



Update 76 COVID-19 Coronavirus Disease 30th of June 2021



News:

- The number of reported coronavirus infections worldwide rose slightly last week for the first time since mid-April. At the same time, fewer deaths from coronavirus infection have been reported worldwide than at any time since November 2020.
- UN:** The corona pandemic has drastically exacerbated the situation of the population in conflict regions or developing countries. Currently, about 41 million people worldwide are on the verge of famine. It is women and children who suffer the most from the consequences. For example, children would have to work instead of being able to continue attending school. Or young girls would be forced into marriage earlier.
- WHO:** The next EPI-WIN Webinar: [Mental Health series – Scaling up mental health and psychosocial support during and following the COVID-19 pandemic](#) is running today.
- WHO:** Released a new MMWR report on [“Symptoms of depression among public health workers during the COVID-19 pandemic”](#) in the US.
- WHO:** Suicide
- CDC:** Published a general information about [“What People Should Know About the Possibility of COVID-19 Illness After Vaccination”](#).
- ECDC:** published a threat Assessment Brief about [Implications for the EU/EEA on the spread of the SARS-CoV-2 Delta \(B.1.617.2\) variant of concern](#).
- WHO/ECDC:** published a technical report about [indicator framework to evaluate the public health effectiveness of digital proximity tracing solutions](#).
- CDC:** published an update on information of receiving [COVID-19 vaccines while pregnant or breastfeeding](#).
- UNWTO:** Last year's corona crisis resulted in losses of around 2.4 trillion dollars for the global tourism sector. This year, massive losses threaten again, so that the industry's minus could add up to more than four trillion dollars - the equivalent of about 3.4 trillion euros.
- ECA:** During the pandemic, passengers' rights were not protected by European airlines. This concerns in particular the obligation to reimburse the costs of cancelled flights, according to a report by the European Court of Auditors ECA. In virtually all cases, airlines would have circumvented the rules on cash refunds for cancelled flights and forced customers to accept vouchers for future travel.
- CHN:** Following a 70-year effort, [China has been awarded a malaria-free certification from WHO](#) on 30 June. China is the first country in the WHO Western Pacific Region to be awarded a malaria-free certification in more than 3 decades. Other countries in the region that have achieved this status include Australia (1981), Singapore (1982) and Brunei Darussalam (1987). Globally, [40 countries and territories](#) have been granted a malaria-free certification from WHO – including, most recently, El Salvador (2021), Algeria (2019), Argentina (2019), Paraguay (2018) and Uzbekistan (2018).
- ECDC:** Launches the report [‘Countering online vaccine misinformation in the EU/EEA’](#). The report explores the evidence base for how to counter online vaccine misinformation in the EU/EEA, current strategies used by public health authorities in a selection of EU countries, and training needs on this topic.

**SARS-CoV-2 Delta variant:
Full vaccination is needed to protect the vulnerable**

One dose is not enough *
* for vaccinations requiring two doses

Vaccine misinformation can lead to increased vaccine hesitancy and reduced vaccination uptake

For countering vaccine misinformation public health authorities should focus on:

- Monitoring of misinformation on social media
- Correcting misinformation
- Pre-emptive interventions aimed at promoting people's digital, health and science literacy
- Evaluation of the effectiveness of interventions aimed at countering online vaccine misinformation

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EUROPE
↗
53 509 619
confirmed cases
51 540 000
recovered
1 153 276 deaths

France
(7-days incidence 19,1)
↘
5 772 844
confirmed cases
5 624 000 recovered
111 057 deaths

Russia
(7-days incidence 95,5)
↗
5 428 961
confirmed cases
5 025 000 recovered
132 314 deaths

TUR
(7-days incidence 46,2)
↘
5 420 156
confirmed cases
5 282 000 recovered
49 687 deaths

GLOBAL
↗
181 843 482
Confirmed cases
171 800 000 recovered
3 938 172 deaths

USA
(7-days incidence 26,5)
↗
33 499 531
confirmed cases
32 700 000 recovered
601 750 deaths

India
(7-days incidence 24,9)
↘
30 316 897
confirmed cases
28 970 000 recovered
397 637 deaths

Brazil
(7-days incidence 227,8)
↘
18 513 305
confirmed cases
16 840 000 recovered
515 985 deaths

Situation by WHO Region, as of 27th June

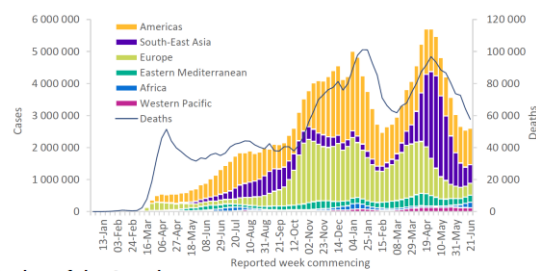
Global epidemiological situation overview; WHO as of 27 June 2021

The global number of new cases over the past week (21-27 June 2021) was over 2.6 million, a similar number compared to the previous week (Figure 1). The number of weekly deaths continued to decrease, with more than 57 000 deaths reported in the past week, a 10% decrease as compared to the previous week. This is the lowest weekly mortality figure since those recorded in early November 2020. Globally, COVID-19 incidence remains very high with an average of over 370 000 cases reported each day over the past week. The cumulative number of cases reported globally now exceeds 180 million and the number of deaths is almost 4 million. This week, the **African region** recorded a sharp increase in incidence (33%) and mortality (42%) when compared to the previous week. The **Eastern Mediterranean and European Regions** also reported increases in the number of weekly cases. **All Regions**, with the exception of the **African Region**, reported a decline in the number of deaths in the past week.

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

- **Brazil**; reporting 521 298 new cases; 3% increase,
- **India**; reporting 351 218 new cases; 12% increase,
- **Colombia**; reporting 204 132 new cases; 5% increase,
- **Russian Federation**; reporting 134 465 new cases; 24% increase,
- **Argentina**; reporting 131 824 new cases; 11% decrease

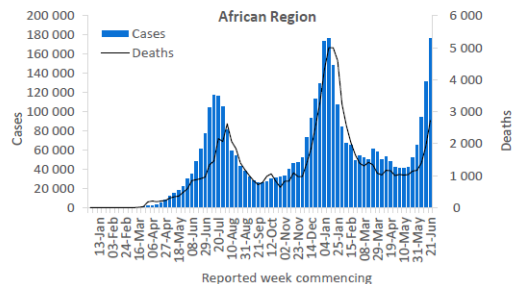
Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 27 June 2021**



African Region

Many countries in the African region continue to see increases in weekly case incidence and mortality. The Region reported over 177 000 new cases and over 2700 new deaths, a 34% and a 42% increase respectively compared to the previous week. The weekly number of COVID-19 cases has been increasing sharply since 15 May. Since then, 76% of cases and 72% of reported deaths in the Region were from countries in Southern Africa.

Aside from South Africa (103 697 new cases; 174.8 new cases per 100 000 population; a 47% increase), the highest numbers of new cases in the Region were reported from Zambia (19 058 new cases; 103.7 new cases per 100 000; a 15% increase), and Namibia (12 944 new cases; 509.4 new cases per 100 000; a 71% increase). Mortality in the African Region continued to increase sharply with the countries reporting the highest numbers of new deaths per 100 000 population over the past week being Namibia (11 new deaths per 100 000), Botswana (7 deaths per 100 000) and Zambia (20 new deaths per 100 000).

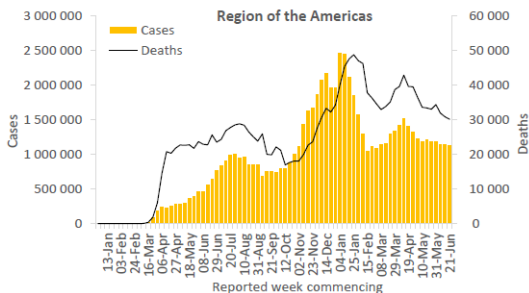


Region of the Americas

The Region of the Americas reported over 1.1 million new cases and over 30 000 new deaths, similar to the previous week. The Region reported the highest number of new cases and deaths per 100 000 over the past week when compared to the other regions (111 cases and 3 deaths per 100 000 population).

The highest numbers of new cases were reported from Brazil (521 298 new cases; 245.2 new cases per 100 000; a 3% increase), Colombia (204 132 new cases; 401.2 new cases per 100 000; a 5% increase), and Argentina (131 824 new cases; 291.7 new cases per 100 000; a 12% decrease).

The highest numbers of new deaths per 100 000 population were reported from Paraguay (113 deaths per 100 000), Colombia (90 deaths per 100 000) and Argentina (83 deaths per 100 000) over the past week.

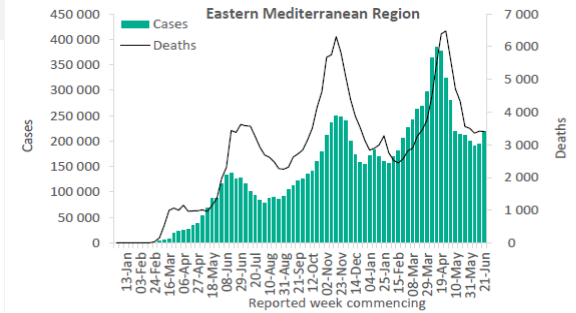


Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 221 000 new cases, a 13% increase compared to the previous week. This increase in cases is the largest relative increase seen in the Region since the end of March 2021. Over 3400 new deaths were reported, a similar number with the previous week. The Region reported 30 new cases and 0.5 new deaths per 100 000 population over the past week.

The highest numbers of new cases per 100 000 population were reported from Oman (348 new cases per 100 pop), Kuwait (294 new cases per 100 pop) and Tunisia (189 new cases per 100 000 pop).

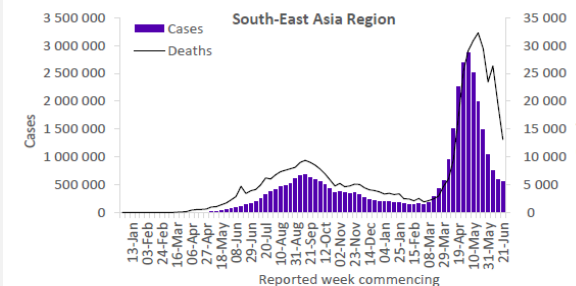
The highest numbers of new deaths were reported from the Islamic Republic of Iran (857 new deaths; 1.0 new deaths per 100 000; a 9% decrease), Tunisia (619 new deaths; 5.2 new deaths per 100 000; an 18% increase), and Afghanistan (528 new deaths; 1.4 new deaths per 100 000; an 11% decrease).



