



Update 105
COVID-19
Coronavirus Disease
02 March 2022



GLOBAL

439 836 996
Confirmed cases
405 600 000 recovered
5 969 081 deaths

USA

(7-days incidence 138,6)
78 547 634
confirmed cases
76 150 000 recovered
947 923 death

IND

(7-days incidence 5,8)
42 938 599
confirmed cases
41 990 000 recovered
514 246 deaths

BRA

(7-days incidence 254,6)
28 818 850
confirmed cases
26 620 000 recovered
649 922 deaths

News:

- **AFGHANISTAN:** Eight polio workers, including four [women](#), were killed in separate attacks in northern Afghanistan, the UN [said](#) on 24 February. It's unclear who was behind the killings. Polio vaccination campaigns in Kunduz and Takhar provinces are now suspended, only days after starting. The first nationwide, house-to-house vaccination campaign in three years began, with Taliban backing, in [November](#).
- **WHO:** is working closely with the WHO [offices in Ukraine and neighbouring countries](#), as well as partners to rapidly respond to the health emergency triggered by the conflict and to minimize disruptions to the delivery of critical healthcare services.
- **CDC:** published a paper on "[SARS-CoV-2 B.1.1.529 \(Omicron\) Variant Transmission Within Households](#)" including data from November 2021 to February 2022. The Omicron infection resulted in high transmission among household contacts, particularly among those who lived with index patients who were not vaccinated or who did not take measures to reduce the risk of transmission to household contacts.

Topics:

- Global situation
- European situation/SARS-CoV-2 VOIs and VOCs
- Vaccination News
- European Situation on Vaccination
- Subject in Focus: Spread of the Highly Pathogenic Avian Influenza (HPAI)
- Other Infectious Disease Outbreaks
- Summary of information on the individual national Corona restrictions
- Travel Recommendations and other Useful Links

**EVEN AFTER GETTING VACCINATED,
WHY IS IT IMPORTANT TO:**



1. IT TAKES SEVERAL WEEKS TO DEVELOP MAXIMUM PROTECTION

2. NO VACCINE IS 100% EFFECTIVE - THERE IS STILL A CHANCE OF GETTING COVID-19

3. PROTECT YOURSELF AGAINST OTHER DISEASES, LIKE FLU

DO IT ALL TO PROTECT YOURSELF AND STOP COVID-19.



Disclaimer:

This update provided by the NATO Centre of Excellence (NATO MILMED COE) on its website is for general information purposes only and cannot be considered as official recommendation. All national and international laws, regulations, and guidelines as well as military orders supersede this information.
All information is provided in good faith, however, the NATO MILMED COE makes no representation or warranty of any kind, express or implied, regarding the accuracy, adequacy, validity, reliability, availability or completeness of any information.
The information published on this website is not intended to substitute professional medical advice, diagnosis or treatment.
The NATO MILMED COE disclaim any liability in connection with the use of this information.

EUROPE

172 914 093
confirmed cases
156 500 000
recovered
1 809 380 deaths

FRA

(7-days incidence 568,3)
23 146 870
confirmed cases
21 780 000 recovered
138 576 deaths

GBR

(7-days incidence 439,4)
19 036 574
confirmed cases
18 140 000 recovered
161 773 deaths

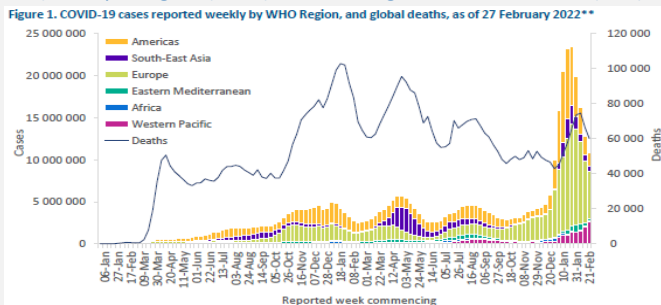
DEU

(7-days incidence 1 171,8)
15 053 747
confirmed cases
12 390 000 recovered
123 243 deaths

Situation by WHO Region, as of 27 February

Global epidemiological situation overview; WHO as of 27 February 2022

Globally, during the week of 21 through 27 February 2022, the number of new COVID-19 cases and deaths has continued to decline by 16% and 10% respectively, as compared to the previous week (Figure 1). Across the six WHO regions, over 10 million new cases and over 60 000 new deaths were reported (Table 1). As of 27 February 2022, over 433 million confirmed cases and over 5.9 million deaths have been reported globally. At the regional level, while the Western Pacific Region reported an increase (+32%) in the number of new weekly cases, all other regions reported decreases: the Eastern Mediterranean Region (-34%), the Region of the Americas (-30%), the African Region (-25%), the European Region (-24%), and the South-East Asia Region (-16%). The number of new weekly deaths increased in the Western Pacific (+22%) and the Eastern Mediterranean (+4%) Regions, while decreases were reported by the African Region (-59%), South-East Asia Region (-18%), Europe Region (-13%), and the Region of the Americas (-8%).



The highest numbers of new cases were reported from:

- Germany (1 119 632 new cases; 8% decrease)
- Republic of Korea (1 032 008 new cases; 69% increase),
- Russian Federation (920 697 new cases; 26% decrease)
- Turkey (541 259 new cases; 10% decrease),
- Brazil (519 785 new cases; 33% decrease),

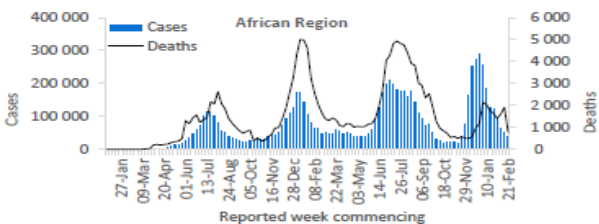
WHO regional overviews

Epidemiological week 21-27 February 2022**

African Region

Since the beginning of January 2022, the African Region has continued to report a decreasing trend in the number of new weekly cases, with over 40 000 new cases reported, a 25% decrease as compared to the previous week. However, eight countries in the Region (16%) reported an increase of over 20% in cases, with the highest proportional increases observed in Lesotho (178 vs 62 new cases; +187%), Congo (73 vs 34 new cases; +115%), and Ghana (904 vs 469 new cases; +93%). The highest numbers of new cases were reported from South Africa (14 900 new cases; 25.1 new cases per 100 000 population; +12%), Réunion (13 632 new cases; 1522.6 new cases per 100 000; -37%), and Zimbabwe (2579 new cases; 17.4 new cases per 100 000; +34%).

