



**GLOBAL**

↗  
**254 585 169**  
Confirmed cases  
241 900 000 recovered  
5 117 611 deaths

**USA**

(7-days incidence 186,1)  
↗  
**47 095 041**  
confirmed cases  
45 060 000 recovered  
762 203 deaths

**India**

(7-days incidence 5,8)  
↘  
**34 466 598**  
confirmed cases  
33 800 000 recovered  
464 153 deaths

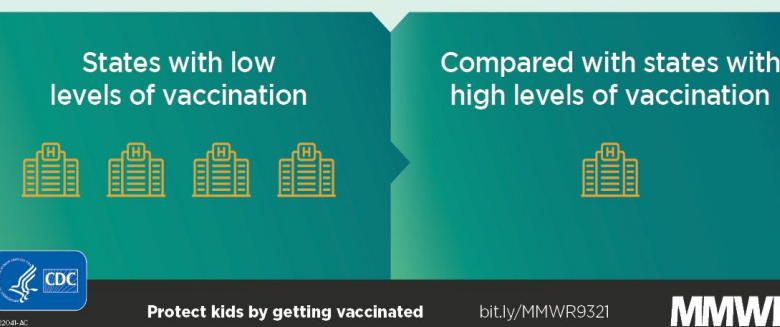
**Brazil**

(7-days incidence 37,7)  
↗  
**21 965 684**  
confirmed cases  
21 180 000 recovered  
611 478 deaths

News:

- **WHO/CDC:** During 2020, more than 22 million infants missed their first dose of measles vaccine - 3 million more than in 2019, marking the largest increase in two decades and creating dangerous conditions for outbreaks to occur. This shows [a new report from WHO and CDC](#).
- **WHO:** together with the European Commission's Joint Research Centre (JRC) concluded a [Collaborative Research Arrangement that aims to mainstream behavioural insights into public health programmes and policies](#) worldwide. Behavioural insights can help improve understanding on how and why people behave in ways that affect their health, and help design policies and services that address behavioural factors for improved physical and mental well-being.
- **African CDC:** Representatives of the 10 countries – Angola, Burundi, Central African Republic, Republic of the Congo, Democratic Republic of the Congo, Rwanda, South Sudan, Uganda, United Republic of Tanzania and Zambia meet in October [to endorse cross-border collaboration framework on Ebola outbreak](#) preparedness and response.
- **Ebola:** Clinical trials have begun for a [new Ebola vaccine](#) to tackle both the Zaire and Sudan strains – the main cause of outbreaks worldwide. The jab is based on a weakened version of a common cold virus – the same technology used for the Oxford-AstraZeneca COVID-19 vaccine. The results of the Phase One trials will be known in the [second half of 2022](#). A vaccine already exists for Zaire – the most lethal of the four Ebola strains.
- **EU:** The European Commission authorised the [COVID-19 treatments](#) Regkirona (regdanvimab) and Ronapreve (casirivimab / imdevimab), following evaluation by EMA
- **ECDC:** published a technical report regarding [Overview of the implementation of COVID-19 vaccination strategies and deployment plans in the EU/EEA](#).
- **Topics:**
  - Global situation
  - European situation
  - Vaccination news
  - SARS-CoV-2 VOIs and VOCs
  - Subject in Focus: Antimicrobial Resistance Surveillance during the COVID-19 Pandemic
  - Flu Awareness Campaign 2021
  - Other Infectious Disease Outbreaks
  - NATO Member State: Summary of information on the individual national Corona restrictions

In August, hospitalizations among children and adolescents increased 4x in...



Increasing COVID-19 hospitalizations among U.S. children and adolescents since the rise of the Delta variant\*



**PREVENT COVID-19 AMONG CHILDREN**

**Everyone ages 2 and up:** Wear a mask in public indoor spaces<sup>†</sup>, schools, and childcare centers

**Everyone ages 12 and up:** Get vaccinated

bit.ly/MMWR9321b **MMWR**

\* During June 20-August 14, 2021  
† In areas with substantial or high transmission

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**EUROPE**

↗  
**77 542 305**  
confirmed cases  
71 450 000 recovered  
1 437 799 deaths

**GBR**

(7-days incidence 407,2)  
↗  
**9 637 194**  
confirmed cases  
8 912 000 recovered  
143 159 deaths

**Russia**

(7-days incidence 179,9)  
↘  
**8 991 748**  
confirmed cases  
8 137 000 recovered  
253 009 deaths

**Turkey**

(7-days incidence 207,5)  
↘  
**8 459 089**  
confirmed cases  
7 972 000 recovered  
73 973 deaths

# Situation by WHO Region, as of 14 November

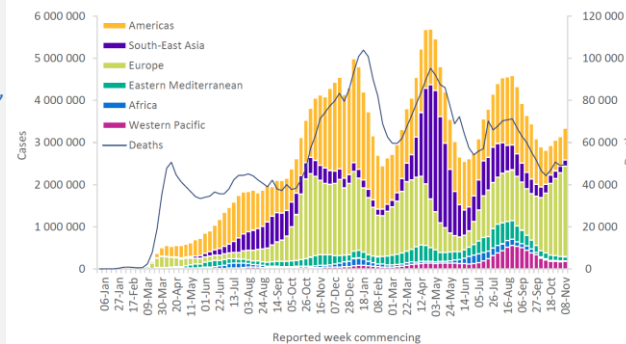
## Global epidemiological situation overview; WHO as of 14 November 2021

During the week 8 to 14 November 2021, the increasing trend in new global weekly cases continued, with over 3.3 million new cases reported – a 6% increase as compared to the previous week (Figure 1). The Region of the Americas, the European and the Western Pacific Regions all reported increases in new weekly cases as compared to the previous week, while the other regions reported stable or declining trends. Similarly, the European Region reported a 5% increase in new deaths, while the other regions reported stable or declining trends. Globally, just under 50 000 new deaths were reported, similar to the previous week's figures. As of 14 November, over 252 million confirmed cases and over 5 million deaths have been reported.

The highest numbers of new cases were reported from:

- United States of America (550 684 new cases; 8% increase,
- Russian Federation (275 579 new cases; similar to previous week),
- Germany (254 436 new cases; 50% increase)
- United Kingdom (252 905 new cases; similar to previous week),
- Turkey (180 167 new cases; 9% decrease)

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 14 November 2021\*\*

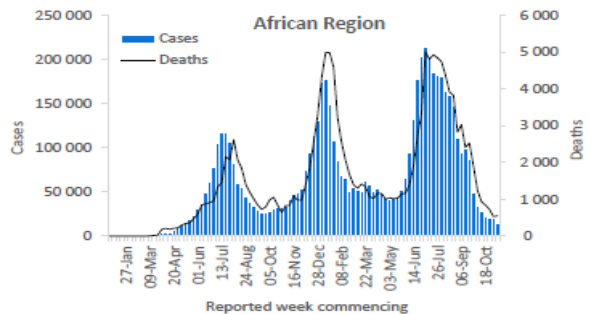


## WHO regional overviews Epidemiological week 8-14 November 2021

### African Region

The case incidence rates in the African Region have continued to decline since July, with a 33% decrease reported as compared to the previous week. However, 31% (15/49) of the countries in the region reported an increase of >10% in new cases as compared to the previous week. Over 500 new deaths were reported this week, similar to the previous week's figures. The highest numbers of new cases were reported from South Africa (1926 new cases; 3.2 new cases per 100 000 population; similar to the previous week), Ethiopia (1584 new cases; 1.4 new cases per 100 000; a 25% decrease), and Cameroon (1371 new cases; 5.2 new cases per 100 000; a 26% decrease).

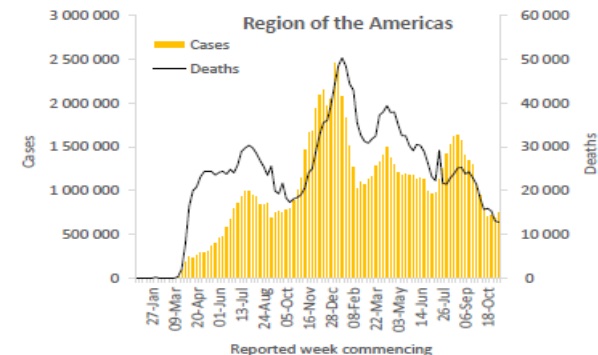
The highest numbers of new deaths were reported from South Africa (157 new deaths; <1 new death per 100 000 population; similar to the previous week's figures), Ethiopia (82 new deaths; <1 new death per 100 000; similar to the previous week's figures), and Nigeria (55 new deaths; <1 new death per 100 000; a 450% increase).



