Janssen (Johnson & Johnson), Spikevax (Moderna), and Vaxzevria (Oxford/AstraZeneca).

Georgia: As of October 4, of the country's roughly 3.7 million population, **26.6%** (988,358) have received **at least one dose** of a COVID-19 vaccine and **22.2%** (825,321) are **fully vaccinated**. Government officials plan to vaccinate about 60% of the adult population by the end of 2021. The country began its vaccination campaign in March 2021 and to date has been administering the Comirnaty (Pfizer/BioNTech), CoronaVac (Sinovac), Vaxzevria (Oxford/AstraZeneca), and BBIBP-CorV (Sinopharm) vaccines.

Turkey: As of October 3, **64%** (~53.9 million) of Turkey's population of 84,339,067 have received **at least one dose** of a COVID-19 vaccine. Health authorities report that **53.2%** (~44.9 million) of the population are **fully vaccinated** with either Comirnaty (Pfizer/BioNTech) or CoronaVac (Sinovac) vaccines. Additionally, **8.1%** (~10.4 million) have received **a third dose** of a COVID-19 vaccine. Health authorities announced that mass production for the Turkovac (Erciyes University) COVID-19 vaccine developed in Turkey will likely begin at the end of the month, following the conclusion of its Phase 3 clinical trial and emergency-use approval authorization.

Latvia: The European Centre for Disease Prevention and Control reported on September 29 that of Latvia's population of 1,860,281, **52.6%** (978,508) have received **at least one dose** of COVID-19 vaccine, while **49.1%** (913,398) are **fully vaccinated** with either Comirnaty (Pfizer/BioNTech), Spikevax (Moderna), Vaxzevria (Oxford AstraZeneca), or Janssen (Johnson & Johnson). News media reports that vaccination rates in the country are hindered by disinformation and mistrust in the government, with notable differences in vaccine uptake for Latvian and Russian speakers. As of September 27, health authorities have **recommended an additional dose of vaccine for individuals over 65 years of age**.

St. Vincent and the Grenadines: As of September 28, **18%** (19,984) of the country's population of 110,589 has received **at least one dose** of a COVID-19 vaccine and **11%** (13,093) are **fully vaccinated**. Vaccines administered include Comirnaty (Pfizer/BioNTech), Janssen (Johnson & Johnson), Spikevax (Moderna), Vaxzevria (Oxford AstraZeneca), Sputnik V (Gamaleya Research Institute)

Syria: As of September 28, of the country's roughly 17.1 million population, **1.7%** (285,087) have received **at least one dose** of a COVID-19 vaccine and **1.5%** (248,862) are **fully vaccinated**. The country's vaccination campaign began in April 2021 and has since been slow. Authorities have stated that reaching the target to have 20% of the population vaccinated by the end of 2021 is unlikely. About 350,000 doses of the BBIBP-CorV (Sinopharm) vaccine were delivered in August from Turkey to the Northwest region of Syria. In the next quarter of 2021, Syria is expected to receive an additional 2.36 million doses of vaccines through the COVAX program.

