Force Health Protection Branch
NATO MilMed COE
Munich

Update 81
COVID-19
Coronavirus Disease
01 September 2021

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GLOBAL
↗
218 024 331
Confirmed cases
202 900 000 recovered
4 535 680 deaths

USA
(7-days incidence 353,1)
↗
39 012 770
confirmed cases
35 960 000 recovered
637 036 deaths

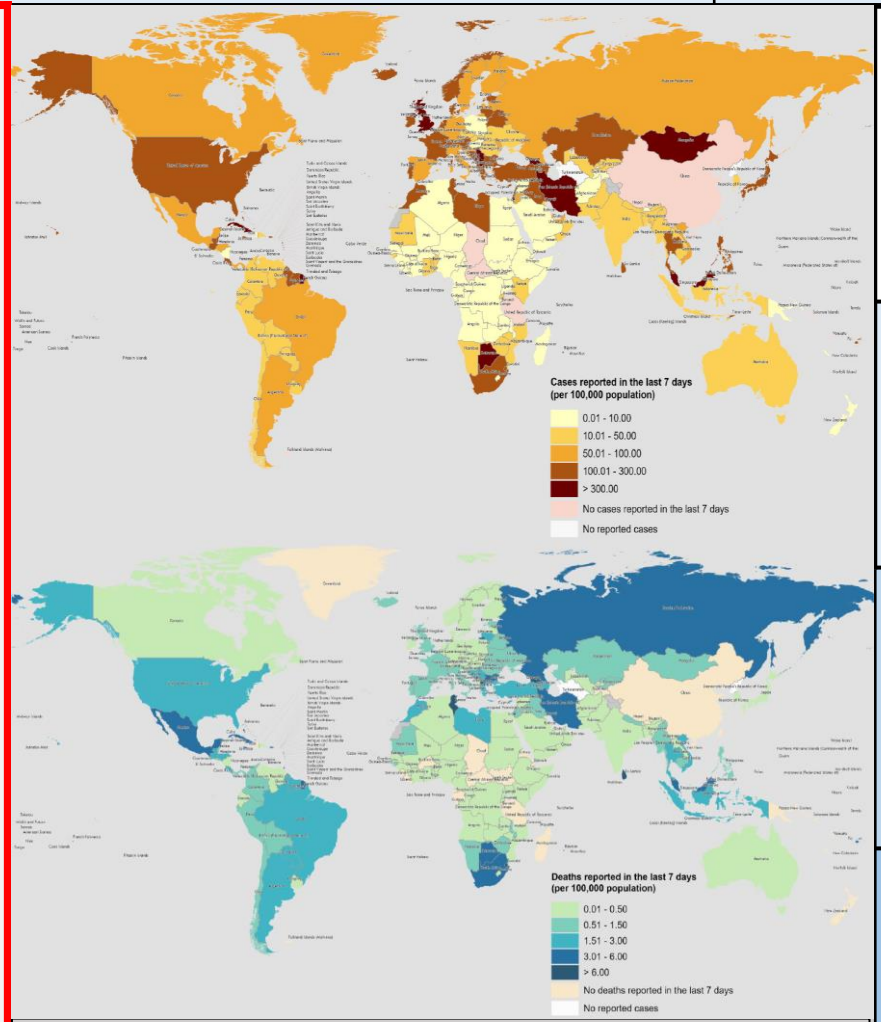
India
(7-days incidence 21,6)
↗
32 810 845
confirmed cases
31 740 000 recovered
439 020 deaths

Brazil
(7-days incidence 79,6)
↘
20 776 870
confirmed cases
19 750 000 recovered
580 413 deaths

News:

- **WHO:** Call for experts to serve as members Scientific Advisory Group for the Origins of Novel Pathogens. The deadline for submitting is the 10 September.
- **WHO:** Compiled a compendium of 24 new technologies that can be used in low-resource settings, to ensure that all countries benefit from health innovation. The COVID-19 pandemic has highlighted the need for innovative health technologies that can help countries improve health outcomes by providing shortcuts to solutions despite lack of infrastructure and resources. However, many of the new technologies that have come to market are unaffordable or unsuitable for low- and middle-income countries.
- **WHO**: Published a new paper on "Infodemic Signal Detection During the COVID-19 Pandemic: Development of a Methodology for Identifying Potential Information Voids in Online Conversations".
- **MLT**: At its third meeting, the Multilateral Leaders Taskforce on COVID-19 (MLT), the heads of the International Monetary Fund, World Bank Group, World Health Organization and World Trade Organization - met with the leaders of the African Vaccine Acquisition Trust (AVAT), Africa CDC, Gavi and UNICEF to tackle obstacles to rapidly scale-up vaccines in low- and lower middle-income countries, particularly in Africa. You will find their joint statement here.
- **WHO:** Is working with researchers to address the urgent need to streamline data collection and reporting on Post COVID-19 condition, also known as 'long COVID'. The project, Post-COVID Condition Core Outcomes, will survey these patients to establish what core patient outcomes need to be measured to understand the condition. Later, the project will focus on how to measure these outcomes.

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



EUROPE
↘
62 003 870
confirmed cases
58 380 000 recovered
1 18244 617 deaths

Russia
(7-days incidence 88,6)
↘
6 838 652
confirmed cases
6 332 000 recovered
180 781 deaths

GBR
(7-days incidence 352,8)
→
6 789 585
confirmed cases
6 143 000 recovered
132 535 deaths

France
(7-days incidence 173,1)
↘
6 765 708
confirmed cases
6 342 000 recovered
125 741 deaths

Situation by WHO Region, as of 29th August

Global epidemiological situation overview; WHO as of 29 August 2021

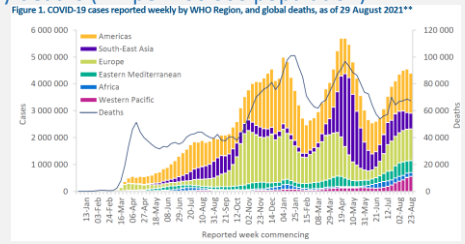
With just under 4.4 million new cases reported this week (23-29 August), the number of new cases reported globally remains similar to the previous week after having increased for nearly two months (Figure 1). In the past week, all regions reported either a decline (Regions of Africa and the Americas) or a similar trend (Europe, South-East Asia and Eastern Mediterranean Regions) in new cases, except for the Western Pacific Region which reported a 7% increase as compared to previous week.

The number of deaths reported globally this week was also similar to last week, with just over 67 000 new deaths reported. The Eastern Mediterranean and Western Pacific Regions reported an increase in the number of weekly deaths, 9% and 16% respectively, while the South-East Asia Region reported the largest decrease (20%). The numbers of deaths reported in the Regions of Africa, Europe and the Americas were similar to last week. The cumulative number of cases reported globally is now nearly 216 million and the cumulative number of deaths is just under 4.5 million. The Regions reporting the highest weekly incidence rates per 100 000 population of cases and of deaths remain the same as last week: the Regions of the Americas (144.9 new cases per 100 000 population; 2.2 deaths per 100 000 population) and Europe (125.7 new cases per 100 000 population; 1.3 deaths per 100 000 population). The Eastern Mediterranean Region also reported a high incidence of weekly deaths (1.1 per 100 000 population).

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

- **United States of America;** reporting 938 014 new cases; 8% decrease,
- **Iran:** reporting 254 753 new cases; similar to previous week,
- **United Kingdom;** reporting 237 556 new cases; 8% increase,
- **India;** reporting 270 796 new cases; 17% increase,
- **Brazil;** reporting 324 334 new cases; 13% increase.

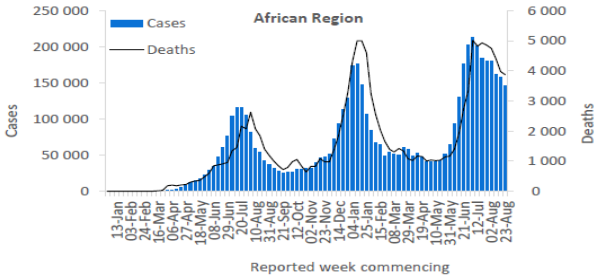
Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 29 August 2021**



African Region

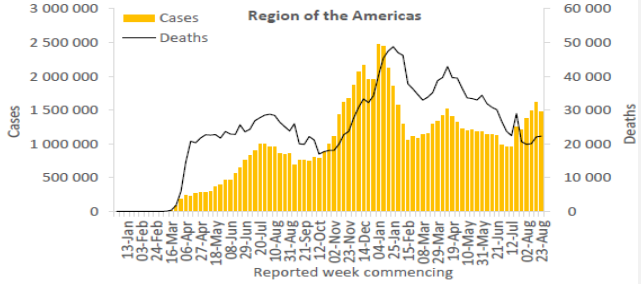
This week the African Region reported over 147 000 new cases, a 7% decrease as compared to the previous week as the Region continued its decreasing trend. In the past week, two countries, South Africa and Ethiopia, accounted for over half (59%) of all the new cases reported in the Region. Over 3800 new deaths were reported in the Region this week, a similar number to that reported during the previous week. However, there are still a number of countries reporting worrying mortality trends; in the past week, eight countries reported increases of over 50% in weekly deaths. The highest numbers of new cases were reported from South Africa (76 966 new cases; 129.8 new cases per 100 000 population; a 9% decrease), Ethiopia (10 058 new cases; 8.7 new cases per 100 000; a 61% increase), and Botswana (7332 new cases; 311.8 new cases per 100 000; a 24% decrease).

