



Update 93 COVID-19 Coronavirus Disease 24 November 2021



GLOBAL



259 007 872
Confirmed cases
245 500 000 recovered
5 169 278 deaths

USA

(7-days incidence 200,6)



47 765 804
confirmed cases
45 570 000 recovered
770 153 deaths

India

(7-days incidence 5,1)



34 535 758
confirmed cases
33 890 000 recovered
466 584 deaths

Brazil

(7-days incidence 25,6)



22 030 182
confirmed cases
21 260 000 recovered
613 066 deaths

News:

- **WHO:** issues [guidelines on the treatment of children with multisystem inflammatory syndrome associated with COVID-19](#)
- **WHO:** please find the weekly operational update [here](#)
- **WHO:** [WHO/Europe | Media centre - The WHO European Region could hit over 2 million COVID-19 deaths by March 2022. We can avoid reaching this grim milestone by taking action now](#)
- **CDC:** COVID-19 Vaccines for Children and Teens - [Overview](#)
- **ECDC:** Published a report about antibiotic use decreasing during the COVID pandemic. [Reported decrease in antibiotic consumption across EU/EEA during COVID-19 pandemic \(europa.eu\)](#)
- **PAHO:** [Americas report surge in drug-resistant infections due to misuse of antimicrobials during pandemic - PAHO/WHO | Pan American Health Organization](#)
- **EC:** EC President stated top priority was 'to continue pressing ahead with vaccination', as many EU countries were facing a new wave of infections. [EP Plenary: Von der Leyen on vaccines \(europa.eu\)](#)

Topics:

- Global situation
- European situation
- Vaccination news
- SARS-CoV-2 VOIs and VOCs
- Subject in Focus: Notable Update: Paxlovid, a Candidate Oral Antiviral Treatment for COVID-19
- Poster "Can NATO win back its collective memory of epidemics?" presented at the Force Health Protection Event
- Flu Awareness Campaign 2021
- Other Infectious Disease Outbreaks

COVID-19 VACCINATION PREVENTS INFECTION AND SEVERE ILLNESS

*Study of patients ages 12 and up in a large health system**

Infection
3x more likely among unvaccinated compared with fully vaccinated people¹



Hospitalization
2x more likely among unvaccinated compared with fully vaccinated COVID-19 patients



Death

7x more likely among unvaccinated compared with fully vaccinated COVID-19 patients

Vaccinate all eligible people as soon as possible



* Kaiser Permanente Northwest health plan, Oregon and Washington, July 4–September 25, 2021
¹ >14 days after completing authorized COVID-19 vaccination series

bit.ly/mm7046a4

MMWR

A study of hospitalized patients with symptoms similar to COVID-19* found...

Unvaccinated people with a previous infection were
5x
more likely to have a positive COVID-19 test compared to vaccinated people[†]

* COVID-19 like illness hospitalizations 90-179 days after prior infection or full vaccination
[†] Received two doses of an mRNA vaccine and no previous infection

Get vaccinated as soon as possible



bit.ly/MMWR7044e1

MMWR

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EUROPE



80 560 968
confirmed cases

73 840 000
recovered
1 466 640 deaths

GBR

(7-days incidence 444,4)



9 932 412
confirmed cases

9 160 000 recovered
144 137 deaths

Russia

(7-days incidence 168,0)



9 238 330
confirmed cases
8 394 000 recovered
261 526 deaths

Turkey

(7-days incidence 197,7)



8 626 550
confirmed cases
8 166 000 recovered
75 443 deaths

Situation by WHO Region, as of 21 November

Global epidemiological situation overview; WHO as of 21 November 2021

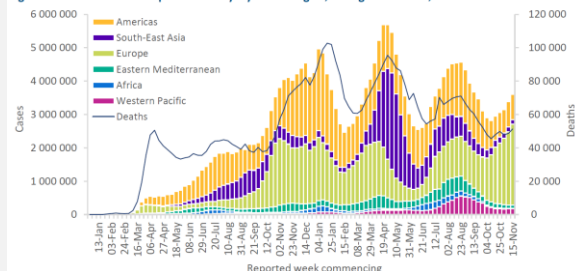
Globally, weekly case incidence has continued to increase for more than one month, with just under 3.6 million confirmed new cases reported during the week of 15-21 November 2021, a 6% increase as compared to the previous week. Similarly, new weekly deaths increased by 6% in the past seven days as compared to the previous week, with over 51 000 new deaths reported. As of 21 November, over 256 million confirmed cases and over 5.1 million deaths have been reported globally.

The European Region reported an 11% increase in new weekly cases, while the South-East Asia and the Eastern Mediterranean Regions reported decreases of 11% and 9% respectively; the other regions reported similar weekly case incidences as compared to the previous week. While the Western Pacific Region and the Region of the Americas reported relatively stable case incidence, both regions reported large increases in new weekly deaths, 29% and 19% respectively. In contrast, the African and the South-East Asia Regions reported a decrease in new weekly deaths, while the other regions reported a similar trend as compared to the previous week.

The highest numbers of new cases were reported from:

- United States of America (558 538 new cases; similar to previous week),
- Germany (333 473 new cases; 31% increase)
- United Kingdom (281 063 new cases; 11% increase),
- Russian Federation (260 484 new cases; similar to previous week),
- Turkey (163 835 new cases; 9% decrease)

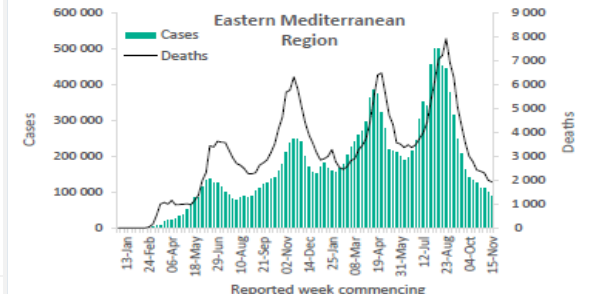
Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 21 November 2021**



Eastern Mediterranean Region

Case and death incidence rates in the Eastern Mediterranean Region have continued to decline since mid-July 2021, with over 92 000 new cases and over 1900 new deaths reported, a 9% decrease in cases and a similar number of deaths, as compared to the previous week. Out of the 22 countries in the Region, five, including Djibouti (50%), Afghanistan (49%), Oman (39%), Jordan (35%) and Sudan (34%), 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 which contributed to nearly half of the cases in the Region (41 523 new cases; 49.4 new cases per 100 000; a 19% decrease), followed by Jordan (21 599 new cases; 211.7 new cases per 100 000; a 35% increase), and Egypt (6487 new cases; 6.3 new cases per 100 000; similar to the previous week's figures).

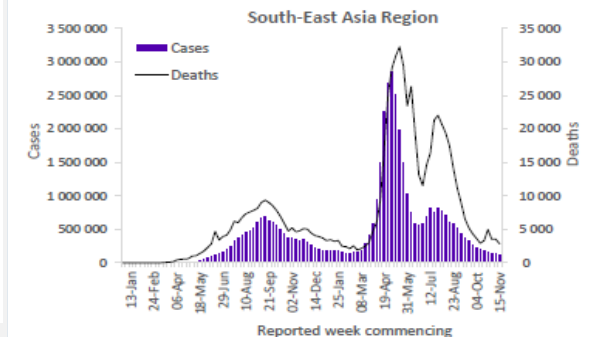
The highest numbers of new deaths were reported from the Islamic Republic of Iran (810 new deaths; 1.0 new deaths per 100 000; a 7% decrease), Egypt (437 new deaths; <1 new death per 100 000; similar to the previous week's figures), and Iraq (159 new deaths; <1 new death per 100 000; similar to the previous week's figures).



South-East Asia Region

Since July 2021, the incidence of cases and deaths in the South-East Asia Region continues to decline with 136 000 new cases and 2800 new deaths, decreases of 11% and 19% respectively, as compared to the previous week. Only one country, Bhutan, reported an increase of over 10% in new cases in the past week (7 new cases; <1 new case per 100 000; a 250% increase), whilst the highest numbers of new cases were reported from India (73 106 new cases; 5.3 new cases per 100 000; an 11% decrease), Thailand (46 171 new cases; 66.1 new cases per 100 000; an 8% decrease), and Sri Lanka (5084 new cases; 23.7 new cases per 100 000; a 19% decrease).

The highest numbers of new deaths were reported from India (2132 new deaths; <1 new death per 100 000; a 22% decrease), Thailand (351 new deaths; <1 new death per 100 000; an 8% decrease), and Sri Lanka (132 new deaths; <1 new death per 100 000; similar to the previous week's figures).

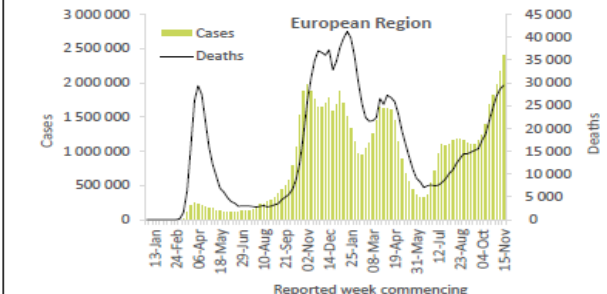


Updates from the [South-East Asia Region](#)

European Region

The European Region has continued to show an increase in both cases and deaths since early-October 2021, with over 2.4 million new cases reported (an increase of 11% compared to the previous week) and over 29 000 new deaths reported (similar to previous week's figures). Nearly 40% of countries in the Region (24/61) reported an increase in new cases of over 10%. Just over a third of all new cases are from three countries: Germany (333 473 new cases; 401.0 new cases per 100 000; a 31% increase), the United Kingdom (281 063 new cases; 414.0 new cases per 100 000; an 11% increase), and the Russian Federation (260 484 new cases; 178.5 new cases per 100 000; similar to the previous week's figures).