South-East Asia Region

The South-East Asia Region reported over 573 000 new cases and over 13 000 new deaths, a 5% and a 33% decrease respectively compared to the previous week. Although there is a slight overall decrease in the number of cases reported this week, mostly due to the decrease in the number of cases reported in India, a number of countries, including Myanmar (112% increase), Indonesia (60% increase) and Bangladesh (48% increase), reported large increases in the number of newly reported cases for this week.

The highest numbers of new cases were reported from India (351 218 new cases; 25.5 new cases per 100 000; a 21% decrease), Indonesia (125 395 new cases; 45.8 new cases per 100 000; a 60% increase), and Bangladesh (36 738 new cases; 22.3 new cases per 100 000; a 48% increase). The highest numbers of new deaths were reported from India (9038 new deaths; 0.7 new deaths per 100 000; a 45% decrease), Indonesia (2476 new deaths; 0.9 new deaths per 100 000; a 39% increase), and Bangladesh (624 new deaths; 0.4 new deaths per 100 000; a 45% increase).

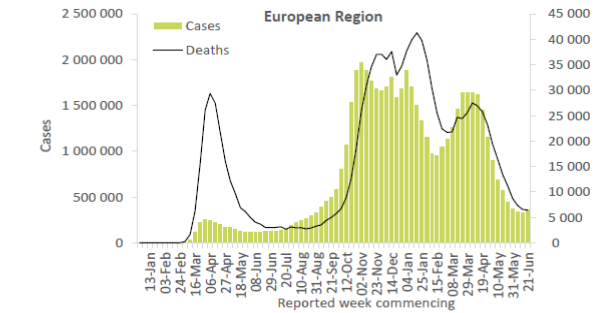


European Region

The European Region reported over 372 000 new cases, a 10% increase compared to the previous week, and over 6400 new deaths, similar to the previous week. This is the first weekly increase in the number of cases reported by the Region after more than two months of a decreasing trend.

The highest numbers of new cases were reported from the Russian Federation (134 465 new cases; 92.1 new cases per 100 000; a 24% increase), the United Kingdom (96 843 new cases; 142.7 new cases per 100 000; a 55% increase), and Turkey (38 936 new cases; 46.2 new cases per 100 000; a 2% decrease).

The highest numbers of new deaths were reported from the Russian Federation (3921 new deaths; 2.7 new deaths per 100 000; a 34% increase), Turkey (402 new deaths; 0.5 new deaths per 100 000; an 11% decrease), and Germany (369 new deaths; 0.4 new deaths per 100 000; a 33% decrease).

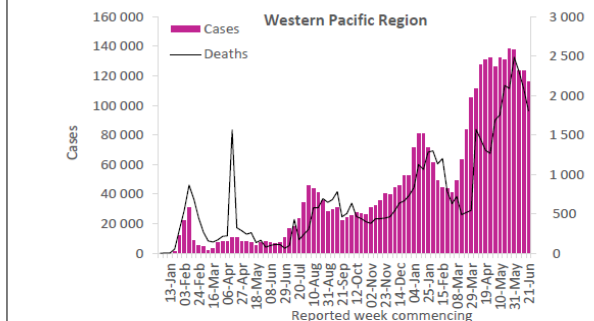


Western Pacific Region

The Western Pacific Region reported over 116 000 new cases and over 1800 new deaths, a 6% and a 13% decrease respectively compared to the previous week. The weekly number of newly reported cases has decreased over the past several weeks, after reaching a peak in mid-May.

The highest numbers of new cases were reported from the Philippines (38 684 new cases; 35.3 new cases per 100 000; a 14% decrease), Malaysia (37 347 new cases; 115.4 new cases per 100 000; a 4% decrease), and Mongolia (16 111 new cases; 491.4 new cases per 100 000; a 7% decrease).

The highest numbers of new deaths were reported from the Philippines (706 new deaths; 0.6 new deaths per 100 000; a 20% decrease), Malaysia (536 new deaths; 1.7 new deaths per 100 000; a 6% increase), and Japan (257 new deaths; 0.2 new deaths per 100 000; a 30% decrease).



Global Situation



Currently, **South America** has the largest proportion of countries reporting a high incidence rate over the past 14 days (>350 per 100,000) and stable to significantly increasing daily new cases over the past seven days, at 14% (two out of 14 countries). These countries include **Brazil** and **Colombia** which combined account for 61% of the continent's over 427 million population.

Worldwide, the continents with either a high incidence rate over the past 14 days and stable or significantly increasing daily new cases over the past seven days or a significantly increasing rate of daily new cases irrespective of incidence rate include **Asia** (38%, 18 out of 48 countries) and **Africa** (32%, 18 out of 56 countries).

Worldwide a majority of countries are currently categorized as having a low incidence rate over the past 14 days (<=140 per 100,000) and a stable to significantly decreasing rate of daily new cases over the past seven days. The continents with the greatest proportion of countries that fall within this category include **Europe** (75%, 39 out of 51 countries), **Africa** (63%, 35 out of 56 countries), **North America** (56%, 23 out of 41 countries), and **Asia** (46%, 22 out of 48 countries).

AUS: The seven-day rolling average number of daily new cases is 19 as of June 27. Disease activity has increased significantly across the country, linked to local transmission of the Delta (B.1.617.2) variant which is responsible for three of the four ongoing clusters nationwide. Australian officials have stated that the Delta variant has a household attack rate of 70-100%, in stark contrast to previous SARS-CoV-2 variants with a household attack rate of roughly 30%. As a result of local outbreaks, full-lockdown measures have been implemented in the cities of Sydney and Darwin. Partial restrictions have been announced in the states of Western Australia, New South Wales, Queensland, and Northern Territory. In New South Wales, lockdown measures will impact millions in the Greater Sydney Area, the Blue Mountains, Central Coast, and Wollongong. Residents are advised to only leave their homes for essential purposes, and most businesses and venues have been ordered to close. A four-day lockdown has also been announced in Perth and Peel in Western Australia. Mask mandates in indoor settings and certain environments have now been re-introduced in almost all states. In addition, the quarantine-free travel bubble with New Zealand has been suspended indefinitely. On June 28, federal authorities announced that vaccinations will become mandatory for workers in aged care, with a deadline for all persons to receive a first dose by mid-September. As of June 27, roughly six million individuals (27% of the nation's 25 million population) have received at least one dose of a COVID-19 vaccine, and <5% of adults are fully vaccinated.

MEX: The country is now reporting a new rise in cases after experiencing a decrease in disease activity following the second wave which reached a peak seven-day rolling number average of daily new cases of 17,559 on January 21. For context, the seven-day rolling average of daily new cases has increased from 2,040 on May 25 to 3,635 on June 25. Furthermore, the 14-day test positivity rate has remained high over past months but further increased from 17.7% on May 25 to 26.4% on June 25, the highest since late March. This suggests that there is still a substantial degree of community transmission where mild or asymptomatic cases are not being detected. The largest surge in cases has been documented in the states of Yucatán, Quintana Roo, and Baja California Sur, which have had hardly any restrictions on international tourism. Similarly, other states including Campeche, Sonora, Sinaloa, Tabasco, and Tamaulipas are experiencing increases. In the country's capital of Mexico City, cases have increased by 22% since the first week of June, mainly in people between 30 and 49 year olds. Based on Mexico's four-colour traffic light system of risk, Mexico City was recently elevated to a yellow status from green status in last week's report. Health officials have highlighted that the region is not entering a new wave of the epidemic and will continue to rely on previous restriction measures. According to the BlueDot Reopening Outlook tracker, an estimated 33.5 million of the 127.6 million country's inhabitants (26.3%) have acquired a level of immunity to COVID-19. Approximately 24.9% of the population have received at least one dose of a COVID-19 vaccine and an estimated 1.4% acquired a level of natural immunity via a previous SARS-CoV-2 infection.

ISR: Disease activity is approaching two-month highs following a moderate increase in incidence in the most recent days. The seven-day rolling average number of daily new cases is 42 as of June 21. The surge in cases is believed to be related to local transmission of the Delta variant (B.1.617.2) first detected in India, despite nearly 60% of the general population being fully vaccinated. In response to the situation, Israeli officials have empowered local authorities to quarantine any individuals who are deemed to have had "close contact with a carrier of the Delta variant" (e.g. passengers on the same flight) regardless if they have been previously vaccinated or recovered from infection. Specifically, the measures would apply to persons deemed to have had "close contact with a carrier of the Delta variant" such as passengers on the same flight for example, and would require individuals to self-quarantine for 14 days. Additionally, on June 16, Israel's Health Ministry prohibited international travel to several countries that are considered "high-risk", including: Argentina, Brazil, South Africa, India, Mexico, and Russia, with few exceptions. Furthermore, officials have discouraged non-essential travel overseas altogether. A new "corona cabinet" has been formed to outline extended policy, and could include renewed limits for social gatherings, and the use of face masks indoors (which was lifted just last week). The Health Ministry has recommended children aged 12-15 are vaccinated, following an increase in cases in the towns of Modi'in and Binyamina.

COL: Colombia has experienced a surge in disease activity that has driven the country to its third and most severe wave of the epidemic so far. For context, the seven-rolling average of daily new cases has increased from 16,587 on May 17 to an all-time-high of 27,812 on June 17. While the 14-day test positivity rate has remained high in the past months, it has also increased from 23.6% on May 17 to an all-time-high of 29.9% on June 14. This suggests that there is still a substantial degree of community transmission where mild or asymptomatic cases are not being detected. As the country averages over 500 COVID-related deaths per day since late May, Colombia has surpassed 100,000 cumulative deaths on June 21, with 40% of deaths occurring since mid-March 2021. With most of the older adult population vaccinated, most of the severe cases and deaths are occurring in people who are less than 65 years old. Healthcare facilities across the country have collapsed, with the ICU capacity above 97% in Colombia's three largest cities – Bogotá, Medellín, and Cali.

