Force Health Protection Branch
NATO MilMed COE
Munich

Update 75
COVID-19
Coronavirus Disease
23rd of June 2021

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GLOBAL
↘
179 182 652
Confirmed cases
169 100 000 recovered
3 881 988 deaths

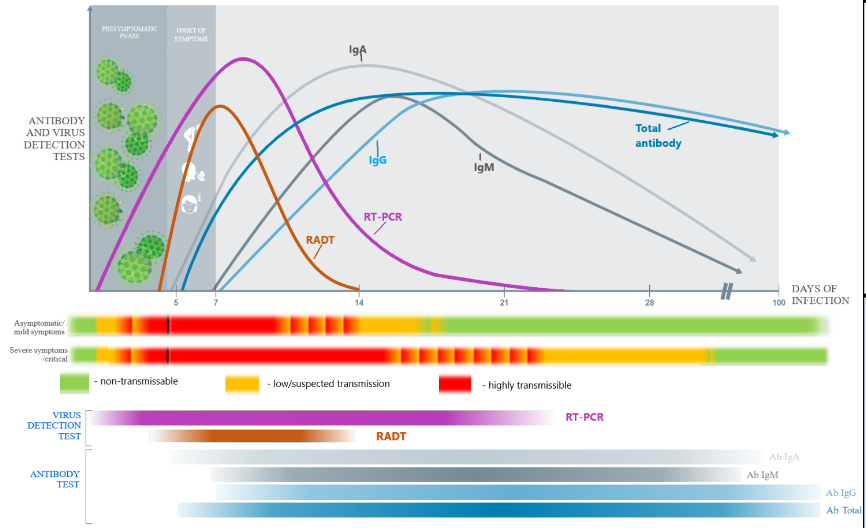
USA
(7-days incidence 24,3)
↘
33 412 564
confirmed cases
32 610 000 recovered
599 742 deaths

India
(7-days incidence 29,9)
↘
29 977 861
confirmed cases
28 310 000 recovered
389 302 deaths

Brazil
(7-days incidence 243,3)
↗
18 054 653
confirmed cases
16 380 000 recovered
504 717 deaths

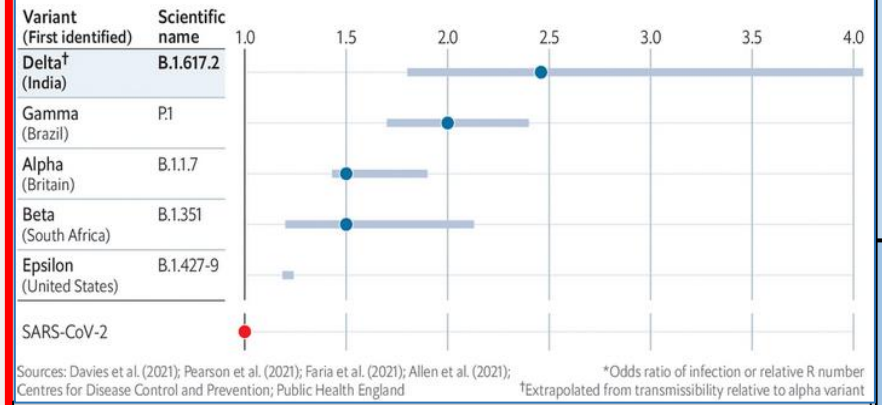
News:

- With 58,419 new infections, **India** has reported the lowest daily number in almost three months. The total number of infections in the country rose to 29.9 million within 24 hours, according to data from the Ministry of Health. This is the second highest value in the world after the USA. According to experts, however, the number of unreported cases is likely to be much higher. The number of deaths related to the virus increased by 1576 to 386,713 people.
- **India** classifies a newly detected virus variant as worrying. According to the Federal Minister of Health, the mutation, unofficially known as "**Delta plus**", was discovered in 16 cases in the state of Maharashtra and is more easily transmissible. In total, nearly two dozen infections have now been detected in three states. The government called on the authorities to step up testing.
- **WHO/COVAX:** Together with a South African consortium comprising Biovac, Afrigen Biologics and Vaccines, a network of universities and the Africa CDC to establish its first COVID mRNA vaccine technology transfer hub. Additionally 28 low- and middle-income country expressed their interest to receive the technology to produce mRNA vaccines or to host a technology hub or both.
- **WHO:** In collaboration with the Government of India, WHO is launching **WHO mYoga** - a yoga app to help people stay active and healthy. The app is safe and secure, and does not collect any data from users. It is available for free download on Android devices, and Apple devices.
- **WHO:** Releases new global lists of high-burden countries for TB, HIV-associated TB and drug-resistant TB for 2021–2025.
- **WHO:** Suicide remains one of the leading causes of death worldwide. Every year, more people die as a result of suicide than HIV, malaria or breast cancer – or war and homicide. In 2019, more than 700 000 people died by suicide: one in every 100 deaths. The new WHO guidance should help the world reach the target of reducing suicide rate by 1/3 by 2030.
- **ECDC/EASA**: Updated their joint Aviation Health Safety Protocol providing clear operational guidance and risk-based recommendations for health-safe air travel to complement the European Union's initiatives, such as the EU Digital COVID Certificates.
- **ECDC:** On 22 June 2021, ECDC launches the European surveillance portal for infectious diseases (EpiPulse), an online portal for European public health authorities and global partners to collect, analyse, share, and discuss infectious disease data for threat detection, monitoring, risk assessment and outbreak response.
- **Topics:**
- Global situation
- European situation
- ECDCs, COVID-19 Aviation Health Safety Protocol
- Vaccination news
- SARS-CoV-2 VOIs and VOCs
- **Subject in Focus:** Spotlight on Reopening in the United Kingdom
- Other Infectious Disease Outbreaks
- **NATO Member State:** Summary of information on the individual national Corona restrictions
- Travel Recommendations and other Useful Links



Rate of change

Covid-19, estimated transmissibility* of variants compared with original SARS-CoV-2 virus



Sources: Davies et al. (2021); Pearson et al. (2021); Faria et al. (2021); Allen et al. (2021); Centres for Disease Control and Prevention; Public Health England

*Odds ratio of infection or relative R number
†Extrapolated from transmissibility relative to alpha variant

EUROPE
↘
53 104 418
confirmed cases
51 200 000 recovered
1 145 636 deaths

France
(7-days incidence 23,0)
↘
5 760 002
confirmed cases
5 594 000 recovered
110 829 deaths

TUR
(7-days incidence 47,8)
↘
5 381 736
confirmed cases
5 238 000 recovered
49 293 deaths

Russia
(7-days incidence 76,8)
↗
5 288 766
confirmed cases
4 943 000 recovered
128 008 deaths

Situation by WHO Region, as of 20th June

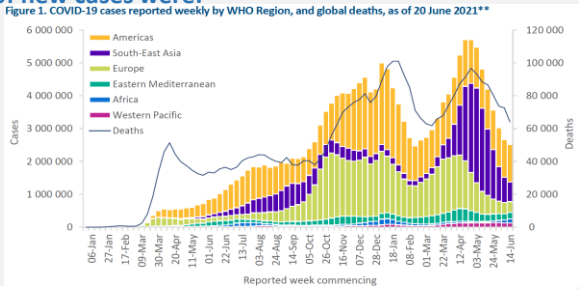
Global epidemiological situation overview; WHO as of 20 June 2021

Global numbers of cases and deaths continued to decrease over the past week (14-20 June 2021) with over 2.5 million new weekly cases and over 64 000 deaths, a 6% and a 12% decrease respectively, compared to the previous week (Figure 1). While the number of cases reported globally now exceeds 177 million, last week saw the lowest weekly case incidence since February 2021. This week, the **Americas and Western Pacific Regions** reported numbers of new weekly cases similar to the previous week, while the **South-East Asia and the European Regions** reported a decline in the number of new cases. The **African Region** recorded a marked increase in the number of weekly cases as compared to the previous week. Globally, mortality remains high with more than 9000 deaths reported each day over the past week, however, the number of new deaths reported in the past week decreased across **all Regions** except for **the Eastern Mediterranean and the African Regions**.

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

- **Brazil;** reporting 505 344 new cases; 11% increase
- **India;** reporting 441 976 new cases; 30% decrease ,
- **Colombia;** reporting 193 907 new cases; 10% increase
- **Argentina;** reporting 149 673 new cases; 16% decrease, and
- **Russian Federation;** reporting 108 139 new cases; 31% increase

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 20 June 2021**

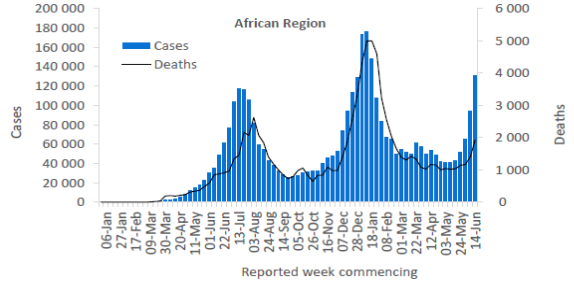


WHO regional overviews - Epidemiological week 14-20 June 2021

African Region

The African Region reported over 132 000 new cases and over 1900 new deaths, a 39% and a 38% increase respectively compared to the previous week, the highest percentage increase reported globally. The region reported a marked increase in weekly case incidence for the past month, with the largest increases in countries in the Southern and Eastern parts of Africa. The highest numbers of new cases were reported from South Africa (70 739 new cases; 119.3 new cases per 100 000 population; a 48% increase), Zambia (16 641 new cases; 90.5 new cases per 100 000; a 54% increase), and Uganda (9926 new cases; 21.7 new cases per 100 000; a 16% increase).

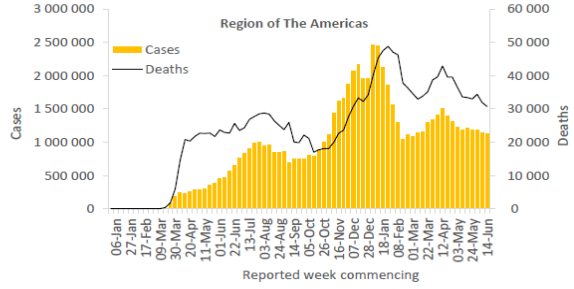
The highest numbers of new deaths were reported from South Africa (937 new deaths; 1.6 new deaths per 100 000 population; a 29% increase), Zambia (230 new deaths; 1.3 new deaths per 100 000; a 271% increase), and Uganda (203 new deaths; 0.4 new deaths per 100 000; a 314% increase).



