Force Health Protection Branch
NATO MilMed COE
Munich

Update 74
COVID-19
Coronavirus Disease
16th of June 2021

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GLOBAL
↘
176 646 609
Confirmed cases
166 100 000 recovered
3 820 790 deaths

USA
(7-days incidence 28,3)
↘
33 333 305
confirmed cases
32 500 000 recovered
597 561 deaths

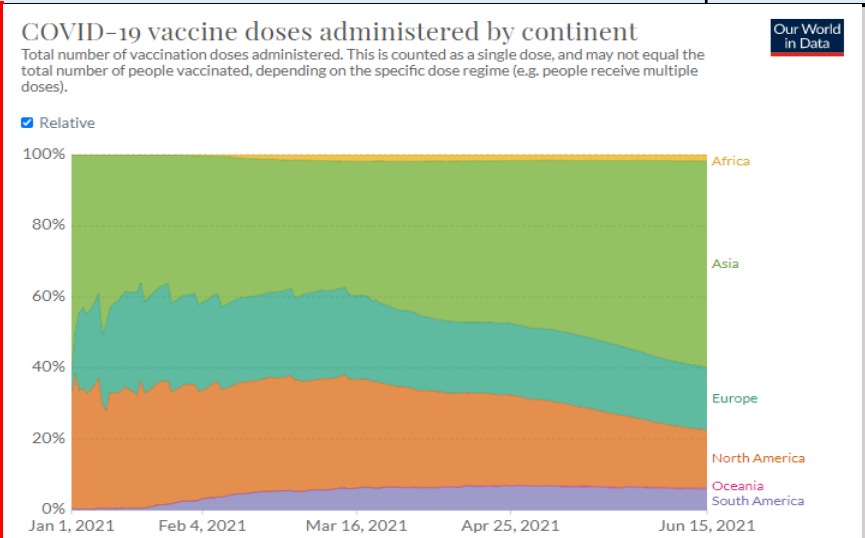
India
(7-days incidence 42,2)
↘
29 570 881
confirmed cases
27 370 000 recovered
377 031 deaths

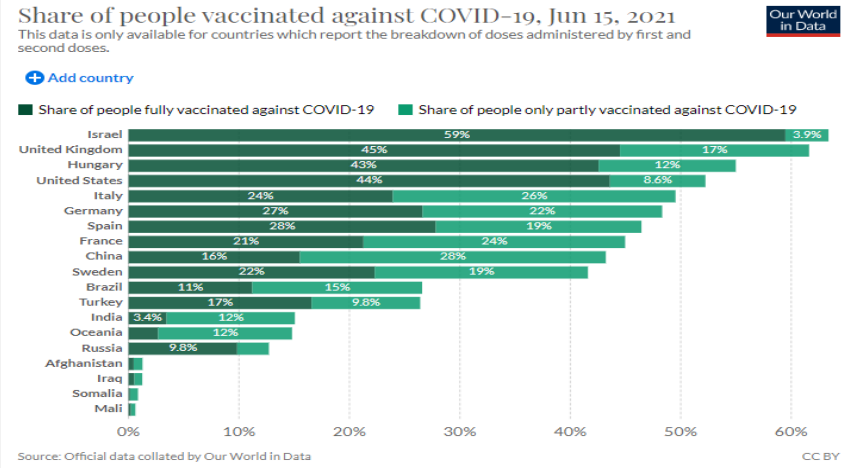
Brazil
(7-days incidence 221,6)
↗
17 533 221
confirmed cases
15 960 000 recovered
490 696 deaths

News:

- **G7 summit:** Global leaders announces pledges of 870 million COVID-19 vaccine doses, of which at least half to be delivered by the end of 2021.
- The **G7 countries** are calling for the WHO to conduct an in-depth investigation into the origin of the corona pandemic. In their final declaration on the summit in Carbis Bay, the heads of state and government called for a "transparent" and "expert-led" study on Sunday. Further investigations in China are also necessary for this.
- **WHO:** Updated their recommendations for the use of Pfizer–BioNTech, Moderna and Janssen vaccines on the 15 June.
- **WHO:** Published a Joint Statement from the International Coalition of Medicines Regulatory Authorities and WHO for healthcare professionals on how COVID-19 vaccines are regulated for safety and effectiveness.
- **ECDC:** Installed an epidemic monitoring of the EURO 2020/2021 Football Championship. A number of enhanced epidemic intelligence activities started on June 4 and will continue until 16 July 2021 (including one week before and after the event). Reports will be provided in the weekly Communicable Disease Threats Report (CDTR).
- **ECDC:** Launched a number of activities to help strengthen EU/EEA Member States' capacity for detection of SARS-CoV-2 variants in the shorter and longer term. These activities are one of five action areas of the 'HERA Incubator', a new EU bio-defence preparedness plan against SARS-CoV-2 variants launched by the European Commission on 17 February 2021.
- **CDC**: Updated their interim guidance on Evaluating and Caring for Patients with Post-COVID Conditions.

- **Topics:**
- Global situation
- European situation
- Vaccination news
- SARS-CoV-2 VOIs and VOCs
- **Subject in Focus:** The Impact of COVID-19 on tropical diseases
- Other Infectious Disease Outbreaks
- **NATO Member State:** Summary of information on the individual national Corona restrictions
- Travel Recommendations and other Useful Links





EUROPE
↘
52 778 416
confirmed cases
50 830 000 recovered
1 138 944 deaths

France
(7-days incidence 36,8)
↘
5 744 589
confirmed cases
5 549 000 recovered
110 530 deaths

TUR
(7-days incidence 50,3)
↘
5 342 028
confirmed cases
5 192 000 recovered
48 879 deaths

Russia
(7-days incidence 61,1)
↗
5 176 051
confirmed cases
4 882 000 recovered
125 055 deaths

Situation by WHO Region, as of 13th June

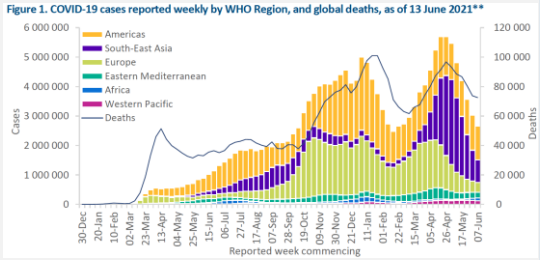
Global epidemiological situation overview; WHO as of 13 June 2021

Global numbers of cases and deaths continued to decrease over the past week (7-13 June 2021) with over 2.6 million new weekly cases and over 72 000 deaths, a 12% and a 2% decrease respectively, compared to the previous week (Figure 1). While the number of cases reported globally now exceeds 175 million, last week saw the lowest weekly case incidence since February 2021. Declines in the number of new weekly cases were reported across all Regions except for the **African Region**. The **South-East Asia, European and Western Pacific Regions** reported marked declines in the number of new cases in the past week, whereas the **Region of the Americas and the Eastern Mediterranean Region** reported similar numbers as compared to the previous week. While the number of new deaths reported in the past week decreased across all Regions except for the **African and the South-East Asia Regions**, globally mortality remains high with more than 10 000 deaths reported each day. While the epidemics in some of the most affected countries have started to show signs of slowing down, and the global weekly mortality rate continues to decline for a sixth consecutive week, many countries across all WHO Regions continue to struggle with access to vaccines, the spread of emerging SARS-CoV-2 variants, and overburdened healthcare systems.

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

- **India;** reporting 630 650 new cases; 31% decrease ,
- **Brazil;** reporting 445 710 new cases; 7% increase
- **Argentina;** reporting 177 693 new cases; 17% decrease,
- **Colombia;** reporting 176 661 new cases; 17% increase and
- **United States of America;** reporting 105 019 new cases; 6% increase

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 13 June 2021**



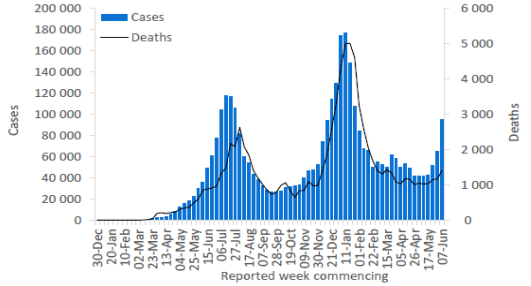
WHO regional overviews

Epidemiological week 7-13 June 2021

African Region

The African Region reported over 95 000 new cases and over 1400 new deaths, a 44% and a 20% increase respectively compared to the previous week. The region reported a marked increase in weekly case incidence for the third consecutive week, with the largest increases in countries in the Southern, Eastern and Northern parts of Africa. The highest numbers of new cases were reported from South Africa (47 934 new cases; 80.8 new cases per 100 000 population; a 48% increase), Zambia (10 792 new cases; 58.7 new cases per 100 000; a 125% increase), and Uganda (8574 new cases; 18.7 new cases per 100 000; a 49% increase).

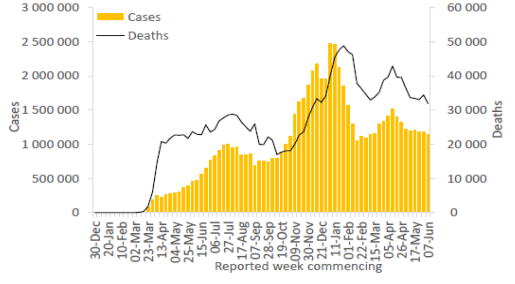
The highest numbers of new deaths were reported from South Africa (724 new deaths; 1.2 new deaths per 100 000 population; a 28% increase), Kenya (132 new deaths; 0.2 new deaths per 100 000; a 7% increase) and Namibia (88 new deaths; 3.5 new deaths per 100 000; a 1% increase).



