Force Health Protection Branch
NATO MilMed COE
Munich

Update 88
COVID-19
Coronavirus Disease
20 October 2021

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GLOBAL
→
241 732 134
Confirmed cases
230 200 000 recovered
4 915 449 deaths

USA
(7-days incidence 171,1)
↘
44 923 448
confirmed cases
42 790 000 recovered
724 673 deaths

India
(7-days incidence 8,0)
↘
34 094 373
confirmed cases
33 350 000 recovered
452 454 deaths

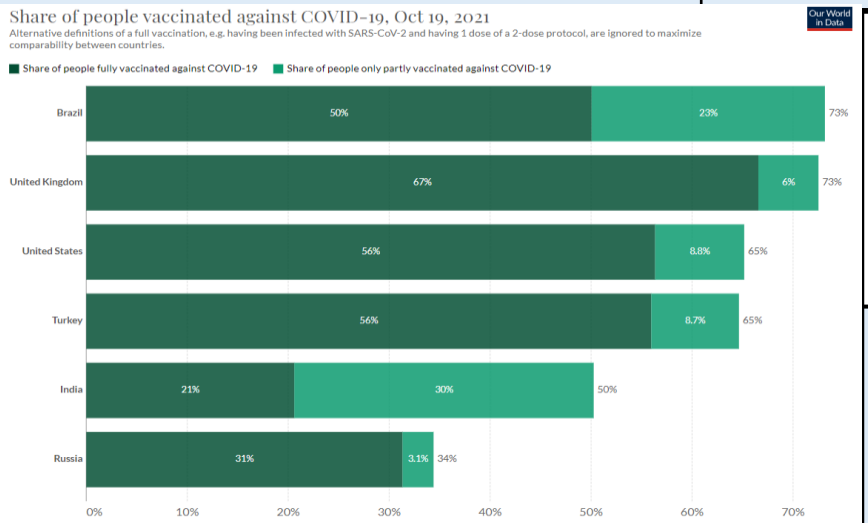
Brazil
(7-days incidence 32,7)
↘
21 664 879
confirmed cases
20 840 000 recovered
603 855 deaths

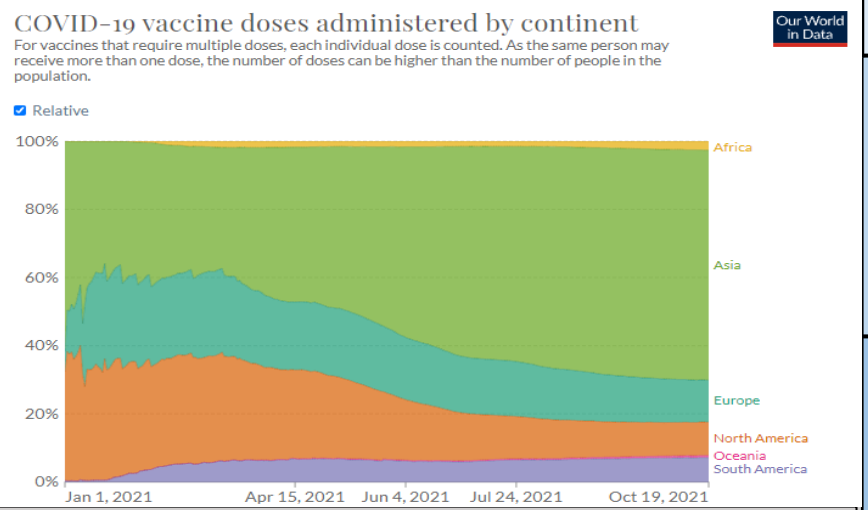
News:

- **WHO:** Currently Africa only accounts for about 1% of the 3.5 million COVID-19 sequences currently carried out worldwide. Therefore there is a need to increase pathogen surveillance through genomic sequencing by launching a network of COVID-19 sequencing laboratories and by developing one laboratory (the Regional Centre of Excellence for Genomic Surveillance and Bioinformatics) in Cape Town, South Africa. The centre is expected to support 14 countries, where it will be increasing sequencing capacity monthly by five-fold and then plans to expand to support more countries.
- **WHO:** The COVID-19 pandemic has reversed years of global progress in tackling tuberculosis and for the first time in over a decade, TB deaths have increased, according to the World Health Organization's 2021 Global TB report. In 2020, more people died from TB, with far fewer people being diagnosed and treated or provided with TB preventive treatment compared with 2019, and overall spending on essential TB services falling.
- **Merck/Ridgeback Biotherapeutics:** Announced on October 11, the submission of an Emergency Use Application to the US FDA for an investigational oral antiviral medicine named molnupiravir. Molnupiravir comes in a capsule for the treatment of mild-to-moderate COVID-19 in adults with comorbidities who are at risk of severe COVID-19 and/or hospitalization. If granted authorization, this will be the first oral antiviral medicine for the treatment of COVID-19.
- **ECDC:** published a COVID-19 surveillance guidance - Transition from COVID-19 emergency surveillance to routine surveillance of respiratory pathogens.
- **ECDC**: published a technical report on Facilitating COVID-19 vaccination acceptance and uptake in the EU/EEA
- **ECDC:** published the Response plan to control and manage the threat of multi-and extensively drug-resistant gonorrhoea in Europe - Indicator monitoring 2019

Topics:

- Global situation
- European situation
- Vaccination news
- SARS-CoV-2 VOIs and VOCs
- Subject in Focus: Myocarditis as side-effect of mRNA vaccines
- Other Infectious Disease Outbreaks
- NATO Member State: Summary of information on the individual national Corona restrictions
- Travel Recommendations and other useful Links





EUROPE
↗
69 872 572
confirmed cases
65 600 000 recovered
1 337 384 deaths

GBR
(7-days incidence 466,2)
↗
8 541 196
confirmed cases
7 773 000 recovered
138 852 deaths

Russia
(7-days incidence 151,2)
↗
7 936 798
confirmed cases
7 263 000 recovered
221 314 deaths

Turkey
(7-days incidence 287,7)
↗
7 714 349
confirmed cases
7 175 000 recovered
68 060 deaths

Situation by WHO Region, as of 19 October

Global epidemiological situation overview; WHO as of 19 October 2021

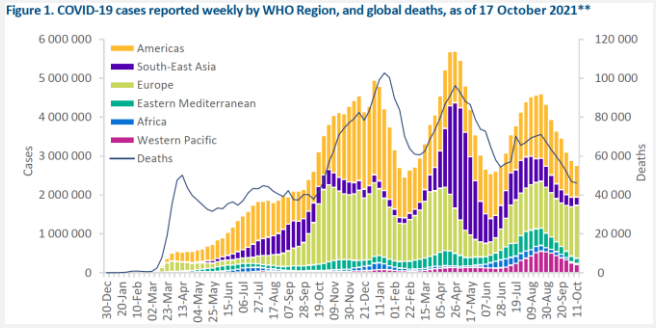
With just over 2.7 million new cases and over 46 000 new deaths reported during the week of 11 to 17 October 2021, the global number of new cases and deaths remained similar to that of the previous week (Figure 1). Apart from the European Region, which reported a 7% increase in the number of new weekly cases when as compared to the previous week, all the other regions reported declines in new weekly cases. The largest decrease in new weekly cases was reported from the African Region (18%), followed by the Western Pacific Region (16%). The cumulative number of confirmed cases reported globally is now over 240 million and the cumulative number of deaths is just under 4.9 million.

The African Region also reported the largest decline in weekly deaths (25%) followed by the South-East Asia and Eastern Mediterranean Regions with 19% and 8% declines, respectively. All other regions reported new deaths in numbers similar to those of the previous week.

The **highest numbers of new cases** were reported from:

- United States of America (582 707 new cases; 11% decrease
- United Kingdom (283 756 new cases; 14% increase)
- Russian Federation (217 322 new cases; 15% increase)
- Turkey (213 981 new cases; similar to last week)
- India (114 244 new cases; 18% decrease)

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 17 October 2021**

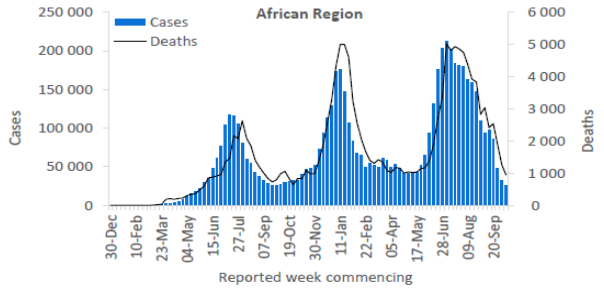


WHO regional overviews Epidemiological week 11-17 October 2021

African Region

The declining trend observed in the African Region since mid-July continued this week with over 27 000 new cases and over 900 new deaths reported, decreases of an 18% and a 25% decrease respectively as compared to the previous week. While this is reassuring, 13/49 countries (28%) in the Region reported increases of over 15% in the number of reported cases the past week. One third of the new weekly cases in the Region was reported by two countries: Ethiopia and South Africa. The highest numbers of new cases were reported from Ethiopia (4706 new cases; 4.1 new cases per 100 000 population; a 22% decrease), South Africa (4682 new cases; 7.9 new cases per 100 000; a 20% decrease), and Cameroon (3003 new cases; 11.3 new cases per 100 000; similar to previous week).