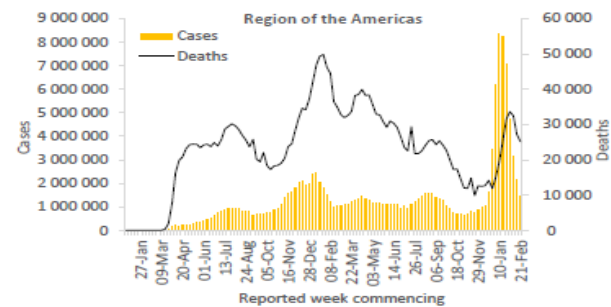
The number of new weekly deaths in the Region decreased by 59% as compared to the previous week, with over 700 new deaths reported. The highest numbers of new deaths were reported from South Africa (574 new deaths; 1.0 new deaths per 100 000 population; -65%), Algeria (41 new deaths; <1 new death per 100 000; -43%), and Réunion (37 new deaths; 4.1 new death per 100 000; -3%).



Region of the Americas

With over 1.5 million new cases reported this week, the Region of the Americas continues to report a decreasing trend (30% decrease as compared to the previous week). However, two countries in the Region have reported increases in new cases of 20% or greater: Honduras (4340 vs 2108 new cases; +106%) and Mexico (76 587 vs 38 921 new cases; +97%). The highest numbers of new cases were reported from Brazil (519 785 new cases; 244.5 new cases per 100 000; -33%), the United States of America (457 058 new cases; 138.1 new cases per 100 000; -36%), and Chile (196 384 new cases; 1027.3 new cases per 100 000; -17%).

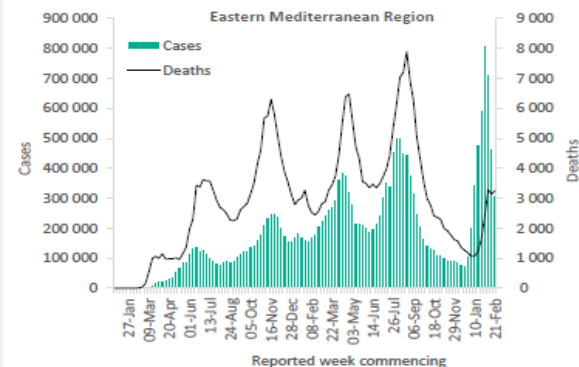
The Region reported over 25 000 new deaths this week, an 8% decrease as compared to the previous week. The highest numbers of new deaths were reported from the United States of America (13 663 new deaths; 4.1 new deaths per 100 000; similar to the previous week's figures), Brazil (4361 new deaths; 2.1 new deaths per 100 000; -26%), and Mexico (2027 new deaths; 1.6 new deaths per 100 000; +38%).



Eastern Mediterranean Region

In the Eastern Mediterranean Region, new weekly cases have continued to decline following a peak reached in early February 2022. Over 309 000 new cases were reported this week, a 34% decrease as compared to the previous week. The highest numbers of new cases were reported from the Islamic Republic of Iran (105 458 new cases; 125.6 new cases per 100 000; -27%), Jordan (56 356 new cases; 552.3 new cases per 100 000; -49%), and Lebanon (22 279 new cases; 326.4 new cases per 100 000; -28%).

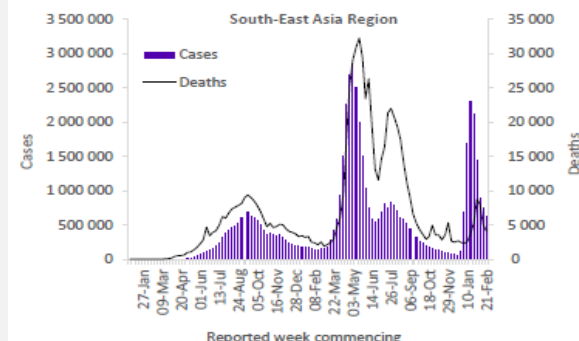
The number of new weekly deaths increased by 4% in the Region when compared to the previous week's figures, with over 3200 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (1592 new deaths; 1.9 new deaths per 100 000; +30%), Tunisia (327 new deaths; 2.8 new deaths per 100 000; +5%), and Egypt (298 new deaths; <1 new death per 100 000; -26%).



South-East Asia Region

The South-East Asia Region reported over 639 000 new cases this week, a 16% decline as compared to the previous week, continuing the decreasing trend observed since mid-January 2022. However, Thailand has reported an increase of 32% in new weekly cases (157 301 vs 118 988 new cases) as compared to the previous week. The highest numbers of new cases were reported from Indonesia (341 889 new cases; 125.0 new cases per 100 000; -12%), Thailand (225.4 new cases per 100 000; +32%), and India (93 644 new cases; 6.8 new cases per 100 000; -51%).

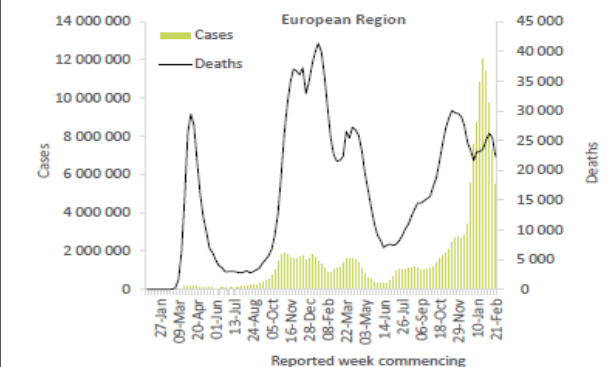
Regionally, the number of new deaths declined this week with just over 4100 new deaths reported, an 18% decrease as compared to the previous week. The highest numbers of new deaths were reported from India (1821 new deaths; <1 new death per 100 000; -44%), Indonesia (1708 new deaths; <1 new death per 100 000; +44% increase), and Thailand (267 new deaths; <1 new death per 100 000; +42%).



European Region

The European Region has continued to report a decline in new weekly cases following a peak observed at the end of January 2022, with just under 5.6 million new cases reported this week, a 24% decrease as compared to the previous week. The highest numbers of new cases were reported from Germany (1 119 632 new cases; 1346.3 new cases per 100 000; -8%), the Russian Federation (920 697 new cases; 630.9 new cases per 100 000; -26%), and Turkey (541 259 new cases; 641.8 new cases per 100 000; -10%).