The highest numbers of new deaths were reported from South Africa (2210 new deaths; 3.7 new deaths per 100 000 population; a 7% decrease), Kenya (227 new deaths; <1 new death per 100 000; a 53% increase), and Algeria (195 new deaths; 0.4 new deaths per 100 000; an 11% decrease).



Despite reporting the largest proportional decrease (9%) in cases this week, the Region of the Americas reported over 1.4 million new cases, the largest number of cases reported globally; the United States of America continued to report the largest number of cases in the Region accounting for 63% of all new cases reported this week. Notable increases in cases were also observed in Canada (28% increase) and Guatemala (23% increase) this week. The Region reported over 22 000 new deaths this week, similar to the number reported during the previous week. The highest numbers of new cases were reported from the United States of America (938 014 new cases; 283.4 new cases per 100 000; an 8% decrease), Brazil (175 807 new cases; 82.7 new cases per 100 000; a 16% decrease), and Mexico (114 209 new cases; 88.6 new cases per 100 000; an 11% decrease).

The highest numbers of new deaths were reported from the United States of America (7323 new deaths; 2.2 new deaths per 100 000; a 9% increase), Mexico (5070 new deaths; 3.9 new deaths per 100 000; a 9% increase), and Brazil (4815 new deaths; 2.3 new deaths per 100 000; a 15% decrease).

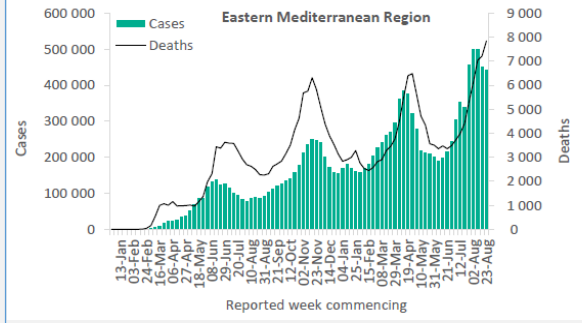


Updates from the Region of the Americas

Eastern Mediterranean Region

While the number of new cases reported in the Eastern Mediterranean Region this week remained similar to the previous week with over 443 000 new cases reported, the Region reported over 7800 new deaths, a 9% increase compared to the previous week. This increasing trend in mortality can be attributed to the number of deaths increasing in 9 of the 22 countries (41%) in the region this week. The highest numbers of new cases were reported from the Islamic Republic of Iran (254 753 new cases; 303.3 new cases per 100 000; similar to the previous week), Iraq (48 897 new cases; 121.6 new cases per 100 000; similar to the previous week), and Morocco (43 244 new cases; 117.2 new cases per 100 000; a 20% decrease).

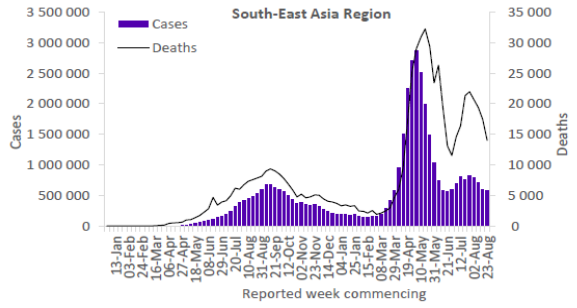
The highest numbers of new deaths were reported from the Islamic Republic of Iran (4547 new deaths; 5.4 new deaths per 100 000; a 10% increase), Tunisia (760 new deaths; 6.4 new deaths per 100 000; a 7% increase), and Pakistan (687 new deaths; <1 new death per 100 000; a 35% increase).



South-East Asia Region

The South-East Asia Region reported a relatively similar case incidence as compared to the previous week with over 596 000 new cases. Despite a regional decrease in deaths, three countries reported increases of over 15% this week: Timor-Leste (32%), Sri Lanka (19%) and India (17%). The Region reported over 14 000 new deaths, a 20% decrease compared to the previous week, largely due to 60% (6/10) of countries in the Region reporting decreases in weekly mortality during the past week. The highest numbers of new cases were reported from India (270 796 new cases; 19.6 new cases per 100 000; a 17% increase), Thailand (124 796 new cases; 178.8 new cases per 100 000; a 12% decrease), and Indonesia (94 375 new cases; 34.5 new cases per 100 000; a 25% decrease).

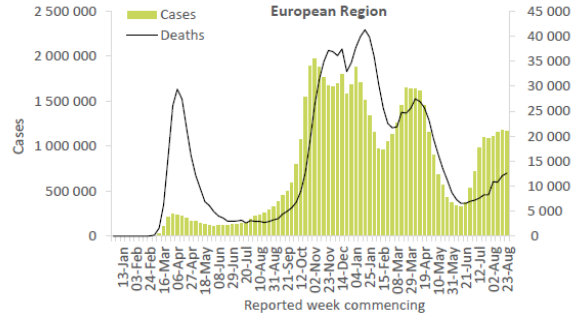
The highest numbers of new deaths were reported from Indonesia (5551 new deaths; 2.0 new deaths per 100 000; a 37% decrease), India (3463 new deaths; <1 new death per 100 000; a 10% increase), and Thailand (1823 new deaths; 2.6 new deaths per 100 000; similar to the previous week).



European Region

Overall, in the European Region the numbers of new cases and deaths reported this week remained similar to the previous week, with over 1.1 million new cases and over 12 000 new deaths. Although the number of new weekly cases seem to be plateauing, the number of new deaths, while showing signs of slowing, has continued to increase in many countries in the Region, and should continue to be closely monitored. The highest numbers of new cases were reported from the United Kingdom (237 556 new cases; 349.9 new cases per 100 000; an 8% increase), the Russian Federation (135 740 new cases; 93.0 new cases per 100 000; a 7% decrease), and Turkey (132 508 new cases; 157.1 new cases per 100 000; similar to the previous week).

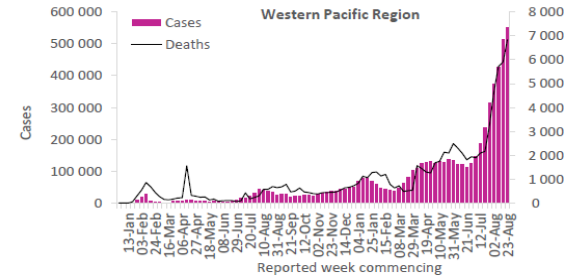
The highest numbers of new deaths were reported from the Russian Federation (5593 new deaths; 3.8 new deaths per 100 000; similar to the previous week), Turkey (1631 new deaths; 1.9 new deaths per 100 000; a 23% increase), and the United Kingdom (785 new deaths; 1.2 new deaths per 100 000; a 13% increase).



Western Pacific Region

For the past two months, the Western Pacific Region has reported an increasing trend in the numbers of weekly cases and deaths. In the past week, the Region reported over 553 000 new cases and over 6800 new deaths, increases of 7% and 16%, respectively, as compared to the previous week. Nearly half (48%) of all countries in the Region reported increases this week. The Western Pacific Region reported the highest proportionate increase in new deaths this week, an increase driven by substantial increases in case incidence in French Polynesia (86%), Japan (53%) and Viet Nam (36%). The highest numbers of new cases were reported from Japan (156 931 new cases; 124.1 new cases per 100 000; a 5% increase), Malaysia (150 224 new cases; 464.1 new cases per 100 000; similar to the previous week), and the Philippines (111 904 new cases; 102.1 new cases per 100 000; a 16% increase).

The highest numbers of new deaths were reported from Viet Nam (2865 new deaths; 2.9 new deaths per 100 000; a 36% increase), Malaysia (1866 new deaths; 5.8 new deaths per 100 000; a 9% increase), and the Philippines (1412 new deaths; 1.3 new deaths per 100 000; a 7% decrease).



Source: https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---31-august-2021

Global Situation

CRI: 2,787 new cases were reported on August 28. There has been a significant increase in disease activity over the past month. The seven-day rolling average number of daily new cases has almost doubled from 1,120 cases on July 28 to 2,162 cases on August 28. No new deaths have been reported since July 9. As of August 28, the percentage of positive test results has increased from 18% on July 28 to 23% on August 28. During the third week of August, the average number of hospitalized patients with COVID-19 rose from 887 to 988 people, week-over-week. As of August 28, the number of hospitalized patients has reached 1,121, of which 445 are currently in the Intensive Unit Care (ICU), one of the all-time-high bed occupancy figures in the country. According to a report issued on August 27, the Delta variant (B.1.617.2) appeared in roughly 41% of the 251 processed samples between July and August 25.

