Force Health Protection Branch
NATO MilMed COE
Munich

Update 77
COVID-19
Coronavirus Disease
07th of July 2021

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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

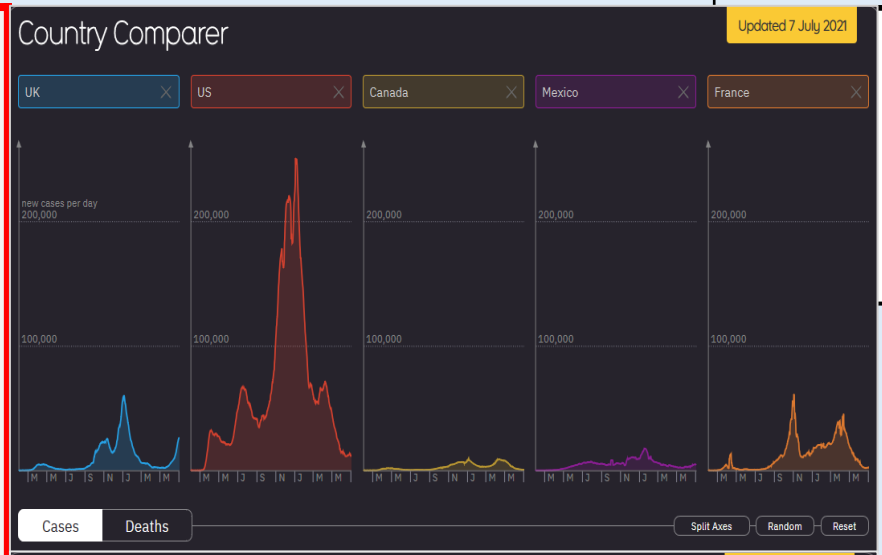
India
(7-days incidence 24,9)
↘
30 316 897
confirmed cases
28 970 000 recovered
397 637 deaths

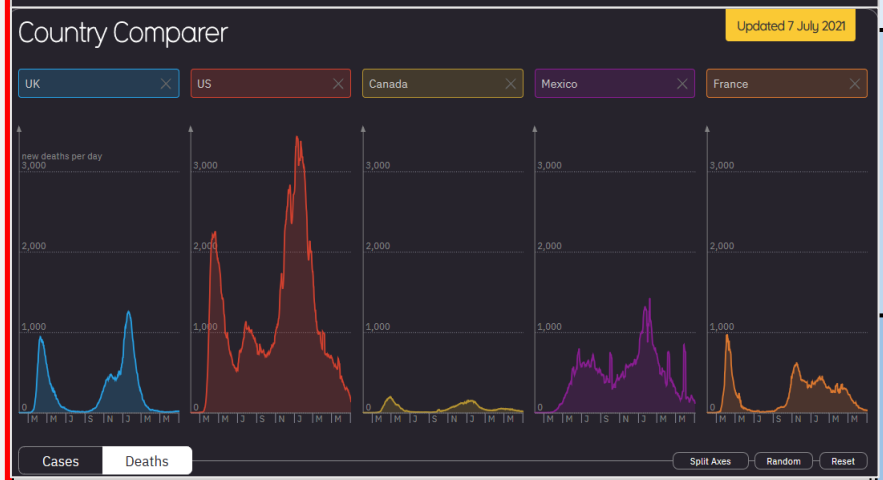
Brazil
(7-days incidence 227,8)
↘
18 513 305
confirmed cases
16 840 000 recovered
515 985 deaths

News:

- **The WHO has updated its patient care guidelines to include interleukin-6 receptor blockers, a class of medicines that are lifesaving in patients who are severely or critically ill with COVID-19, especially when administered alongside corticosteroids.**
- **COVAX**: released a "Joint COVAX Statement on the Equal Recognition of Vaccines" on 1 July. All COVID-19 vaccines that have been deemed safe and effective by the World Health Organization and/or the 11 Stringent Regulatory Authorities (SRAs) should be taking in account when making decisions on who is able to travel or attend events. Any measure that only allows people protected by a subset of WHO-approved vaccines to benefit from the re-opening of travel into and with that region would effectively create a two-tier system, further widening the global vaccine divide and exacerbating the inequities we have already seen in the distribution of COVID-19 vaccines. It would negatively impact the growth of economies that are already suffering the most.
- **WHO:** On the 30 June the Heads of the World Bank Group, International Monetary Fund, World Health Organization, and World Trade Organization today convened for the first meeting of the Task Force on COVID-19 Vaccines, Therapeutics and Diagnostics for Developing Countries.
- **WHO/Europe:** Launched a new monitoring tool, tracking rates of COVID-19 in UEFA Euro 2020 host cities at 30 June. The explorer provides: epidemiological trends across the Region, an event-based surveillance system, details of public health and social measures, and tracking of cases of COVID-19 in host countries.
- **FAA**: Since the beginning of the year, 3100 cases of "Air Rage" have been counted. This refers to passengers who attack, threaten or insult cabin crew and fellow passengers. That was a multiple of the pre-corona numbers. In 2350 of these 3100 cases, they were mask refusers. On the occasion of the gradual normalisation of air traffic after more than a year of forced break, there are warnings of potential new dangers. According to an assessment, this includes pilots who have been out of practice and possible damage to the aircraft, such as nests in the engines, and also raging mask refusers on board.
- **CDC:** Published a study on the "Efficacy of Portable Air Cleaners and Masking for Reducing Indoor Exposure to Simulated Exhaled SARS-CoV-2 Aerosols — United States, 2021".
- **CDC**: Published an overview of publications about COVID-19 for laboratories.

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





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

Situation by WHO Region, as of 06th July

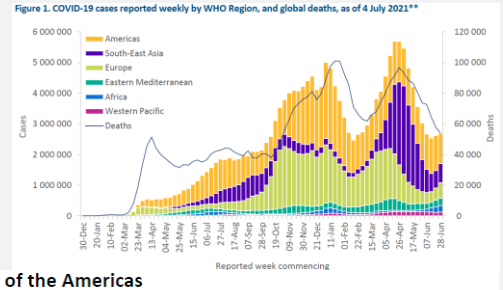
Global epidemiological situation overview; WHO as of 06 July 2021

Globally, after a decline in newly reported cases for seven consecutive weeks, there has been a slight increase in new weekly cases in the last two weeks, with over 2.6 million cases reported last week (28 June – 4 July 2021) as compared to the previous week (Figure 1). The number of weekly deaths continued to decrease, with just under 54 000 deaths reported in the past week, a 7% decrease as compared to the previous week. This is the lowest weekly mortality figure since early October 2020. The cumulative number of cases reported globally now exceeds 183 million and the number of deaths is almost 4 million.

This week, **all Regions** except the **Americas** reported an increase in new cases. The **European Region** reported a sharp increase in incidence (30%) whereas the **African region** reported a sharp increase in mortality (23%) as compared to the previous week**. All Regions**, with the exception of the **Americas and South-East Asia Regions**, reported an increase in the number of deaths in the past week.

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

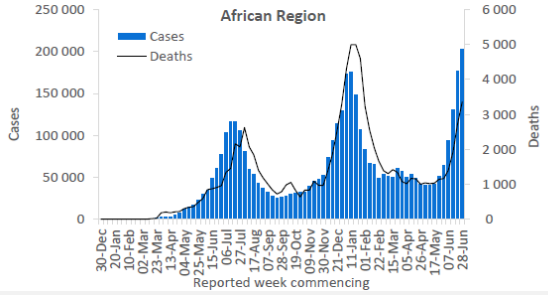
- **Brazil;** reporting 364 709 new cases; 30% decrease,
- **India;** reporting 312 250 new cases; 11% decrease ,
- **Colombia;** reporting 204 556 new cases; 5% increase,
- **Indonesia;** reporting 168 780 new cases; 35% increase,
- **United Kingdom;** reporting 161 805 new cases; 67% increase



African Region

The African Region reported over 204 000 new cases and over 3300 new deaths, a 15% and a 23% increase respectively as compared to the previous week. For the sixth consecutive week, the region continues to show a marked increase in weekly case incidence and mortality; the Southern and Eastern parts of Africa remain the most affected areas on the continent. The highest numbers of new cases were reported from South Africa (132 450 new cases; 223.3 new cases per 100 000 population; a 28% increase), Zambia (16 456 new cases; 89.5 new cases per 100 000; a 14% decrease), and Namibia (9342 new cases; 367.7 new cases per 100 000; a 28% decrease).

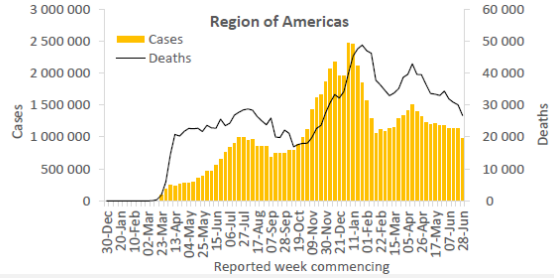
The highest numbers of new deaths were reported from South Africa (1729 new deaths; 2.9 new deaths per 100 000 population; a 46% increase), Zambia (430 new deaths; 2.3 new deaths per 100 000; a 16% increase), and Uganda (325 new deaths; <1 new deaths per 100 000; a 34% increase).



Region of the Americas

The Region of the Americas reported over 992 000 new cases and over 26 000 new deaths, a 13% and an 11% decrease respectively compared to the previous week. The Americas is the only region showing a decrease in both weekly case incidence and mortality. For the first time since October 2020, the region reported under 1 million weekly cases. However, several countries from South America, Central America and the Caribbean are still reporting high case incidence and mortality over the past weeks. The highest numbers of new cases were reported from Brazil (364 709 new cases; 171.6 new cases per 100 000; a 30% decrease), Colombia (204 556 new cases; 402.0 new cases per 100 000; similar to the previous week), and Argentina (137 852 new cases; 305.0 new cases per 100 000; a 5% increase).