Region of the Americas

The Region of the Americas reported over 1.1 million new cases and over 30 000 new deaths, a similar number of cases and a 4% decrease in deaths compared to the previous week. Despite this, high levels of transmission and mortality are still being recorded in many countries in South and Central America as well as in the Caribbean. The highest numbers of new cases were reported from Brazil (505 344 new cases; 237.7 new cases per 100 000; an 11% increase), Colombia (193 907 new cases; 381.1 new cases per 100 000; a 10% increase), and Argentina (149 673 new cases; 331.2 new cases per 100 000; a 16% decrease).

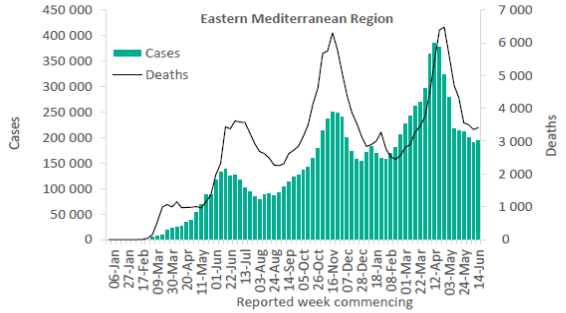
The highest numbers of new deaths were reported from Brazil (14 264 new deaths; 6.7 new deaths per 100 000; a 7% increase), Colombia (4131 new deaths; 8.1 new deaths per 100 000; an 11% increase), and Argentina (3619 new deaths; 8.0 new deaths per 100 000; a 14% decrease).



Eastern Mediterranean Region

Following two months of decline in the weekly case incidence, the Eastern Mediterranean Region reported over 195 000 new cases and over 3400 new deaths, similar numbers as compared to the previous week. Nearly half of countries across the region are starting to report increasing case and death incidence, including Afghanistan, Kuwait, Somalia and Syrian Arab Republic. The highest numbers of new cases were reported from the Islamic Republic of Iran (66 452 new cases; 79.1 new cases per 100 000; an 11% increase), Iraq (32 614 new cases; 81.1 new cases per 100 000; a 12% increase), and the United Arab Emirates (14 162 new cases; 143.2 new cases per 100 000; a 4% decrease).

The highest numbers of new deaths were reported from the Islamic Republic of Iran (943 new deaths; 1.1 new deaths per 100 000; a 3% decrease), Afghanistan (595 new deaths; 1.5 new deaths per 100 000; a 56% increase), and Tunisia (524 new deaths; 4.4 new deaths per 100 000; a 7% increase).

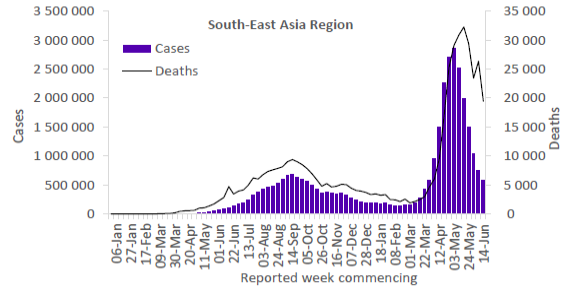


South-East Asia Region

The South-East Asia Region reported over 600 000 new cases and over 19 000 new deaths, a 21% and a 26% decrease respectively compared to the previous week. Decreasing trends in weekly case and death incidence in the Region are predominantly associated with decreases reported in India. Other countries, including Myanmar, Bangladesh and Indonesia, reported increasing case and death incidence this week when compared to the previous week.

The highest numbers of new cases were reported from India (441 976 new cases; 32.0 new cases per 100 000; a 30% decrease), Indonesia (78 551 new cases; 28.7 new cases per 100 000; a 42% increase), and Bangladesh (24 746 new cases; 15.0 new cases per 100 000; a 55% increase).

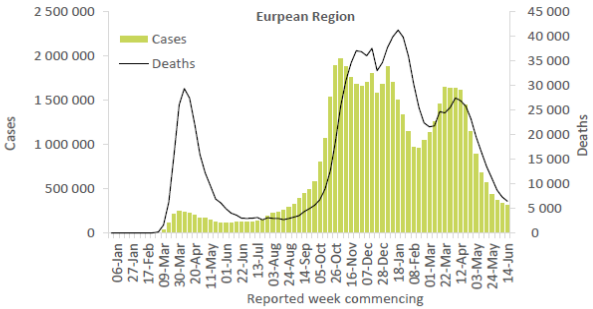
The highest numbers of new deaths were reported from India (16 329 new deaths; 1.2 new deaths per 100 000; a 31% decrease), Indonesia (1783 new deaths; 0.7 new deaths per 100 000; a 41% increase), and Bangladesh (430 new deaths; 0.3 new deaths per 100 000; a 54% increase).



European Region

The European Region reported over 324 000 new cases and over 6400 new deaths, a 6% and a 12% decrease respectively compared to the previous week. While most countries across the Region continue to see decreasing or stabilizing trends, some countries, including Greenland, Israel, Kyrgyzstan, Portugal, the Russian Federation and Slovakia have reported increases in the number of cases and deaths this week compared to the previous week. The highest numbers of new cases were reported from the Russian Federation (108 139 new cases; 74.1 new cases per 100 000; a 31% increase), the United Kingdom (62 474 new cases; 92.0 new cases per 100 000; a 33% increase), and Turkey (39 773 new cases; 47.2 new cases per 100 000; a 7% decrease).

The highest numbers of new deaths were reported from Russian Federation (2931 new deaths; 2.0 new deaths per 100 000; an 11% increase), Germany (551 new deaths; 0.7 new deaths per 100 000; a 10% decrease), and Turkey (454 new deaths; 0.5 new deaths per 100 000; a 24% decrease).

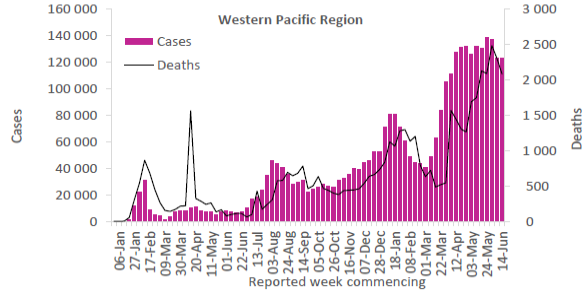


Western Pacific Region

The Western Pacific Region reported just under 124 000 new cases, a similar number to the previous week, and just over 2000 new deaths, a 9% increase compared to the previous week. While the Region reported a decreasing trend in the last couple of weeks, some countries, including Fiji, Mongolia and Singapore recorded increases in the numbers of cases this week compared to the previous week.

The highest numbers of new cases were reported from the Philippines (44 875 new cases; 41.0 new cases per 100 000; a 3% decrease), Malaysia (38 911 new cases; 120.2 new cases per 100 000; a 7% decrease), and Mongolia (17 255 new cases; 526.3 new cases per 100 000; a 74% increase).

The highest numbers of new deaths were reported from the Philippines (886 new deaths; 0.8 new deaths per 100 000; a 4% decrease), Malaysia (504 new deaths; 1.6 new deaths per 100 000; a 9% decrease), and Japan (367 new deaths; 0.3 new deaths per 100 000; a 28% decrease).



Source: https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---22-june-2021

Global Situation

UEFA/London: Members of the British House of Lords have expressed concern about possible exemptions for foreign visitors to the European Football Championship matches in London. Some foreign ministers have also spoken out against hosting the final in London. DEU offered Munich as a relocation location. For the final, which will take place on July 11 at Wembley Stadium, about 2500 media professionals and VIP guests are to be exempted from the ten-day corona quarantine.
Today, the **British government** and the **UEFA** agreed to allow more than 60,000 fans to attend the semi-finals and final of the European Football Championship at London's Wembley Stadium. thereupon. This means that Wembley stadium can be used to 75 percent capacity. So far, 40,000 spectators were planned. Only those who have been vaccinated twice or who have a negative corona test are admitted.

Copa America: At the Copa América in Brazil, there have been 140 corona cases so far. All four host cities - Rio de Janeiro, Brasilia, Cuiabá and Goiania - recorded cases related to the tournament. According to the South American football association Conmebol, the rate of those infected in the 15,235 tests carried out so far is 0.9 percent. This is, according to the association, “a clear sign that the preventive measures and health protocols are working as expected".

FIFA World Cup: At the Football World Cup in Qatar in November and December 2022, only fans fully vaccinated against Corona will be allowed into the stadiums. This is announced by the Prime Minister of the Gulf Emirate, Sheikh Khalid bin Khalifa bin Abdulasis Al-Thani, in an interview with several newspapers. He adds that Qatar is currently in talks to secure one million vaccine doses if, contrary to expectations, global immunization efforts have not made sufficient progress by the time of the tournament. How the vaccination should then proceed in concrete terms was not clear.

IOC/JAP: Despite the ongoing coronavirus pandemic, Japan's Olympic organizers want to allow up to 10,000 domestic spectators at all competitions of the Summer Games in Tokyo. However, a maximum of half of the seats in the arenas may be occupied. However, the decision is subject to change. Should the infection situation deteriorate by 12 July and a state of emergency has to be declared again, spectators could still be completely locked out. Foreign visitors are denied entry to the Summer Games. Due to ongoing concerns about the spread of the virus and its mutations during the Games, the planned public viewings in Tokyo have already been cancelled.

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One month before the start of the Olympic Games, there is the first corona case among incoming athletes. A member of the Ugandan team tested positive for the virus upon arrival at the airport.

RUS: After reporting 6555 new infections and 86 deaths within 24 hours on Tuesday. The Russian capital Moscow is tightening its restrictions. From next Monday, only people will be allowed to visit restaurants and bars after a full vaccination, with a negative PCR test or after surviving COVID. In addition, with immediate effect, events will be limited to a maximum of 500 people. According to the Moscow master, around 90 percent of the new infections are due to the delta variant that first appeared in India.

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People who are not fully vaccinated could expect limited job opportunities, according to the presidential office. Non-immunised people could not work in all places in the country and could be disadvantaged as a result.

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After severe restrictions due to the corona pandemic, air traffic to Turkey has resumed. On Tuesday alone, more than 12,000 holidaymakers from RUS are expected in Antalya. Upon entry, a complete corona vaccination is not absolutely necessary, a negative test result is sufficient.