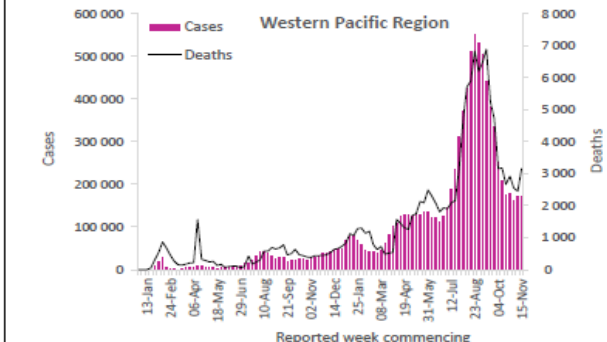
A quarter of countries in the Region reported an increase in new deaths of more than 10% in the past week, with the greatest change seen in the Faroe Islands (a 150% increase), Denmark (an 88% increase), and Poland (a 76% increase). The countries reporting the highest numbers of new deaths included the Russian Federation (8709 new deaths; 6.0 new deaths per 100 000; similar to the previous week's figures), Ukraine (4567 new deaths; 10.4 new deaths per 100 000; similar to the previous week's figures) and Romania (2002 new deaths; 10.4 new deaths per 100 000; a 15% decrease).



Western Pacific Region

The weekly incidence in cases has been relatively stable over the past one month, with approximately 175 000 new cases reported this week. However, six countries, including the Northern Mariana Islands, Republic of Korea, Papua New Guinea, New Caledonia, Viet Nam and Lao People's Democratic Republic reported an increase of over 10%. The highest number of new cases were reported from Viet Nam (66 279 new cases; 68.1 new cases per 100 000; a 16% increase), Malaysia (40 600 new cases; 125.4 new cases per 100 000; similar to the previous week's figures) and Republic of Korea (19 965 new cases; 38.9 new cases per 100 000; a 29% increase).

The Region reported over 3100 new deaths this week, a 29% increase compared to the previous week. The highest numbers of new deaths were reported from the Philippines (1631 new deaths; 1.5 new death per 100 000; an 58% increase), Viet Nam (667 new deaths; <1 new death per 100 000; a 22% increase), and Malaysia (347 new deaths; 1.1 new deaths per 100 000; a 7% decrease).

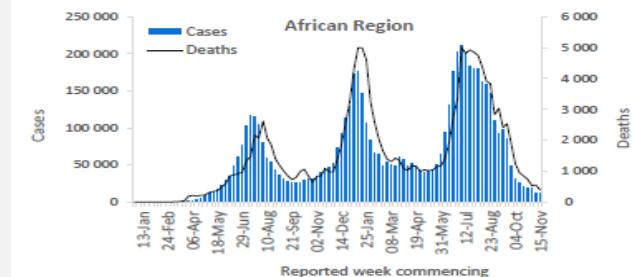


WHO regional overviews Epidemiological week 15-21 November 2021

African Region

Following a decline since late June 2021, the case incidence in the African Region appears to have stabilized in the past two weeks, with over 13 000 new cases reported during the week of 15-21 November. However, 14 of the 49 countries in the Region (29%) reported an increase of >10% in new cases as compared to the previous week, with the highest numbers of new cases reported from South Africa (3498 new cases; 5.9 new cases per 100 000 population; an 82% increase), Ethiopia (1408 new cases; 1.2 new cases per 100 000; an 11% decrease), and Réunion (1308 new cases; 146.1 new cases per 100 000; a 77% increase).

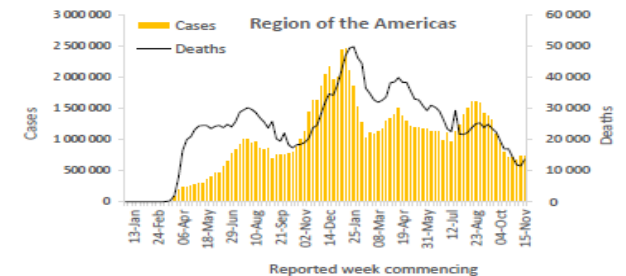
The Region reported the largest decline (30%) in new weekly deaths, with 385 new deaths reported this week. The majority of countries reported a decrease in weekly deaths; however, an increasing trend was observed in nine countries, with the highest numbers of new deaths reported from South Africa (96 new deaths; <1 new death per 100 000 population; a 39% decrease), Ethiopia (59 new deaths; <1 new death per 100 000; a 28% decrease), and Algeria (38 new deaths; <1 new death per 100 000; a 6% increase).



Region of the Americas

The case incidence rate in the Region of the Americas has been relatively stable over the past two weeks, with over 753 000 new cases reported this week. Thirty percent (17/56) of countries reported an increase of over 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 (558 538 new cases; 168.7 new cases per 100 000; similar to the previous week's figures), Brazil (64 121 new cases; 30.2 new cases per 100 000; a 16% decrease), and Canada (17 085 new cases; 45.3 new cases per 100 000; similar to the previous week's figures).

Following a steady decrease since mid-September 2021, the Region reported a 19% increase in the incidence of deaths this week, with over 13 000 new deaths. Twenty-one percent (12/56) of the countries reported an increase of over 10%, with Ecuador reporting the largest proportionate increase (13 100%), followed by Mexico (50%) and Bahamas (50%). The highest numbers were reported from the United States of America (8906 new deaths; 2.7 new deaths per 100 000; a 20% increase), Brazil (1879 new deaths; <1 new death per 100 000; a 31% increase), and Mexico (1015 new deaths; <1 new death per 100 000; a 50% increase).



Global Situation



Notable Update:

Worldwide, there have been over **256.5 million reported cases** and approximately **5.1 million reported deaths** attributed to COVID-19. According to the WHO, **3.3 million (+7.8% increase) new cases** and **less than 50,000 (+1.8% increase) new deaths** were reported globally during the week of **November 8 to November 14**, as compared to the previous week. The European region continues to report an increase in new cases (+8%) and new deaths (+5%) compared to last week. The only other regions reporting an **increase in new cases** are the Americas (+8%) and Western Pacific (+6%) regions. The largest **decrease in new deaths** was reported by the Eastern Mediterranean region with a **14% decline** compared to the same time period. Based on the BlueDot COVID-19 Data Suite, as of November 18, the top five countries with the highest seven-day rolling average number of daily new cases are the **United States, Germany, United Kingdom, Russia, and Turkey**. The top five countries/overseas territories with the highest seven-day rolling average number of daily new cases per million population are **Cayman Islands, Gibraltar, Slovenia, Austria, and Croatia**.

As of November 18, **Europe** is the continent with the largest proportion of countries (**45%**, or 23 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. **Asia** has the highest proportion of countries (**19%**, or nine out of 48) with a **low (≤140) to moderate** (140.1 - 350) **incidence rate** and an increasing trend in new cases over the last seven days, followed by **Africa (14%**, or eight out of 56). **South America** has the highest proportion of countries (**71%**, or 10 out of 14) reporting a **low incidence rate** (≤140) with a stable or decreasing trend in new cases, followed closely by **Africa (70%**, or 39 out of 56).

WHO: In Europe, according to the World Health Organization, hundreds of thousands more people could die in connection with Covid-19 diseases by spring 2022. Based on current trends, it is estimated that the total number of reported corona deaths will rise to over 2.2 million by next spring - this value has just passed the 1.5 million mark. The WHO Europe sees three factors behind the number of new infections, which are currently increasing in many places: On the one hand, the highly contagious Delta variant dominates in the region. On the other hand, countries have signaled to their populations in recent months that Covid-19 is no longer an emergency threat, and in the process relaxed measures such as the mask requirement. In addition, many people are still susceptible to the virus because a large number are still not vaccinated. The WHO counts 53 countries in the European region, including not only the EU but also countries further east such as Russia, Ukraine and Turkey. 53.5 percent of the people in this region have been fully vaccinated so far - but there are sometimes large differences between the individual countries.

AUS: After 20 months of border closure due to the corona pandemic, Australia will open again to students and professionals from abroad from December 1. "Australia is opening up to the world again," said Interior Secretary Karen Andrews. It is "one more step forward" for the country. Australia imposed one of the world's most rigorous border closings in response to the pandemic in March 2020. With a few exceptions, even their own citizens were prohibited from returning to their home country. It wasn't until the beginning of this month that the borders were reopened to Australians. A general opening of the borders is not yet in sight. Furthermore, the government does not comment on when tourists will be allowed to return to the country.

BEL: There have been riots in Brussels during protests against the corona policy. Their protest was directed, among other things, against tightened measures to contain the corona pandemic. Unvaccinated people will no longer be allowed to visit restaurants and bars in the future. Where possible, employees must work from home for at least four days a week from Monday. Belgium is also expanding the vaccination campaign to five to eleven year olds.

FRA: In view of violent protests against Corona measures, France is sending special forces to its overseas department of Guadeloupe. This was preceded by protests and road blockades lasting several days. Since Friday there has been a ban on going out in Guadeloupe between 6 p.m. and 5 a.m. The unions called for the protests. They denounce the Corona pass, which is required for access to restaurants and cafes, cultural sites and sports facilities. The passport is only given to those who have been fully vaccinated against the virus, survived an infection or recently tested negative. The demonstrations were also directed against the vaccinations required in France for health workers.