MYS: 19,268 new cases were reported. Disease activity has surged over the last month, the seven-day rolling average number of daily new cases increased from 16,427 cases on July 29 to 21,571 cases on August 29. The surge in cases has been attributed to the Delta variant. The seven-day rolling average number of new deaths also increased, rising from 164 deaths on July 29 to 274 deaths on August 29. The 14-day test positivity rate as of August 29 was 13.2%, indicating that underreporting of cases is likely.

RSA: Scientists in South Africa have detected a new coronavirus variant with multiple mutations, but they have yet to establish whether it is more contagious or if it can overcome immunity provided by vaccines or prior infection.
The new variant, known as C.1.2, was first detected in May and caught scientists' attention because it mutates almost twice as fast other variants. Researchers, in a preprint study that has yet to be peer reviewed, say it evolved from one of the lineages that dominated the first Covid wave in South Africa, last detected in January 2021. C.1.2 has mutations associated in other variants with increased transmissibility, as well as a reduced sensitivity to Covid antibodies. But it is not yet clear on how the mutations affect the behaviour of the virus, and laboratory tests are underway. Richard Lessells, one of the study's authors, said C.1.2 may have more immune evasion properties than Delta, the predominant variant in the world currently, and that the findings had been flagged to the World Health Organisation.
SOURCE: AllAfrica

ISR: Israel's Health Ministry reports that the country has set a new daily record for diagnosed coronavirus cases as the delta variant surges. The Israeli government registered 10,947 new cases on Monday, two days before 2.4 million students are scheduled to return to school this week. The country's previous pandemic record of 10, 118 new cases was set on Jan. 18. Israel is home to one of the world's fastest vaccination programs. The country is offering third booster shots to it's entire eligible population, requiring masks indoors and promising better enforcement of safety measures. Nearly 6 million of Israel's 9.3 million people have received at least one dose of the Pfizer vaccine. Nearly 2.2 million have received a third shot.
SOURCE : CBC

NZL: Except for a small number of cases in February, New Zealand was largely coronavirus-free until the outbreak of the Delta variant prompted Prime Minister Jacinda Ardern to order a snap nationwide lockdown on Aug. 17.
The country reported 75 new cases of COVID-19 cases on Wednesday, up from 49 a day earlier. Of those, 74 were in Auckland and one was a household contact in Wellington. The total cases from the current outbreak rose to 687, nearly all in Auckland.
SOURCE: Reuters

AUS: Australia's new daily cases of COVID-19 topped 1,000 on Thursday for the first time since the global pandemic began, as two major hospitals in Sydney set up emergency outdoor tents to help deal with a rise in patients. Sydney, the country's largest city and the epicenter of the current outbreak, is struggling to stamp out a surge in the fast-spreading delta variant, with daily infections hitting record levels even after two months under lockdown. New South Wales (NSW) state, where Sydney is the capital, reported 1,029 new locally acquired cases, exceeding the previous record of 919 a day earlier. Of the new cases, 969 were detected in greater Sydney, up from 838. The rapid rise in COVID-19 patients has forced Sydney's Westmead and Blacktown hospitals, which service the city's sprawling western suburbs, to erect tents to screen and swab patients to help manage capacity. The makeshift unit in the emergency department for COVID-19 patients will help "to offload delays," a Western Sydney Local Health District spokesperson told Reuters.
SOURCE: CNBC

EU: A spike in coronavirus infections and a slump in vaccination uptake is holding back Europe's effort to curb the pandemic, the World Health Organization (WHO) has warned. The WHO's Europe director, Hans Kluge, said a recent increase in Covid-19 cases and deaths was "deeply worrying". He blamed the more infectious Delta variant, the easing of restrictions and summer travel.
Mr Kluge predicted Europe could record another 236,000 deaths by December. **The WHO says** the region has recorded more than 65 million confirmed cases and 1.3 million deaths since the start of the pandemic. COVID infections across Europe declined in April but started to creep back up again at the end of June.
SOURCE: BBC

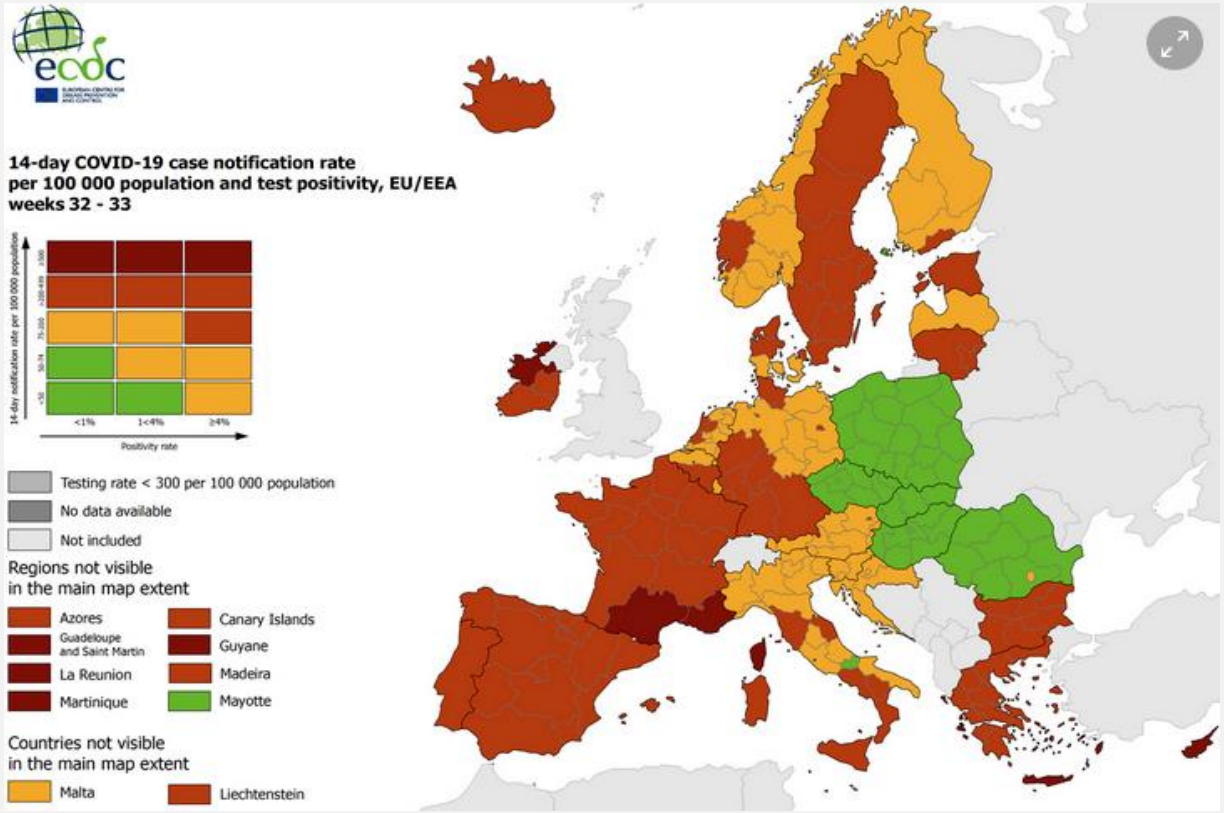
EU: In Europe, the president of the European Union's executive arm said the 27-nation bloc has reached its goal of getting 70 per cent of the adults in the EU fully vaccinated against the coronavirus by the end of the summer. In a message posted Tuesday on Twitter, European Commission President Ursula von der Leyen thanked people for making this "great achievement possible" but noted that more needs to be done.
SOURCE : CBC

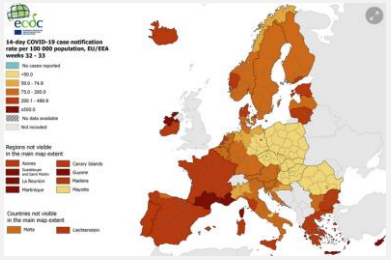
IRE, which had one of Europe's longest COVID-19 lockdowns, will drop almost all pandemic restrictions in October after one of the continent's most successful vaccine rollouts, Prime Minister Micheal Martin said on Tuesday. From Oct. 22, the requirement for vaccine certificates in bars and restaurants will be dropped, as will all restrictions on the numbers attending indoor and outdoor events. As part of a phased easing of restrictions, the government is recommending the reopening of theatres and cinemas at 60 per cent capacity next week and a return of non-essential workers to offices from Sept. 20.
SOURCE : CBC

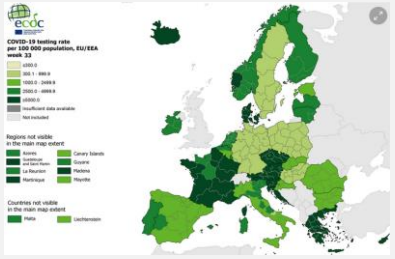
CHE: 6,198 new cases were reported. Disease activity has been gradually increasing since June, with Switzerland now in its fourth wave. New cases are mainly due to the rapid spread of the Delta variant among unvaccinated individuals (mostly within the 10 to 29-year-old age group). Over the past month, the seven-day rolling average number of daily new cases has spiked from 712 on July 29 to 2,571 on August 29. The 14-day average test positivity rate per 100,000 individuals has risen from 3% on July 29 to 10.7% as of August 29, while testing has remained stable, indicating an increasing rate of new infections within the population. As of August 29, over the past 30 days, 53,093 cases have been reported, representing 6.9% of the cumulative total (770,758) reported since the beginning of the pandemic.