USA: In the corona year of 2020, a good third more people have died in nursing homes in the USA than in the previous year. This is the result of a recent report by the Inspectorate General of the US Department of Health and Health and Medical Services.

ESP: In parts of Spain, nightclubs were allowed to reopen on Monday. This applies, among others, to the capital Madrid and Barcelona. However, the discotheques only open for a few hours and allow only a limited number of guests. On the Balerar Islands, the clubs remain closed.

POR: In Lisbon, which was sealed off at the weekend, more than 60 percent of all newly recorded coronavirus infections are already attributable to the Delta variant of the virus. This is the preliminary result of the sequencing of positive corona samples carried out so far in June. This confirmed the assumptions that the new Delta variant is responsible for the increase in new infections in Lisbon.

ITA: From Monday of next week, passers-by in parts of the country with low corona incidences will no longer need to wear mouth-nose protection outside. The only exception at present is the Aosta Valley in the north of the country.

THA: Phuket will be accessible to tourists again from July 1 without a general quarantine requirement. Accordingly, in a pilot project, visitors who are fully vaccinated against the coronavirus and can show a negative corona test result will be able to travel to Phuket without the mandatory hotel quarantine. If everything goes well, then from 15 July other popular holiday regions such as Koh Samui, Koh Phangan and Koh Tao will follow. However, all these opening announcements are subject to the express proviso that the number of new coronavirus infections does not increase.

AUS: The Sydney government introduced a travel ban that will last for one week, after ten new cases of the infectious delta virus variant were registered within 24 hours on Monday. The first person infected with the new Corona herd is a driver from international aircraft crews. The virus was then transmitted - apparently without any direct physical contact - in a café near the world-famous Bondi Beach and a shopping centre. A total of 21 cases are now attributed to this origin. The government ordered the Greater Sydney area to be required to wear masks on public transport and shopping centres, but has not yet imposed a lockdown.

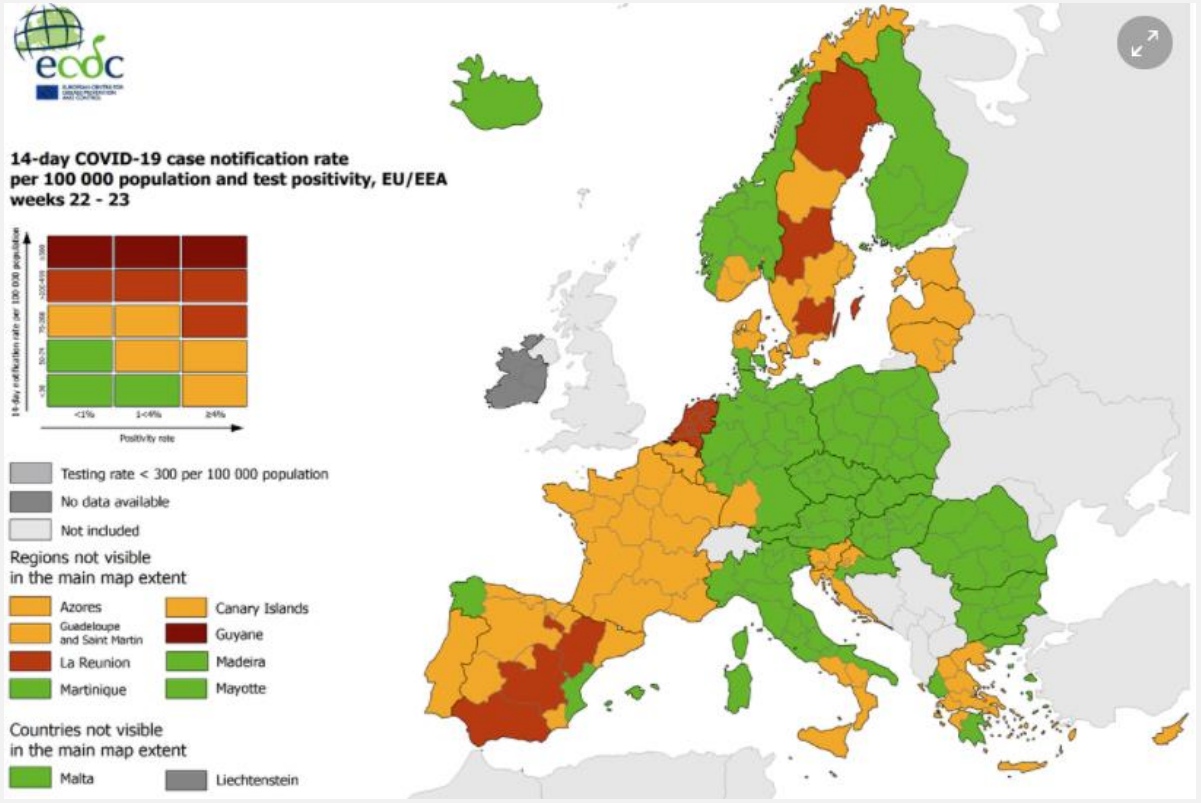
GBR: The government is currently working to ease travel restrictions on fully vaccinated Britons. Testing and quarantine obligations for fully vaccinated people are therefore to be lifted.

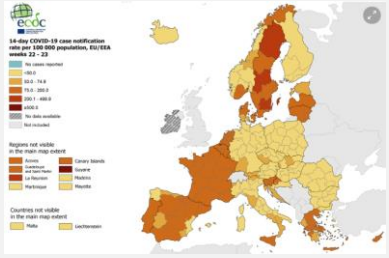
IRL: The government is sticking to its easing course despite the increasing presence of the Delta variant of the coronavirus. Starting on 5 July, the restrictions are to be further relaxed. Among other things, it is then planned to reopen the interior areas of restaurants to guests. The situation will be closely watched in the coming weeks and a final decision on further easing is due next week.

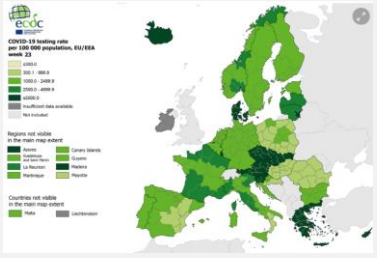
DEU: According to a survey, the majority of the 30 companies listed in the German Stock Index (Dax) are planning to expand mobile work even after the pandemic. This is reported by the Funke Media Group, citing a survey of the 30 Dax companies. 22 companies expressed their interest in increasing the number of mobile working days in the future. With the expiry of the home office obligation at the end of June, a dispute between trade unions and employers has flared up - also with a view to a possible legal regulation beyond the duration of the pandemic.

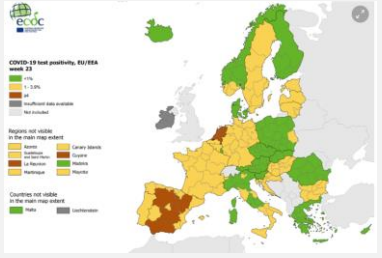
European Situation

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 17 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 23, as of 17 June 2021

Weekly surveillance summary

Overall situation

At the end of week 23 (week ending Sunday 13 June 2021), one country in the European Union/European Economic Area (EU/EEA) reported increasing case notification rates. Case rates in older age groups increased in two countries and three 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. The median cumulative uptake of at least one vaccine dose among adults aged 18 years and above in the EU/EEA is 52.4% and 29.6% for full vaccination, as reported in the COVID-19 Vaccine rollout overview.

Trends in reported cases and testing

- By the end of week 23, the 14-day case notification rate for the EU/EEA, based on data collected by ECDC from official national sources in 29 countries, was 72 (country range: 9–154) per 100 000 population. The rate has been decreasing for 10 weeks.
- Among the 15 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 1–12 weeks' duration were observed in 14 countries (Belgium, Cyprus, Denmark, Estonia, France, Greece, Ireland, Latvia, Lithuania, Luxembourg, the Netherlands, Norway, 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 five countries (Latvia, Lithuania, Poland, Portugal and Slovenia).
- Notification rates are dependent on several factors, one of which is the testing rate. Weekly testing rates for week 23, available for 28 countries, varied from 761 to 63 471 tests per 100 000 population. Austria had the highest testing rate, followed by Denmark, Greece, Cyprus and Slovenia.
- Among the two countries in which weekly test positivity was high (at least 3%), one country (Spain) had observed an increase in test positivity compared with the previous week.

Hospitalisation and ICU

- Pooled data from 24 countries for week 23 show that there were 9.6 patients per 100 000 population in hospital due to COVID-19. According to weekly hospital admissions data pooled from 17 countries, new admissions were 1.7 per 100 000 population.
- Pooled data from 18 countries for week 23 show that there were 1.8 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 0.5 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 six countries (Bulgaria, Cyprus, France, Germany, Latvia and Slovenia). However, in 20 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 29 countries, was 18 (country range: 0.0–80.1) per million population. The rate has been decreasing for seven weeks.
- Among the 19 countries with high 14-day COVID-19 death rates (at least 10 per million), increases were observed in three countries (Cyprus, Liechtenstein and Romania). Stable or decreasing trends in death rates of 1–12 weeks' duration were observed in 16 countries (Belgium, Bulgaria, Croatia, Czechia, Estonia, France, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Poland, Slovakia, 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, Latvia, Lithuania, Luxembourg, Norway, Romania and Spain) met the recommended level of 10% or 500 sequences of SARS-CoV-2-positive cases sequenced and reported to the GISAID EpiCoV database by 16 June 2021, or to TESSy by 13 June 2021 (data referring to the period 24 May to 6 June 2021). During the same period, six countries sequenced and reported between 60 and 499 samples, six countries sequenced and reported 1–59 samples and five did not report data.
- Among the 13 countries with the recommended level of 10% or 500 sequences reported per week in the period from 24 May to 6 June 2021, 12 had a valid denominator. The median (range) of the VOC reported in all samples sequenced in the period in these 12 countries was 81.6% (16.7–98.0%) for B.1.1.7 (Alpha), 2.4% (0.0–18.5%) for B.1.617.2 (Delta), 0.7% (0.0–10.5%) for P.1 (Gamma), 0.4% (0.0–6.1%) for B.1.351 (Beta), 0.0% (0.0–1.7%) for B.1.1.7+E484K, 0.0% (0.0–0.7%) for B.1.617 and 0.0% (0.0–0.1%) for B.1.617.1 (Kappa).
- The median (range) of the VOI reported in all samples sequenced in the period for these 12 countries was 0.0% (0.0–1.5%) for B.1.525 (Eta), 0.0% (0.0–1.5%) for B.1.621, 0.0% (0.0–1.4%) for B.1.620 and 0.0% (0.0–0.1%) 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 (Austria, Belgium, Lithuania, Luxembourg, the Netherlands and Sweden), in week 23, the pooled incidence of COVID-19 cases among LTCF residents was 34.3 per 100 000 LTCF beds, the pooled incidence of fatal COVID-19 cases was 2.3 per 100 000 LTCF beds, and 0.8% of participating LTCFs reported one or more new COVID-19 cases among their residents.