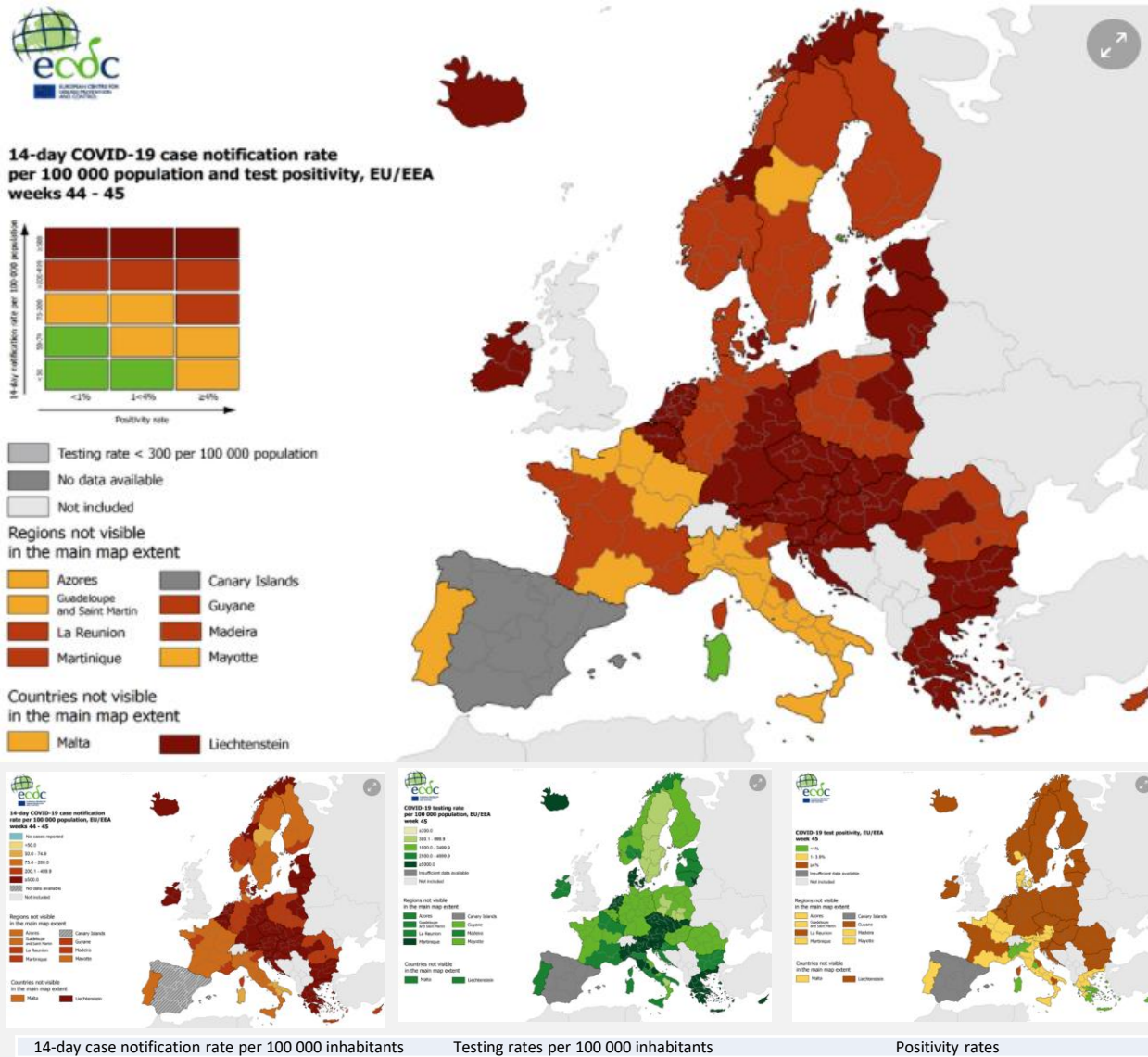
ISR: Vaccination of children aged five to eleven against the coronavirus is set to begin in Israel on Tuesday. "These are special vaccines for children, they have been adapted and it is only a third of the dose that adults receive," said Prime Minister Naftali Bennett at the weekly cabinet meeting in Jerusalem. Millions of children around the world, especially in the United States, have already received them. "The vaccines are safe and effective, they keep our children healthy." The Israeli Ministry of Health decided a week ago that BioNTech / Pfizer's corona vaccine could also be given to children between the ages of five and eleven. According to media reports, a million five to eleven year olds in Israel could receive the vaccination.

NLD: Under the pressure of increasing patient numbers, Dutch hospitals are again moving Covid 19 patients to German clinics. The first ambulance left Rotterdam on Tuesday morning, said a spokeswoman for the national organization for the distribution of patients. The patient should be admitted to the BG University Hospital Bochum. In hospitals in North Rhine-Westphalia there should be space for a total of 20 patients from the Netherlands. Due to the rapidly increasing numbers of infections and patients, the hospitals in the Netherlands are totally overloaded. They are already warning of the state of emergency. The seven-day incidence in the Netherlands is now more than 880.

AUT: As of November 18, **Austria reported 15,145 new cases**, the **highest number of daily new cases reported in the country since the beginning of the pandemic**. In addition, the seven-day rolling average number of daily new cases reached a record-high of 12,616 on November 18, up from 2,163 the month prior on October 18. In response to the increasing disease activity, on November 19, government authorities in Austria announced **the country's fourth nationwide lockdown set to begin on Monday, November 22**. Previously, the nationwide lockdown was introduced for only unvaccinated individuals on November 15. However, beginning November 22, **all citizens, regardless of vaccination status, are required to stay at home except for essential purposes** including going to work (if working from home is not possible), seeking medical help, shopping for essential goods, and exercising. Hotels, restaurants, and non-essential retail will be closed. Schools will not be officially closed but will remain open for young children of working parents, but at-home learning is encouraged when possible. The nationwide lockdown will be reviewed after the first 10 days (December 2) and is expected to last for a **maximum of 20 days** (ending December 13) **for vaccinated people** if no further changes are made. However, for unvaccinated individuals, the nationwide lockdown will remain in effect after December 13 if judged necessary. Prior to these lockdown measures, a "Green Pass" system was in place that required individuals to prove that they had been vaccinated, had recently recovered from COVID-19, or had recently tested negative for COVID-19 to visit certain businesses including hotels, catering establishments, and sports and leisure facilities.

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 18 November 2021



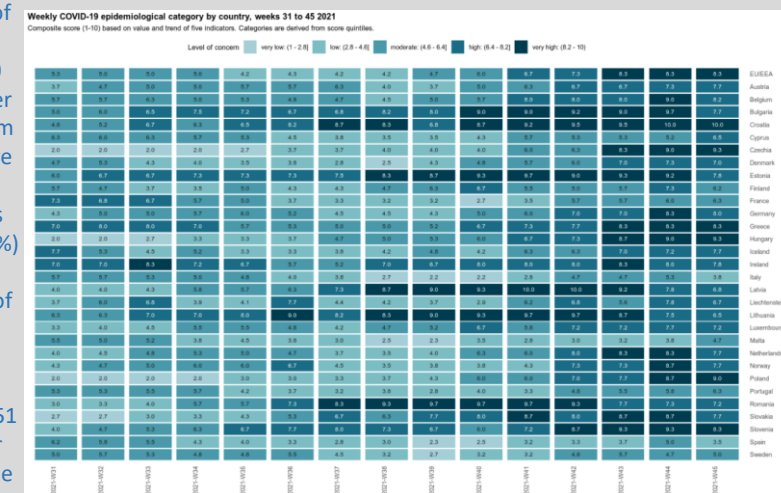
ECDC COVID-19 country overviews report Week 45, as of 18 November 2021

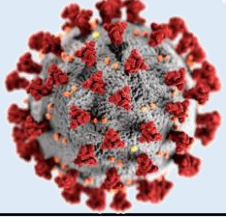
At the end of week 45 (week ending Sunday, 14 November 2021), the overall epidemiological situation in the EU/EEA was characterised by a high and rapidly increasing overall case notification rate and a slowly increasing death rate. Case notification rates, death rates, and hospital and ICU admissions 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 also rapidly increasing. The picture varies considerably between countries. Increasing case notification rates and an overall epidemiological situation of high or very high concern continue to be observed in most of the EU/EEA Member States. Countries with lower vaccination uptake are the most severely affected.

The overall COVID-19 case notification rate for the EU/EEA was 473.8 per 100 000 population (387.5 the previous week). This rate has been increasing for six weeks. The 14-day COVID-19 death rate (40.0 deaths per million population, compared with 37.8 deaths the previous week) has been stable for one week. Of 29 countries with data on hospital or ICU admissions or occupancy up to week 45, 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 45, the situation was categorised as being of very high concern in six countries (Croatia, Czechia, Greece, Hungary, Poland and Slovenia), as of high concern in 17 countries (Austria, Belgium, Bulgaria, Cyprus, Denmark, Estonia, Germany, Iceland, Ireland, Latvia, Liechtenstein, Lithuania, Luxembourg, the Netherlands, Norway, Romania and Slovakia), as of moderate concern in five countries (Finland, France, Malta, Portugal and Sweden) and as of low concern in two countries (Italy and Spain). Compared with the previous week, two countries (Cyprus and Malta) moved to a higher category, 10 countries (Belgium, Bulgaria, Estonia, Finland, Germany, Italy, the Netherlands, Norway, Slovakia and Spain) moved to a lower category and 18 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 46 and 47. Compared with the current week, increasing trends in cases, hospital and ICU admissions and deaths are forecast in the EU/EEA by the end of week 47.

By the end of week 45, the cumulative uptake of at least one vaccine dose in the EU/EEA was 81.2% (range: 30.7–99.0%; pooled data from 30 countries) among adults aged 18 years and older and 69.6% (range: 25.7–87.9%; pooled data from 30 countries) in the total population. Cumulative uptake of full vaccination was 76.4% (country range: 28.0–92.6%) among adults aged 18 years and older and 65.2% (country range: 23.4–81.4%) in the total population.

The estimated distribution (median and range of values from 17 countries for weeks 43 to 44, 25 October to 7 November 2021) of variants of concern (VOCs) was 99.9% (86.1–100.0%) for B.1.617.2 (Delta) and 0.0% (0.0–0.0%) for B.1.351 (Beta). The distribution was 0.0% (0.0–0.1%) for B.1.1.7 (Alpha), which was downgraded from the list of VOCs on 3 September 2021.