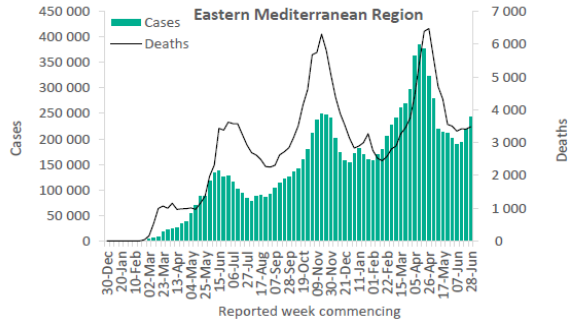
The highest numbers of new deaths were reported from Brazil (10 810 new deaths; 5.1 new deaths per 100 000; a 14% decrease), Colombia (4402 new deaths; 8.7 new deaths per 100 000; a 4% decrease), and Argentina (3403 new deaths; 7.5 new deaths per 100 000; a 9% decrease).



Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 245 000 new cases and over 3400 new deaths, an 11% and a 2% increase respectively as compared to the previous week. Following more than two months of decrease in weekly case incidence, for the third consecutive week the region showed an increase of case incidence, while mortality remained relatively stable for the past month. The highest numbers of new cases were reported from the Islamic Republic of Iran (83 054 new cases; 98.9 new cases per 100 000; a 17% increase), Iraq (43 979 new cases; 109.3 new cases per 100 000; a 16% increase), and Tunisia (35 452 new cases; 300.0 new cases per 100 000; a 59% increase).

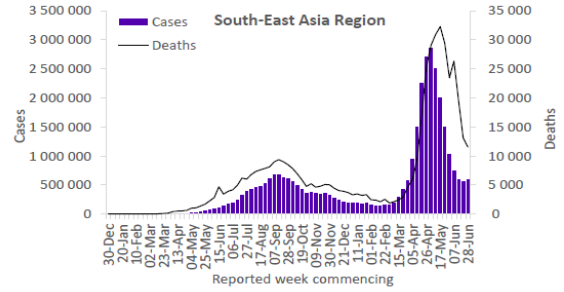
The highest numbers of new deaths were reported from the Islamic Republic of Iran (916 new deaths; 1.1 new deaths per 100 000; a 7% increase), Tunisia (682 new deaths; 5.8 new deaths per 100 000; a 10% increase), and Afghanistan (549 new deaths; 1.4 new deaths per 100 000; a 4% increase).



South-East Asia Region

The South-East Asia Region reported just under 613 000 new cases and over 11 000 new deaths, a 7% increase and a 12% decrease respectively as compared to the previous week. Following a decreasing trend in weekly case incidence for almost two months, mostly driven by the decrease in cases reported in India, the region showed a slight increase of cases this week. Bangladesh, Indonesia, Myanmar and Thailand continue to report large increases in the number of newly reported cases and deaths for this week.

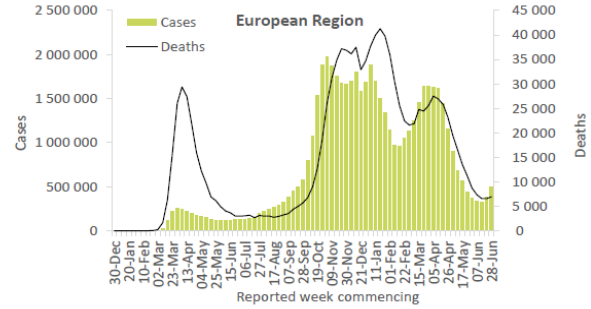
The highest numbers of new cases were reported from India (312 250 new cases; 22.6 new cases per 100 000; an 11% decrease), Indonesia (168 780 new cases; 61.7 new cases per 100 000; a 35% increase), and Bangladesh (56 511 new cases; 34.3 new cases per 100 000; a 54% increase).The highest numbers of new deaths were reported from India (6254 new deaths; 0.5 new deaths per 100 000; a 31% decrease), Indonesia (3444 new deaths; 1.3 new deaths per 100 000; a 39% increase), and Bangladesh (893 new deaths; 0.5 new deaths per 100 000; a 43% increase).



European Region

The European Region reported over 505 000 new cases and over 6900 new deaths. Following almost three months of declining trends, the region showed for the second consecutive week an increase in the number of new weekly cases and deaths, a 30% and a 6% increase respectively as compared to the previous week. The highest numbers of new cases were reported from the United Kingdom (161 805 new cases; 238.3 new cases per 100 000; a 67% increase), the Russian Federation (159 650 new cases; 109.4 new cases per 100 000; a 19% increase), and Turkey (36 224 new cases; 43.0 new cases per 100 000; a 7% decrease).

The highest numbers of new deaths were reported from the Russian Federation (4643 new deaths; 3.2 new deaths per 100 000; an 18% increase), Turkey (350 new deaths; <1 new deaths per 100 000; a 13% decrease), and Germany (276 new deaths; <1 new deaths per 100 000; a 25% decrease).



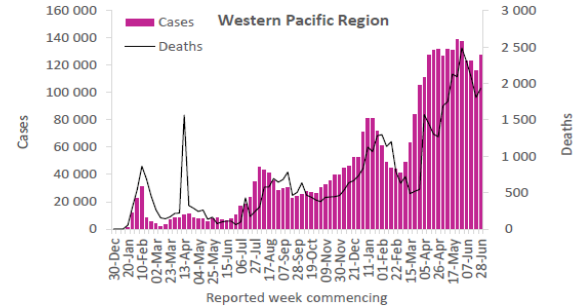
Updates from the European Region

Western Pacific Region

The Western Pacific Region reported over 128 000 new cases and over 1900 new deaths, a 10% and a 7% increase respectively. Cambodia, Fiji and Malaysia, continue to report increases in both weekly cases and deaths.

The highest numbers of new cases were reported from Malaysia (44 145 new cases; 136.4 new cases per 100 000; an 18% increase), the Philippines (38 507 new cases; 35.1 new cases per 100 000; similar to last week), and Mongolia (15 478 new cases; 472.1 new cases per 100 000; a 4% decrease).

The highest numbers of new deaths were reported from the Philippines (819 new deaths; <1 new deaths per 100 000; a 16% increase), Malaysia (550 new deaths; 1.7 new deaths per 100 000; a 3% increase), and Japan (185 new deaths; <1 new deaths per 100 000; a 28% decrease).



Source: https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---6-july-2021

Global Situation

RUS: As of July 7, the seven-day rolling average number of daily new cases stands at 22,926, representing a two-fold increase compared to one month ago. The capital city of Moscow and its outlying region as well as the city of St. Petersburg accounted for approximately 50% of new cases. On July 1, Russia reported 697 COVID-19 related deaths, representing a record-high number since the beginning of the pandemic. As of June 18, 90% of all sequenced cases are attributable to the Delta variant. On June 29, Russian officials also confirmed the first Delta Plus variant (B.1.617.2.1 or AY.1) case within its borders days after media sounded the alarm about the presence of the potentially more dangerous new strain.

ARG: Since April, the country experienced a rise in the seven-day rolling average of daily new cases from 12,162 on April 1 to an all-time high of 33,171 on May 23. Since then, cases started to decline to an average 18,005 on June 22 and recently increased again to 19,047 on July 3. The 14-day test positivity rate has remained extremely high over past months with numbers that have oscillated between 65% and an all-time high of 79% since June. Since June 20, five cases have been attributed to the Delta variant. So far, all of the cases have been travellers with the two most recent cases arriving from the United States and Venezuela. According to the Ministry of Health (MOH), during 2020, there was an excess in mortality rate from all causes of 10.6%. Officials have attributed this increase to the pandemic.

UGA: As of July 1, 762 deaths were added to the country's cumulative total. The adjustment came following the addition of probable COVID-19 deaths that were observed among unconfirmed cases. Officials have stated, that moving forward, all deaths will be reported in real-time as either PCR confirmed or probable COVID-19 deaths.

ZAF: South Africa is in its third wave, with a seven-day rolling average number of daily new cases increasing from 4,042 on June 1 to 15,500 on July 7. The 14-day test positivity rate has also escalated from 10.3% on June 1 to 25.4% on July 4, with the 14-day testing rate per 100,000 individuals also increasing from 855 to 1,127 tests, respectively. This suggests that the epidemic is growing and that there is still a substantial degree of community transmission where mild or asymptomatic cases are not being detected.

JAP/IOC: The Olympic opening ceremony is scheduled to take place with a reduced number of VIP guests. Japan's government plans to greatly reduce the originally planned 10,000 guests at the opening of the Games due to the coronavirus pandemic. The organizers have already banned spectators from abroad and set a cap on domestic spectators at the competitions.

Due to the current rising number of infections, Japan's Olympic organizers have called on citizens not to watch the marathon and walker competitions at the Olympic Games from the side of the road. On the same day, the Tokyo City Council announced that the torch relay starting on Friday in the Olympic City will be banned from public streets until the start of the Games. Tokyo reported 593 new infections within 24 hours, which means that the number of daily infections for 17 days in a row is now above the value of the same day of the previous week. The renewed rise in infections is fuelling the worries of many Japanese that the Olympics will become a super spreader event. On Wednesday, new coronavirus infections in Tokyo rose to their highest level in nearly two months.

IND: On Tuesday, the number of new coronavirus infections recorded within one day fell to its lowest level in more than three months. With 34,703 new cases, the authorities reported around 2860 fewer than in the previous week.

ESP: The number of new coronavirus infections has skyrocketed in recent days, especially among young people, with an incidence of almost 600. The nationwide incidence was 204 per 100,000 inhabitants in the past 14 days. On Friday, it had been 152.8.

GBR: From 19 July, all corona measures are to be terminated, thus eliminating distance rules, the home office regulation and the mask requirement as well as a limit on spectators at major events. However, the binding decision will only be taken after a further review of the pandemic data on 12 July.

IDN: In parts of Indonesia, medical oxygen is scarce because of the large number of corona patients in the hospitals. According to the competent authority, the demand is currently three to four times higher than normal, which is why there have been problems with the allocation. As of Saturday, at least 63 corona patients have died during treatment at a Yogyakarta city hospital - 33 of them during a temporary failure of the central supply of liquid oxygen. Meanwhile, the lockdown has been extended to the entire country. The nationwide coronavirus restrictions imposed on Wednesday will initially apply until July 20.