UEFA European Football Championship 2021 Surveillance by ECDC (week 12 to 17 June)

No significant events have been detected during the active daily monitoring from 12 to 17 June 2021. According to media and WHO EURO 2020 explorer an increase of COVID-19 cases was recently reported in St. Peterburg and Moscow, Russia, and in London, UK. Local health authorities in these cities have implemented stricter measures.

In the monitoring period COVID-19 infection was detected in several players of the following national teams: Portugal, Slovakia, Spain, and Sweden.

COVID-19 Aviation Health Safety Protocol

Operational guidelines for the management of air passengers and aviation personnel in relation to the COVID-19 pandemic by ECDC and EASA

The European Union Aviation Safety Agency (EASA) and the European Centre for Disease Prevention and Control (ECDC) have updated their joint Aviation Health Safety Protocol providing clear operational guidance and risk-based recommendations for health-safe air travel to complement the European Union's initiatives, such as the EU Digital COVID Certificates.

This third version of the protocol takes into account new evidence and information such as the circulation of variants of concern (VOCs) and the rollout of COVID-19 vaccination programmes. The protocol is intended to provide support to national authorities in Member States and to aviation stakeholders.

The document incorporates the latest scientific evidence and expert opinion from ECDC and EASA as well as the latest initiatives of the European Union, such as the EU Digital COVID Certificate (DCC) and the digital Passenger Locator Form (dPLF) and the Council Recommendations on international travel to the EU and intra-EU free movement.

Executive Summary

The document presents recommended non-pharmaceutical interventions and other measures customised for each stage of the journey as well as risk-based recommendations for entry measures for the three categories of people:

1. Persons fully vaccinated according to manufacturers' recommendations,
2. Persons who recovered from COVID-19 within the previous 180 days,
3. Persons who were not vaccinated and who did not recover from COVID-19 in the previous 180 days.

To 1. Countries should consider that **vaccinated persons and persons who recovered from COVID-19** within the previous 180 days, who are **not arriving from very high-risk countries** or **areas with community circulation** of **VOCs** and who can provide evidence of that by using the DCC, or for third country nationals by using similar means of certification, should **not be subject to testing or quarantine**.
Exceptionally, for such passengers arriving from **very high-risk countries** or areas with **community circulation VOCs** Rapid Antigen Detection Test (**RADT) testing** could be considered before departure or upon arrival.

To 3. For persons who are **not vaccinated** and/or who have **not recovered** from COVID-19 in the previous 180 days, a **risk-based approach** to entry measures should be considered based on the **risk in the country of origin** and the **risk tolerance** in the country of destination in accordance with the recommendations provided in Section 4 of the document.

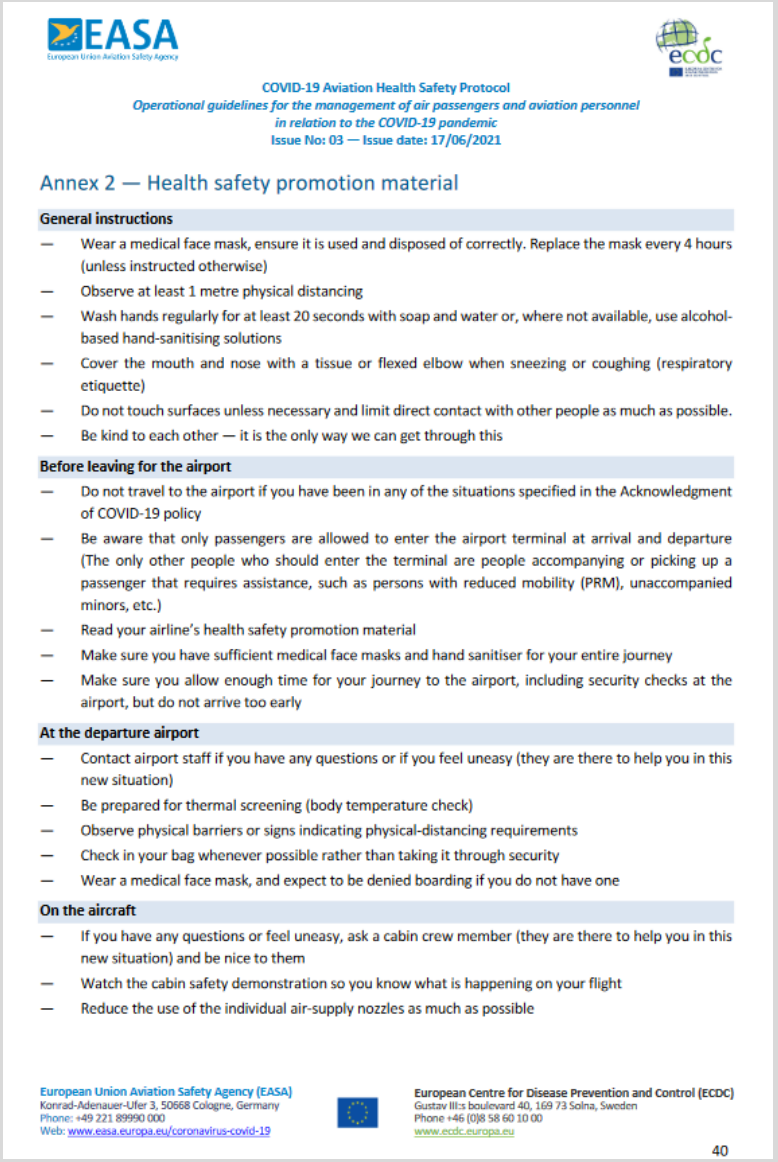
Management of passengers
For reasons of clarity, this guidance on the management of passengers is presented in the following sequence in Section 3:

- at all times, (use of medical facemasks, other non-pharmaceutical interventions, information to passengers, PPE and testing for crew and staff)
- before arriving at the departure airport, (information of passenger, vaccination)
- at the airport, (cleaning an disinfection, protective screens, testing, thermal screening)
- on-board the aircraft, and
- at the transit/arrival airport; (checking DCC and PLF, thermal screening).

Member States should ensure that their travel-related measures are well and in time communicated and coordinated, and not imposed unilaterally in order to facilitate compliance by travellers.

It is expected that the preventive measures recommended in these operational guidelines can be gradually scaled back over time in line with a reduction of the risk level through the roll out of vaccination campaigns.

Source: https://www.ecdc.europa.eu/sites/default/files/documents/Joint%20EASA-ECDC-Aviation-Health-Safety-Protocol-issue-3-17-June-2021.pdf



EASA
European Union Aviation Safety Agency

ecdc

COVID-19 Aviation Health Safety Protocol
Operational guidelines for the management of air passengers and aviation personnel in relation to the COVID-19 pandemic
Issue No: 03 — Issue date: 17/06/2021

Annex 2 — Health safety promotion material

General instructions

- Wear a medical face mask, ensure it is used and disposed of correctly. Replace the mask every 4 hours (unless instructed otherwise)
- Observe at least 1 metre physical distancing
- Wash hands regularly for at least 20 seconds with soap and water or, where not available, use alcohol-based hand-sanitising solutions
- Cover the mouth and nose with a tissue or flexed elbow when sneezing or coughing (respiratory etiquette)
- Do not touch surfaces unless necessary and limit direct contact with other people as much as possible.
- Be kind to each other — it is the only way we can get through this

Before leaving for the airport

- Do not travel to the airport if you have been in any of the situations specified in the Acknowledgment of COVID-19 policy
- Be aware that only passengers are allowed to enter the airport terminal at arrival and departure (The only other people who should enter the terminal are people accompanying or picking up a passenger that requires assistance, such as persons with reduced mobility (PRM), unaccompanied minors, etc.)
- Read your airline's health safety promotion material
- Make sure you have sufficient medical face masks and hand sanitiser for your entire journey
- Make sure you allow enough time for your journey to the airport, including security checks at the airport, but do not arrive too early

At the departure airport

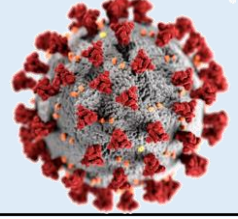
- Contact airport staff if you have any questions or if you feel uneasy (they are there to help you in this new situation)
- Be prepared for thermal screening (body temperature check)
- Observe physical barriers or signs indicating physical-distancing requirements
- Check in your bag whenever possible rather than taking it through security
- Wear a medical face mask, and expect to be denied boarding if you do not have one

On the aircraft

- If you have any questions or feel uneasy, ask a cabin crew member (they are there to help you in this new situation) and be nice to them
- Watch the cabin safety demonstration so you know what is happening on your flight
- Reduce the use of the individual air-supply nozzles as much as possible

European Union Aviation Safety Agency (EASA)
Konrad-Adenauer-Ufer 3, 50668 Cologne, Germany
Phone: +49 221 89990 000
Web: www.easa.europa.eu/coronavirus-covid-19

European Centre for Disease Prevention and Control (ECDC)
Gustav III:s boulevard 40, 169 73 Solna, Sweden
Phone +46 (0)8 58 60 10 00
www.ecdc.europa.eu



Vacination news

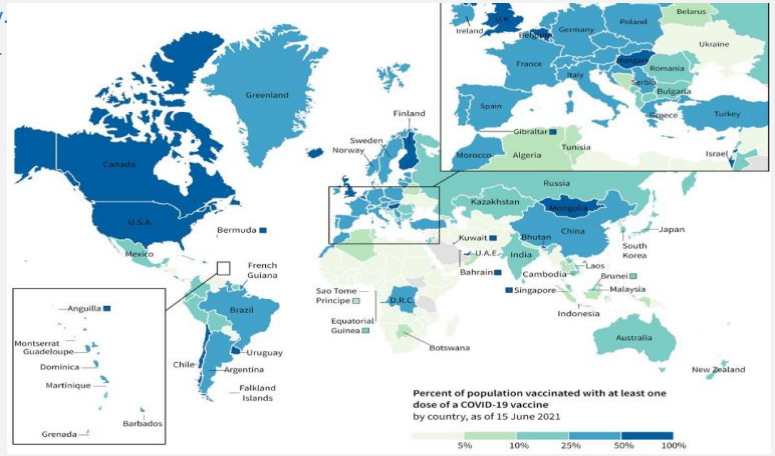
According to data collected by Our World in Data, more than 2.42 billion COVID-19 vaccine doses have been administered in 180 countries. As of June 14, the WHO's COVAX program has shipped 87 million doses to 131 eligible countries.

