Force Health Protection Branch
NATO MilMed COE
Munich

Update 91
COVID-19
Coronavirus Disease
10 November 2021

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GLOBAL
↗
251 031 050
Confirmed cases
238 900 000 recovered
5 067 055 deaths

USA
(7-days incidence 162,0)
↘
46 480 276
confirmed cases
44 510 000 recovered
753 718 deaths

India
(7-days incidence 5,9)
↘
34 388 579
confirmed cases
33 710 000 recovered
461 849 deaths

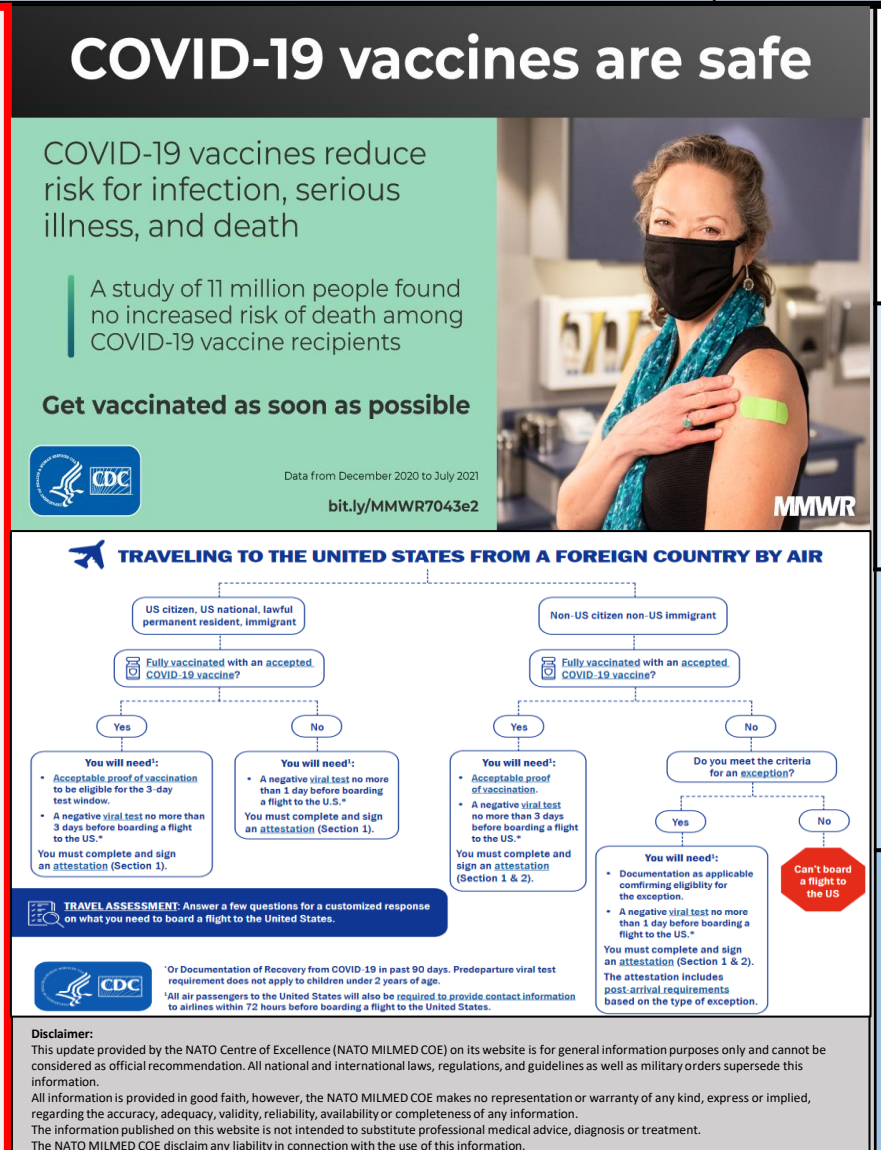
Brazil
(7-days incidence 33,8)
↘
21 897 025
confirmed cases
21 110 000 recovered
609 756 deaths

News:

- **WHO:** At the 2021 health and climate change global survey report about half of surveyed countries (52%) report the COVID-19 pandemic has had a significant impact on their work to protect health from climate change, diverting health personnel and resources and slowing the implementation of protective measures. Just one-third (33%) of country respondents have taken the opportunity to include climate change and health considerations in their plans for recovery from COVID-19.
- **WHO**: On 4 Nov two medical product alerts have been announced one for falsified COVID-19 AstraZeneca and BioNTech vaccine identified in the Islamic Republic of Iran. The falsified products were reported at the patient level outside authorized and regulated supply chains and authorized vaccination programmes.
- **CDC:** The Advisory Committee on Immunization Practices' issued an interim recommendation for the use of BioNTech COVID-19 Vaccine in Children Aged 5–11 Years in the USA.
- **WHO:** Issued emergency use listing for eighth COVID-19 vaccine. On 3 Nov COVAXIN® (developed by Bharat Biotech), was added to the growing portfolio of vaccines validated by WHO for the prevention of COVID-19 caused by SARS-CoV-2. An interim guidance for the use of the Bharat BBV152 Covaxin vaccine was also published.
- **CDC**: Has updated their requirement for the proof of negative COVID-19 test or documentation of recovery from COVID-19 for all air passengers two years of age or older boarding a flight from a foreign country to the United States, please find here
- **ECDC**: On 10 November 2021 ECDC released an updated version of its COVID- 19 Vaccine Tracker with additional information, new indicators, and improved features for visualisation.

Topics:

- Global situation
- European situation
- Vaccination news
- SARS-CoV-2 VOIs and VOCs
- Subject in Focus: Spotlight on Vaccines in Children
- Avian Influenza A(H5N6) in China
- Flu Awareness Campaign 2021
- Other Infectious Disease Outbreaks
- NATO Member State: Summary of information on the individual national Corona restrictions



EUROPE
↗
75 299 043
confirmed cases
69 760 000 recovered
1 409 908 deaths

GBR
(7-days incidence 355,0)
↘
9 366 680
confirmed cases
8 630 000 recovered
142 124 deaths

Russia
(7-days incidence 185,8)
↗
8 727 817
confirmed cases
7 881 000 recovered
244 588 deaths

Turkey
(7-days incidence 240,3)
↗
8 290 135
confirmed cases
7 784 000 recovered
72 510 deaths

Situation by WHO Region, as of 07 November

Global epidemiological situation overview; WHO as of 07 November 2021

During the week 1 to 7 November 2021, a slight upward trend (1% increase) in new weekly cases was observed, with just over 3.1 million new cases reported (Figure 1). The WHO European Region reported a 7% increase in new weekly cases as compared to the previous week, while other regions reported declines or stable trends.

Similarly, the European Region reported a 10% increase in new deaths, while other regions reported declining trends. Globally, over 48 000 new deaths were reported, a 4% decrease from the previous week.

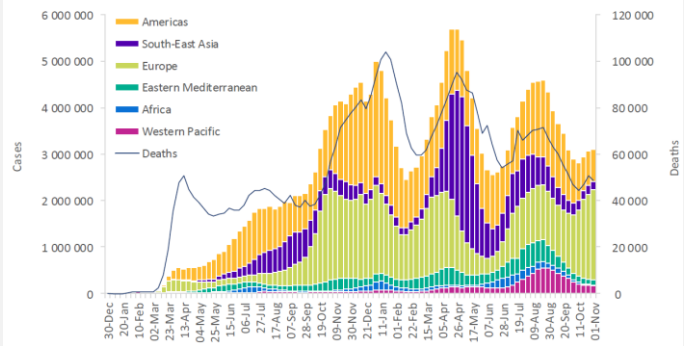
As of 7 November, over 249 million confirmed cases and over 5 million deaths have been reported.

The regions reporting the highest weekly case incidence rates per 100 000 population were the European Region (208.9 new cases per 100 000 population) and the Region of the Americas (68.6 new cases per 100 000 population); the same two regions reported the highest weekly incidence in deaths, of 2.9 and 1.3 per 100 000 population, respectively.

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

- United States of America (510 968 new cases; 3% decrease,
- Russian Federation (281 305 new cases; 3% increase),
- United Kingdom (252 104 new cases; 12% decrease),
- Turkey (197 335 new cases; 8% increase) and,
- Germany (169 483 new cases; 29% increase)

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 7 November 2021**

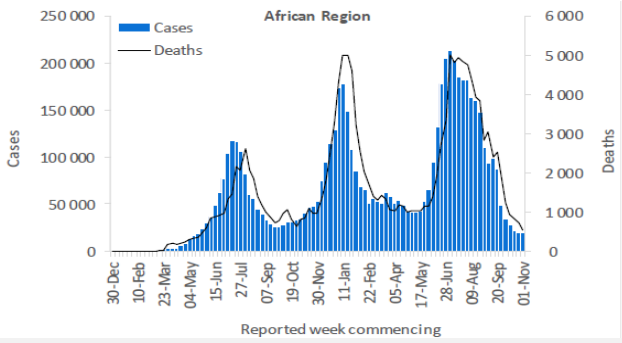


WHO regional overviews Epidemiological week 1-7 November 2021

African Region

After a decreasing trend since July 2021, case incidence rates in the African Region have begun to plateau, with over 20 000 new cases reported this week. Over 500 new deaths were reported, a 27% decrease as compared to the previous week. However, substantial increases (>15%) in new cases were reported in a third of the countries in the region (15/49; 31%). The highest numbers of new cases were reported from Botswana (6341 new cases; 269.6 new cases per 100 000 population; a 279% increase; largely due to batch reporting), Ethiopia (2102 new cases; 1.8 new cases per 100 000; a 37% decrease), and South Africa (1865 new cases; 3.1 new cases per 100 000; a 27% decrease).