### Region of the Americas

The trend in cases in the Region of the Americas increased slightly with over 758 000 new cases reported, an 8% increase as compared to the previous week. Over 12 000 new deaths were reported, a number similar to that of the previous week. Thirty-two percent (19/59) of countries reported an increase of >10% in the number of new cases in the past week. The highest numbers of new cases were reported from the United States of America (550 684 new cases; 166.4 new cases per 100 000; an 8% increase), Brazil (76 738 new cases; 36.1 new cases per 100 000; an 11% increase), and Mexico (19 831 new cases; 15.4 new cases per 100 000; similar to the previous week's figures).

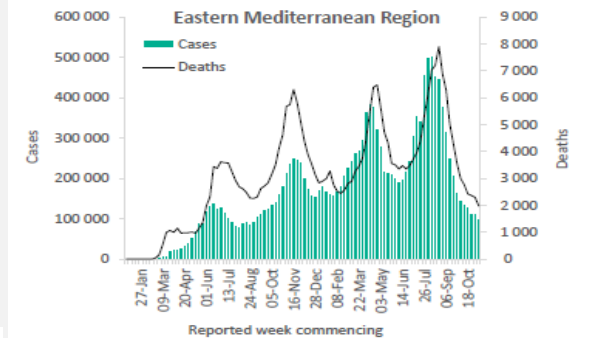
The highest numbers of new deaths were reported from the United States of America (7993 new deaths; 2.4 new deaths per 100 000; a 15% decrease), Mexico (1458 new deaths; 1.1 new deaths per 100 000; similar to the previous week), and Brazil (1431 new deaths; <1 new death per 100 000; a 10% decrease).



### Eastern Mediterranean Region

Case and death incidence rates in the Eastern Mediterranean Region have continued to decline since mid-July, with over 101 000 new cases and over 1900 new deaths reported, a 9% and 14% decrease, respectively as compared to the previous week. Out of the 22 countries in the Region, five 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 the cases in the Region (51 315 new cases; 61.1 new cases per 100 000; a 20% decrease), followed by Jordan (15 964 new cases; 156.5 new cases per 100 000; a 24% increase), and Iraq (6449 new cases; 16.0 new cases per 100 000; a 17% decrease).

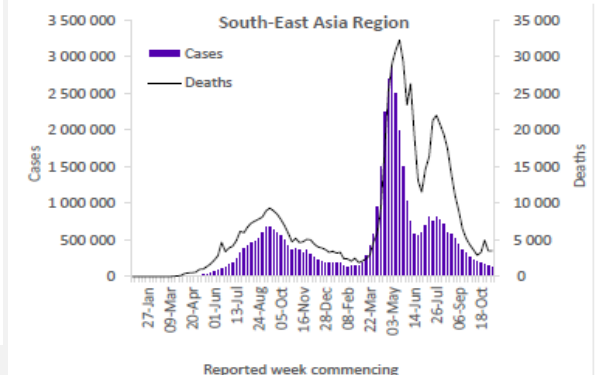
The highest numbers of new deaths were reported from the Islamic Republic of Iran (869 new deaths; 1.0 new deaths per 100 000; a 17% decrease), Egypt (424 new deaths; <1 new death per 100 000; similar to the previous week's figures), and Iraq (164 new deaths; <1 new death per 100 000; a 9% decrease).



### South-East Asia Region

Following a declining trend since July, the incidence of cases and deaths in the South-East Asia Region has begun to plateau with over 152 000 new cases and over 3500 new deaths, similar numbers as compared to the previous week. Three of the ten countries in the region, reported increases of over 10% in new cases in the past week, while the highest numbers of new cases were reported from India (81 771 new cases; 5.9 new cases per 100 000; similar to the previous week's figures), Thailand (50 411 new cases; 72.2 new cases per 100 000; a 10% decrease), and Myanmar (6446 new cases; 11.8 new cases per 100 000; similar to the previous week's figures).

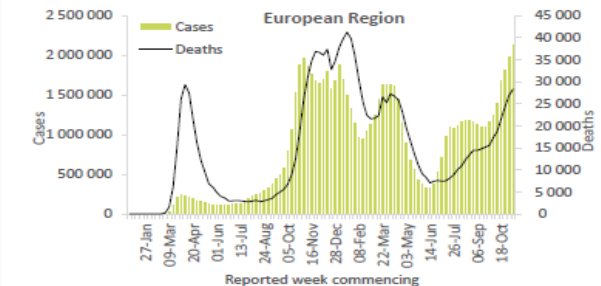
The highest numbers of new deaths were reported from India (2739 new deaths; <1 new death per 100 000; similar to the previous week's figures), Thailand (372 new deaths; <1 new death per 100 000; a 19% decrease), and Sri Lanka (139 new deaths; <1 new death per 100 000; a 23% increase).



### European Region

The European Region has continued to show an increasing trend in both cases and deaths, with over 2.1 million new cases and over 28 000 new deaths reported, increases of 8% and 5%, respectively as compared to the previous week. Nearly half (46%) of the countries which were widely distributed across the Region reported increases of over 10% in new cases in the past week, including Germany which reported the second-highest number of new cases in the past week and a 50% increase in cases as compared to the week before (254 436 new cases; 305.9 new cases per 100 000; a 50% increase). The other countries reporting the highest numbers of new cases were the Russian Federation (275 579 new cases; 188.8 new cases per 100 000; similar to the previous week's figures), and the United Kingdom (252 905 new cases; 372.5 new cases per 100 000; similar to the previous week's figures).

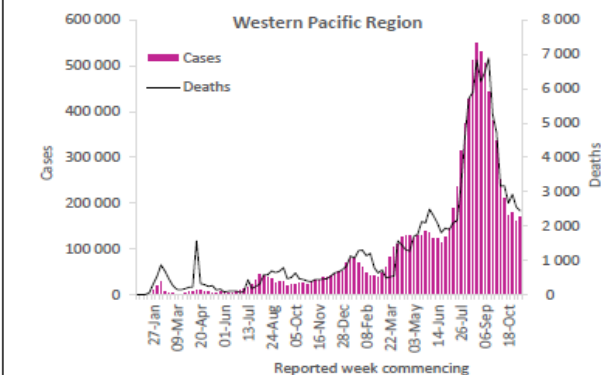
An increase of over 10% in deaths in the past week was seen in 38% of the countries with the greatest change seen in Norway (a 67% increase), Slovakia (a 58% increase), and Croatia (a 55% increase). The countries reporting the highest numbers of new deaths included the Russian Federation (8572 new deaths; 5.9 new deaths per 100 000; similar to the previous week's figures) and Ukraine (4621 new deaths; 10.6 new deaths per 100 000; a 6% increase).



### Western Pacific Region

During the past several weeks, the incidences of cases and deaths have been relatively stable with just under 174 000 new cases and over 2400 new deaths reported over this past week, a 6% increase and a 5% decrease, respectively as compared to the previous week. However, five of the 27 countries in the Region (19%) reported an increase this week as compared with the previous week, with the greatest changes reported in Fiji (a 42% increase), Viet Nam (a 26% increase), and New Zealand (a 20% increase). Viet Nam also reported the highest number of new cases (57 308; 58.9 new cases per 100 000).

The highest numbers of new deaths were reported from the Philippines (1033 new deaths; <1 new death per 100 000; an 14% decrease), Viet Nam (548 new deaths; <1 new death per 100 000; a 25% increase), and Malaysia (375 new deaths; 1.2 new deaths per 100 000; similar to the previous week's figures).