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

715,936,675

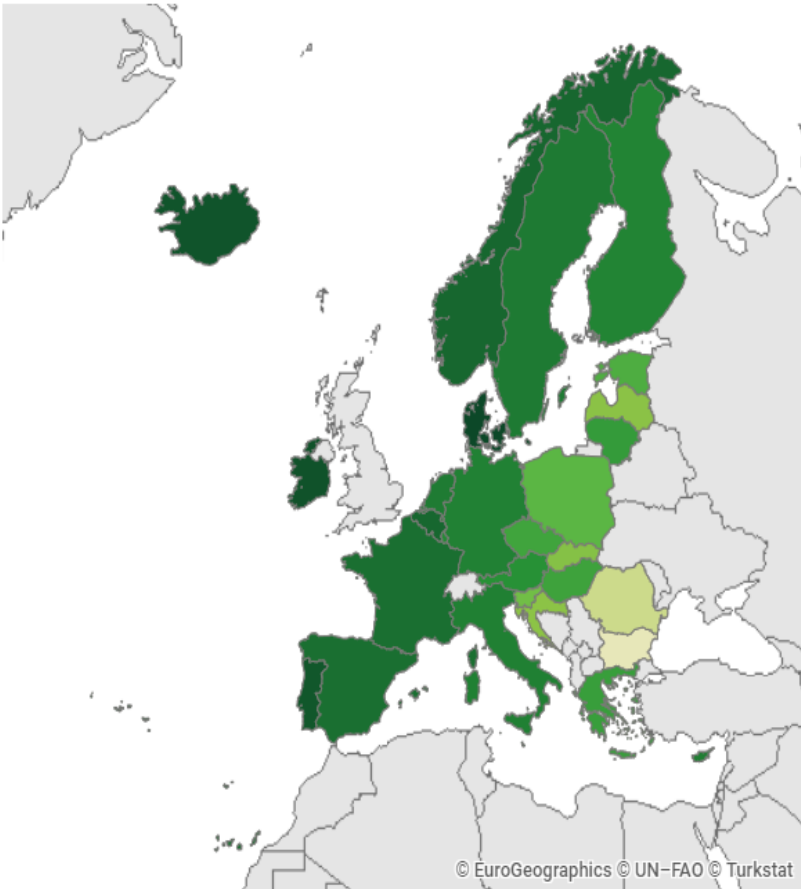
575,463,758

Indicator: Uptake full vaccination

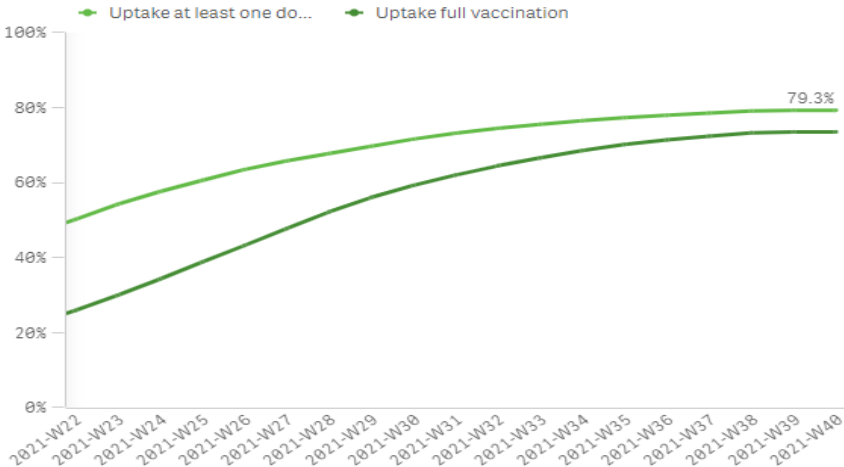
Cumulative uptake (%) of at least one vaccine dose and full vaccination among adults (18+) in EU/EEA countries as of 2021-10-05

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

Cumulative uptake (%) of full vaccination among adults (18+) in EU/EEA countries as of 2021-10-05

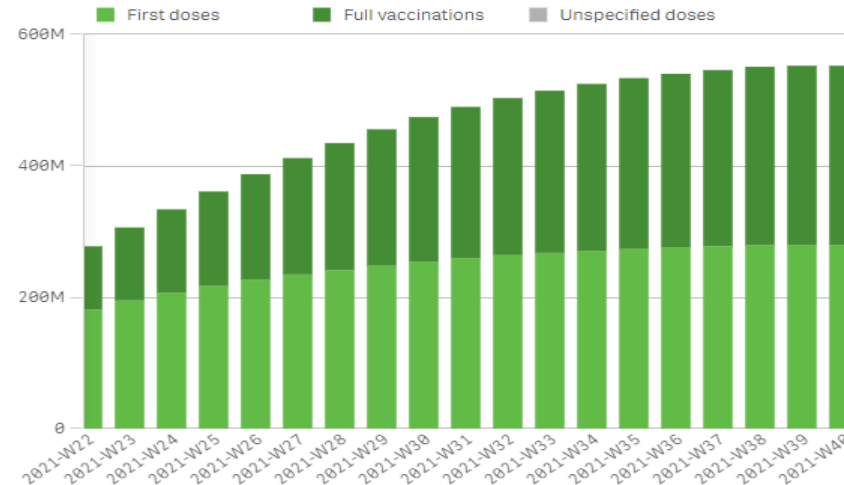


Uptake full vaccination (%)



Cumulative number of vaccine doses administered to adults (18+) in EU/EEA countries as of 2021-10-05

by reporting week (data for current week are preliminary)



Cumulative uptake (%) of at least one vaccine dose by age group in EU/EEA countries as of 2021-10-05