As of June 16, despite some countries having high vaccination coverage, more than a dozen countries are still waiting to receive their first doses of vaccine, and at least two (i.e., Madagascar and Tanzania) have openly rejected initiating any vaccination program. The majority of countries without vaccine access are in Africa and include Chad, Burkina Faso, Burundi, and Eritrea. Other nations such as Haiti and some Pacific Islands, including Vanuatu have also not yet received any vaccines.

Disease activity in Haiti has increased with the seven-day rolling average number of daily new cases rising from six as of April 25 to 213 as of June 6. Authorities have tightened domestic restrictions and imposed a health state of emergency in May. Haiti's vaccination campaign has not yet begun but officials have recently announced that they expect to begin in June. On May 20, Haiti's health ministry accepted a donation of 130,000 doses of the AstraZeneca vaccine from the WHO but the exact date of delivery has not been provided. Previously, in April, the Haitian government declined 756,000 vaccine doses of the AstraZeneca vaccine due to concerns regarding its safety after reports of clotting. Haiti is the last country in Latin America and the Caribbean to begin a vaccination campaign

In terms of total number of vaccine doses administered, the United States continues to lead the world, followed by China. To date, more than 145 million people in the U.S., or roughly 43% of the adult population, have been fully vaccinated against COVID-19.

A number of countries are facing a rise in disease activity despite high vaccination coverage, such as Chile, Bahrain, Mongolia, and Kuwait. Chile has recently announced a new lockdown amid a recent resurgence of cases and despite having more than 60% of its total population vaccinated with at least one dose of a COVID-19 vaccine. Over the last month, Chile's seven-day rolling average has increased from 5,221 as of May 11 to 7,196 as of June 11, comparable to the most recent peak in early April when cases had also surged. According to officially available information, the vast majority of the new infections are among those who had not been fully vaccinated. On June 11, data from the Ministry of Health revealed that 73% of the 7,716 confirmed infections on June 11 had not been fully vaccinated.1The new cases have risen quickly due to significant relaxation of COVID-19 related restrictions, travel across the southern hemisphere summer holidays, and the circulation of variants of concern. Based on genome sequencing of samples between December and June 14, the Gamma variant (P.1, Brazil origin)has become the most prevalent variant in the country.



Turcovac: Turkey has started vaccinations as part of a Phase III trial for a corona vaccine developed in the country. Information on the efficacy according to already available study data was not provided.

EU Commission: Another 150 million doses of corona vaccine from the US manufacturer Moderna are being purchased. Accordingly, delivery should start in the third quarter and last until 2022. The Commission has two contracts with Moderna: one for 160 million doses from last year and a second from February. With the second contract, 150 million vaccine doses had been firmly ordered and a further 150 million doses had been agreed as an option. That is the part of the agreement that is at stake now. The EU can thus buy vaccines adapted to virus variants, as well as vaccines for children and for refreshers.

BioNTech: There are 31COVID-19 vaccine candidates currently being studied in Phase 3 or Phase 2/3 trials. Most notably, on June 2,officials from Pfizer announced that the company is proceeding to Phase 2/3 clinical trials for use of its vaccine candidate at lower doses in children aged 5-11. The study includes 4,500 participants from the U.S., Finland, Poland and Spain. Results are expected in September. Further trials for the use of Pfizer/BioNTech vaccine in children aged 2-4, and between 6 months old to 2 years are expected to be begin in the coming weeks, with results estimated for October –November.

AstraZeneca: The vaccine protects against the delta and kappa virus variants, according to the company. This is the result of an antibody study by Oxford University. Both variants were initially detected in India.

Sputnik V: The Russian anti-COVID vaccine Sputnik V also helps against the new Delta variant of the coronavirus, according to its developer. After the second dose, Sputnik V protects against all currently known variants of the virus.

PRK: According to its own data, more than 30,000 tests for the coronavirus have not detected a single infection. The WHO said on Tuesday that the tests reported by North Korea tested 733 people from June 4 to 10, of whom 149 had flu-like illnesses or severe respiratory infections. Given the poor medical infrastructure and porous border with China, international experts doubt the North Korean narrative of being corona-free. However, the state leadership has declared the defense against the coronavirus an existential challenge. Tourism was banned, diplomatic personnel were taken out of the country, and border traffic and trade were drastically restricted.

CUB: One of the vaccines against the coronavirus developed in the country has achieved an efficacy of 92 percent in clinical trials, according to government data. Details of the clinical trial were not given in the communication. Several self-developed vaccines are being tested in Cuba. The communication referred to a vaccine called abdala, which is to be administered in three doses. Another vaccine, Soberana 2, is said to have achieved an efficacy of 62 percent according to official data.

UAE: With a valid visa, visitors to Abu Dhabi will be able to be vaccinated free of charge in the future. In the "Seha" app of the Abu Dhabi Health Authority, visitors can register for either BioNTech or Sinopharm vaccinations. Proof of eligibility for vaccination should be a visa or an entry stamp in the passport.

IND: On Monday, more than 7.5 million people were vaccinated against Corona - more than ever before in one day. Additional vaccination centres offered vaccinations for all, but so far the vaccination campaign in India has been much slower than initially planned. Less than five percent of the population is fully vaccinated. One reason for this is a shortage of vaccines - among other things because the government did not initially try to buy enough vaccine for the large population. In the meantime, the government wants to take countermeasures, for example by simplifying a complex vaccine procurement system.

ISR: From 1 July, the entry of vaccinated individual tourists will be possible again. A permit in advance would thus be omitted. Which vaccinations would be accepted is yet to be announced.

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 363,770,931 | 311,711,780

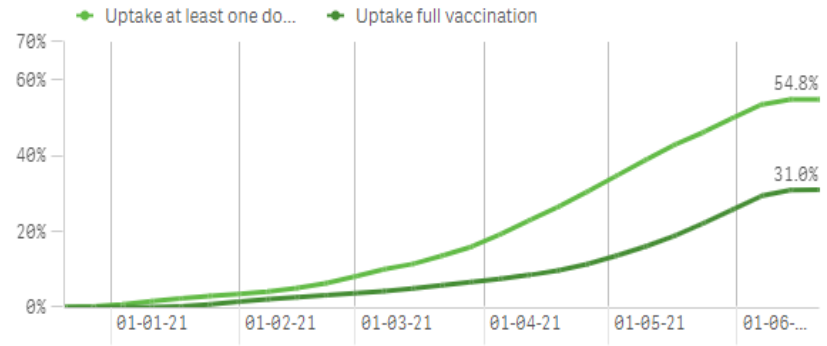
Select View : Uptake full vaccination

Select Country : All EU/EEA countries

Cumulative uptake (%) of full vaccination among adults (18+) in EU/EEA countries as of 2021-06-22

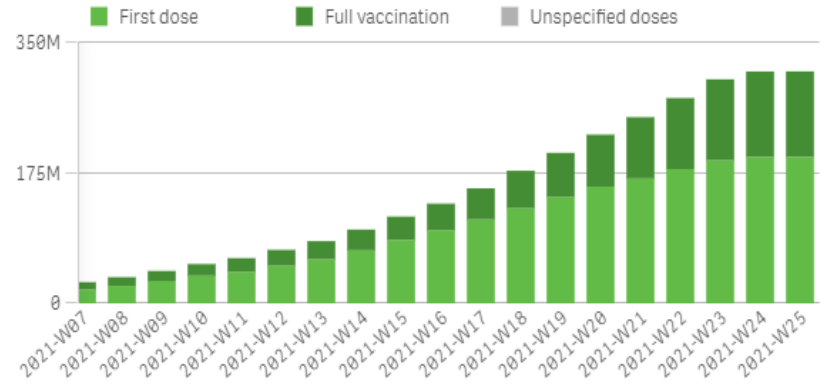
Cumulative uptake (%) of at least one vaccine dose and full vaccination among adults (18+) in EU/EEA countries as of 2021-06-22

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



Cumulative number of doses administered to adults (18+) in EU/EEA countries as of 2021-06-22

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 2021-06-22

Country	Uptake at least one dose (%) - 80 years old and above
Austria	83.5%
Belgium	89.0%
Bulgaria	15.3%
Croatia	52.7%
Cyprus	90.2%
Czechia	80.0%
Denmark	100.0%
Estonia	62.6%
Finland	93.7%
France	77.6%
Germany	-
Greece	68.4%
Hungary	73.6%
Iceland	99.6%
Ireland	100.0%
Italy	92.6%
Latvia	32.0%
Liechtenstein	-
Lithuania	52.2%
Luxembourg	79.9%
Malta	99.7%
Netherlands	-
Norway	81.6%
Poland	61.0%
Portugal	97.5%
Romania	18.4%
Slovakia	49.4%
Slovenia	66.8%
Spain	100.0%
Sweden	94.2%

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

Source: https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---22-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.