Region of the Americas

The Region of the Americas reported over 1.1 million new cases, a similar number to the previous week, and just under 32 000 new deaths, a 7% decrease compared to the previous week. Despite this decrease, high levels of transmission and mortality are still being recorded in many countries in South and Central America. The highest numbers of new cases were reported from Brazil (454 710 new cases; 213.9 new cases per 100 000; similar to the previous week), Argentina (177 693 new cases; 393.2 new cases per 100 000; a 17% decrease), and Colombia (176 661 new cases; 347.2 new cases per 100 000; a 1% increase).

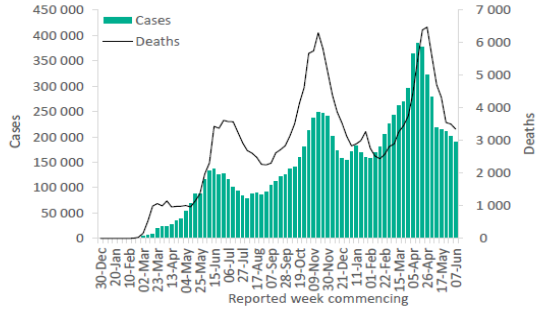
The highest numbers of new deaths were also reported from Brazil (13 393 new deaths; 6.3 new deaths per 100 000; a 14% increase), Argentina (4217 new deaths; 9.3 new deaths per 100 000; a 13% increase), and Colombia (3725 new deaths; 7.3 new deaths per 100 000; similar to the previous week).



Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 191 000 new cases and over 3300 new deaths, a 5% and a 4% decrease respectively compared to the previous week. While declining weekly case incidence trends have been recorded for the eighth consecutive week, a number of countries across the region are starting to report increasing case and death incidence, including Oman, Tunisia and Afghanistan. The highest numbers of new cases were reported from the Islamic Republic of Iran (59 771 new cases; 71.2 new cases per 100 000; an 11% decrease), Iraq (29 013 new cases; 72.1 new cases per 100 000; a 3% increase), and the United Arab Emirates (14 820 new cases; 149.8 new cases per 100 000; a 6% increase).

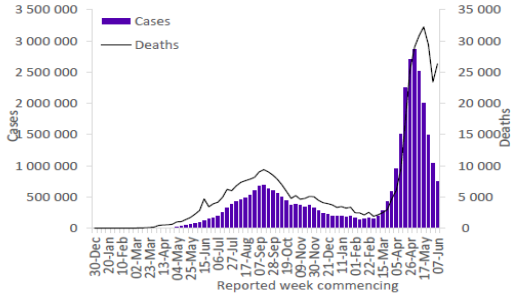
The highest numbers of new deaths were reported from the Islamic Republic of Iran (970 new deaths; 1.2 new deaths per 100 000; a 19% decrease), Tunisia (488 new deaths; 4.1 new deaths per 100 000; a 30% increase), and Pakistan (444 new deaths; 0.2 new deaths per 100 000; a 13% decrease).



South-East Asia Region

The South-East Asia Region reported over 763 000 new cases, a 27% decrease compared to the previous week. Weekly case incidence has been decreasing sharply for five consecutive weeks, largely driven by decreases in the number of cases in a small number of countries. While the number of newly reported cases continues to decrease in India, Bangladesh has reported an increasing trend in cases for the past four weeks. The Region reported over 26 000 new deaths a 12% increase when compared to the previous week. The highest numbers of new cases were reported from India (630 650 new cases; 45.7 new cases per 100 000; a 31% decrease), Indonesia (55 320 new cases; 20.2 new cases per 100 000; a 38% increase), and Nepal (20 348 new cases; 69.8 new cases per 100 000; a 34% decrease).

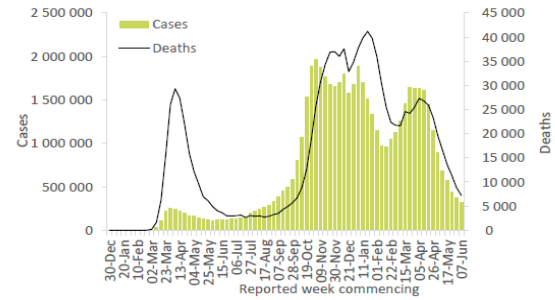
The highest numbers of new deaths were also reported from India (23 625 new deaths; 1.7 new deaths per 100 000; a 14% increase), Indonesia (1267 new deaths; 0.5 new deaths per 100 000; a 5% increase), and Nepal (514 new deaths; 1.8 new deaths per 100 000; an 18% decrease).



European Region

The European Region reported over 332 000 new cases, a 13% decrease when compared to the previous week and a declining trend for the ninth consecutive week. The Region reported over 7200 new deaths, a 17% decrease when compared to the previous week. While most countries across the Region continue to see decreasing or stabilizing trends, some countries, such as the Russian Federation, the United Kingdom and Kyrgyzstan have reported increases in case incidence this week compared to the previous week. The highest numbers of new cases were reported from Russian Federation (82 250 new cases; 56.4 new cases per 100 000; a 31% increase), The United Kingdom (46 825 new cases; 69.0 new cases per 100 000; a 52% increase), and Turkey (42 841 new cases; 50.8 new cases per 100 000; an 8% decrease).

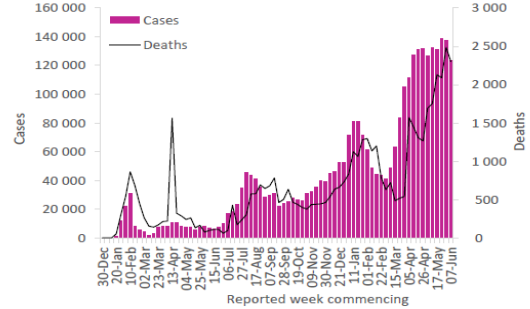
The highest numbers of new deaths were reported from Russian Federation (2643 new deaths; 1.8 new deaths per 100 000; a 1% increase), Germany (612 new deaths; 0.7 new deaths per 100 000; a 25% decrease), and Turkey (600 new deaths; 0.7 new deaths per 100 000; a 25% decrease).



Western Pacific Region

The Western Pacific Region reported over 124 000 new cases and over 2300 new deaths, a 10% and a 7% decrease respectively compared to the previous week. While the region has an overall decreasing trend in cases, some countries, including Fiji, Vietnam and Mongolia are reporting increases and peak numbers of cases. The highest numbers of new cases were reported from the Philippines (46 087 new cases; 42.1 new cases per 100 000; a 1% increase), Malaysia (41 630 new cases; 128.6 new cases per 100 000; a 20% decrease), and Japan (13 499 new cases; 10.7 new cases per 100 000; a 28% decrease).

The highest numbers of new deaths were also reported from the Philippines (920 new deaths; 0.8 new deaths per 100 000; a 9% decrease), Malaysia (553 new deaths; 1.7 new deaths per 100 000; a 14% decrease), and Japan (510 new deaths; 0.4 new deaths per 100 000; a 15% decrease).



Source: https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---15-june-2021

Global Situation

UNHCR: The UN refugee agency UNHCR expects more boat migrants to come to Italy this year than in four years. According to the report, the main cause of the increasing number of departures is the situation in Libya. Since the beginning of the Corona crisis, migrants willing to leave have quasi accumulated there. Now that the pandemic is better under control, they wanted to cross over to Europe.

EU: The EU countries have agreed to coordinate and gradually relax travel restrictions. Fully vaccinated and convalescent people should not be subject to travel restrictions. In addition, it is planned that people from regions with few infections can also travel without restrictions. According to the communication from the EU Commission, a test could be required for travelers from orange-colored areas. If you come from a red area, quarantine could apply. The ECDC classification of the areas into the colors green, orange, red and dark red is based on the number of cases and the positive rate of tests.

Copa America: 41 corona cases have been detected around the Copa America football championship in Brazil. The Brazilian Ministry of Health said that 31 players or employees of participating national teams and ten workers who were hired for the championship were affected. The Venezuelan national team previously reported almost a dozen corona cases among players and the coaching staff and therefore ordered 15 new kickers to Brazil at short notice.

ISR: With a few exceptions, Israel is lifting the mask requirement today due to the persistently low number of new corona infections. Only unvaccinated visitors and employees in hospitals and care facilities have to wear masks. The reason for this is the increased risk of patients and seniors to get sick. People who are on their way to their quarantine, as well as passengers and staff in aircraft, must continue to wear masks.

RUS: The local authorities in St. Petersburg have banned mass events with over 3,000 people due to the spread of the coronavirus pandemic. The city administration announced this after the first weekend of the European Football Championship. In the northernmost megacity in the world, the big public viewing started at the Blood Church on the weekend, where thousands of people watched the Russia game against Belgium. Too large accumulations should now be avoided for the time being. From Thursday, there will be no catering or food sales in the public fan zones, with the exception of drinks.

ZAF: In response to an increase in the number of corona infections, South Africa is again tightening its restrictions by raising it to alert level three. The region around the economic center of the country in Johannesburg and Pretoria, which registers around two thirds of all nationwide daily new infections, is hardest hit. The health infrastructure there is therefore at the limit of its capacity.

CHN: A year and a half after the corona pandemic broke out in the Chinese city of Wuhan, more than 11,000 students attended a huge graduation ceremony. At the event on Sunday, the graduates sat tightly packed together in navy blue robes without wearing mouth and nose covers. The University of Wuhan hosted a largely digital graduation ceremony last June, with on-site students and faculty members wearing masks.

USA: The US state of New York had already lifted most of the corona requirements in the past few weeks. Now, according to Governor Andrew Cuomo, the remaining restrictions will also be removed. The reason: More than 70 percent of the state's adult residents have now been vaccinated against the corona virus at least for the first time.

GBR: UK premier minister has confirmed a four-week delay to the final easing of coronavirus restrictions up to the 19 July.

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Despite the rapid spread of the highly contagious Delta variant, Great Britain will allow tens of thousands of spectators at several major sports events in the coming weeks. For example, around 40,000 spectators can attend the final of the European Football Championship on July 11th in London's Wembley Stadium. The major events are part of a series of tests by the UK government to collect knowledge about the safety of major events in times of pandemic.