Country	80+ years	70-79 years	60-69 years	50-59 years	25-49 years
Austria	100.0%	83.9%	86.8%	77.1%	66.9%
Belgium	91.0%	96.1%	93.5%	90.0%	81.6%
Bulgaria	21.2%	32.8%	31.2%	26.8%	19.5%
Croatia	58.0%	75.2%	70.2%	58.1%	43.1%
Cyprus	97.3%	96.8%	89.7%	84.1%	77.0%
Czechia	83.8%	88.5%	76.2%	72.3%	56.7%
Denmark	100.0%	100.0%	97.2%	94.4%	83.7%
Estonia	67.1%	77.1%	72.7%	70.5%	61.9%
Finland	95.3%	99.7%	91.6%	88.1%	80.3%
France	86.4%	97.3%	90.0%	90.3%	85.0%
Germany	-	-	-	-	-
Greece	74.0%	82.4%	79.9%	73.9%	64.1%
Hungary	76.2%	86.9%	78.7%	72.5%	62.4%
Iceland	100.0%	100.0%	99.4%	92.5%	86.8%
Ireland	100.0%	100.0%	100.0%	98.2%	87.2%
Italy	97.6%	92.2%	90.4%	86.1%	77.6%
Latvia	44.1%	55.7%	57.4%	54.6%	52.9%
Liechtenstein	-	-	-	-	-
Lithuania	60.4%	77.5%	80.6%	74.0%	71.1%
Luxembourg	87.7%	87.7%	85.2%	82.7%	70.3%
Malta	100.0%	100.0%	95.6%	89.1%	89.0%
Netherlands	-	-	-	-	-
Norway	98.4%	100.0%	97.4%	95.3%	85.7%
Poland	67.6%	86.2%	72.8%	64.7%	54.0%
Portugal	100.0%	100.0%	100.0%	98.8%	93.7%
Romania	20.3%	37.5%	39.7%	39.1%	32.7%
Slovakia	59.1%	74.1%	63.9%	55.4%	45.6%
Slovenia	77.2%	85.8%	75.5%	67.6%	50.5%
Spain	100.0%	98.9%	98.4%	94.6%	83.2%
Sweden	95.1%	96.4%	91.8%	89.5%	78.5%

Variants and Mutations; Variants of Global Concern

Phenotypic impact and Vaccine performance

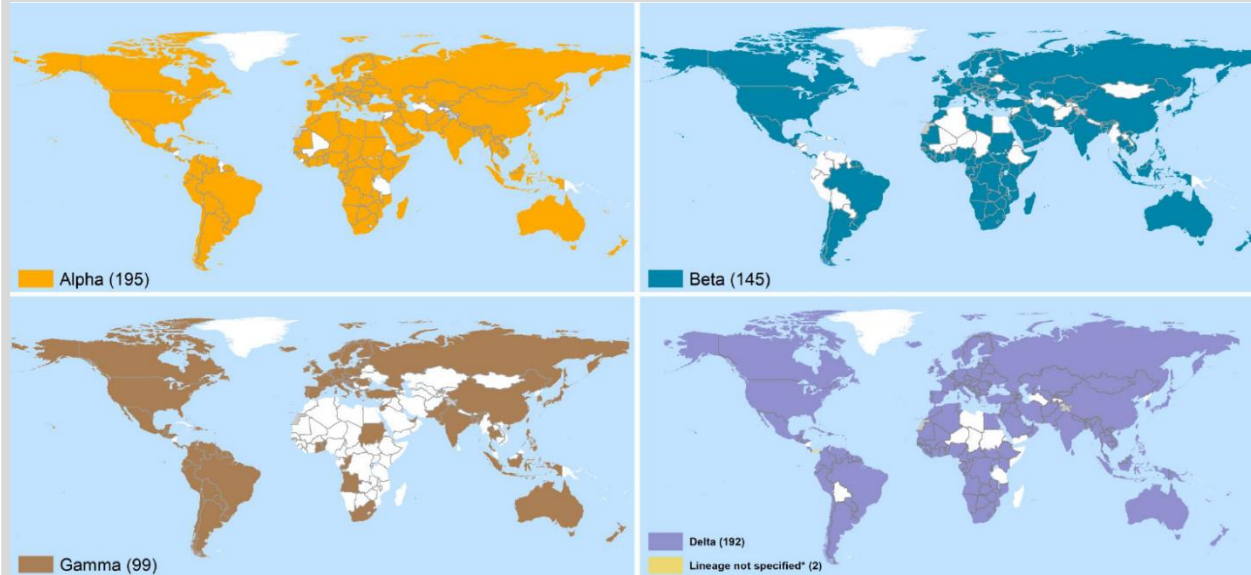
A recent peer-reviewed study evaluating persons infected with the Delta variant in France measured and compared the relative viral load with three other SARS-CoV-2 variants: Alpha, Beta and the non-VOC (20A.EU2) SARS-CoV-2 variant, collected from four hospital laboratories in the Paris area. A total of 738 RT-PCR SARS-CoV-2 positive nasopharyngeal samples collected from newly diagnosed COVID-19 cases, were screened to determine SARS-CoV-2 viral lineages and measure viral load. The results showed significant differences in the relative viral loads between Delta and other variants: viral loads of 2.5-fold higher were observed compared to Beta and to the non-VOC variant; while infections with Alpha and Delta variants had similar viral loads. A cross-sectional study (peer review pending), focusing on demographic characteristics, including severity of the illness and mortality rate, was conducted in India among COVID-19 cases caused by the non-VOC (B.1) variant and the Delta variant. Using viral genomic sequences from 9500 COVID-19 patients, the study found an increased number of infections among younger age groups (0-19 years) and women, a lower mean age for infection and symptomatic illness/hospitalization, higher mortality, and more frequent incidences of post-vaccination infections with Delta variant compared to the non-VOC variant. A retrospective cohort study conducted in the United States of America between 1 December 2020 and 30 July 2021 used sentinel surveillance to estimate the risk of hospitalization following infection with VOC or VOI, adjusting for age, sex, and vaccination status. Of the 27 814 cases identified, 23 170 (83.3%) samples were sequenced through sentinel surveillance, of which 726 (3.1%) were hospitalized due to COVID-19. A higher hospitalization risk was found for infections with Gamma (HR 3.17), Beta (HR: 2.97), Delta (HR: 2.30), and Alpha (HR 1.59) compared to infections with a non-VOC variant. Following infection with a VOC, unvaccinated patients showed a higher hospitalization risk when compared to patients with non-VOC infections. Additionally, vaccinated patients showed an overall lower risk of hospitalization when compared to unvaccinated patients although there was no increased risk in these groups when comparing VOC and non-VOC infections.