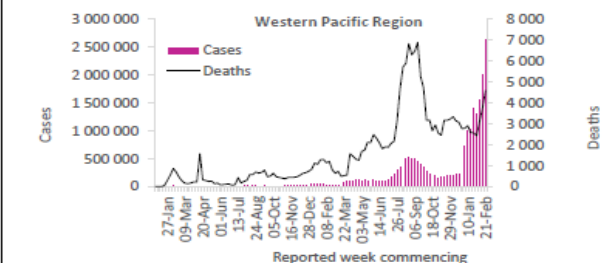
The number of new deaths has continued to decrease in the Region, with over 22 000 new fatalities reported this week, a 13% decrease as compared to the previous week. The highest numbers of new deaths were reported from the Russian Federation (5427 new deaths; 3.7 new deaths per 100 000; +3%), Turkey (1838 new deaths; 2.2 new deaths per 100 000; -4%), and Italy (1568 new deaths; 2.6 new deaths per 100 000; -23%).



Western Pacific Region

Since the end of December 2021, the Western Pacific Region has continued to report an increase in new weekly cases, with over 2.6 million new cases reported this week, a 32% increase as compared to the previous week. Six countries (22%) in the region reported an increase of 20% or greater in the past week, with the largest increases observed in New Zealand (55 145 vs 10 361 new cases; +432%), China (100 347 vs 26 329; +281%), and Brunei Darussalam (22 972 vs 10 934 new cases; +110%). The highest numbers of new cases were reported from the Republic of Korea (1 032 008 new cases; 2012.9 new cases per 100 000; +69%), Viet Nam (478 884 new cases; 492.0 new cases per 100 000; +87%), and Japan (473 461 new cases; 374.3 new cases per 100 000; -18%).

The number of new weekly deaths continue to increase, with over 4500 new deaths reported, a 22% increase as compared to the previous week. The highest numbers of new deaths were reported from Japan (1634 new deaths; 1.3 new deaths per 100 000; +14%), the Philippines (744 new deaths; <1 new death per 100 000; +10%), and Viet Nam (627 new deaths; <1 new death per 100 000; +12%).



1. <https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19-22-february-2022>
2. <https://salud.msp.gob.cu/parte-de-cierre-del-dia-10-de-febrero-a-las-12-de-la-noche-2/>
3. <https://salud.msp.gob.cu/parte-de-cierre-del-dia-23-de-febrero-a-las-12-de-la-noche-2/>
4. <https://www.nytimes.com/2021/08/17/world/americas/cuba-coronavirus-healthcare-collapse.html>
5. <https://salud.msp.gob.cu/nota-informativa/>
6. <https://salud.msp.gob.cu/actualizacion-de-la-vacunacion-en-el-marco-de-los-estudios-de-los-candidatos-vacunales-cubanos-y-la-intervencion-sanitaria/>
7. <https://www.aljazeera.com/news/2021/9/17/cuba-begins-vaccinating-children-as-young-as-two-against-covid-19>
8. <https://www.smh.com.au/world/north-america/cuba-s-own-jab-and-focus-on-young-children-kept-omicron-experts-say-20220222-p59yos.html>

Global Situation



Medical urgencies in Ukraine

During the crisis in Ukraine, health must remain a priority pillar of the humanitarian response, with health systems and facilities remaining protected, functional, safe and accessible to all who need essential medical services, and health workers protected so they can continue to save lives. This must include the safe and reliable provision of essential medical supplies, including life-saving medicinal oxygen supplies, which are crucial for patients with a range of conditions, including those with COVID-19 (which number 1700 in hospital now), and those with other critical illnesses.

The oxygen supply situation is nearing a very dangerous point in Ukraine. Trucks are unable to transport oxygen supplies from plants to hospitals across the country, including the capital Kyiv. The majority of hospitals could exhaust their oxygen reserves within the next 24 hours. Some have already run out. This puts thousands of lives at risk.

Further, medical oxygen generator manufacturers in several areas are also facing shortages of zeolite, a crucial, mainly imported chemical product necessary to produce safe medical oxygen. Safe deliveries of zeolite from outside Ukraine to these plants is also needed.

Compounding the risk to patients, critical hospital services are also being jeopardized by electricity and power shortages, and ambulances transporting patients are in danger of getting caught in the crossfire.

In recent years, with WHO support, Ukraine had made significant strides in strengthening its health systems under an ambitious health reform programme. This included the rapid scale-up of oxygen therapy capacity for severely ill patients during the COVID-19 pandemic. Of the over 600 health facilities nationwide assessed by WHO during the pandemic, close to half were directly supported with supplies, technical know-how and infrastructure investments, enabling health authorities to save tens of thousands of lives. This progress is now at risk of being derailed during the current crisis.

WHO is helping health authorities identify the country's immediate oxygen supply surge needs, assuming a 20–25% increase over previous needs before the crisis escalated last week.

Despite the challenges posed by the current situation, WHO is working to ensure a supply of oxygen-related medical devices and trauma treatment supplies.

Source: <https://www.who.int/news/item/27-02-2022-dangerously-low-medical-oxygen-supplies-in-ukraine-due-to-crisis-warn-who-director-general-and-who-regional-director-for-europe>

Overview of COVID-19 in Cuba

Disease Activity - Since the end of December, COVID-19 activity in Cuba quickly rose and **reached a local peak on January 18**, largely **attributed to the Omicron variant**, following which cases continue to decline. The seven-day rolling average number of daily new cases **reduced to 597 cases** on February 23 **from a peak of 2,677 cases** on January 18. Within the same time period, the seven-day rolling average number of daily new deaths reached a **maximum of 6 deaths** on February 7 and has **declined to 2 deaths** as of February 23. According to official sources, the **number of hospitalizations has also declined** from 5,368 patients (including 46 patients in intensive care) on February 10, to 2,606 patients (including 30 patients in intensive care) on February 23.^{2,3} **The current Omicron wave in Cuba has caused a lesser burden compared to the previous Delta wave**, where the seven-day rolling average number of cases and deaths reached a peak of 9,000 cases and 79 deaths on August 24, 2021, and health systems at this time were severely overwhelmed.⁴ The country can credit their widespread vaccination coverage, one of the highest rates globally, and high infection-derived immunity from the prior waves for dampening the surge in cases.

Public Measures – As of February 16, **Cuba has eliminated the additional restrictions**, including quarantine on arrival, for international travellers coming from select countries with early Omicron transmission.⁵ International travellers are still **required to provide proof of vaccination** or a **negative PCR test within 72 hours of arrival**. Domestic restrictions may differ according to local authorities but major sanitary measures such as indoor mask-wearing and proper hygiene are required.