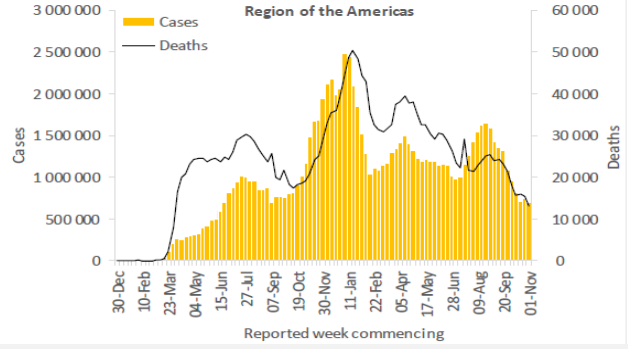
The highest numbers of new deaths were reported from South Africa (156 new deaths; <1 new death per 100 000 population; a 37% decrease), Ethiopia (80 new deaths; <1 new death per 100 000; a 32% decrease), and Cameroon (45 new deaths; <1 new death per 100 000; a 48% decrease).



Region of the Americas

The overall declining trend continued this week in the Region of the Americas, with over 701 000 new cases and over 13 000 new deaths reported, decreases of 5% and 14% respectively as compared to the previous week. Despite this, 9% (5/59) of countries reported an increase in the number of new cases in the past week. The highest numbers of new cases were reported from the United States of America (510 968 new cases; 154.4 new cases per 100 000; a 3% decrease), Brazil (69 057 new cases; 32.5 new cases per 100 000; a 15% decrease), and Mexico (19 543 new cases; 15.2 new cases per 100 000; a 4% increase).

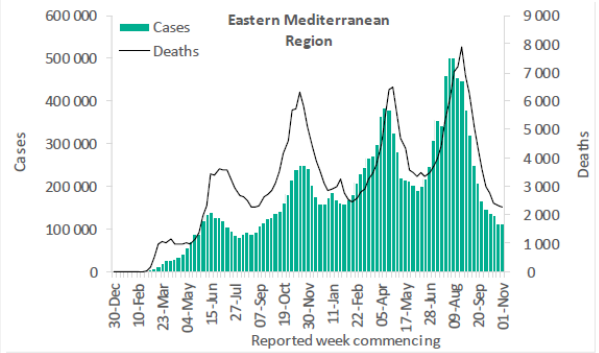
The highest numbers of new deaths were reported from the United States of America (8101 new deaths; 2.4 new deaths per 100 000; a 15% decrease), Brazil (1598 new deaths; <1 new death per 100 000; a 31% decrease), and Mexico (1463 new deaths; 1.1 new deaths per 100 000; a 5% decrease).



Eastern Mediterranean Region

After a decreasing trend since mid-August 2021, case and death incidence rates in the Eastern Mediterranean Region have begun to plateau, with over 112 000 new cases and over 2200 new deaths reported. Out of the 22 countries in the Region, four reported an increase of over 10% in new cases, in the past week. The highest numbers of new cases were reported from the Islamic Republic of Iran that contributed to half of cases in the Region (64 049 new cases; 76.3 new cases per 100 000; similar to previous week), followed by Jordan (12 889 new cases; 126.3 new cases per 100 000; a 17% increase), and Iraq (7737 new cases; 19.2 new cases per 100 000; a 16% decrease).

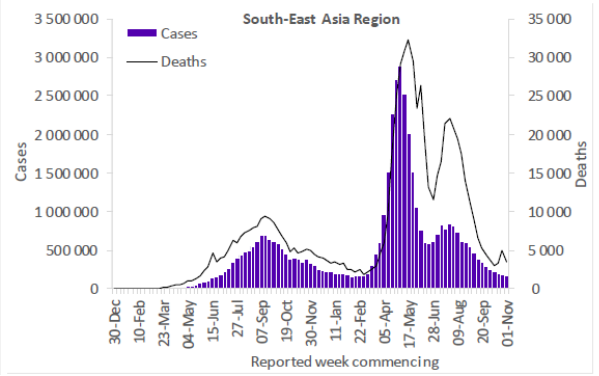
The highest numbers of new deaths were reported from the Islamic Republic of Iran (1047 new deaths; 1.2 new deaths per 100 000; similar to previous week), Egypt (419 new deaths; <1 new death per 100 000; a 20% increase), and Iraq (181 new deaths; <1 new death per 100 000; a 10% decrease).



South-East Asia Region

The South-East Asia Region reported over 157 000 new cases and over 3500 new deaths, a 13% and a 29% decrease respectively as compared to the previous week. This declining trend has been observed in the Region for over three months, notwithstanding a spike in deaths observed during the week 25-31 October which was largely due to a backlog in the reporting of deaths from an area in India. The highest numbers of new cases were reported from India (82 236 new cases; 6.0 new cases per 100 000; a 16% decrease), Thailand (55 975 new cases; 80.2 new cases per 100 000; a 9% decrease), and Myanmar (6743 new cases; 12.4 new cases per 100 000; a 16% increase).

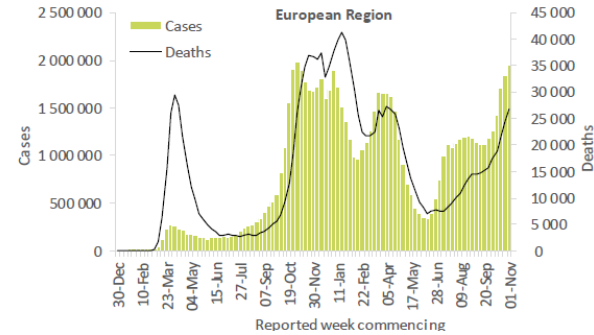
The highest numbers of new deaths were reported from India (2605 new deaths; <1 new death per 100 000; a 33% decrease), Thailand (459 new deaths; <1 new death per 100 000; a 2% increase), and Indonesia (140 new deaths; <1 new death per 100 000; a 30% decrease).



European Region

The European Region has continued to show an increasing trend in both cases and deaths, with over 1.9 million new cases and over 26 000 new deaths reported, increases of a 7% and a 10% increase respectively as compared to the previous week. Out of the 61 countries in the Region, 26 (42%) reported increases of 10% or more in cases in the past week. The highest numbers of new cases were reported from Russian Federation (281 305 new cases; 192.8 new cases per 100 000; a 3% increase), The United Kingdom (252 104 new cases; 371.4 new cases per 100 000; a 12% decrease), and Turkey (197 335 new cases; 234.0 new cases per 100 000; an 8% increase).

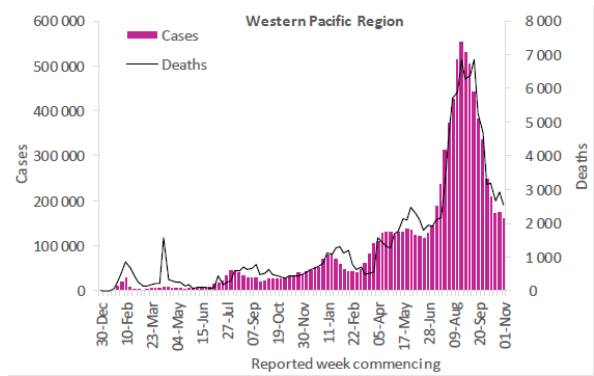
The highest numbers of new deaths were reported from the Russian Federation (8276 new deaths; 5.7 new deaths per 100 000; similar to the previous week's figures), Ukraine (4355 new deaths; 10.0 new deaths per 100 000; a 13% increase), and Romania (3158 new deaths; 16.3 new deaths per 100 000; similar to the previous week's figures).



Western Pacific Region

Decreasing trends observed in Western Pacific Region continued this week, with over 162 000 new cases and over 2500 new deaths reported, decreases of 9% and 13% respectively as compared to the previous week. However, seven countries in the Region (25%) reported an increase this week as compared with the previous week. The highest numbers of new cases were reported from Viet Nam (45 435 new cases; 46.7 new cases per 100 000; a 48% increase), Malaysia (35 303 new cases; 109.1 new cases per 100 000; a 13% decrease), and Singapore (20 569 new cases; 351.6 new cases per 100 000; a 21% decrease).

The highest numbers of new deaths were reported from the Philippines (1195 new deaths; 1.1 new deaths per 100 000; an 18% decrease), Viet Nam (440 new deaths; <1 new death per 100 000; a 7% increase), and Malaysia (380 new deaths; 1.2 new deaths per 100 000; a 27% decrease).



Source: https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---9-november-2021

Global Situation

bluedot

Notable Update: Fluvoxamine, Repurposing an Anti-depressant as Potential Treatment for COVID-19

On October 27, results from a platform trial including fluvoxamine, a known oral anti-depressant, was published in the Lancet. This trial showed **encouraging results** for COVID-19 patients with risk factors for developing severe diseases, such as cardiac disease, hypertension, and diabetes. Fluvoxamine is originally prescribed for obsessive-compulsive disorder or major depressive disorders but may have an anti-inflammatory property useful in treating COVID-19.

The fluvoxamine arm in the TOGETHER randomized clinical trial recruited 1,497 participants aged 18 years and older with confirmed COVID-19 by rapid antigen test and symptom onset within seven days from 11 sites in Brazil. Participants were assigned to either placebo (n=756) or fluvoxamine (n=741) group with 100 mg pills taken twice daily for 10 days in addition to standard care. The primary outcome was whether hospitalization (i.e., emergency setting visits with over six hours of observation or a referral for hospitalization) occurred within 28 days after randomization. **Fluvoxamine reduced the relative risk of observation or hospitalization by 32%**, with 79 participants in the treatment group (11%) and 119 from the placebo group (16%) requiring further medical attention. A larger effect was observed in patients that completed approximately 80% of the treatment regimen. There was no overall significant difference in deaths between the placebo (3%) and fluvoxamine (2%) group; however, **individuals with high adherence to the treatment observed a 91% relative reduction in mortality**. Additionally, the incidence of adverse events was comparable in the fluvoxamine and placebo groups, although adherence to treatment was marginally higher in the placebo group.