Since 21 September, six notable new studies have provided evidence of COVID-19 vaccine performance after full vaccination against VOCs. A pre-print study from the United Kingdom provided VOC-specific estimates of the effectiveness of COVID-19 vaccines. This study found that Comirnaty (Pfizer BioNTech) provided similar levels of protection against infection due to Alpha (VE: 94%) and Delta (VE: 90%) 14 or more days post second dose, among household contacts of confirmed cases. Vaxzevria (AstraZeneca) also had similar levels of protection against infection due to Alpha and Delta, with VE estimates of 71% and 72%, respectively. A second study, not yet peer reviewed, evaluated the performance of Moderna-mRNA-1273 in the United States of America among persons who were included in a phase III randomized clinical trial of the vaccine, after study participants had been unblinded and persons in the placebo group were offered vaccination. During the period from July to August 2021 (when Delta accounted for 97% of all cases sequenced), persons initially randomized to the vaccine arm and vaccinated between July and December 2020 experienced a higher incidence rate (IR) of symptomatic disease and severe disease (symptomatic disease IR: 77.1/1000 person-years; severe disease IR: 6.2/1000 person years) compared to persons initially assigned to the placebo group but vaccinated more recently between December 2020 and April 2021 (symptomatic disease IR: 49.0/1000 person-years; severe disease IR: 3.3/1000 person years).

This finding is suggestive of waning vaccine efficacy, although it was not possible to calculate an efficacy estimate using this case-only approach. Two additional studies assessed performance of COVID-19 vaccines in outbreak settings. The first pre-print study evaluated the effectiveness of Comirnaty in preventing infection and disease among residents and staff of a nursing home in Germany during an outbreak of the Alpha variant. Two doses of the vaccine was 45%, 68%, and 88% effective at preventing infection, symptomatic disease, and hospitalization due to Alpha, respectively, seven or more days post second dose. Authors also found that cycle threshold values at the time of SARS-CoV-2 detection were higher (suggesting lower viral load) among cases vaccinated more than 21 days prior compared to those vaccinated within 21 days of SARS-CoV-2 detection. Furthermore, the secondary attack rate was lower among household contacts of vaccinated cases (22.2%) than among household contacts of unvaccinated cases (66.7%). Another investigation of an outbreak of Delta in a prison in the USA found higher attack rates among unvaccinated (93%) persons as compared to those who had been vaccinated with Comirnaty, Moderna-mRNA-1273, or Janssen-Ad26.COV 2.5, combined (70%). In addition, higher attack rates were observed among persons vaccinated \geq 4 months prior to the outbreak (89%) compared to those vaccinated within two weeks to two months prior to the outbreak (61%). Among those vaccinated, 66% had received Comirnaty, 27% had received Moderna-mRNA-1273, and 7% had received Janssen-Ad26.COV 2.5; all persons vaccinated \geq 4 months prior to the outbreak had received Comirnaty. Finally, two retrospective cohort studies from Israel provide further data on the effectiveness of the Comirnaty vaccine. The first, a peer-reviewed study, conducted during a period of high Alpha prevalence, found that the vaccine was over 95% effective for each at preventing infection, symptomatic disease, hospitalization, and death 22-28 days post receipt of the second dose among persons 16 years and older. The second study, a pre-print, conducted during a time of high Delta prevalence, found Comirnaty to be 91.5% effective against SARS-CoV-2 infection 8-28 days post second dose in children 12-15 years of age.