# Global Situation

## Notable Update:

Worldwide, there have been over **252.5 million reported cases** and approximately **5 million reported deaths** attributed to COVID-19. According to the WHO, **3.1 million (2.7% increase) new cases** and over **48,000 (3.5% decline) new deaths** were reported globally during the week of **November 1 to November 7. The European region continues to be the only region to report an increase (7%) in new cases. In addition, the European region is also the only region to report an increase (10%) in new deaths compared to last week.** The largest decrease in new cases and deaths were reported by the South-East Asia region with a 13% and 29% decline, respectively. Based on the BlueDot COVID-19 Data Suite, as of November 11, the top five countries with the highest seven-day rolling average number of daily new cases are the **United States, Russia, United Kingdom, Germany, and Turkey**. The top five countries/territories with the highest seven-day rolling average number of daily new cases per million population are the **Cayman Islands, Slovenia, Croatia, Georgia, and Austria**. As of November 11, **Europe** is the continent with the largest proportion of countries (47%, or 24 out of 51) with a **high incidence rate** (>350 per 100,000 over the past 14 days) and a stable or increasing trend in daily new cases over the last seven days. **Oceania** has the highest proportion of countries (19%, or three out of 16) with a **low** (<=140) **to moderate** (140.1 - 350) incidence rate and an increasing trend in new cases over the last seven days, followed closely by **Europe** (18%, or nine out of 51). **Africa** has the highest proportion of countries (79%, or 44 out of 56) reporting a **low incidence rate** (<= 140) with a stable or decreasing trend in new cases.

## CDC: [COVID-19 Science Update](#)

The [COVID-19 Science Update](#) summarizes new and emerging scientific data for public health professionals to meet the challenges of this fast-moving pandemic. Weekly, staff from the CDC COVID-19 Response and the [CDC Library](#) systematically review literature in the [WHO COVID-19 database](#), and select publications and preprints for public health priority topics in the CDC Science Agenda for COVID-19 and CDC COVID-19 Response Health Equity Strategy.

**USA:** The traditional New Year's Eve celebration in New York's Times Square can take place again this year with numerous guests. People who can prove a complete vaccination against the coronavirus would be admitted as spectators. There will be exceptions for people who cannot be vaccinated for medical reasons. You would have to present a negative corona test.

**IND:** India allows vaccinated foreign tourists to re-enter commercial flights. The Ministry of Health said the tourists must be fully vaccinated, comply with all corona protocols and have a negative test for the virus, which must not be older than 72 hours. In India, the number of infections has recently decreased, while the vaccination rate is increasing. Many tourists have to undergo another corona test after arriving in the country. However, travelers from countries that have mutual recognition of vaccination certificates with India, such as the US, UK and many European countries, can leave the airport without further testing. It is the first time since March 2020 that India has allowed foreign tourists to enter the country on commercial flights after imposing one of the strictest lockdowns in the world to contain the pandemic. Fully vaccinated tourists on charter flights have been allowed to enter since last month.

**ITA:** Due to rising corona numbers and the worst vaccination rate in Italy, South Tyrol is facing new restrictions in public life. In the autonomous province in the north of the country, the highest seven-day incidence in Italy was last recorded with 390. Only around 68 percent of South Tyroleans are fully vaccinated against Covid-19, which is significantly less than the Italian average (76.8). Due to the development, South Tyrol is likely to be classified as "yellow" in the traffic light system established throughout the country. This would mean that in restaurants, for example, only up to four people from different households can sit at a table. In addition, the mask requirement would also be reintroduced outdoors.

**SYR:** China delivered around two million doses of vaccine to Syria within a week. On Sunday alone, 500,000 cans of Sinopharm arrived in the civil war country, as Health Minister Hassan Ghabasch announced. According to China's ambassador Feng Biao, Syria now has 800,000 doses of Sinopharm and more than 1.3 million doses of Sinovac. Less than two percent of the Syrian population had been vaccinated and the number of cases of infection was increasing, the UN had warned at the end of October. So far, more than 600,000 Syrians have been vaccinated, said the minister and urged the population to get vaccinated. In the regions controlled by the government troops of ruler Bashar al-Assad, more than 46,000 corona infections and 2,661 deaths have been registered so far. According to doctors and activists, the actual numbers are significantly higher. The rebel-controlled region of Idlib in northwest Syria, in which more than 90,000 cases of corona infection, including 2,000 deaths, have been registered, claims to have received almost 690,000 vaccine doses as part of the international Covax initiative. 77,000 people have been vaccinated so far in this region. The Kurdish administration in northeast Syria, which receives the vaccines from Damascus, has registered 37,000 cases of infection and 1,500 deaths. About 40,000 residents were vaccinated there.

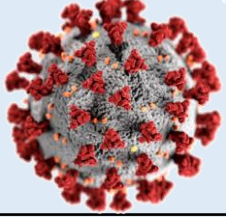
**AUT:** Due to the continued high incidence of almost 850, Austria has decided that unvaccinated people will have to go into lockdown from Monday 15 NOV. You are then only allowed to leave your home in exceptional cases. Violations can result in high penalties. In the fight against the fourth wave of the corona pandemic, there will be a lockdown for unvaccinated people in Austria from Monday. This is what Federal Chancellor Alexander Schallenberg and the heads of government of the federal states have decided. The far-reaching exit restrictions are initially limited to ten days. About two million people are affected - around a quarter of the population. Those who do not have a vaccination will in future only be allowed to leave their house or apartment for urgent reasons - such as shopping for daily needs, going to work or visiting the doctor. The aim is to increase the willingness to vaccinate and to reduce social contacts by about 30 percent, said Health Minister Wolfgang Mückstein. This does not apply to people who have been vaccinated, children under the age of twelve and people who have recovered from a corona infection in the past 180 days. The lockdown does not apply to students either. "In the schools it is going on as before," said Schallenberg with a view to the fact that several tests per week are already common there.

**CZE:** In the Czech Republic, the number of daily new infections has risen to a record high. Within 24 hours, there were 22,479 new confirmed cases — more than ever in a day since the pandemic began more than a year and a half ago. The previous high was 17,778 cases on January 6. The nationwide seven-day incidence — the number of new infections per 100,000 inhabitants within seven days — rose to 813. More than 4400 corona patients are being treated in the hospitals, of which more than 660 were in serious condition.

**CHN:** After a corona outbreak at a university in northwest China, authorities have quarantined nearly 1,500 students. The students were not allowed to leave their dormitories or hotel rooms in Dalian City, the authorities said. All seminars took place online, meals were delivered to the rooms. The instruction was issued after several dozen corona cases were reported at Zhuanghe University. Hundreds of students were placed in hotels for observation.

**NLD:** In the Netherlands, more corona cases have been recorded in the past seven days than at any time since the beginning of the pandemic. The Dutch Health Institute reported 110,558 cases, 44 percent more than in the previous week. The number of hospital admissions of Covid-19 patients has risen by twelve percent, three percent more have been transferred to intensive care units. According to the institute, 173 people died last week after corona infection, increasing the death toll in the Netherlands to 18,785. In light of these figures, the country's deputies discussed a tightening of the corona rules.





# Vaccination News



A total of 10 countries accounted for **67.6%** of all vaccinations administered globally as of November 11. The top five countries/territories with the highest number of cumulative people fully vaccinated per 100,000 population are **Gibraltar** (118,170), **United Arab Emirates** (87,810), **Portugal** (87,560), **Singapore** (86,250), and **Malta** (83,300). Conversely, the top five countries with the lowest number of cumulative people fully vaccinated per 100,000 population are **Burundi** (0), **Congo** (Kinshasa) (40), **Haiti** (340), **Chad** (360), and **South Sudan** (520).

## Perspectives on the future trajectory of COVID-19:

**Uncertainties remain about the type of long-term association that SARS-CoV-2 will establish** within the human population, particularly whether COVID-19 will become an endemic disease with a seasonality component. However, it is noteworthy that endemicity and/or perhaps seasonal epidemic peaks may be fuelled by pockets of susceptible individuals and waning immunity after infection or vaccination, changes in the virus that diminish pre-existing protection, and re-entries from zoonotic reservoirs. Currently, **nearly all regions are observing stable or declining disease activity**. However, timelines for transitioning from a pandemic response are contingent on the rate of immunity developed from immunization or infections in each region and the distribution of vaccines among the population. Regions with a greater degree of homogenous immunity, through an even distribution of vaccine coverage among their population, may see the end of the wave sooner than others, such as the United States, the United Kingdom, Portugal, and India. However, other countries in **the European region are observing increasing disease activity due to low vaccine coverage in combination with less stringent restrictions**.