Vaccination Coverage – As of February 23, **93.5%** (10,599,670) of Cuba's over **11.3 million population have received at least**

one dose of a COVID-19 vaccine, and 87.1% (9,869,824) **are fully vaccinated**. Notably, the majority of Cuba's complete COVID-19 immunization schedules require three doses. Cuba's Ministry of Public Health reported that **51.9%** (5,886,414) of the population have **received an additional dose**, including participants of clinical trials and high-risk individuals.⁶ The country has been immunizing young children aged 2 to 10 years since September 2021 and **96% of children between the ages of 2 and 18 are fully vaccinated**.^{7,8} Four COVID-19 vaccines are approved for use in Cuba, including Abdala (Center for Genetic Engineering and Biotechnology), Soberana 02 (Finlay Institute of Vaccines Cuba), Soberana Plus (Finlay Institute of Vaccines Cuba), and BBIBP-CorV (Sinopharm).

GBR: As of February 26, the UK Health Security Agency will not be providing COVID-19 case updates over the weekend, rather cumulative cases and deaths will be updated Monday to Friday with data from the weekend included in Monday's figure.

COVID-19 Community Levels, New CDC tool

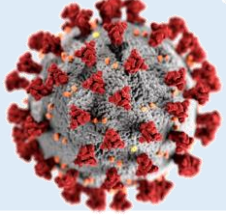
This new tool will help communities decide what prevention steps to take based on the latest data.

Levels can be low, medium, or high and are determined by looking at hospital beds being used, hospital admissions, and the total number of new COVID-19 cases in an area.

Layered prevention strategies — like staying up to date on vaccines, screening testing, ventilation and wearing masks — can help limit severe disease and reduce the potential for strain on the healthcare system.

Some community settings such as schools and congregate settings might include additional layers of prevention (e.g., physical distancing, contact tracing) based on information and data about the characteristics of the setting. The aim is to take precautions to protect oneself and others from COVID-19 based on the COVID-19 Community Level in the area.

Low	Medium	High
<ul style="list-style-type: none"> Stay up to date with COVID-19 vaccines 	<ul style="list-style-type: none"> If you are at high risk for severe illness, talk to your healthcare provider about whether you need to wear a mask and take other precautions 	<ul style="list-style-type: none"> Wear a mask indoors in public
<ul style="list-style-type: none"> Get tested if you have symptoms 	<ul style="list-style-type: none"> Stay up to date with COVID-19 vaccines 	<ul style="list-style-type: none"> Stay up to date with COVID-19 vaccines
	<ul style="list-style-type: none"> Get tested if you have symptoms 	<ul style="list-style-type: none"> Get tested if you have symptoms
		<ul style="list-style-type: none"> Additional precautions may be needed for people at high risk for severe illness



European Situation

ECDC COVID-19 country overviews report Week 07, as of 25 February 2022

At the end of week 7 2022 (week ending Sunday, 20 February), the overall epidemiological situation in the EU/EEA was characterised by a high but sharply decreasing overall case notification rate. Only three countries reported an increase compared with the previous week, of which only one is forecast to continue increasing for the next two weeks. Although the Omicron wave has peaked in most countries in terms of reported case rates, an impact on mortality is being observed, with increasing trends in death rates forecast in half of the countries in the next two weeks. Transmission continues to increase in the elderly, which is of particular concern. Increasing case rates among those aged 65 years and above were reported by a third of the countries, and this age shift has led to a gradual increase in the proportion of Omicron cases reporting severe outcomes. It is important to note that ongoing changes in testing strategies in some countries, including greatly reduced population testing and a focus on severe cases, affect the reliability and comparability of reported all-age case rates as an indicator. The overall COVID-19 case notification rate for the EU/EEA was 2 265 per 100 000 population (3 036 the previous week). This rate has been decreasing for three weeks. The 14-day COVID-19 death rate (55.6 deaths per million population, compared with 59.5 deaths the previous week) has been stable for 13 weeks. Of 28 countries with data on hospital or ICU admissions or occupancy up to week 7, eight reported an increasing trend in at least one of these indicators compared with the previous week.

ECDC's assessment of each country's epidemiological situation is based on a composite score for the absolute value and trend of five weekly COVID-19 epidemiological indicators. As shown below, for week 7, five countries (Denmark, Estonia, Iceland, Latvia and Slovakia) were categorised as of very high concern, 16 countries (Belgium, Bulgaria, Croatia, Cyprus, Czechia, Finland, France, Hungary, Ireland, Liechtenstein, Lithuania, the Netherlands, Norway, Poland, Romania and Slovenia) as of high concern and nine countries (Austria, Germany, Greece, Italy, Luxembourg, Malta, Portugal, Spain and Sweden) as of moderate concern. Compared with the previous week, seven countries (Austria, Germany, Greece, Ireland, Lithuania, Luxembourg and Norway) moved to a lower category and 23 countries stayed in the same category.

Forecasts of cases, hospital admissions and deaths from the [European COVID-19 Forecast Hub](#) provide predictions for weeks 8 and 9. Compared with the current week, decreasing trends in cases, decreasing trends in hospital admissions, and stable trends in deaths are forecast overall for the EU/EEA by the end of week 9. Forecasts for individual countries may differ from those for the EU/EEA as a whole.

By the end of week 7, the cumulative uptake of the primary course of COVID-19 vaccination in the EU/EEA was 82.8% (country range: 34.8–94.5%) among adults aged 18 years and older and 71.6% (country range: 29.2–85.7%) in the total population. The cumulative uptake of a booster/additional dose was 61.4% (country range: 10.4–86.6%) among adults aged 18 years and older and 50.8% (country range: 8.5–69.1%) in the total population.

The estimated distribution (median and range of values from 20 countries for weeks 5 – 6, 31 January to 13 February 2022) of variants of concern (VOCs) was 98.9% (55.5–100.0%) for B.1.1.529 (Omicron) and 0.9% (0.0–23.5%, 1 722 detections) for B.1.617.2 (Delta).