Summary of phenotypic impacts of Variants of Concern (VOCs)

WHO label	Alpha	Beta	Gamma	Delta
Transmissibility	Increased transmissibility and secondary attack rate[1]	Increased transmissibility[2]	Increased transmissibility[3]	Increased transmissibility and secondary attack rate[4,5]
Disease severity	Increased risk of hospitalization[6], possible increased risk of severity and mortality[7]	Not confirmed, possible increased risk of in-hospital mortality[8,9]	Not confirmed, possible increased risk of hospitalization[10]	Not confirmed, possible increased risk of hospitalization[11]
Risk of reinfection	Neutralizing activity retained,[12] risk of reinfection remains similar[13,14]	Reduction in neutralizing activity reported; T cell response elicited by D614G virus remains effective[15–18]	Moderate reduction in neutralizing activity reported[19,20]	Reduction in neutralizing activity reported[21]
Impacts on diagnostics	Limited impact – S gene target failure (SGTF); no impact on overall result from multiple target RT-PCR, No impact on Ag RDTs observed[22]	No impact on RT-PCR or Ag RDTs observed[16]	None reported to date	None reported to date
Impacts on vaccine efficacy/effectiveness	Protection retained against disease • Severe disease: No/minimal loss: Pfizer BioNTech-Comirnaty[23–28] • Symptomatic Disease: No/minimal loss: AstraZeneca- Vaxzevria, Novavax-Covavax, PfizerBioNTech-Comirnaty[24,25,28–31] • Infection: No/minimal loss: PfizerBioNTech-Comirnaty[32] • Asymptomatic infection: No/minimal loss: Pfizer BioNTech-Comirnaty[24,33]; inconclusive/Moderate-substantial loss, limited sample size:AstraZeneca-Vaxzevria[30]	Reduced protection against disease; limited evidence • Severe disease: No/minimal loss: Janssen Ad26.COV 2.5, Pfizer BioNTech-Comirnaty[25,34] • Mild-moderate disease: No/minimal loss: Janssen-Ad26. COV 2.5[34]; Moderate loss: Novavax-Covavax[35]; Inconclusive/substantial loss, limited sample size: AstraZeneca-Vaxzevria[36] • Infection: Moderate loss: Pfizer BioNTech-Comirnaty[25] • Asymptomatic infection: no evidence	Protection likely against disease; very limited evidence on three vaccines • Symptomatic disease: No/minimal loss: Sinovac-CoronaVac, [37,38]; no/minimal to modest loss: *single dose* of Moderna- mRNA-1273 or PfizerBioNTech-Comirnaty[39*] • Infection: No/minimal loss: Sinovac-CoronaVac[38]	Protection retained against severe disease; possible reduced protection against disease and infection; limited evidence on only two vaccines • Severe disease: No/minimal loss: PfizerBioNTech-Comirnaty, AstraZeneca-Vaxzevria[31,40] • Symptomatic disease: No/minimal to modest loss: PfizerBioNTech-Comirnaty[41,42]; no/minimal to moderate loss: AstraZeneca-Vaxzevria[41,42] • Infection: No/minimal to moderate loss: AstraZeneca-Vaxzevria, PfizerBioNTech-Comirnaty[42];
Impacts on neutralization (full vaccination) by vaccine	• No/minimal loss: Bharat-Covaxin, Gamaleya-Sputnik V, Moderna- mRNA-1273, Novavax-Covavax, Pfizer BioNTech-Comirnaty, BeijingCNBG-BBIBP-CorV, Sinovac-CoronaVac[18,41,43–67] • Minimal/moderate loss: AstraZeneca-Vaxzevria[30,57]	• Minimal/modest loss: Bharat-Covaxin, Beijing CNBG-BBIBP-CorV, Sinovac-CoronaVac, Anhui ZL - Recombinant[68–71] • Minimal to substantial loss: Moderna-mRNA-1273, Pfizer BioNTech-Comirnaty[18,44,48,50–52,54,56–58,64,66,67,72–78] • Moderate to substantial loss: AstraZeneca-Vaxzevria, Gamaleya- Sputnik V, Janssen-Ad26.COV 2.5, Novavax-Covavax[50,59,75,75,79–81]	• No/minimal loss: AstraZeneca-Vaxzevria, Sinovac-CoronaVac [57,82] • Minimal to moderate loss: Moderna-mRNA-1273, Pfizer BioNTech-Comirnaty[18,44,45,54,56,57,63,66,83,84] • Modest loss: Janssen-Ad26.COV 2.5[81]	• No/minimal loss: Bharat-Covaxin[71] • No/Minimal to moderate loss: Pfizer BioNTech Comirnaty, Bharat-Covaxin[64,65,86] • Substantial loss: *single dose* of AstraZeneca-Vaxzevria[85]

A study in **Japan** estimating the relative instantaneous reproductive number (a measure of transmission at a specific point in time) showed that **the Delta variant** was associated with **greater transmissibility** when compared to the Alpha variant. When compared with the variants circulating in Japan before December 2020, the relative instantaneous reproduction number for Alpha was estimated to be at 1.56 and for Delta 1.78. Overall, this study **showed Delta was associated with 1.23 times higher transmissibility than Alpha**.

Findings from a recently published retrospective cohort analysis involving nearly 840 000 participants with laboratory confirmed SARS-CoV-2 in **England** between 23 November 2020 and 31 January 2021 suggested that the **Alpha** variant, as compared to non-VOC SARS CoV-2 lineages, was associated with an increased risk of hospitalization between one and fourteen days after the first positive SARS-CoV-2 test. When looking at these results by age, they showed a higher risk of hospitalization among those aged ≥30 years as compared to younger participants.

Another study comparing the secondary attack rates in households among **Alpha** index cases versus non-VOC index cases in **Ontario, Canada** found that the secondary attack rate for Alpha index cases was 1.31 times (31%) higher than non-VOC index cases. When these analyses were further grouped into Alpha and non-Alpha index cases, there was evidence to suggest increased transmission among both asymptomatic and pre-symptomatic index cases.

A study conducted to examine diagnostic accuracy of three SARS-CoV-2 antigen detecting rapid tests (Ag-RDT) in **Germany** between 20 January to 15 April 2021 showed comparable sensitivities in the performance of Ag-RDTs for Alpha, Beta and wild-type variants, irrespective of the infecting variant. This finding is consistent with a previously published evaluation by **Public Health England** which found no major changes in the diagnostic accuracy of six widely available Ag-RDTs for Alpha, despite a limited number of amino acid changes from the original viral sequence in the target antigen for most commercially available Ag-RDTs.22

A recent study using a transmission model based on clinical and epidemiological data from almost 1000 individuals from **South Africa and Switzerland**, estimated that the **Alpha** variant was associated with either a **37% increase in transmissibility** or **a 51% increase of the infectious duration** or a combination of the two mechanisms. It was also estimated that the **Beta** variant was associated with a **23% increase in transmissibility or a 38% increase of the infectious duration**. The authors concluded that Beta might be expected to outgrow Alpha in regions where the level of naturally acquired immunity against previously circulating variants exceeds 20% to 40%. The study also measured viral load in 950 individuals and found that infections with variant Alpha exhibited a higher viral load and longer viral shedding compared to non-VOCs.

Findings from another study showed that the receptor binding domain (RBD) of the Alpha and Beta variants bound ACE2 with 1.98- and 4.62 times greater affinity than non-VOCs, respectively. This enhanced affinity likely mediates increased infectivity by lowering the effective concentration of virions required for cell entry.

In a rapid scoping review examining the impacts of VOCs on health systems, authors of a recently published study suggested that a combination of public health and social measures (e.g., masking, physical distancing, lockdowns, testing) should be implemented alongside a vaccine strategy to improve population and health system outcomes.

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

Spotlight Delta Variant

bluedot

Delta Variant – Spotlight in the United States

On May 10, the **WHO re-classified the Delta Variant (B.1.6.17.2 India origin) as a Variant of Concern (VOC)**.
More recently, on June 15, the Centers for Disease Control and Prevention also upgraded it from Variant of Interest (VOI) to VOC.
This follows preliminary data showing that the **Delta variant is approximately 60% more transmissible** than the Alpha variant (B.1.1.7, U.K. origin). It accounts for more than **90% of all new infections,** mostly among unvaccinated individuals, and hospitalizations in the U.K. are already increasing. The nation has delayed further reopening efforts.
In the United States, there are **concerns that a similar scenario could be driven by the Delta variant**. For context, cases of the Delta variant have been **doubling every two weeks**.

In mid-May, Delta variant cases accounted for roughly **2.7%** of new cases compared to two weeks prior, when it accounted for **1.3%.** As of June 17, Delta variant cases make up **10%** of all new cases in the United States, up from **6%** last week.

Concerns are being raised due to the **unevenly vaccinated** American public and the rapidly opening economy. As of June 15, over **54%** of adults in the U.S. are fully vaccinated and nearly **65%** have received at least one dose. However, some southern states have **low vaccination coverage** (less than **35%** of their population are fully vaccinated) including **Alabama, Louisiana, and Tennessee.**
In comparison, north eastern states with more than **50%** of its population fully vaccinated include **Vermont, Maine, Massachusetts, Rhode Island, and New Hampshire.**

According to sequencing data available on outbreak.info, in the U.S. the states with the **highest proportion of Delta variant cases include Arkansas, Kansas, Missouri, and Colorado.** It is also **noteworthy that the states of Vermont, Massachusetts, Maine, and Connecticut have the highest proportion of fully vaccinated individuals and relatively low proportions of the Delta variant.**

State	Cumulative case count	7-day rolling average of daily new cases	Proportion of cumulative cases that are Delta variant	% of population who have received at least one dose (# of people)	% of population who have received at least one dose (# of people)
States with High Delta Variant Proportions and Relatively Low Vaccination Coverage					
Arkansas	344,945	247	3.5%	41% (1,234,029)	33% (993,850)
Kansas	316,343	120	2.9%	48% (1,405,548)	41% (1,181,375)
Missouri	608,446	580	2.3%	44% (2,681,887)	37% (2,272,493)
Colorado	552,726	520	1.3%	57% (3,259,030)	49% (2,847,420)
States with Low Delta Variant Proportions and Relatively High Vaccination Coverage					
Vermont	24,357	6	0.1%	73% (453,657)	63% (394,874)
Maine	68,717	33	0.1%	65% (879,336)	59% (797,38)
Massachusetts	709,187	87	0.9%	69% (4,763,233)	59% (4,072,171)
Connecticut	348,595	39	0.5%	66% (2,339,636)	58% (2,075,632)

Delta Variant (B.1.617.2)

Variables	Top Countries/Territories
Seven-day rolling average number of new variant cases	United Kingdom (2,974), India (298), United States (111), Singapore (65), Canada (31)
Seven-day rolling average number of new variant cases per 100,000 population	United Kingdom (4.5), Singapore (1.7), Ireland (0.1)
Seven-day rolling average proportion of positive sequences per day*	Singapore (92%), United Kingdom (87%), Vietnam (70%), Russia (69%), Indonesia (67%)
Average daily change in the seven-day proportion of positive sequences over the past seven days*	Indonesia (34%), Austria (26%), Belgium (22%), Czech Republic (17%), Italy (14%)
Notes: *Among countries with >100 cumulative sequences & >20 sequences over the past seven days.	