UEFA European Football Championship 2021 Surveillance by ECDC (week 27 June to 03 July)

From 24 June to 1 July 2021, following signals were detected with a potential public health impact to UEFA EURO 2020's host and participating countries:

According to multiple sources, from the beginning of UEFA EURO 2020 and as of 1 July 2021, seven countries have reported 2 472 SARS-CoV-2 positive cases linked to attendance at the championship's matches: **Denmark** (source 1, source 2) (35, of these five with Delta variant), **Finland** (436), **France** (3), **Sweden** (2), **Scotland** (1991), while fewer than five cases were reported by **Croatia** and the **Netherlands**.

According to the media and WHO EURO 2020 explorer, among the EURO 2020 host countries, an **increase of SARS-CoV-2 cases** was recently reported in St. Peterburg, **Russia**; Baku, **Azerbaijan**; Copenhagen, **Denmark**; and in Glasgow and London, **United Kingdom** (UK).

According to the media, SARS-CoV-2-related **hospitalisations** have increased in **St. Petersburg** in recent days.

The **majority** of new cases of SARS-CoV-2 in the **UK** are the **Delta variant**. According to Public Health England, weekly SARS-CoV-2 variant cases data show as of 23 June 2021 that numbers of the Delta variant in the UK have risen by 35204 since last week to a total of 111157. The UK is reporting an increase in the notification rate, but hospitalisations remain stable.

Finland reported an increase of COVD-19 cases linked to UEFA EURO 2020 spectators.

In addition, **Russia** reported the first case of the Delta + K417N variant (currently classified as variant under investigation), according to a media report on 29 June 2021.

According to the media, in the monitoring period SARS-CoV-2 infection was detected in several players of the following national teams: **Croatia.**

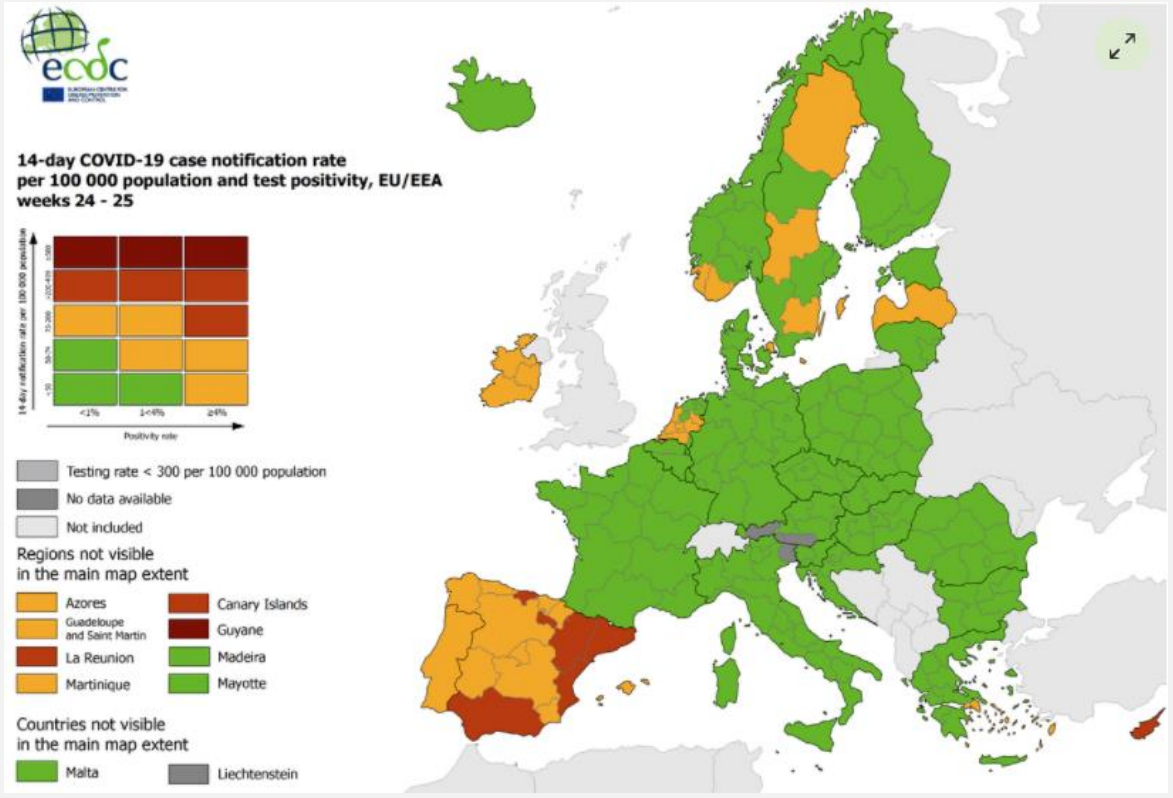
ECDC assessment

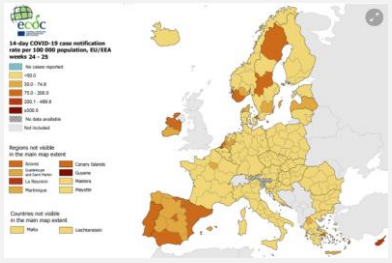
In the countries where mass gathering events such as UEFA EURO 2020 take place, in the absence of sufficient mitigation measures the risk of local and pan-European transmission **risk of COVID-19**, including the spread of variants of concern, is expected to **increase.**

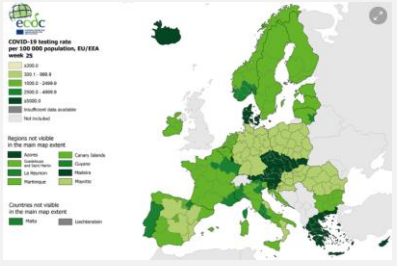
The risk of becoming infected with **other communicable diseases** in countries hosting UEFA EURO 2020 varies, but is **considered low** if preventive measures are applied, e.g. being fully vaccinated according to the national immunisation schedule, following hand and food hygiene, respiratory etiquette, refraining from any activities and contacts if any symptoms occur, and seeking prompt testing and medical advice as needed.

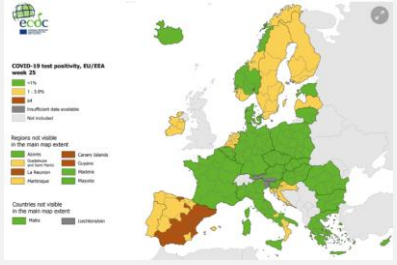
European Situation

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 02 July 2021









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

ECDC COVID-19 surveillance report Week 25, as of 02 July 2021

Weekly surveillance summary

Overall situation

Due to technical issues impacting the ECDC database, data for week 25, 2021 are incomplete for Austria, Croatia, Cyprus, Norway and Sweden.

By the end of week 25 (week ending Sunday 27 June 2021), four countries in the European Union/European Economic Area (EU/EEA) had reported increasing case notification rates. Case rates in older age groups increased in one country and no 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 is 62% and above in the EU/EEA and 39% for full vaccination, as reported in the COVID-19 Vaccine rollout overview.

Trends in reported cases and testing

- By the end of week 25, the 14-day case notification rate for the EU/EEA, based on data collected by ECDC from official national sources in 30 countries, was 39.0 (country range: 5-180) per 100 000 population. The rate has been decreasing for 12 weeks.
- Among the five 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 1-7 weeks' duration were observed in three countries (Ireland, Latvia 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 one country (Portugal).
- Notification rates are dependent on several factors, one of which is the testing rate. Weekly testing rates for week 25, available for 29 countries, varied from 594 to 61 252 tests per 100 000 population. Austria had the highest testing rate, followed by Denmark, Cyprus, Greece and Slovenia.
- Among the one country 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 25 countries for week 25 showed that there were 6 patients per 100 000 population in hospital due to COVID-19. According to pooled weekly hospital admissions data from 18 countries, new admissions were 1 per 100 000 population.
- Pooled data from 19 countries for week 25 showed that there was 1 patient per 100 000 population in ICU due to COVID-19. Pooled weekly ICU admissions based on data from 11 countries showed that there were 0 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, Latvia, Lithuania and Portugal). However, in 13 countries, there were decreases in these indicators compared with the previous week.

Mortality

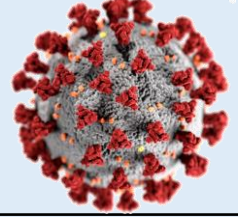
- The 14-day COVID-19 death rate for the EU/EEA, based on data collected by ECDC from official national sources for 30 countries, was 11.3 (country range: 0.0-75.0) per million population. The rate has been decreasing for nine weeks.
- Among the 10 countries with high 14-day COVID-19 death rates (at least 10 per million), none had increasing trends. Stable or decreasing trends in death rates of 1-11 weeks' duration were observed in 10 countries (Bulgaria, Croatia, Germany, Greece, Latvia, Lithuania, Poland, Romania, Slovakia and Slovenia).

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

- Sequencing capacity varies greatly across the EU/EEA; 14 EU/EEA countries (Belgium, Denmark, Estonia, France, Germany, Hungary, Iceland, Latvia, Lithuania, Luxembourg, Malta, Norway, Poland, and Romania) met the recommended level of 10% or 500 sequences of SARS-CoV-2-positive samples sequenced and reported to the GISAID EpiCoV database by 30 June 2021, or to TESSy by 27 June 2021 (data referring to the period 7 June to 20 June 2021). During the same period, eight countries sequenced and reported between 60 and 499 samples, six countries sequenced and reported 1-59 samples and two did not report data.
- Among the 14 countries with the recommended level of 10% or 500 sequences reported per week in the period from 7 June to 20 June 2021, 13 had a valid denominator. The median (range) of the VOC reported in all samples sequenced in the period in these 13 countries was 69.5% (40.6-96.7%) for B.1.1.7 (Alpha), 5.2% (0.0-40.4%) for B.1.617.2 (Delta), 1.0% (0.0-50.0%) for P.1 (Gamma), 0.1% (0.0-8.7%) for B.1.351 (Beta), 0.0% (0.0-9.6%) for B.1.617 and 0.0% (0.0-1.6%) 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% (0.0-1.4%) for B.1.620, 0.0% (0.0-0.7%) for B.1.525 (Eta), 0.0% (0.0-0.7%) for B.1.617.1 (Kappa) and 0.0% (0.0-0.1%) for B.1.621. 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 four countries (Austria, France, the Netherlands and Slovenia), in week 25, the pooled incidence of COVID-19 cases among LTCF residents was 17.8 per 100 000 LTCF beds, the pooled incidence of fatal COVID-19 cases was 0.5 per 100 000 LTCF beds, and 1.8% of participating LTCFs reported one or more new COVID-19 cases among their residents.