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The Corona variant Delta, which was first discovered in India, can apparently cause slightly different symptoms in patients than previous Corona types. Headache, runny nose and sore throat were most recently reported in a UK corona symptom monitoring app. Tim Spector from King's College London, who heads the Zoe COVID Symptoms Study and evaluates the reported symptoms, reported that the typical corona symptom, loss of smell and taste, is less present. In terms of time, this coincides with the spread of the delta variant. In Great Britain, the delta variant, which is considered very contagious, already accounts for more than 90 percent of all cases.

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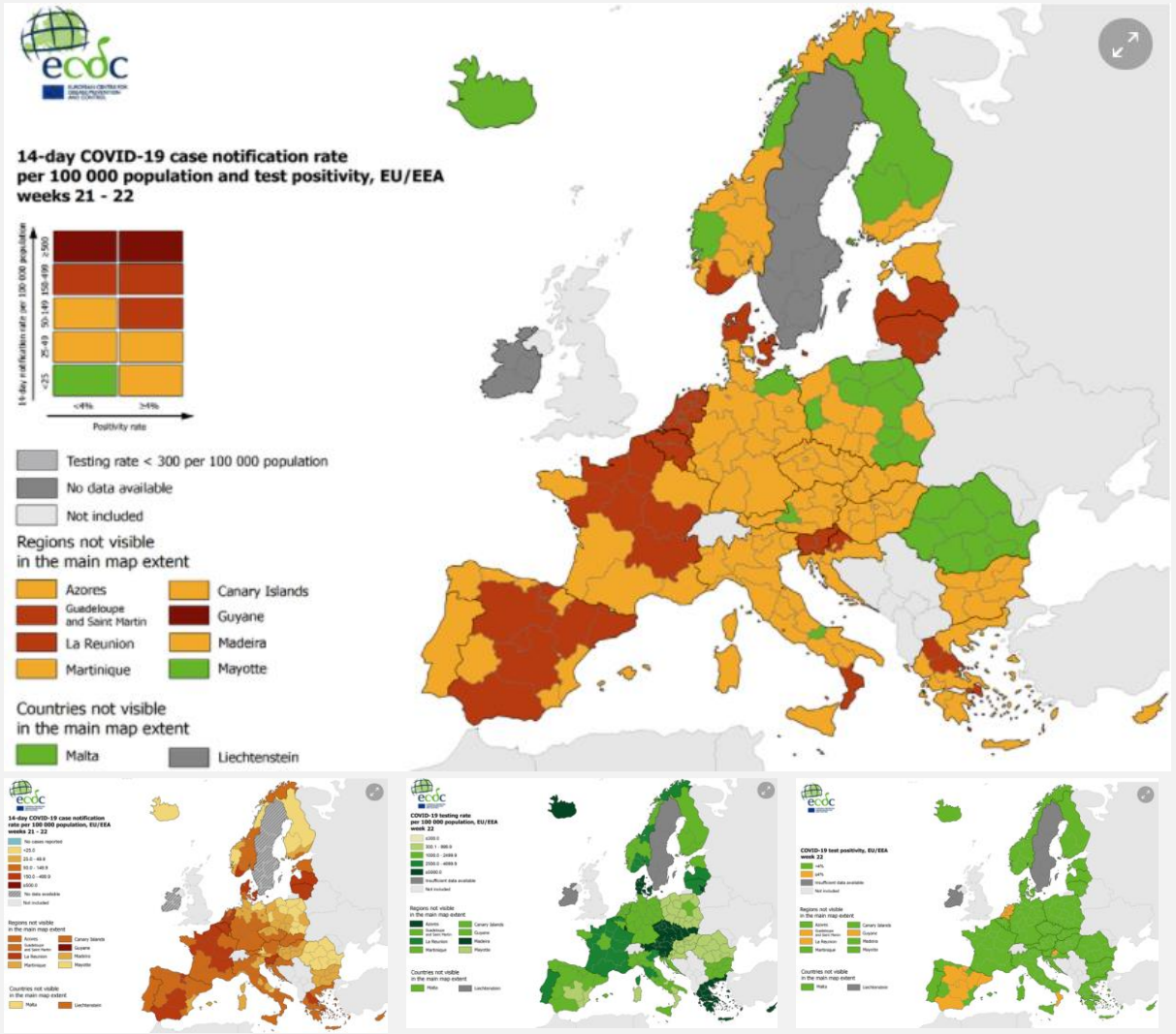
According to a study, infection with the Delta variant doubles the risk of hospital treatment. In addition, vaccinations seem to be somewhat less effective against the mutation, which was first detected in India, according to a study by Scottish researchers published in the journal "Lancet". According to this, BioNTech / Pfizer protects 79 percent against Delta compared to 92 percent against the alpha variant, which was initially detected in England. At AstraZeneca, the protection is 60 percent compared to 73 percent. The increasing spread of the delta variant in Great Britain endangers planned easing.

DKN: From now on, mouth and nose protection hardly has to be worn in Denmark. The obligation to wear a mask or visor, which has been in force for months in the fight against the corona virus, was lifted for almost all areas of public life on Monday. Corona protection like this only has to be worn in Denmark on local public transport if you are not sitting there. The mask is supposed to disappear completely by September 1st.

HUN: In Budapest, the match between Portugal and hosts Hungary for the 2021 European Championship will take place in front of a full stadium. According to UEFA, the 61,000 seats in the Puskas Arena were almost completely occupied. Fans had previously met in large numbers at Herosplace without distance and masks to go together from there to the stadium.

European Situation

Maps in support of the Council Recommendation on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic in the EU, as of 10 June 2021



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

ECDC COVID-19 surveillance report Week 22, as of 10 June 2021

Weekly surveillance summary

Overall situation

At the end of week 22 (week ending Sunday 6 June 2021), overall three countries in the European Union/European Economic Area (EU/EEA) reported increasing case notification rates. Case rates in older age groups did not increase in any countries and two countries reported increasing death rates. Absolute values of several other indicators, including hospital and ICU occupancy, remained high in some countries, but trends for these indicators were decreasing or stable in all countries. Moreover, the median cumulative uptake of at least one vaccine dose among adults aged 18 years and above in the EU/EEA is 49.0% for at least one vaccine dose and 25.7% for full vaccination, as reported in the COVID-19 Vaccine rollout overview.

Recent changes to the report

Country-level figures showing age-specific vaccine uptake aligned with key epidemiological indicators (age-specific case and death rates, hospital/ICU occupancy and admissions due to COVID-19) in Section 5.

Trends in reported cases and testing

- By the end of week 22, the 14-day case notification rate for the EU/EEA, based on data collected by ECDC from official national sources in 28 countries, was 83 (country range: 13–215) per 100 000 population. The rate has been decreasing for nine weeks.
- Among the 18 countries with high case notification rates (at least 60 per 100 000 population), an increase was observed in one country (Portugal). Stable or decreasing trends in case rates of 1–14 weeks' duration were observed in 17 countries (Austria, Belgium, Croatia, Cyprus, Denmark, Estonia, Greece, Ireland, Italy, Latvia, Lithuania, Luxembourg, the Netherlands, Norway, Slovakia, Slovenia and Spain).
- Based on data reported to The European Surveillance System (TESSy) from 29 countries for people over 65 years old, high levels (at least 60 per 100 000 population) or increases in the 14-day COVID-19 case notification rates compared with last week were observed in four countries (Belgium, Greece, Latvia and Lithuania).
- Notification rates are dependent on several factors, one of which is the testing rate. Weekly testing rates for week 22, available for 27 countries, varied from 860 to 64 109 tests per 100 000 population. Denmark had the highest testing rate, followed by Austria, Greece, Cyprus and Czechia.
- Among the two countries in which weekly test positivity was high (at least 3%), no countries had observed an increase in test positivity compared with the previous week. Test positivity remained stable, or had decreased, in two countries (the Netherlands and Spain).

Hospitalisation and ICU

- Pooled data from 24 countries for week 22 show that there were 12.2 patients per 100 000 population in hospital due to COVID-19. According to weekly hospital admissions data pooled from 17 countries, new admissions were 2.2 per 100 000 population.
- Pooled data from 18 countries for week 22 show that there were 2.4 patients per 100 000 population in ICU due to COVID-19. Pooled weekly ICU admissions based on data from 12 countries show that there were 0.6 new admissions per 100 000 population.
- Hospital and/or ICU occupancy and/or new admissions due to COVID-19 were high (at least 25% of the peak level during the pandemic) or had increased compared with the previous week in 13 countries (Belgium, Bulgaria, Cyprus, Denmark, Finland, France, Germany, Greece, Latvia, Lithuania, the Netherlands, Slovenia and Sweden). However, in 21 countries, there were decreases in these indicators compared with the previous week.

Mortality

- The 14-day COVID-19 death rate for the EU/EEA, based on data collected by ECDC from official national sources for 28 countries, was 21.4 (country range: 0.0–47.1) per million population. The rate has been decreasing for six weeks.
- Among the 19 countries with high 14-day COVID-19 death rates (at least 10 per million), increases were observed in two countries (Romania and Slovakia). Stable or decreasing trends in death rates of 1–11 weeks' duration were observed in 17 countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Estonia, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, Poland, Slovenia and Spain).