VOC impacts on vaccines

Two studies have provided evidence of the effectiveness of Pfizer BioNTech-Comirnaty and AstraZeneca-Vaxzevria vaccines against the Delta variant. The first is a follow-up to a United Kingdom study published last month by Lopez Bernal et al., which reported on **vaccine effectiveness (VE) of full courses** of both Pfizer BioNTech-Comirnaty and AstraZeneca-Vaxzevria vaccines against symptomatic disease **due to the Delta variant**.

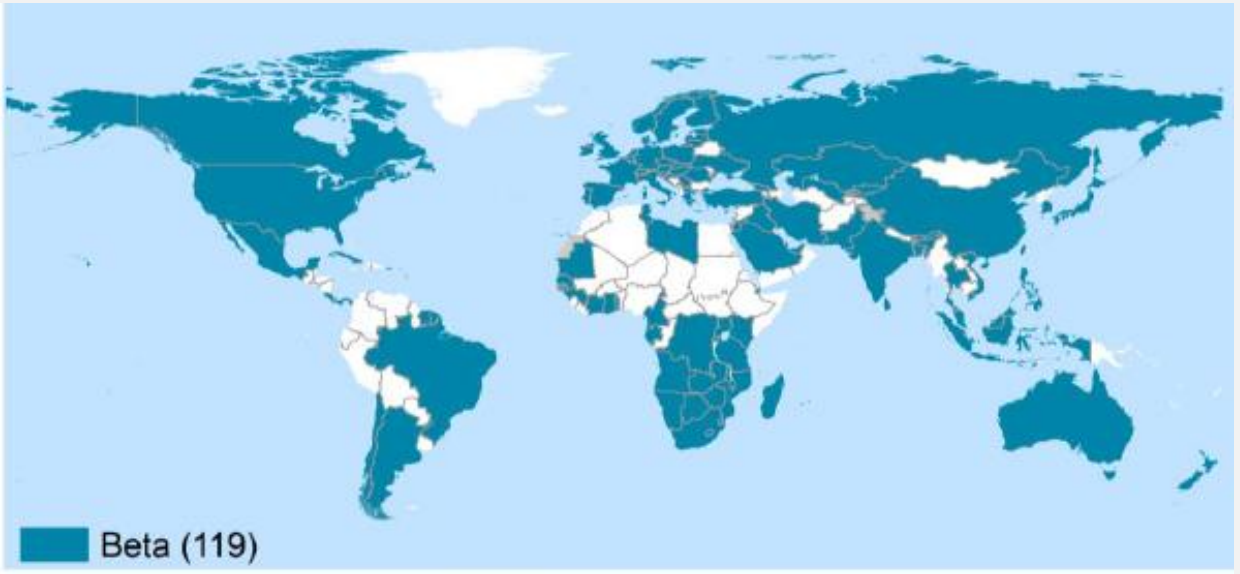
A second study from Scotland by Sheikh et al. applied a test negative case-control design to a large COVID-19 surveillance platform and found that two doses of Pfizer BioNTech-Comirnaty were **83%** (95% CI: 78-87) and **79%** (95% CI: 75-82%) **effective against symptomatic disease and infection due to Delta**, respectively, ≥ 14 days after receipt of second dose in persons 15 years and older. The study also showed **reduced effectiveness of two doses of AstraZeneca-Vaxzevria** against Delta compared to Alpha with VE estimates of 61% (95% CI: 51-70%) and 60% (95% CI: 53-66%) against symptomatic disease and infection ≥ 14 days after second dose, respectively, compared to corresponding estimates of 81% (95% CI: 72-87%) and 73% (95% CI: 66-78%) against Alpha.

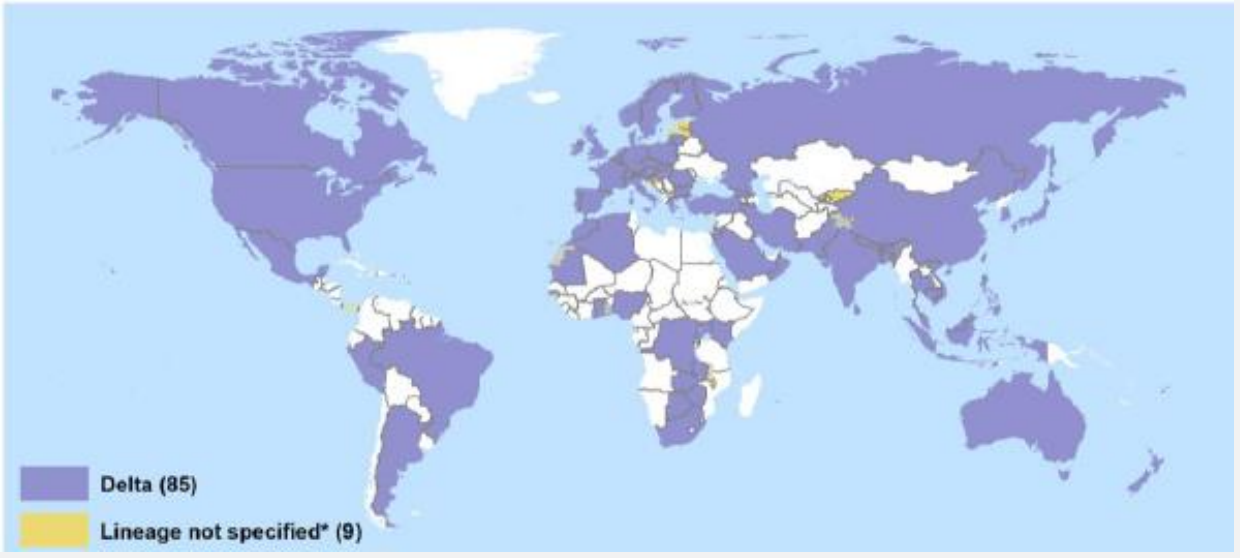
Together, these studies suggest **moderately reduced VE at preventing symptomatic disease and infection due to the Delta variant as compared to Alpha**. While the Scotland study suggests there could be reduced effectiveness of vaccines against hospitalization due to Delta as compared to Alpha, confidence levels overlap and VE for individual vaccines was not estimated. No such reduction in VE was observed for hospitalization in the United Kingdom study for either Pfizer BioNTech-Comirnaty or AstraZeneca-Vaxzevria vaccines. The studies also provide further evidence of the importance of two doses of both Pfizer BioNTech-Comirnaty and AstraZeneca-Vaxzevria in preventing hospitalization, symptomatic disease and infection due to both Delta and Alpha variants.

Source:
https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---22-june-2021
https://mailchi.mp/bluedot.global/disease-digest-5587801?e=7c8941661d

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

Spotlight on Reopening in the United Kingdom

How has England reopened so far?

Initial reopening from the third lockdown began gradually with the first phase of reopening on March 8, 2021, at which time, 33% and 1% of the population had received their first and second vaccine dose, respectively. Further relaxation of restrictions occurred on April 2 and May 17, 2021. At the time of this report (June 16, 2021), the U.K.'s domestic economy has largely reopened. England was originally scheduled for a full reopening on June 21, 2021. However, on June 11, due to concerns over the Delta variant, public health officials announced that the full reopening will be delayed to at least to 19th July.

- **Domestic restrictions** – In England, officials began gradually easing lockdown restrictions in a four-phase approach. In the first phase, effective March 8, all schools and colleges reopened. Social gatherings were allowed to increase to six people outdoors. On April 2, the second phase of easing began, with reopening of non-essential businesses and public areas such as libraries and theme parks. On May 17, the third phase of reopening occurred with the reopening of indoor venues, including restaurants, pubs, bars, cafes and department stores and gathering rules lifted outdoors with a limit of 30 people. The final phase, now provisioned to start in July, will permit the reopening of all remaining settings such as nightclubs and adult entertainment. However, mandatory wearing of masks in certain indoor settings may still be required.
- **Border restrictions** – On May 17, restrictions on international travel for non-essential reasons were lifted for residents of England, Scotland and Wales. On May 24, the restrictions were also relaxed for residents of Northern Ireland. A traffic light-based travel system, which categorizes origin countries into "red", "amber" and "green" based on their epidemiological situation, is in place in all four U.K regions. Based on the system, non-U.K. residents from "red" countries are prohibited from entering the U.K. Individuals arriving from "amber" countries are required to provide a pre-departure negative PCR test result, quarantine for 10 days at home upon arrival, and take a PCR test on day two and eight of their quarantine. Travellers arriving from a "green" country are required to provide a pre-departure negative PCR test result but do not need to quarantine.

What has United Kingdom's vaccination strategy been like since reopening?

The U.K. has taken a different vaccination strategy contrary to other countries. Namely, the U.K. maximized the number of people who receive one dose and thus has delayed the second dose, for about three months. The U.K. currently advises a 12-week interval between two doses. cross the country, there continues to be some variation in the vaccine program.

As of June 8, Wales had vaccinated more than 87% of those aged 18 and over with at least one dose of BioNTech, AstraZeneca, or Moderna's vaccine, while England and Scotland reached 77%, and Northern Ireland reached 76%. Second doses are also being rolled out, with vaccination coverage in these all locations reaching 40% or more of adults so far.

In Northern Ireland, the interval between doses has been cut to six weeks since research indicated that the first dose of BioNTech's vaccine and AstraZeneca's vaccine were only 33.5% against the Delta variant, respectively - rising to 88% and 60% after the second, respectively.

Health officials in the U.K. have previously planned to inoculate all willing adults with at least one dose by the end of July. According to the country's health database, as of June 11, more than 28 million people (42% of the total population) have received two doses of either the BioNTech, the Moderna, or the AstraZeneca vaccine.

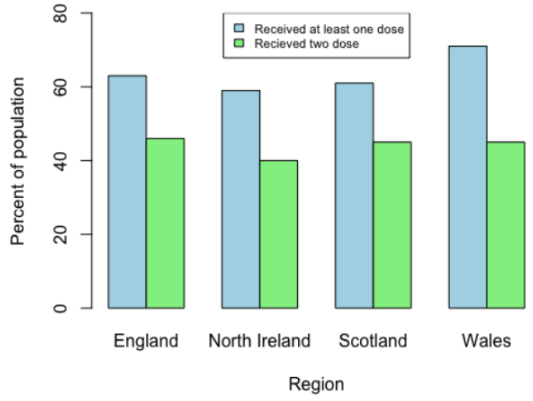


Figure 3. Percentage of the United Kingdom's population that has received at least one dose and two doses of a COVID-19 vaccine by region. Source: Government of U.K.