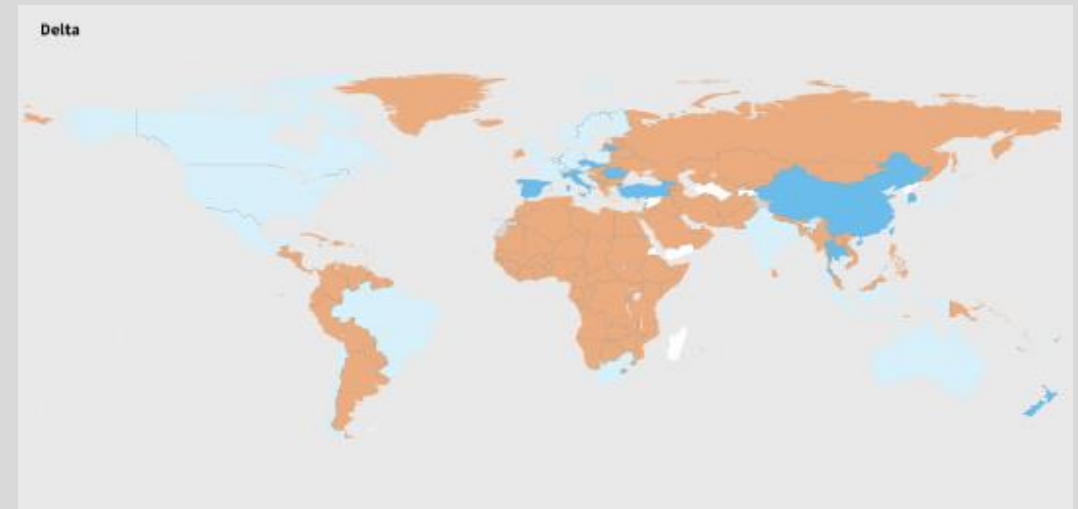
Weekly COVID-19 epidemiological category by country, week 45 2021 to week 7 2022
Composite score (1–10) based on value and trend of five indicators. Categories are defined from score quartiles.

Country	2021-45	2021-46	2021-47	2021-48	2021-49	2021-50	2021-51	2021-52	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06	2022-07
Austria	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
Belgium	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Bulgaria	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Croatia	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Cyprus	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Czechia	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Denmark	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0
Estonia	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0
Finland	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
France	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Germany	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0
Greece	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0
Hungary	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Ireland	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0
Italy	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0
Latvia	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0
Lithuania	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0
Luxembourg	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0
Malta	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0
Netherlands	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0
Norway	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0
Poland	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Portugal	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0
Romania	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Slovenia	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Spain	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0
Sweden	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0
Slovakia	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0
Slovenia	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0
UK	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0	8.0

SARS-CoV-2 Variant of Concern: Prevalence of variants of concern (VOCs) Delta and Omicron in the last 30 days

Geographic spread and prevalence of VOCs

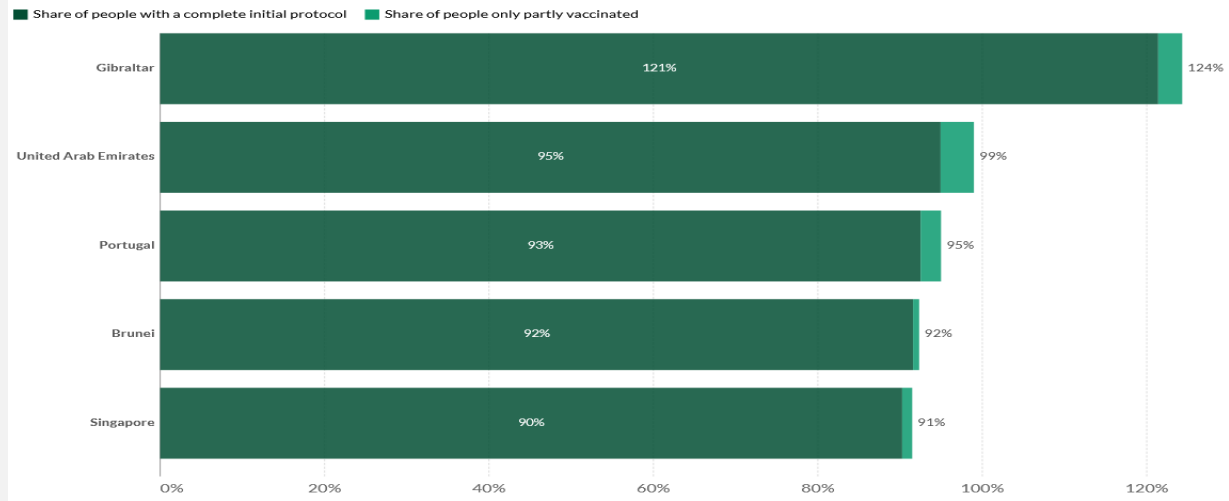
The current global epidemiology of SARS-CoV-2 is characterized by the global dominance of the Omicron variant. Delta remains the only other named variant with significant reported circulation. Among the 488 463 sequences uploaded to GISAID with specimens collected in the last 30 days, 486 182 (99.5%) were Omicron, 1 601 (0.3%) were Delta, and six (<0.1%) were Alpha. In the last 30 days, no Beta, Gamma, Lambda, Mu or any other non-VOC/VOI sequences were reported to GISAID. To note, global VOCs distribution should be interpreted with due consideration of surveillance limitations, including differences in sequencing capacities and sampling strategies between countries, as well as delays in reporting.



Vaccination News

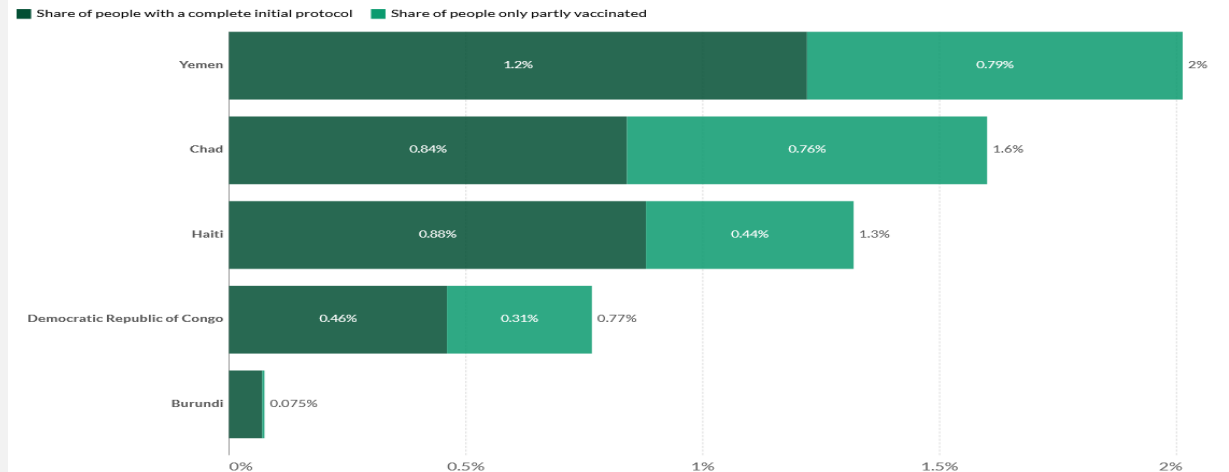
A total of 10 countries accounted for 67% of all vaccinations administered globally as of February 24. The top five countries/territories with the highest number of cumulative people fully vaccinated per 100,000 population are **Gibraltar** (121,220), **United Arab Emirates** (94,640), **Brunei Darussalam** (91,510), **Portugal** (91,500), and **Singapore** (89,820).