Variants of concern (VOC) and variants of interest (VOI)

- Sequencing capacity varies greatly across the EU/EEA; 13 EU/EEA countries (Belgium, Denmark, Estonia, France, Germany, Hungary, Iceland, Italy, Latvia, Luxembourg, Malta, Norway and Sweden) met the recommended level of 10% or 500 sequences of SARS-CoV-2-positive cases sequenced and reported to the GISAID EpiCoV database by 8 June 2021, or to TESSy by 6 June 2021 (data referring to the period 17 May to 30 May 2021). During the same period, seven countries sequenced and reported between 60 and 499 samples, while 10 countries sequenced and reported <60 samples or did not report data.
- Among the 13 countries with the recommended level of 10% or 500 sequences reported per week in the period from 17 May to 30 May 2021, 11 had a valid denominator. The median (range) of the VOC reported in all samples sequenced in the period in these 11 countries was 86.9% (59.3–97.9%) for B.1.1.7 (Alpha), 0.6% (0.0–11.7%) for P.1 (Gamma), 0.4% (0.0–4.9%) for B.1.351 (Beta), 0.4% (0.0–4.6%) for B.1.617, 0.0% (0.0–11.7%) for B.1.617.2 (Delta), 0.0% (0.0–1.1%) for B.1.1.7+E484K and 0.0% (0.0–0.2%) for B.1.617.1 (Kappa).
- The median (range) of the VOI reported in all samples sequenced in the period for these 11 countries was 0.0% (0.0–1.4%) for B.1.525 (Eta), 0.0% (0.0–0.5%) for B.1.620, 0.0% (0.0–0.3%) for B.1.621 and 0.0% (0.0–0.0%) for B.1.427/B.1.429 (Epsilon). A list of current variants of concern and variants of interest for the EU/EEA is published on ECDC's website.

Long-term care facilities (LTCFs)

- Based on data reported to TESSy from six countries (Belgium, France, Lithuania, the Netherlands, Slovenia and Sweden), in week 22, the pooled incidence of COVID-19 cases among LTCF residents was 26.7 per 100 000 LTCF beds, the pooled incidence of fatal COVID-19 cases was 6.4 per 100 000 LTCF beds, and 3.4% of participating LTCFs reported one or more new COVID-19 cases among their residents.

ECDC Rapid risk assesment, 15th update

Assessing SARS-CoV-2 circulation, variants of concern, non-pharmaceutical interventions and vaccine rollout in the EU/EEA

Countries in which the epidemiological situation is classified as low concern

In these countries, widespread transmission is falling with consequent low case notification rates. Due to the large proportion of the vulnerable population vaccinated with at least one dose, very low notification rates are recorded among the elderly. Based on this, the probability of infection ranges from very low in the vaccinated general population to moderate in the unvaccinated (both general population and vulnerable groups).The impact of the disease ranges from low in the vaccinated general population to very high in the unvaccinated vulnerable population.

General population

- ***Fully vaccinated***: probability of infection VERY LOW+ impact of infection LOW ➔ **LOW RISK**
- ***Unvaccinated***: probability of infection MODERATE + impact of infection LOW ➔**LOW RISK**

Vulnerable populations

- ***Fully vaccinated***: probability of infection LOW + impact of infection MODERATE ➔ **LOW RISK**
- ***Unvaccinated***: probability of infection MODERATE+ impact of infection VERY HIGH ➔ **MODERATE-to-HIGH RISK**

Countries classified as moderate concern

These countries continue observing widespread SARS-CoV-2 transmission with the highest notification rates in the general population and, although a high proportion of the vulnerable population has been vaccinated with at least one dose, the probability of infection is higher than in the previous group of countries. These countries still experience widespread transmission associated with a dominating highly transmissible variant and a large part of the population is still susceptible to the infection. Based on this, the probability of infection ranges from low in the vaccinated general population to high in the unvaccinated (both general population and vulnerable groups).As long as NPIs are maintained to avoid worsening of the epidemiological situation, the impact of the disease ranges from low in the general population (both vaccinated and unvaccinated) to very high in the unvaccinated vulnerable population.

General population

- ***Fully vaccinated***: probability of infection LOW + impact of infection LOW ➔ **LOW RISK**
- ***Unvaccinated***: probability of infection HIGH + impact of infection LOW ➔ LOW-to-MODERATERISK

Vulnerable populations

- ***Fully vaccinated***: probability of infection MODERATE + impact of infection MODERATE ➔ **LOW-to-MODERATE RISK**
- ***Unvaccinated***: probability of infection HIGH + impact of infection VERY HIGH ➔ **HIGH-to-VERY HIGH RISK**

Countries classified as high concern

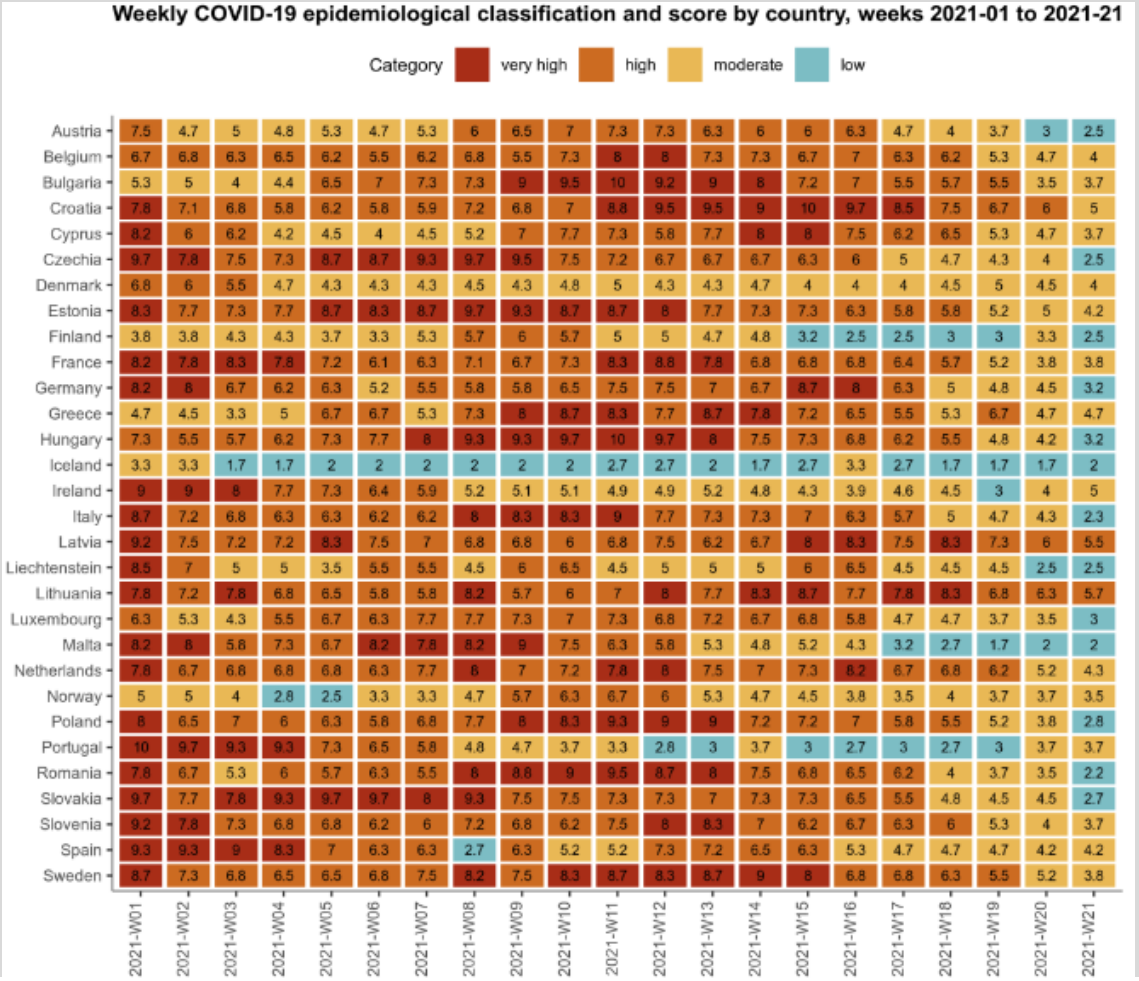
These countries experience widespread SARS-CoV-2 transmission not only in the general population, but also in vulnerable individuals. The NPIs in place appear to behaving a limited effect, either because adherence to the measures may not be optimal or the measures in place may not be sufficient to reduce or control exposure. Vaccination uptake in the general population and, particularly, in the vulnerable population appears to be still low. Based on this, the probability of infection ranges from moderate in the vaccinated general population to very high in the unvaccinated (both general population and vulnerable groups).In these settings, due to the pressure to the health system posed by high notification, hospitalisation and death rates, the impact of the disease is higher compared to the previous country groups resulting in moderate impact in the general population (both vaccinated and unvaccinated) and in the vaccinated vulnerable population, and very high in the unvaccinated vulnerable population

General population

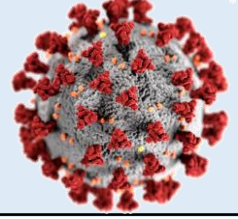
- ***Fully vaccinated general population***: probability of infection MODERATE + impact of infection MODERATE ➔ **LOW-to-MODERATE RISK**
- ***Unvaccinated general population***: probability of infection VERY HIGH + impact of infection MODERATE ➔ **HIGH RISK**

Vulnerable populations

- ***Fully vaccinated vulnerable population***: probability of infection HIGH + impact of infection MODERATE ➔ **MODERATE RISK**
- ***Unvaccinated vulnerable population:*** probability of infection VERY HIGH + impact of infection VERY HIGH ➔**VERY HIGH RISK**



Source: https://www.ecdc.europa.eu/sites/default/files/documents/RRA-15th-update-June%202021.pdf



Vacination news

EU: EU Health Commissioner Stella Kyriakides warned at the meeting of EU health ministers in Luxembourg that the vaccination campaign should continue to be under high pressure. More than 53 percent of adults in the EU are now vaccinated against Corona; every third received the second dose. But watch the situation closely with the virus variants.

Novavax's: Novavax's corona vaccine has been shown to be highly effective in a study. The American pharmaceutical company said the vaccine was 90 percent effective on Monday. Nearly 30,000 people in the United States and Mexico took part in the study. The company said that applications for approval would be submitted in the USA and Europe, among others, by the end of September. Until then, a production of 100 million cans per month is possible. Novavax's vaccine is easy to transport and store, which is why it is expected to play an important role in vaccination campaigns in developing countries.