The **WHO aims for 70% global vaccine coverage by the end of 2022**, while currently, **only approximately 40% of the world's population is fully vaccinated**. Unequal distribution of vaccines is a continual cause for concern because of the potential to foster new variants that may evade current immunity and cause subsequent surges in cases globally. The post-pandemic approach will depend on the distribution of disease. Global health leaders need to continue to be vigilant with respect to the trajectory of SARS-CoV-2 in the near future while assessing the strategies and approaches used in the pandemic to develop effective structures and processes to ensure a more effective and equitable response.

**EMA:** EMA started evaluating an application to extend the use of Moderna's COVID-19 vaccine, Spikevax, to children aged 6 to 11. Spikevax is a vaccine for preventing COVID-19, currently authorised for use in people aged 12 years and older. It contains a molecule called messenger RNA (mRNA) with instructions for producing a protein, known as the spike protein, which is naturally present in SARS-CoV-2, the virus that causes COVID-19. EMA's human medicines committee (CHMP) will review the data on the vaccine, including results from an ongoing clinical study involving children aged 6 to 11, in order to decide whether to recommend extending its use. The timeline of any evaluation always depends on the data that are submitted. The current timeline for evaluation foresees an opinion in approximately 2 months, unless supplementary information or analysis is needed. This is a shortened timetable compared to similar types of reviews outside of a pandemic.

**FDA:** Pfizer has applied for emergency approval in the USA for its new corona drug Paxlovid. The relevant documentation has been submitted to the FDA. Pfizer had stated a week and a half ago that paxlovid reduced the likelihood of hospitalization or death by 89 percent in high-risk patients after coronavirus infection.

**UNHCR:** More refugees and undocumented people are getting COVID-19 vaccines, according to a round-up from the UN's refugee agency, UNHCR. A half-million "foreign nationals" in Iran have been vaccinated, including undocumented Afghans. A vaccine drive in Bangladesh's Rohingya camps was put on hold (in favour of a cholera campaign) but is expected to resume in December. Nepal, an early leader in including refugees, says some 86 percent of "persons of concern" have been vaccinated. Progress is slower in Indonesia, where the government allows vaccines for refugees only after 70 percent of the population in their area has been vaccinated.

**The heads of the International Monetary Fund, World Bank Group, World Health Organization and World Trade Organization** held on 9 November the 2nd High-Level Consultations with the CEOs of leading COVID-19 vaccine manufacturing companies. At the meeting, all participants agreed on the urgency of delivering more vaccine doses to low-income countries, where less than 2.5% of the population has been fully vaccinated.

The objective of the meeting was to identify how to ensure more equitable distribution of vaccines and all those participating pledged to continue working together to gain greater clarity on donations, vaccine swaps and delivery schedules so that distribution of the life-saving vaccines can be more effectively targeted towards those countries most in need. Goals were how to improve the donation process; what additional steps are needed to reach the vaccination target of 40% of people in all countries by the end of the year; and how to improve transparency and data sharing.

The outlook for 2022 was also discussed, focusing on diversification of manufacturing across regions, as well as strengthening collaboration to achieve the global target of vaccinating 70% of the populations of all countries by the middle of the year.

**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. The new features include:

- New downloadable summary tables with key figures of the COVID-19 vaccines rollout in the EU/EEA.
- Data on additional vaccine doses and boosters administered to the total population, by age group and other target groups;
- Vaccine uptake indicators for the older age groups (60+) and disaggregated age groups below 18 years of age (0-4; 5-9; 10-14; 15-17).

The COVID-19 Vaccine Tracker is an interactive dashboard that provides an overview of the progress in the roll-out of COVID-19 vaccines across EU/EEA countries. Based on data from the Vaccine Tracker, the ECDC also produces weekly COVID-19 vaccine rollout reports summarising the state of play with regards to progress in COVID-19 vaccination in the EU/EEA.

**CHE:** In Geneva, several thousand people demonstrated against current and planned corona measures. According to the organizers of the protest march, 5,000 people took part on Saturday. The police said there were 2500 participants. The demonstrators denounced "forced vaccinations", "mass surveillance" and "discrimination" on posters and in chants. The demonstration also took place against the backdrop of a referendum scheduled for November 28 on a new pandemic law. The law is intended to create the legal framework for the mandatory use of a health passport for proof of vaccination, recovery or test results and other options for contact tracking. According to a poll from early November, a majority of around 69 percent will vote for the law in the referendum. At almost 67 percent, Switzerland has one of the lowest vaccination rates in Europe.

**KOR:** South Korea wants to reduce the continuing rise in the number of infections with faster booster vaccinations. People aged 60 and over and patients in care facilities are to receive their third vaccination against the coronavirus just four months after the last injection, people between the age of 50 and 60 after five months. The country recorded 3187 new infections on Wednesday, almost as many as the peak reached in September. Another 21 deaths were reported to authorities within 24 hours. This is the 16th consecutive day that South Korea recorded double-digit figures, including a record 32 deaths on Saturday. South Korea eased pandemic restrictions in early November with the goal of slowly returning to normal.

**ISR:** Israel has approved BioNTech / Pfizer's corona vaccine for children ages five and up. The Ministry of Health said it was following the recommendations of experts, the majority of whom were of the opinion that the benefits of vaccination outweighed it. In the USA, too, five to eleven year olds are vaccinated with the vaccine. The EU Medicines Agency (EMA) has not yet given any approval.



# European Situation on Vaccination

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

Total doses distributed to EU/EEA countries

807,394,073

601,298,731

Total doses administered in EU/EEA countries

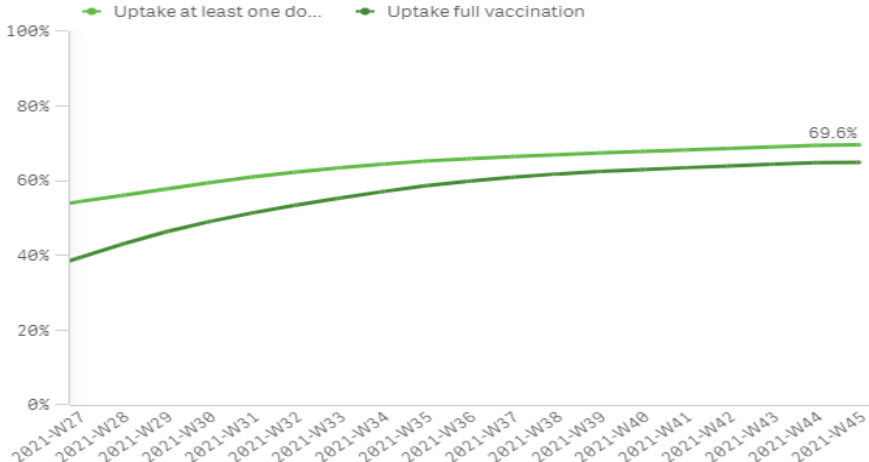
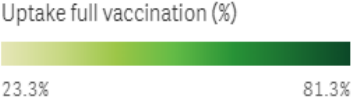
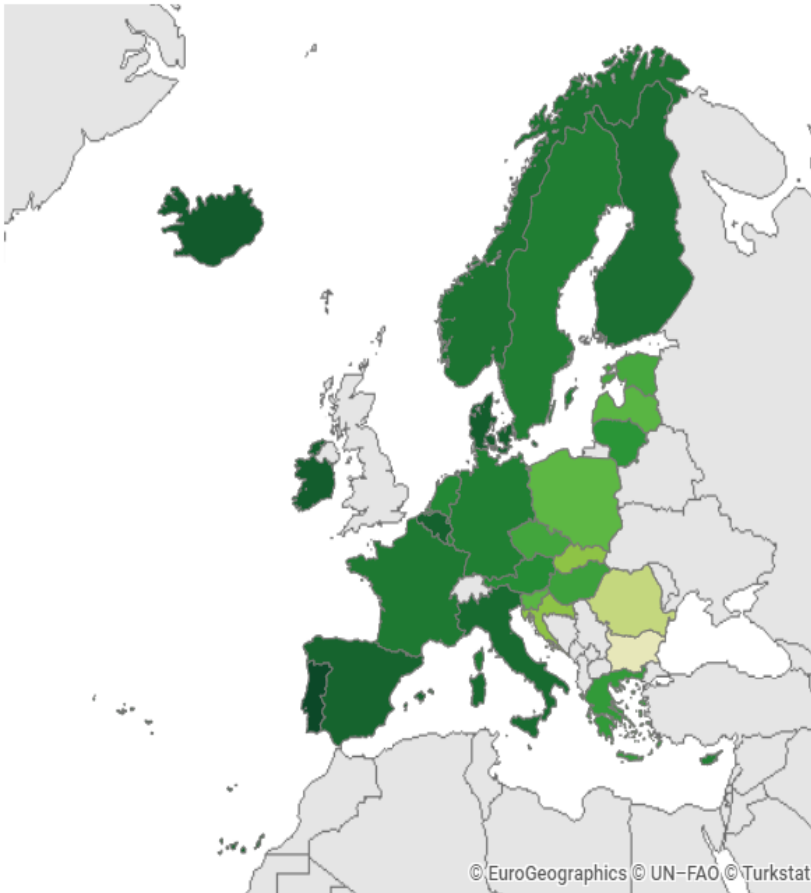
Indicator: Uptake full vaccination