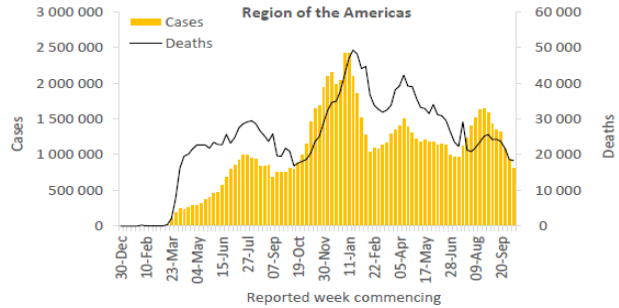
The highest numbers of new deaths were reported from South Africa (295 new deaths; <1 new death per 100 000 population; a 45% decrease), Ethiopia (247 new deaths; <1 new death per 100 000; a 10% decrease), and Nigeria (59 new deaths; <1 new death per 100 000; a 181% increase).



Region of the Americas

The Region of the Americas reported over 816 000 new cases this week a 14% decline as compared to the previous week and a continuation of the declining trend in the region witnessed since the end of August. A small proportion (9/56; 16%) of the countries in the Region of the Americas reported increases in new cases in the past week. Just over 18 000 new deaths were reported this week, a similar incidence as compared to the previous week. The highest numbers of new cases were reported from the United States of America (582 707 new cases; 176.0 new cases per 100 000; an 11% decrease), Brazil (76 746 new cases; 36.1 new cases per 100 000; a 27% decrease), and Mexico (35 468 new cases; 27.5 new cases per 100 000; a 17% decrease).

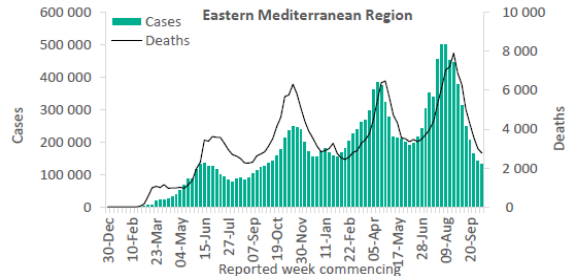
The highest numbers of new deaths were reported from the United States of America (11 158 new deaths; 3.4 new deaths per 100 000; a 23% increase), Mexico (2398 new deaths; 1.9 new deaths per 100 000; a 34% decrease), and Brazil (2244 new deaths; 1.1 new deaths per 100 000; a 30% decrease).



Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 136 000 new cases and over 2700 new deaths, a 6% and an 8% decrease respectively as compared to the previous week. This follows the decline observed since mid-August 2021. While most of the countries (15/22; 68%) reported a decrease in new weekly cases, Sudan and Afghanistan reported the largest increase as compared to the previous week (22% and 34%, respectively). The highest numbers of new cases were reported from the Islamic Republic of Iran (81 785 new cases; 97.4 new cases per 100 000; similar numbers as those reported last week), Iraq (11 628 new cases; 28.9 new cases per 100 000; a 22% decrease), and Jordan (7718 new cases; 75.6 new cases per 100 000; an 8% increase).

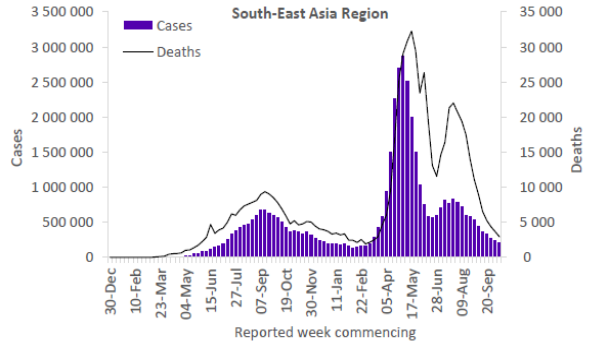
The majority of the countries (17/22; 77%) in the Region reported a decline in new weekly deaths last week as compared to the previous week, with the exception of Afghanistan and Libya that reported an increase of 89% and 11%, respectively. The highest numbers of new deaths were reported from the Islamic Republic of Iran (1506 new deaths; 1.8 new deaths per 100 000; similar numbers as those reported last week), Egypt (268 new deaths; <1 new death per 100 000; similar numbers as those reported last week), and Iraq (201 new deaths; <1 new death per 100 000; similar numbers as those reported last week's).



South-East Asia Region

Declining trends continued in the South-East Asia Region, with just under 215 000 new cases and over 2900 new deaths reported, decreases of 13% and 19% respectively as compared to the previous week. All countries in the Region reported a decline in new cases and deaths this week, apart from Thailand that reported a similar number of cases as compared to the previous week. The highest numbers of new cases were reported from India (114 244 new cases; 8.3 new cases per 100 000; an 18% decrease), Thailand (72 817 new cases; 104.3 new cases per 100 000; a similar number as those reported last week), and Myanmar (9202 new cases; 16.9 new cases per 100 000; a 10% decrease).

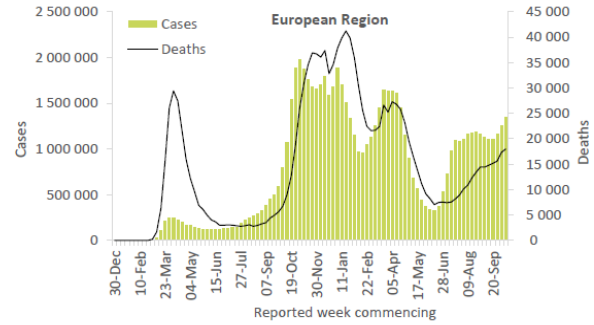
The highest numbers of new deaths were reported from India (1535 new deaths; <1 new death per 100 000; a 13% decrease), Thailand (582 new deaths; <1 new death per 100 000; a 14% decrease), and Indonesia (301 new deaths; <1 new death per 100 000; a 37% decrease).



European Region

For the third consecutive week the European Region has shown an increase in new weekly COVID-19 cases, with over 1.3 million new cases reported during this week, a 7% increase as compared with the previous week. Over half of the countries in the Region (35/61; 57%) showed an increase in the number of new weekly cases. The highest numbers of new cases were reported from the United Kingdom (283 756 new cases; 418.0 new cases per 100 000; a 14% increase), the Russian Federation (217 322 new cases; 148.9 new cases per 100 000; a 15% increase), and Turkey (213 981 new cases; 253.7 new cases per 100 000; similar to last week's figures).

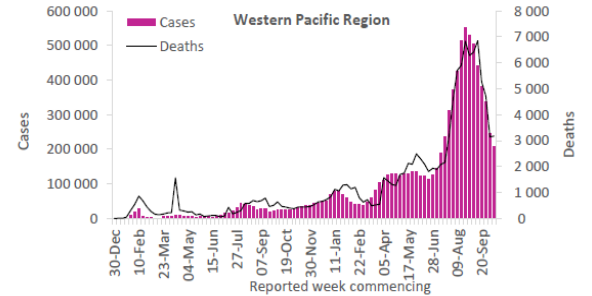
Over 18 000 new deaths have been reported in the Region; a similar rate to that of the previous week (4%). The largest increase in deaths has been observed in Luxembourg (200%), Denmark (83%) and Slovakia (82%). The highest numbers of new deaths were reported from the Russian Federation (6897 new deaths; 4.7 new deaths per 100 000; a 6% increase), Romania (2360 new deaths; 12.2 new deaths per 100 000; a 27% increase), and Ukraine (2140 new deaths; 4.9 new deaths per 100 000; a 25% increase).



Western Pacific Region

Declining trends continued in the Western Pacific Region, with over 201 000 new cases reported this week, a 16% decrease as compared to the previous week. Most of the countries (19/26; 73%) reported a decrease in new weekly cases this week. The highest numbers of new cases were reported from the Philippines (59 052 new cases; 53.9 new cases per 100 000; a 20% decrease), Malaysia (52 321 new cases; 161.7 new cases per 100 000; an 18% decrease), and Viet Nam (24 726 new cases; 25.4 new cases per 100 000; a 25% decrease).

The weekly number of deaths also continue to decline, with over 3100 new deaths reported this week, a 16% decrease as compared to the previous week. Nevertheless, 13% (8/26 countries) reported an increase in new deaths this week as compared to the previous week, with Papua New Guinea reporting a 481% increase. The highest numbers of new deaths were reported from the Philippines (1075 new deaths; 1.0 new deaths per 100 000; a 27% increase), Viet Nam (689 new deaths; <1 new death per 100 000; an 18% decrease), and Malaysia (593 new deaths; 1.8 new deaths per 100 000; a 15% decrease).