WHO: The WHO has criticized the G7 countries' pledges to distribute corona vaccines to poorer countries as inadequate. While the industrialized countries are gradually returning to normal thanks to large-scale vaccination campaigns, vaccines are still in short supply in poorer regions of the world. The WHO has set the goal that at least 70 percent of the world's population will be vaccinated against corona by the G7 summit in Germany in the coming year. Eleven billion vaccine doses are required for this. The G7 and G20 can make that happen.

Astra/Zeneca: AstraZeneca corona antibody therapy failed in a clinical study. AstraZeneca announced that the study that tested the drug for the prevention of Covid-19 with a symptomatic course did not achieve the study goal. The study included unvaccinated adults aged 18 and over who had contact with an infected person within the eight days prior to treatment. The agent reduced the risk of symptomatic COVID courses by 33 percent compared to a placebo, but this was not statistically significant. Rivals Regeneron and Eli Lilly have developed similar antibody therapies, the use of which has already been approved.

GBR: According to a British study, a complete vaccination can also prevent the delta variant from developing severe disease. According to the study presented by Public Health England (PHE), two doses of the active ingredient from BioNTtech / Pfizer prevented inpatient treatment in 96 percent of cases. For AstraZeneca's vaccine, the rate was 92 percent. The effectiveness of the vaccine for the Delta variant is therefore comparable to that for the alpha virus strain, said PHE. For the study, 14,019 cases of infection with the Delta variant were examined between April 12 and June 4 in England. Previous research has shown that a single dose of vaccine is 17 percent less effective in the variant first appeared in India than in the alpha variant. However, according to the latest research, the difference after two doses is small.

DEU: The big rush for the new digital corona vaccination certificate has meanwhile led to individual technical delays. The Federal Ministry of Health announced that the system was temporarily overloaded because of the onslaught. According to the latest data from the Robert Koch Institute (RKI), 22.3 million people in Germany have complete vaccination protection. That is 26.8 percent of the total population. Almost 40.5 million people (48.7 percent) received at least one vaccine dose. 590,529 doses of vaccine were given on Monday. 407,728 of these resulted in full vaccination.

BRA: The Brazilian president wants to accelerate the vaccination program. Brazil has the highest number of virus-related deaths after the US. Bolsonaro initially played down COVID-19 as the flu and, according to a Brazilian commission of inquiry, ignored vaccination offers from Pfizer last year.

JPN: Japan has secured an additional 20,000 vaccine doses for employees at the Tokyo Olympics. As Olympic Minister Tamayo Marukawa announced, the government has reached an agreement with the US company Pfizer. Japan now receives a total of 40,000 vaccination doses for Olympic employees after the International Olympic Committee (IOC) had previously reached an agreement with Pfizer to provide 20,000 doses. Volunteers who are deployed in the Olympic Village, employees of the organizing committee and local journalists are now also to receive the offer of a corona vaccination. Despite widespread popular opposition, Japan's Olympic organizers are continuing their preparations for the Games. They had been postponed for a year due to Corona. The emergency in Tokyo currently lasts until Sunday. But the government is considering imposing a kind of quasi-emergency on Tokyo during the Games.

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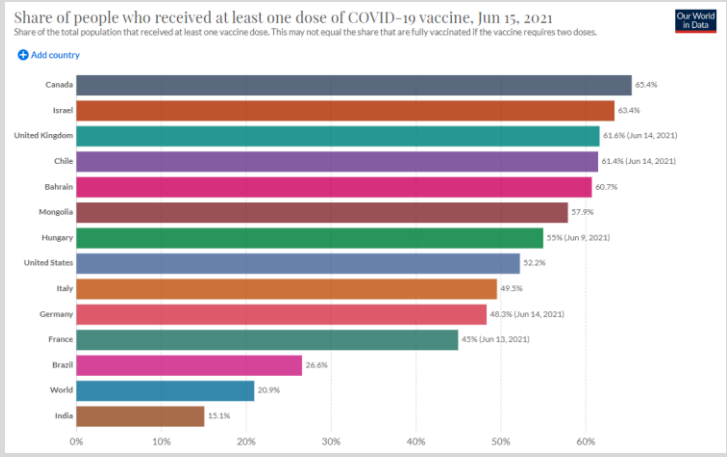
Japan will send 1 million doses of vaccine to Vietnam. Shipments of AstraZeneca PLC vaccines made in Japan are due to arrive in Vietnam on Wednesday. Japan is considering additional vaccine donations to Vietnam and Taiwan and plans to send doses to Indonesia, Malaysia, the Philippines and Thailand early next month. Taiwan received its first shipment of AstraZeneca cans earlier this month.

ZAF: South Africa must weed out at least two million doses of the Johnson & Johnson product. According to information from the authorities there, ingredients manufactured in the USA may have been contaminated, said the South African Medicines Agency. Therefore, it was decided not to use the vaccination doses made with it. South Africa plans to have the vaccine manufactured in Gqeberha, formerly known as Port Elizabeth. The factory there has signed a contract with Johnson & Johnson to supply raw materials. These are to be mixed in South Africa and filled into vials. An annual production of 200 million cans is planned. The first two million cannot be used now. It is the second major setback for the South African vaccination program. In February, the country rejected a million doses of AstraZeneca because it offered little protection against the virus mutation that was rampant in South Africa at the time.

IRN: Due to an acute shortage of corona vaccines, the Iranian government has granted emergency approval to a vaccine produced in the country. The preparation was developed by the semi-governmental Setad Foundation.



Vacination news

Overview of the implementation of COVID-19 vaccination strategies and deployment plans In the EU/EEA

https://www.ecdc.europa.eu/sites/default/files/documents/Overview-of-the-implementation-of-COVID-19-vaccination-strategies-and-deployment-plans-14-June-2021.pdf

Vaccine COVID-19 rollout overview

As of 11 June 2021, a total of 333 678 903 COVID-19 vaccine doses have been distributed by manufacturers to European Union/European Economic Area (EU/EEA) countries, including over 39 million in the last week. Comirnaty (BNT162b2), developed by **BioNTech/Pfizer**, represents **67.3%** of all doses distributed to EU/EEA countries via the European Commission's Vaccine Strategy, followed by Vaxzevria (AZD1222), previously called COVID-19 Vaccine **AstraZeneca (19.5%)**, COVID-19 Vaccine **Moderna (9.6%)**, and COVID-19 Vaccine **Janssen (3.3%)**.

A total of 284 124 689 vaccine doses have been administered in the EU/EEA, including over 25 million in the last week. Based on data available from 29 countries, 85% of the doses distributed in the EU/EEA since the beginning of the rollout have been administered.

Since the start of COVID-19 vaccine deployment in the EU/EEA in December 2020, the cumulative vaccine uptake in the adult population (aged 18 years and older) in the EU/EEA has progressed, reaching 51.2% for at least one vaccine dose (range: 14.9-67.7%) and 26.8% for the full vaccination course (range: 11.8-55.1%) (30 reporting countries).

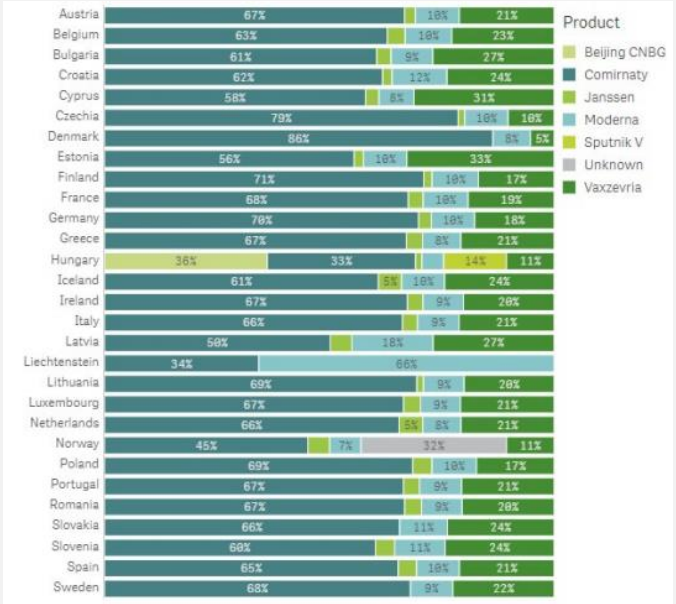
Cumulative vaccine uptake is higher in those target groups that have been prioritised since the beginning of the vaccine rollout, in particular the elderly and healthcare workers (HCW). In people aged 80 years and above, the median vaccine uptake was 80.7% (range: 14.6-100%) for at least one dose, and 71.6% (range: 10.4-100%) for the full vaccination course (26 countries reporting). Ten countries have administered the full vaccination course to more than 80% of the population aged 80 years and above.

In HCW, the median vaccine uptake was 83.9% (range: 21.4–100%) for at least one dose, and 69.9% (range: 20–100%) for the full vaccination course (17 countries reporting). Ten countries have administered at least one vaccine dose to more than 80% of healthcare workers.

Priority groups defined for vaccination

- Vaccinations continue to be rolled out in phases through various priority groups. As of 31 May 2021, one country is still in the first phase, while 21 countries have progressed to groups in subsequent phases (of 22 countries that responded to this question).
- Countries have primarily prioritised elderly people, residents and personnel of long-term care facilities (LTCFs), healthcare workers, social care personnel, and people with certain comorbidities. Countries are currently continuing vaccination of these groups, progressing to vaccination of younger age groups and essential workers critical to societal infrastructure. Ten countries have already opened up vaccination to any adult individual irrespective of age, underlying condition, or priority group.
- Fifteen countries have already fully vaccinated at least one priority group, such as healthcare workers, residents and/or personnel in LTCFs, elderly people (with various lower age cut-offs across countries) or adults with co-morbidities.
- Eighteen countries have further adapted the prioritised groups to be vaccinated, including additional age groups, healthcare workers in different settings, educational workers, and other groups with high risk of severe disease.

Proportions of COVID-19 vaccine doses by product, distributed by the manufacturers to EU/EEA countries



Source: TESSy; data reported by 29 countries as of 11 June 2021 (missing Malta).