Vaccination News



A total of 10 countries accounted for **67.3%** of all vaccinations administered globally as of November 18. The top five countries/territories with the highest number of cumulative people fully vaccinated per 100,000 population are **Gibraltar** (118,180), **Singapore** (91,910), **United Arab Emirates** (88,400), **Portugal** (87,780), and **Malta** (83,500). Conversely, the top five countries with the lowest number of cumulative people fully vaccinated per 100,000 population are **Burundi** (0), **Congo** (50), **Chad** (390), **Haiti** (420), and **South Sudan** (580).

[COVID-19 Vaccine Administration and Research – Spotlight on Chile: Vaccines in Children](#)

Chile began vaccinating children between the ages of six to 11 with the Sinovac vaccine on September 13, 2021. As of November 5, over 1.1 million first doses have been administered (71.4% of the age group) and 31.2% of the age group in Chile has received both doses. According to an adverse event report using data from September 13 to October 6 including 643,204 children vaccinated with one dose, only 71 cases of adverse events were reported (0.1%), among which 5.6% (0.0006% of all vaccinated children) were serious cases. This adverse event rate is comparable to rates observed with routine childhood immunizations. We estimated that the percentage of Chile's total population, including children, who acquired a level of immunity by vaccination with a single dose or recovery from a COVID-19 infection was 90.2% as of November 16, 2021. Chile is currently seeing a rise in infections, mainly among the unvaccinated, and the government has yet to fully lift prevention measures. Face masks and classroom capacity limits remain in place in schools.

https://mcusercontent.com/ab84a833923e562d0999bf440/files/0df515e8-c8f2-9ab5-49df-7a6c8e9d45e9/BlueDot_VaccineAdministration26.pdf

BioNTech: BioNTech boss Ugur Sahin considers his vaccine to be very effective despite the vaccination breakthroughs. The vaccine does not decrease until "the fourth month" and the protection against serious illness is very high up to the ninth month. Sahin spoke out in favor of booster vaccinations. "On the one hand, a booster protects the vaccinated person very well against illness, but it also helps to break other chains of infection." That could help us through the difficult winter ahead. Sahin said, according to the report: "The important thing is that the third vaccination increases protection. Accordingly, we expect it to last longer than protection after the double vaccination and subsequent booster vaccinations may only be needed every year - similar to influenza . "

EU: According to European Minister of State Michael Roth, the EU Covid certificate for free travel must be adapted with a view to booster vaccinations. The question arises as to how long the vaccination certificates should be valid in the future. "We have to make adjustments here so that we can help as many people as possible to move freely in the European Union," said Roth before a ministerial meeting in Brussels. The EU vaccination certificate is of outstanding importance for this. Representatives from other EU countries were also open to updating the agreements for the EU's uniform vaccination certificate in view of the booster vaccinations.

EMA: The European Medicines Agency (EMA) is expected to decide on Thursday whether BioNTech / Pfizer's Covid-19 vaccine will be approved for use in children aged five to eleven.

CZE: In the Czech Republic, compulsory corona vaccination for seniors over 60 years of age is under discussion. "The reason for this is that this age group is most at risk," said executive prime minister Andrej Babis in Prague. A government advisory body on health risks recommended this step. The Ministry of Health is also working on a draft for compulsory vaccination for certain professional groups such as health and nursing staff, police officers, soldiers and firefighters.

AUT: Government authorities have stated that they are beginning preparations for a general vaccination requirement to come into effect in February 2022 at the latest that will make **COVID-19 vaccines compulsory**. Authorities have stated that while the current nationwide lockdown is expected to curb the spread of the SARS-CoV-2 virus during the country's fourth wave, they believe that the best approach to avoid further spikes in cases is to **increase the population's vaccination rate**. As of November 18, of the country's nearly nine million population, **69.5% (6,169,682) have received at least one dose of a COVID-19 vaccine and 65.1% (5,776,362) are fully vaccinated**. Vaccine certificates are currently valid in Austria for 12 months from the second dose (valid for nine months beginning December 6) and a booster vaccine will be required to extend their validity. Adult citizens are able to get a booster dose four months after their second dose.

IND: There is currently no schedule for booster vaccinations in India, Reuters news agency learned from several people familiar with the matter. Accordingly, the government assumes that many Indians already have a natural immunity from infection and that two doses of the vaccine offer sufficient protection for the time being. As a result, authorities focused on ensuring that most of the 944 million adults in the country will be fully vaccinated by January. So far, 81 percent of adults have received one dose, 43 percent two. Vaccination of young people under the age of 18 has not yet started.

NZL: New Zealand wants to move away from the zero corona strategy and take back some tightened protective measures on December 3rd. Instead, a three-stage traffic light system should now be introduced, which provides for measures depending on the corona numbers and the vaccination rate, says Prime Minister Jacinda Ardern. The hard truth is that the particularly contagious Delta variant will remain and will not go away. But New Zealand is well equipped, thanks to high vaccination rates and the new security measures such as the traffic light system and the vaccination certificate.

RUS: In the midst of the dramatic corona situation in Russia, President Vladimir Putin said he had a booster vaccination. He had been vaccinated with the Russian vaccine Sputnik Light, said the 69-year-old in Moscow, according to the Kremlin. The vaccination campaign in the country with around 146 million people is running very slowly due to widespread scepticism. According to statistics, only 40 percent of the population are fully protected. On Sunday, the authorities reported 1,252 corona deaths within 24 hours - the second highest daily high since the beginning of the pandemic. In addition, there were almost 37,000 new infections within one day.

ISR: Corona vaccinations for children between the ages of five and eleven have started in Israel. The first doses of BioNTech / Pfizer's vaccine were given to children of this age group in a clinic in Tel Aviv, the AFP news agency reported. The vaccine is injected into five to eleven year olds in two shots with a dose of ten micrograms each. That is a third of the usual adult dosage. According to Pfizer, the protection against Covid 19 disease through vaccination in this age group is 90.7 percent.

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

816,072,153

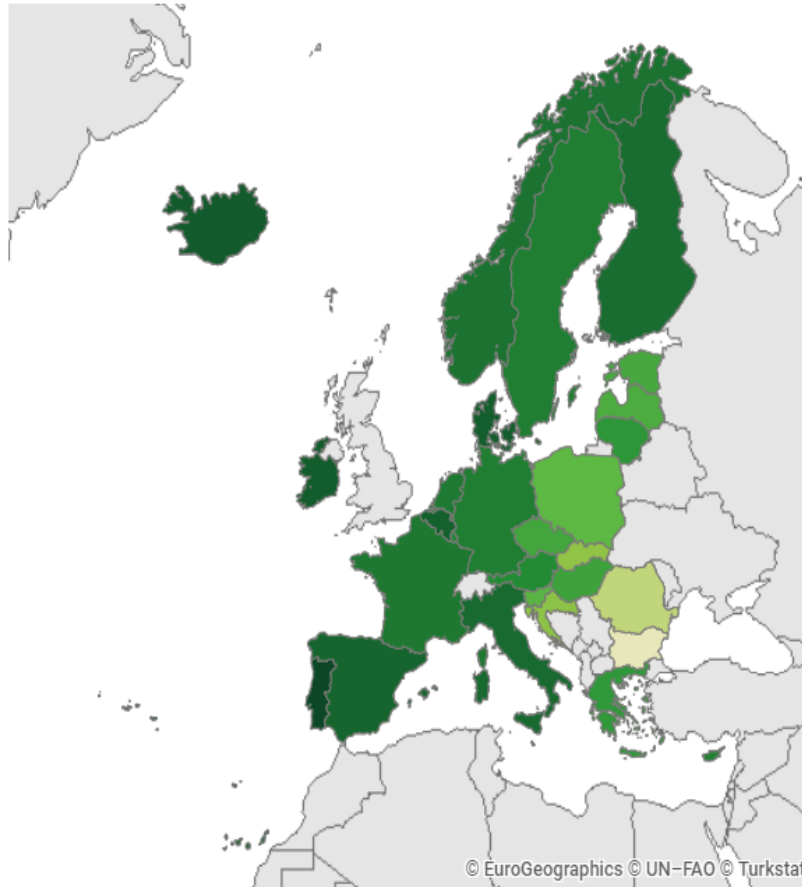
619,232,169

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 2021-11-23
by reporting week (data for the current week are preliminary)

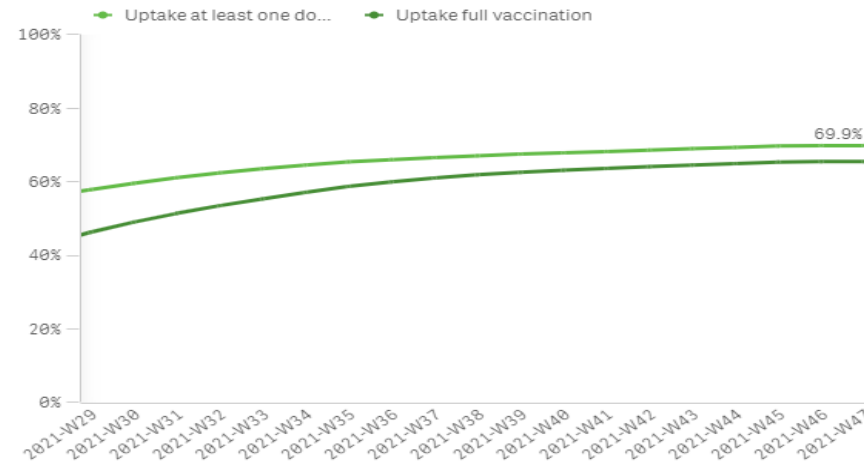
Cumulative uptake (%) of full vaccination by age group in EU/EEA countries as of 2021-11-23

Cumulative uptake (%) of full vaccination in the total population in EU/EEA countries as of 2021-11-23