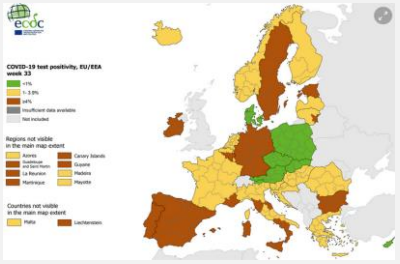
European Situation

[Maps in support of the Council Recommendation on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic in the EU](), as of 26 August 2021







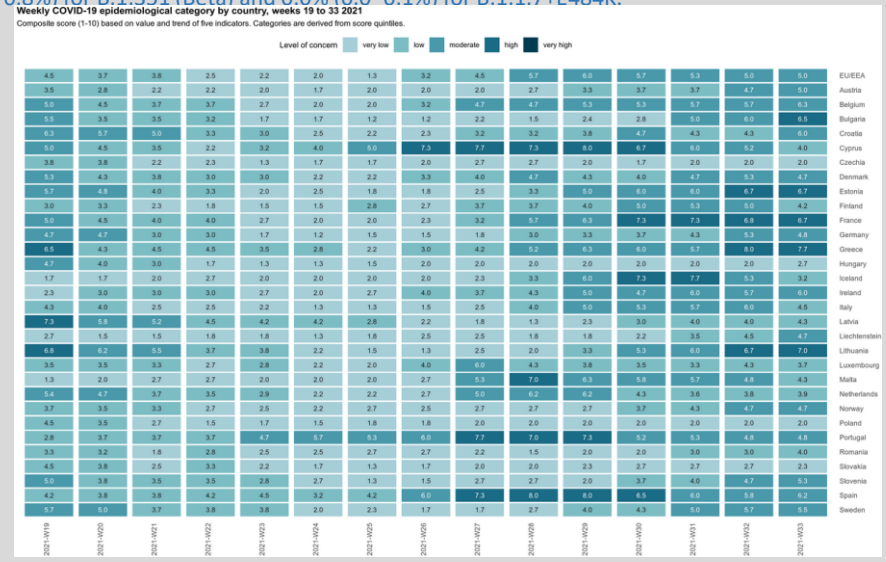


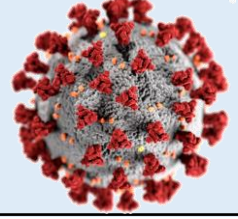
14-day case notification rate per 100 000 inhabitants | Testing rates per 100 000 inhabitants | Positivity rates

[ECDC COVID-19 surveillance report Week 33](), as of 27 August 2021

Overall Situation

- At the end of week 33 (week ending Sunday 22 August 2021), the overall COVID-19 **case notification rate** for the European Union and European Economic Area (EU/EEA) was 204.3 per 100 000 population (205.2 the previous week). This rate has been **stable for three weeks**. The 14-day **COVID-19 death rate** (9.6 deaths per million population, compared with 7.4 deaths the previous week) has been **increasing for three weeks**. Of 29 countries with data on hospital/ICU admissions or occupancy up to week 33, 19 reported an increasing trend in at least one of these indicators compared to the previous week.
- ECDC's assessment of each country's epidemiological situation derives from a composite score based on the absolute value and trend of five weekly COVID-19 epidemiological indicators. As shown below, for week 33, the epidemiological situation in the EU/EEA overall was categorised as **of moderate concern** (the same as the previous week). **Five countries were categorised as of high concern, 12 countries as of moderate concern, nine countries as of low concern and four countries as of very low concern.**
- Forecasts of cases and deaths from the [European COVID-19 Forecast Hub]() and of hospital/ICU admissions produced by ECDC provide predictions for weeks 34 to 35. During this period, and compared to the current week, **stable trends in cases, increasing trends in hospital admissions, increasing trends in ICU admissions and increasing trends in deaths** are forecast in the EU/EEA by the end of week 35.
- By the end of week 33, the **median cumulative uptake** of at least **one vaccine dose** among adults aged 18 years and older was **75.1%** (country range: 21.1–92.5%). The median cumulative uptake of **full vaccination** among adults aged 18 years and older was **64.9%** (country range: 19.3–90.3%).
- The estimated distribution (median and range of values from 16 countries for weeks 31 to 32, 2 August to 15 August 2021) of variants of concern was 96.8% (29.4–99.4%) for B.1.617.2 (Delta), 0.7% (0.3–65.1%) for B.1.1.7 (Alpha), 0.1% (0.0–0.8%) for P.1 (Gamma), 0.0% (0.0–0.8%) for B.1.351 (Beta) and 0.0% (0.0–0.1%) for B.1.1.7+E484K.
- The current overall epidemiological situation in the EU/EEA, characterised by a high, stable overall case notification and a low, but slowly increasing death rate, is forecast to continue for the next two weeks. Case notification rates among those aged 15–24 years, who were the most affected, are now decreasing across the EU/EEA. However, increases in cases in older age groups, as well as in COVID-19 hospitalisation indicators, have been observed in several countries.





Vacination news

Protection against COVID-19 offered by two doses of the Pfizer/BioNTech and the Oxford/AstraZeneca vaccines **begins to fade within six months**, underscoring the **need for booster shots**, according to researchers in Britain.
After five to six months, the effectiveness of the Pfizer jab at preventing COVID-19 infection in the month after the second dose fell from 88% to 74%, an analysis of data collected in Britain's ZOE COVID study showed.
For the AstraZeneca vaccine, effectiveness fell from 77% to 67% after four to five months.
The study was based on data from more than a million app users, comparing self-reported infections in vaccinated participants with cases in an unvaccinated control group.
More data is needed in younger people because participants who had their shots up to six months ago tended to be elderly as that age group was prioritised when the shots were first approved, the study authors said.
Under a worst-case future scenario, protection could fall below 50% for older people and healthcare workers by the winter, Tim Spector, ZOE Ltd co-founder and principal investigator for the study, said.
"It's bringing into focus this need for some action. We can't just sit by and see the protectiveness slowly waning whilst cases are still high and the chance of infection still high as well," Spector told BBC television.
Britain and other European nations are planning for a COVID-19 vaccine booster campaign later this year after top vaccine advisers said it might be necessary to give third shots to the elderly and most vulnerable from September.
The U.S. government is preparing to provide third booster doses starting in mid-September to Americans who had their initial course more than eight months ago.
A separate British public health study found last week that protection from either the Pfizer-BioNTech or the AstraZeneca vaccine against the now prevalent Delta variant of the coronavirus weakens within three months.
The Oxford University study found at the time that 90 days after a second shot of the Pfizer or AstraZeneca vaccine, their efficacy in preventing infections had slipped to 75% and 61% respectively. That was down from 85% and 68%, respectively, seen two weeks after a second dose.
SOURCE: COVID vaccine protection wanes within six months - UK researchers | Reuters

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The **Lambda variant** of the coronavirus, first identified in **Peru** and now **spreading in South America**, is highly infectious and more resistant to vaccines than the original version of the virus the emerged from Wuhan, China, Japanese researchers have found.
In laboratory experiments, they found that three mutations in Lambda's spike protein, known as RSYLTPGD246-253N, 260 L452Q and F490S, help it resist neutralization by vaccine-induced antibodies.
Two additional mutations, T76I and L452Q, help make Lambda highly infectious, they found.
In a paper posted on Wednesday on bioRxiv ahead of peer review, the researchers warn that with Lambda being labelled a "Variant of Interest" by the World Health Organization, rather than a "Variant of Concern," people might not realize it is a serious ongoing threat.
Although it is not clear yet whether this variant is more dangerous than the Delta now threatening populations in many countries, senior researcher Kei Sato of the University of Tokyo told Reuters he believes "Lambda can be a potential threat to the human society."
SOURCE: https://bit.ly/3fpi5Fn bioRxiv, online July 29, 2021

The World Health Organization's pandemic programme plans to ship **100 million doses of the Sinovac and Sinopharm** COVID-19 shots by the end of next month, mostly to **Africa and Asia**, in its first delivery of Chinese vaccines, a WHO document shows.
The Chinese shipments will help the sputtering global COVAX vaccine sharing programme which is far behind its pledge to deliver 2 billion doses this year following supply problems and export curbs imposed by major producer India.
It could also boost Beijing's vaccine diplomacy efforts despite concerns over the efficacy of the Chinese shots, which have been turned down or paired with boosters from Western manufacturers by some of the recipient countries.
Of the 100 million Chinese vaccines, half will be provided by Sinopharm and half by Sinovac, with deliveries planned for "July to September 2021", a WHO document dated July 29 says.
About 10 million Sinopharm shots had been shipped by mid-August, a spokesperson for the Global Alliance for Vaccines and Immunization (GAVI), which co-leads COVAX along with the WHO, told Reuters.
Sinopharm, Sinovac and China's trade ministry did not respond to requests for comment about when the Chinese vaccines would be delivered.
The Chinese vaccines have been allocated to 60 countries, mostly in Africa, which is expected to receive a third of the 100 million doses.
SOURCE: WHO Begins Shipping Chinese Vaccines Despite Some Misgivings (medscape.com)

The top five countries/territories with the **highest number** of cumulative people vaccinated with at least one dose per 100,000 population are **Gibraltar** (117,310), **Palau** (90,620), **United Arab Emirates** (85,300), **Portugal** (82,050), and **Iceland** (81,400).
The top five countries/territories with the **lowest number** of cumulative people vaccinated with at least one dose per 100,000 population are **Congo** (90), **Chad** (200), **Haiti** (220), **Burkina Faso** (260), and **Tanzania** (370).