Cumulative uptake (%) of at least one vaccine dose and full vaccination in the total population in EU/EEA countries as of 2021-11-15

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

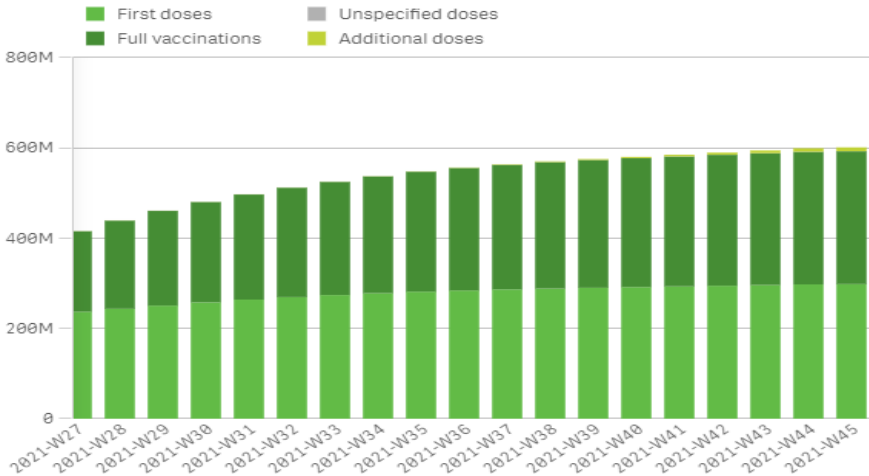
Cumulative uptake (%) of full vaccination by age group in EU/EEA countries as of 2021-11-15

Cumulative uptake (%) of full vaccination in the total population in EU/EEA countries as of 2021-11-15



Cumulative number of vaccine doses administered to the total population in EU/EEA countries as of 2021-11-15

by reporting week (data for current week are preliminary)



Country	60+ years	50-59 years	25-49 years	18-24 years	<18 years
Austria	87.4%	75.7%	66.1%	61.9%	14.7%
Belgium	93.4%	90.1%	82.1%	78.4%	27.2%
Bulgaria	31.5%	30.3%	23.6%	17.7%	0.9%
Croatia	69.5%	58.5%	44.1%	30.7%	1.7%
Cyprus	92.4%	83.5%	76.7%	59.9%	10.7%
Czechia	81.9%	73.3%	58.0%	56.7%	12.7%
Denmark	98.9%	92.9%	80.8%	77.6%	24.6%
Estonia	72.3%	69.9%	62.0%	63.4%	14.9%
Finland	93.0%	85.3%	76.4%	68.4%	22.4%
France	84.8%	79.6%	75.2%	75.9%	22.7%
Germany	-	-	-	-	-
Greece	79.0%	74.4%	64.7%	57.3%	9.6%
Hungary	79.9%	71.5%	60.8%	48.4%	16.7%
Iceland	100.0%	92.0%	86.1%	84.7%	25.1%
Ireland	100.0%	98.0%	86.8%	82.9%	23.6%
Italy	89.5%	82.4%	74.7%	79.2%	22.5%
Latvia	61.2%	65.1%	63.3%	65.9%	12.8%
Liechtenstein	-	-	-	-	-
Lithuania	74.5%	73.4%	71.9%	68.6%	11.9%
Luxembourg	86.3%	83.0%	70.5%	62.6%	20.6%
Malta	98.8%	87.8%	90.6%	82.5%	25.2%
Netherlands	-	-	-	-	-
Norway	100.0%	92.5%	81.4%	79.7%	2.9%
Poland	74.5%	64.6%	54.7%	49.0%	12.3%
Portugal	99.4%	93.2%	86.3%	83.4%	28.9%
Romania	39.1%	46.8%	40.5%	38.1%	3.5%
Slovakia	67.0%	56.2%	46.5%	44.3%	7.1%
Slovenia	79.5%	65.7%	51.9%	53.2%	7.9%
Spain	97.4%	88.4%	75.5%	69.9%	25.9%
Sweden	100.0%	88.3%	76.2%	67.3%	9.9%

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



Source: <https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---16-november-2021>

## Notable Update: COVID-19 Delta Variant Sublineages AY.25 and AY.27:

As the Delta variant dominated worldwide, it evolutionarily branched out and mutated into sublineages. The Delta variant sublineage, AY.25, is thought to have originated from the mid-Western United States in May 2021, while AY.27 was first detected in April 2021. By July 2021, both these sublineages quickly spread to the rest of the world. **Currently, about 3% of all global cases are of the AY.25 sublineage, and less than one percent is of the AY.27 subtype.**

In Canada, the **AY.25 sublineage makes up about 13% of all COVID-19 cases** and has been found to have extensive interprovincial spread and community transmission within Saskatchewan, Alberta, and British Columbia. In Saskatchewan, it is estimated that **almost half their cases are now either AY.25 or AY.27 subtypes**. Interestingly, Saskatchewan has a considerable proportion of the population unvaccinated with high community transmission rates, which translates a very high-risk population where new variants and mutations could emerge and compound the COVID-19 epidemiological situation. As of November 4, Saskatchewan continues to have the highest new case rate among all the provinces in Canada with a test positivity rate of 10% over the last 14 days which is an indicator that cases may go under detected.

There is currently **limited information on whether AY sublineages have advantageous mutations or benefit from the “founder effect,”** a phenomenon when limited amounts of viruses develop a new genetic change through transmission. Investigations are underway to understand why these sublineages have dominated cases in Canada’s western provinces. Health officials state that **these subtypes are not more contagious than the parent Delta variant (B.1.617.2)** and currently are not considering these sublineages as variants of concern. However, officials continue to recommend following public health measures and getting vaccinated against COVID-19.

## Phenotypic characteristics :

Available evidence on the phenotypic impacts of VOCs is summarized in the Table, as well as in previous editions of the COVID-19 Weekly Epidemiological Update. Since the last detailed update on 2 November, there are several new publications on the phenotypic characteristics of VOCs.

**Results from a retrospective cohort study** of patients admitted to a referral hospital in **Cape Town, South Africa**, were published in a preprint on 4 November 2021. The study **compares outcomes between two time periods: 26 March and 10 July 2020 (wave 1) and 15 November 2020 to 15 January 2021 (wave 2)**. A total of 1182 patients aged 18 years and over were included in the study: 571 during the first wave, and 611 during the second wave. Despite the reported higher numbers of cases and deaths during the second wave, there was no difference in the mortality risk [adjusted odds ratio (aOR) of 0.97, 95% confidence interval (CI) of 0.55-1.7, p=0.9].