Vacination news

As of July 1, a total of 10 countries accounted for 76% 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 (116,460), Malta (81,340), Palau (79,180), Iceland (76,010), and Falkland Islands (75,570).

EU: Europe's race to catch up on vaccinations against COVID-19 is progressing. In mid-April, the EU was still 25 percentage points behind the USA in terms of the number of adults with at least one vaccination. Currently, the gap is only 5 percentage points, and the gap continues to close.
Meanwhile, nearly 40 million additional doses have been ordered from vaccine manufacturer Johnson & Johnson. Internal sources said that the additional doses would likely be delivered to other countries outside the EU.

BioNTech/ISR: According to the latest findings, the effectiveness of the BioNTech vaccination against the coronavirus has decreased significantly in recent weeks, according to the Ministry of Health. At the same time, the more aggressive Delta variant has spread throughout the country. Since June 6, the effectiveness of vaccination in preventing infection in Israel has fallen to 64 percent. This is also the case in the prevention of a disease with symptoms. However, 93 percent of the vaccination warded off a serious illness and hospitalization.

USA: President Joe Biden's vaccination target of vaccinating 70 percent of all adults at least once by July 4 was missed. So far, only 67 percent - or 173 million people - have received at least the first vaccination, data from the CDC shows. A good 58 percent of all adults are already fully vaccinated. The White House had already admitted at the end of June that the vaccination target could probably not be achieved on US Independence Day. The US seems to have reached a plateau beyond which there is little progress. On average, about one million people are vaccinated per day - significantly less than the more than three million people at the peak of the vaccination campaign in the spring.

KOR: The country plans to produce up to one billion mRNA vaccine doses. According to the Minister of Health, this is in talks with manufacturers such as Pfizer or Moderna. The cooperation could help alleviate the shortage of vaccines in Asia. How far the talks have progressed is initially unclear. Pfizer says no announcements are currently planned. BioNTech declined to comment. Moderna and CureVac were initially unable to comment.

ISR: In order to promote the vaccination campaign among young people, the Israeli rescue service is now also vaccinated in schools. All 12- to 18-year-olds accompanied by their parents can be vaccinated. So far, according to the Ministry of Health, around 36 percent of 10- to 19-year-olds have received a vaccination with the BioNTech/Pfizer vaccine, and around 24 percent have already received the second. Currently, despite a high vaccination rate, the number of registered new coronavirus infections has been rising significantly for a good two weeks.

Since around 700,000 doses of BioNTech's vaccine will expire by the end of July, they should be exchanged with South Korea. South Korea, in turn, will send the same number of one shipment to Israel in September and October.

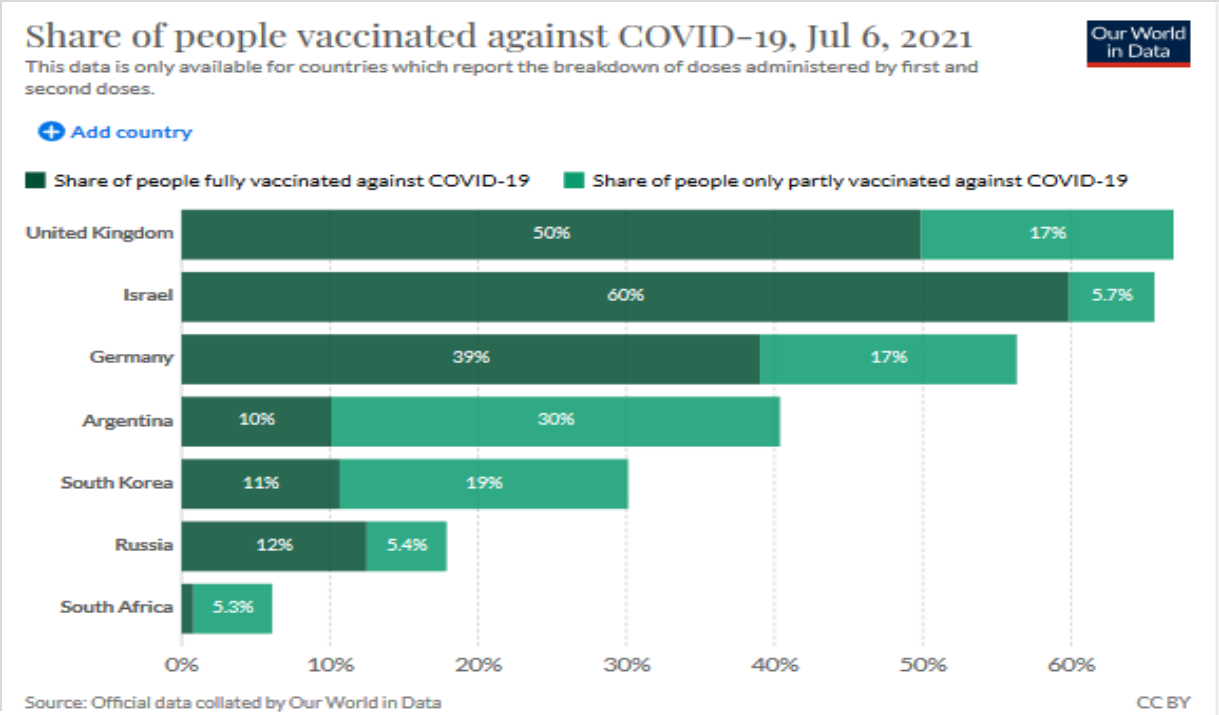
ZAF: As of July 4, of the country's 58.5 million population, 3,155,717 individuals (5.4%) are vaccinated with at least one dose of a COVID-19 vaccine, while 479,772 individuals (0.8%) are fully vaccinated. Previously, the country terminated the use of the AstraZeneca vaccine due to poor effectiveness against the endemic Beta variant (B.1.351), in addition to halting the administration of the Johnson & Johnson vaccine due to safety concerns. To date, the use of both of these vaccines remains halted. By the end of June, of the roughly three million doses administered, about 480,000 were from Johnson & Johnson and the remaining 2.2 million from Pfizer.

RUS: As of July 4, 16% of Russia's 144 million population have received at least one dose of the Sputnik V vaccine or the EpiVacCorona vaccine. On June 22, Moscow ordered compulsory vaccination for 60% of service workers and will start offering booster doses of the Sputnik V vaccine for individuals who were vaccinated more than six months ago. Russia no longer expects to meet its goal of vaccinating 60% of its population by Fall 2021.

DEU: Despite the demands from politicians for a general corona vaccine recommendation for children and adolescents from the age of 12, the Standing Committee on Vaccination (STIKO) remains on its cautious course and continues to recommend vaccinations only for 12- to 17-year-olds with certain pre-existing conditions such as obesity, diabetes and chronic lung diseases.

ARG: According to the MOH data, as of July 4, of the country's 44.9 million population, 18,011,944 individuals (40.11%) are vaccinated with at least one dose of a COVID-19 vaccine, while 4,432,185 individuals (9.8%) are fully vaccinated. Argentina will continue to receive shipments of the Sputnik V vaccine, the Sinopharm vaccine, and the Oxford/AstraZeneca vaccine in the upcoming months.

USA: The U.S. government will send 1.5 million Moderna vaccine doses to Guatemala and two million to Vietnam. U.S. President Joe Biden has pledged to share 80 million U.S.-produced vaccines with countries around the world.



European Situation on Vaccination

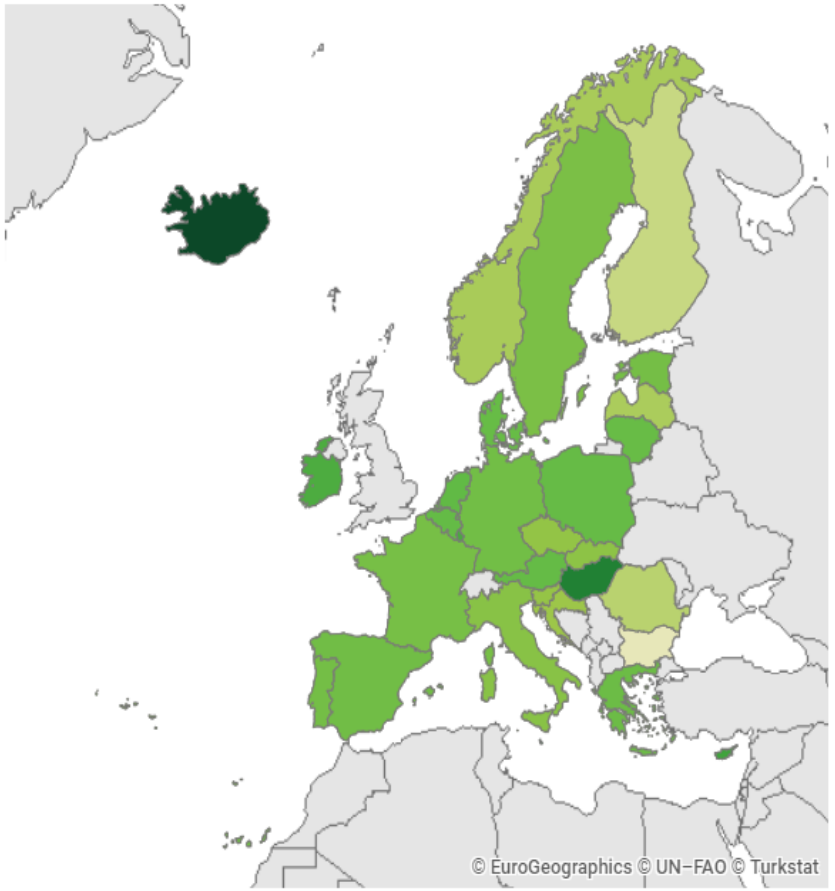
Source: https://qap.ecdc.europa.eu/public/extensions/COVID-19/vaccine-tracker.html#uptake-tab