Falsified COVISHIELD vaccine identified in the WHO regions of Africa and South- East Asia

The WHO Medical Product Alert refers to falsified COVISHIELD (ChAdOx1 nCoV-19 Corona Virus Vaccines (Recombinant)) identified in the WHO African Region, and the WHO South-East Asia Region. The falsified products were reported to WHO in July and August 2021. The genuine manufacturer of COVISHIELD (Serum Institute of India Pvt. Ltd.) has confirmed that the products listed in this alert are falsified. These falsified products have been reported at the patient level in Uganda, India and Myanmar.

The products identified in this alert are confirmed as falsified on the basis that they deliberately/ fraudulently misrepresent their identity, composition or source:

- Batch 4121Z040 - the expiry date (10.08.2021) on this product is falsified
- COVISHIELD 2ml - the genuine manufacturer does not produce COVISHIELD in 2ml (4 doses).
- Batch 4126Z079 - the batch number on this product is falsified and the product name: COVISHELD is not the correct spelling

Table 1: Products subject of WHO Medical Product Alert N°5/2021

Stated Product name	COVISHIELD, ChAdOx1 nCoV-19 Corona Virus Vaccine (Recombinant)		COVISHELD ChAdOx1 nCoV-19 Corona Virus Vaccine (Recombination)
Stated manufacturer	Serum Institute of India Pvt. Ltd.		
Stated dose	5ml (10 doses)	2ml (4 doses)	5ml (10 doses)
Batch	4121Z040	Not stated	4126Z079
Mfg. date	Not stated	Not stated	08.05.2021
Exp. date	10.08.2021	Not stated	07.1 1.2021
Packaging language	English	English	English
Identified in	Uganda	India	Myanmar

WHO requests increased vigilance within the supply chains of countries and regions likely to be affected by these falsified products. Increased vigilance should include hospitals, clinics, health centers, wholesalers, distributors, pharmacies, and any other suppliers of medical products. If you have any information concerning the manufacture, distribution, or supply of these products, please contact rapidalert@who.int.

Source: https://www.who.int/news/item/31-08-2021-medical-product-alert-n-5-2021-falsified-covishield-vaccine

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***WHO* launched interim statements on;**

- on COVID-19 vaccine booster doses,
- on dose-sparing strategies for COVID-19 vaccines (fractionated vaccine doses),
- on heterologous priming for COVID-19 vaccines.

European Situation on Vaccination

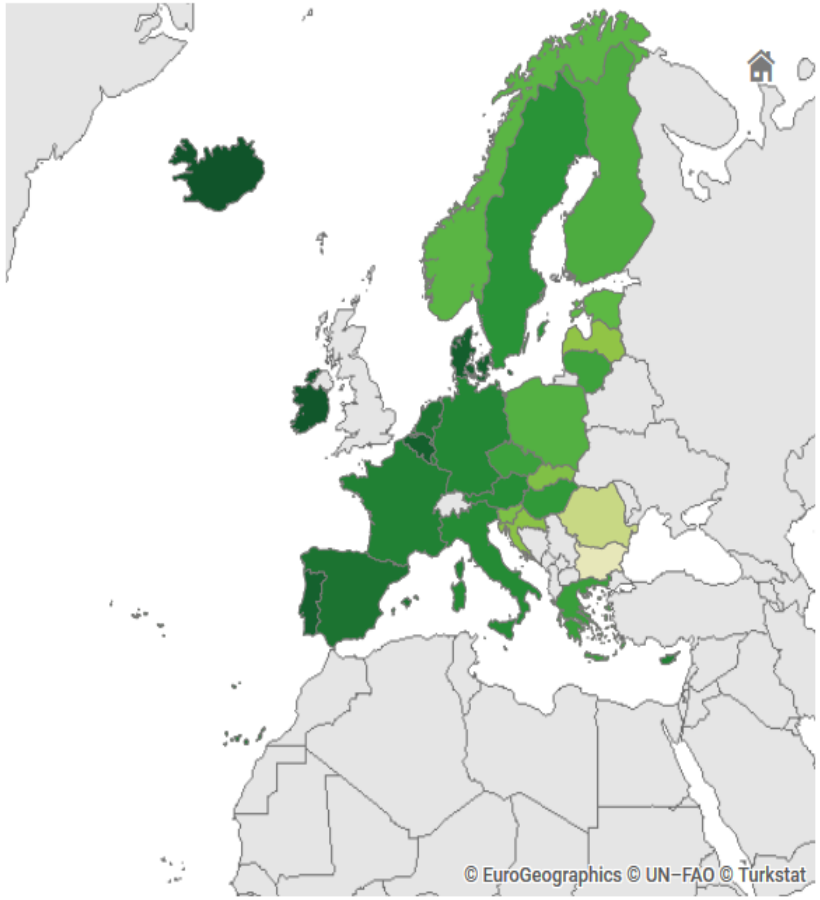
Source: https://qap.ecdc.europa.eu/public/extensions/COVID-19/vaccine-tracker.html#uptake-tab

Total doses distributed to EU/EEA countries	624,777,657	529,869,874

Indicator: Uptake full vaccination

Country: All EU/EEA countries

Cumulative uptake (%) of full vaccination among adults (18+) in EU/EEA countries as of 2021-08-30

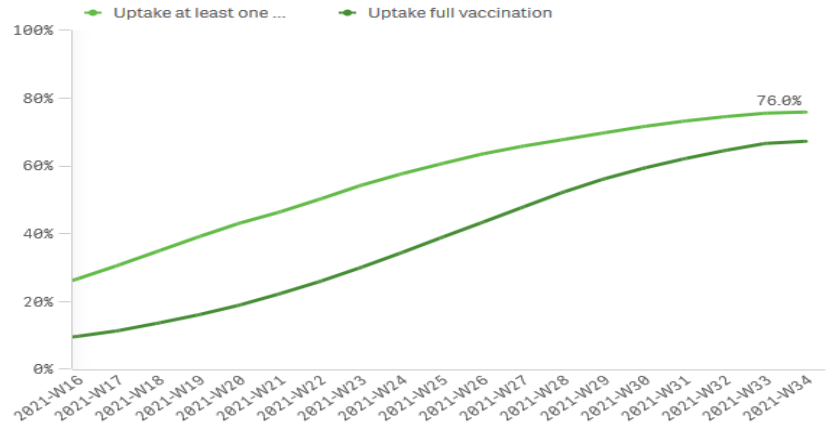


Uptake full vaccination (%)

20.0% 90.3%

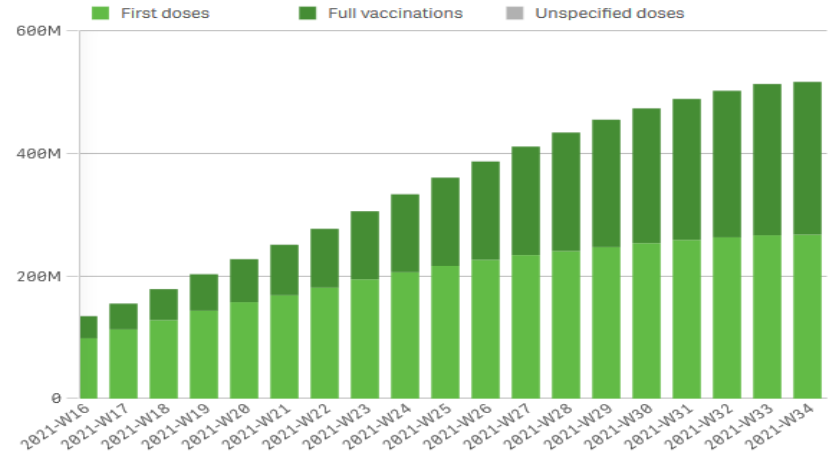
Cumulative uptake (%) of at least one vaccine dose and full vaccination among adults (18+) in EU/EEA countries as of 2021-08-30

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



Cumulative number of vaccine doses administered to adults (18+) in EU/EEA countries as of 2021-08-30

by reporting week (data for current week are preliminary)