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

Global Situation

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BGR: Disease activity has **increased** over the last three months, marking the country's **third wave** of the pandemic. News media reports stated that the increase is most likely due to the **Delta variant (B.1.617.2)** and the country's **low vaccination rate**. The seven-day rolling average number of new cases has **increased** from 69 cases on July 17 to **2,823 cases on October 17**. The seven-day average number of new deaths also **increased** during this timeframe, rising from five deaths on July 17 to **88 deaths on October 17**. The 14-day test positivity rate as of October 16 was **13.2%**; the high test positivity rate likely indicates **underreporting** of case counts. Authorities introduced new countrywide restrictions on September 7 and will remain in place until **October 31**. Hosting conferences and symposia is allowed when room capacity does not exceed 30% and there are no more than 30 participants. All attendees must maintain 1.5 meters of physical distance from one another and wear face masks. Similar restrictions are in place for indoor cinemas, theatres, and concerts, which are limited to 50% capacity and may only offer seated admission. Indoor professional sports competitions are not allowed, however, if held outdoors, they are allowed with capacity restricted to 30% and individuals occupying every third seat.
For international travellers, **colour designations have been used to categorize countries according to their local disease activity**. Upon arrival, travellers from countries in green and orange zones must present either proof of full vaccination, a negative PCR test completed within the last 72 hours, or a negative rapid antigen test completed within the last 48 hours. If no documentation is provided, travellers must quarantine for 10 days. Travellers from red zone countries must abide by the same conditionalities and are only permitted if they are citizens of the European Union or have essential purposes in the country.

LIE: New cases have been **decreasing** since mid-September when the country reached its peak of the **fourth wave**.
The seven-day rolling average number of daily new cases has slightly decreased from five to **four cases** from September 20 to **October 17**. The 14-day test positivity rate has decreased to less than **1%** in the past month, while the number of tests per 100,000 has slightly increased between September 20 to October 17. As of October 11, authorities are **maintaining international and domestic restrictions until at least November 11**. Only citizens and residents from European Economic Area (EEA) countries and other select countries are permitted to enter for non-essential purposes.
All air travellers must provide proof of vaccination, recovery from the recent disease between 10 days to six months before entry, or a negative PCR test completed within 72 hours before arrival or a rapid antigen test completed 48 hours before arrival. Individuals from different households will be required to continue to physically distance themselves and take other precautionary measures. Outdoor public events are limited to a maximum gathering of 1,000 individuals.

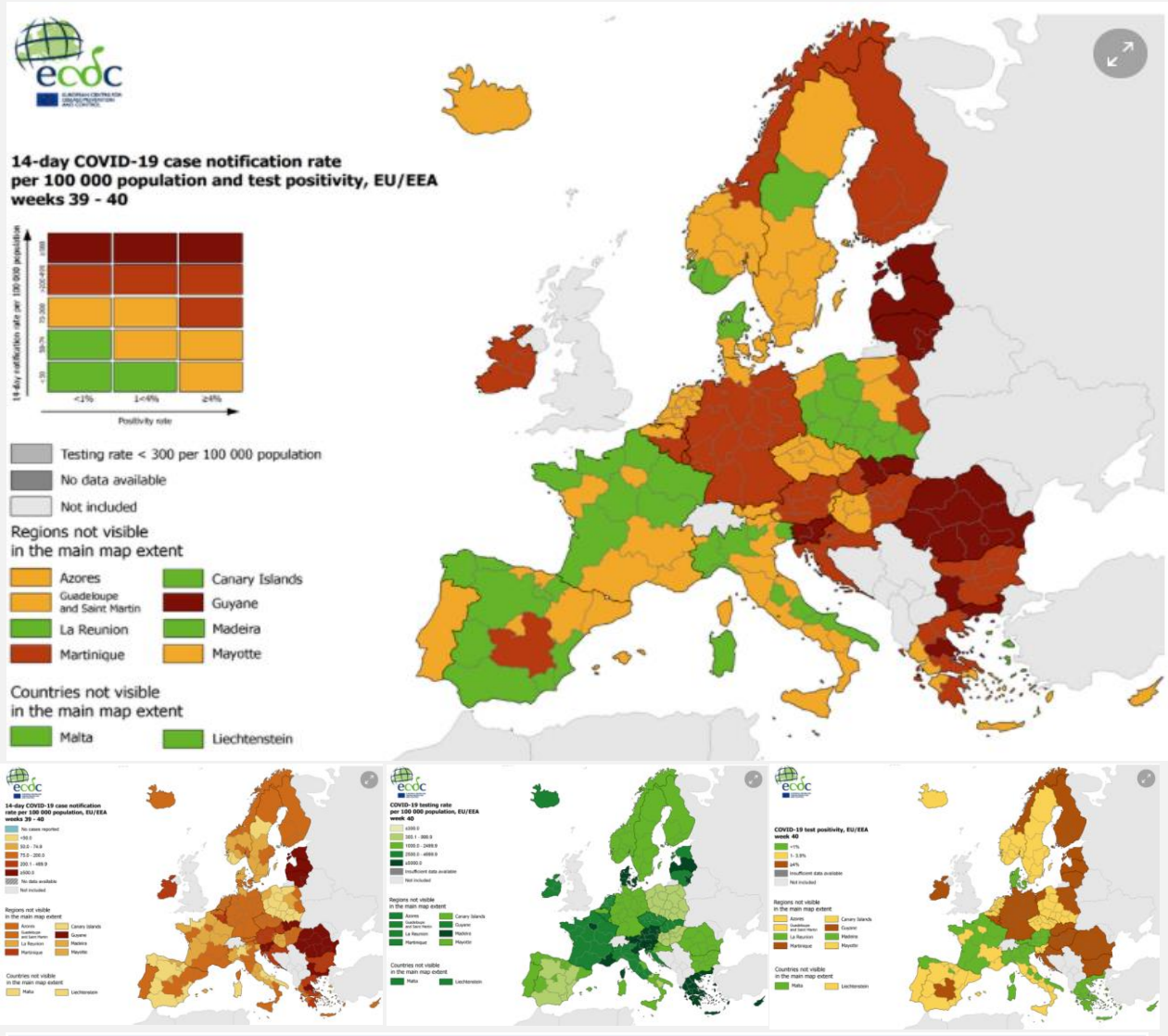
UKR: Disease activity has continued to **increase** over the last two months. The seven-day rolling average number of new cases began to rise by the end of the summer from 1,683 cases on September 1 to **14,233 cases on October 14**, the highest it has been since the second wave in mid-April. The rise in cases has been driven by the **Delta variant** that accounted for over **96%** of the total analyzed sequences by mid-July of 2021. The 14-day test positivity rate has also risen from less than 10% in mid-August to **31.6% as of October 14**, suggesting that there is still a **substantial degree of community transmission** where mild or asymptomatic cases are not being detected. According to health officials, the share of bed occupancy by COVID-19 patients is over **60%,** with higher numbers in some regions. Unofficial sources highlighted that during the third week of September **hospitalizations increased by 51% only in just one week**, thus estimating an overall higher bed occupancy.
A recently published report stated that over **97% of the hospitalized patients in September were not vaccinated**. On September 20, the Ukrainian government announced that it was extending its restriction measures until at least **December 31**, while keeping the adaptive region classification in which each region is classified as green, yellow, orange, or red designations. Restrictions in **red zones include the closure of non-essential businesses and a prohibition on public gatherings**. Restrictions in orange and yellow zones include capacity limits for mass events, cultural institutions, and fitness centers, in addition to maximum group numbers in catering establishments. The regions of Dnipropetrovsk, Donetsk, Odesa, Kherson, and Zaporizhia are classified as red zones and Kyiv, Cherkasy, Chernihiv, Chernivtsi, Kharkiv, Khmelnytsky, Luhansk, Lviv, Mykolaiv, Sumy, Volyn, and Zhytomyr are currently classed as orange, while the rest of the country is classed as yellow. Facemasks remain mandatory in enclosed public spaces nationwide. All foreign nationals must have health insurance covering COVID-19 treatment along with a certificate of completion of a full course of a WHO-recognized vaccine or proof of a negative PCR or rapid antigen test completed no more than 72 hours before arrival.

NOR: Disease activity has been **greatly declining** since the **all-time peak on September 5**, almost nearing levels experienced at the start of this wave in late-July. The seven-day rolling average number of daily new cases has **decreased** from 1,460 cases on September 5 to **382 cases on October 12**. While the seven-day rolling average number of daily new deaths remains unchanged at one. Within this time period, the highest seven-day rolling average number of deaths occurred mid-September at two deaths. The 14-day test positivity rate as of October 12 is **4.8%**, which is consistent with the rate observed on September 5 despite a **74% decrease** in the number of tests performed in the last 14 days per 100,000 people. As of September 25, Norway has removed **all restrictions on retail, gathering limits, and facemask use,** but **restrictions on international travel remain**. Since October 12, travel is allowed from EEA and Schengen countries, Switzerland, the UK, Chile, Kuwait, New Zealand, Qatar, Saudi Arabia, Taiwan, and Uruguay; with non-essential travel from other countries banned. Individuals who can provide proof of vaccination or recovery associated with the EU Digital Covid Certificate or Norway, Sweden, Denmark, or the UK may enter the country. Travellers from regions designated higher risk by the ECDC (Red, Dark Red, Grey) must register 72 hours before arrival, test within three days of arrival, and quarantine for ten days.