As a drug with a known safety profile and ease of use at low costs, fluvoxamine may be another promising treatment for equitable disease management in under-resourced regions. It has the potential to reduce the burden on overwhelmed health systems, especially as an early treatment targeting a stage of disease without many conclusive care protocols. However, **additional investigation is required to better understand the use of fluvoxamine** because of inconclusive and nonsignificant results for secondary outcomes involving viral clearance and disease progression indicators.

Source: https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00448-4/fulltext

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Early Trials Underway to Test Mushrooms as COVID Treatment

Early trials are under way to test medicinal mushrooms and Chinese herbs to treat COVID-19 patients with mild to moderate symptoms.

The US Food and Drug Administration (FDA) approved the MACH-19 trials (the acronym for Mushrooms and Chinese Herbs for COVID-19) after researchers applied for approval in April.

The first two phase 1 randomized, double-blind, placebo-controlled trials have begun at UCLA and the University of California San Diego to treat COVID-19 patients quarantining at home with mild to moderate symptoms. A third trial is investigating the use of medicinal mushrooms as an adjuvant to COVID-19 vaccines.

The researchers have also launched a fourth trial testing the mushrooms against placebo as an adjunct to a COVID booster shot. It looks at the effect in people who have comorbidities that would reduce their vaccine response. An article in *JAMA* last week described the trials.

The two mushroom varieties being tested — turkey tail and agarikon — are available as over-the-counter supplements, according to the report. They are a separate class from hallucinogenic or "magic" mushrooms being tested for other uses in medicine.

"They are not even as psychoactive as a cup of tea," Gordon Saxe, MD, PhD, MPH, principal investigator for the MACH-19 trials, told *Medscape Medical News*.

For each of the MACH-19 treatment trials, researchers plan to recruit 66 people who are quarantined at home with mild to moderate COVID-19 symptoms. Participants will be randomly assigned either to receive the mushroom combination, the Chinese herbs, or a placebo for 2 weeks, according to the *JAMA* paper.

D. Craig Hopp, PhD, deputy director of the Division of Extramural Research at the National Center for Complementary and Integrative Health (NCCIH), told *JAMA* in an interview that he was "mildly concerned" about using mushrooms to treat people with active SARS-CoV-2 infection. "We know that a cytokine storm poses the greatest risk of COVID mortality, not the virus itself," Hopp said. "The danger is that an immune-stimulating agent like mushrooms might supercharge an individual's immune response, leading to a cytokine storm."

Stephen Wilson, PhD, an immunologist who consulted on the trials when he was chief operating officer of the La Jolla Institute for Immunology, says in the *JAMA* article that a cytokine storm is unlikely for these patients because the mushroom components "don't mimic inflammatory cytokines." Wilson is now chief innovations officer at Statera Biopharma.

"We think the mushrooms increase the number of immunologic opportunities to better see and respond to a specific threat. In the doses used, the mushrooms perturb the immune system in a good way but fall far short of driving hyper or sustained inflammation," Wilson said.

Saxe said the FDA process was extensive and rigorous and FDA investigators also asked about potential cytokine storms before approving the trials. Cytokine storm is not an issue with a healthy response, Saxe pointed out. It's a response that's not balanced or modulated.

Editor's note: Find the latest COVID-19 news and guidance in Medscape's Coronavirus Resource Center.

DEU: The nationwide corona measures are still based on two key figures: the nationwide number of corona cases that were admitted to hospitals within seven days, as well as the occupancy of the intensive care beds by corona patients. This system is known as hospital traffic lights. The following graphic shows the current status of the key figures and the corresponding traffic light level.

BAVARIA:

For weeks, the hospital traffic light in the Free State was green, at the weekend it initially jumped to yellow, now, according to the Bavarian Ministry of Health, it shows red. Because the limit of 600 intensive care beds occupied by Covid patients has been exceeded.

If the traffic light shows green, the corona measures are at a low level. For example, there are no contact restrictions and no customer limits in shops. In many cases, access to indoor spaces is only possible for those who have been completely vaccinated, those who have recovered or who have tested negative. The traffic light shows yellow in two cases: As soon as 1,200 people or more have been admitted to hospital in Bavaria within seven days for Covid-19 OR if there are more than 450 corona patients in intensive care units nationwide. Stricter rules then apply at this level. For example, an FFP2 mask must be worn again and evidence of the test must be provided by a PCR test. The red level is reached when 600 hospital beds in intensive care units nationwide are occupied by people suffering from Covid-19. The measures will then be tightened again to prevent the health system from being overloaded. In many areas you are only allowed to enter if you have been completely vaccinated and recovered; this rule includes assemblies, meetings, and congresses.

BGR: Bulgaria records a new high amid the fourth corona wave with 334 virus-related deaths. In addition, the authorities in the EU country with the lowest vaccination rate reported 5286 new infections within 24 hours. 8,500 Covid-19 patients are treated in hospitals in Bulgaria, 734 of them in intensive care units. In the Balkan country, only 30 percent of adults are fully vaccinated.

DKN: For almost two months, the Danes were not subject to any conditions - the country is now reintroducing corona restrictions. In addition, the government wants to propose that Covid-19 be categorized again as a society-threatening disease.

RUS: After nine days, the forced break imposed due to the high number of infections ends in Russia. Working people were able to return to their jobs today. The Kremlin still leaves open whether the lockdown, which lasted just under a week and a half, had the desired effect.

SVK: Slovakia has expanded restrictions on the pandemic in the face of a record increase in new corona infections. Hotels, bars and restaurants have closed in about half of the country. The new measures affect 36 of the 79 counties in Slovakia. The government was expected to advise on additional measures to contain the pandemic. Health Minister Vladimir Lengvarsky joined calls for vaccinations from medical staff treating corona patients.

AUT: Before the 2G rule (only vaccinated and recovered) came into force in Austria, many vaccination stations were very popular at the weekend. From Monday, most unvaccinated people are no longer allowed to visit bars, hotels, events and hairdressers. Because of the exponential increase in corona infections, the government has decided to restrict access to those who have been vaccinated and those who have recovered. The regulation will probably remain in force at least until Christmas

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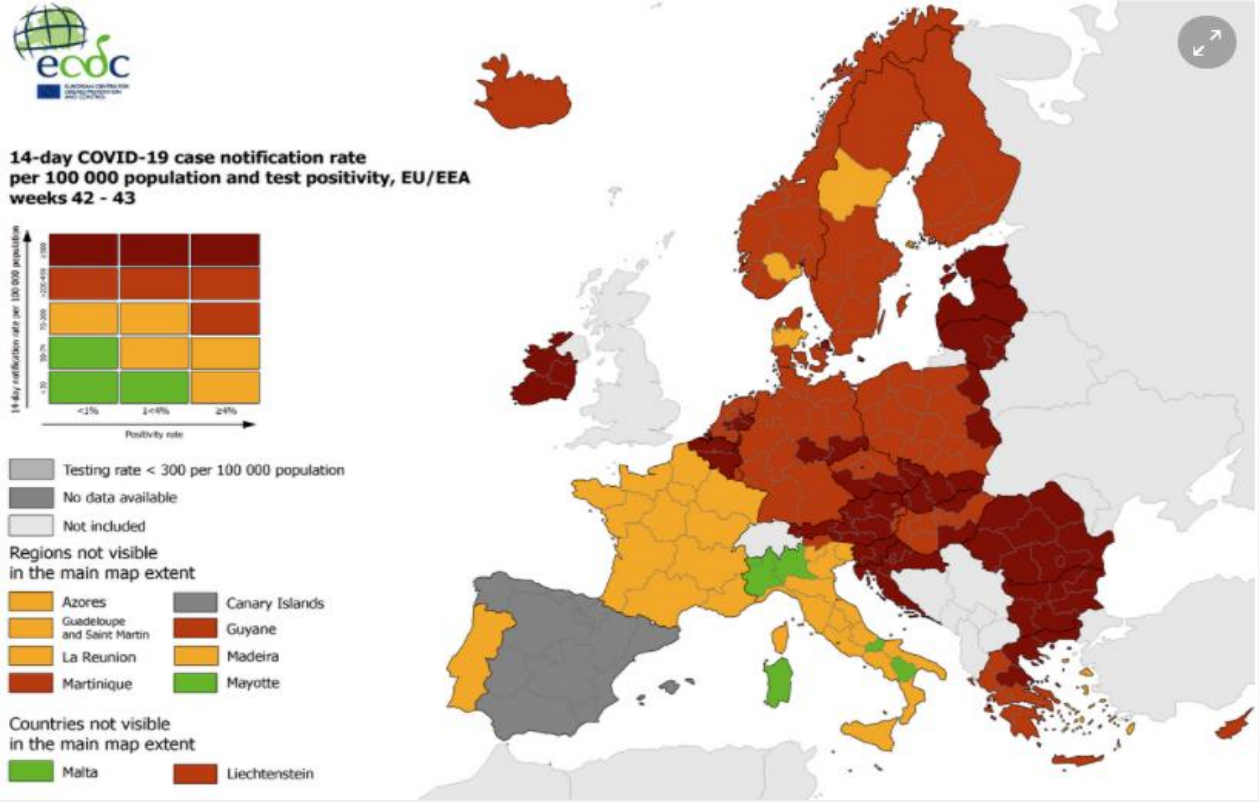
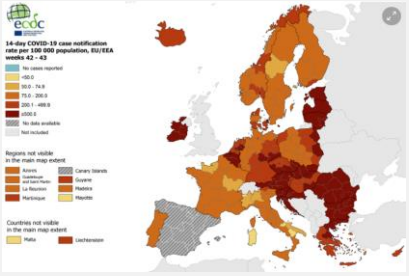
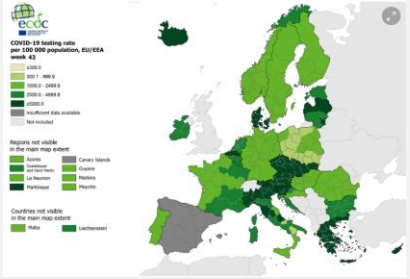
Source: https://www.tagesschau.de/thema/liveblog/