Whole-genome sequencing performed on samples from the second wave, found that 97% (113/117) of those tested were identified as the Beta variant. It is possible that the increased use of corticosteroids (92.6% in the second wave as compared to 13.7% in the first), which was found to be associated with lower odds of mortality (aOR=0.4, 95%CI 0.28-0.84, p=0.01), and intensified anticoagulation (93.5% in the second as compared to 62.7% in the first) improved survival.

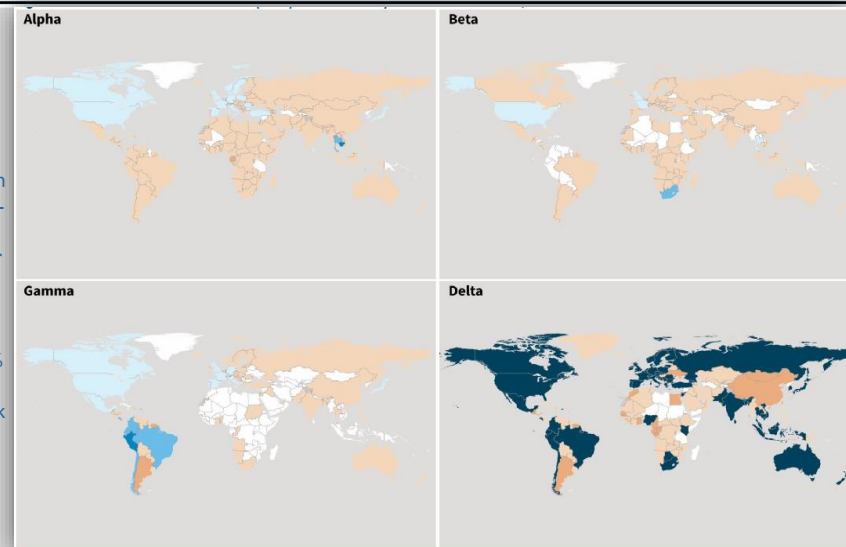
**A pre-print study**, conducted in the **United States of America** during a period when **Delta variant prevalence was above 95%**, evaluated **whether vaccine-induced immune responses reduce the amount of nasal viral RNA or the infectious virus titers as compared to the responses in infected, but unvaccinated persons**. Authors compared RT-PCR cycle threshold (Ct) data from 699 test-positive anterior nasal swab specimens from fully vaccinated (n=310) or unvaccinated (n=389) COVID-19 cases. Fully vaccinated was defined as having received a second mRNA vaccine dose or single adenovirus vector vaccine dose ≥ 2 weeks prior to testing positive. Low Ct values (<25) were observed in 212 of 310 fully vaccinated (68%) and 246 of 389 (63%) unvaccinated individuals, regardless of symptoms at the time of testing. Plaque assays were performed on an additional set of 48 samples with Ct <25, finding no difference in infectious virus titer between vaccinated and unvaccinated groups (p=0.40). Combined with other studies, these data indicate that vaccinated as well as unvaccinated individuals infected with the Delta variant may be able to transmit the virus, although other studies suggest this transmission by immunized individuals

WHO label	Alpha	Beta	Gamma	Delta
<b>Transmissibility</b>	Increased transmissibility <sup>9</sup>	Increased transmissibility <sup>8,10</sup>	Increased transmissibility <sup>10,11</sup>	Increased transmissibility <sup>6,10,12,13</sup>
<b>Disease severity</b>	Possible increased risk of hospitalization <sup>14,15</sup> , possible increased risk of severe disease and death <sup>16,17</sup>	Possible increased risk of hospitalization <sup>15</sup> , possible increased in-hospital mortality <sup>15</sup>	Possible increased risk of hospitalization <sup>15</sup> , possible increased risk of severe disease <sup>15</sup>	Possible increased risk of hospitalization <sup>20,21</sup>
<b>Risk of reinfection</b>	Neutralizing activity retained <sup>22</sup> , risk of reinfection remains similar <sup>23</sup>	Reduction in neutralizing activity reported; T cell response elicited by D614G virus remains effective <sup>24</sup>	Moderate reduction in neutralizing activity reported <sup>25</sup>	Reduction in neutralizing activity reported <sup>26-28</sup>
<b>Impacts on diagnostics</b>	Limited impact – S gene target failure (SGTF), no impact on overall result from multiple target RT-PCR; No impact on Ag RDTs observed <sup>29</sup>	No impact on RT-PCR or Ag RDTs observed <sup>28</sup>	None reported to date	No impact on RT-PCR or Ag RDTs observed <sup>30</sup>

*\*Generalized findings as compared to previously/co-circulating variants. Based on emerging evidence, including non-peer-reviewed preprint articles and reports, all subject to ongoing investigation and revision.*

may be relatively inefficient, as vaccination accelerates viral clearance. Preliminary analysis reported in a **technical briefing by the United Kingdom Health Security Agency** using surveillance data from the United Kingdom between 1 August to 5 October 2021 suggests that estimated growth rates remain slightly higher for the **Delta sublineage AY.4.2 than for other Delta lineages (parental Delta and Delta sub-lineages other than AY.4.2)** and that the secondary attack rate for household contacts of cases with AY.4.2 may be slightly higher than for contacts of Delta cases (12.2% (95% CI: 11.8% - 12.7%) vs. 11.2% (95% CI: 11.1% - 11.3%). In non-household settings, the secondary attack rate was higher for AY.4.2 as compared to Delta cases, but this difference was not significant.<sup>7</sup> Initial analyses did not show strong evidence of a difference in risk of hospitalization or death between AY.4.2 and Delta (parental and sub-lineages other than AY.4.2). It is important to note that these analyses did not adjust for crucial factors that can influence outcomes such as age and vaccination status and should be interpreted with caution.

**A peer-reviewed large retrospective cohort study from Scotland** evaluated the **effectiveness of AstraZeneca-Vaxzevria and Pfizer BioNTech-Comirnaty vaccines** at preventing death among 98 066 persons who were aged 18 years and older and who tested positive for infection with the Delta variant. VE against death among those infected with Delta was 91% (95% CI: 86-94%) for AstraZeneca-Vaxzevria and 90% (83-94%) for Pfizer BioNTech-Comirnaty. The maximum possible follow-up time post-second dose for this study was approximately 25 weeks. A second test-negative case-control study from the United States of America, peer-reviewed, found the Pfizer BioNTech-Comirnaty vaccine to be 90% (89-91%) effective at preventing hospitalization ≥ 14 days post-second dose among immunocompetent adults aged 18 years and older, and 79% (74-83%) effective at preventing hospitalization among immunocompromised adults (individuals with an impaired immune system). The maximum potential follow-up time post full vaccination was approximately 33 weeks for this study. The median interval from time of second dose to hospital admission was 89-90 days for both vaccines for both immunocompetent and immunocompromised adults. A **retrospective cohort study from Finland** (not yet peer-reviewed) assessed the **effectiveness of AstraZeneca-Vaxzevria, two doses of mRNA, and heterologous AstraZeneca-Vaxzevria/mRNA vaccination** at preventing infection and hospitalization among healthcare workers with increasing time since vaccination. VE of two doses of mRNA vaccine against SARS-CoV-2 infection declined from 85% (81-88%) 14-90 days after the second dose to 56% (46-65%) after 6 months. VE of AstraZeneca-Vaxzevria against infection declined from 88% (71-95%) 14-90 days after the second dose to 62% (-177-95%) 91-180 days post second dose. VE of heterologous AstraZeneca-Vaxzevria/mRNA vaccination declined from 80% (72-86%) 14-90 days post second dose to 63% (33-80%) 91-180 days post second dose (no estimates were available for 6+ months for these regimens). VE against hospitalization remained high (>95%) for mRNA vaccination and heterologous AstraZeneca/mRNA vaccination through 180 days post second dose; VE against hospitalization for homologous AstraZeneca-Vaxzevria decreased from 100% (-∞, 100) 14-90 days post second dose to 81% (9-96%) 91-180 days post second dose. Finally, a **peer-reviewed, large retrospective study from Israel** assessed the **effectiveness of the third dose of Pfizer BioNTech-Comirnaty vaccine compared to those who had received two doses of the same vaccine 5 or more months prior to the analysis**.<sup>34</sup> A third dose of the Pfizer BioNTech-Comirnaty vaccine was 88% (87-90%), 91% (89-92%), 92 (82-97%), and 81% (59-97%) more effective at preventing infection, symptomatic disease, severe disease, and death, seven or more days after the booster dose.