Total doses distributed to EU/EEA countries 456,759,796 | 380,303,844

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 2021-07-07

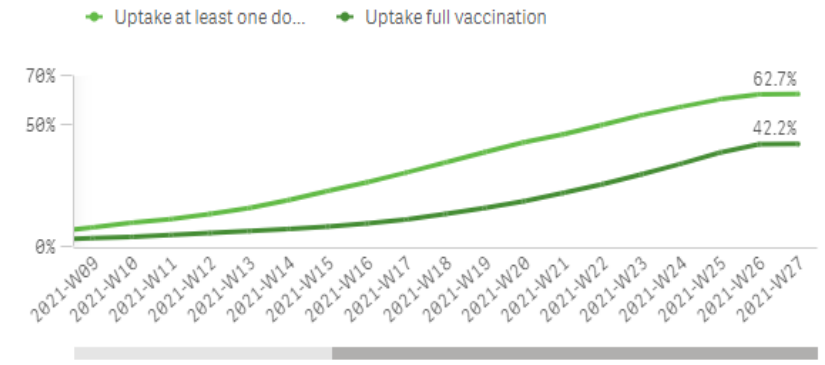


Uptake full vaccination (%)

15.0% 78.3%

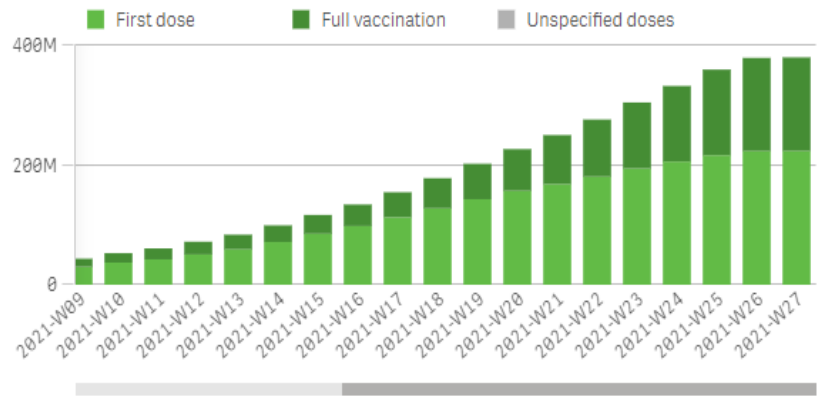
Cumulative uptake (%) of at least one vaccine dose and full vaccination among adults (18+) in EU/EEA countries as of 2021-07-07

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



Cumulative number of doses administered to adults (18+) in EU/EEA countries as of 2021-07-07

by reporting week (data for current week are preliminary)



Weekly doses | Cumulative doses

Cumulative uptake (%) of full vaccination by age group in EU/EEA countries as of 2021-07-06

Country	80+ years	70-79 years	60-69 years	50-59 years	25-49 years
Austria	91.4%	70.8%	65.1%	48.6%	29.4%
Belgium	85.0%	75.1%	68.5%	46.1%	25.6%
Bulgaria	14.9%	23.4%	21.6%	16.9%	10.7%
Croatia	48.7%	60.6%	49.4%	33.7%	19.6%
Cyprus	85.2%	84.6%	67.0%	58.1%	39.3%
Czechia	75.0%	75.0%	58.9%	49.5%	17.7%
Denmark	100.0%	98.1%	87.3%	42.6%	13.0%
Estonia	60.3%	67.9%	57.1%	49.5%	28.3%
Finland	87.3%	69.3%	22.9%	12.4%	6.0%
France	69.6%	76.1%	55.4%	37.3%	17.7%
Germany	-	-	-	-	-
Greece	66.6%	74.5%	66.8%	53.0%	22.4%
Hungary	71.0%	82.7%	72.4%	63.3%	50.8%
Iceland	99.3%	100.0%	89.5%	79.7%	71.0%
Ireland	98.6%	97.4%	64.2%	83.8%	28.5%
Italy	88.1%	57.8%	48.6%	38.8%	18.5%
Latvia	30.9%	41.0%	35.8%	31.4%	29.7%
Liechtenstein	-	-	-	-	-
Lithuania	47.4%	64.7%	58.7%	44.7%	37.9%
Luxembourg	78.3%	79.0%	76.7%	70.7%	17.7%
Malta	92.4%	99.8%	97.0%	71.8%	58.6%
Netherlands	-	-	-	-	-
Norway	89.8%	95.3%	64.1%	25.7%	10.7%
Poland	59.3%	77.0%	60.1%	47.8%	33.8%
Portugal	96.6%	76.5%	68.1%	54.9%	16.1%
Romania	18.1%	34.0%	35.5%	32.9%	25.7%
Slovakia	47.3%	64.4%	55.2%	40.5%	26.8%
Slovenia	61.1%	68.8%	54.6%	41.3%	21.7%

Variants Of Concern (VOC) Notable Update – Lambda variant Spotlight

bluedot

Notable Update - Variants of Interest

Presently, the WHO continues to monitor variants of interest (VOI). These are defined as SARS-CoV-2 variants with genome mutations that could be associated with changes in epidemiology, antigenicity, or virulence, or can potentially have an impact on available diagnostics, vaccines, therapeutics, or public health measures. The following table summarizes the VOIs according to PANGO lineage or scientific name, the WHO re-labeling nomenclature, the country first identified, and some of the attributes that conferred the designation while further investigations are undergoing.

Lambda Variant (C.37)

There are concerns that the Lambda variant (C.37) could be upgraded to be deemed a VOC.
Since February 2021, the Lambda variant has been found in at least 30 countries, with high rates of transmissibility. Recent upward trends observed, along with critical health care system situations and recent reports of increased deaths in Chile, Peru, Ecuador, and Argentina, are being likely associated with the rising prevalence of the Lambda variant.

Recent sequencing samples in **Peru** have reported that 81% of COVID-19 cases since April 2021 have been confirmed as the Lambda variant.

Similarly, **Argentina** reported an increase in the prevalence of the Lambda variant since the third week of February 2021, and between April 2 and May 19, 2021, the variant represented 37% of all sequenced COVID-19 cases.

In **Chile**, the prevalence of Lambda has increased over time, representing 32% of the sequenced cases reported in the last 60 days.

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

Summary

As of 6 July 2021, **2,212** sequences in the **C.37** lineage have been detected since the lineage was identified:

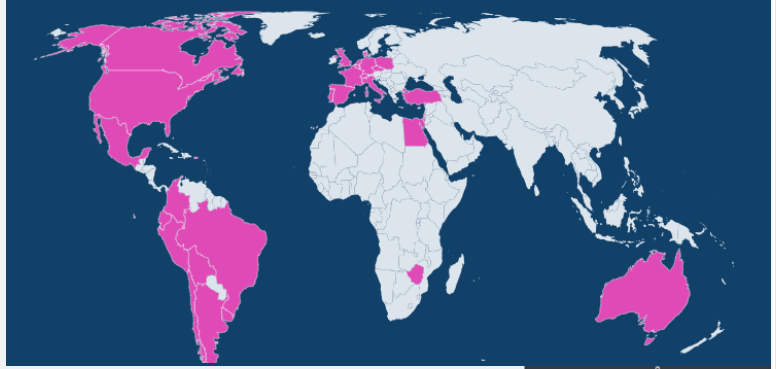
location	C.37 found		when found**	
	total	cumulative prevalence*	first	last
Peru	242	41%	30 Nov 2020	30 May 2021
Worldwide	2,212	< 0.5%	8 Nov 2020	23 Jun 2021

view change over time — change locations

* Apparent cumulative prevalence is the ratio of the sequences containing C.37 to all sequences collected since the identification of C.37 in that location. ** Dates are based on the sample collection date

Read about biases

The strain has been detected in at least **32 countries** and **42 U.S. states**.



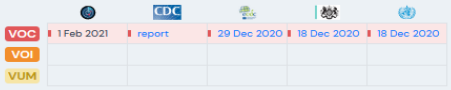
C.37
WHO: Lambda
Nextstrain: 20D
GISAID: GR/452Q.V1

Peru 2,212

Alpha Variant (B.1.1.7)

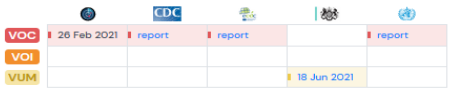
As of June 29, 151 countries have reported the Alpha (B.1.1.7) variant. Of those countries, 30% (n=45) are within Europe, 23% (n=35) within Asia, 20% (n=30) within Africa, 19% (n=28) within North and Central America, 6% (n=9) within South America, and 3% (n=4) within Oceania. Globally, of the 39,023 B.1.1.7 cases reported over the past seven days, 77% were reported in Europe, and 22% in North and Central America.