Together these studies provide further evidence of high effectiveness of the mRNA vaccines and AstraZeneca-Vaxzevria vaccine against SARS-CoV-2 infection, and symptomatic and severe COVID-19 disease due to Alpha and Delta variants, although there remains some indication of decreasing effectiveness against infection and symptomatic disease as time since complete vaccination

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

Pango lineage*	GISAID clade	Nextstrain clade	Earliest documented samples	Date of designation
B.1.427/8	GH452R.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	29-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	05-Jun-2021
B.1.1.523	GR	-	Multiple countries, May-2020	14-Jul-2021
B.1.619	G	20A/S.126A	Multiple countries, May-2020	14-Jul-2021
B.1.620	G	-	Multiple countries, November 2020	14-Jul-2021
C.1.2	GR	-	South Africa, May 2021	01-Sep-2021
B.1.617.1/8	GH452R.V3	21B	India, Oct-2020	VOI: 4-Apr-2021 VUM: 20-Sep-2021
B.1.526/8	GH253G.V1	21F	United States of America, Nov-2020	VOI: 24-Mar-2021 VUM: 29-Sep-2021
B.1.525/8	GH48K.V3	21D	Multiple countries, Dec-2020	VOI: 17-Mar-2021 VUM: 26-Sep-2021

Source:
[Tracking SARS-CoV-2 variants \(who.int\)](https://www.who.int/tracking-sars-cov-2)
[Weekly epidemiological update on COVID-19 - 5 October 2021 \(who.int\)](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports)

Subject in Focus

Long-COVID Syndrome

Over a third of COVID-19 patients diagnosed with at least one long-COVID symptom - A new study from the University of Oxford and the National Institute for Health Research (NIHR) Oxford Health Biomedical Research Centre (BRC) investigated long-COVID in over 270,000 people recovering from COVID-19 infection, using data from the US-based TriNetX electronic health record network. 37% of people had at least one long-COVID symptom diagnosed in the 3-6 month period after COVID-19 infection. The most common symptoms were breathing problems, abdominal symptoms, fatigue, pain and anxiety/depression.

Why was this study done?

- Long-COVID has been described in recent studies. But we do not know the risk of developing features of this condition and how it is affected by factors such as age, sex, or severity of infection.
- We do not know if the risk of having features of long-COVID is more likely after COVID-19 than after influenza.
- We do not know about the extent to which different features of long-COVID co-occur.

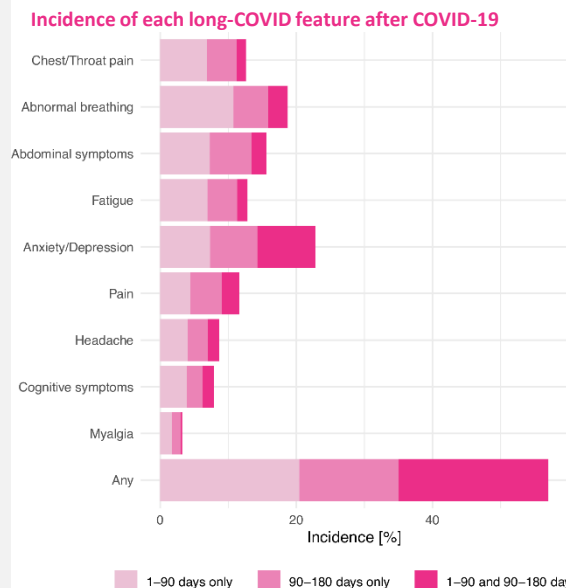
What did the researchers do and find?

- This research used data from electronic health records of 273,618 patients diagnosed with COVID-19 and estimated the risk of having long-COVID features in the 6 months after a diagnosis of COVID-19. It compared the risk of long-COVID features in different groups within the population and also compared the risk to that after influenza.
- The research found that over 1 in 3 patients had one or more features of long-COVID recorded between 3 and 6 months after a diagnosis of COVID-19. This was significantly higher than after influenza.
- For 2 in 5 of the patients who had long-COVID features in the 3- to 6-month period, they had no record of any such feature in the previous 3 months.
- The risk of long-COVID features was higher in patients who had more severe COVID-19 illness, and slightly higher among females and young adults. White and non-white patients were equally affected.

What do these findings mean?