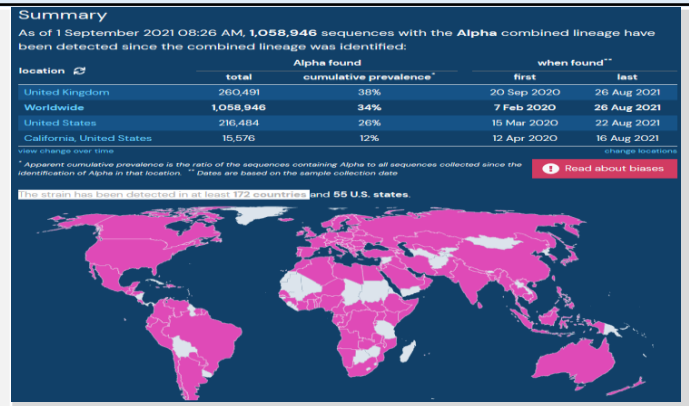


Cumulative uptake (%) of full vaccination by age group in EU/EEA countries as of 2021-08-30

Country	80+ years	70-79 years	60-69 years	50-59 years	25-49 years
Austria	96.5%	80.0%	82.0%	71.2%	59.1%
Belgium	88.9%	94.9%	92.2%	87.9%	76.8%
Bulgaria	18.2%	28.3%	26.5%	21.7%	14.8%
Croatia	54.4%	70.7%	64.6%	51.3%	35.8%
Cyprus	93.2%	93.2%	85.5%	78.3%	67.8%
Czechia	81.0%	86.2%	73.8%	69.0%	52.0%
Denmark	100.0%	99.6%	96.8%	92.7%	70.7%
Estonia	63.1%	72.1%	64.8%	60.3%	48.5%
Finland	90.6%	95.2%	82.9%	73.4%	37.6%
France	76.5%	86.6%	74.9%	69.5%	59.7%
Germany	-	-	-	-	-
Greece	71.1%	80.2%	76.4%	69.0%	55.2%
Hungary	73.1%	84.3%	75.6%	68.8%	58.0%
Iceland	99.6%	100.0%	94.5%	87.4%	81.0%
Ireland	100.0%	100.0%	98.1%	96.1%	79.4%
Italy	92.0%	85.8%	81.5%	72.6%	55.8%
Latvia	40.0%	49.5%	49.2%	45.4%	43.9%
Liechtenstein	-	-	-	-	-
Lithuania	55.7%	71.7%	72.2%	63.4%	58.8%
Luxembourg	84.9%	85.4%	82.9%	79.7%	65.0%
Malta	97.2%	100.0%	100.0%	90.4%	86.9%
Netherlands	-	-	-	-	-
Norway	90.7%	96.8%	87.2%	71.4%	33.7%
Poland	62.8%	82.8%	70.3%	61.3%	50.0%
Portugal	97.7%	100.0%	95.1%	90.5%	74.7%
Romania	19.3%	36.1%	38.1%	36.6%	29.8%
Slovakia	50.9%	69.0%	61.5%	52.0%	42.0%
Slovenia	67.1%	75.8%	64.6%	53.4%	36.5%

Variants Of Concern (VOC); Concerns Re: Emergence of New SARS-CoV-2 Variants

Experts in the fields of immunology and virology have recently been raising concerns about the possibility of a new variant emerging in the future that could evade current vaccine-induced and natural immunity and therefore pose a risk to public health. Variants of the SARS-CoV-2 virus that have been identified to-date are variations of the original virus that have arisen due to mutations. As the virus continues to replicate and spread, there remains a possibility for mutations to arise leading to new variants. Concern exists for the emergence of mutations that will provide the virus a selective advantage to escape or evade the protection provided through current vaccines and natural immunity. The Delta variant (B.1.617.2) is of particular concern as it has spread rapidly in many regions worldwide and has been reported to have increased transmissibility compared to other SARS-CoV-2 variants. Given that new variants are likely to emerge more frequently among populations where many individuals are infected, the Delta variant has and will likely continue to acquire additional mutations as transmission continues. Mutations that provide the virus an advantage, such as evading the host immune response, will likely be selected for and such mutations may replicate and expand. However, these viral changes will likely occur gradually across emerging variants. These gradual changes allow for public health surveillance systems to follow how different versions of the SARS-CoV-2 virus are evolving. They will also allow scientists to anticipate when versions of the virus have changed enough to merit the production of new vaccines that better match new variants. The mRNA technology employed by the BioNTech and Moderna vaccines and the adenovirus platforms used by the AstraZeneca and Johnson & Johnson vaccines should be adaptable to modify their effectiveness against new variants of the virus in the future.

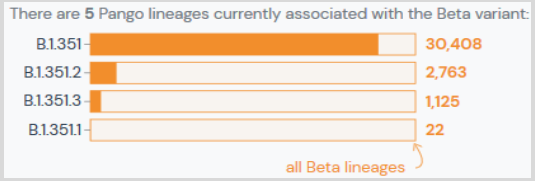


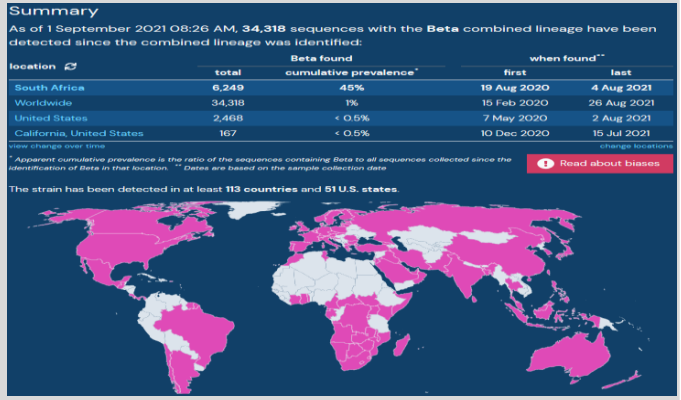
Alpha Variant (B.1.1.7),

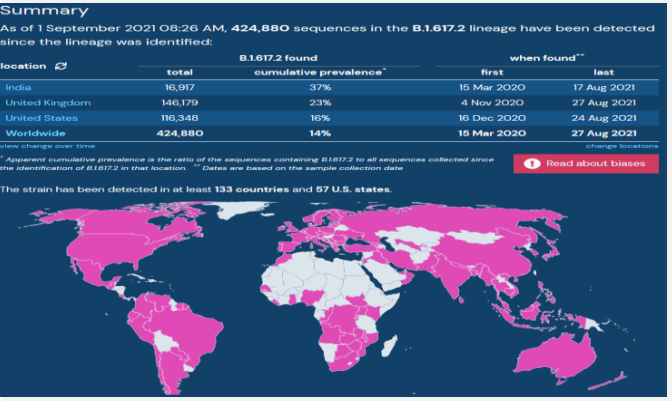
As of 1 September 2021, 1,058,946 sequences with the Alpha combined lineage have been detected. The strain has been detected in at least 172 countries globally. The majority of cases have been reported in Great Britain, Germany, Sweden and Denmark.

Beta Variant (B.1.351)

As of 1 September 2021, 34,318 sequences with the Beta combined lineage have been detected. The strain has been detected in at least 113 countries. The majority of AY.2 cases have been reported in the **South Africa.**



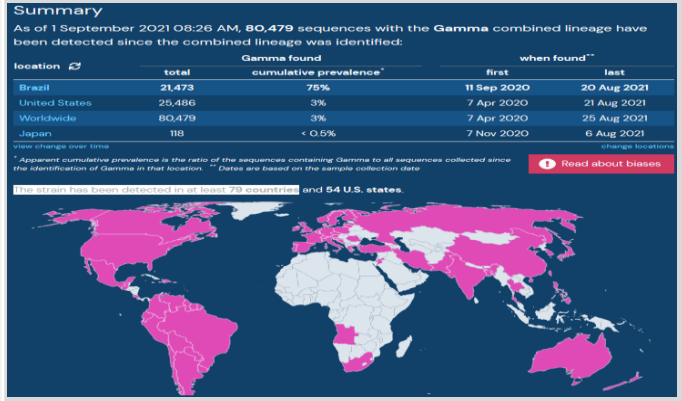




Delta Variant (B.1.617.2)

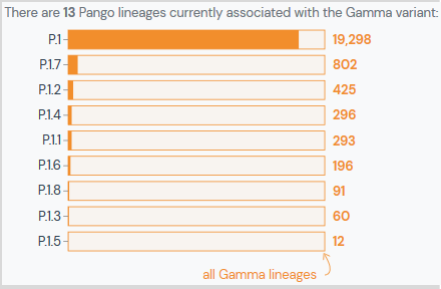
As of August 2021, **27 subvariants have been reported.** Classification of Delta lineages are in flux. While underlying sequence data remains the same, reports for specific lineages may change.

As of 1 September 2021 424 880 sequenzes have been detected. The strain has been detected in at least 133 countries worldwide.



Gamma Variant (P.1)

As of 1 September 2021, 80,479 sequences with the Gamma combined lineage have been detected. The strain has been detected in at least 79 countries.