EU Commission: By October, five drugs could be approved for the care of corona patients. The corresponding approval requests are currently available to the EMA. Four of the drugs are based on so-called monoclonal antibodies. These are produced in the laboratory and are intended to put the virus out of action after infection. Another drug called Olumiant reduces the activity of the immune system and is actually supposed to help against rheumatism. The hope is that the anti-inflammatory effect will also help with severe COVID-19 cases.

IDN: According to the authorities, almost 21,800 people were infected with the coronavirus within 24 hours - never before had such a high number of new infections been recorded in the country within one day. The number of corona deaths rose by 467 in one day to a total of almost 48,500.

RUS: According to health authorities, 669 deaths related to coronavirus infection have been reported in the past 24 hours. This is the highest number since the outbreak of the pandemic in the country. In addition, more than 21,000 new infections were recorded in Russia within one day. Currently, the Delta variant in particular is spreading there.

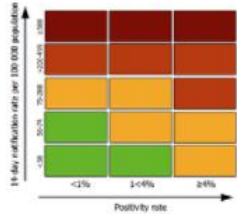
PRK: The coronavirus is likely to have spread much more than previously known. Leader Kim Jong Un accused top officials of gross mistakes in defending the virus. So far, North Korea's leaders had claimed there were no corona cases in the country. Experts had doubted this for a long time. Observers interpreted Kim's words as an indication that North Korea is struggling with high corona numbers.

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 24 June 2021



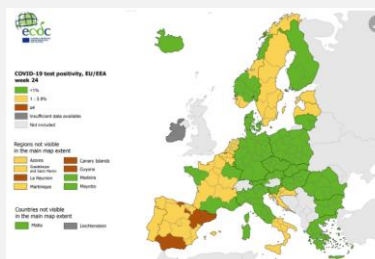
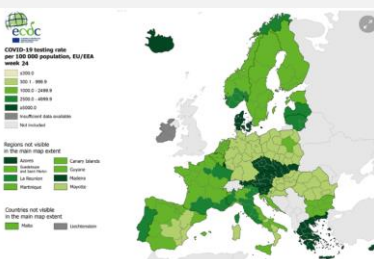
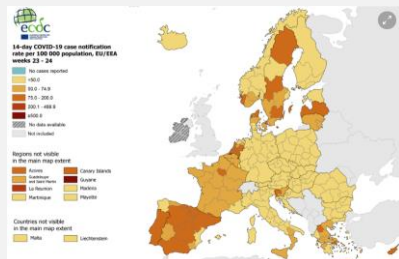
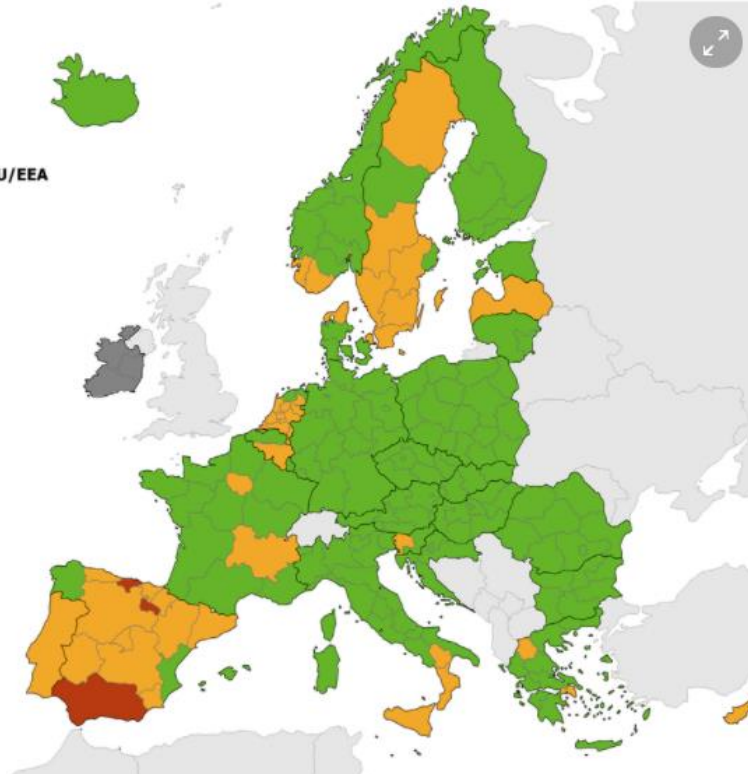
14-day COVID-19 case notification rate per 100 000 population and test positivity, EU/EEA weeks 23 - 24



Testing rate < 300 per 100 000 population
No data available
Not included

Regions not visible in the main map extent
Azores
Guadeloupe and Saint Martin
La Reunion
Martinique
Canary Islands
Guyane
Madeira
Mayotte

Countries not visible in the main map extent
Malta
Liechtenstein



14-day case notification rate per 100 000 inhabitants

Testing rates per 100 000 inhabitants

Positivity rates

ECDC COVID-19 surveillance report Week 24, as of 24 June 2021

Weekly surveillance summary

Overall situation

At the end of week 24 (week ending Sunday 20 June 2021), two countries in the European Union/European Economic Area (EU/EEA) reported increasing case notification rates. Case rates in older age groups increased in three countries and one country 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 57.6% and 34.7% for full vaccination, as reported in the [COVID-19 Vaccine rollout overview](#).

Trends in reported cases and testing

- By the end of week 24, the 14-day case notification rate for the EU/EEA, based on data collected by ECDC from official national sources in 30 countries, was 51.0 (country range: 4–124) per 100 000 population. The rate has been decreasing for 11 weeks.
- Among the 13 countries with high case notification rates (at least 60 per 100 000 population), increases were observed in two countries (Cyprus and Portugal). Stable or decreasing trends in case rates of 1–11 weeks' duration were observed in 11 countries (Belgium, Denmark, France, Greece, Ireland, Latvia, Lithuania, the Netherlands, Slovenia, Spain and Sweden).
- 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 (Croatia, Latvia, Poland and Portugal).
- Notification rates are dependent on several factors, one of which is the testing rate. Weekly testing rates for week 24, available for 27 countries, varied from 689 to 63 650 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%), no countries had observed an increase in test positivity compared with the previous week.

Hospitalisation and ICU

- Pooled data from 23 countries for week 24 show that there were 7.5 patients per 100 000 population in hospital due to COVID-19. According to weekly hospital admissions data pooled from 17 countries, new admissions were 1.1 per 100 000 population.
- Pooled data from 18 countries for week 24 show that there were 1.4 patients per 100 000 population in ICU due to COVID-19. Pooled weekly ICU admissions based on data from 13 countries show that there were 0.3 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, Finland, France, Latvia and Portugal). However, in 16 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 30 countries, was 14.4 (country range: 0.0–78.3) per million population. The rate has been decreasing for eight weeks.
- Among the 15 countries with high 14-day COVID-19 death rates (at least 10 per million), an increase was observed in one country (Slovenia). Stable or decreasing trends in death rates of 1–10 weeks' duration were observed in 14 countries (Bulgaria, Croatia, Cyprus, Czechia, France, Germany, Greece, Italy, Latvia, Liechtenstein, Lithuania, Poland, Romania and Slovakia).

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, Iceland, Latvia, Lithuania, Luxembourg, Norway, Poland, Romania 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 23 June 2021, or to TESSy by 20 June 2021 (data referring to the period 31 May to 13 June 2021). During the same period, five countries sequenced and reported between 60 and 499 samples, six countries sequenced and reported 1–59 samples and six did not report data.
- Among the 13 countries with the recommended level of 10% or 500 sequences reported per week in the period from 31 May to 13 June 2021, the median (range) of the VOC reported in all samples sequenced in the period in these 13 countries was 84.0% (28.5–97.6%) for B.1.1.7 (Alpha), 5.8% (0.0–34.4%) for B.1.617.2 (Delta), 0.4% (0.0–5.9%) for B.1.351 (Beta), 0.3% (0.0–10.7%) for P.1 (Gamma), 0.0% (0.0–5.5%) for B.1.617 and 0.0% (0.0–1.7%) for B.1.1.7+E484K.
- The median (range) of the VOI reported in all samples sequenced in the period for these 13 countries was 0.0% (0.0–6.0%) for B.1.620, 0.0% (0.0–0.9%) for B.1.525 (Eta), 0.0% (0.0–0.2%) for B.1.621, 0.0% (0.0–0.1%) for B.1.617.1 (Kappa) 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)

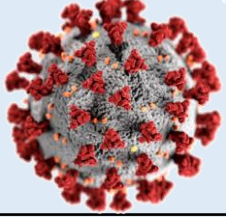
- Based on data reported to TESSy from seven countries (Austria, Belgium, Croatia, Lithuania, the Netherlands, Slovenia and Sweden), in week 24, the pooled incidence of COVID-19 cases among LTCF residents was 12.3 per 100 000 LTCF beds, the pooled incidence of fatal COVID-19 cases was 2.3 per 100 000 LTCF beds, and 0.5% of participating LTCFs reported one or more new COVID-19 cases among their residents.

UEFA European Football Championship 2021 Surveillance by ECDC (week 20 to 26 June)

No significant events have been detected during the active daily monitoring from 18 to 23 June 2021.

According to [media](#) and [WHO EURO 2020 explorer](#) in the monitoring period SARS-CoV-2 infection was detected in several players of the following national teams: **Scotland**.

Denmark and Finland have reported 29 and 65 cases, respectively, linked to attendance at EURO 2020 games. Cases in Finland were detected at the crossing of the Russian border.



Vaccination news

As of June 24, a total of 10 countries accounted for 79% of all vaccinations administered globally. The top five countries/territories with the highest number of cumulative people vaccinated with at least one dose per 100,000 population are Gibraltar (116,270), Malta (80,080), Isle of Man (73,410), Iceland (73,400), and Jersey (65,900).

IOC: President Thomas Bach has sent a letter calling on athletes to participate in the Tokyo Summer Olympics to get vaccinated against the coronavirus if they have not already done so. Bach expects that 84 percent of the members of the foreign delegations will travel to Japan with full vaccination protection. Furthermore, up to 80 percent of the participating media representatives are to be vaccinated against the virus.

DNK: The Danish government has reached a purchase agreement with Romania for around 1.1 million doses of the vaccine from BioNTech. The first doses could be delivered this week. The purchase is possible because the willingness to be vaccinated in Romania is currently not very high and the country therefore wants to sell its excess vaccination doses.