# Antimicrobial Resistance Surveillance during the COVID-19 Pandemic

Antimicrobial resistance is often referred to as a hidden global pandemic. One review estimates that by 2050, antimicrobial resistant-infections could lead to 10 million annual deaths globally, with more people dying from drug-resistant infections than from cancer.<sup>1</sup> In this report, we introduce antimicrobial resistance, how it is monitored, and the challenges associated with surveillance. Then, we discuss the potential impacts of the COVID-19 pandemic on antimicrobial resistance and monitoring.

The COVID-19 pandemic has disrupted progress made in the prevention and control of AMR infections. Both increased, and at times non-judicious, use of antibiotics along with deprioritization on antimicrobial stewardship threatens the emergence and spread of antimicrobial-resistant bacteria. There are many second-order consequences of further AMR that are difficult to measure and have yet to be quantified across public health, healthcare, and other sectors. In the context of AMR, resistant pathogens are evolving and threaten to bring the world back to an era of untreatable infections. Important actions are required to ensure AMR remains a global health priority.<sup>2</sup> As the COVID-19 pandemic subsides, the spread and transmission of AMR continues to be facilitated by increased mobility of people, food, and animals worldwide.<sup>3</sup> Though the COVID-19 pandemic may have hampered ongoing efforts to manage AMR spread, the limited comprehensiveness, timeliness, and availability of AMR data continues to pose problems for understanding the emergence, distribution of resistant pathogens, and incidence of these infections.

## What has been the impact of the COVID-19 pandemic on antimicrobial resistance?

### 1) Viral infections, like SARS-CoV-2, can predispose individuals to secondary bacterial infections which prompts the need for increased use of antibiotics.

- Interventions used to manage severe disease caused by viral infections, including COVID-19 (e.g., intubation, peripheral and central catheters), are known to increase the risk of secondary infection.
- Several large studies have articulated the incidence of secondary bacterial infections in COVID-19 patients. The observed rates of secondary bacterial co-infections have ranged from 7% to 55% of hospitalized or confirmed COVID-19 patients.

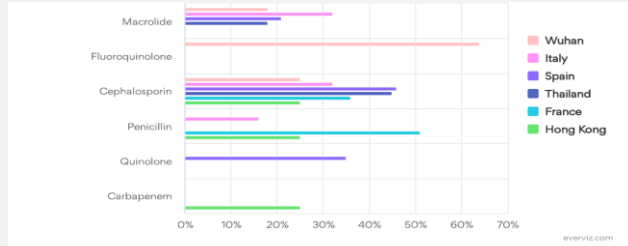


Figure 1. The proportion of hospitalized COVID-19 patients who were prescribed each antibiotic class among the total number of patients who received an antibiotic, by study location. Adapted from Ghosh et al. (2021).<sup>1</sup>

### 2) Over-prescription of antibiotics attributed to diagnostic uncertainty given overlapping symptoms from viral/bacterial infections and uncertainty related to the clinical management of the novel COVID-19 disease.

- Limited availability of diagnostic resources for COVID-19 and secondary bacterial infections has led to extensive, random use of antibiotics in countries with limited resources.
- Importantly, both COVID-19 and secondary infections affect patients' inflammatory response. This can challenge a healthcare worker's ability to confidently discern between severe inflammatory reaction caused by COVID-19, and secondary bacterial infection. In these instances, non-specific inflammatory parameters that occur due to COVID-19 may increase the propensity of broad-spectrum antibiotic use among clinicians.

### 3) Self-medication with antibiotics in the general population without well-informed understanding of use and ease of access in certain countries.

### 4) Antimicrobial stewardship has been deprioritized in the wake of the COVID-19 pandemic, with decreased funding and human resources.

- A global survey of the 73 WHO GLASS participating countries found that there was a shortage of staff to participate in AMR prevention and control efforts due to the pandemic.

## Conclusion

Investments to improve AMR surveillance and antimicrobial consumption in humans, animals and the environment along with stewardship of currently used antimicrobial drugs in all settings are essential for organizations, to monitor AMR. High quality data are also needed for public health and health care organizations to understand the true distribution of burden and craft effective policy, particularly in developing countries. The consequences of inaction are not necessarily acute at a global scale, but represent a steadily increasing inability to respond to previously preventable death and harm.

## Executive Summary Surveillance

- Robust and systematic surveillance of antimicrobial resistance (AMR) infections and antimicrobial consumption (AMC - i.e., quantity of antimicrobials used in a specific setting, during a specific time period) is needed to assess risk, monitor emerging resistance patterns, and contain the further spread of AMR infections.
- A number of notable challenges are severely limiting the global surveillance of AMR and AMC, including: limited availability of high quality data, limited consistency/granularity/timeliness of reporting, and highly variable testing capacity across countries for detecting AMR infections.
- In 2015, the WHO launched the first system to harmonize global reporting of AMR and AMC data called GLASS (Global Antimicrobial Resistance and Use Surveillance System). Although global coverage is improving, data available via GLASS only reflects a fraction of countries and likely underrepresents the threat that AMR poses to global public health. In the 2021 GLASS report, AMC surveillance data was only reported from 15 countries, and AMR surveillance data of lab-confirmed infections were only reported from 70 countries.

### Impact of COVID-19 on antimicrobial resistance and monitoring

- The COVID-19 pandemic has hampered efforts to contain AMR spread and reduce AMC. There has been documented increased use of antibiotics, at times inappropriately, as well as deprioritization of funding and human resources dedicated to this challenge. Specifically, the increased use of antibiotic resistance has risen due to the following:
  - Viral infections, like SARS-CoV-2, can predispose individuals to secondary bacterial infections and prompt the need for increased use of antibiotics.
  - Diagnostic uncertainty, given the overlapping symptoms from viral and bacterial infections, and uncertainty in the clinical management of the novel COVID-19 disease can foster over-prescription of antibiotics.
  - Self-medication with antibiotics without well-informed understanding of use, and due to ease of access in certain countries.

Table A1. Percentage of patients receiving antibiotics and percentage of confirmed secondary infections. Adapted from Ghosh et al. (2021).<sup>7</sup>

Number of Hospitalized COVID-19 Patients who Received an Antibiotic	Number of Hospitalized COVID-19 Patients with a Confirmed Secondary Bacterial Infection	Pathogen isolated	Location
49/52 (94%)	1/52 (2%)	<i>K. pneumoniae</i>	Wuhan, China <sup>18</sup>
49/49 (100%)	2/49 (4%)	<i>Serratia sp., Enterobacter sp.</i>	Hong Kong, China <sup>20</sup>
143/150 (95%)	12/150 (8%)	-	Wuhan, China <sup>21</sup>
319/476 (67%)	35/410 (9%)	-	Wuhan, Shanghai, and Anhui, China <sup>22</sup>
37/298 (12%)	30/298 (10%)	-	Shenzhen City, China <sup>23</sup>
66/67 (99%)	3/29 (10%)	<i>A. baumannii, Enterobacter cloacae</i>	Wuhan, China <sup>24</sup>
41/41 (100%)	4/41 (10%)	-	Wuhan, China <sup>25</sup>
42/48 (88%)	6/48 (13%)	<i>E. faecium, H. influenzae, P. aeruginosa</i>	Vitoria, Spain <sup>26</sup>
181/191 (95%)	28/191 (15%)	-	Wuhan, China <sup>27</sup>
39/92 (42%)	26/92 (28%)	<i>A. baumannii, H. influenzae, Moraxella catarrhalis, P. aeruginosa, S. aureus, S. pneumoniae</i>	France <sup>28</sup>
26/53 (49%)	16/53 (30%)	<i>A. baumannii, Haemophilus influenzae, P. aeruginosa, S. aureus, S. pneumoniae</i>	Milan, Italy <sup>29</sup>
6/11 (55%)	6/11 (55%)	<i>H. influenzae, K. pneumoniae</i>	Bangkok, Thailand <sup>30</sup>