PRZ: Disease activity has continued to **decline over the last month.** The seven-day rolling average number of new cases has declined from 2,280 cases on August 12 to **617 cases on October 12**. According to the National Institute of Health, during the week of August 16 to 22, **100% of the cases in Portugal were attributed to the Delta variant (B.1.617.2)** in all regions of the country. The 14-day test positivity rate has been **below 4% since September 6**, situating at **1.3% as of October 12**.
The number of hospitalized patients has oscillated between 357 and 332 since the beginning of October with 335 hospitalized and 55 in the ICU as of October 13. This represents a **decline from the last peak** of 968 on August 2. The seven-day rolling average of deaths also declined over the past few months from 15 in early August. Since October 1, it has ranged between five and seven. Authorities announced in October that the government in Lisbon has **dropped the testing requirement for fully vaccinated arrivals from the UK**. According to the UK health officials, "if you have an NHS COVID-19 Passport or an EU digital COVID-19 vaccination certificate showing you have been fully vaccinated with an EU-approved COVID-19 vaccine at least 14 days before you travel or an EU COVID-19 recovery certificate showing you have recovered from COVID-19 no less than 11 days and no more than 180 days before you are due to travel, you will not be required to take a test before entering Portugal." Health authorities updated their restriction measures on October 1, as they **ended the requirements** for the **digital COVID-19 certificate or a negative COVID-19 test for access to restaurants, maximum limit of people per group, timetable restrictions, capacity limits, and the limitations on the sale and consumption of alcohol.**
The mandatory use of face masks is restricted to public transport, concert halls and events, large commercial surfaces, residential structures for the elderly, health establishments and services, and people who work in bars, clubs, restaurants, and commercial and service establishments.
General behaviour guidelines such as social distancing, frequent handwashing, and respiratory etiquette remain in place.

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 14 October 2021



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

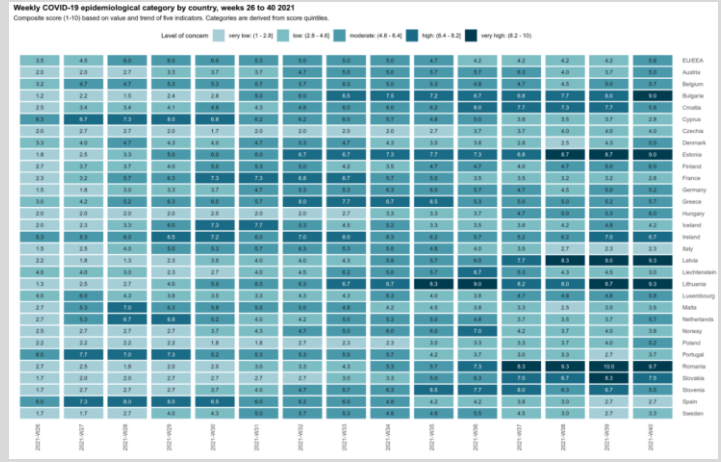
ECDC COVID-19 surveillance report Week 40, as of 14 October 2021

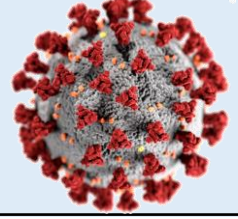
At the end of week 40 (week ending Sunday 10 October 2021), the overall epidemiological situation in EU/EEA was characterised by a high and increasing overall case notification rate and a low death rate that has been very slowly increasing over time. Case notification rates, death rates, hospital and ICU admissions are all forecast to increase over the next two weeks. Case notification rates are currently highest among children below 15 years, but notification rates among all other age groups have started to increase again. The picture varies considerably between countries. Increasing case notification rates and an overall epidemiological situation of high or very high concern are mainly concentrated in countries in the eastern part of the EU/EEA, particularly in those with lower rates of vaccination uptake.

The overall COVID-19 case notification rate for the EU/EEA was 165.8 per 100 000 population (150.9 the previous week). This rate has been increasing for one week. The 14-day COVID-19 death rate (20.4 deaths per million population, compared with 18.1 deaths the previous week) has been increasing for one week. Of 29 countries with data on hospital/ICU admissions or occupancy up to week 40, 11 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 is based on a composite score based on the absolute value and trend of five weekly COVID-19 epidemiological indicators. As shown below, for week 40 five countries (Bulgaria, Estonia, Latvia, Lithuania, and Romania) were categorised as of very high concern, two countries (Ireland and Slovakia) as of high concern, 12 countries (Austria, Belgium, Croatia, Denmark, Finland, Germany, Greece, Hungary, Luxembourg, the Netherlands, Poland, and Slovenia) as of moderate concern, nine countries (Cyprus, Czechia, France, Iceland, Liechtenstein, Malta, Norway, Portugal, and Sweden) as of low concern, and two countries (Italy and Spain) as of very low concern. Compared with the previous week, seven countries (Austria, Bulgaria, Denmark, the Netherlands, Poland, Portugal, and Sweden) moved to a higher category, four countries (Croatia, Iceland, Slovakia, and Slovenia) moved to a lower category and 19 countries stayed in the same category.

Forecasts of cases and deaths from the European COVID-19 Forecast Hub and of hospital/ICU admissions produced by ECDC provide predictions for weeks 41 and 42. Compared with the current week, increasing 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 42. By the end of week 40, the pooled cumulative uptake of at least one vaccine dose in the EU/EEA was 80.2% (range: 24.6–98.2%; 30 countries reporting) among adults aged 18 years and older, and 68.6% (range: 20.5–87.2%; 30 countries reporting) in the total population. Cumulative uptake of full vaccination was 74.7% (country range: 23.5–91.7%) among adults aged 18 years and older, and 63.6% (country range: 19.6–80.5%) in the total population. The estimated distribution (median and range of values from 18 countries for weeks 38 to 39, 20 September to 3 October 2021) of variants of concern (VOC) was 99.9% (90.7–100.0%) for B.1.617.2 (Delta), 0.0% (0.0–9.3%) for B.1.617, 0.0% (0.0–0.1%) for B.1.351 (Beta) and 0.0% (0.0–0.1%) for P.1 (Gamma). The distribution was 0.0% (0.0–0.4%) for B.1.1.7 (Alpha), which was downgraded from the list of VOCs on 3 September 2021.





Vaccination News

Sources: https://www.tagesschau.de/newsticker/liveblog-coronavirus-dienstag-247.html
https://insights.bluedot.global/

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A total of 10 countries account for 70% of all vaccinations administered globally as of October 13. The top five countries/territories with the highest number of cumulative people vaccinated with at least one dose per 100,000 population are Gibraltar (118,590), Palau (100,010), United Arab Emirates (94,540), Portugal (88,270), and Cuba (85,080). Conversely, the top five countries with the lowest number of cumulative people vaccinated with at least one dose per 100,000 population are the Democratic Republic of the Congo (110), Haiti (550), Tanzania (570), Madagascar (690), and South Sudan (710).

EU: The European Union has exported around one billion corona vaccine doses to third countries in the past ten months. Corona vaccines produced in the EU have been delivered to more than 150 countries worldwide, said EU Commission President Ursula von der Leyen in Brussels. The customers therefore included Japan, Turkey and Brazil. Around 87 million doses were delivered to countries with "low and middle income" by the Covax corona vaccination initiative, von der Leyen said. The EU will also donate at least 500 million cans to poor countries in the coming months. According to the Commission President, within the EU itself, 75 percent of the adult population are now fully vaccinated.

Johnson & Johnson: Following recommendations for the funds from BioNTech / Pfizer and Moderna, a panel of experts from the US Food and Drug Administration (FDA) has also spoken out in favor of corona booster vaccinations for people who had received the vaccine from Johnson & Johnson. Those affected should be able to get a booster vaccination at least two months after their previous vaccination dose, the panel decided. The panel's recommendations are not binding, but the FDA typically follows them. In this case, it should also be checked whether people vaccinated with Johnson & Johnson could possibly get a booster vaccination with BioNTech / Pfizer or Moderna. The panel had previously recommended booster vaccinations for the elderly and risk groups with funds from BioNTech / Pfizer and Moderna. The booster vaccinations with the agent from BioNTech / Pfizer have already been officially approved and started in the USA. Around 170 million people in the USA have so far been vaccinated with the funds from BioNTech / Pfizer or Moderna, around 15 million with those from Johnson & Johnson.