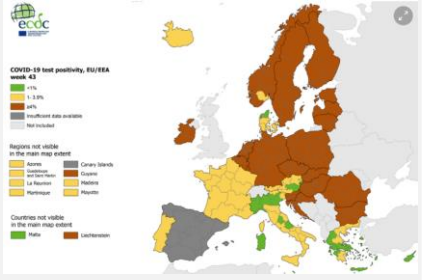
European Situation

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 04 November 2021









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

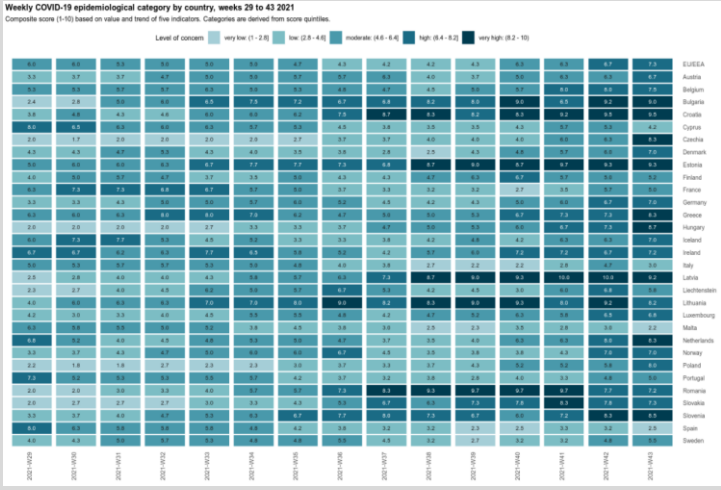
ECDC COVID-19 surveillance report Week 43, as of 04 November 2021

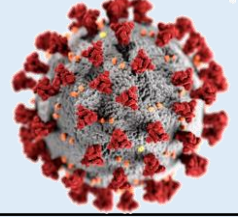
At the end of week 43 (week ending Sunday 31 October 2021), the overall epidemiological situation in the EU/EEA was characterised by a high and increasing overall case notification rate and a low stable death rate. Case notification rates, death rates, hospital and ICU admissions are all forecast to increase over the next two weeks. Case notification rates are currently highest among age groups under 50 years old, but notification rates among older age groups are increasing. The picture varies considerably between countries. Increasing case notification rates and an overall epidemiological situation of high or very high concern are now observed in countries all over the EU/EEA. Those countries with lower vaccination uptake continue to be severely affected.

The overall COVID-19 case notification rate for the EU/EEA was 306.2 per 100 000 population (243.5 the previous week). This rate has been increasing for four weeks. The 14-day COVID-19 death rate (27.2 deaths per million population, compared with 25.9 deaths the previous week) has been stable for two weeks. Of 29 countries with data on hospital or ICU admissions or occupancy up to week 43, 20 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 43, nine countries (Bulgaria, Croatia, Czechia, Estonia, Greece, Hungary, Latvia, the Netherlands and Slovenia) were categorised as of very high concern, 12 countries (Austria, Belgium, Denmark, Germany, Iceland, Ireland, Lithuania, Luxembourg, Norway, Poland, Romania and Slovakia) as of high concern, five countries (Finland, France, Liechtenstein, Portugal and Sweden) as of moderate concern, two countries (Cyprus and Italy) as of low concern and two countries (Malta and Spain) as of very low concern. Compared with the previous week, eight countries (Austria, Czechia, Denmark, Greece, Hungary, Iceland, the Netherlands and Poland) moved to a higher category, six countries (Cyprus, Italy, Liechtenstein, Lithuania, Malta and Spain) moved to a lower category and 16 countries stayed in the same category.

Forecasts of cases and deaths from the European COVID-19 Forecast Hub and of hospital and ICU admissions produced by ECDC provide predictions for weeks 44 and 45. 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 45. By the end of week 43, the cumulative uptake of at least one vaccine dose in the EU/EEA was 80.7% (range: 28.3–98.7%; pooled data from 30 countries) among adults aged 18 years and older and 69.1% (range: 23.7–87.7%; pooled data from 30 countries) in the total population. Cumulative uptake of full vaccination was 75.6% (country range: 26.1–92.3%) among adults aged 18 years and older and 64.4% (country range: 21.8–81.0%) in the total population. The estimated distribution (median and range of values from 18 countries for weeks 41 to 42, 11 October to 24 October 2021) of variants of concern (VOC) was 99.4% (95.8–100.0%) for B.1.617.2 (Delta), 0.0% (0.0–4.0%) for B.1.617 and 0.0% (0.0–0.1%) for B.1.351 (Beta). The distribution was 0.0% (0.0–0.2%) for B.1.1.7 (Alpha), which was downgraded from the list of VOCs on 3 September 2021.





Vaccination News

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According to data collected by Our World in Data, more than 7.06 billion COVID-19 vaccine doses have been administered in 184 countries. As of November 2, the WHO's COVAX program has shipped 435 million doses to 144 eligible countries.
A total of 10 countries accounted for 68.1% of all vaccinations administered globally as of November 4. The top five countries/territories with the highest number of cumulative people vaccinated with at least one dose per 100,000 population are Gibraltar (120,460), Palau (100,600), United Arab Emirates (97,110), Portugal (88,780), and Cuba (88,040). Conversely, the top five countries with the lowest number of cumulative people vaccinated with at least one dose per 100,000 population are the Burundi (10), Congo (120), South Sudan (750), Haiti (760), and Chad (980).

Spotlight on Vaccines in Children

- The Pfizer/BioNTech vaccine was found to be 90.7% effective in preventing symptomatic COVID -19 in children aged 5 through 11. The vaccine was administered in two doses at least three weeks apart at the dosage level of
- 10 micrograms (which is one-third of the adolescent and adult dose).
- Moderna's two-dose vaccine generated antibodies in children 6 to 11 comparable to what was previously seen in clinical trials of adolescents and adults.
- On October 29, the U.S. Food and Drug Administration authorized the emergency use of the Pfizer/BioNTech COVID-19 vaccine for the prevention of COVID-19 to include children 5 through 11 years of age. The Advisory Committee on Immunization Practices (ACIP) and Centers for Disease Control unequivocally recommended the vaccine for use in this age cohort in the U.S. and the roll-out of pediatric vaccinations has begun.

What does recent research suggest about vaccination during pregnancy?
A recent case-control study13 conducted in Norway on first-trimester pregnancies sought to find any association between the COVID-19 vaccine and early miscarriage (in the first trimester). The large study included 13,956 women with ongoing pregnancies (controls) and 4,521 women who had miscarriages before 14 weeks of gestation (cases) that were registered between February 15 and August 15, 2021. The study found that the odds of having received a COVID-19 vaccine among women who experienced a miscarriage was **less than 1** (adjusted Odds Ratio: 0.81, 95% CI: 0.69 – 0.95).
This indicates that the risk for miscarriage in the first trimester after receiving a COVID-19 vaccination was **not higher than not receiving a COVID-19 vaccination**, hence, further supporting the safety of COVID-19 vaccines for pregnant people. This result held even after adjusting for the confounders that were available in the data (e.g., age, country of birth, marital status, educational level, household income, number of children, employment in a health care profession, and underlying risk conditions for COVID-19). A limitation of this study was that cases and controls were not matched for gestational age, and data from the registry does not include information and lifestyle and other factors that could confound the results.
Source: https://www.nejm.org/doi/full/10.1056/NEJMc2114466

Moderna: The US manufacturer Moderna has applied to the EU to approve its vaccine for use in children between six and eleven years of age. No corona vaccine has yet been approved in the EU for this age group. BioNTech and Pfizer had already applied for approval of their active ingredient for children between the ages of five and eleven in mid-October.

GBR: In the UK, ten million people have now had their booster corona vaccination. A third dose of vaccine is currently being given to people over 50 and risk groups.
Employees of the British NHS health service who come into contact with patients must be vaccinated against Covid-19. The British Health Minister Sajid Javid announced. As of April, proof of complete vaccination protection must be provided.

RUS: After the end of a partial lockdown, Russia started the new week with a glitch with the QR codes of the corona vaccination certificates. Many citizens complained on Monday that their codes, which were originally valid for one year after being vaccinated, suddenly only ran for six months. Many certificates could no longer be used because they had already expired. The Kremlin spoke of a "technical glitch" with the online service portal Gosuslugi.ru. The ministry responsible for digitization announced that the error had already been fixed. As proof of vaccination or recovery, the QR codes are partly a prerequisite for participation in public life.

FRA: France's highest health authority has advised people under the age of 30 against the corona vaccine from the manufacturer Moderna. There is a low, but slightly higher risk of heart muscle inflammation with this vaccine in the age group than with the vaccine from BioNTech / Pfizer, according to a recommendation from the agency. As far as possible, people between 12 and 29 years of age should therefore not be vaccinated against the coronavirus with Moderna. The corona vaccines from the manufacturers AstraZeneca and Johnson & Johnson are not recommended in France for people under 30 years of age anyway. In France, almost 75 percent of the population is fully vaccinated against the coronavirus.

From December third vaccination from 50 years of age France's President Emmanuel Macron announced in a televised address that the third vaccination should be extended to the age group from 50 years from the beginning of December. In France, people aged 65 and over and at risk groups are currently given the third dose of the vaccine.