# Other Infectious Disease Outbreaks / human disasters



## Ebola

**Central African Republic** – Media has reported on four suspected cases and deaths attributed to Ebola virus in Central African Republic (CAR). Reports indicate that these cases are pending laboratory confirmation, and the Ministry of Health has launched an epidemiological alert on November 11. There is very limited information available on the affected individuals, but the Health Minister indicated that the affected are all between the age of seven and 43 years and came into a medical office with fever and convulsions (seizures) from the village of Kobo in the Ouham prefecture, northern CAR. It is noteworthy that no hemorrhagic symptoms, nor any recent history of travel has been reported so far; however, the report states that cases with similar symptoms were recently reported in Chad. CAR is at risk of an Ebola virus outbreak due to high population connectivity with the Democratic Republic of the Congo, which is currently experiencing its 13th Ebola virus outbreak; however, the affected areas are not bordering the DRC. CAR had been under an Ebola virus alert, which was initiated when a case of Ebola was suspected in Côte d'Ivoire on August 2021, due to high movements of populations between this country and CAR. If confirmed, these would be the first historical cases of the Ebola virus reported in the Central African Republic.

Source: News Media - <https://www.dw.com/fr/centrafrique-ebola-sant%C3%A9/a-59806801>  
<https://corbeaunews-centrafrique.com/pas-debola-en-centrafrique-mais-la-vigilance-reste-de-mise/>

## Measles

**Afghanistan** - A spokesperson from the WHO warned about the current situation of measles in Afghanistan, which has recorded over 24,000 cases and taken the lives of close to 100 people since the beginning of the year. The WHO added that the increasing food insecurity and malnutrition in the country are playing a key role in the outcome of this surge in disease activity. The United Nations has repeatedly warned of the major humanitarian crisis threatening Afghanistan, with more than half of the population suffering from food shortages. It is estimated that more than three million children under the age of five will be at risk of malnutrition in the country by the end of the year. According to these estimates, more than a million of them could die from it.

**Pakistan** - Cases of measles continue to be reported in Pakistan in 2021. According to media reports, this year-to-date, the country has reported four times more cases of measles compared to last year (2020). In addition, while 127 deaths have been confirmed so far, it is feared that as many as 800 children or more may have died in the country this year due to the disease. Health and government officials are urging parents to ensure children are vaccinated against measles and rubella. An immunization campaign, that began in November of this year, aims to vaccinate more than 90 million children against measles and rubella across Pakistan.

Source: NewsMedia - <https://ewn.co.za/2021/11/12/heaping-upon-an-already-volatile-year-afghanistan-now-faces-raging-measles-outbreak>;  
<https://www.deccanherald.com/international/afghanistan-faces-raging-measles-outbreak-who-1049985.html>  
<https://ieng.com.pk/news/1010846>

## Influenza

**Europe** - Week 44/2021 (01 – 07 November 2021)

- Influenza activity was low throughout the European Region.
- Of the 924 specimens tested for influenza viruses in week 44/2021, from patients presenting with ILI or ARI symptoms to sentinel primary healthcare sites, two were positive for influenza type A viruses.
- Hospitalized laboratory confirmed influenza cases were reported from intensive care units (1 type B virus) and from SARI cases (18 A(H3) and one type B virus).
- Influenza viruses were detected sporadically from non-sentinel sources (such as hospitals, schools, primary care facilities not involved in sentinel surveillance, or nursing homes and other institutions). Both influenza type A and type B viruses were detected.
- During week 44/2021, there was one hospitalized laboratory-confirmed influenza cases from ICUs and no further cases in wards outside of ICUs.

Source: <https://flunewseurope.org/>

## Unknown illness

**Boonville, North Carolina, United States** - According to media reports, cases of a sudden unknown illness has affected 45 students at a middle school in Boonville, North Carolina in the United States. Students of a sixth-grade class complained of nausea and headaches on November 8, with some experiencing vomiting. None of the students were hospitalized and most had recovered by the end of the day. School officials had separated the sick students from those without symptoms and emergency medical technicians evaluated the students along with the school nurses. Officials have stated that a CO2 leak has been ruled out as a cause for the illness. Health officials, along with the school district, are currently investigating the incident and whether food poisoning was the cause.

**Safidon, State of Haryana, India** - According to recent media reports, cases of a flu-like illness with symptoms similar to dengue have been reported in the Anchra Kalan village in Safidon Tehsil of Jind district, Haryana. Over the past month, 12 individuals have succumbed to their illness and many deaths are suspected to have gone unreported. Additionally, almost all of those individuals residing in the village, with a population of about 4,500 and 800 families, are reported to have been affected. Reports have indicated that the initial symptoms are a high fever and a subsequent drop in platelet count. Health officials have stated that a team will be visiting the village to collect samples to determine the cause of the outbreak as dengue and other viral infections have not yet been ruled out.

Source: News Media - <https://www.msn.com/en-us/news/us/mysterious-illness-hits-45-students-at-a-north-carolina-middle-school/ar-AAQxOgO>  
<https://www.tribuneindia.com/news/haryana/flu-type-illness-grips-jind-village-12-lives-lost-336052>

## Cholera

**Togo** - According to official data from the Ministry of Health, cases of cholera have been detected in the municipality of Lakes 2 in Togo. Further details regarding the detected cases are not currently available. Officials have reassured the population that appropriate measures have been taken to contain this public health emergency and continue to recommend vigilance around adequate hygiene measures such as frequent hand washing and thorough washing of fruits and vegetables before consumption. Health authorities are also urging anyone who is suffering from severe diarrhoea, with or without vomiting, to seek medical attention. Previously in June, the ministry issued a warning to residents to be vigilant against cholera during the rainy season as the bacteria that causes the disease (*V. cholerae*) can spread easily during periods of heavy rainfall. Previously, Togo reported a cholera outbreak between November 11 to December 28, 2020 that constituted 67 suspected cases and two associated deaths in the municipalities of Golfe 1 and Golfe 6 in Lomé. Prior to the outbreak in Lomé, the last cholera outbreak in Togo was reported in 2016. Additionally, Togo borders countries where cholera remains endemic and therefore the risk of imported cholera cases remains present in the country.

Source: News Media - <https://icilome.com/2021/11/togo-des-cas-de-cholera-detectes-dans-la-region-maritime/>  
<https://www.togofirst.com/en/health/0911-8892-togo-ministry-of-health-reports-cholera-cases-in-the-maritime-region>

## Anthrax

**Ethiopia** - Media sources have reported a cluster of gastrointestinal anthrax in the village of Bukadhabo in the Aware woredas (district) of western Ethiopia in the Somali Region on October 29. The cases include one woman who died and another 39 individuals who fell ill after consuming the meat of a camel infected with anthrax. Health authorities in the Jarar zone sent a medical team to Bukadhabo on October 30 to examine the individuals who were hospitalized after eating the meat the previous day. Although the camel had not been sold in the market, the incident has caused concern as it has stopped livestock trade in the market. Livestock sold in Bukadhabo are normally bought by traders from Hargeisa in neighbouring Somalia and from the town of Dhagaxbuur, some 100 kilometres southeast of the village, but orders from both places have also stopped. Cases of gastrointestinal anthrax have occurred in the past in many countries, and it is usually associated with the consumption of contaminated meat from infected animals.

Source: NewsMedia - <https://radioergo.org/en/2021/11/anthrax-scare-in-village-in-somali-region-puts-damper-on-livestock-sales/>

# 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/>

### Get ready for the upcoming flu season!



**It is crucial that vulnerable populations and healthcare workers get vaccinated for COVID-19 and flu before the winter months.**

## 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.europa.eu](http://www.ecdc.europa.eu)
- World Health Organization WHO; [www.who.int](http://www.who.int)
- Centres for Disease Control and Prevention CDC; [www.cdc.gov](http://www.cdc.gov)
- European Commission; [https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response/travel-and-transportation-during-coronavirus-pandemic\\_en](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/>