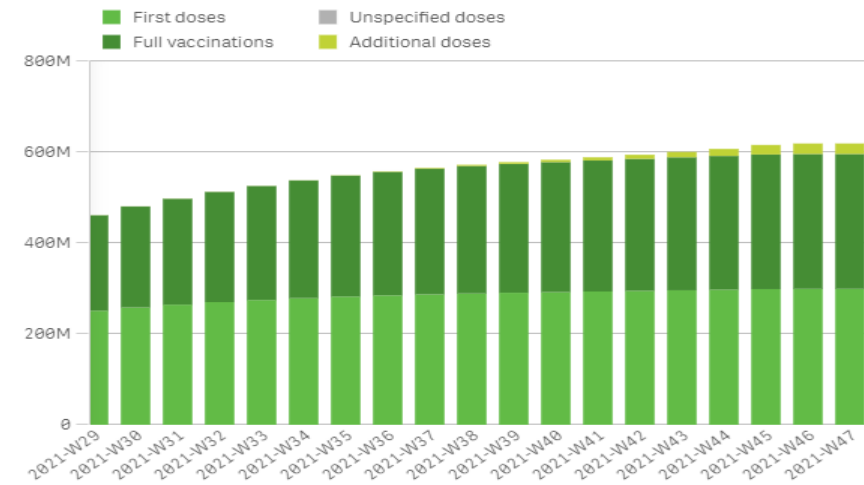
Uptake full vaccination (%)

24.4% 81.4%



Cumulative number of vaccine doses administered to the total population in EU/EEA countries as of 2021-11-23

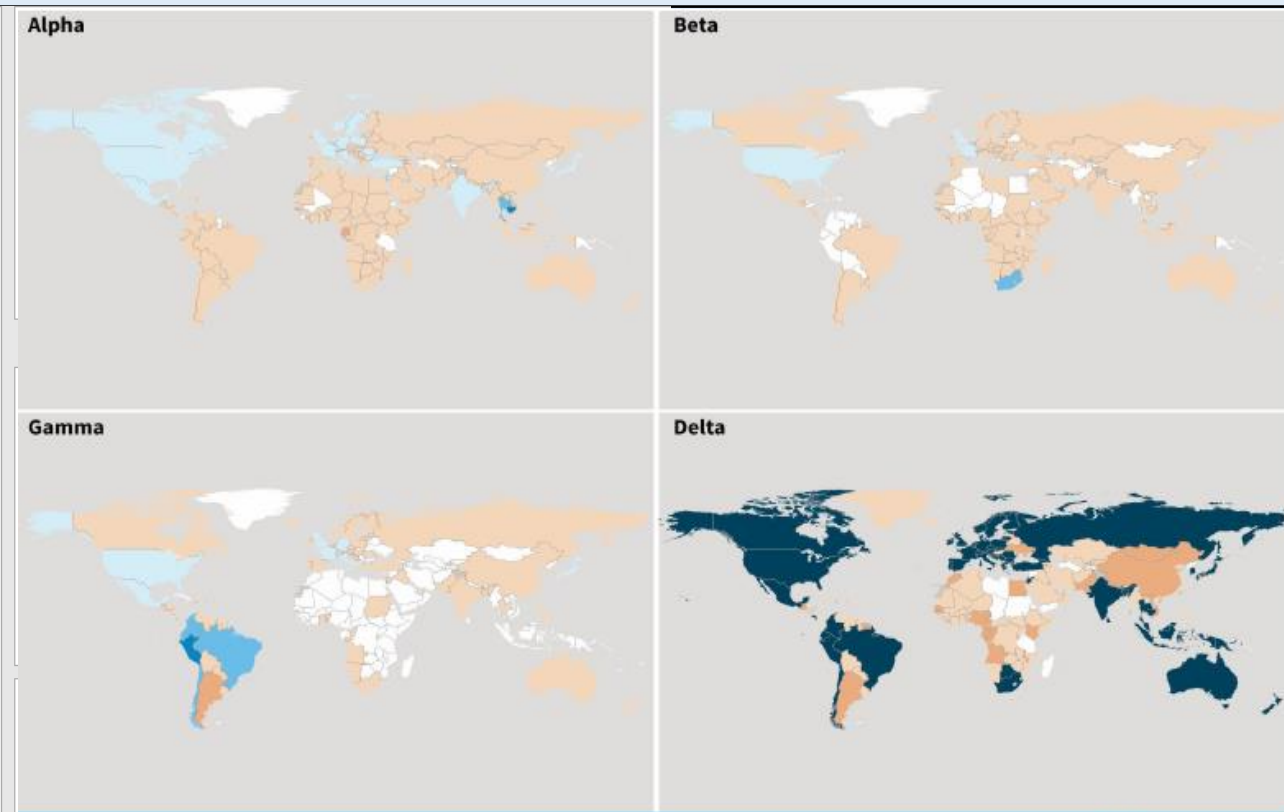
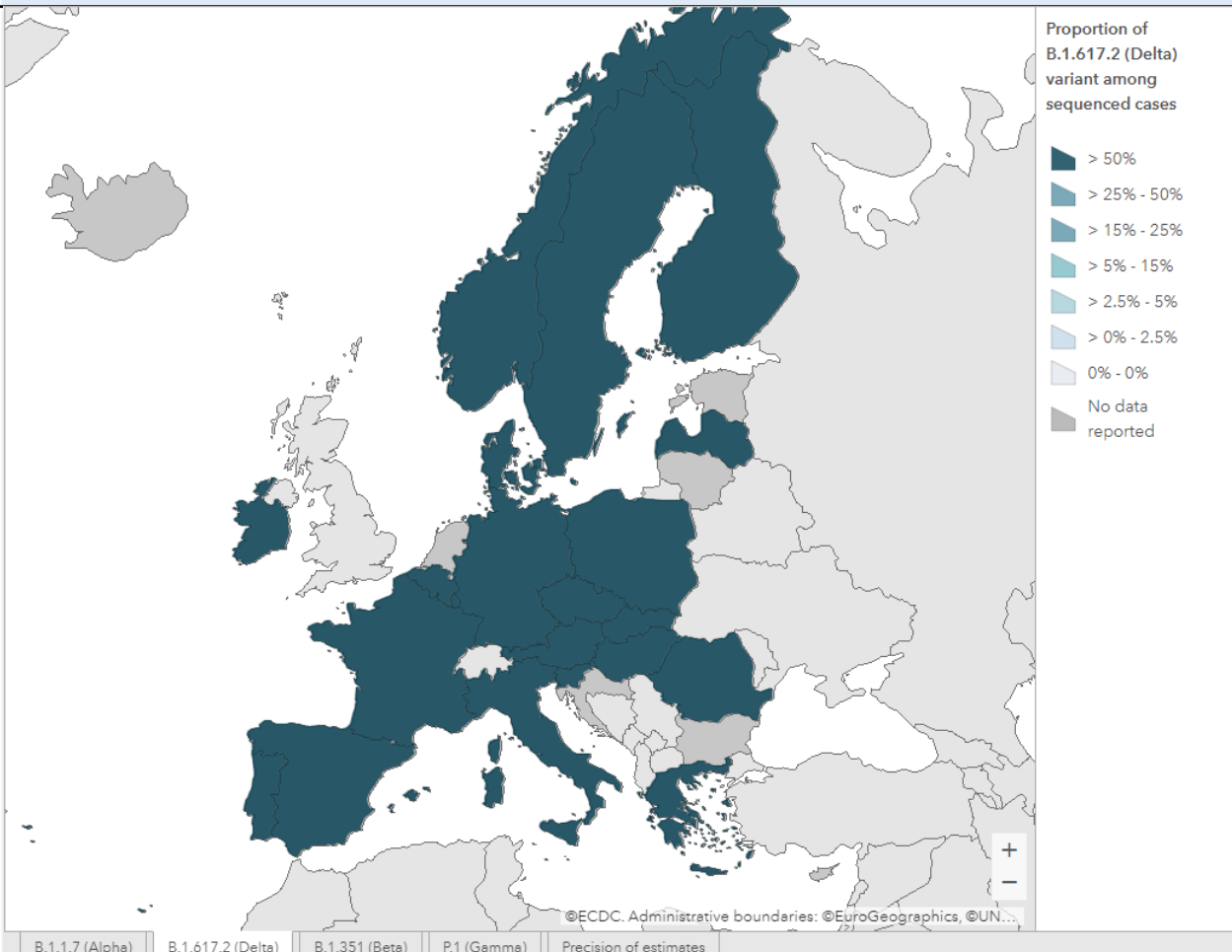
by reporting week (data for current week are preliminary)



Country	60+ years	50-59 years	25-49 years	18-24 years	<18 years
Austria	87.8%	76.3%	67.0%	62.9%	15.2%
Belgium	93.5%	90.3%	82.4%	78.9%	27.5%
Bulgaria	32.9%	32.7%	26.2%	20.7%	1.1%
Croatia	70.2%	59.8%	45.6%	32.0%	1.8%
Cyprus	92.5%	83.8%	77.1%	60.3%	11.0%
Czechia	82.1%	73.8%	58.7%	57.8%	13.0%
Denmark	99.0%	92.9%	81.1%	78.0%	24.5%
Estonia	72.6%	70.2%	62.5%	63.9%	15.1%
Finland	93.2%	85.5%	77.0%	69.3%	23.3%
France	85.3%	80.1%	75.7%	76.4%	23.0%
Germany	-	-	-	-	-
Greece	79.4%	75.2%	66.0%	59.3%	10.0%
Hungary	80.0%	71.8%	61.1%	48.7%	16.9%
Iceland	100.0%	92.0%	86.3%	84.8%	25.3%
Ireland	100.0%	97.4%	87.2%	83.5%	24.1%
Italy	89.4%	82.8%	75.6%	80.4%	22.9%
Latvia	64.0%	68.3%	66.3%	68.6%	13.9%
Liechtenstein	-	-	-	-	-
Lithuania	75.0%	74.0%	72.7%	69.1%	11.9%
Luxembourg	86.5%	83.2%	70.9%	63.2%	21.1%
Malta	98.8%	87.9%	90.8%	82.8%	25.3%
Netherlands	-	-	-	-	-
Norway	97.7%	92.6%	81.7%	80.1%	3.5%
Poland	74.7%	65.0%	55.3%	49.7%	12.6%
Portugal	99.5%	93.3%	86.4%	83.6%	29.0%
Romania	40.7%	49.0%	42.4%	40.1%	4.0%
Slovakia	67.3%	56.6%	46.9%	44.9%	7.2%
Slovenia	80.2%	66.5%	52.7%	53.9%	8.0%
Spain	97.5%	88.4%	75.7%	70.2%	26.1%
Sweden	93.0%	88.4%	76.6%	67.9%	10.1%

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

Source: <https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---23-november-2021>
<https://gis.ecdc.europa.eu/portal/apps/opsdashboard/index.html#/25b6e879c076412aaa9ae7adb78d3241>



*Prevalence calculated as a proportion of VOC sequences among total sequences uploaded to GISAID with sample collection dates within the past 60 days prior to the latest date of collection, excluding low coverage sequences, limited to countries with ≥100 total sequences in the same period. Countries assigned by location of sample collection.