B.1.1.7
WHO: Alpha
PHE: VOC-20DEC-01, VOC-202012/01
Nextstrain: 20I/501Y.V1, 20B/501Y.V1
GISAID: GRY, GR/501Y.V1
related: B.1.1.7 + E484K



United Kingdom 963,023

B.1.1.7 + S:E484K
WHO: Alpha
PHE: VOC-21FEB-02, VOC-202102/02
Nextstrain: 20I/501Y.V1, 20B/501Y.V1
GISAID: GRY, GR/501Y.V1
related: B.1.1.7

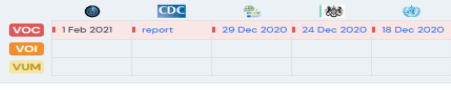


United Kingdom 2,517

Beta Variant (B.1.351)

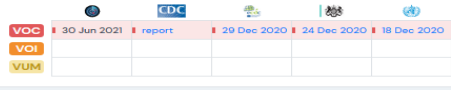
As of June 29, 98 countries have reported the Beta (B.1.351) variant. Of those countries, 30% (n=29) are within Europe, 27% (n=26) within Africa, 25% (n=24) within Asia, 10% (n=10) within North and Central America, 6% (n=6) within South America, and 3% (n=3) within Oceania. Globally, of the 1,286 B.1.351 cases reported over the past seven days, 55% were reported in Africa, and 30% in Europe.

B.1.351
WHO: Beta
PHE: VOC-20DEC-02, VOC-202012/02
Nextstrain: 20H/501Y.V2
GISAID: GH/501Y.V2



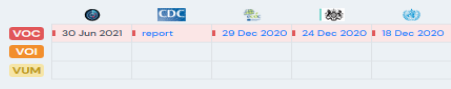
South Africa 26,580

B.1.351.1
WHO: Beta
PHE: VOC-20DEC-02, VOC-202012/02
Nextstrain: 20H/501Y.V2
GISAID: GH/501Y.V2
related: B.1.351 • B.1.351.2 • B.1.351.3



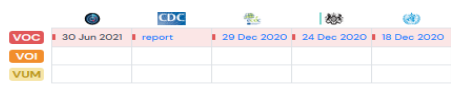
Botswana 22

B.1.351.2
WHO: Beta
PHE: VOC-20DEC-02, VOC-202012/02
Nextstrain: 20H/501Y.V2
GISAID: GH/501Y.V2
related: B.1.351 • B.1.351.1 • B.1.351.3



Mayotte 1,823

B.1.351.3
WHO: Beta
PHE: VOC-20DEC-02, VOC-202012/02
Nextstrain: 20H/501Y.V2
GISAID: GH/501Y.V2
related: B.1.351 • B.1.351.1 • B.1.351.2

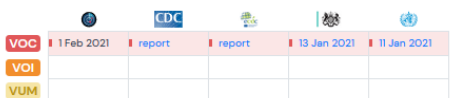


Bangladesh 988

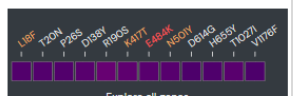
Gamma Variant (P.1)

As of June 29, 61 countries have reported the Gamma (P.1) variant. Of those countries, 39% (n=24) are within Europe, 21% (n=13) within South America, 20% (n=12) within North and Central America, 16% (n=10) within Asia, and 3% (n=2) within Oceania. Globally, of the 5,166 P.1 cases reported over the past seven days, 65% were reported in North and Central America, and 28% in South America.

P.1
WHO: Gamma
PHE: VOC-21JAN-02, VOC-202101/02
Nextstrain: 20J/501Y.V3
GISAID: GR/501Y.V3
related: P.1.1 • P.1.2 • P.2 • P.3



Brazil 47,110



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

WHO SARS-CoV-2 Variant Working Definitions, as of 06 July 2021

Variant of Concern

A SARS-CoV-2 variant that meets the definition of a VOI (see below) and, through a comparative assessment, has been demonstrated to be associated with one or more of the following changes at a degree of global public health significance:

- Increase in transmissibility or detrimental change in COVID-19 epidemiology; OR
- Increase in virulence or change in clinical disease presentation; OR
- Decrease in effectiveness of public health and social measures or available diagnostics, vaccines, therapeutics.

Variant of Interest

A SARS-CoV-2 variant:

- with genetic changes that are predicted or known to affect virus characteristics such as transmissibility, disease severity, immune escape, diagnostic or therapeutic escape; AND
- Identified to cause significant community transmission or multiple COVID-19 clusters, in multiple countries with increasing relative prevalence alongside increasing number of cases over time, or other apparent epidemiological impacts to suggest an emerging risk to global public health.

Alerts for Further Monitoring

A SARS-CoV-2 variant with genetic changes that are suspected to affect virus characteristics with some indication that it may pose a future risk, but evidence of phenotypic or epidemiological impact is currently unclear, requiring enhanced monitoring and further assessment pending new evidence.

Summary of phenotypic impacts of Variant of Concern

WHO label	Alpha	Beta	Gamma	Delta
Transmissibility	Increased transmissibility and secondary attack rate[12]	Increased transmissibility[13]	Increased transmissibility[14]	Increased transmissibility and secondary attack rate[6,15,16]
Disease severity	Increased risk of hospitalization[17], possible increased risk of severity and mortality[18]	Not confirmed, possible increased risk of in-hospital mortality[19,20]	Not confirmed, possible increased risk of hospitalization[21]	Not confirmed, possible increased risk of hospitalization[22]
Risk of reinfection	Neutralizing activity retained,[23] risk of reinfection remains similar[24,25]	Reduction in neutralizing activity reported; T cell response elicited by D614G virus remains effective[26–29]	Moderate reduction in neutralizing activity reported[30,31]	Reduction in neutralizing activity reported[32]
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[33]	No impact on RT-PCR or Ag RDTs observed[16]	None reported to date	None reported to date

New evidence has been published on the phenotypic characteristics of the Delta variant. Based on the estimated transmission advantage of the Delta variant, it is expected that Delta will rapidly outcompete other variants and become the dominant circulating lineage over the coming months.

Based on global data submitted to GISAID, the estimated effective reproductive number for the Delta variant is 55% (95%CI 43-68%) higher than the Alpha variant and 97% (95%CI 76-117%) higher relative to non-VOC/VOI.

Summary of vaccine performance against Variants of Concern

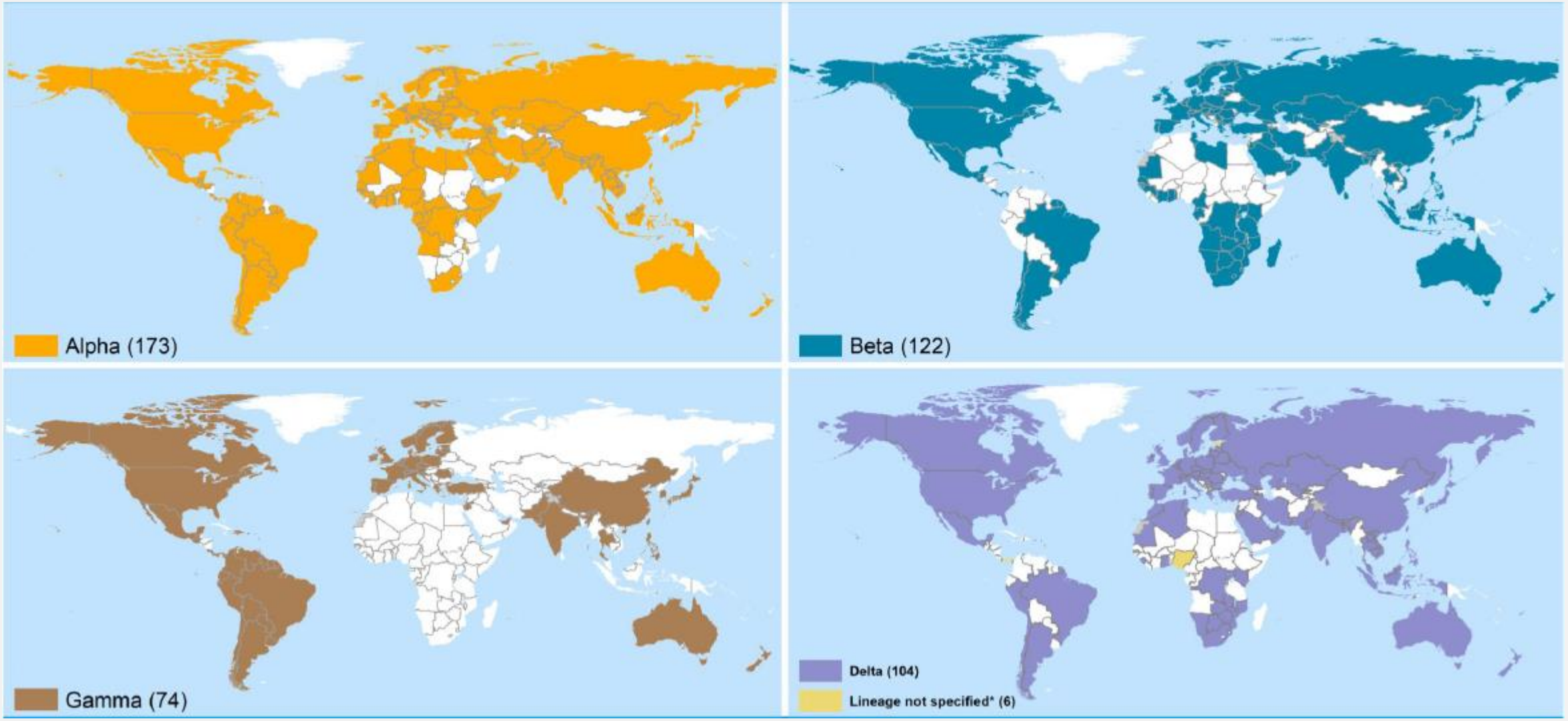
The Table below summarises the impact of variants on vaccine efficacy/effectiveness (VE) and quantifies the reduction in VE due to variants compared to VE in non-VOC settings. Of note, reductions in VE do not mean loss of protection, as indicated by the absolute VE estimate. For example, a 10 percent point reduction in VE against symptomatic disease for mRNA vaccines would still mean high vaccine effectiveness of ~85%. In addition, vaccines have shown higher VE against severe disease; thus, small reductions in VE against severe disease due to VOCs may still mean good protection, as is the case for AstraZeneca-Vaxzevria.