- Knowing the risk of long-COVID features helps in planning the relevant healthcare service provision.
- The fact that the risk is higher after COVID-19 than after influenza suggests that their origin might, in part, directly involve infection with SARS-CoV-2 and is not just a general consequence of viral infection. This might help in developing effective treatments against long-COVID.
- The findings in the subgroups, and the fact that the majority of patients who have features of long-COVID in the 3- to 6-month period already had symptoms in the first 3 months, may help in identifying those at greatest risk.

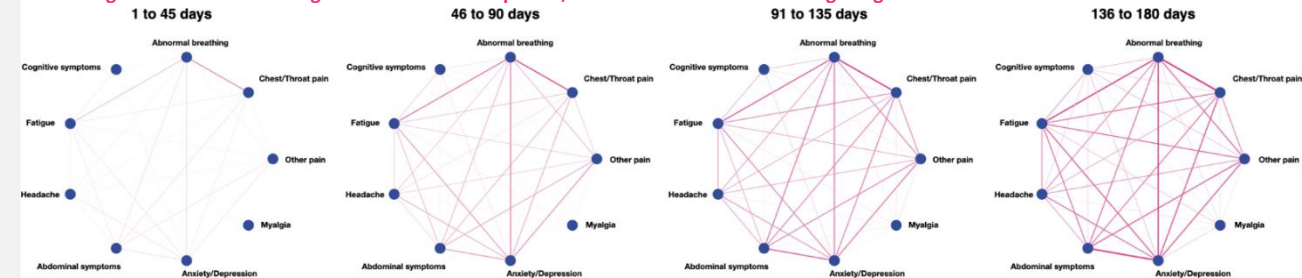
The study reports on how commonly nine core long-COVID symptoms were diagnosed, and how this rate compared to people recovering from influenza. The nine core long-COVID symptoms, occurring 90-180 days after COVID-19 was diagnosed, comprise: Abnormal breathing – 8%, Abdominal symptoms – 8%, Anxiety/depression – 15%, Chest/throat pain – 6%, Cognitive problems ('brain fog') – 4%, Fatigue – 6%, Headache – 5%, Myalgia (muscle pain) – 1.5%, Other pain – 7%, Any of the above – 37%



Higher rates were seen if the whole 1-180 day period after COVID-19 infection was included. The study also looked at the same symptoms in people recovering from influenza. Long-COVID symptoms did occur after influenza, but were 1.5 times more common after COVID-19.

Severity of infection, age, and sex affected the likelihood of long-COVID symptoms: long-COVID symptoms were more frequent in those who had been hospitalised, and they were slightly more common in women. These factors also influenced which of the symptoms people were most likely to experience. For example, older people and men had more breathing difficulties and cognitive problems, whereas young people and women had more headaches, abdominal symptoms and anxiety/depression.

The long-COVID network emerges over the 6-month period, with an increase in the average degree over time.



Many patients had more than one long-COVID symptom, and symptoms tended to co-occur more as time progressed. The clinical feature network (see above) was found to be more interconnected post-COVID-19 than following influenza. The network became significantly more interconnected over time. During the 90- to 180-day window, the clinical feature network in the COVID-19 cohort was similarly interconnected as in the influenza cohort.

This study does not explain what causes long-COVID symptoms, nor how severe they are, nor how long they will last. The results do not take into account people who had COVID-19 but were not diagnosed, e.g. because they were asymptomatic and did not get tested, nor COVID-19 survivors with long-COVID symptoms that had not been recorded in their health records. The results confirm that a significant proportion of people, of all ages, can be affected by a range of symptoms and difficulties in the six months after COVID-19 infection.

These data complement findings from self-report surveys, and show that clinicians are diagnosing patients with these symptoms. We need appropriately configured services to deal with the current and future clinical need. Research of different kinds is urgently needed to understand why not everyone recovers rapidly and fully from COVID-19. We need to identify the mechanisms underlying the diverse symptoms that can affect survivors. This information will be essential if the long-term health consequences of COVID-19 are to be prevented or treated effectively.

Sources:

[Over a third of COVID-19 patients diagnosed with at least one long-COVID symptom | University of Oxford](#)
[Incidence, co-occurrence, and evolution of long-COVID features: A 6-month retrospective cohort study of 273,618 survivors of COVID-19 \(plos.org\)](#)

Other Infectious Disease Outbreaks

Avian Influenza

China - A 26-year-old woman in southern China has died of H5N6 bird flu amid a rise in isolated cases, health officials in Hong Kong reported on 29 Sep 2021. Three other cases were reported earlier this month. The Hong Kong Department of Health said it was notified about the case in Guilin, a city in the Guangxi Zhuang Autonomous Region in mainland China, on 29 Sep 2021. There was no immediate word from local officials. The health department said the 26-year-old woman had contact with live domestic poultry before she developed symptoms on 14 Aug 2021. She was admitted to hospital 5 days later and has since died. It was not immediately clear why the case had not been previously reported to the public. The World Health Organization (WHO) did not immediately respond to request for comment. Only 46 human cases of H5N6 bird flu have been confirmed since the first case in 2014, but nearly 1/4 of them have been reported during the last 2.5 months. At least 22 cases, all but one of them in China, were reported during the last year. H5N6 bird flu is known to cause severe illness in humans of all ages and has killed more than half of those infected, according to WHO. There are no confirmed cases of human-to-human transmission.