**Includes both official reports to WHO and unofficial reports of VOC detections.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

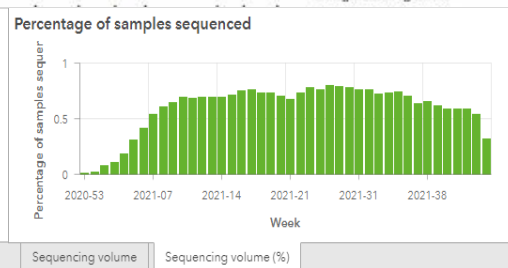
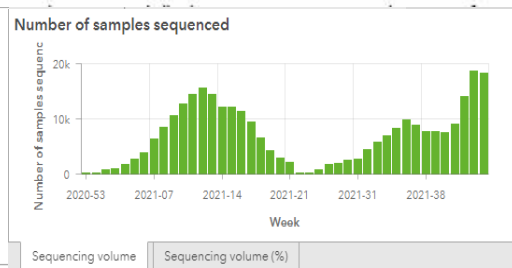
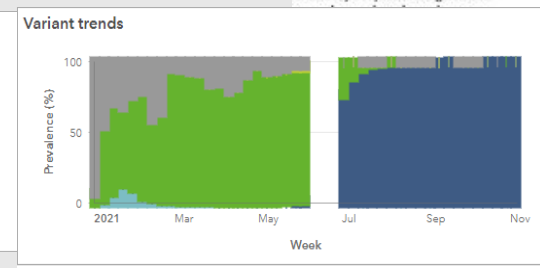
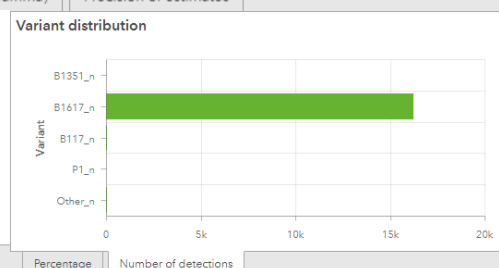
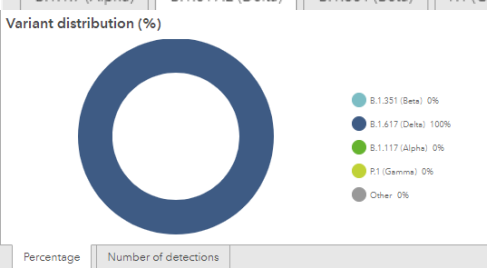
Proportion of VOC among total sequences*

- > 0.501 - 1.000
- 0.101 - 0.500
- 0.011 - 0.100
- > 0.000 - 0.010

VOC detected, too few sequences to estimate proportion

- No new VOC sequences, VOC previously reported**
- No presence of VOC reported to WHO
- Not applicable

World Health Organization
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 Data Source: World Health Organization, GISAID
 Map Production: WHO Health Emergencies Programme



Notable Update: Paxlovid, a Candidate Oral Antiviral Treatment for COVID-19

As of November 16, **Pfizer has submitted the oral antiviral COVID-19 treatment, Paxlovid, for Emergency Use Authorization (EUA)** in several countries including the United States, United Kingdom (UK), Australia, New Zealand, and South Korea after the recommendation to stop recruiting for the phase 2/3 trial due to favourable results. Paxlovid is a combination of two drugs (PF-07321332; ritonavir) intended to be **taken at-home early in infection or post-exposure to prevent severe outcomes**.

The Phase 2/3 EPIC-HR study was a double-blinded randomized trial recruiting non-hospitalized adults 18 years and older with confirmed COVID-19 within five days of symptom onset and at least one risk factor for developing severe disease. Participants were assigned to either the placebo or Paxlovid group with the medications taken twice daily over five days. At the time of the interim analysis, 1,219 adults were included in the study.

The primary outcome evaluated the risk of hospitalization or death over 28 days after randomization in participants that began the regimen within three days of symptom onset. Results announced through a press release, indicate **Paxlovid reduced the risk of hospitalization or death by 89%** in this group, with more participants in the placebo group (7.0%; 27 hospitalizations and seven deaths out of 385) experiencing more hospitalizations or death than the treated group (0.8%, three hospitalizations and no deaths out of 389). Participants that began treatment within five days of symptom onset observed similar results with 1.0% of participants in the treatment group (six hospitalization and no deaths out of 607) and 6.7% from the placebo group (41 hospitalizations and 10 deaths out of 612) reporting hospitalization or death. **Overall mortality within 28 days was 1.6% in the placebo group with 10 deaths, compared to no deaths observed in the treatment group**. Additionally, the incidence of adverse events was comparable in the Paxlovid and placebo groups with the majority being mild events. A larger percentage of participants from the placebo group reported experiencing serious adverse events and the need for discontinuation compared to the treatment group.

Paxlovid is another key candidate for reducing the burden of disease on healthcare systems by preventing serious illness at a very early stage before hospitalization is required. Early interventions may have the potential to mitigate long-term consequences from SARS-CoV-2 infections but require adequate resources in testing for early identification, notification, and treatment. While interim clinical data has been submitted to regulatory bodies for EUA approval, a full analysis has not been made publicly available yet, further data and a decision from regulatory bodies is expected in the near future.

The following table summarizes some of the available and pending COVID-19 therapeutics:

Drug Name	Manufacturer	Use	Principle	Regulatory Status*
Ronapreve/REGN-COV (Casirivimab & Imdevimab)	Roche/ Regeneron	Hospitalized adults and adolescents (from 12 years of age and weighing at least 40 kgs) who do not require supplemental oxygen and who are at increased risk of severe disease	Monoclonal antibodies mimic the natural antibodies produced by the immune system when defending itself against diseases. The monoclonal antibodies are meant to bind to the virus to stop it from entering host cells and help fight off infected cells.	Approved
Sotrovimab (VIR-7831)	GlaxoSmithKline	Hospitalized adult and pediatric patients (aged ≥12 years and weighing ≥40 kg)	Inhibits viral replication	Approved
Veklury (Remdesivir)	Gilead Science	Hospitalized adult and pediatric patients (aged ≥12 years and weighing ≥40 kg)	Blocks the action of a vital enzyme (protease) and stops SARS-CoV-2 from making copies of itself.	Approval pending (EUA granted in the UK)
Molnupiravir (Lagevrio [in the UK]; EIDD-2801/MK-4482)	Merck	At home, oral treatment for mild-moderate COVID-19 in adults with a positive SARS-CoV-2 diagnostic test and ≥1 risk factor for developing severe illness.	At home, oral treatment, for high-risk patients to take within three to five days of symptom onset	Approval pending

* Approval status is based on the decisions of regulatory agencies inclusive of but not limited to the EMA, FDA, and Health Canada. and includes conditional, emergency use, and marketing authorizations.

Can NATO win back its collective memory of epidemics?

Major Tom Falconer Hall

AMS Support Unit, British Army

Presented as a poster at the FHP Event from 3rd to 4th NOV 21

Retreat of experience

In the West, the effort to control infectious diseases has retreated from one which encompassed the whole of society to one undertaken by a small number of specialist professionals[1] (see box 1). Even within the specialty of public health, communicable disease control has become a distinct sub-specialty. This contrasts with areas of the world where high-consequence infectious disease remains endemic and the concern of the whole society[2].

Box 1: Roles of Communicable Disease Control (CDC) Professionals¹

Public Health (Consultants in Communicable Disease Control) – provide systems leadership

Environmental Health – investigate potential sources of an outbreak

Infectious Disease Physicians – provide clinical infectious disease expertise and liaison between front-line clinicians and CDC team

Microbiologists – provide laboratory microbiology expertise

Epidemiologists – provide epidemiological advice and run epidemiological investigation

¹This list of professionals involved in communicable disease control is not exhaustive, and other professionals provide valuable contributions to the control of infectious disease

A similar pattern can be seen in the military. From the mid-nineteenth century, the British Army placed great importance on controlling infectious disease[3]. This was primarily a responsibility of the chain of command, laid down in King's Regulations and Army Council Instructions[4], with an emphasis on "health discipline" to maintain combat effectiveness[5]. By the mid-twentieth century British military commanders had become accustomed to confronting infectious disease, particularly malaria[5]. However, the success of antimicrobials and immunisation in recent decades has seen command's collective memory in tackling epidemics wane. Expertise has become more specialised and centralised, akin to the experience of wider Western society[4].

Opportunity to regain our memory...