Share of people vaccinated against COVID-19, Feb 28, 2022



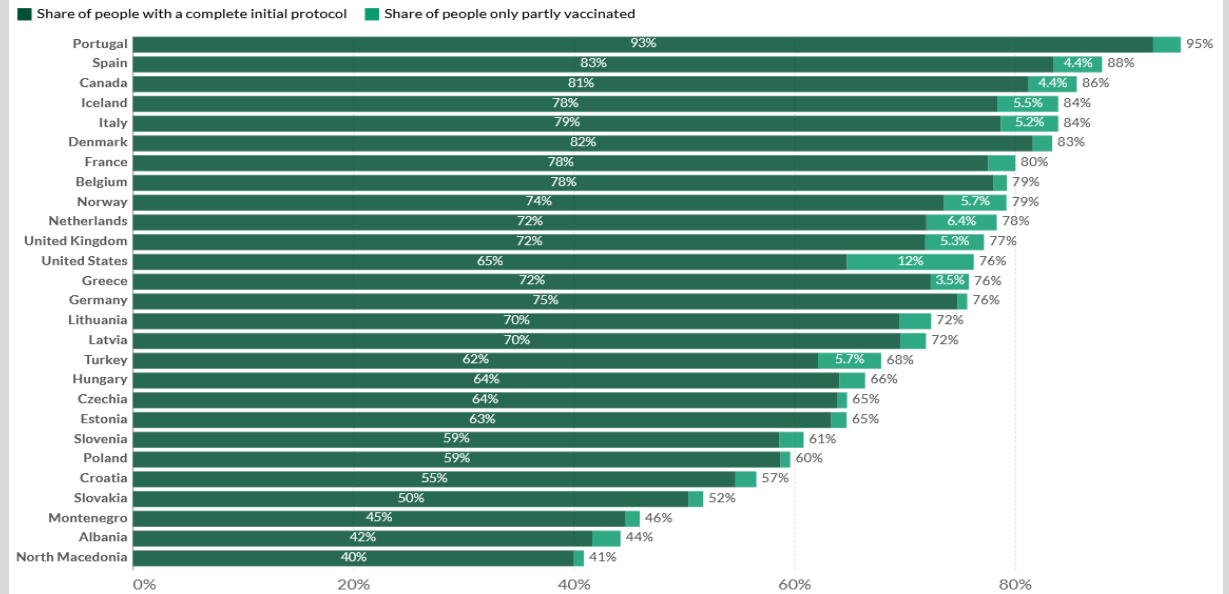
Conversely, the five countries with the lowest number of cumulative people fully vaccinated per 100,000 population are **Burundi** (70), the **Democratic Republic of the Congo** (370), **Chad** (840), **Haiti** (860), and **Yemen** (1,220).

Share of people vaccinated against COVID-19, Feb 25, 2022

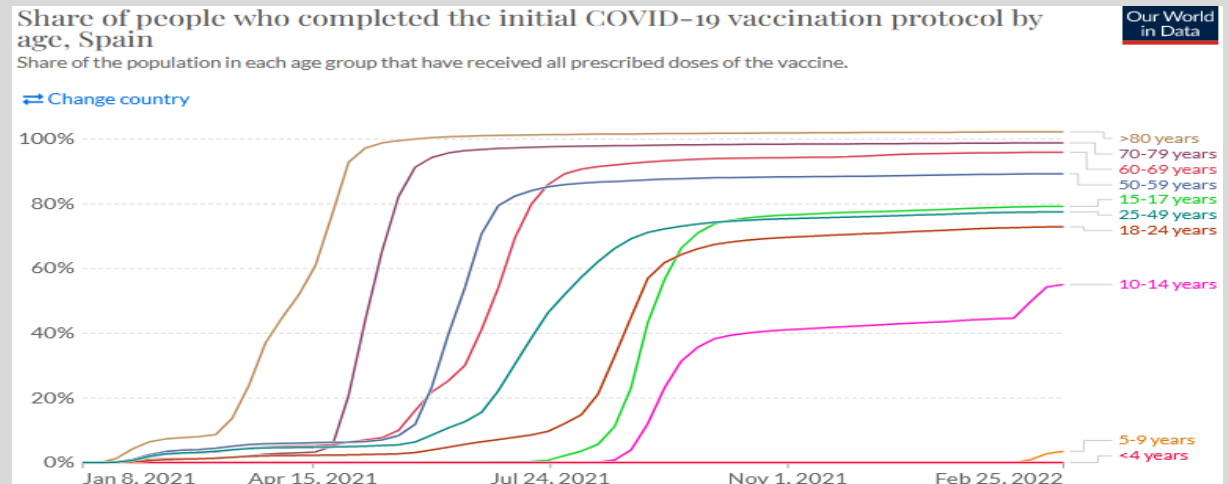


Share of people vaccinated against COVID-19 across NATO Countries

Share of people vaccinated against COVID-19, Feb 28, 2022



Example Spain: Share of People who completed the initial COVID-19 vaccination protocol by age