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

Yezo Virus

Japan - A novel virus that can be transmitted by tick bites has been discovered in Japan. Dubbed Yezo virus (YEZV), it can cause fever and other symptoms in humans. A case of the mysterious disease was recorded in 2019 after a 41-year-old man was admitted to a hospital with symptoms, including fever and leg pain, Hokkaido University noted in a news release. The man was bitten by an "arthropod believed to be a tick", but tests revealed he was not infected with any of the known viruses carried by ticks in the region. Although the man was discharged from the hospital after 2 weeks, another case of the disease was reported a year later in 2020, with the patient displaying similar symptoms.

In a study published in the journal Nature Communications, a team of researchers identified the new orthonairovirus likely behind the illnesses through genetic analysis of the blood samples collected from the 2 patients. They also tested blood samples of 248 patients suspected of having a tick-borne disease and found that, in total, there were actually 7 cases from 2014 to 2020. "YEZV is phylogenetically grouped with Sulina virus detected in Ixodes ricinus ticks in Romania", the researchers wrote. The name of the novel virus is a reference to the historical Japanese name of Hokkaido, the place where the disease was discovered. To determine the natural reservoir of the virus in Hokkaido, the team screened serum samples that were collected from wild animals in Hokkaido from 2010 to 2020. They found antibodies to YEZV in Hokkaido shika deer (*Cervus nippon*) and raccoons (*Procyon lotor*), and the YEZV RNA in "3 major tick species" collected from 2016 to 2020. "We demonstrated that at least 7 patients were infected with YEZV since 2014, and that wild animals and ticks may be potential reservoirs for the virus, suggesting that YEZV infection is endemic in this area," the researchers wrote.

While some of the patients showed rather serious features such as "abnormal liver function", no confirmed deaths have been linked to the new disease so far. "It is important to investigate its spread beyond Hokkaido, where the virus appears to have already been established. All of the cases of Yezo virus infection we know of so far did not turn into fatalities, but it's very likely that the disease is found beyond Hokkaido, so we need to urgently investigate its spread," Keita Matsuno, study co-author and virologist, said in the news release. "Furthermore, because the epidemiology and pathogenicity of Tamdy and Sulina group viruses are not yet fully elucidated, these emerging viruses in Asian countries could represent a larger burden on public health than currently recognized

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

Humanitarian Crisis

Madagascar- The humanitarian Crisis in Madagascar continued with an increase in moderate acute malnutrition rates in the past few weeks. At the same time, severe acute malnutrition rates have been high all year compared to the past 3-year averages. Two successive episodes of drought between November 2019 to January 2020 and between October 2020 to January 2021 have contributed to food insecurity for an estimated 1.1 million people in the Grand Sud area. The health of the population is also weakened by lack of livelihoods and growing insecurity. In addition, there is low utilization of health services due to inaccessible

health facilities, insufficient or lack of medicines for essential health care in health facilities, an absence of appropriate health services at the various levels of health centres, and challenges around retention of trained staff.