The West's experience of tackling COVID-19 presents an opportunity to regain our collective memory of epidemics[2]. This must be retained and taken forward. COVID-19 has caused significant societal disruption, but individuals' and communities' experience of tackling the pandemic has generated a societal understanding of the essential measures required in confronting epidemics. This goes beyond the immediate public health measures of case finding, testing, isolation and contact tracing, into the actions that business, civil society and individuals can take. Businesses that have become "COVID compliant" have gained a body of knowledge and created a culture that can be internalised and used for potential future epidemics[6]. Better still, this could inform business continuity plans, and inform future generations who have no direct experience of epidemics.

...beyond COVID-19

This collective memory must go beyond the narrow vision of coronavirus outbreaks. As a society, we need to be conceptually prepared for a world of further epidemics, and be able to plan for maintaining healthy communities and health systems in a world of increasing antimicrobial resistance and the "re-emergence" of highly infectious pathogens. Despite the significant disease burden caused by COVID-19, it is a relatively mild disease for the majority of the population. The vast majority of deaths occurred in vulnerable groups with significant underlying risk factors[7]. This has allowed a policy of shielding high-risk individuals whilst the front-line response has been predominantly delivered by individuals with a lower risk profile. Overall COVID-19 has not significantly hindered the state's capacity to both maintain essential services, other than health, or respond to the pandemic, which at a national level could be described as a compensated public health emergency.

Ongoing epidemic risk and military implications

Pandemic influenza continues to be classified as the UK's most significant civil emergency risk and could present a far higher risk to NATO member states than COVID-19[8]. The 1918 H1N1 influenza pandemic caused significant morbidity and mortality in young adults[9]. More proficient control of influenza by the Allies arguably contributed to the failure of 1918 Central Powers' Spring Offensive, setting the conditions for the November armistice[10].

A future epidemic with similar epidemiological characteristics to the 1918 pandemic would significantly constrain the NATO members' ability to respond to it. Key workers, including health workers, could sit among the highest risk groups, causing widespread staff shortages, and a far greater feeling of fear amongst healthcare staff. This could lead to an uncompensated public health emergency with governments being unable to effectively respond to the pandemic, and a potential breakdown in the delivery of essential services, particularly health services.

Military personnel would also sit in these high-risk groups, constraining the military's ability to contribute to society's response and undermining the military's operational readiness to face external threats. From the UK perspective, significant planning in preparing for the last influenza pandemic in 2009 was carried out but much of that work was not required because of the relative mild impact of the pandemic. Many of the lessons learnt in that long period of planning (2005-2009) should be re-visited. In particular, a review on the utility of modelling in pandemics, should be reviewed as it was clear in this pandemic and others that even experts disagree on models and moreover poor modelling reports may cause more harm than good[11].

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Acknowledgements:

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Conclusions

Our lived experience of the COVID-19 pandemic will hopefully bring some realism to future societal efforts to protect the health of its population. For NATO the experience of COVID-19 combined with the lessons learnt from operations (such as tackling Ebola), and long-standing CBRN training can help us win back our ability to operate and fight in future epidemics. The collective memory of command remains crucial, reinforcing Field Marshall Slim's maxim that *"more than half the battle against disease is fought not by doctors, but by regimental officers"*[12].

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Other Infectious Disease Outbreaks / Human Disasters

Meningococcal Meningitis

Spain—A case of meningococcal meningitis has been reported in Spain in 2021. The affected individual is a 79-year-old from Zaragoza in Aragon, northeastern Spain. The bacterium *Neisseria meningitidis*, which causes the disease, was isolated in the affected individual's cerebrospinal fluid and chemoprophylaxis was administered to all identified close contacts of the case. No further details regarding the case were provided. In Spain, meningococcal disease is not considered endemic, with fewer than five cases per 100,000 people reported.

Source: News Media – <https://www.heraldo.es/noticias/aragon/zaragoza/2021/11/18/detectado-en-zaragoza-un-caso-de-meningitis-en-una-mujer-de-79-anos-1534692.html>

Cutaneous Anthrax

Argentina The Epidemiology Directorate of the Ministry of Health of La Pampa confirmed a case of cutaneous anthrax. According to officially available information, the affected individual is a worker from the rural area of southern Pampas. Historically, the province of La Pampa has had repeated outbreaks of bovine anthrax. The Laboratorio Santa Rosa noted that since 2014, anthrax has been an important risk and a constant concern.

Source: ProMed <https://promedmail.org/promed-post/?id=8699726>

Legionellosis

Netherlands - An outbreak with multiple cases and one confirmed death due to legionella has been reported in the town of Schijndel, North Brabant located in the southern region of the Netherlands. Health authorities report that investigations to identify the source of the infections are still underway. Most of the affected individuals are between the ages of 60 and 90 years, and half of the affected individuals live in two care centres in Schijndel. Due to the population density of the elderly in the area and their susceptibility to legionella infection, the municipality has turned off the fountains in Schijndel as a precaution during the outbreak investigation. The Dutch public health institute RIVM reports that every year there are between 300 and 400 cases of pneumonia due to legionella reported in the Netherlands, last year 461 cases were reported.

Source: News Media – <https://www.welingelichtekringen.nl/anp/al-15-legionella-besmettingen-in-schijndel-gemeld>

Lassa Fever

Nigeria - The Nigeria Centre for Disease Control recently reported additional confirmed Lassa fever cases during the first week of August. While the numbers seem high, they are less than during the same period in the year 2020 (when 1,054 confirmed cases and 220 deaths were reported). However, the number of suspected cases that have been reported since the beginning of the year is roughly 10 times the number of confirmed cases and due to limited information on how many people were tested, the actual extent of the disease activity could be higher. So far in 2021, 14 states have recorded at least one confirmed case across 60 Local Government Areas. Of all confirmed cases, 83% are from Edo (45%), Ondo (33%), and Taraba (5%) States.

Yellow Fever

Northwest Ghana- From 15 October to 9 November 2021 (weeks 41-45), a total of 89 suspected cases and 16 (CFR 18.0%) deaths due to yellow fever (YF) have been notified among the nomadic population from 14 communities in the Savannah Region in Northwest Ghana. The cases presented with symptoms of body pains, fever, abdominal pain, vomiting, jaundice, and bleeding from the gums. The age of the cases ranged from 8 months to 44 years and females accounted for 58.4 % (52) of the cases.

The affected communities are located in the North Gonja and West Gonja districts of the Savannah region which borders Cote d'Ivoire and hosts Mole National Park, Ghana's largest wildlife sanctuary that is frequented by tourists. The community is made up of a predominantly mobile population that migrated from Nigeria in 2019 and currently live at the base of the park. The area is also home to a variety of animals including non-human primates (wild host) and species of the Aedes mosquito (vector) which play a part in YF virus transmission. Yellow fever is endemic in Ghana and falls within the Yellow Fever Belt of Africa, however no cases have been reported since 2019. The country is also classified as high-risk in the "Eliminate Yellow Fever Epidemics" (EYE) Strategy. Since 1992, the government of Ghana introduced the yellow fever vaccine into the routine

immunization programme for children at nine months. The last nation-wide campaign was completed in 2020 and national vaccination rates are currently high at 88.0%. Despite high national rates of vaccine coverage, it is difficult to know the coverage among the mobile population who are among the most affected in this outbreak so far. Therefore, pockets of the population may still be left unvaccinated and vulnerable to infection.

Source: WHO <https://apps.who.int/iris/bitstream/handle/10665/349343/OEW47-1521112021.pdf>

Influenza

Europe - Week 45/2021 (08 – 14 November 2021)

- Influenza activity was low throughout the European Region.
- Of the 1 317 specimens tested for influenza viruses in week 45/2021 from patients presenting with ILI or ARI symptoms to sentinel primary healthcare sites, 13 (1%) were positive for influenza virus; 12 influenza A viruses (3 subtyped as A(H3)) and 1 influenza B virus.
- Hospitalized laboratory confirmed influenza cases were reported from an ICU ward (1 A(H3) virus) and from SARI cases (21 influenza A viruses).
- 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.

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

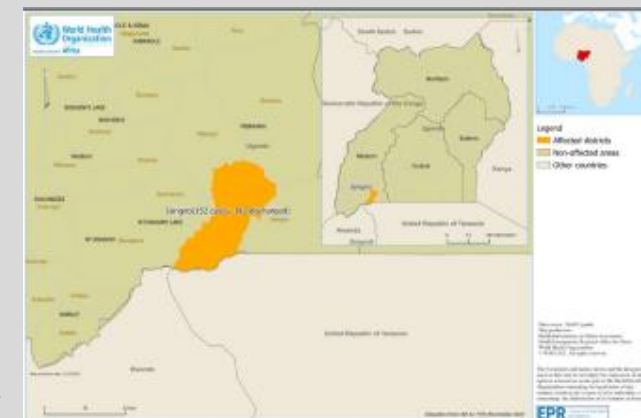
Cholera

Uganda -Ugandan health authorities confirmed and declared a cholera outbreak on 4 November 2021 following laboratory assessment of 14 stool samples collected from suspected cases in the villages of Nyarugugu B and C, in Isingiro district. Seven samples (50%) were confirmed having vibrio cholera. The index case was a 35-year-old female from Nyarugugu C village

admitted in Nakivale health center on 4 November 2021 with a history of sudden onset loose watery motions with associated severe abdominal pain and multiple episodes of non-projectile watery vomitus. A diagnosis of suspected cholera was made, and treatment was initiated after sample collection. In the morning of the same day (4 November 2021), the community health workers and the public health team undertook household visits in the Nyarugugu villages for active case finding. The investigation team detected two other suspected cases from the household of the index case and these were taken to the health facility. The second household visited was having four individuals and one of them was a cholera suspected case. In the third household visited, one person out of three had developed cholera symptoms. The remaining five households visited the same day had one cholera suspected case each. As of 17 November, 163 suspected cases, seven confirmed and zero death, have been reported including 152 cases from Isingiro district and 11 from the capital city of Kampala.