FRA: is considering introducing a corona vaccine requirement for caregivers in the autumn. The government's goal is that by September, 80 percent of nursing staff in retirement homes and hospitals will have received at least one vaccination dose. If this requirement is not met, a mandatory vaccination for health care workers will be initiated. In nursing homes and long-term care facilities, 55 percent of employees have so far been vaccinated at least once. This is "insufficient", especially in view of the spread of the highly contagious delta variant of the coronavirus. In relation to the total population, 50 percent of The French have received at least one vaccination dose, according to the Ministry of Health. One third of the population, around 22 million people, is therefore fully vaccinated.

GBR: In order to make the World Climate Conference in Glasgow in November possible as a face-to-face event, the UK is offering corona vaccines to participants. Delegates, observers or journalists who would otherwise not be vaccinated at the time of the conference can register for the vaccination programme until 23 July, according to the British government. The vaccinations are to be carried out with the help of the United Nations. As far as possible, the vaccines should be delivered to the countries concerned and administered in cities all over the world.

DEU: The Federal Government expects to be in a state of delivering on its corona vaccine promise earlier than planned. The promise to be able to offer everyone a vaccination by the end of the summer in September will already be fulfilled in the first half of the summer, probably as early as July, according to government sources in Berlin.

USA: According to the CDC, of the 328 million people living in the U.S., more than 154 million have now been fully vaccinated. In total, more than 325 million doses had been administered. Almost 180 million people have been vaccinated at least once.

IND: A domestic company has received approval to import the vaccine from the US manufacturer Moderna. This makes Moderna the fourth vaccine approved in India - after AstraZeneca, a vaccine produced in its own country, and Sputnik V from Russia.

ISR: Because of the spread of the Delta variant in Israel, the Prime Minister has called on the young people in the country to be vaccinated against the coronavirus. The Israeli Ministry of Health reported 113 new infections on Saturday, after the figures remained mostly in the single digits in recent weeks. Many of the new infections are attributed to people arriving from abroad.

BioNTech: The vaccine apparently triggers a relatively long-lasting strong immune response. US physicians still detected so-called B memory cells of the immune system in vaccinated patients three months after the second dose, as they report in the journal "[Nature](#)".

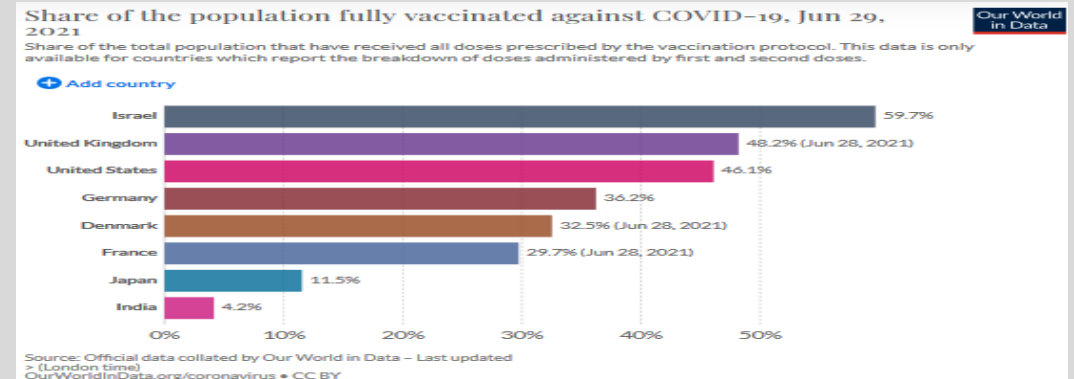
AstraZeneca: A time interval of several months between the first and second doses of the AstraZeneca vaccine increases immunity to the coronavirus, according to a new study. According to the study by the [University of Oxford](#), which was involved in the development of the vaccine, the immune response is significantly stronger when there are up to 45 weeks between first and second vaccination.

AstraZeneca: Together with the University of Oxford, a new study has begun on the effectiveness of the modified vaccine against the beta variant of the coronavirus. The phase II and III clinical trials with the slightly modified booster vaccine are expected to involve around 2250 participants from great Britain, South Africa, Brazil and Poland. Some of the subjects are said to have already been vaccinated twice with astraZeneca's original vector virus vaccine or with one of the mRNA vaccines such as BioNTech/Pfizer, while another part is said not to have received vaccination yet. The first data are expected later this year.

Oxford University: According to a study, cross-vaccination of AstraZeneca and BioNTech's preparations produces a better immune response than the administration of a second dose of AstraZeneca. The vaccine mix has led to a high concentration of antibodies against the spike protein of the coronavirus, according to the Oxford study called [Com-COV](#). The BioNTech vaccine was administered four weeks after the first dose with the AstraZeneca vaccine. The highest antibody concentration was observed when given with two doses of the agent from BioNTech.

Moderna: The vaccine is showing a promising effect against variants of the coronavirus, according to the US pharmaceutical company. A laboratory study has shown that neutralizing antibodies are formed against mutants - also against the delta variant, which was detected for the first time in India, and the beta variant first detected in South Africa.

CureVac: According to internal information, final results of the pivotal study phase can be expected within the next 10 days. CureVac recently announced that its first-generation corona vaccine candidate has an efficacy of around 47 percent, according to a preliminary evaluation. This would make the vaccine significantly less effective than other vaccines.



European Situation on Vaccination

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

Total doses distributed to EU/EEA countries

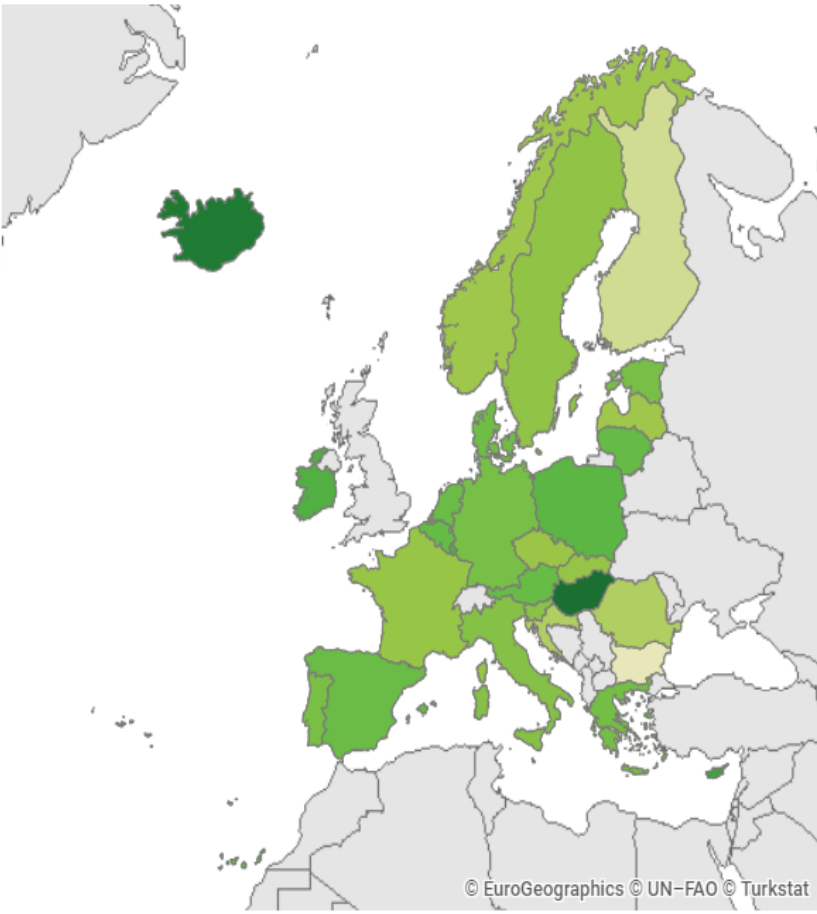
407,018,089

344,182,055

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 2021-06-29

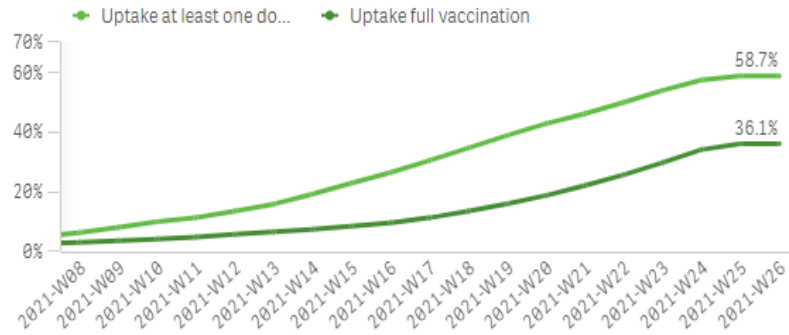


Uptake full vaccination (%)



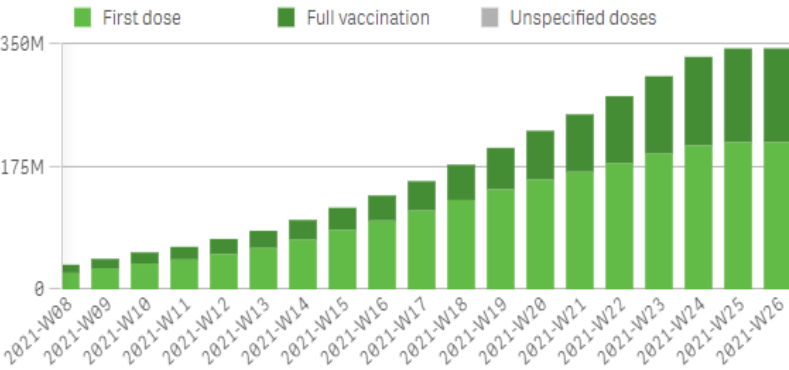
Cumulative uptake (%) of at least one vaccine dose and full vaccination among adults (18+) in EU/EEA countries as of 2021-06-29

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



Cumulative number of doses administered to adults (18+) in EU/EEA countries as of 2021-06-29

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 2021-06-29

Country	Uptake at least one dose (%) - 80 years old and above
Austria	97.3%
Belgium	89.3%
Bulgaria	16.4%
Croatia	53.2%
Cyprus	90.7%
Czechia	80.4%
Denmark	100.0%
Estonia	62.9%
Finland	93.9%
France	78.9%
Germany	-
Greece	68.9%
Hungary	73.7%
Iceland	99.7%
Ireland	100.0%
Italy	92.9%
Latvia	33.0%
Liechtenstein	-
Lithuania	52.5%
Luxembourg	80.1%
Malta	99.9%
Netherlands	-
Norway	82.0%
Poland	61.3%
Portugal	98.4%
Romania	18.7%
Slovakia	49.7%
Slovenia	67.4%
Spain	100.0%
Sweden	94.3%

Threat Assessment Brief: Delta VoC

Implications for the EU/EEA on the spread of the SARS-CoV-2 Delta (B.1.617.2) variant of concern by ECDC

Based on the available evidence, the SARS-CoV-2 Delta (B.1.617.2) variant of concern (VOC) is 40-60% more transmissible than the Alpha (B.1.1.7) VOC and may be associated with higher risk of hospitalisation. Furthermore, there is evidence that those who have only received the first dose of a two-dose vaccination course are less well protected against infection with the Delta variant than against other variants, regardless of the vaccine type. However, full vaccination provides nearly equivalent protection against the Delta variant.