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

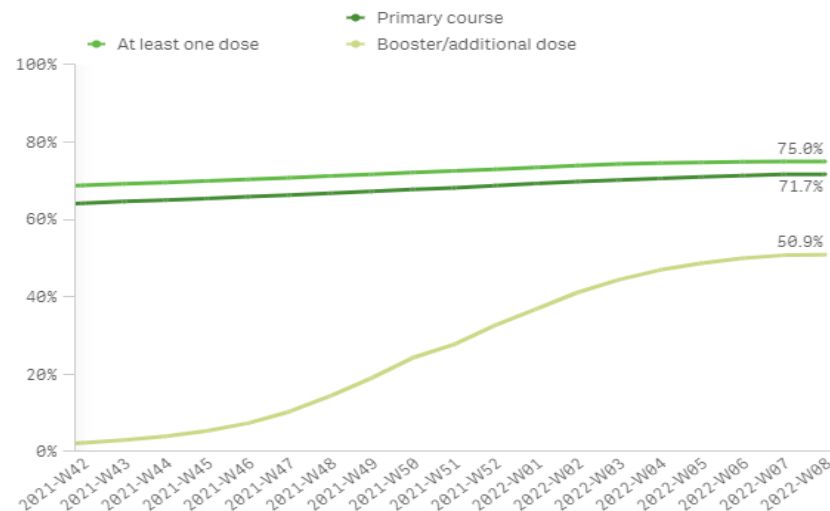
1,114,913,998

876,553,735

Indicator: Uptake of the primary course

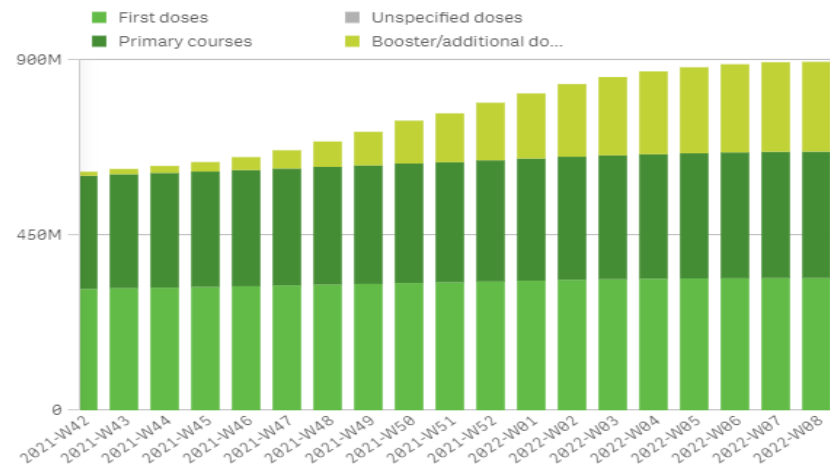
Cumulative vaccine uptake (%) in the total population in EU/EEA countries as of 2022-02-25

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



Cumulative number of vaccine doses administered to the total population in EU/EEA countries as of 2022-02-25

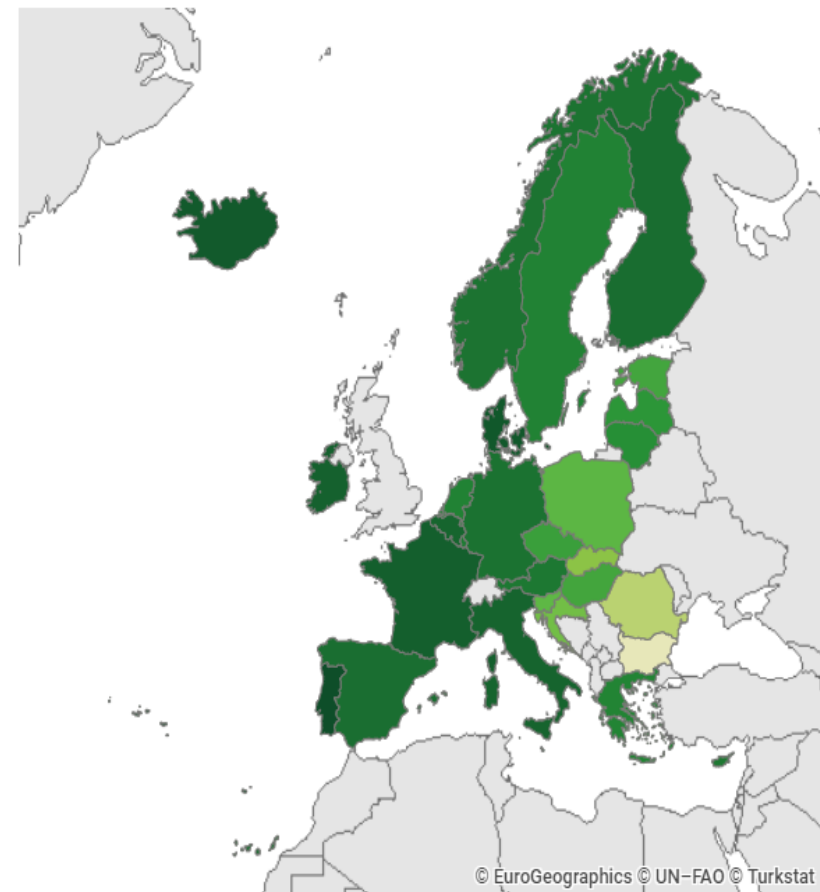
by reporting week (data for current week are preliminary)



Cumulative uptake (%) of the primary course by age group in EU/EEA countries as of 2022-02-25

Country	60+ years	50-59 years	25-49 years	18-24 years	<18 years
Austria	92.9%	82.9%	77.0%	75.2%	29.7%
Belgium	94.3%	91.4%	85.1%	82.9%	37.2%
Bulgaria	37.7%	38.5%	32.3%	27.5%	2.0%
Croatia	77.4%	69.8%	57.8%	44.4%	4.1%
Cyprus	94.4%	88.2%	85.0%	71.9%	19.4%
Czechia	85.9%	78.2%	65.4%	68.8%	19.3%
Denmark	99.8%	94.2%	85.6%	82.8%	42.8%
Estonia	78.5%	74.6%	68.1%	71.4%	19.0%
Finland	95.2%	88.2%	82.7%	78.0%	28.7%
France	93.2%	93.8%	90.2%	93.4%	27.4%
Germany	89.8%	-	-	-	-
Greece	89.2%	82.6%	75.2%	70.4%	21.4%
Hungary	81.6%	75.4%	65.1%	52.7%	23.3%
Iceland	100.0%	92.5%	87.5%	86.2%	42.2%
Ireland	100.0%	99.4%	88.9%	87.0%	32.0%
Italy	92.0%	86.8%	80.4%	86.2%	38.4%
Latvia	75.9%	78.5%	76.6%	79.1%	19.8%
Liechtenstein	89.0%	77.1%	70.6%	70.6%	21.7%
Lithuania	78.7%	79.2%	79.7%	74.6%	16.2%
Luxembourg	91.3%	87.8%	78.6%	74.1%	30.9%
Malta	99.2%	89.0%	93.6%	85.6%	42.8%
Netherlands	-	-	-	-	21.6%
Norway	99.3%	95.4%	86.3%	85.5%	11.8%
Poland	76.4%	68.0%	60.1%	55.7%	22.4%
Portugal	100.0%	94.8%	89.5%	87.6%	34.4%
Romania	46.3%	56.5%	49.7%	49.1%	6.8%
Slovakia	73.0%	61.4%	52.6%	51.9%	10.5%
Slovenia	84.4%	70.1%	56.8%	58.1%	10.4%
Spain	98.4%	89.3%	77.5%	72.9%	31.5%
Sweden	96.1%	91.2%	80.6%	77.1%	11.7%