ZAF/Sputnik V: The Russian corona vaccine Sputnik V will not be used in South Africa for the time being. The medical licensing authority (Sahpra) justified its decision with a possibly higher HIV infection risk for male Sputnik vaccinated and referred to the high HIV prevalence in South Africa. The company behind Sputnik V has not yet demonstrated the safety of its agent in a population with many HIV-positive people, the agency said. Sahpra is building on previous studies that tested the safety of a modified type of virus that causes respiratory infections. This Ad5-type adenovirus is contained in Sputnik V. According to the information, the approval process for the Russian vaccine remains open, so the missing safety data could still be submitted. The Russian Gamaleja Institute, which Sputnik V developed, announced that it would provide relevant information and show that Sahpra's concerns are "completely unfounded". "Speculations about the link between adenovirus type 5 vaccines and HIV transmission in high-risk groups are based on only small studies," it said in a statement.

BioNTech/Pfizer: The European Medicines Agency (EMA) is now also examining the approval of the corona vaccine from the manufacturers BioNTech and Pfizer for children between the ages of five and eleven. This was announced by the EMA in Amsterdam. The manufacturers had already announced last week that they would send relevant data on the clinical investigations to the EMA. According to BioNTech and Pfizer, the studies show that the vaccine is well tolerated by children in this age group and elicits a stable immune response. In contrast to adolescents, the children in this age group only received a third of the dose. The Cominarty vaccine is currently only approved in the EU for people aged twelve and over. According to the EMA, the experts are now checking the data. A recommendation on the extension of the approval is expected in a few months.

BGR: According to the European Centre for Disease Prevention and Control (ECDC), as of October 18, **20.9%** (1,438,078) of Bulgaria's population of 6,880,758 has received **at least one dose** of a COVID-19 vaccine. Additionally, the ECDC reports that **19.9%** (1,369,271) of the country's entire population are **fully vaccinated** with either Comirnaty (Pfizer/BioNTech), Janssen (Johnson & Johnson), Spikevax (Moderna), or Vaxzevria (Oxford/AstraZeneca). News media reports that the country has one of the lowest vaccination rates in the European Union, and it is believed that this is a result of government mistrust. Bulgaria's third parliamentary election of the year is set for November.

LIE: As of October 17, of the country's population of approximately 38,019, **65.2%** (24,781) have received **at least one dose** of a COVID-19 vaccine and **60.8%** (23,116) are **fully vaccinated**. The country began its vaccination campaign in January 2021 and has been administering the Comirnaty (Pfizer/BioNTech) and Spikevax (Moderna) vaccines to date. Authorities expect to start administering the Janssen (Johnson & Johnson) vaccine beginning on October 18.

UKR: As of October 17, **17.8%** (7.9 million) of Ukraine's population of 44.1 million have received **at least one dose** of COVID-19 vaccine.The country began its vaccination campaign in February 2021 and has been administering the Comirnaty (Pfizer/BioNTech), Vaxzevria (Oxford/AstraZeneca), Janssen (Johnson & Johnson), and CoronaVac (Sinovac) vaccines to date.

DKN: Denmark's **vaccination coverage is high**, with more than **80% of eligible citizens** above the age of 12 being fully vaccinated. As of October 12, of the country's roughly 5.8 million population, approximately 77% (4,462,629) have received at least one dose of a COVID-19 vaccine while 75% (4,388,221) are fully vaccinated. Currently, the Comirnaty (Pfizer/BioNTech) and Spikevax (Moderna) vaccines are being used in the country. Authorities paused the use of the Vaxzevria (AstraZeneca) vaccine in March and later removed both the Vaxzevria and Janssen (Johnson & Johnson) vaccines from the public health program due to concerns about potential side effects. Additionally, while the Comirnaty vaccine continues to be used for people between the ages of 12-17, authorities have decided to **pause the use of the Spikevax vaccine for those less than 18 years of age** as a precaution after concerns were raised regarding rare cardiovascular side effects.

NOR: As of October 12, **78%** (4,183,502) of the country's population of 5.3 million has received **at least one dose** of a COVID-19 vaccine and **69%** (3,690,881) are **fully vaccinated**. Vaccines administered include Comirnaty (Pfizer/BioNTech), Janssen (Johnson & Johnson), and Spikevax (Moderna). Youth 12 to 17 years have recently become eligible for first doses in early September with the Comirnaty vaccine, as authorities have **suspended the use of the Spikevax vaccine in adolescents 18 years and younger**. Vaxzevria (AstraZeneca) vaccine was removed from the immunization program after being on hold as of March due to concerns about potential side effects, while **Janssen is offered on a voluntary basis**.

PRZ: As of October 12, **87%** (8.98 million) of Portugal's population of 10.3 million have received **at least one dose** of a COVID-19 vaccine. According to Portugal's latest Vaccination Report, about **95%** (3,166,051) of people aged between **25 and 49 years have received at least one dose of a vaccine** while **92%** (3,077,962) are **fully vaccinated**. Health authorities also announced that a **third dose of the vaccine will be given to people over 65 years of age** and to residents of long-term care units.

LTU: Lithuania has started booster vaccinations against the coronavirus. As of today, adults in the Baltic EU country can be protected against the virus with a so-called booster shot. The prerequisite is that the last vaccination was more than 180 days ago. According to a message from the Ministry of Health in Vilnius, only vaccines from Pfizer-BioNTech and Johnson & Johnson are used for the refreshment. Of almost three million inhabitants, 70.2 percent of the population are fully vaccinated against Covid-19 or have recovered from it.

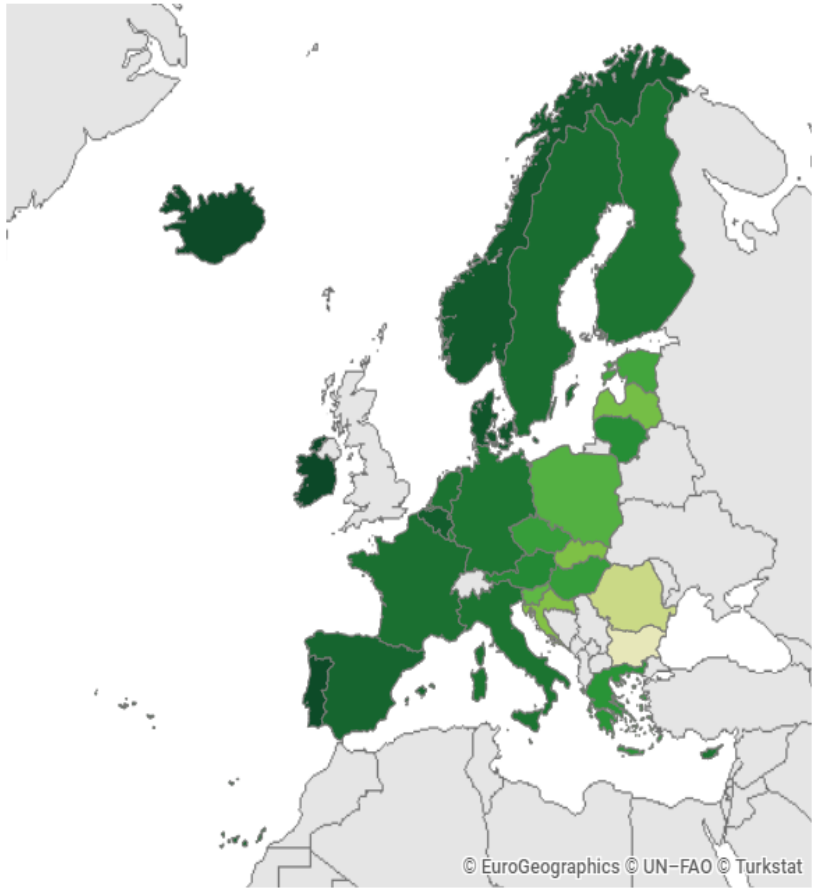
European Situation on Vaccination

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

Total doses distributed to EU/EEA countries 747,652,990 | 578,204,375

Indicator: Uptake full vaccination

Cumulative uptake (%) of full vaccination among adults (18+) in EU/EEA countries as of 2021-10-19

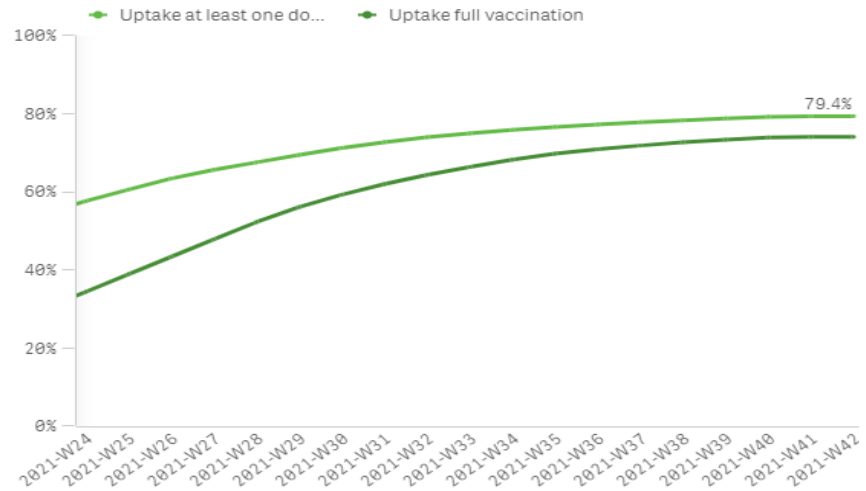


Uptake full vaccination (%)