Source: https://outbreak.info/situation-reports?pango=B.1.621.1

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 August 2021

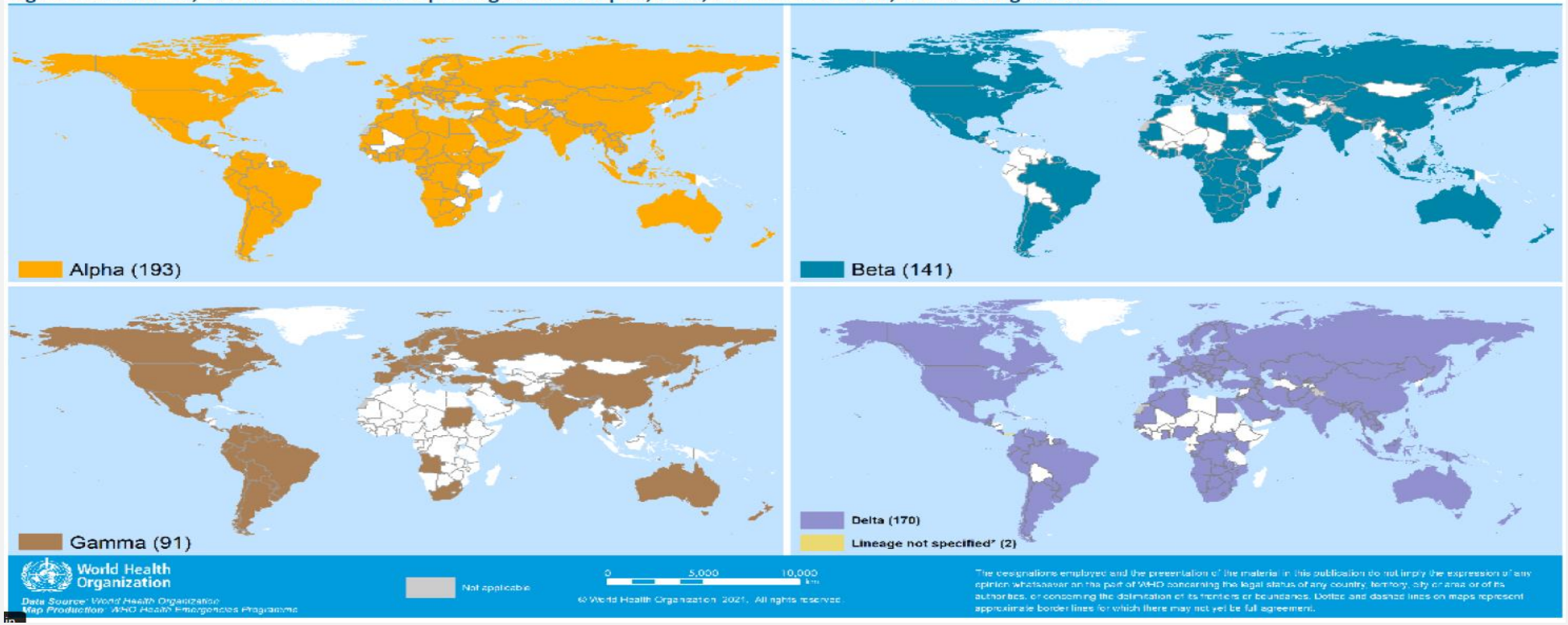
Globally, cases of the Alpha variant have been reported in 193 countries (one new country since last week), territories or areas (hereafter countries), while 141 countries (no new countries) have reported cases of the Beta variant; 91 countries (five new countries) have reported cases of the Gamma variant; and 170 countries (seven new countries) have reported cases of the Delta variant.

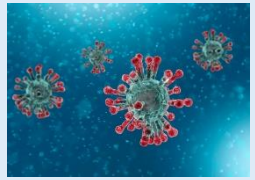
Mu Variant (B.1621)

Based on the latest round of assessments, B.1.621 was classified as a VOI on 30 August 2021 and given the WHO label "Mu". This includes the descendent Pango lineage B.1.621.1. This variant is known as 21H in Nextstrain nomenclature. The Mu variant has a constellation of mutations that indicate potential properties of immune escape. Preliminary data presented to the Virus Evolution Working Group show a reduction in neutralization capacity of convalescent and vaccinee sera similar to that seen for the Beta variant, but this needs to be confirmed by further studies.

Since its first identification in Colombia in January 2021, there have been a few sporadic reports of cases of the Mu variant and some larger outbreaks have been reported from other countries in South America and in Europe. As of 29 August, over 4500 sequences (3794 sequences of B.1.621 and 856 sequences of B.1.621.1) have been uploaded to GISAID from 39 countries. Although the global prevalence of the Mu variant among sequenced cases has declined and is currently below 0.1%, the prevalence in Colombia (39%) and Ecuador (13%) has consistently increased. The reported prevalence should be interpreted with due consideration of sequencing capacities and timeliness of sharing of sequences, both of which vary between countries. More studies are required to understand the phenotypic and clinical characteristics of this variant. The epidemiology of the Mu variant in South America, particularly with the co-circulation of the Delta variant, will be monitored for changes.

Figure 4. Countries, territories and areas reporting variants Alpha, Beta, Gamma and Delta, as of 31 August 2021**





Subject in Focus

COVID-19 FOCUS REPORT Airborne Transmission of SARS-CoV-2 Prepared by BlueDot, August 20, 2021

bluedot

Since the beginning of the COVID-19 pandemic, the transmission of SARS-CoV-2 via droplets or direct/indirect contact has been readily acknowledged. However, growing evidence supports that SARS-CoV-2 is predominantly spread through airborne transmission (i.e., smaller virus-containing particles that remain suspended in the air for a duration of time). In this report, we highlight the evidence supporting airborne transmission. Furthermore, we discuss the importance of acknowledging airborne transmission and provide practical approaches to implement appropriate prevention measures.

Executive Summary

- Evidence supporting airborne transmission as the predominant way SARS-CoV-2 spreads includes, but is not limited to:
  - o Superspreading events that cannot be adequately explained by droplet/contact transmission o Examples of long-range transmission (e.g., between rooms in quarantine hotels though quarantined individuals were never in each other's presence)
  - o Asymptomatic or presymptomatic transmission o Higher transmission in indoor settings compared to outdoors
  - o Infections in healthcare settings despite strict adherence to droplet/contact precautions
- It is important to acknowledge airborne transmission for several reasons, including:
  - o Global circulation of more transmissible variants, with many countries currently experiencing surges in cases
  - o Asymptomatic infections (a recent systematic review and meta-analysis suggest they account for more than one-third of all infected cases and are particularly higher among children)
  - o Currently insufficient vaccination coverage in many countries
  - o Lack of access to vaccines in many countries
  - o Vulnerable groups that remain ineligible for vaccination
  - o Breakthrough infections are possible
- Airborne transmission of SARS-CoV-2 are particularly salient for those who work in congregate settings, people-facing roles, and in schools as many children are yet to be eligible for vaccination.
- Mitigation measures like "deep cleaning" and plexiglass installations as barriers aim to prevent droplet/fomite spread. They do not adequately address airborne transmission and can provide a false sense of security.
- A combination of public health measures, alongside vaccinations, is needed to lower the risk of viral spread and infection in a population. The Swiss Cheese Model (Figure 2) serves as an analogy where multiple layers of measures (i.e., "slices of Swiss cheese") are needed. For as long as the pandemic continues, one standalone public health measure (i.e., a single "slice of cheese") is not impervious to the spread of SARS-CoV-2.

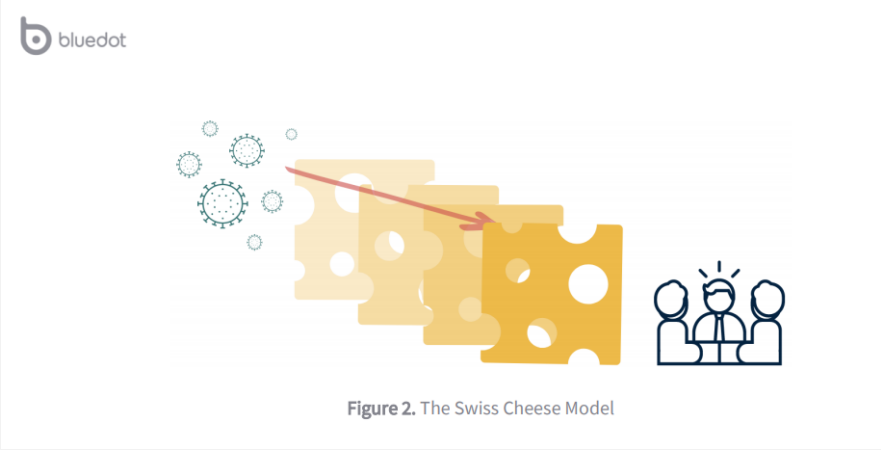


Figure 2. The Swiss Cheese Model

What does this mean?