Based on the estimated transmission advantage of the Delta variant and using modelling forecasts, **70% of new SARS-CoV-2 infections** are projected to be due to this variant in the EU/EEA by early August and **90%** of infections by the end of August.

There is a well-documented age-risk gradient for SARS-CoV-2, where older age groups and those with underlying co-morbidities are more likely to be hospitalised or die due to COVID-19. In a scenario of 50% gradual reduction of non-pharmaceutical intervention (NPI) measures by 1 September, SARS-CoV-2 incidence is expected to increase in all age groups, with the highest increase in those <50 years.

Modelling scenarios indicate that any **relaxation** over the summer months of the stringency of **nonpharmaceutical measures** that were in place in the EU/EEA in early June could **lead to a fast and significant increase** in daily cases in all age groups, with an **associated increase in hospitalisations**, and **deaths**, potentially reaching the same levels of the autumn of 2020 if no additional measure are taken.

Risk Assessment

Evidence accumulated since the first threat assessment brief on the emergence of the SARS-CoV-2 Delta variant in India, published 11 May 2021, resulted in the Delta variant being upgraded from a Variant of Interest (VOI) to a VOC. The assessment of the risk for infection to unvaccinated and partially vaccinated individuals from the Delta VOC in the EU/EEA has also increased.

Considering the very high probability of the Delta VOC becoming the dominant variant in the EU/EEA:

- The overall risk of SARS-CoV-2 infection related to the expected increase in circulation of the Delta VOC for the **general population** is considered to be **low** for **fully vaccinated** sub-populations and **high-to-very high** for **partially** or **unvaccinated** sub-populations.
- The overall risk of SARS-CoV-2 infection related to the expected increase in circulation of the Delta VOC for **vulnerable population** is considered to be **low-to-moderate** for **fully vaccinated** sub-populations and **very high** for **partially** or **unvaccinated** sub-populations.

Since ECDC's most recent risk assessment published on 10 June, and given the expected future predominance of the Delta variant, the risk has increased for countries in all epidemiological situations. Without continued application of NPI measures and further rapid rollout of full vaccination, sharp increases in new infections, hospitalisations and deaths may be observed.

Option for Response

- Full vaccination of all groups at increased risk of severe COVID-19 should be achieved as early as possible to reduce the risk of hospitalisations and deaths.
- Second vaccine dose should be administered to the highest risk group at the shortest possible interval following the administration of the first dose.
- The continuation of vaccination rollout at current levels is crucial in order to keep the incidence levels at manageable levels.
- Non-pharmaceutical interventions should be maintained at a level sufficient to contain community transmission.
- Genomic surveillance of currently circulating variants is of high importance for early detection and monitoring of emerging SARS-CoV-2 variants.

Table 2. Probability and impact of infection with the Delta VOC in the general population and vulnerable populations by vaccination status. Results of the risk assessment using the ECDC algorithm [35]

	Probability	Impact	Overall risk
General population			
Fully vaccinated	Low	Low	Low
Partially vaccinated or unvaccinated	Very high	High	High to very high
Vulnerable population			
Fully vaccinated	Moderate	Moderate	Low to moderate
Partially vaccinated or unvaccinated	Very high	Very high	Very high

Figure 3. Estimation of possible changes in daily COVID-19 incidence in the EU/EEA according to four NPI relaxation scenarios 24 May – 31 August 2021, with a variant with 50% higher transmissibility, but no reduction in vaccine efficacy against disease

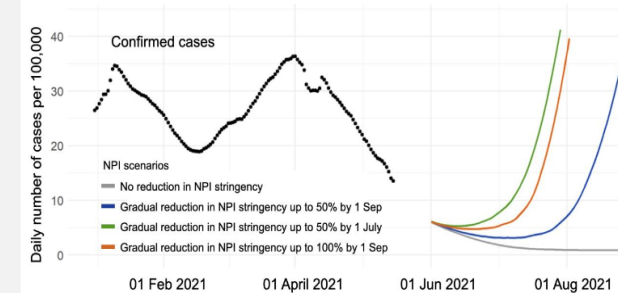


Figure 4. Estimation of possible changes in daily COVID-19 incidence in the EU/EEA across different age groups under a more conservative 50% reduction in the stringency of NPIs by 1 September 2021

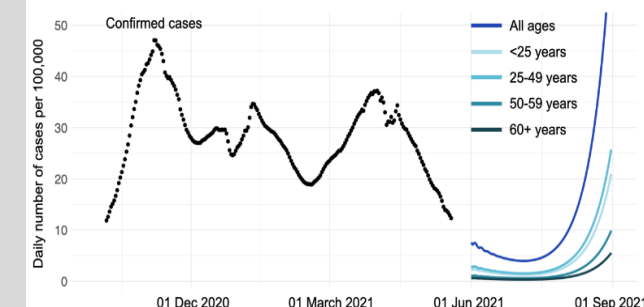


Figure 5. Estimation of possible changes in daily COVID-19 hospitalisation in the EU/EEA according to four NPI relaxation scenarios

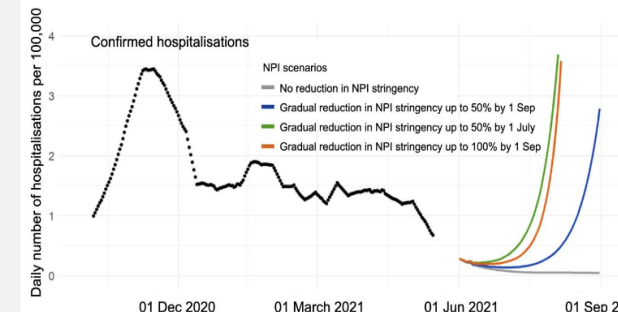
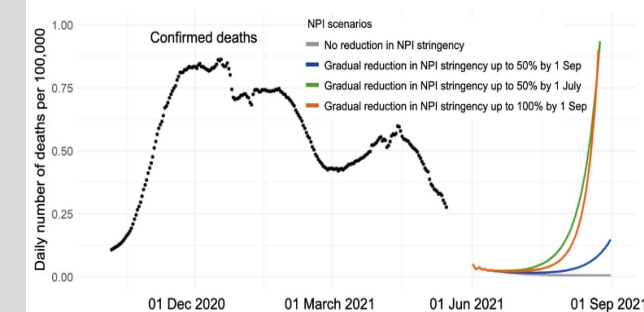


Figure 6. Estimation of possible changes in daily COVID-19 deaths in the EU/EEA according to four NPI relaxation scenarios



Variants Of Concern (VOC) Notable Update - Delta Plus Variant Spotlight

Delta plus variant (B.1.617.2.1)

- **Delta plus variant (B.1.617.2.1)**-scientifically AY.1- first identified in Europe has been upgraded by Indian health authorities as a **Variant of Concern (VOC)**.
- It was first reported by Public Health England, on June 11. However, the first Delta plus case in the **U.K. was sequenced on April 26**, suggesting that the variant may have been present and spreading in early spring.
- It is named Delta plus as it is derived from the Delta variant (B.1.617.2) first identified in India last year and which is believed to have driven the unprecedented second wave of infections in India.
- The Delta plus variant contains an **additional mutation** as compared to Delta. This mutation -K417N- is present on the coronavirus spike, and has also been found in the Beta and Gamma variants, first found in South Africa and Brazil, respectively. Beta has been linked to increased hospitalization and deaths, while Gamma is believed to be highly transmissible.
- Since April, the **Delta plus variant has been detected in India** across 40 samples sequenced from **six districts in three states** (i.e. Maharashtra, Kerala, and Madhya Pradesh). At least 16 of these samples are from Maharashtra, one of the hardest-hit states by the pandemic.

Summary

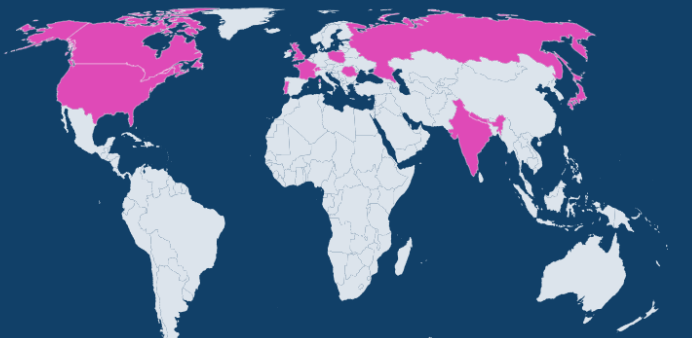
As of 30 June 2021, **206** sequences in the **AY.1** lineage have been detected since the lineage was identified:

location ↻	AY.1 found		when found**	
	total	cumulative prevalence*	first	last
India	12	< 0.5%	5 Apr 2021	15 May 2021
United Kingdom	45	< 0.5%	24 Apr 2021	9 Jun 2021
Worldwide	206	< 0.5%	5 Apr 2021	17 Jun 2021
United States	17	< 0.5%	22 Apr 2021	11 Jun 2021

* Apparent cumulative prevalence is the ratio of the sequences containing AY.1 to all sequences collected since the identification of AY.1 in that location. ** Dates are based on the sample collection date

[Read about biases](#)

The strain has been detected in at least **12 countries** and **8 U.S. states**.