Number of phases to vaccinate prioritised target groups	Countries
Two	Italy, Portugal
Three	Austria, Belgium, Croatia, Czechia, Greece, Poland, Romania, Spain
Four	Finland, Germany, Malta, Sweden
Five	Estonia, France, Slovenia, the Netherlands
Six	Cyprus, Luxembourg
Other	Denmark (12 phases), Hungary (seven phases), Iceland (10 phases), Ireland (9 phases), Latvia (eight phases), Lithuania (16 phases), Norway (nine phases), Slovakia (12 phases), Slovenia (seven phases)

Current vaccination phase	Countries
Phase 1	Belgium (phase 1B),
Phase 2	Czechia, Portugal, Spain
Phase 3	Austria, Croatia, Romania
Phase 4	Malta, Finland, Sweden
Other	Denmark (phase 10) Estonia (phase 5) Germany (all groups) Hungary (all groups) Iceland (group 7-10) Ireland (phase 9) Latvia (phase 8) Lithuania Luxembourg (phase 6) the Netherlands (phase 5) Norway (phases 6-8) Poland (all groups) Slovakia (all groups)

Vaccination strategies and policies during rollout

- Sixteen countries have extended the timing between vaccine doses to provide the first dose to as many people in the priority groups as possible. The timing between the first and second dose varies by country and by vaccine product.
- For individuals previously infected with SARS-CoV-2, eleven countries currently recommend only one dose (for vaccines that have a two-dose schedule).
- Seventeen countries recommend specific COVID-19 vaccine products for specific population groups.
- Most countries have adapted their vaccination guidelines following the report of the very rare side effects of thromboembolic events associated with thrombocytopenia following vaccination with Vaxzevria and COVID-19 Vaccine Janssen. The adaptation is mainly based on age specific recommendations for both the Vaxzeria and COVID-19 Vaccine Janssen.
- A minority of countries (n=4) reported that they have adapted their COVID-19 vaccination strategy due to the circulation of new variants of concern. Adjustments included providing more vaccine doses to areas of high incidence of COVID-19 in general or due to high incidence of variants of concern or a redefinition of the priority groups based on the epidemiological situation. No further adjustment has been made compared to the previous report.
- Fourteen responding countries answered that they do offer vaccination to certain individuals/ target groups who live outside of the country (e.g. transnational workers, with certain criteria such as working in LTCF, health facilities or essential workers).
- All responding countries answered that vaccination will be accessible to any EU citizens in the country, but there may be certain conditions.
- Five countries are planning to expand vaccination to all adolescents and in 14 countries the vaccination of children under the age of 12 years is currently under discussion and decisions will be made at a later time if the European Medicines Agency authorises any COVID-19 vaccines for that age group.

Summary table of vaccine uptake by target populations

Vaccine uptake	Uptake (range)	Reporting countries
At least one dose among adults (18+ years)	51.2% (range: 14.9-67.7%)	All 30 EU/EEA countries
Full vaccination among adults (18+ years)	26.8% (range: 11.8-55.1%)	All 30 EU/EEA countries
At least one dose among people 80+ years (median)	80.7% (range: 14.6–100%)	26 (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Norway, Poland, Portugal, Romania, Slovenia, Spain, Sweden)
Full vaccination among people 80+ years (median)	71.6% (range: 10.4-100%)	26 (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Norway, Poland, Portugal, Romania, Slovenia, Spain, Sweden)
At least one dose among healthcare workers (HCW) (median)	83.9% (range: 21.4–100%)	17 (Bulgaria, Croatia, Czechia, Denmark, Estonia, France, Greece, Hungary, Iceland, Ireland, Latvia, Luxembourg, Malta, Romania, Slovenia, Spain, Sweden)
Full vaccination among HCW (median)	69.9% (range: 20–100%)	17 (Bulgaria, Croatia, Czechia, Denmark, Estonia, France, Greece, Hungary, Iceland, Ireland, Latvia, Luxembourg, Malta, Romania, Slovenia, Spain, Sweden)

European Situation on Vaccination

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

Total doses distributed to EU/EEA countries 334,679,394 | 288,172,424

Select View : Uptake full vaccination

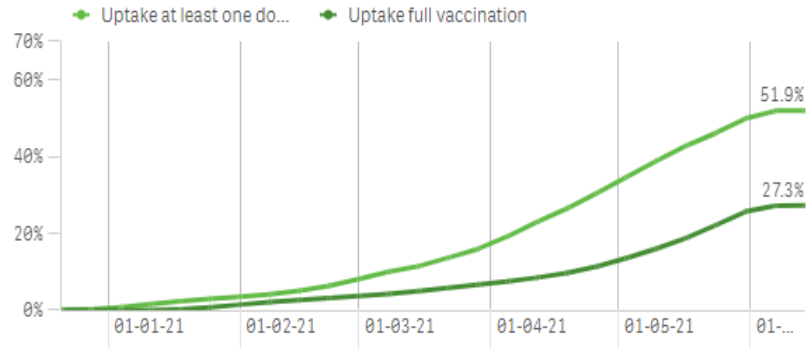
Select Country : All EU/EEA countries

Cumulative uptake (%) of full vaccination among adults (18+) in EU/EEA countries as of 2021-06-15

Uptake full vaccination (%)

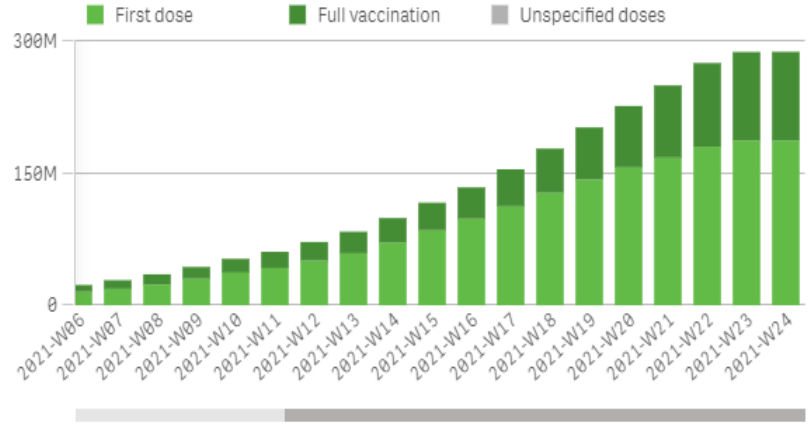
Cumulative uptake (%) of at least one vaccine dose and full vaccination among adults (18+) in EU/EEA countries as of 2021-06-15

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



Cumulative number of doses administered to adults (18+) in EU/EEA countries as of 2021-06-15

by reporting week (data for current week are preliminary)



Cumulative uptake (%) of at least one vaccine dose among people aged 80 years and above in EU/EEA countries as of 2021-06-15

Country	Uptake at least one dose (%) - 80 years old and above
Austria	83.0%
Belgium	88.7%
Bulgaria	15.3%
Croatia	50.6%
Cyprus	89.6%
Czechia	79.5%
Denmark	100.0%
Estonia	65.3%
Finland	93.6%
France	77.6%
Germany	-
Greece	67.9%
Hungary	73.6%
Iceland	99.5%
Ireland	100.0%
Italy	92.2%
Latvia	31.1%
Liechtenstein	-
Lithuania	51.7%
Luxembourg	79.7%
Malta	99.7%
Netherlands	-
Norway	81.6%
Poland	60.5%
Portugal	97.4%
Romania	18.1%
Slovakia	-
Slovenia	66.1%
Spain	100.0%
Sweden	94.1%

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

Source: https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---15-june-2021

WHO, in collaboration with national authorities, institutions and researchers, routinely assesses if variants of SARS-CoV-2 result in changes in transmissibility, clinical presentation and severity, or if they result in changes in public health and social measures (PHSM) implementation by national health authorities. Globally, systems have been established and are being strengthened to detect "signals" of potential Variants of Interest (VOIs) or Variants of Concern (VOCs) and assess these based on the risk posed to global public health.

As surveillance activities to detect SARS-CoV-2 variant cases are strengthened at local and national levels, including systematic genomic sequencing, the number of countries reporting VOCs has continued to increase. This information should be interpreted with due consideration of surveillance limitations, including but not limited to differences between countries in sequencing capacity and prioritization of samples for sequencing.

SARS-CoV-2 VOCs and VOIs, as of 15 June 2021

WHO label	Pango lineage	GISAID clade	Nextstrain clade	Earliest documented samples	Date of designation
Variants of Concern (VOCs):					
Alpha	B.1.1.7	GRY (formerly GR/501Y.V1)	20I (V1)	United Kingdom, Sep-2020	18-Dec-2020
Beta	B.1.351	GH/501Y.V2	20H (V2)	South Africa, May-2020	18-Dec-2020
Gamma	P.1	GR/501Y.V3	20J (V3)	Brazil, Nov-2020	11-Jan-2021
Delta	B.1.617.2	G/478K.V1	21A	India, Oct-2020	VOI: 4-Apr-2021 VOC: 11-May-2021
Variants of Interest (VOIs):					
Epsilon	B.1.427/ B.1.429	GH/452R.V1	21C	United States of America, Mar-2020	5-Mar-2021
Zeta	P.2	GR/484K.V2	20B/S.484K	Brazil, Apr-2020	17-Mar-2021
Eta	B.1.525	G/484K.V3	21D	Multiple countries, Dec-2020	17-Mar-2021
Theta	P.3	GR/1092K.V1	21E	Philippines, Jan-2021	24-Mar-2021
Iota	B.1.526	GH/253G.V1	21F	United States of America, Nov-2020	24-Mar-2021
Kappa	B.1.617.1	G/452R.V3	21B	India, Oct-2020	4-Apr-2021
Lambda	C.37	GR/452Q.V1	20D	Peru, Aug-2020	14-Jun-2021