- There are still further actions related to addressing airborne transmission that can be taken to minimize spread of SARS-CoV-2 while vaccinations are ongoing. Wider acknowledgement of airborne transmission as the predominant mode of transmission for SARS-CoV-2 is the first step needed in order for prevention measures and policies that directly seek to minimize airborne spread to be implemented.
- In the Northern Hemisphere and/or countries with relatively higher vaccination coverage, the mitigation of airborne transmission remains relevant as countries are approaching cooler months and schools will be starting for a new year with in-person classes. These conditions lend to increased indoor gatherings and congregation of school-aged children, many of whom are

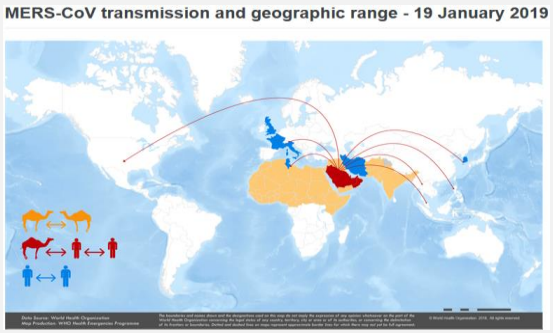
Other Infectious Disease Outbreaks

bluedot

Middle East respiratory syndrome coronavirus (MERS-CoV)

Saudi Arabia - Between 12 March and 31 July 2021 , the National IHR Focal Point of Saudi Arabia reported four additional cases of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) infection, including one associated death. The cases were reported from three regions including Riyadh (two cases), Hafar Albatin (one case), and Taif (one case). One death was also reported from a previously reported who died on 20 March. Since 2012, Saudi Arabia has reported 2178 confirmed MERS-CoV cases with 810 deaths.

Source: https://www.who.int/emergencies/disease-outbreak-news/item/2021-DON333



First ever human infection with avian influenza A(H5N1) in India

India – On 21 July 2021, the National IHR focal point of India notified WHO of one human case of avian Influenza A(H5N1) from Haryana state, northern India. **This is the first reported case of human infection of influenza A(H5N1) virus in India.** The patient was a boy under 18 years of age with a recently diagnosed underlying illness in June 2021. He presented with fever, cough, upper respiratory symptoms and breathing difficulty on 12 June. His condition progressed to acute respiratory distress syndrome and he was mechanically ventilated but died on 12 July. The source of infection is unknown at this time and none of his family members have shown similar symptoms thus far. On 15 July, his respiratory samples tested positive for influenza A(H5N1) and influenza B/Victoria lineage viruses. Whole genome sequencing and virus isolation is ongoing.

Source: https://www.who.int/emergencies/disease-outbreak-news/item/human-infection-with-avian-influenza-a(h5n1)-%EF%BD%B0-india

Marburg virus disease

Guinea – On 6 August 2021, the Ministry of Health of Guinea informed WHO of a confirmed case of Marburg virus disease (MVD) in Guéckédou Prefecture, Nzérékoré Region, south-western Guinea. The village where the case resided is near both Sierra Leone and Liberian borders. This is the first known case of Marburg virus disease in Guinea and in West Africa. The case, a male, had onset of symptoms on 25 July.

On 1 August he attended a small health facility near his village of residence with symptoms of fever, headache, fatigue, abdominal pain, and gingival hemorrhage. On 2 August 2021, he died in the community. An investigation team composed of national authorities and WHO experts was deployed to conduct an in-depth investigation. On 3 August a real-time PCR was conducted which confirmed the sample was positive for Marburg virus disease and negative for Ebola virus disease. On 5 August the National Reference Laboratory in Conakry provided confirmation by real-time PCR of the positive Marburg result and on 9 August Institut Pasteur Dakar in Senegal provided reconfirmation that the result was positive for Marburg virus disease and negative for Ebola virus disease.

Source: https://www.who.int/emergencies/disease-outbreak-news/item/2021-DON331

Table: Chronology of major Marburg virus disease outbreaks

Year	Country	Cases	Deaths	Case fatality Rate
2017	Uganda	3	3	100%
2014	Uganda	1	1	100%
2012	Uganda	15	4	27%
2008	Netherland (ex-Uganda)	1	1	100%
2008	United States of America (ex-Uganda)	1	0	0%
2007	Uganda	4	2	50%
2005	Angola	374	329	88%
1998 to 2000	Democratic Republic of the Congo	154	128	83%
1987	Kenya	1	1	100%
1980	Kenya	2	1	50%
1975	South Africa	3	1	33%
1967	Yugoslavia	2	0	0%
1967	Germany	29	7	24%

No outbreak of Ebola in Cote d`Ivoire

Cote d`Ivoire - On 14 August 2021, the Ministry of Health confirmed the country's first case of Ebola since 1994. The patient, was hospitalized in the commercial capital of Abidjan, after arriving from Guinea. Initial investigations found that the patient had travelled to Cote d'Ivoire by road and arrived in Abidjan on 12 August. The patient was admitted to a hospital after experiencing a fever and is currently receiving treatment. On 17 August Ebola vaccination was launched to the high-risk populations, including health workers and first responders in Abidjan.

On 30 August he government of Cote d'Ivoire has informed the World Health Organization (WHO) that a second laboratory has tested samples from a patient suspected of having Ebola and has found **no evidence of the virus**.

The tests by the Institut Pasteur in Lyon, France follow tests conducted by the Institut Pasteur of Cote d'Ivoire, which led health authorities to announce their first Ebola case since 1994. With the new results from the laboratory in Lyon WHO considers that the patient did not have Ebola virus disease and further analysis on the cause of her illness is ongoing.

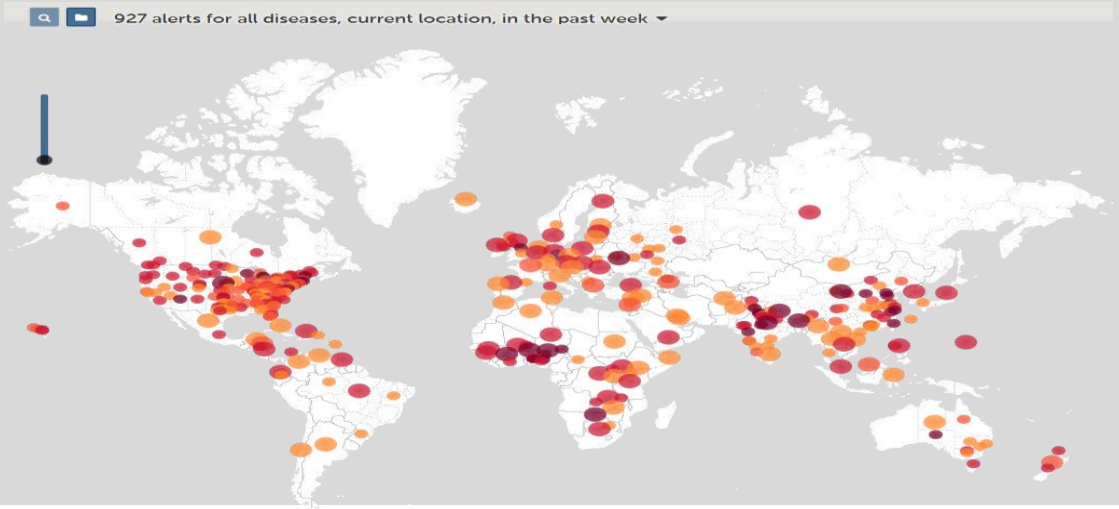
Source: https://reliefweb.int/report/c-te-divoire/new-test-finds-no-evidence-ebola-virus-cote-d-ivoire-case

Suspected Ebola case in Burkina Faso tested negative

Burkina Faso, Ouagadougou - On August 22, one case of the Ebola virus is under investigation in Burkina Faso. According to officially available information, the affected individual is a 22-year-old who arrived in Burkina Faso two days ago from Niancarré / Kadiolo in Côte d'Ivoire and has been placed under isolation at a health centre in Ouagadougou, the capital city of Burkina Faso.

On August 28, the Ministry of Health of Burkina Faso indicated in a statement that the Ebola virus case under investigation has been ruled out. The official statement indicates that laboratory samples tested at the National Reference Laboratory for hemorrhagic fevers at the Muraz Center in Bobo-Dioulasso, and at the Laboratory of the Pasteur Institute in Dakar have both returned negative. No further information about the cause of the hemorrhagic fever, nor the status of the individual has been provided.

Source: https://promedmail.org/promed-post/?id=8632710



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

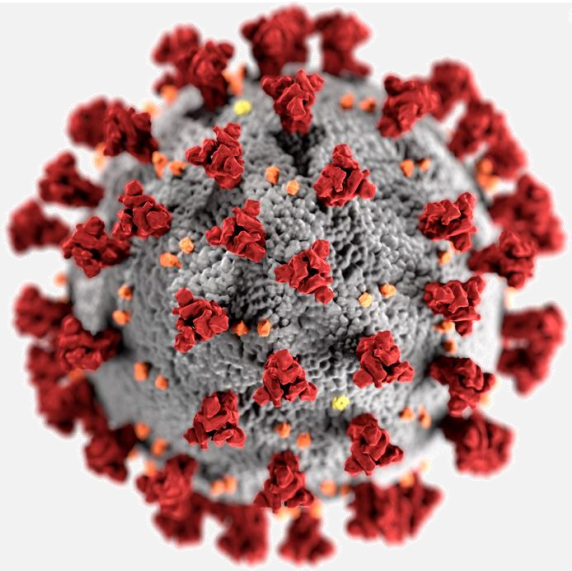
References:

- 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
Link: Registration page