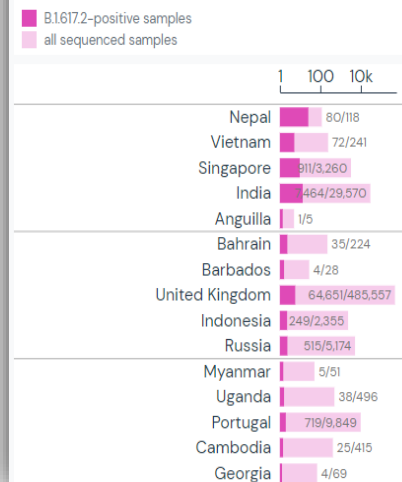
Delta Variant (B.1.617.2)

As of June 24, **77 countries** have reported the **Delta (B.1.617.2) variant**.

Of those countries, 33% (n=25) are within Europe, 33% (n=25) within Asia, 16% (n=12) within Africa, 12% (n=9) within North and Central America, 4% (n=3) within Oceania, and 4% (n=3) within South America.

Globally, of the **12,455 B.1.617.2 cases reported over the past seven days, 87% were reported in Europe**, 7% in North and Central America, and 5% in Asia. In **total 86,331 cases** have been reported so far.

Number of samples sequenced



Summary

As of 30 June 2021, **86,331** sequences in the **B.1.617.2** lineage have been detected since the lineage was identified:

location ↻	B.1.617.2 found		when found**	
	total	cumulative prevalence*	first	last
India	7,464	31%	7 Sep 2020	12 Jun 2021
United Kingdom	64,651	29%	14 Feb 2021	21 Jun 2021
Worldwide	86,331	5%	7 Sep 2020	27 Jun 2021
United States	4,316	1%	5 Feb 2021	23 Jun 2021

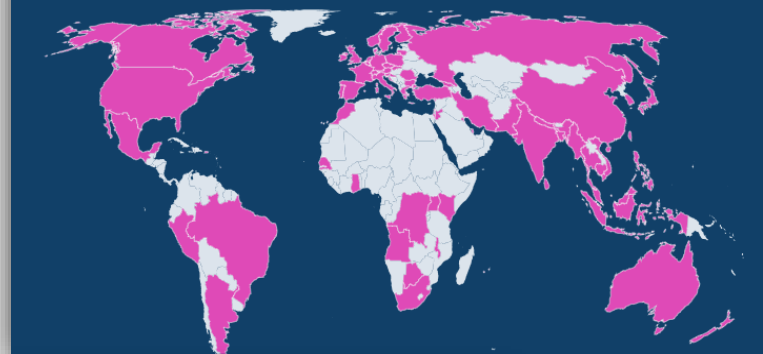
[view change over time](#)

[change locations](#)

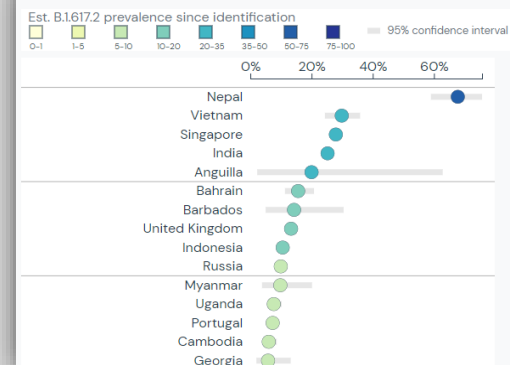
* Apparent cumulative prevalence is the ratio of the sequences containing B.1.617.2 to all sequences collected since the identification of B.1.617.2 in that location. ** Dates are based on the sample collection date

[Read about biases](#)

The strain has been detected in at least **80 countries** and **50 U.S. states**.



Cumulative Prevalence

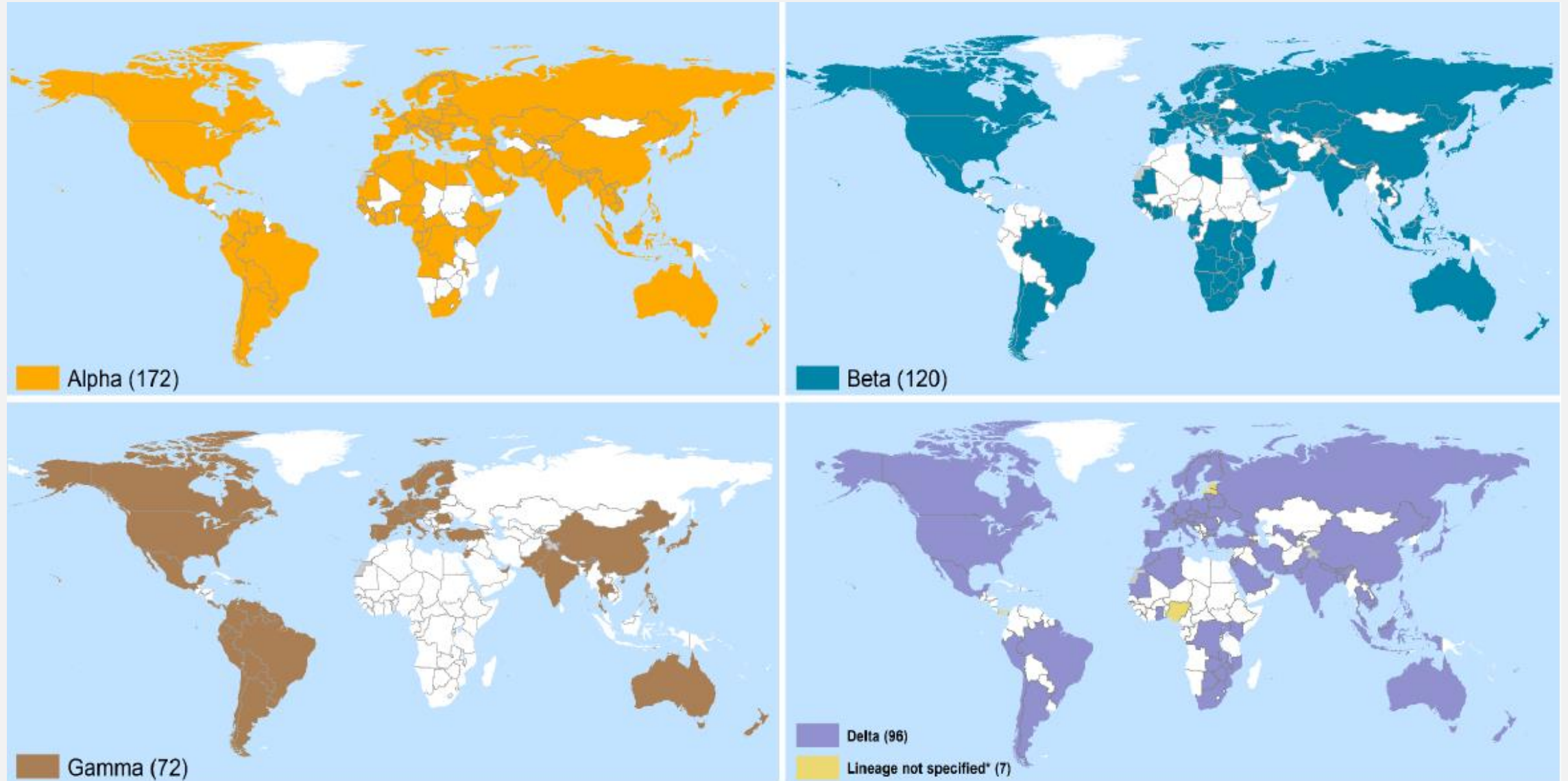


Source:
<https://outbreak.info/situation-reports>
<https://bluedot.global/>

- Globally there have been **206 confirmed Delta plus** sequences reported. Outside of India, Delta plus has been found across eleven countries including the **USA, U.K., Portugal, Switzerland, Japan, Poland, Nepal, Russia, China, Turkey, and Canada**.
- There are concerns that Delta plus could spread more easily, bind more easily to lung cells, and could potentially evade monoclonal antibody therapy, a potent intravenous infusion of antibodies to neutralize the virus. However, there is limited information to ascertain while investigations are underway.

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

Countries, territories and areas reporting variants Alpha (B.1.1.7), Beta (B.1.351), Gamma (P.1) and Delta (B.1.617.2), as of 29 June 2021



A Global Perspective on Polio amidst the COVID-19 Pandemic

In the 73rd World Health Assembly Meeting in May 2020, the WHO “unanimously agreed that the risk of international spread of poliovirus remains a Public Health Emergency of International Concern (PHEIC)” – a designation also given to COVID-19.

During the COVID-19 pandemic, strains on the public health and healthcare system have diminished resources to address polio in regions at risk of resurgences as well as, primary prevention of polio has been confronted with the suspension of mass vaccination programs for children. In 2021, the resumption of some vaccination campaigns continues to be challenged by COVID-19, particularly among vulnerable regions observing COVID-19 resurgences amidst the rise of VOC’s. In Afghanistan and Pakistan, these challenges are compounded by security concerns with attacks against polio health workers and associated security personnel, most recently in June 2021.

As exemplified by confirmed exportation of circulating vaccine-derived poliovirus 2 (cVDPV2) to other countries in 2020 and 2021, the threat of polio continues to be heightened as outbreaks grow in a number of countries. There is also potential for further international spread, particularly as travel restrictions related to COVID-19 are eventually lifted.

Without a focused effort to resume vaccination campaigns and reach the most vulnerable populations, polio will remain a growing concern globally, threatening further resurgences and new spread as COVID-19 subsides.

How has the COVID-19 pandemic impacted polio vaccination efforts?

Vaccination campaigns in many countries are the only opportunity to immunize many children – not only against polio – but also against other vaccine-preventable diseases. Thus, interruptions to polio vaccination campaigns risk setbacks in the control of other vaccine-preventable childhood diseases with severe consequences in vulnerable regions, such as measles, yellow fever, and cholera.

So how did COVID-19 disrupted polio prevention strategies?:

- **Mass vaccination campaigns halted** - all preventive mass vaccination campaigns and outbreak response activities for other infectious diseases were suspended from March 26 to early July, 2020, to curb the risk of SARS-CoV-2 transmission through gatherings, particularly for low-income countries.
- **Resurgence of polio** - Several new polio outbreaks and spread to polio-free regions have occurred in many countries. Compared to the previous year, there was an increase of newly confirmed cases in 2020, probable declines in herd immunity from the recommended 80% vaccination threshold, and likely gaps in disease surveillance. Although movement restrictions related to COVID-19 may have temporarily reduced the spread of polio, transmission is expected to rebound if outbreak responses and mass immunizations are not resumed promptly.