DEU: With the sharp increase in the corona numbers, the demand for vaccinations is also growing again. In the federal state of Saxony, the 30 mobile vaccination teams are at the limit. Instead of the planned 3,000 vaccinations, 4,500 were given on Saturday. In Baden-Württemberg, the Association of Statutory Health Insurance Physicians also reported new interest in corona vaccinations. Their number has risen continuously over the past four weeks. According to the information, it was 85,000 doses in a week at the beginning of October, but it rose to 107,000 at the end of the day. Of these, around 65,000 first and second vaccinations and 42,000 booster vaccinations were in the past week. According to the Robert Koch Institute, 58 million people have been vaccinated against the corona virus at least once across Germany. This corresponds to a rate of 69.7 percent of the population for first-time vaccinations. According to this, 55.8 million people, or 67.1 percent of the population, have complete vaccination protection.

WHO: In view of the billions of corona vaccinations worldwide, there is a risk of a shortage of injection syringes, according to the World Health Organization (WHO). In the coming year, one to two billion syringes could be missing, said WHO specialist Lisa Hedman in Geneva. This would primarily affect poorer and smaller countries that only place small orders and therefore have no priority with the manufacturers. The WHO therefore calls on member countries to plan and order long-term so that manufacturers can increase their capacity accordingly. That takes six months in advance. Hedman said that when rich countries sell corona vaccines to poorer countries, it makes sense to include the syringes with them. Syringes for vaccinations are different from those for other purposes. The demand in the next year could be four to seven times the annual demand from before the corona pandemic. If there are not enough syringes available, routine vaccinations such as those for Mars, mumps and rubella may have to be avoided, Hedman said. That would have devastating effects on the children.

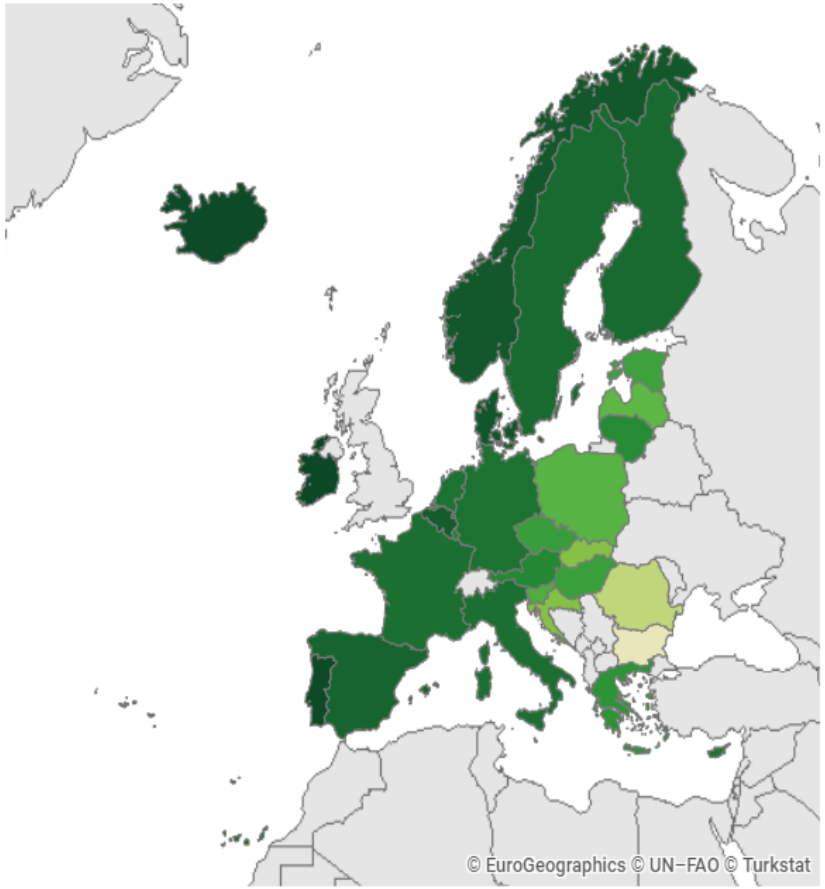
European Situation on Vaccination

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

Total doses distributed to EU/EEA countries **775,756,030** | **589,374,291** Total doses administered in EU/EEA countries

Indicator: Uptake full vaccination

Cumulative uptake (%) of full vaccination among adults (18+) in EU/EEA countries as of 2021-11-08

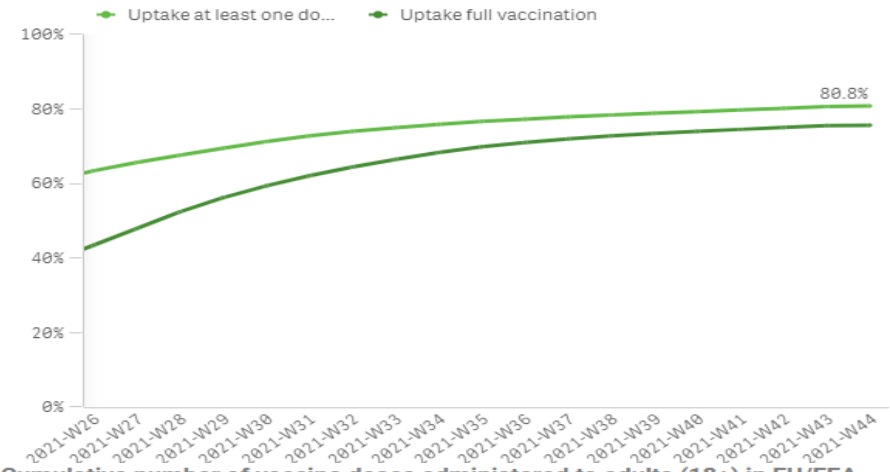


Uptake full vaccination (%)

26.9% 92.3%

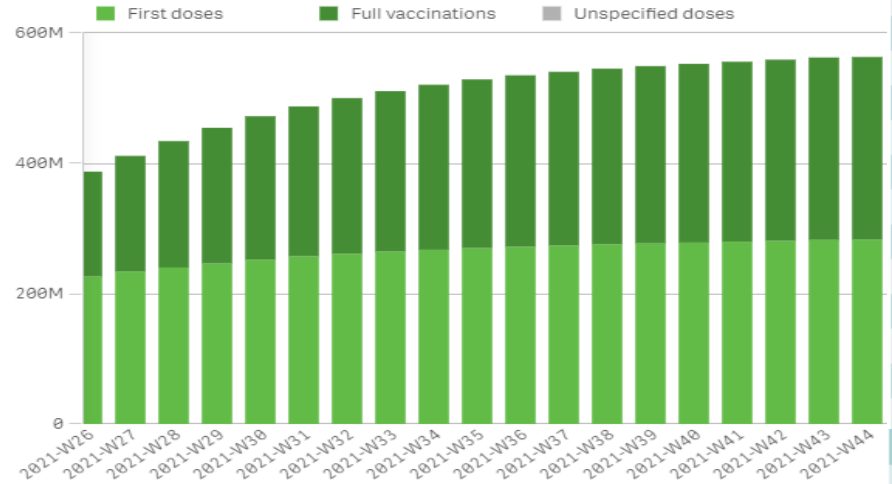
Cumulative uptake (%) of at least one vaccine dose and full vaccination among adults (18+) in EU/EEA countries as of 2021-11-08

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 2021-11-08

by reporting week (data for current week are preliminary)



Cumulative uptake (%) of full vaccination by age group in EU/EEA countries as of 2021-11-08

Country	80+ years	70-79 years	60-69 years	50-59 years	25-49 years
Austria	99.3%	82.3%	85.2%	75.2%	65.4%
Belgium	89.8%	95.8%	93.4%	90.0%	81.6%
Bulgaria	21.4%	33.4%	32.5%	29.3%	22.4%
Croatia	57.5%	74.7%	69.7%	57.7%	43.2%
Cyprus	95.2%	95.5%	88.9%	83.3%	76.2%
Czechia	83.5%	87.8%	76.3%	72.8%	57.4%
Denmark	100.0%	99.7%	96.5%	92.8%	80.6%
Estonia	66.9%	76.3%	71.5%	69.5%	61.4%
Finland	92.5%	97.6%	89.0%	84.9%	75.4%
France	81.2%	91.4%	81.3%	79.3%	74.9%
Germany	-	-	-	-	-
Greece	73.6%	82.0%	79.4%	73.9%	63.8%
Hungary	75.0%	85.9%	77.4%	71.3%	60.5%
Iceland	100.0%	100.0%	98.9%	92.0%	86.0%
Ireland	100.0%	100.0%	99.7%	97.9%	86.6%
Italy	93.9%	88.7%	86.6%	81.8%	73.8%
Latvia	48.1%	59.4%	63.7%	62.2%	60.3%
Liechtenstein	-	-	-	-	-
Lithuania	60.1%	76.5%	79.4%	73.1%	71.5%
Luxembourg	88.9%	86.0%	85.1%	82.7%	70.0%
Malta	100.0%	100.0%	93.1%	87.8%	90.3%
Netherlands	-	-	-	-	-
Norway	96.1%	100.0%	95.6%	92.4%	81.0%
Poland	64.2%	84.4%	72.4%	64.4%	54.4%
Portugal	99.1%	100.0%	97.2%	93.1%	86.1%
Romania	21.2%	39.8%	43.3%	45.2%	39.0%
Slovakia	59.6%	74.6%	64.0%	55.7%	45.9%
Slovenia	81.3%	86.0%	73.9%	65.4%	51.6%
Spain	100.0%	98.4%	94.2%	88.3%	75.4%
Sweden	93.1%	95.1%	90.5%	88.1%	75.8%

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

On 9 November 2021, a list of formerly monitored variants was included on the WHO Tracking SARS-CoV-2 variants website. This comprises former VOCs/VOIs/VUMs, including their lineages, that have been found to no longer be circulating at levels of global public health significance; had been circulating for a long time without major impacts on the overall epidemiological situation; or, scientific evidence demonstrated that the variant is not associated with concerning properties. In addition to three previously reclassified variants, 10 VUMs were recently reclassified to this category based on diminishing numbers of detections and epidemiological risks. These variant classifications will be revisited if new evidence of epidemiological or phenotypic impacts becomes available.