What was the degree of population immunity in one of U.K.'s hotspots for the Delta variant? What are the clinical concerns over the Delta variant?

As the U.K. is currently reporting an increase in cases despite having one of the world's highest COVID-19 vaccination coverage rates, it can be assumed that the new variant is the source for this progression.

According to officially available data, among all Delta cases in the U.K. with an emergency department visit, 32% were vaccinated, over 55% were those vaccinated with first dose for more than three weeks, 23% were those vaccinated their first dose within three weeks prior to infection, and 21%were those vaccinated with their second dose more than two weeks prior. Among all cases that required hospitalization, 33% had received at least one vaccine dose. Among all reported Delta variant cases reported in the U.K. between its first detection to June 11, the majority were in younger age groups, who are largely not vaccinated.

Clinical Impact of the Delta Variant

On June 3, Public Health England released a briefing on the SARS-CoV-2 VOCs and (VUIs) with a particular focus on the Delta (B.1.617.2) variant. The briefing highlighted results of logistic regression analyses which estimated that the growth rate for the Delta variant is significantly increased as compared to the Alpha (B.1.1.7) variant in England. During the week of May 17, 2021, 61% of sequenced cases in England were reported to be the Delta variant compared to 37% being Alpha, indicating that the Delta variant is now the predominant variant circulating in the population.

There Delta variant has been concerning due to the following reasons

- **Increased risk of hospitalization**
- **Increased transmissibility**
- **Reduced effectiveness of single-dose vaccine against the Delta variant compared to the Alpha variant**

Conclusion:

The observation of England's recent epidemiological situation underscores the importance of continued surveillance over variants of concern. Concerns over in creased hospitalizations, increased transmissibility, and reduced vaccine effectiveness against the Delta variant support the importance of maximizing vaccine uptake with two doses among vulnerable groups. Continued vigilance and a precautionary approach to reopening the economy is required.

Table 1. England's seven-day rolling average number of daily new cases per 100,000, effective reproduction number, 14-day test positivity rate, and the percent of the population vaccinated with at least one dose of a two-dose vaccine at each date of policy change since vaccinations began on December 8, 2021.

Date of Policy Change	Seven-day rolling average number of daily new cases per 100,000	Rt (effective reproduction number)	14-day test positivity rate	% total population vaccinated with at least one dose/ two doses
December 8, 2021 (Vaccinations began)	230	1.03	4.8%	0%/ 0%
March 8, 2021 (First phase reopening)	88	0.83	0.88%	33%/ 1%
April 2, 2021 (Second phase reopening)	60	0.81	0.43%	46%/ 7%
May 17, 2021 (Third phase reopening)	33	0.99	0.27%	54%/ 30%
June 11, 2021 (date of current report; full reopening delayed to July 2021)	92	1.35	0.46%	59%/ 42%

https://www.medrxiv.org/content/10.1101/2021.05.22.21257658v1.full.pdf;
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01358-1/fulltext; https://www.medrxiv.org/content/10.1101/2021.05.22.21257658v1.full.pdf
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/991343/Variants_of_Concern_VOC_Technical_Briefing_14.pdf

Other Infectious Disease Outbreaks

bluedot

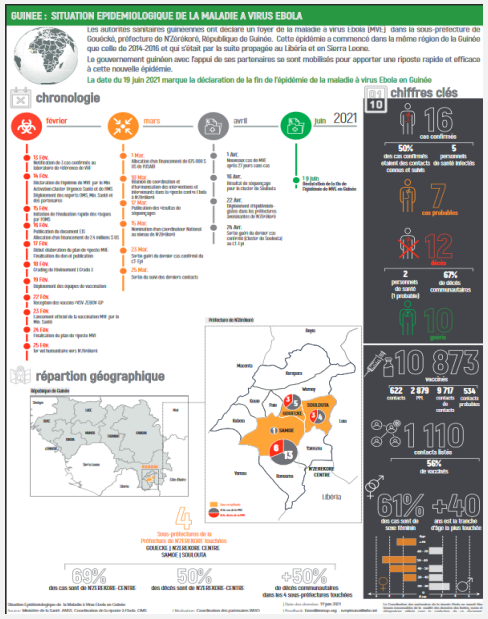
Ebola outbreak in Guinea declared over, as of 19 June 2021

Brazzaville/Conakry – The Ebola outbreak that emerged in Guinea in mid-February was declared over at the 19 June 2021. It was the first time the disease resurfaced in the country since the deadly outbreak in West Africa that ended in 2016**.**

Guinean health authorities declared the outbreak on 14 February 2021 after three cases were detected in Gouecke, a rural community in the southern N'zerekore prefecture, the same region where the 2014–2016 outbreak first emerged before spreading into neighbouring Liberia and Sierra Leone and beyond.

A total of 16 confirmed and seven probable cases were reported in Guinea's latest outbreak in which 11 patients survived and 12 lives lost. WHO Regional Director for Africa announced: "We are getting faster, better and smarter at fighting Ebola. But while this outbreak is over, we must stay alert for a possible resurgence and ensure the expertise in Ebola expands to other health threats such as COVID-19."

Source: https://www.afro.who.int/news/ebola-outbreak-guinea-declared-over
https://reliefweb.int/disaster/ep-2021-000016-gin#overview



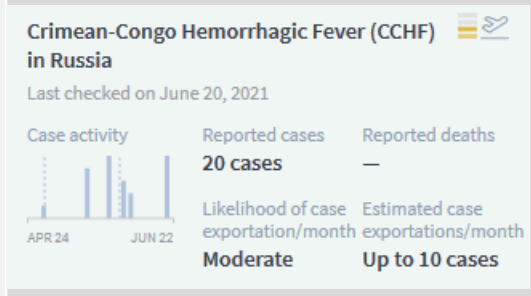

Monkeypox's symptoms can be mild or severe, and lesions can be very itchy or painful

Monkeypox

GBR/Northern Ireland: On 25 May 2021, the United Kingdom of Great Britain and Northern Ireland notified the WHO of one laboratory-confirmed case of monkeypox. The patient arrived in the United Kingdom on 8 May 2021. Prior to travel, the patient had lived and worked in Delta State, Nigeria. On 29 May, a family member with whom the patient quarantined developed lesions clinically compatible with monkeypox and was immediately isolated in an appropriate facility. Monkeypox was confirmed on 31 May. Both patients are stable and recovering.

Monkeypox is a sylvatic zoonosis with incidental human infections that usually occur sporadically in forested parts of Central and West Africa. There are two clades of monkeypox virus, the West African clade and Congo Basin (Central African) clade. Although the West African clade of monkeypox virus infection sometimes leads to severe illness in some individuals, disease is usually self-limiting. The case fatality ratio for the West African clade has been documented to be around 1% whereas for the Congo Basin clade it may be as high as 10%.

Source: https://www.who.int/emergencies/disease-outbreak-news/item/monkeypox---united-kingdom-of-great-britain-and-northern-ireland-ex-nigeria



Crimean-Congo Haemorrhagic Fever

Russia: The first case of Crimean-Congo hemorrhagic fever (CCHF) in 2021 has been confirmed in the Stavropol Territory, in the North Caucasus region in Southern Russia in May. Accordin to media reports, the affected individual has a recent history of tick-bite exposure while in the pasture. CCHF cases are reported annually in the Stavropol Territory with an increased incidence between 2010-2019 when 15-60 annual cases were confirmed, with an average of 31.4 cases. In 2020, however just eight cases were confirmed. In 2021 already 20 cases in total have been reported. As warmer months approach, public health officials are advising the public to take precautions against tick bites.

Source: https://promedmail.org/promed-post/?id=8340072

Hanta

DEU: Significant upward trends of hantavirus cases are being reported in Baden-Württemberg, southwest Germany bordering France and Switzerland. According to officially available information, the total number of cases has already surpassed the number of confirmed cases throughout 2020. The highest incidence is being reported from the districts of Reutlingen, Heidenheim, and Stuttgart.

SVN: Cases have surged over recent weeks across the country but especially in Goriška, a region in western Slovenia that borders Italy. While several affected individuals have been hospitalized, no deaths have been reported. Officials have reported that the surge in cases is likely due to an increase in the rodent population which tend to occur cyclically in the country after mild winter seasons. A similar proliferation of the mice population occurred in Slovenia in 2012 and also in 2008, albeit to a lesser extent.

RUS: ases of hantavirus infection continue to be reported in Russia. Since the beginning of 2021, over 50 cases of hemorrhagic fever with renal syndrome have been registered in Udmurtia. Cases were registered in 14 districts and 3 cities. In the Alnash district, the incidence rate exceeded the country average by 15.8 times, in the Kiznersky district by 9.2 times, in the Sharkansky, Uvinsky, Grakhovsky districts by 3-5 times with no fatalities. According to statistics quoted by media sources, this year's incidence is 2.3 times lower than in 2020. More detailed information on case distribution is limited.

Source: DEU; SVN; RUS

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

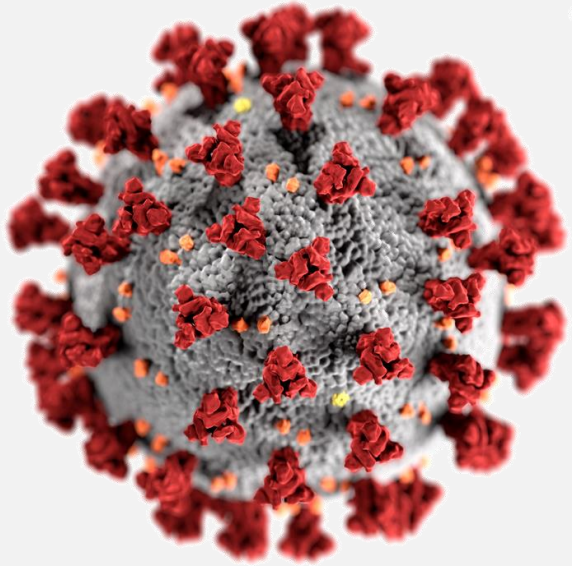
References:

- European Centre for Disease Prevention and Control www.ecdc.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