In Isingiro district, seven villages have reported cases of cholera so far. Nyarugugu C village has reported most cases 89 (58.5%) cases, followed by Nyarugugu B with 55 (36.2%) cases, then Sanagano with 3 (1.9%) cases, and Kashojwa B with 2 (1.3%) cases. Base camp, Kabazana and New Congo villages have reported one case of cholera each. Ten cases are on admission and 574 contacts have been listed and under follow up. A cumulative of 78 stool samples have been collected in Isingiro district, of which cholera has been confirmed in 7 (9% of positivity rate) samples. Investigation is still ongoing for suspected cases reported in Kampala capital city.

Source: WHO <https://apps.who.int/iris/bitstream/handle/10665/349343/OEW47-1521112021.pdf>



Other Infectious Disease Outbreaks / Human Disasters

Unknown Illness in Brazil – An outbreak of an unknown illness has been reported in Recife, the capital of Pernambuco state, northeast Brazil in 2021. The unknown illness is reported to cause skin lesions and severe itching among affected individuals. However, while more than 80% of those affected only have skin lesions and itching, a small proportion also reported fever. Some individuals have reported rapid improvement of their condition, only lasting two to three days, while others have reported more intense manifestations of the lesions. No other severe consequences of the illness have been reported to date. The first cases were reported earlier this month (November 2021) among children in Córrego da Fortuna and Sítio dos Macacos in the North Zone of the city. Since then, more cases have been reported among individuals ranging from two to 96 years of age. While cases have been reported from different neighbourhoods across the city, the majority are concentrated in Guabiraba and Dois Irmãos. The Health Department of Recife has stated that it continues to monitor and investigate reported cases. On November 19, representatives of the Executive Secretariat for Health Surveillance of Recife, the State Health Secretariat, and the Aggeu Magalhães Institute, in addition to an infectious disease physician and epidemiologist met to discuss the cases. Results of laboratory testing of samples taken from the affected individuals (including blood count and serology tests to detect the presence of arboviruses including dengue, zika, and chikungunya) as well as an analysis of mites and mosquitoes captured in the affected areas are still pending. While some lesions appear to be triggered by insect bites, officials have stated that it is too early to establish the cause of the illness and they are also investigating whether these lesions could be related to environmental exposures including water and plants. Bluedot is closely monitoring this event and will provide further information as it becomes available.

Source: ProMed <https://promedmail.org/promed-post/?id=8699816>

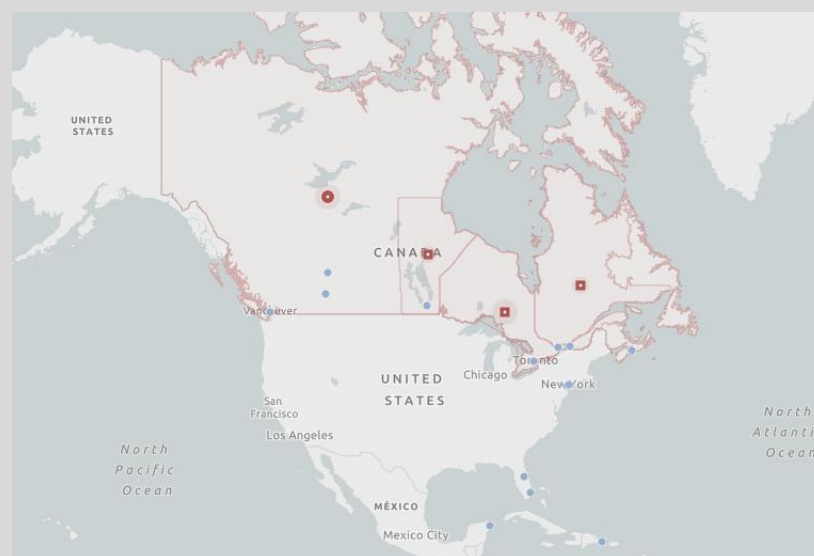
Dengue in Indonesia - Cases of dengue continue to be reported in Indonesia throughout 2021. Health authorities have reported on the status of dengue within the Sleman regency, which is located in the north of the Yogyakarta region on the island of Java. Officials announced that this year to date, there has been a 76.7% decrease in reported cases when compared to the same time period in 2020. The factors that led to the decline in cases were not specified, however as dengue is endemic to the area, it is expected that a relatively low frequency of cases will continue to persist. Cases are currently distributed in densely populated areas or in urban settlements which border the city. Health authorities continue to implement control programs that utilize Wolbachia mosquitos. These mosquitos are bred to carry the Wolbachia bacteria, a bacterium that prevents the growth of the dengue virus within the mosquito. Wolbachia which is naturally found in over half of insect species poses no harm to humans. Health authorities also encourage communities to drain areas of stagnant water and ensure water reservoirs are tightly sealed.

Source: <https://jogja.tribunnews.com/2021/11/04/sleman-catat-189-kasus-demam-berdarah-hingga-oktober-2021-satu-meninggal-dunia>

Typhoid in Argentina - Cases of typhoid and paratyphoid fever continue to be reported in Salta province, Argentina in 2021. According to the Ministry of Health of the Nation, up until November 13 of this year, 98% of the 1,088 reported cases of typhoid and paratyphoid fever corresponded to residents of Salta province, in the capital city and neighbouring municipalities. This year, although cases were reported among individuals over a range of ages, 63% have been reported among children under 15 years of age. The bacteria that cause typhoid (*Salmonella enterica typhi*) and paratyphoid fever (*Salmonella enterica paratyphi A, B, and C*) are present in many Southeast Asian countries as well as in Africa, Central and South America, and Western Pacific countries in areas where there is poor water and sewage sanitation. Officials are urging individuals to practice proper handwashing and hygiene measures to limit the risks associated with typhoid and other diseases acquired through lack of sanitation and clean water.

Source: <https://www.nuevodiariodesalta.com.ar/noticias/te-puede-interesar-13/advierten-sobre-el-aumento-de-casos-de-fiebre-paratifoidea-en-ninos-y-juvenes-en-la-provincia-60622>

West Nile in Canada – 20 new cases of West Nile are reported in Canada at 18 Nov.



Source: <https://www.nuevodiariodesalta.com.ar/noticias/te-puede-interesar-13/advierten-sobre-el-aumento-de-casos-de-fiebre-paratifoidea-en-ninos-y-juvenes-en-la-provincia-60622>

Leptospirosis in Panama - According to media reports, a case of leptospirosis has been reported among an individual from the Paso Blanco No.2 area of Las Garzas, Panama. No further details regarding the case have been provided. However, in response to the case, health authorities in the region organized a search for symptomatic patients in the Las Garzas area and educated citizens regarding the disease, including potential symptoms and what measures can be taken to prevent future outbreaks. Media reports have stated that the search for additional symptomatic individuals found new cases which were addressed immediately and the outbreak is now considered under control. The number of symptomatic cases identified was not disclosed.

Sri Lanka - Cases of leptospirosis continue to be reported in 2021. According to officially available information, this year to date the country has experienced a 27% decrease when compared to the same period in 2020. It is noteworthy, that amid the COVID-19 pandemic, Sri Lanka reached the highest number of cases of leptospirosis in a decade in 2020, according to official data. Leptospirosis is endemic in Sri Lanka. The estimated annual incidence of leptospirosis in Sri Lanka is 300 cases per 100,000 people.

Source: <https://www.telemetro.com/nacionales/realizan-operativo-salud-las-garzas-caso-leptospirosis-n5602138>

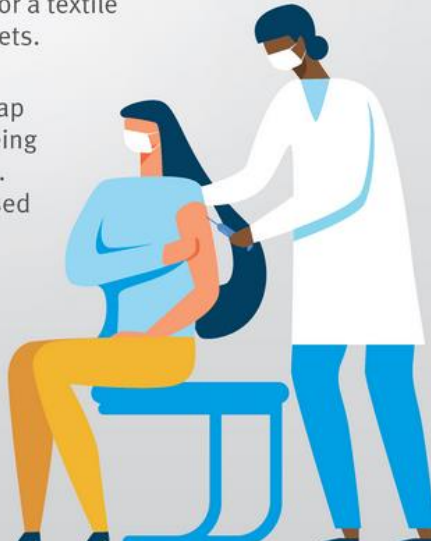
Flu Awareness Campaign 2021

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.

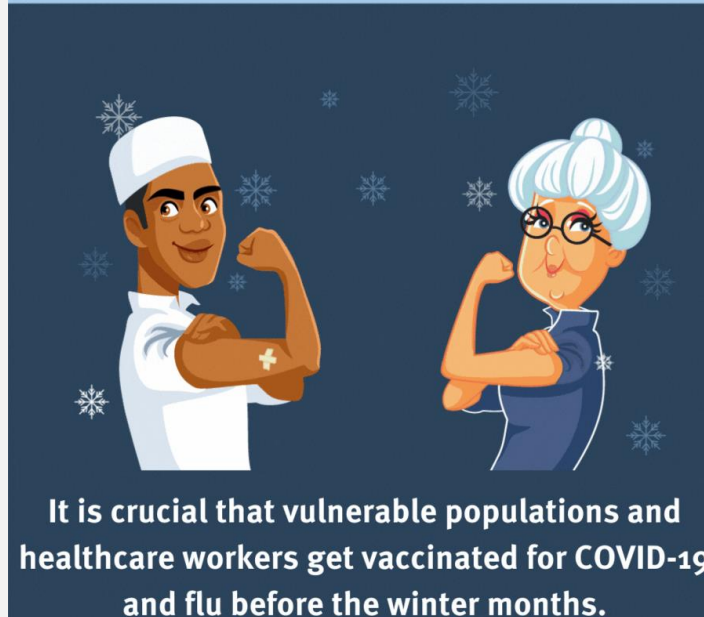
Source:

<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!



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
- 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/>