Geographic spread and prevalence of VOCs

The current global genetic epidemiology of SARS-CoV-2 is characterized by a predominance of the Delta variant, with declining prevalence of other variants among sequences submitted to publicly available datasets or detections reported to WHO (Figure 4, Annex 1). Delta has outcompeted other variants, including other VOCs, in most countries. Of 814 165 sequences uploaded to GISAID with specimens collected in the last 60 days1, 810 946 (99.6%) were Delta, 1163 (0.1%) Gamma, 400 (<0.1%) Alpha, 23 (<0.1%) Beta, and 0.2% comprised other circulating variants (including VOIs Mu and Lambda). Sub-regional and country-level variation continues to be observed; most notably within some

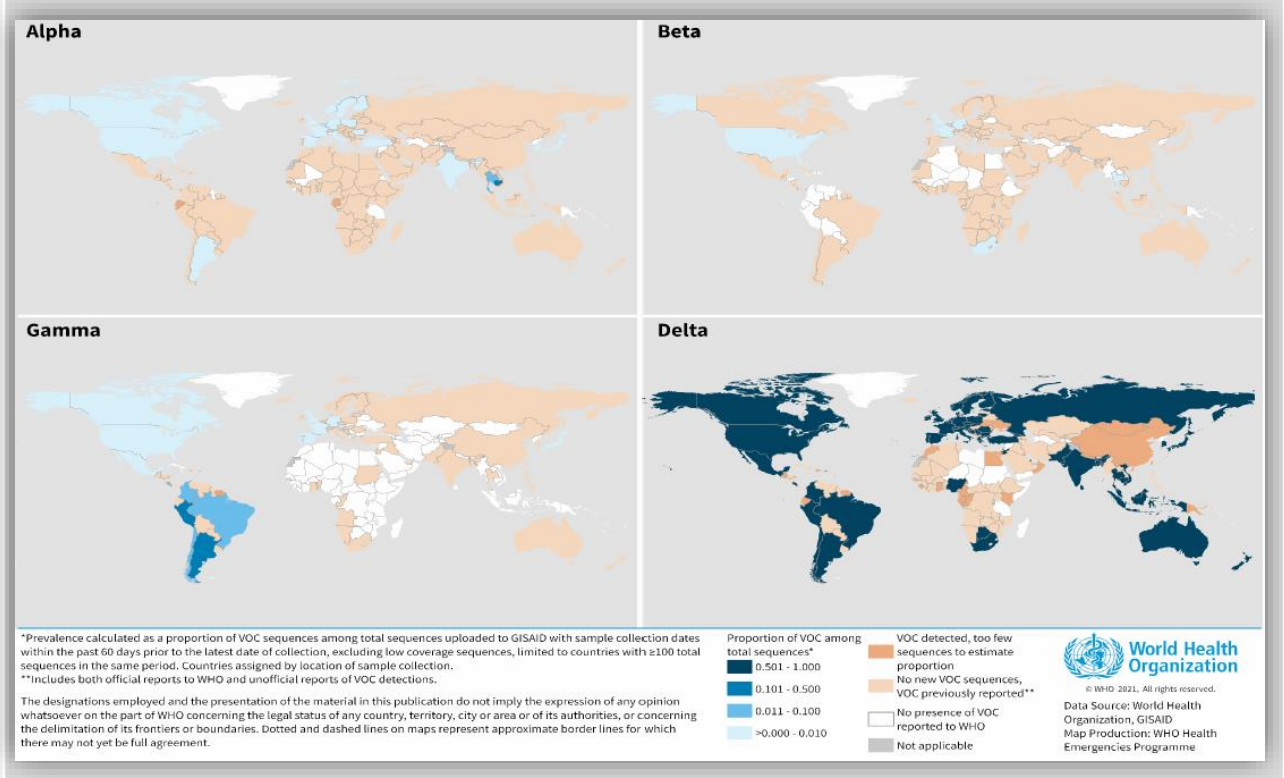
South American countries, where the progression of the Delta variant has been more gradual, and other variants (e.g., Gamma, Lambda, Mu) still contribute a large proportion of reported sequences. Moreover, global VOCs distribution should be interpreted with due consideration of surveillance limitations, including differences in sequencing capacities and sampling strategies between countries, as well as delays in reporting.

Currently designated Variants of Concern:

WHO label	Pango lineage*	GISAID clade	Nextstrain clade	Additional amino acid changes monitored°	Earliest documented samples	Date of designation
Alpha	B.1.1.7 #	GRY	20I (V1)	+S:484K +S:452R	United Kingdom, Sep-2020	18-Dec-2020
Beta	B.1.351	GH/501Y.V2	20H (V2)	+S:L18F	South Africa, May-2020	18-Dec-2020
Gamma	P.1	GR/501Y.V3	20J (V3)	+S:681H	Brazil, Nov-2020	11-Jan-2021
Delta	B.1.617.2§	G/478K.V1	21A, 21I, 21J	+S:417N	India, Oct-2020	VOI: 4-Apr-2021 VOC: 11-May-2021

Currently designated Variants of Interest:

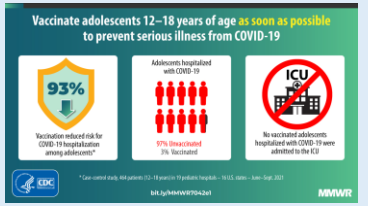
WHO label§	Pango lineage*	GISAID clade	Nextstrain clade	Earliest documented samples	Date of designation
Lambda	C.37	GR/452Q.V1	21G	Peru, Dec-2020	14-Jun-2021
Mu	B.1.621	GH	21H	Colombia, Jan-2021	30-Aug-2021



Source: https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---9-november-2021

Subject in Focus

Spotlight on Vaccines in Children



How can we interpret current study results of the Pfizer and Moderna vaccines in children?

- **Pfizer (Comirnaty)** - On October 29, the U.S. Food and Drug Administration (FDA) authorized the emergency use of the Pfizer/BioNTech COVID-19 vaccine for the prevention of COVID-19 to include children 5 through 11 years of age. Based on study results among 3,100 children aged 5 through 11, antibodies generated in children 5 to 11 years of age were comparable to those of individuals 16 to 25 years of age one month after receiving the second dose. With two doses administered at least 3 weeks apart at the dosage level of 10 micrograms (which is one-third of the adolescent and adult dose), **the vaccine was found to be 90.7% (95% confidence interval: 67.7 - 98.3) effective in preventing symptomatic COVID-19 in children 5 through 11**. The vaccine was effective in neutralizing both the original wildtype SARS-CoV-2 and the Delta variant with a comparable antibody level. Among all study participants who received the vaccine, no concerns over adverse events were noted in the experimental arm (i.e., children that received the vaccine) compared to the placebo arm (i.e., children that did not receive the vaccine) and no serious side effects have been detected in the ongoing study. In FDA's benefit-risk assessment, the benefits of the vaccine would outweigh its risks in children 5 through 11 years of age. Subsequently, the Advisory Committee on Immunization Practices (ACIP) and Centers for Disease Control unequivocally recommended the vaccine for use in this age cohort in the U.S. and the roll-out of pediatric vaccinations has begun.
- **Moderna (Spikevax)** - Moderna also reported that its vaccine generated a strong immune response in children aged 6 to 11 years and that it plans to submit the data to regulatory agencies soon. Based on interim study results that have yet to be peer reviewed, **Moderna's two-dose vaccine generated antibodies in children 6 to 11 comparable to what was previously seen in clinical trials of adolescents and adults**. Among a total of 4,753 participants aged between 6 to 11, no concerns over adverse events were noted in the experimental arm compared to the placebo arm. The Moderna vaccine's regimen for children aged between 6 to 11 is two doses of 50 micrograms each given 28 days apart (half the dose used in the primary vaccine series for adults and the same as the booster dose authorized for adults). In the U.S., the Moderna COVID-19 vaccine is authorized for adults over the age of 18 years and is waiting for a response to its June application for children aged 12 through 17. For comparison, the Pfizer/BioNTech vaccine has been authorized for ages 12 and up since May 2021 in the U.S.

Why is it important to vaccinate children?