Other consequences on the public health and healthcare system!

- **Resurgence and deaths from other infectious diseases** - particularly ones that are vaccine-preventable - An estimated 13.5 million children missed their vaccinations for polio, measles, human papilloma virus, yellow fever, cholera, and meningococcal meningitis by mid-2020.
- **Long-term consequences** - While the extent of disease and deaths from polio may not be immediately seen, indirect measures – such as the number of unvaccinated children, fewer reported diagnoses, model projections – suggest that the effects may linger post-pandemic. Disruptions may also cost vaccine manufacturers and donors in the long term, particularly in fragile health systems.

Notable outbreaks in 2021:

As of June 9, 2021:

- Two countries (Madagascar and Yemen) have reported at least one case of cVDPV1 in 2021.
- 13 countries have reported at least one human case of cVDPV2 in 2021.
- Afghanistan and Pakistan, the two remaining countries where wildtype polio is endemic, have both reported one case of wild type polio in 2021.

Notable outbreaks in countries that had achieved polio-free status or not reported polio in years

- **Cameroon** – Cameroon had obtained certification as a polio-free country in June 2020 after five years without any reported cases of polio in the country, following more than thirty years of polio activity. However, in October 2020, cases of circulating cVDPV2 were reported with genetic sequencing confirming that they were associated with a concurrent cVDPV2 outbreak originating in Jigawa state, Nigeria. A total of seven cases were reported in 2020. On February 22, 2021, the Ministry of Health released a statement declaring a public health emergency following the confirmation of cVDPV2 environmental samples detected in the sewage of Cité Verte district, Center region. As of June 9, 2021, no cases of cVDPV2 have been reported in 2021.
- **Tajikistan** – Prior to 2020, the last case of polio in Tajikistan was reported in 2010 when the country had an outbreak of wildtype polio with over 400 confirmed cases. In late 2020, cVDPV2 re-emerged in Tajikistan. On November 22, 2020, one case with acute flaccid paralysis was reported in Khatlon province, the country's most populous province. Genetic sequencing indicated that the confirmed case was linked to the concurrent cVDPV2 outbreak in Pakistan. As of June 9, 2021, six cases of cVDPV2 have been reported in 2021 near to the capital Dushanbe. Environmental samples have also been confirmed in Dushanbe. The presence of positive environmental samples along with human cases in different locations indicates wide spread cVDPV2.
- **China** – On May 25, 2021, an environmental sample of cVDPV3 was detected in Shanghai, China. However, as of June 23, 2021, no human cases of cVDPV3 have been confirmed in China. Media sources state that cVDPV3 was last reported in the country between 2017 and early 2018 when three cases were reported. According to a February 2021 statement from the WHO Emergency Committee on the international spread of poliovirus, the country's last human case of cVDPV2 was reported in August 2019 in Sichuan province.

Epidemiological situation of polio in Afghanistan and Pakistan

Since 2016, Pakistan and Afghanistan are the final two countries where wild poliovirus type 1 (WPV1) remains endemic. Despite continuous, coordinated efforts by prevention programs, these countries have seen an increase in the spread and number of polio cases, particularly in the past three years.

- **Significant increases in WPV1 since 2018** – In 2018, **Pakistan** was nearing polio-free status with only 12 reported cases. In 2019, the number of cases grew 12-fold to 147 reported cases (84% of all 176 WPV1 cases), subsequently dropping to 84 cases in 2020. A total of 27 out of 43 districts reported cases compared to the six districts with confirmed cases in 2018. In **Afghanistan**, the number of reported WPV1 cases nearly doubled from 29 cases in 2019 to 56 cases in 2020. As of June 9, 2021, for both Pakistan and Afghanistan, one case of WPV1 was reported in each country.
- **Emergence of the cVDPV2 strain** – In 2019, cVDPV2 emerged in **Pakistan** with 22 cases reported, a six-fold increase to 135 cases in 2020. As of June 9, 2021, the number of reported cVDPV2 cases in Pakistan dropped to 8 cases. Similarly in 2020, the cVDPV2 strain emerged in **Afghanistan**, with 308 reported cases. As of June 9, 2021, 39 cases of cVDPV2 have been reported this year.

[https://www.cdc.gov/globalhealth/newsroom/topics/polio/index.html#:~:text=Almost%20all%20children%20\(99%25\).make%20the%20world%20polio%2Dfree](https://www.cdc.gov/globalhealth/newsroom/topics/polio/index.html#:~:text=Almost%20all%20children%20(99%25).make%20the%20world%20polio%2Dfree)
<https://www.sciencemag.org/news/2020/04/we-have-no-choice-pandemic-forces-polio-eradication-group-halt-campaigns>
<https://www.sciencedirect.com/science/article/pii/S0264410X21004734>, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7552970/>
<https://science.sciencemag.org/content/368/6487/116.full>, <https://www.unicef.org/afghanistan/polio-eradication>, <https://onlinelibrary.wiley.com/doi/10.1002/rmv.2190>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7552970/#:~:text=The%20GPEI%20has%20recommended%20the.may%20get%20paralyzed%20by%20polio>
<http://www.cameroon-info.net/article/cameroon-alerte-une-nouvelle-epidemie-de-poliomyelite-signalee-dans-la-ville-de-yaounde-395490.html>
<https://www.trthaber.com/haber/dunya/kamerunda-cocuk-felci-virusu-yeniden-ortaya-cikti-559341.html>, <https://reliefweb.int/report/pakistan/polio-week-19-may-2021>
<https://polioeradication.org/wp-content/uploads/2021/04/weekly-analyses-WPV-20210420.pdf>
<https://www.euro.who.int/en/countries/tajikistan/news/news/2021/3/circulating-vaccine-derived-poliovirus-type-2-detected-in-tajikistan>

Other Infectious Disease Outbreaks

Lassa Fever in Nigeria

Last checked on June 27, 2021



Lassa Fever

Guinea— One additional case of Lassa fever has been reported in Guinea. According to the weekly epidemiological update from the WHO Afro, on June 17, the individual tested positive at Nzérékoré Regional Hospital and died on the same day. There are 10 close contacts being closely monitored for signs of symptoms. Recall that the first case of Lassa fever in Guinea was reported on May 8 in the Youmou prefecture in the Nzérékoré region, which is also where the Ebola outbreak first re-emerged in 2021 (declared over on June 19, 2021).

Source: <https://apps.who.int/iris/bitstream/handle/10665/342077/OEW26-2127062021.pdf>

Lassa Fever in Guinea

Last checked on June 29, 2021



Activity in Spain



Crimean-Congo Haemorrhagic Fever

Spain: The second case of Crimean-Congo haemorrhagic fever (CCHF) in 2021 has been confirmed in Castile-León, Spain. According to the most recent ECDC report, the affected individual is a woman with likely exposure to ticks in León. The case is currently in stable condition and close contacts are being followed up by regional health authorities. This is the first known human case of CCHF in León.

Source: <https://www.ecdc.europa.eu/en/publications-data/communicable-disease-threats-report-13-19-june-2021-week-24>

Turkey: There is limited information about the total number of cases of Crimean-Congo haemorrhagic fever (CCHF) in Bitlis, a city in eastern Turkey and the capital of Bitlis province. Media reports indicate that an unspecified number of individuals have presented to a local hospital with symptoms resembling CCHF, most of whom have a recent history of tick bite exposure in the rural areas of Central Anatolia and Eastern Anatolia regions. Suspected cases of CCHF and at least one associated death have been reported in Hafik, a town and a district of Sivas province, eastern Turkey, and in Adiyaman city, in southeastern Turkey, since the beginning of May 2021.

Source: <https://www.ih.com.tr/haber-bitliste-kkka-hastaligi-endisesi-934665/>

Crimean-Congo Hemorrhagic Fever (CCHF) in Turkey

Last checked on June 25, 2021



Dengue

FRA, Reunion: Réunion is facing an outbreak of dengue of a higher magnitude than in 2019 and 2020. Since 1 January and as of 21 June 2021, 24 836 confirmed dengue cases, including 14 deaths, have been reported for 2021, according to French authorities. In 2019 and 2020, there were 18 206 and 16 050 cases, respectively. Disease activity indicators that include the number of confirmed cases, number of emergency room visits, and number of hospitalizations continue to rise. Health authorities have expressed concern as a number of complications have been observed in the population for the first time in Reunion, including dengue shock syndrome and myocarditis (damage to the heart muscle). The majority of the confirmed cases have been reported in 21 townships, predominantly in the west of the island. According to data submitted to The European Surveillance System, in 2019 there were 116 cases imported from Réunion to mainland EU/EEA in 2019, the majority of which were reported in mainland France.