VOI Lambda

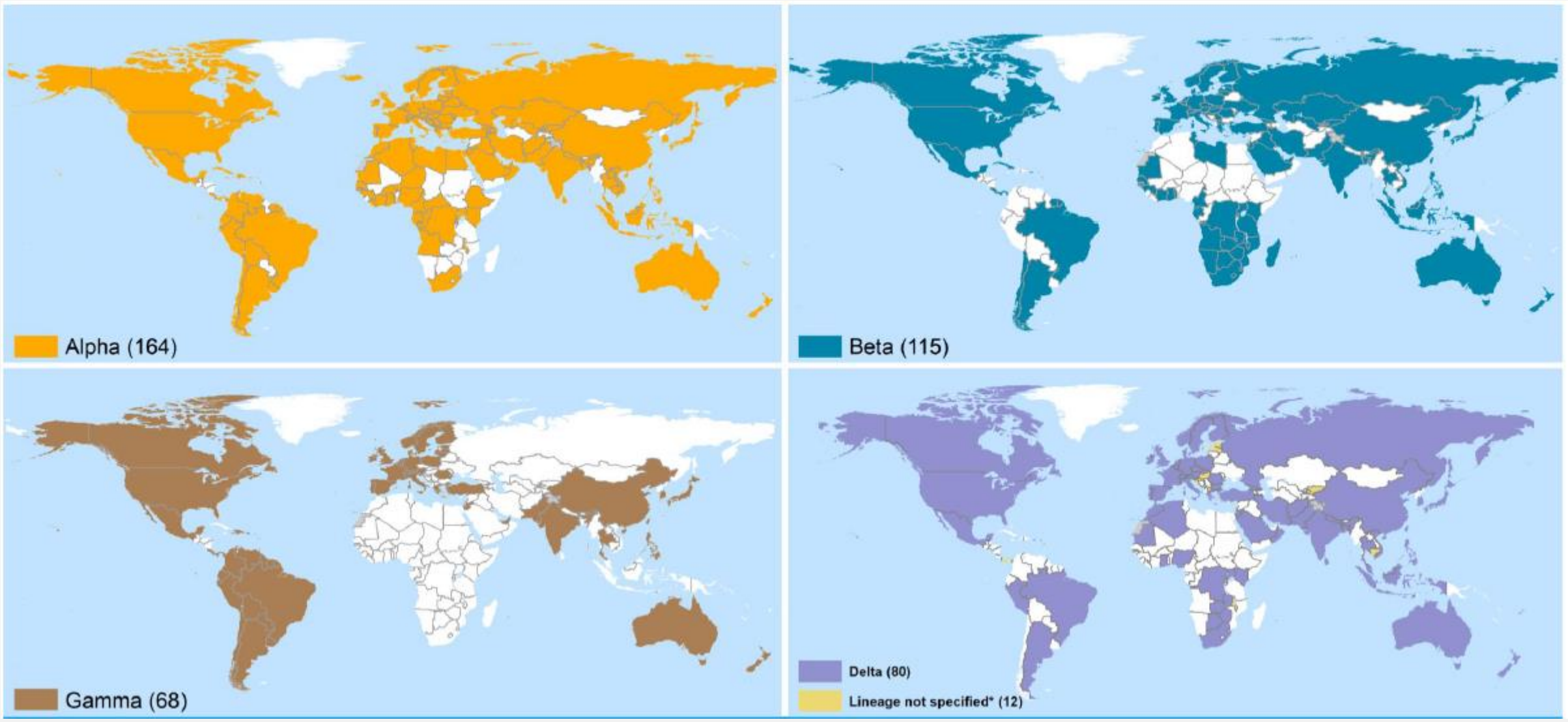
On 14 June 2021, a variant assigned to Pango lineage C.37, GISAID clade GR/452Q.V1, NextStrain clade 20D, was designated as a global VOI, and assigned the WHO label "Lambda". This variant has been monitored as an alert for an extended period, and upon more information and updated assessments, is now considered as meeting the VOI working definition based upon evidence of continued emergence and suspected phenotypic implications.

Lambda has been associated with substantive rates of community transmission in multiple countries, with rising prevalence over time concurrent with increased COVID-19 incidence. The earliest sequenced samples were reported from Peru in August 2020. As of 15 June 2021, over 1730 sequences have been uploaded to GISAID from 29 countries/territories/areas in five WHO regions. Elevated prevalence has been noted particularly in South America in countries such as Chile (31% overall prevalence among submitted sequences since first detected in this location to date), Peru (9%), Ecuador (8%), and Argentina (3%).2 Authorities in Peru reported that 81% of COVID-19 cases sequenced since April 2021 were associated with Lambda. Argentina reported increasing prevalence of Lambda since the third week of February 2021, and between 2 April and 19 May 2021, the variant accounted for 37% of the COVID-19 cases sequenced. In Chile, prevalence of Lambda has increased over time, accounting for 32% of sequenced cases reported in the last 60 days – co-circulating at similar rates to variant Gamma (33%), but outcompeting variant Alpha (4%) over the same period.

Lambda carries a number of mutations with suspected phenotypic implications, such as a potential increased transmissibility or possible increased resistance to neutralizing antibodies. It is characterised by mutations in the spike protein, including G75V, T76I, del247/253, L452Q, F490S, D614G and T859N; however, there is currently limited evidence on the full extent of the impact associated with these genomic changes, and further robust studies into the phenotypic impacts are needed to better understand the impact on countermeasures and to control the spread. Further studies are also required to validate the continued effectiveness of vaccines.

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

4. Countries, territories and areas reporting variants Alpha (B.1.1.7), Beta (B.1.351), Gamma (P.1) and Delta (B.1.617.2), as of 15 June 2021



Subject in Focus

The impact of COVID-19 on tropical diseases

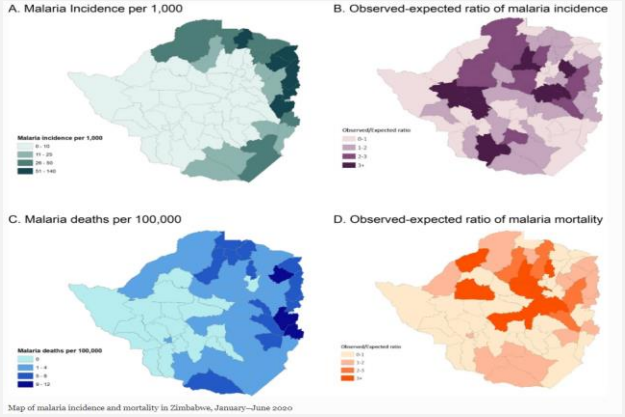
Introduction

There have been numerous reports of the low incidence of diseases such as influenza during winter 2020-21 in the northern hemisphere which has been ascribed to non-pharmaceutical interventions associated with the COVID-19 pandemic. However, recent studies from sub-Saharan Africa suggest that there has been an adverse impact of COVID-19 on tropical diseases such as malaria, mainly due to logistic and procurement issues. There is also emerging evidence that co-infection with COVID-19 can have an impact on other infectious diseases. This SIF will explore these issues in more detail.

COVID-19 and malaria

An ecological study from Zimbabwe reviewed the incidence and mortality of malaria in the two years preceding the COVID-19 pandemic and compared them to 2020 rates. There was an excess of 30,000 cases of malaria reported in 2020. The authors suggest that this was due to diversion of resources usually targeted at malaria to addressing COVID-19. However, they acknowledge that additional research is required to understand the observed trends (see Fig).

A study was published in Jan 21 that developed a geospatial model to evaluate the impact of COVID-19 on malaria incidence and mortality. The authors stated '*Under pessimistic scenarios, COVID-19-related disruption to malaria control in Africa could almost double malaria mortality in 2020, and potentially lead to even greater increases in subsequent years. To avoid a reversal of two decades of progress against malaria, averting this public health disaster must remain an integrated priority alongside the response to COVID-19.'.* Obviously, any model-related data must be interpreted with care but the data adds to growing concerns that there is likely to be a significant increase in incidence and impact of malaria due to COVID-19.



Map of malaria incidence and mortality in Zimbabwe, January–June 2020

COVID-19 and neglected tropical diseases

A second modelling study reviewed the impact of COVID-19 on neglected tropical diseases. The impact was considered 'variable' due to factors such the transmissibility of each disease. The authors stated '*Programs face a risk of resurgence, which will be fastest in high-transmission areas. Furthermore, of the mass drug administration diseases, schistosomiasis, STH, and trachoma are likely to encounter faster resurgence. The case-finding diseases (gambiense sleeping sickness and visceral leishmaniasis) are likely to have fewer cases being detected but may face an increasing underlying rate of new infections.*' However, there is a suggestion that a new hybrid approach to NTDs – using non-pharmaceutical interventions, with a particular focus on sanitation, might aid eradication programmes by leveraging resources targeting COVID-19.

Tropical diseases and COVID-19

There have been several reports about the impact of tropical diseases such as dengue and helminth infections on immunity and how this might affect infection with COVID-19. For example; a review article suggested that misdiagnosis of dengue could be due to the presence of dengue-specific antibodies (anti-DENV) that are cross reactive with SARS-CoV-2 antibodies and might affect rapid dengue tests. There is also a hypothesis that cross-reactivity may lead to false positive COVID-19 serology.

Several studies have reviewed evidence around helminth infection and COVID-19. Helminth infections are endemic in many countries and are known to modulate the immune response (which is how they survive). It has been postulated that co-infection may have an adverse effect on severity of disease although this has not yet been established. It has also been suggested that the converse may be true – that infection with helminths may be protective against severe infection with COVID-19. Further work is required to explore these issues.

Tropical Diseases and COVID-19 Vaccination

A recent study reviewed evidence on helminth infection and potential interaction with COVID-19 vaccination. It is suggested that their immunomodulatory effect may mitigate vaccine efficacy – although no robust evidence for this effect has been
established. It is clear that a lot more information about how different tropical diseases interact with the immune system of their host – and how this affects viral infections such as SARS-CoV-2 – is required to better understand the impact on vaccination. However, the number of people infected by helminths worldwide (estimated to be 2 billion) means that this could be a significant public health problem.