23.9% 92.0%

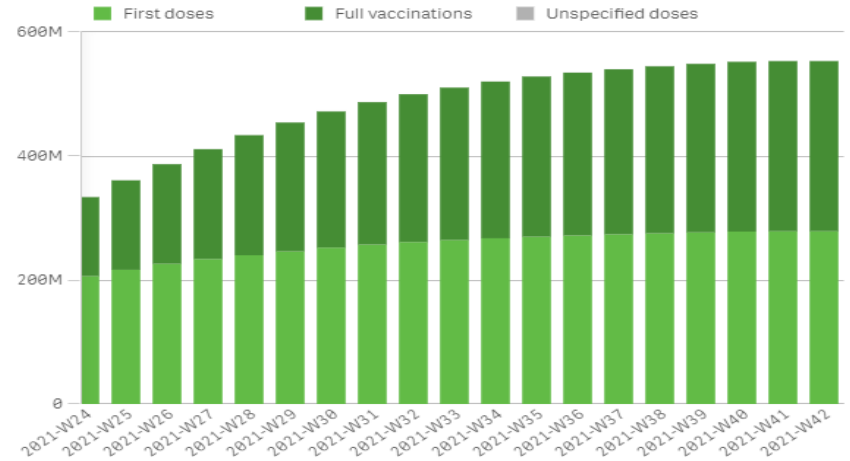
Cumulative uptake (%) of at least one vaccine dose and full vaccination among adults (18+) in EU/EEA countries as of 2021-10-19

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 2021-10-19

by reporting week (data for current week are preliminary)



Cumulative uptake (%) of at least one vaccine dose by age group in EU/EEA countries as of 2021-10-19

Country	80+ years	70-79 years	60-69 years	50-59 years	25-49 years
Austria	100.0%	84.1%	87.2%	77.6%	67.7%
Belgium	91.1%	96.3%	93.6%	90.3%	82.2%
Bulgaria	21.7%	33.7%	32.3%	28.0%	20.7%
Croatia	58.8%	76.1%	71.2%	59.4%	44.7%
Cyprus	97.5%	97.0%	90.0%	84.5%	77.7%
Czechia	84.0%	88.7%	76.5%	72.6%	57.2%
Denmark	100.0%	99.8%	96.7%	93.2%	82.0%
Estonia	67.5%	77.4%	73.2%	71.0%	62.5%
Finland	95.4%	99.9%	91.8%	88.5%	81.2%
France	86.7%	97.6%	90.3%	90.8%	85.8%
Germany	-	-	-	-	-
Greece	74.4%	82.8%	80.4%	74.5%	65.0%
Hungary	76.4%	87.1%	78.9%	72.8%	62.7%
Iceland	100.0%	100.0%	99.4%	92.5%	87.0%
Ireland	100.0%	100.0%	100.0%	98.4%	87.5%
Italy	97.9%	92.6%	91.2%	87.6%	80.1%
Latvia	45.9%	58.0%	61.0%	58.8%	57.3%
Liechtenstein	-	-	-	-	-
Lithuania	61.4%	78.2%	81.7%	75.7%	73.5%
Luxembourg	88.4%	87.8%	85.5%	83.1%	71.1%
Malta	100.0%	100.0%	95.6%	89.2%	89.0%
Netherlands	-	-	-	-	-
Norway	97.5%	100.0%	97.1%	95.4%	86.5%
Poland	73.0%	90.0%	73.6%	65.8%	54.8%
Portugal	100.0%	100.0%	100.0%	99.0%	94.4%
Romania	20.8%	38.4%	41.0%	41.0%	34.9%
Slovakia	60.1%	74.8%	64.5%	56.1%	46.4%
Slovenia	78.0%	86.5%	76.2%	68.6%	51.7%
Spain	100.0%	98.9%	98.6%	94.8%	83.7%
Sweden	95.1%	96.5%	91.9%	89.8%	79.3%

SARS-CoV-2 Variants of Interest and Variants of Concern

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

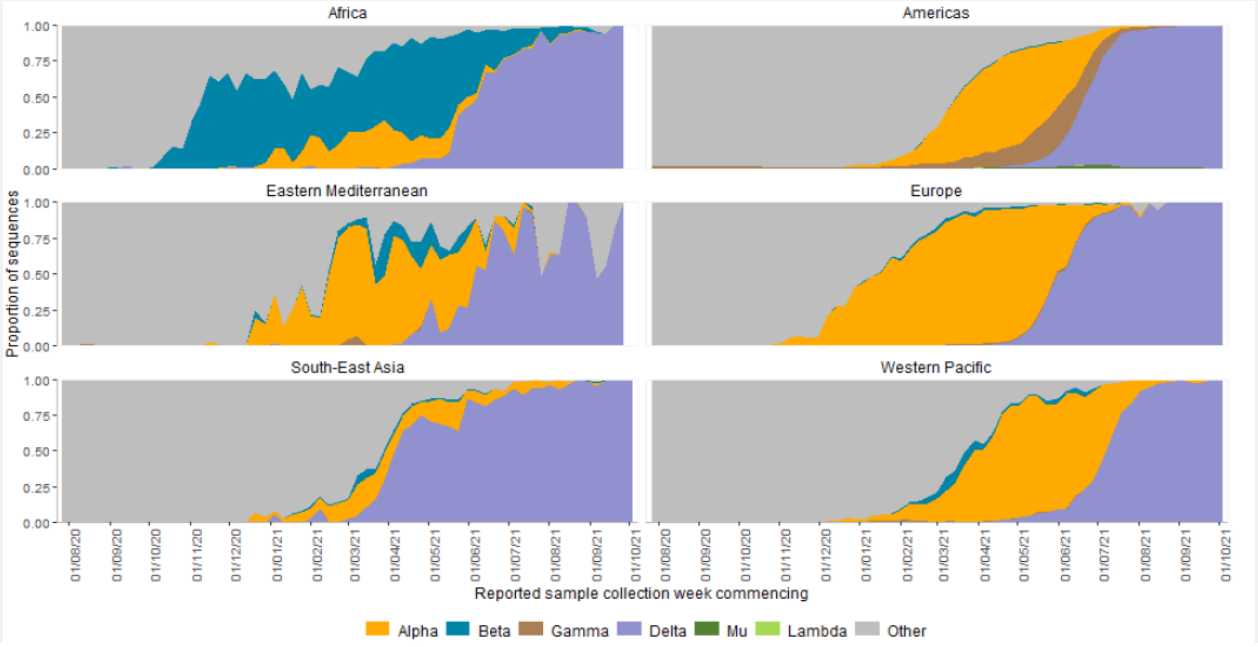
Geographic spread and prevalence of VOCs

The current global genetic epidemiology is characterized by a predominance of Delta variant, with declining prevalence of other variants among SARS-CoV-2 sequences submitted to publicly available datasets (Figure 4). Given its higher transmissibility, Delta has outcompeted other variants, including other VOCs, in many countries. Important sub-regional and country-level variation, nevertheless, continues to be observed; most notably within some South American countries, where the progression of the Delta variant has been more gradual than that observed in other regions, and other variants (e.g. Gamma, Mu) still contribute a large proportion of sequences samples.

To better reflect recent changes and the current geographic distribution of VOCs at a global level, we present here a revised set of global maps overlaying recent estimates of VOC prevalence, with data previously presented on detection of VOC reported officially or unofficially to WHO (Figure 5). Country-specific prevalence estimates were calculated as a proportion of total SARS-CoV-2 sequences uploaded to GISAID with a specimen collection date within the past 60 days, summarised into three groups to illustrate locations where the prevalence of VOCs is currently: dominant (>50% prevalence), moderate (11-50% prevalence) or low (≤10%). To ensure robustness of estimates, proportion estimates were limited to countries with 100 or more sequences uploaded during the reporting period. For countries with fewer than 100 sequences submitted, data on the detection or absence of submitted VOCs sequences, as well as previous reports of VOC detection are shown, and are detailed in Annex 2. Overall, these maps further highlight that in recent months, Delta is the most prevalent variant with widespread global circulation. Other VOCs and other variants are still circulating in some countries, however, largely at low levels.

Global VOCs distribution should be interpreted with due consideration of surveillance limitations, including differences in sequencing capacities, sampling strategies between countries and delays in reporting. Current efforts are underway to strengthen genomic surveillance for SARS-CoV-2, including variants, in several regions and countries to enhance coverage of sequencing and detection of variants globally.