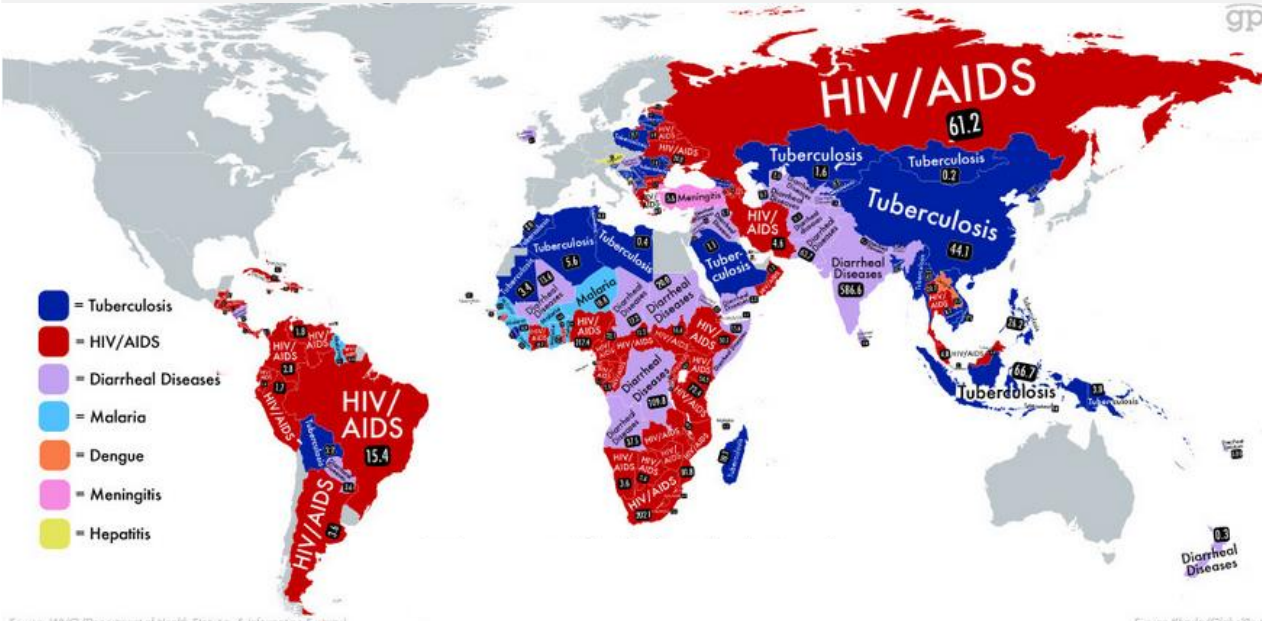
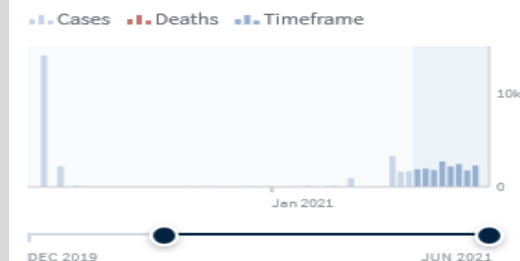
Source: <https://www.ecdc.europa.eu/sites/default/files/documents/Communicable-disease-threats-report-26-june-2021-public.pdf>
<https://www.linfo.re/la-reunion/societe/dengue-1-626-cas-et-le-deces-de-5-patients>

Dengue in Reunion

Last checked on June 23, 2021



Activity in Reunion



UEFA Euro 2020

current restrictions in the stadiums of the upcoming matches

<https://www.arcgis.com/apps/dashboards/2e328f146c34408d808bba6ea6d18331>



Hampden Park
Glasgow, Scotland

Stadium capacity: 51,866
Capacity for UEFA 2020: 12,000 (25%)
Total matches: 4
Next match: 2021-06-29

National reproduction number: 1.2 (1 - 1.6)
Expected national trend: Increasing

Public Health and Social Measures:

The next step in Scotland's easing plan will be delayed by three weeks. It had originally been hoped that the whole country could move to the lowest level of Covid restrictions, level zero, on 28 June. Instead, the First Minister indicated that the current level of restrictions were likely to remain until 19 July. Large swathes of the country moved into level one earlier this month, and some islands went down to level zero. However, many parts of the central belt are in level two, where there are stricter limits on the size of groups which can meet.



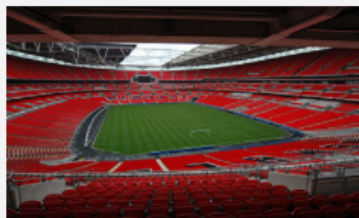
Football Arena Munich
Munich, Germany

Stadium capacity: 70,000
Capacity for UEFA 2020: 14,500 (20%)
Total matches: 4
Next match: 2021-07-02

National reproduction number: 0.74 (0.57 - 0.99)
Expected national trend: Decreasing

Public Health and Social Measures:

The epidemic situation of national significance was extended on 11 June, citing the continuing need for vaccination, testing and entry regulations as well as for caution regarding new virus variants. Munich will host 4 UEFA matches at 20% stadium capacity and without the previously planned Fan Zone.



Wembley
London, England

Stadium capacity: 90,000
Capacity for UEFA 2020: 45,000 (50%)
Total matches: 8
Next match: 2021-06-29

National reproduction number: 1.2 (1 - 1.6)
Expected national trend: Increasing

Public Health and Social Measures:

Amid rising cases of the Delta variant, the government has decided for the lockdown easing in England to be delayed by four weeks. This means capacity limits for sports, pubs and cinemas will remain, and nightclubs will stay closed for at least another 4 weeks, until 19 July. England was due to move to stage four of the government's roadmap out of lockdown on 21 June, when venues and events would be allowed to operate without capacity limits and the cap on guests at weddings would be lifted. But many scientists have called for the reopening to be delayed to enable more people to be vaccinated and receive second doses.



Gazprom Arena
Saint Petersburg, Russia

Stadium capacity: 61,000
Capacity for UEFA 2020: 30,500 (50%)
Total matches: 7
Next match: 2021-07-02

National reproduction number: 1.1 (0.96 - 1.2)
Expected national trend: Likely increasing

Public Health and Social Measures:

Due to increases in COVID-19 cases, Moscow and St. Petersburg have begun to tighten public health restrictions. Moscow has implemented a non-working in an attempt to curb rising cases. Businesses have been asked to shift 30% of their workforce to remote working. St. Petersburg has implemented an array of mitigation measures including restrictions for some businesses and maximum capacity for cultural spaces. An exception will be made for the UEFA match.

The Euro 2020 quarter-final in Saint Petersburg on Friday will go ahead as planned, Russia's tournament organisers told AFP Monday, as the city posted a new pandemic high for daily virus deaths. "The quarter-final will take place as planned," the press service of the organising committee in Saint Petersburg said. A UEFA spokesperson told AFP that the surging outbreak "changes absolutely nothing" and "there are no plans to change the location of the match". Saint Petersburg, Russia's second city and one of the country's main virus hotspots, has seen a surging outbreak due to the highly transmissible Delta variant first identified in India. On Monday, Saint Petersburg recorded 110 fatalities from coronavirus, setting a new pandemic high for the second time in three days.

The city was where dozens of Finland supporters were infected after they travelled there for their team's loss to Belgium in the group stage.

But while authorities have tightened some restrictions, including banning food sales at its Euro 2020 fan zones, authorities on Friday allowed high school graduation celebrations to go ahead including a packed concert that drew thousands. Russia is among the worst-hit countries from coronavirus with the fifth-highest caseload in the world, according to an AFP tally.

<https://sports.ndtv.com/euro-2020/euro-2020-saint-petersburg-quarter-final-to-go-ahead-despite-covid-19-surge-2474250>



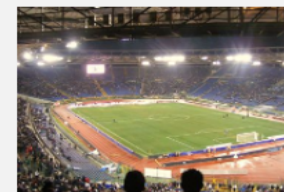
Baku Olympic Stadium
Baku, Azerbaijan

Stadium capacity: 69,000
Capacity for UEFA 2020: 31,000 (50%)
Total matches: 4
Next match: 2021-07-03

National reproduction number: 1.1 (0.85 - 1.6)
Expected national trend: Likely increasing

Public Health and Social Measures:

The duration of the special quarantine regime in the territory of the Republic of Azerbaijan has been extended until 06:00 on 1 August 2021. Meanwhile, for the European Football Championship in 2021, Baku will permit a limited number of spectators in 4 games which are held in the city.



Stadio Olimpico
Rome, Italy

Stadium capacity: 68,530
Capacity for UEFA 2020: 16,000 (25%)
Total matches: 4
Next match: 2021-07-03























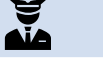




















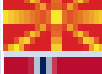


























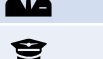







































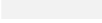
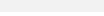
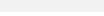
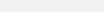
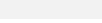
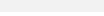
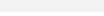
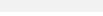
National reproduction number: 0.69 (0.52 - 0.81)
Expected national trend: Decreasing

Public Health and Social Measures:

Authorities in Italy have further relaxed domestic COVID-19 related restrictions in several regions. As of June 21, all but one region have been designated as being in the lowest risk category, or "white" level, on the nation's four-tier color-coded COVID-19 tracking system. The Aosta Valley region is the only region that remains in the "yellow" level. Italy's tracking system consists of the red, orange, yellow, and white levels in order of decreasing infection risk. Officials designate each of the nation's regions as being at one of these four levels based on local case numbers, testing positivity rates, and other factors, imposing local restrictions accordingly. In white-level regions, there is no curfew in effect and most nonessential businesses may operate. Facemasks must be worn in outdoor and indoor public spaces, and physical distancing must be observed.

Summary of information on the individual national Corona restrictions

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

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

Travel Recommendations and other Useful Links

Travel Recommendations

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

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

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

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

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

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

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

More information about traveling worldwide:

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

More information about traveling in the EU

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

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

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

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

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

Useful links

ECDC:

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

WHO:

- Epi-WIN [webinars and updates](#)
- Status of “[COVID-19 Vaccines within WHO](#) EUL/PQ evaluation process” and the “Draft landscape and tracker of [COVID-19 candidate vaccines](#)”
- Weekly [Epidemiological and operational updates](#)
- COVID-19 new variants: [Knowledge gaps and research](#)
- COVID-19 [Dashboard](#)
- [Vaccines explained](#)
- Tracking [SARS-CoV-2 variants](#)
- Science in 5: [WHO's series on science and COVID-19](#)
- [Quick links](#)

CDC:

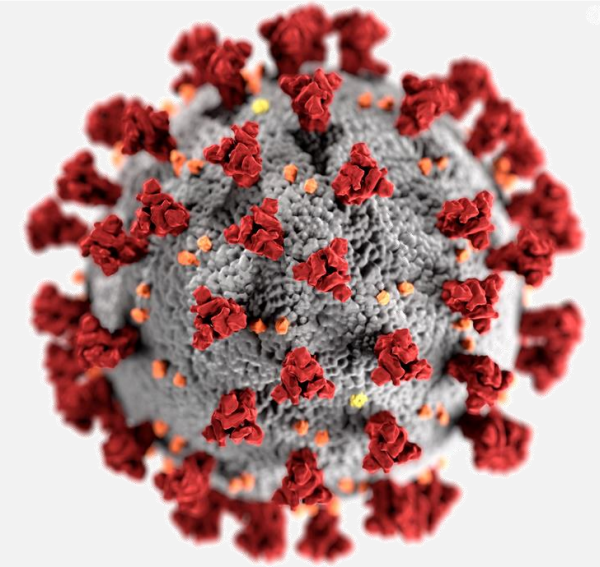
- COVID [Data Tracker](#) and [weekly review](#)
- [What's new and Updated](#)
- [Guidance for COVID-19](#)

References:

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

Upcoming Events FHPB

We are happy to announce the;
Force Health Protection Event:
COVID-19; A retrospective look at a turbulent time



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