Summary

The impact on tropical diseases on SARS-CoV-2 can be divided into two areas:

1. The impact on programmes to control or eradicate tropical diseases – where the current evidence suggests a negative impact from COVID-19 which could result in large numbers of new infections and the loss of years of progress in tackling tropical diseases.
2. The biological interaction between tropical diseases and COVID-19 which may impact on the severity of infection and the efficacy of COVID vaccination however there is very limited evidence available to support these hypotheses.

The programmatic impact of COVID-19 will become clear over the next few years and is unlikely to be good. However, research groups are suggesting that some of the gains from the COVID pandemic, such as a focus on hand hygiene, should mitigate some of the losses from diverted resources and weakened health systems. The biological impact remains to be determined but also may have a significant impact on control measures such as vaccination.

Effects of COVID-19 Prevention Measures on Other Common Infections, Taiwan - Volume 26, Number 10—October 2020 - Emerging Infectious Diseases journal - CDC
Malaria incidence and mortality in Zimbabwe during the COVID-19 pandemic: analysis of routine surveillance data | SpringerLink
Indirect effects of the COVID-19 pandemic on malaria intervention coverage, morbidity, and mortality in Africa: a geospatial modelling analysis - ScienceDirect
9789240010352-eng.pdf
Predicted Impact of COVID-19 on Neglected Tropical Disease Programs and the Opportunity for Innovation | Clinical Infectious Diseases | Oxford Academic (oup.com)
Neglected tropical diseases activities in Africa in the COVID-19 era: the need for a "hybrid" approach in COVID-endemic times | Infectious Diseases of Poverty | Full Text (biomedcentral.com)
Covid-19 and dengue: Double punches for dengue-endemic countries in Asia - Harapan - 2021 - Reviews in Medical Virology - Wiley Online Library
Will helminth co-infection modulate COVID-19 severity in endemic regions? (tanawisa.com)
Helminth coinfection and COVID-19: An alternate hypothesis (plos.org)
Emerging issues in COVID-19 vaccination in tropical areas: Impact of the immune response against helminths in endemic areas - ScienceDirect

Other Infectious Disease Outbreaks

bluedot

Middle Eastern Respiratory Syndrome Coronavirus

Saudi Arabia: The Saudi Arabia Ministry of Health (MOH) has recently reported the ninth case of Middle East respiratory syndrome coronavirus (MERS-CoV) of 2021. According to the report, the individual is a 63-year-old man from Almwaih City, Taif who had contact with camels. This is the tenth overall case of the year as the United Arab Emirates reported a case in early February. MERS-CoV has been identified in dromedaries in several countries in the Middle East, Africa and South Asia. So far, 27 countries have reported over 2,500 cases since 2012, leading to nearly 900 known infection related deaths and complications.

Source: http://outbreaknewstoday.com/saudi-arabia-taif-man-is-9th-mers-case-of-2021/
https://www.moh.gov.sa/en/CCC/events/national/Pages/2021.aspx

Cholera

Nigeria: New cases of cholera have been reported in Nigeria since the beginning of 2020. According to official available information, this year the country has experienced a nine-fold increase in cases when compared to the same period in 2020. The number of cases reported thus far in 2021 has already exceeded the total number of cases reported in 2019 (3,513) and 2020 (1,803). In addition, according to the most recent WHO-African Regional weekly report as of 1 June 2021, active cholera outbreaks have been reported in five states including Bauchi, Gombe, Kano, Plateau, and Zamfara. Of note, this year, cases have been reported from both densely populated urban areas as well as rural areas. Delayed healthcare-seeking behaviours along with vaccination campaign disruptions amid the COVID-19 pandemic has contributed to the spread of the disease through communities. Response to the COVID-19 pandemic has added a burden to the health system and its ability to respond to other outbreaks. Health officials have received support from WHO, Médicines Sans Frontièrs, UNICEF among others.

Source: https://apps.who.int/iris/bitstream/handle/10665/341808/OEW24-0713062021.pdf

Globaly most active infectious diseases

COVID-19

Global case activity: APR 18 – JUN 16
Global reported cases: 36,229,500 cases
Estimated case exportations per month: >1,000 cases

Dengue

Global case activity: APR 18 – JUN 16
Global reported cases: 311,418 cases
Estimated case exportations per month: >1,000 cases

Malaria

Global case activity: APR 18 – JUN 16
Global reported cases: 61,294 cases
Estimated case exportations per month: 101 to 1,000 cases

Chikungunya

Global case activity: APR 18 – JUN 16
Global reported cases: 7,100 cases
Estimated case exportations per month: 101 to 1,000 cases

Ross River Virus

Global case activity: APR 18 – JUN 16
Global reported cases: 251 cases
Estimated case exportations per month: 101 to 1,000 cases

Cholera

Global case activity: APR 18 – JUN 16
Global reported cases: 29,438 cases
Estimated case exportations per month: 11 to 100 cases

Varicella

Global case activity: APR 18 – JUN 16
Global reported cases: —
Estimated case exportations per month: 11 to 100 cases

Zika

Global case activity: APR 18 – JUN 16
Global reported cases: 55 cases
Estimated case exportations per month: 11 to 100 cases

Summary of information on the individual national Corona restrictions

The icons are linked to the respective information. Please click on the icons for information.

NATO Member State	Health information	Vaccination news	Governmental information	NATO Member State	Health information	Vaccination news	Governmental information
Albania				Latvia			
Belgium				Lithuania			
Bulgaria				Luxembourg			
Canada				Montenegro			
Croatia				Netherland			
Czech Republic				North Macedonia			
Denmark				Norway			
Estonia				Poland			
France				Portugal			
Germany				Rumania			
Great Britain				Slovakia			
Greece				Slovenia			
Hungary				Spain			
Italy				Turkey			
Iceland				USA			

Travel Recommendations and other Useful Links

Travel Recommendations

Many countries have halted some or all international travel since the onset of the COVID-19 pandemic but now have re-open travel some already closed public-travel again. This document outlines key considerations for national health authorities when considering or implementing the gradual return to international travel operations.

The decision-making process should be multisectoral and ensure coordination of the measures implemented by national and international transport authorities and other relevant sectors and be aligned with the overall national strategies for adjusting public health and social measures.

Travel has been shown to facilitate the spread of COVID-19 from affected to unaffected areas. Travel and trade restrictions during a public health event of international concern (PHEIC) are regulated under the International Health Regulations (IHR), part III.

The majority of measures taken by WHO Member States relate to the denial of entry of passengers from countries experiencing outbreaks, followed by flight suspensions, visa restrictions, border closures, and quarantine measures. Currently there are exceptions foreseen for travellers with an essential function or need.

Information on COVID-19 testing and quarantine of air travellers in the EU and the US you can find following the link:

- https://www.ecdc.europa.eu/en/publications-data/guidelines-covid-19-testing-and-quarantine-air-travellers

- https://www.cdc.gov/coronavirus/2019-ncov/travelers/testing-air-travel.html

More information about traveling worldwide:

- National regulation regarding travel restrictions, flight operation and screening for single countries you will find **here** (US) and **here** (EU).
- Official IATA travel restrictions. You will find **here**.

More information about traveling in the EU

- by the ***European Commission*** you will find here:

https://www.consilium.europa.eu/en/policies/coronavirus/covid-19-travel-and-transport/

- The ***ECDC*** publishes a map of EU Member States, broken down by regions, which show the risk levels across the regions in Europe using a traffic light system. Find it **here**.

As a general rule, information on new measures will be published 24 hours before they come into effect.

All information should also be made available on **Re-open EU**, which should contain a cross-reference to the map published regularly by the European Centre for Disease Prevention and Control.

Useful links

ECDC:

- All info about the COVID-19 pandemic; (situation updates, latest news and reports, risk assessments etc.)
- COVID-19 Vaccine tracker
- SARS-CoV-2 variants dashboard for EU
- Latest Risk assessment on COVID-19 , 15 Feb 2021
- All “guidance's and technical reports” can be found under “All COVID-19 outputs” on this page here

WHO:

- Epi-WIN webinars and updates
- Status of “COVID-19 Vaccines within WHO EUL/PQ evaluation process” and the “Draft landscape and tracker of COVID-19 candidate vaccines”
- Weekly Epidemiological and operational updates
- COVID-19 new variants: Knowledge gaps and research
- COVID-19 Dashboard
- Vaccines explained
- Science in 5: WHO’s series on science and COVID-19
- Quick links

CDC:

- COVID Data Tracker and weekly review
- What´s new and Updated
- Guidance for COVID-19

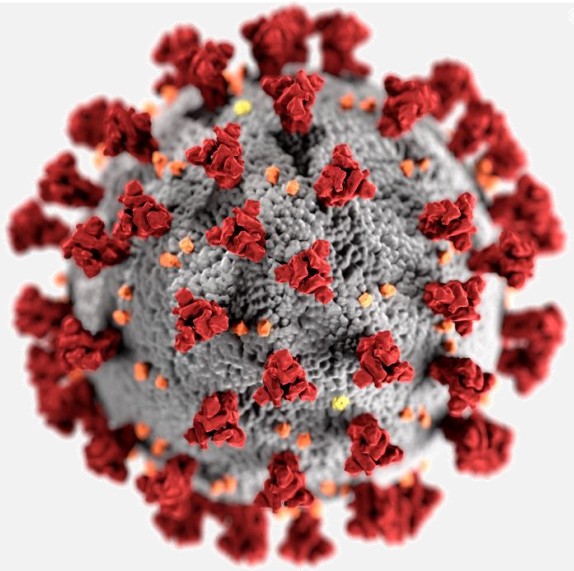
References:

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

Upcoming Events FHPB

We are happy to announce the;

Force Health Protection Event:
COVID-19; A retrospective look at a turbulent time



When:	3rd to 4th November 2021
Location:	virtual event via Microsoft Office Teams platform
Registration:	open 3rd May 2021
Call for papers:	3rd May to 25th June 2021
Link:	Registration/Submission page