Proportion of current global VOC or VOI sequences reported among total sequences submitted over time by WHO Region, 1 August 2020 – 15 October 2021



Phenotypic characteristics

A prospective study, not yet peer reviewed, assessed the illness profiles (symptom prevalence, duration and burden), hospital presentation, and presence of long (≥28 days) illness among 1400 symptomatic school-aged children in two groups (younger children aged 5–11 years and older children aged 12–17 years) who tested positive for SARS-CoV-2. The study was conducted in the United Kingdom at a time when either Alpha (28 December 2020 to 6 May 2021) or Delta (26 May to 8 July 2021) were the predominant circulating SARS-CoV-2 variant.1 Findings from the study suggested that disease in school-aged children due to Delta variant resembles illness due to the Alpha variant, with short duration and similar symptom burden. Median illness duration was short with either variant: 5 days (IQR 2–9.75) with Alpha, and 5 days (IQR 2-9) with Delta. The median symptom burden (number of symptoms) over the entire period of illness (28 days) was slightly greater among children infected with Delta compared to Alpha infection (in younger children, 3 (IQR 2–5) with Alpha, 4 (IQR 2–7) with Delta; in older children 5 (IQR 3–8) with Alpha and 6 (IQR 3–9) with Delta infection. The seven most prevalent symptoms were common to both variants and included headache, fatigue, fever, dysosmia (disordered smell perception), sneezing, rhinorrhoea, and sore throat; suggesting no meaningful clinical differences in the disease presentation with either variant. Only a small number of children infected with either variant presented to the hospital, and the presence of long (≥28 days) illness was reported to be low.

Findings in another pre-print study conducted in Indonesia2, among adults, evaluated the impact of Delta variant versus non-Delta variant infections on the outcomes of COVID-19 patients. The study included 69 cases with confirmed isolation of the Delta variant compared with 92 cases of non-Delta variant. Analysis of associated individual variables showed no significant differences in hospitalization or mortality between patients with Delta and non-Delta variant infections (p=0.80 and 0.29, respectively). Additionally, multivariate analysis suggested that age ≥65 years (OR 11.5; 95% CI 1.3-102.6; P=0.028), obesity (OR 16.6; 95% CI 2.5-107.1; p=0.003), diabetes (OR 5.5; 95% CI 1.3-23.7; p=0.021), and hypertension OR 5.8; 95% CI 1.02-32.8; p=0.047), were prognostic factors for mortality in both groups. Conversely, no prognostic factors were found to be associated with the hospitalization of COVID-19 patients.

A peer-reviewed retrospective study3 conducted in Ireland, analysed the effect of SARS-CoV-2 infection during pregnancy, and the impact of Alpha variant on neonatal clinical outcomes. The study included all liveborn neonates from mothers who tested positive for SAR-CoV-2 at any time during pregnancy and up to 24 hours post-partum. This included 133 neonates who were delivered between 1 March 2020 and 1 March 2021, of which 66 (49.6%) were born following maternal SARS-CoV-2 infection after 1 January 2021, corresponding to a time when Alpha was the dominant variant in circulation in Ireland. The findings suggested no increase in the incidence of preterm birth or neonatal intensive care unit admission when compared with 5-year, pre-pandemic hospital data. Maternal infection before and after Alpha variant circulation or maternal symptom status also did not influence neonatal outcomes. While this is a reassuring initial finding, further studies to evaluate the impact of VOC infections during pregnancy, particularly the Delta variant, are required.

WHO label	Alpha	Beta	Gamma	Delta
Transmissibility	Increased transmissibility[4]	Increased transmissibility[5,6]	Increased transmissibility[6,7]	Increased transmissibility [6,8,9]
Disease severity	Possible increased risk of hospitalization[10,11], possible increased risk of severe disease and death[12,13]	Possible increased risk of hospitalization[11], possible increased in-hospital mortality[14]	Possible increased risk of hospitalization[11], possible increased risk of severe disease[15]	Possible increased risk of hospitalization[16,17]
Risk of reinfection	Neutralizing activity retained[18], risk of reinfection remains similar[19]	Reduction in neutralizing activity reported; T cell response elicited by D614G virus remains effective[20]	Moderate reduction in neutralizing activity reported[21]	Reduction in neutralizing activity reported[22–24]
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[25]	No impact on RT-PCR or Ag RDTs observed[24]	None reported to date	No impact on RT-PCR or Ag RDTs[26] observed

Subject in Focus

COVID-19 Therapeutics

Sources: bluedot

The World Health Organization created a living document with comprehensive evidence-based guidelines for healthcare workers regarding treating patients with COVID-19. To date, the key recommendations are:

- **Systemic corticosteroids** (e.g., dexamethasone) are strongly recommended for patients with severe COVID-19, although are not recommended for individuals with mild to moderate COVID-19 severities
- **IL-6 receptor blockers** such as tocilizumab or sarilumab are recommended for patients with severe COVID-19.

These recommendations come from the critical appraisal of the developing evidence from studies to ensure that healthcare decision makers can make evidence-based decisions despite the limited resources available. There is varying uncertainty with the effectiveness of these and other potential treatments arising from the heterogeneity in the design of studies that form the current evidence. The Table (below) is a general summary of the current evidence for COVID-19 treatments that have promising or favourable data.

Conversely, current evidence has indicated that the following therapeutics are not efficacious in the treatment of COVID-19 (Note: references to studies are available upon request):

- Hydroxychloroquine
- Convalescent plasma
- Remdesivir
- Ivermectin
- Anti-coagulants

Table: Summary of therapeutics that have favourable or promising evidence for its use as a COVID-19 treatment. For the purpose of this report, this is a high-level summary of this table. Please note that a detailed, referenced version is available if required.

Drug	Strength of Evidence*	Evidence for use as a COVID-19 treatment
Dexamethasone *Systematic corticosteroid:* Suppress parts of the immune system and may prevent extensive damage to the patient's organ systems from the heightened inflammatory state during late infection	Favourable	**May reduce mortality for people with COVID-19 compared to standard care, with more evidence supporting the use in critical patients**[7]. There is limited evidence for the use in asymptomatic or non-severe cases
Tocilizumab *Monoclonal antibody:* Blocks inflammatory agent IL-6, to dampen the hyper-inflammatory state	Promising	**The overall benefit is unclear due to a range of results from several clinical studies**. Further investigation in severe hospitalized cases is warranted. Current trials are investigating COVID-19 outcomes with lower doses, differential timing of intervention and the use in pediatric populations with pediatric multisystem inflammatory syndrome.
Fluvoxamine *Selective serotonin reuptake inhibitor:* Potential anti-inflammatory effect	Promising	**Preliminary studies suggest a benefit for clinical progression in mild cases, but there are inadequate results to make recommendations.** There are limited phase III results available. Results from the ongoing clinical trials are needed for certainty of effect.
Budesonide *Inhaled corticosteroid:* Reduce inflammation in airways. Potential anti-viral properties.	Promising	**The overall benefit is unclear due to the limited clinical studies investigating the efficacy, preliminary results suggest benefits to those with high risk factors.** Additional blinded randomized control trials are needed to assess standard outcomes with certainty.
Baricitinib *Immunomodulator:* Reduces immune response by blocking key agents (Janus Kinase) within the inflammatory pathway	Promising	**May reduce mortality and time to recovery in hospitalized patients, with the largest benefit is observed in hospitalized patients requiring non-invasive oxygen support.** Additional investigation in randomized control trials with standard outcomes is needed to assess efficacy with certainty.
Casirivimab/Imdevimab *Monoclonal antibody:* Neutralized SARS-COV-2 targeting the spike protein	Promising	**May reduce mortality and risk of hospitalization with more evidence supporting the use in patients with high risk factors.** Additionally assessed as a post-exposure prophylaxis or early intervention with reduced risk in developing symptomatic infection and reduced duration of infection.

Do variants pose a problem for promising therapeutics?

- SARS-CoV-2 variants may impact the efficacy of COVID-19 treatments that have a drug mechanism targeting specific regions of the virus. For example, neutralizing monoclonal antibodies tag and block viruses to be cleared by the immune system. The efficacy of these treatments can be negatively impacted if target sites on the new variants change because of mutations. A combination approach using a cocktail of antibodies reduces the probability of the immune system failing to neutralize the virus and would be preferable to a single antibody therapy.
- As variants have mutations that can change the structure of the virus, there can be changes to regions on the virus that these drugs target. For example, a drug may have a decreased ability to bind to the virus, thus reducing the efficacy of the treatment. Other classes of treatments that rely on modulating the individual's immune system theoretically should not be impacted by mutations in the virus. However, this depends on whether the variants elicit a similar immune response as prior to the mutations. It may be of interest to monitor the effectiveness of these therapies against novel variants.