Compared to adults, COVID-19 symptoms are generally reported to be less severe in most children. Therefore, a subset of parents may be wondering if their children actually need the vaccine. Below, we outline why vaccination against COVID-19 is recommended for children aged between 5 to 11:

- **Protect children from serious illness and long-term effects of COVID-19**: Since the start of the pandemic, about 1.9 million children aged 5 to 11 years have been identified as infected in the U.S., which corresponds to approximately 9% of all U.S. cases. As of October 17, among the 1.9 million cases in the 5 to 11 years age group, more than 8,300 (0.4%) have been hospitalized and 146 have died, making COVID-19 one of the top 10 causes of death for this age group. It remains difficult to compare the risk of death among children from COVID-19 compared to other respiratory illnesses such as influenza as data on influenza and its associated deaths in prior years occurred without the context of COVID-19 restrictions (e.g, masking, school closures, etc.). However, mortality from COVID-19 in children was much higher than from influenza during the pandemic (i.e., one influenza death during the 2020-2021 season and 349 COVID-19 deaths in the last 18 months in the U.S.). Furthermore, a study7 from the UK indicated that 14% children and teenagers aged below 18 previously infected with SARS-CoV-2 have symptoms linked to the virus at least 15 weeks later. A clinical phenomenon called multisystem inflammatory syndrome in children (MIS-C), commonly presented with gastrointestinal symptoms and cardiovascular dysfunction, has also been noted among children/adolescents with past SARS-CoV-2 infection.8 Together, these studies highlight how long-lasting effects of COVID-19 can seriously impact children and teenagers.
- **Benefits outweigh risks:** The clinical trials from Pfizer/BioNTech showed the vaccine produced robust antibodies in children. In the trials, no serious side effects have been detected in the ongoing study. Myocarditis and pericarditis have been identified at a rate of 3 to 8 per million doses after vaccination among the population aged 12 and above and most cases of myocarditis were mild or moderate in severity.9, 10 The risk of myocarditis after COVID-19 infection is estimated to be 6 times higher than after vaccination in young males, the highest risk group identified.
- **Community protection**: Due to the high transmissibility of the Delta variant, high vaccination coverage among the population will be necessary to relax most restrictions without risk of potential resurgence. In the U.S., many areas with surges of COVID-19 cases among children are areas where vaccination coverage in adult is low, causing disruption to learning for children and further burden on families. It is important to note that an infected but asymptomatic individual can still transmit the virus to others, particularly vulnerable individuals. This will perpetuate spread of infections that could lead further illness in the population. Increased transmission of the virus in communities also raises the risk of mutations leading to the emergence of a more dangerous variant.

Which countries have already been rolling out COVID-19 vaccines in children under 12?

Several countries in Asia and South America have approved the administration of certain COVID-19 vaccines to children under the age of 12:

- **China**: China became one of the first countries in the world to start administering the COVID -19 vaccine in children under 12 when it approved the emergency use of the CoronaVac (Sinovac) and Sino pharm vaccines to some children between the ages of three and 17 in June. A double-blind, randomized, controlled phase 1/2 clinical trial of CoronaVac in children and adolescents aged 3 – 17 was conducted between October and December of 202011. The study enrolled 72 participants for the phase 1 trial and 480 participants for the phase 2 trial. The results found that two doses of the vaccine were safe and well tolerated among the study participants. The side effects reported were mild to moderate in severity with injection site pain being the most frequently report adverse effect.
- **United Arab Emirates (UAE):** In August, the UAE Ministry of Health and Prevention approved the Sinopharm vaccine for children between the ages of three and 17 after carrying out cli nical trials of the vaccine on 900 children and adolescents under the age of 17 in June.12
- **Bahrain**: In October, Bahrain approved the Sinopharm vaccine for use in children between the ages of three and 11 starting October 27.
- **Chile**: In early September, Chile approved the use of CoronaVac in children above the age of six, becoming the first country in Latin America to start vaccinating children under 12. The Catholic University of Chile is reportedly conducting a study with 4,000 children between the ages of three and 17 to study the effects and safety of the CoronaVac vaccine in this age group.
- **Cuba**: In September, Cuba approved the use of its own vaccines (Soberana 2 and Soberana Plus) and began a mass vaccination campaign among children.
- **India**: As of early October, Bharat Biotech conducted phase 2 and 3 clinical trial for the use of Covaxin vaccine among children and adolescents aged 2 to 18. The vaccine was approved for use by the Subject Expert Committee and is currently awaiting approval from the Drugs Controller General of India.

Sources: https://www.fda.gov/media/153513/download
https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html
https://investors.modernatx.com/news-releases/news-release-details/moderna-announces-positive-top-line-data-phase-23-study-covid-19
https://www.cdc.gov/mmwr/volumes/70/wr/mm7042e1.htm?s_cid=mm7042e1_w
https://jamanetwork.com/journals/jamapediatrics/fullarticle/2768952
https://www.thelancet.com/article/S2213-2600(20)30527-0/fulltext
https://www.msn.com/en-us/health/medical/verify-covid-19-has-caused-more-pediatric-deaths-than-the-flu-in-the-last-18-months/ar-AANmi6V
https://www.ucl.ac.uk/news/2021/sep/first-findings-worlds-largest-study-long-covid-children
https://www.sciencedirect.com/science/article/pii/S1526054220301172
https://www.nejm.org/doi/full/10.1056/NEJMoa2110737
https://www.tctmd.com/news/studies-highlight-rarity-myocarditis-mrna-covid-19-vaccines
https://www.sciencedirect.com/science/article/pii/S1473309921003194?casa_token=SgnOizzIn1UAAAAA:_FMHI7GvvPBVtEjMMWyu2V0JqKEImqol0T7VQsMnvgh8cysOeKHABvRHQQzrbscjTZM86QagM2g
https://www.al-monitor.com/originals/2021/08/uae-approves-chinas-sinopharm-vaccine-children-3-17

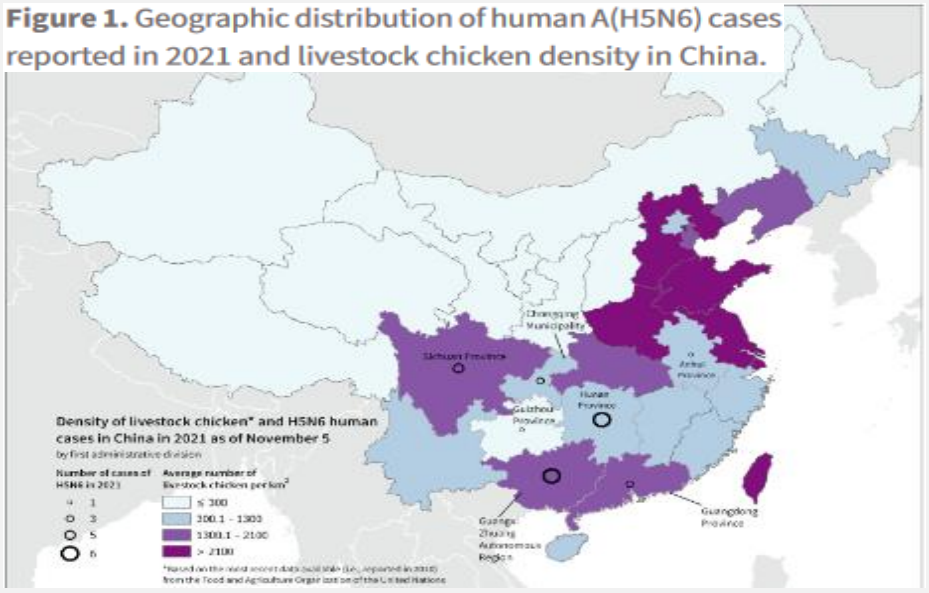
Avian Influenza A(H5N6) in China

bluedot

Situation Overview

- As of November 5, a total of 25 human A(H5N6) cases have been reported in China for 2021. A single case was also reported in early 2021 in Lao People's Democratic Republic.
- In China, this is a notable increase in cases reported compared to 2018 (five cases), 2019 (one case), and 2020 (two cases). Cumulatively, since 2014 there have been 51 confirmed human cases of A(H5N6) in China. A 2017 nationwide vaccination program for H5 and H7 avian influenza viruses among poultry flocks in China had appeared successful in limiting spread in poultry and spillover to humans during 2018 - 2020.
- Most but not all human cases from 2021 are reported as having a history of exposure to domestic poultry or contact with dead poultry. Most infections have been serious, leading to critical illness or death (seven out of 25 cases in 2021 were fatal). There does not appear to be an increase in severity compared to human cases reported in previous years (18/26 cases prior to 2021 resulted in death). Reports do not describe if cases in 2021 had any underlying conditions or co-morbidities.
- The majority of human cases in 2021 have been reported in three regions, although cases have been distributed across the country (Figure 1).
- The transmission and spread of avian influenza viruses is complex. In Figure 1, we indicate domestic chicken density as it is one of the most important indicators for viral spread of avian influenza among poultry populations. Other poultry species (e.g., domestic ducks and geese) including those found in outdoor settings (e.g., backyard farms) are also susceptible to H5N6 (which is spread via wild birds) but are not depicted.
- In September 2021, multiple public health agencies including the WHO and U.S. CDC reviewed evidence and indicated that "previously recommended H5 candidate vaccine viruses (i.e., influenza viruses used to develop vaccines) are still expected to offer protection against influenza A(H5N6) viruses should vaccination be needed."

Figure 1. Geographic distribution of human A(H5N6) cases reported in 2021 and livestock chicken density in China.



Reason of Concern

- *Rise in human cases* — Concerns are being raised due to the increase in human cases since the beginning of 2021 in China. Researchers are calling for strengthening surveillance as human cases reported are likely underestimated. In the post-2009 H1N1 pandemic period, China expanded their human influenza surveillance network in order to increase stability and reliability of data. There is little information available to understand how sensitive these networks are for identification of human cases of H5N6.
- *One case with no contact with poultry* — Most of the cases have been epidemiologically linked to recent poultry exposure. One of the cases, a 61-year-old woman who tested positive in July 2021, denied having exposure to poultry. No further statements about the likely source of this infection have been released.
- *No reports of avian cases despite human cases* — There has been no official documentation on A(H5N6) outbreaks or cases in poultry in China since February 2020. However, the circulation of avian influenza viruses in poultry confers a risk for sporadic infection and small clusters of human cases due to exposure to infected poultry or contaminated environments. This suggests increased viral circulation among the wild or domestic poultry population, but appears to be undetected at this time.
- *Mutations identified* — Early studies from China's Center for Disease Control identified several mutations in recent A(H5N6) cases. These mutations may cause changes to the viruses adaptivity, virulence, tissue tropism, and infectivity. Mutations such as these are of concern as they pose a potential serious threat to poultry and human health. They could catalyze an influenza pandemic if the animal influenza virus becomes capable of efficiently spreading between humans. However, at this time there is no evidence that these mutations have increased pathogenicity or transmissibility between poultry or humans.
- *Unclear vaccine efficacy for poultry* — Currently, China vaccinates poultry against avian influenza. However, the efficacy of these vaccines against newly identified mutations and emerging viruses remains unclear. Furthermore, the vaccination status of domestic poultry in rural settings, including backyard small flocks with lower biosecurity, is also ambiguous.