Source: WHO AFRO - Outbreaks and Emergencies Bulletin - Week 40/2021

Yellow Fever

Nigeria - Since September 2017, yellow fever cases have been reported across several states in Nigeria. From 1 Jan to 31 Aug 2021, a total of 1312 suspected cases were reported in 367 local government areas (LGAs) across 36 states and the Federal Capital Territory (FCT). A total of 45 blood samples were sent to the Institute Pasteur in Dakar (IPD) and 31 samples tested positive by plaque reduction neutralization test (PRNT). Of these 31 PRNT-positive cases, 12 cases had a history of yellow fever vaccination. Among the remaining 19 non-vaccinated PRNT-positive cases, 2 deaths were reported (CFR: 11%). These 19 PRNT-positive cases were reported from Enugu (7 cases), Anambra (3 cases), Benue (3 cases), Delta (2 cases), Oyo (2 cases), Niger (one case) and Osun (one case) states. Investigations into the PRNT-positive cases are ongoing. Nigeria has documented gaps in population immunity against yellow fever. According to WHO-UNICEF 2020 estimates, the national immunization coverage for yellow fever was 54% in 2020, which is below the threshold of 80% necessary to protect against outbreaks. In the 9 states reporting PRNT-positive cases, the routine immunization coverage declined between 2018 and 2020 and was below 80% in 2020. These states include Anambra, Benue, Delta, Enugu, Imo, Niger, Ondo, Osun and Oyo. There are 6 states that reported coverage below 50% (Anambra, Delta, Enugu, Imo, Osun, and Oyo states). Between 2019 and 2020, preventive mass vaccination campaigns were conducted in 6 (all LGAs) of the 9 states. Coverage was reported to be high (more than 90%) in Delta and Ondo states but lower (less than 80%) in Anambra, Benue, Niger, Osun and Oyo states. Additionally, in Enugu State, 9 of 17 LGAs organized reactive mass vaccination campaigns in 2020, while in Imo State, mass vaccination activities have not been organized in recent years. In addition, yellow fever surveillance is suboptimal. Not all suspected cases are documented, presumptive positive cases are not always investigated, and investigations of confirmed cases and confirmatory testing results are delayed. Additionally, vaccination status, which is critical for interpretation of laboratory results and case confirmation, may not be reported as part of the investigation.

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

Brazil - Municipalities of northern Minas Gerais have been compelled to monitor the occurrence of yellow fever cases. These actions were sparked after monkey deaths due to yellow fever were observed in Ubaí and Icaraí in August 2021. Samples of organs of howler monkeys found dead in Luislândia are still being analysed at a Fundação Ezequiel Dias (FUNED) laboratory in Belo Horizonte. There were also deaths in Serra das Araras, Chapada Gaúcha, although without confirmation of yellow fever diagnosis. The monitoring actions by the state secretary of health of Minas Gerais have been ongoing since 20 Sep 2021. The investigation involves health officials of Montes Claros, of FUNED, of Januária and of Varginha. Until 2 Oct 2021, teams of technicians, accompanied by staff from the municipalities, will travel around rural areas collecting mosquitoes that are potential vectors of the disease. If dead monkeys are found, they will be tested for yellow fever.








































































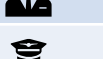








































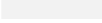
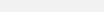
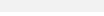
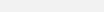
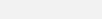
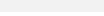
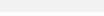
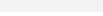
Source: [Promed Post - ProMED-mail \(promedmail.org\)](#)

Venezuela – On Sun 3 Oct 2021, 7 cases of yellow fever have been reported in the Maturin de Monagas municipality, according to the NGO, Medicos Unidos Vzla. The localities where human and monkey cases have been confirmed: Carapal del Tigre [Anzoategui state]: 1 human and 2 positive monkeys; the Meroy of Amana [Monagas state]: 6 humans and 2 positive monkeys. The death of araguatos, or howler monkeys, has previously been reported in Monagas and Anzoategui. A total of 10 confirmed epizootics of non-human primates (araguato monkeys) have been reported in Venezuela: 7 in Monagas and 3 in Anzoategui, with 2 confirmed by PCR laboratory (both from Edo Monagas) and 8 confirmed by epidemiological link. Yellow fever vaccination coverage for Venezuela is 75%, and 78% in Monagas. These are the 1st cases that have been reported since November 2019, when an indigenous Person was infected in Bolivar state.

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

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:

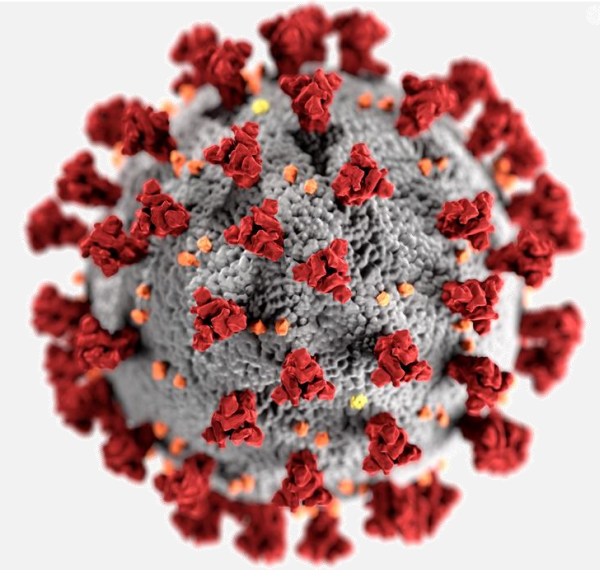
- COVID [Data Tracker](#) and [weekly review](#)
- [What’s new and Updated](#)
- [Guidance for COVID-19](#)

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](#)