Considerations for equity

Similar to the procurement and roll-out of COVID-19 vaccinations, barriers to health equity and access can potentially become issues for COVID-19 therapeutics, such as licencing, regulatory approval, etc. Key considerations for accessible therapeutics include:

- ***Cost***: Therapeutics that come in oral tablet form (i.e., dexamethasone – approximately $1 USD per pill) will be relatively more affordable partly due to the ease of manufacturing, distribution and delivery. On the other end, drugs such as monoclonal antibodies come at a higher cost and are temperature-dependant which can be barriers to access for low/middle income countries.
- ***Ease of use***: COVID-19 therapeutics vary in methods of administration, with pills being more practical than intravenous (IV) therapies. Administering injections and IV treatments would rely heavily on resources in the healthcare system especially for therapeutics requiring multiple doses or monitoring.
- ***Timing of intervention***: Therapeutics that target early stages of COVID-19 may be of great benefit in regions with weak healthcare infrastructure and low access to vaccines to reduce morbidity and healthcare needs. However, these treatments also require the ability for robust, timely testing to identify exposed and/or infected individuals who will benefit from early treatment. Testing is an ongoing challenge in under-resourced settings.

Executive Summary

- While vaccines will continue to be the most important intervention to limit the harms of COVID-19 globally, a variety of therapeutics are in varying stages of research. It is important to ensure any new treatment undergoes thorough evaluation through rigorous clinical trials before being approved for widespread use.
- Few therapeutics have strong supportive evidence for use in the treatment of COVID-19. It is difficult to draw definitive conclusions for several potential therapies due to heterogeneity in the design of studies that form the current evidence.
- Most of the clinical trials to date have focussed on treatment of symptomatic and severe disease. Limited research has been directed at treatments for individuals exposed to SARS-CoV-2,those with mild symptoms and/or post-infection 'long-haul' symptoms. Cost-effective treatments that are provided early in the course of disease, or post-exposure, would be valuable additions to the COVID-19 treatment toolkit.
- More accessible therapeutics in under-resourced settings are needed to address limitations related to affordability, ease-of-use, and practicality.

Other Infectious Disease Outbreaks / human disasters

Waterborn illness

Syria; Damascus - According to media reports, about 1,200 people in the capital city of Damascus have become ill after drinking water from a polluted groundwater source that provides drinking water directly to residents' homes. The symptoms experienced among the affected individuals has not been reported. According to the Director of Health for Damascus governorate, most of the affected individuals have been treated at local clinics while four have been admitted to hospitals. Additionally, the Director of Health stated that the suspected water source has been closed after laboratory investigations revealed it was heavily polluted. There is limited information currently available for this event and it is unclear whether the water source was polluted by microbes or a chemical substance.

Source: https://promedmail.org/promed-post/?id=8699107

Sindbis Fever

Finland - Finland's public health agency is warning about the significantly rising trends of Pogosta disease, caused by Sindbis virus since September 2021. Pogosta disease is a mosquito-borne viral infection with influenza-like symptoms that is unique to Finland. According to official data, there has been a 200% increase in the number of cases within a month, from September to October. The highest prevalence is being reported from Eastern Finland's North Savo region followed by Central Finland, North Ostrobothnia, and the Pirkanmaa region. Pogosta disease tends to be cyclical – cases remain very low for about some years and then significant upward trends are reported, most likely related to the naive population (never exposed to disease). Historically, the highest number of infections ever recorded in Finland was in 1995, when more than 1,300 cases were diagnosed, and this year is approaching that mark.

Source: https://promedmail.org/promed-post/?id=8699089

Hantavirus

Austria, Styria - There has been a large increase in the number of hantavirus infections within Austria. According to officially available information, the total number of cases for 2021 has surpassed the number of cases for 2020. Most cases are reported in the south-eastern state of Styria, specifically in the capital city of Graz and the area south of Graz. Health authorities attribute the increase in cases to the increased population of bank voles, a rodent that transmits the virus through its saliva, urine, and feces. Another likely factor may also be the greater amount of time that individuals have been spending at home cleaning attics and garages due to COVID-19 restrictions. It is recommended that individuals protect themselves by wearing masks and gloves in areas where dust has been raised and mice may have been found.

Source: news media - https://steiermark.orf.at/stories/3125498/

Salmonellosis

Europe - Five European countries have reported salmonellosis infections linked to the consumption of sesame-based products, such as tahini and halva, imported from Syria. So far, 121 people have been affected since January 2019 in Denmark, Germany, the Netherlands, Norway, and Sweden. Several types of Salmonella are linked to the outbreak – S. Amsterdam, S. Havana, S. Kintambo, S. Mbandaka, S. Orion, and S. Senftenberg. Almost half of the cases (45%) are in children below 10 years of age, and represent the majority of hospitalised cases. The products were sealed and ready to be consumed, which suggests that contamination occurred before they reached the European market.

Control measures on the involved batches have been implemented since August 2020 but there is very limited background information on product manufacturing. The products have a long shelf life and cases have been reported as recently as September 2021.

EFSA and ECDC scientists have concluded that there is still a risk of new Salmonella infections related to these products in the EU/EEA.

Source – ECDC- https://www.ecdc.europa.eu/en/news-events/salmonellosis-outbreak-linked-imported-sesame-based-products

Oil spill

Yemen - New modelling published last week in the journal Nature predicts that an oil spill from the FSO Safer – a decaying oil tanker stranded off Yemen's Red Sea coast thanks to political bickering – would cause an environmental catastrophe that could close all port and desalination access, disrupting clean water supply for as many as 9.9 million people, and food for up to 8.4 million.

Source: https://www.nature.com/articles/

Start of seasonal influenza reporting in Europe

ECDC had sart their seasonal influenza reporting in week 41.

This is the first weekly report for the 2021-2022 influenza season. Influenza activity was **low** throughout the European Region. Influenza viruses were detected sporadically in specimens from people with respiratory illness presenting to medical care. Both influenza A and B type viruses were detected, predominantly of A(H3) subtype. There have been no reports of patients with influenza infection from hospital settings.

The recommended composition of influenza virus vaccines for the 2021 - 2022 northern hemisphere influenza season is:

- an A/Victoria/2570/2019 (H1N1)pdm09-like virus,
- an A/Cambodia/e0826360/2020 (H3N2)-like virus,
- a B/Washington/02/2019 (B/Victoria lineage)-like virus,
- and a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

It is recommended that the influenza B virus component of trivalent vaccines for the 2021 - 2022 northern hemisphere influenza season be B/Washington/02/2019 (B/Victoria lineage)-like virus.

Source: ECDC - https://www.ecdc.europa.eu/sites/default/files/documents/Communicable-disease-threats-report-16-october-2021-public.pdf

Polio virus surveillance

Wild poliovirus (WPV1):

No new cases of Acute Flaccid Paralysis (AFP) caused by WPV1 have been reported by the two endemic countries (Afghanistan and Pakistan).

Circulating vaccine-derived poliovirus (cVDPV):

- Three new cases of AFP caused by cVDPV1 have been detected in Madagascar.
- 48 new cases of AFP caused by cVDPV2 have been reported from three countries: Nigeria (46), Senegal (1) and Ukraine (1).
- No new cases of AFP caused by cVDPV3 have been reported.
- 13 cVDPV2 environmental samples have also been detected: Tajikistan (4), Pakistan (3), Senegal (3), Mauritania (2) and Guinea (1).

Other news: On 13 October 2021, following careful review of safety and genetic stability data from mass immunisation campaigns conducted with the novel oral polio vaccine type 2 (nOPV2), the Strategic Advisory Group of Experts on immunization (SAGE) of the World Health Organization (WHO) endorsed the transition to the next use phase for the vaccine.

Source: ECDC - https://www.ecdc.europa.eu/sites/default/files/documents/Communicable-disease-threats-report-16-october-2021-public.pdf

Ebola

DR Congo - The WHO has confirmed three additional cases and one additional death of Ebola virus disease in Beni. As of October 18, there has been a total of five confirmed cases and three deaths over the past 10 days, while three cases and deaths that were traced back to September remain as suspected. Among the three new cases, one is a 32-year-old woman with symptom onset on October 15, the second is a 41-year-old man who was a contact of the third confirmed case, and the third is a three-year-old girl who began to experience fever on October 12 and passed away over the weekend.

Source: news media - https://news.un.org/fr/story/2021/10/1106492

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

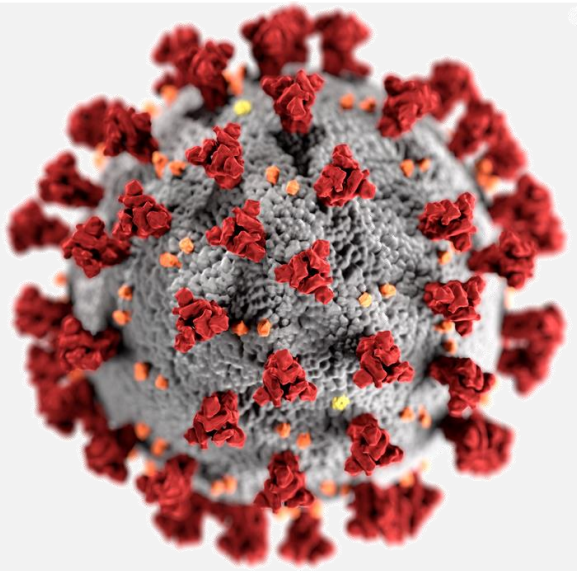
References:

- 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