OUTLOOK

There is no evidence of sustained human-to human transmission of A(H5N6). However, the increased number of human cases and genomic information from these cases indicates the continued evolution of A(H5N6) among domestic and wild birds in China. There is a need to better understand the epidemiological situation of A(H5N6) in poultry in China to improve understanding of the risk to humans. Furthermore, there will be an ongoing need to reassess vaccine strains, among other measures, to improve control and reduce the transmission of the virus.

Source: https://pubmed.ncbi.nlm.nih.gov/30414008/
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5237338/
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5237338/
http://weekly.chinacdc.cn/en/article/doi/10.46234/ccdcw2021.187

Other Infectious Disease Outbreaks / human disasters

Ebola

DR of the Congo – As of November 6, additional cases due to Ebola virus disease have been confirmed in the 13th Ebola virus outbreak in the DRC. There have been a total of eleven confirmed cases and six deaths, while three cases and deaths that were traced back to September remain as suspected.

Source: News Media - https://www.cidrap.umn.edu/news-perspective/2021/11/news-scan-nov-09-2021; https://english.lokmat.com/health/dr-congo-reports-11-ebola-cases-who/

Mass gathering monitoring – the UN Climate Change Conference (COP26) - 2021

Great Britain; Glasgow - The 26th United Nations Climate Change Conference of the Parties (COP26) takes place in Glasgow, UK, from 31 October to 12 November 2021. COP26 will bring together the 197 parties to the UN Framework Convention on Climate Change (UNFCCC). These include the EU and all EU Member States. Overall, more than 30 000 people are expected to attend, including representatives from non-government organisations (NGOs) and businesses to journalists, lobbyists, negotiators and protesters.

From 27 October to 4 November 2021, no events of public health significance were detected in the context of the 26th United Nations Climate Change Conference of the Parties (COP26).

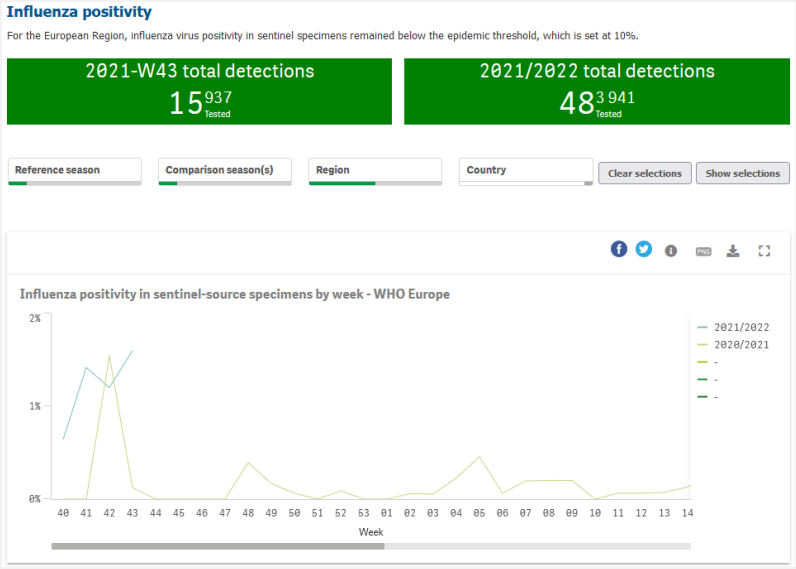
Source: ECDC - https://www.ecdc.europa.eu/sites/default/files/documents/Communicable-disease-threats-report-week%2044-2021-allusers.pdf

Influenza

Europe - Week 43/2021 (25 – 31 October 2021)

- Influenza activity was low throughout the European Region, though Uzbekistan reported medium intensity activity.
- Influenza viruses were detected sporadically in specimens from persons with respiratory illness presenting to medical care.
- Only influenza A viruses were detected, with the A(H3) subtype predominating.
- Type A virus infection was reported for one patient in intensive care units. Sixteen patients with SARI (8%) in hospital settings were infected with A(H3) viruses.
- Type A virus infection was reported for six patients in other hospital wards, all were infected with type A viruses (no lineage ascribed).

Source: https://flunewseurope.org/



Unknown illness

Senegal; Dakar - Cases of an unknown illness are being reported among fishermen in Thiaroye, a town in Sénégal, in the suburbs of Dakar, on the southeast coast of the Cap-Vert peninsula. According to media reports, all reported individuals have similar symptoms as those during a November 2020 outbreak of an unknown illness among fisherman. During the 2020 outbreak, controversial reports indicated that the cause of the disease was linked to possible microalgae toxin, while others indicated that the most likely source of the illness was the varicella-zoster virus (also known as chickenpox). Investigations on the current outbreak are underway, and laboratory samples have been sent to the French Research Institute for the Exploitation of the Sea, in Dakar. Lastly, the reports highlight that some experts are considering a whether they need to rule out a combination of bio-toxins. It is noteworthy that this pattern of infection has emerged for two consecutive years among fisherman in the same region. However, the understandings of public health impact are still very limited.

Source: ProMed - https://promedmail.org/promed-post/?id=8699531

Malaria

Ivory coast- Cases of malaria have been reported in the city of Méagui in south-western Ivory Coast. Although the timeframe during which over 2,000 cases have been reported is uncertain, media reports indicate that the departmental director of health has raised concerns that malaria is the first cause of health consultation in the city of Méagui. Malaria is endemic in Ivory Coast including urban areas, and the risk of transmission is present at all altitudes. Transmission occurs throughout the year, with a peak incidence between April and July. Progress in malaria prevention and control has stagnated in recent years, with the estimated number of cases increasing 15.8% between 2015 and 2018 (from 260 cases per 1,000 population to 300 per 1,000).

Source: News Media - https://laminute.info/2021/11/06/cote-divoire-le-paludisme-premiere-cause-de-consultation-sanitaire-a-meagui-aip-agence-ivoirienne-de-presse-de-cote-divoire/; https://news.abidjan.net/articles/699906/le-paludisme-premiere-cause-de-consultation-sanitaire-a-meagui

Varicella

Russia - Significant upward trends of varicella (also known as chickenpox) have been reported in the Omsk region, southwestern Siberia, Russia between January and August 2021. According to officially available information, this represents a 94% increase in disease activity when compared to the same period in 2020. This event raises both the importance of ensuring immunizations are up-to-date, and that there are meaningful risks of vaccine-preventable disease outbreaks due to disruption too immunization efforts as a result of the COVID-19 pandemic..

Source: ProMed- https://promedmail.org/promed-post/?id=8699418

Drought warnings

Tonga - There are drought warnings across parts of the Pacific nation of Tonga – including its main island, Tongatapu – driven by below-average rainfall. The government warned there could be water shortages if dry conditions continue for another month. Like many Pacific nations, Tonga is at particular risk of disasters made more volatile by climate change, from cyclones to more unpredictable weather.

Source: News Media - https://www.gov.to/press-release/drought-warnings-remain-in-force-f

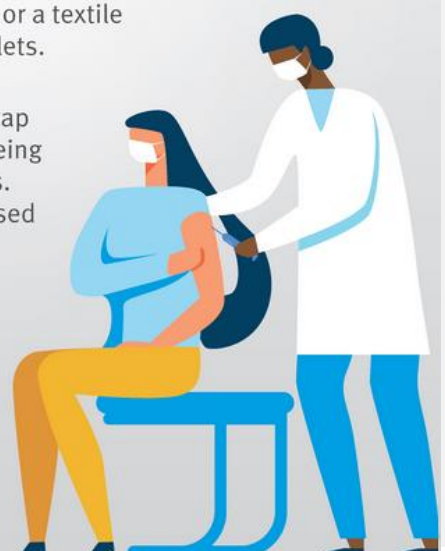
Flu Awareness Campaign 2021

Influenza

during the COVID-19 pandemic

How do I protect myself and others from COVID-19 during influenza vaccination?

- Don't come for a vaccination if you are ill or have had close contact with a COVID-19 case in the past two weeks.
- Keep a distance of at least one metre (ideally two) to other people, except for the vaccinator, in the facility.
- Schedule your vaccination during less busy times when there are no queues.
- Use a surgical face mask or a textile mask to protect against droplets.
- Wash your hands with soap and water before and after being in the facility for vaccinations. Alternatively, use alcohol-based disinfectant.
- Avoid touching surfaces with bare hands, or shaking hands with anyone in the facility.



The Flu Awareness Campaign is a communication campaign marked across the WHO European Region every year in October. It aims to raise awareness of the importance of vaccination for people's health and well-being and to increase the uptake of seasonal influenza vaccination of people with underlying risk factors.

ECDC supports the Flu Awareness Week by providing scientific evidence on vaccination and promoting vaccination uptake among risk- and priority groups.

Source:
https://www.euro.who.int/en/health-topics/communicable-diseases/influenza
https://www.ecdc.europa.eu/en/news-events/flu-awareness-campaign-2021
https://flunewseurope.org/

Influenza

during the COVID-19 pandemic

Why is it important to get vaccinated against influenza during the COVID-19 pandemic?

- By getting vaccinated, you help protect the vulnerable, such as the elderly and those with chronic underlying medical conditions. These are people who are at increased risk of severe outcomes such as respiratory difficulties or death.
- Both influenza and COVID-19 can cause severe disease, but note that the influenza vaccine only protects against influenza.
- Dual infection with COVID-19 and influenza is likely to cause more severe outcomes.
- Both COVID-19 and influenza can disrupt healthcare services and the functioning of nursing homes. It is especially important this year that healthcare staff get vaccinated against influenza and that healthcare services keep running.

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/