Alpha	Beta	Gamma	Delta
Efficacy/effectiveness against disease or infection (full vaccination), see key below table			
Protection retained against all outcomes	Reduced protection against symptomatic disease, but retained against severe disease; limited evidence	Unclear impact; very limited evidence	Protection retained against severe disease; possible reduced protection against symptomatic disease and infection
Severe disease			
• ↔ to ↓: Moderna-mRNA-1273 (1), Pfizer BioNTech-Comirnaty (3), Moderna-mRNA-1273/Pfizer BioNTech-Comirnaty (1) [35,47–49] • ↓: AstraZeneca- Vaxzevria (1) [49]	• ↔: Janssen Ad26.COV 2.5 (1), Pfizer BioNTech-Comirnaty (1)[48,50]	• No evidence	• ↔: AstraZeneca- Vaxzevria (1), Pfizer BioNTech-Comirnaty (1)[49]
Symptomatic disease			
• ↔: Moderna-mRNA-1273/Pfizer BioNTech-Comirnaty (2), Pfizer BioNTech-Comirnaty (3)[35,47,51,52] • ↔ to ↓: AstraZeneca-Vaxzevria (3)[51–53] • ↓: Novavax-Covavax (1)[54]	• ↔: Janssen-Ad26. COV 2.5 (1)[50] • ↓↓↓: AstraZeneca-Vaxzevria (1), Novavax-Covavax (1)[55,56]	• ↔ to ↓: Sinovac-CoronaVac (1)[36,57]	• ↔ to ↓: Pfizer BioNTech-Comirnaty (3)[35,51,52] • ↓: Bharat-Covaxin (1)[34] • ↓↓: AstraZeneca- Vaxzevria (2)[51,52]
Infection			
• ↔: Pfizer BioNTech-Comirnaty (3)[52,58] • ↔ to ↓: AstraZeneca-Vaxzevria (2)[52,53]	• ↓: PfizerBioNTech-Comirnaty (1)[48]	• No evidence	• ↓: AstraZeneca-Vaxzevria (1), Pfizer BioNTech-Comirnaty (1)[52]
Neutralization (full vaccination), see key below table			
• ↔: Beijing CNBG-BBIBP-CorV (1), Bharat-Covaxin (1), Gamaleya-Sputnik V (1), Novavax-Covavax (1), Sinovac-CoronaVac (2)[59–63] • ↔ to ↓: Janssen-Ad26.COV 2.5 (2), Moderna- mRNA-1273 (9), Pfizer BioNTech-Comirnaty (26)[29,37,38,41,63–90] • ↓ to ↓↓: AstraZeneca-Vaxzevria (2)[53,68]	• ↔ to ↓: Anhui ZL-Recombinant (2), Beijing CNBG-BBIBP-CorV (2)[59,91,92] • ↓: Bharat-Covaxin (1)[42] • ↓ to ↓↓↓: Pfizer BioNTech-Comirnaty (27), Sinovac-CoronaVac (3)[29,39,41,59,62,64,65,68,70–74,76,77,80–82,86–89,91,93–97] • ↓ to ↓↓↓: Janssen-Ad26.COV 2.5 (3)[38,90,98] • ↓↓: AstraZeneca-Vaxzevria (3), Gamaleya-Sputnik V (1), Moderna-mRNA-1273 (10)[37,39,55,61,68,70,76,79,81,85,96,97,99–101] • ↓↓ to ↓↓↓: Janssen-Ad26.COV 2.5 (3)[38,90,98] • ↓↓↓: Novavax-Covavax (1)[59]	• ↔: Sinovac-CoronaVac (1)[102] • ↔ to ↓: Pfizer BioNTech-Comirnaty (11)[43,64,68,70,72,74,77,86,93,103] • ↓: AstraZeneca-Vaxzevria (1), Janssen-Ad26.COV 2.5 (2), Moderna-mRNA-1273 (4)[37,38,68,70,85,90,103]	• ↔: Janssen-Ad.COV 2.5 (1)[38] • ↓: AstraZeneca-Vaxzevria (2), Bharat-Covaxin (1), Moderna-mRNA-1273 (1)[37,39,42,44] • ↓ to ↓↓: Pfizer BioNTech-Comirnaty (5)[39,41,43–45]

https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---6-july-2021

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 06 July 2021

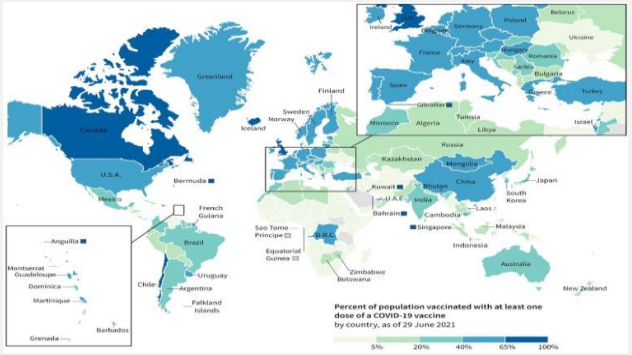


Subject in Focus

Vaccine Research Updates

According to data collected by Our World in Data, more than 2.97 billion COVID-19 vaccine doses have been administered in 180 countries. As of June 28, the WHO's COVAX program has shipped 89 million doses to 133 eligible countries.

A number of countries/territories are facing a rise in disease activity despite high vaccination coverage, such as **Argentina, Brazil, Colombia, Kuwait, Mongolia, Seychelles, Uruguay**, and **Saint Kitts and Nevis** (see Figure 2). Other countries are facing a rise in disease activity with the increased dominance of the Delta variant, including **Israel, Portugal**, and **Australia**.



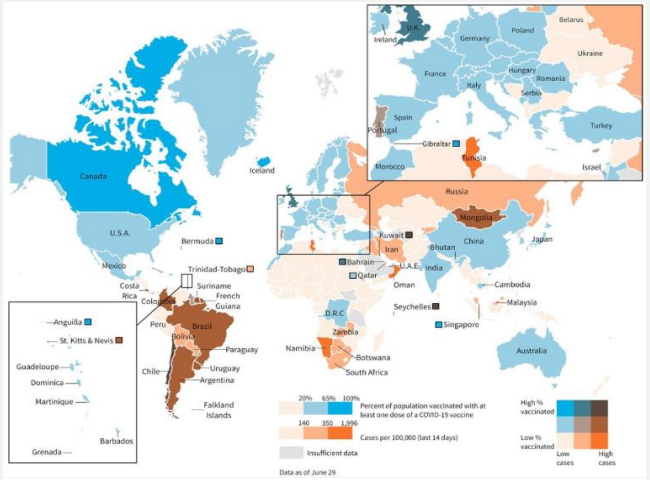


Figure 2. Bivariate map with COVID-19 incidence rates (represented by the number of cases per 100,000 in the past 14 days) and COVID-19 vaccine coverage (represented by the percent of population vaccinated with one dose of a COVID-19 vaccine) of as June 30. Source: BlueDot COVID-19 Data Suite.

What does the most research suggest in support of switching to different COVID-19 vaccines for second doses or booster shots of COVID-19 vaccines?

On June 28, the Com-COV study from Oxford University, which compares mixed two-dose schedules of BioNTech and AstraZeneca vaccines, released its positive results published in the Lancet. This was a randomized control trial designed to determine whether a mixed combination of vaccines was at least equivalent or better (i.e., non-inferior) to a homologous (i.e., same vaccine for both doses) regimen. The study included 830 participants randomized across four groups to receive a combination of either AstraZeneca/AstraZeneca, AstraZeneca/BioNTech, BioNTech/BioNTech, or BioNTech/AstraZeneca.
Study results showed that **both mixed combinations (AstraZeneca/BioNTech and BioNTech/AstraZeneca) given at a four-week interval induced a significant level of antibodies against the SARS-CoV-2 virus**, which both met the non-inferiority criteria compared to homologous regimen of AstraZeneca/AstraZeneca.
The **highest antibody response** was seen in people receiving **two doses of BioNTech vaccine**, with both mixed combinations producing better responses than two doses of AstraZeneca vaccine.
Despite the BioNTech/AstraZeneca regimen not meeting the non-inferiority criteria compared to the homologous BioNTech/BioNTech regimen, the **antibody levels** generated in response to **both mixed combinations** were **higher than** that of a **homologous AstraZeneca/AstraZeneca** regimen with proven effectiveness against COVID-19 symptoms and hospitalization.
These results support flexibility in mixing the first and second dose with AstraZeneca and BioNTech COVID-19 vaccines.

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3874014
https://www.nature.com/articles/s41586-021-03738-2_reference.pdf

Another research study from the Washington University School of Medicine was recently published in Nature. Results indicate that mRNA vaccines, including those made from BioNTech and Moderna, **offers at least 12 weeks of protection against symptomatic COVID-19 after secondary immunization.** The study which included 14 individuals who received both doses of the BioNTech vaccine, revealed that the protein sites from vaccines where antibody cells are trained to recognize and combat virus peaked one week after the second vaccination and remained near peak level 12 weeks after the second vaccination. Researchers are continuing to monitor antibody levels in study participants and will provide follow-up results accordingly but these results are promising for a **long-lasting immunity produced by mRNA vaccines beyond 12 weeks.**

What are the updates for vaccine candidates in Phase 3 or Phase 2/3 trials?:

Company	Vaccine Candidate	Updates
Pfizer/BioNTech	BNT162	• In June, a Phase 3 trial was launched to evaluate the safety and efficacy of administering a third booster shot of its vaccine candidate BNT162 combined with Prevnar, Pfizer's pneumococcal vaccine. Roughly 600 individuals aged 65 and older will participate in the study. Results are expected for late November.
Moderna/National Institute of Health	mRNA-1273	• The National Institute of Health has begun a Phase 2/3 clinical trial to assess the efficacy of the mRNA-1273 vaccine candidate as a booster shot for those who previously received two doses of the vaccine. The trial will follow 300 persons aged 18+ with an estimated completion date of June 2022.
CureVac	CvnCoV	• On June 16, preliminary analysis of Phase 3 trial data revealed that the CvnCoV vaccine candidate had an efficacy of just 47% in preventing COVID-19 of any severity. The represents the lowest value reported from any vaccine manufacturer to date, and is below the World Health Organization's threshold of 50%. The trial involved over 40,000 volunteers across Latin America and Europe. Notably, 57% of identified cases were variants of concern. Monitoring will continue as analysis is completed, with final results expected in July.
Novavax	NVX-CoV2373	• On June 16, Novavax announced trial data from the first co-administration study of a SARS-CoV-2 vaccine and an approved influenza vaccine. Results demonstrated that the vaccine efficacy of the NCX-CoV2373 candidate was preserved when administered simultaneously with a flu vaccine, in comparison to alone (87.5% and 89.8%, respectively). The study involved 431 participants based in the UK, half of whom received both shots.
Finlay Vaccine Institute	Soberana 2	• On June 10, officials from the Finlay Vaccine Institute announced that clinical trials for its products in children aged 3 to 18 years were approved in Cuba. The trial, named "Sovereign – Pediatrics", will include 350 participants who will receive a heterogenous scheme of two doses of vaccine candidate Soberana 2, followed by one dose of Soberana Plus.
Center for Genetic Engineering and Biotechnology of Cuba	Abdala	• On June 21, the Center for Genetic Engineering and Biotechnology of Cuba announced that their vaccine candidate Abdala was 92.28% effective in late stage trials, using a three-dose vaccination schedule. While limited information has been revealed to date, the results would rank the candidate as one of the most effective worldwide. • Abdala does not use vector or mRNA technologies, and instead functions as a protein subunit vaccine.
Erciyes University/ Health Institutes of Turkey	ERUCOV-VAC ("Turkovac")	• On June 23, the president of Turkey announced the vaccine candidate ERUCOV-VAC had progressed to Phase 3 trials. Few details were provided but the trials will recruit domestic volunteers with an expected completion by November. If successful, it is expected to become the first locally-produced vaccine in Turkey. Authorities have stated Turkovac may be available before the end of 2021.

Other Infectious Disease Outbreaks

bluedot

Middle Eastern Respiratory Syndrome Coronavirus in Saudi Arabia

Last checked on July 5, 2021

Case activity	Reported cases	Reported deaths
MAY 08 – JUL 06	1 case	–
Likelihood of case exportation/month	Estimated case exportations/month	
Low	Up to 10 cases	

Middle East respiratory syndrome coronavirus (MERS-CoV)

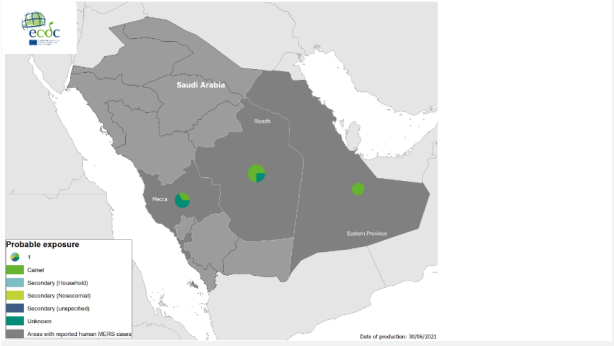
Saudi Arabia– The Ministry of Health has recently reported the ninth case of MERS-CoV of 2021. According to the report, the individual is a 63-year-old man from Almwaih City, Taif who had contact with camels. This is the tenth overall case of the year as the United Arab Emirates reported a case in early February.

So far, 27 countries in the Middle East, Africa and South Asia have reported over 2,500 cases since 2012, leading to nearly 900 known infection related deaths and complications. However, the number of new cases detected and reported through surveillance have dropped to the lowest levels since 2014.

Source: https://www.ecdc.europa.eu/en/publications-data/communicable-disease-threats-report-27-june-3-july-2021-week-26

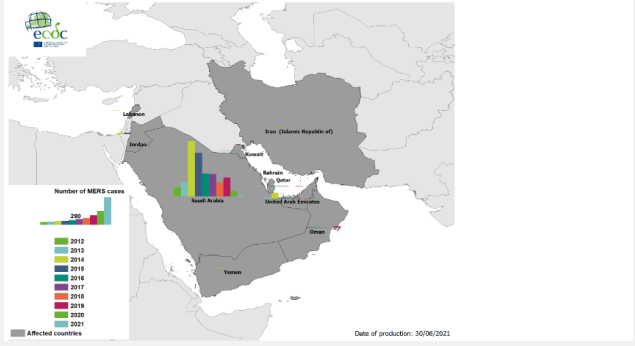
Geographical distribution of confirmed MERS-CoV cases by probable region of infection and exposure, from 1 January to 29 June 2021

Source: ECDC



Geographical distribution of confirmed MERS-CoV cases by country of infection and year, from April 2012 to 29 June 2021

Source: ECDC



Measles

Nigeria, Borno State– In a follow-up on the measles outbreak in Borno State, Nigeria, health officials reported an additional 417 suspected cases of Measles last week, bringing the outbreak total to 8,894 this year. Of the total cases, 7,266, or 82 percent were reported in children under five years of age. In addition, four more measles deaths were reported. 99 cumulative associated deaths were reported from Bayo (1), Konduga (2), Gubio (1) Mafa (1), Magumeri (29) and MMC (65) LGAs (CFR 1.1percent).Source: http://outbreaknewstoday.com/nigeria-borno-state-reports-nearly-100-measles-deaths-85384/

Measles in Nigeria

Last checked on July 3, 2021

Case activity	Reported cases	Reported deaths
MAY 08 – JUL 06	7,766 cases	85 deaths
Likelihood of case exportation/month	Estimated case exportations/month	
High	Up to 10 cases	

Malaria in Nigeria

Last checked on July 4, 2021

Case activity	Reported cases	Reported deaths
MAY 08 – JUL 06	10,717 cases	–
Likelihood of case exportation/month	Estimated case exportations/month	
High	Up to 10 cases	

Malaria

Nigeria; Gwange Iii, Borno State - Media reports are raising concerns that medical teams on the ground from Médecins Sans Frontières/Doctors Without Borders (MSF) are witnessing a spike in malaria cases and related deaths across children. According to these teams, between January - June 2021, over 10,000 children have required treatment and at least 56% have required hospital admission in Gwange ward, a neighborhood in Maiduguri metropolis, Borno State, Nigeria. These statistics do not include affected adults, making it challenging to assess the true extent of the outbreak and compare trends. Gwange ward is the most populated area of Borno state's capital and has one of the highest numbers of Internally Displaced Persons. MSF has indicated that Gwange Paediatric Hospital has an 80-bed capacity during off-peak malaria seasons but has expanded to 200 in response to the ongoing outbreak and further support the community. Of note, last year, Borno state witnessed a spike in malaria cases and related deaths that occurred outside of the typical peak season (usually between August to mid-October), during which MSF supported the population along with local health officials. BlueDot is closely monitoring this event and will provide further information as it becomes available.

Source: https://sundiatapost.com/medical-ngo-treats-10717-borno-children-with-malaria-in-6-months-official/

Malaria

Kenya - Media reports are raising concerns on a significant upward trends of cases of malaria and related deaths in Kenya. Although the numbers provided by these reports may be an under-representation of the true extent of the ongoing trends, health officials are also warning that the most affected have been children below 12-years-old. There are also concerns that antimalarial drugs and kit tests could become shortly unavailable due to the high demand amidst the COVID-19 pandemic and already stretched resources. In addition, media reports have highlighted that the areas hardest hit include Nyando, Nyakach, Seme, and Kisumu East sub-counties within Nandi District, and also the Bungoma District. There is a lack of official reports, but healthcare workers have estimated that there are over 50 daily confirmed cases, and that roughly 40,000 total cases were reported only in May in each Nandi and Bungoma Districts across public hospitals. In Kenya, there are an estimated 3.5 million malaria cases and 10,700 associated deaths each year. According to the World Health Organization, malaria causes more than 400,000 deaths every year worldwide with 229 million cases reported in 2019 alone. BlueDot is closely monitoring this event and will provide further information as it becomes available.

Malaria in Kenya

Last checked on July 2, 2021

Case activity	Reported cases	Reported deaths
MAY 08 – JUL 06	87,817 cases	–
Likelihood of case exportation/month	Estimated case exportations/month	
Very high	11 to 100 cases	

Source: https://www.standardmedia.co.ke/health/article/2001417230/western-and-rift-valley-regions-record-upsurge-in-malaria-cases

Summary of information on the individual national Corona restrictions

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

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

Travel Recommendations and other Useful Links

Travel Recommendations

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

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

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

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

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

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

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

More information about traveling worldwide:

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

More information about traveling in the EU

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

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

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

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

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

Useful links

ECDC:

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

WHO:

- Epi-WIN webinars and updates
- Status of “COVID-19 Vaccines within WHO EUL/PQ evaluation process” and the “Draft landscape and tracker of COVID-19 candidate vaccines”
- Weekly Epidemiological and operational updates
- COVID-19 new variants: Knowledge gaps and research
- COVID-19 Dashboard
- Vaccines explained
- 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

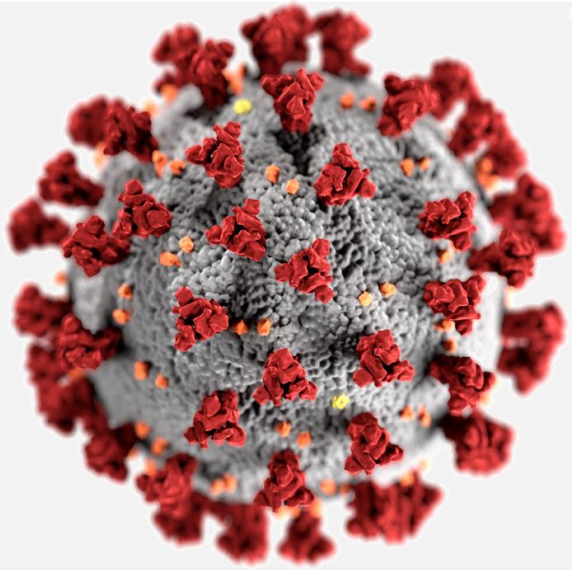
References:

- 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