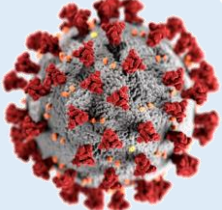
Cumulative uptake (%) of the primary course in the total population in EU/EEA countries as of 2022-02-25



Uptake of the primary course (%)



© EuroGeographics © UN-FAO © Turkstat



Comparative evaluation of the sensitivities of SARSCoV-2 antigen rapid tests

Studies by the Paul Ehrlich Institute on the sensitivity of SARS-CoV-2 antigen tests offered in Germany

Aim: Comparison of different antigen rapid tests using uniform sample material Material Pools from nasopharyngeal and oropharyngeal swabs which are used as test specimens included in an evaluation panel. Dry swabs were included in PBS; moist swabs were already included in the transport media of various compositions. Pools are random mixtures obtained from up to 10 samples of comparable Cq values diluted 1:10 in negative samples in PBS (Cq = Quantification cycle; also reported as CT = cycle threshold). The Cq values of a pool were determined by means of different PCR assays, and the putative number of RNA copies calculated with the aid of the INSTAND standard. In the case of the PCRs used, a Cq value of 25 corresponds to around 106 RNA copies/mL. The replication of the virus in cell culture as another characteristic of the samples was determined as a possible correlate for infectiousness.

Due to the high number of tests under evaluation few specimens of the first panel were replaced (resulting in panel 1 versions 1 and 2), and a new panel (panel 2) was manufactured in analogous manner. For panel 1 versions 1 and 2, 18 or 17 samples, respectively, were characterized as Cq ≤25, 23 samples as Cq 25- 30, and 9 or 10 samples, respectively, as Cq ≥30; the composition of panel 2 is: 20 samples with Cq ≤25, 20 samples with Cq 25- 30, and 10 samples with Cq ≥30.

Method: The pools were aliquoted, frozen, shipped, and thawed for evaluation of the tests. For each test, 50µl of the pool (panel 1 versions 1 and 2), or 25µl (panel 2) were analysed using the components of the test provided, e.g. swabs and buffer. In case of tests designed for various sample types (e.g. nasopharyngeal, nasal, saliva, etc), the test specific swab dedicated for nasopharyngeal samples was used. Laboratories participating in the comparative evaluation included the Robert Koch-Institut, the Paul-Ehrlich-Institut, the reference laboratory for coronaviruses (Charité), and the Institute for Microbiology of the German Army (Bundeswehr).

Summary: This comparative evaluation of a large number of SARS-CoV-2 rapid antigen tests (point of care tests; POCT) of different designs and manufacturers using the uniform sample sets allows an overview of the current state of the art regarding sensitivity. The current state of the art was defined as corresponding to a minimal sensitivity of 75% for the pools with Cq ≤25. The results do not allow any conclusions regarding specificity of the tests.

Table 1 summarizes the results of those POCTs assessed as reflecting the current state of the art (alphabetical order of manufacturers).

Table 2 summarizes the results of those POCT (alphabetical order of manufacturers) which do not fulfill the sensitivity criteria and consequently are deleted from the list of reimbursable tests (see the homepage of Federal Institute for Drugs and Medical Devices (Bundesinstitut für Arzneimittel und Medizinprodukte, BfArM). The first part of this evaluation has already been published (1); this publication summarizes further details of the comparative evaluation. You should be aware that this comparative evaluation can only cover a random sample of the SARS-CoV-2 rapid antigen tests listed by the BfArM, thus eligible for reimbursement, and that few other products could not (yet) be taken into account, despite the interests on the part of the manufacturers/distributors.

Table 1: SARS-CoV-2 antigen rapid diagnostic tests passing the sensitivity criteria

Note: The result of the evaluation can be transferred by BfArM to identical products with a different test/manufacture name or other sample types, this also applies to self-tests. These identical products are then also marked with "Ja" under "Evaluierung PEI" in the BfArM lists "Antigen tests according to § 1 paragraph 1 Coronavirus Test Regulation (TestV) for professional use" and "Antigen tests for SARS-CoV-2 according to § 1 sentence 1 Coronavirus Test Regulation (TestV) for self-testing".

AT-Nr. / AT-No.	AT-Nr. Selbsttest / AT-No. self-test	Ref-Nr. / ID-No. *	Hersteller / Manufacturer	Testname / Test name	Zielantigen / target antigen	Sensitivität / Sensitivity			Gesamt-Sensitivität / total sensitivity
						Cq ≤25	Cq 25-30	Cq ≥30	
AT005/20		41FK10	Abbott Rapid Diagnostics Jena GmbH	Panbio™ COVID-19 Ag Rapid Test Device (NASOPHARYNGEAL)	N	100,0%	60,9%	0,0%	64,0%
AT018/21		n.a.	Abiateq	Cora Genfest-19	N	100,0%	45,0%	0,0%	58,0%
AT084/21		ABT-IDTB367	AccuBioTech Co., Ltd.	Accu-Tell Rapid In-vitro Diagnostiktest	N	100,0%	75,0%	0,0%	70,0%
AT155/20	AT1217/21	L031-11815	ACON Biotech (Hangzhou) Co., Ltd	Flowflex SARS-CoV-2-Antigenschnelltest	N	94,1%	4,3%	0,0%	34,0%
AT1024/21		n.a.	Acro Diagnostics Co., Ltd	SARS-CoV-2 Antigen Rapid Detection Kit (LFA)	N	100,0%	100,0%	80,0%	96,0%
AT363/20		840001	Aesku Diagnostics GmbH	Aesku Rapid SARS-CoV-2 Rapid Test	N	82,4%	17,4%	0,0%	36,0%
AT181/21		1166-25	Affimedix	TestNOW® COVID-19-Antigen-Test	N	100,0%	47,8%	0,0%	58,0%
AT303/20		RICOV2	Amazing Biotech (Shanghai) Co., Ltd	CoroVisio Covid-19 Ag Versieglungsröhrchen Teststreifen (Kolloidales Gold)	N	76,5%	8,7%	0,0%	30,0%
AT033/20		RT2952	Ameda Labordiagnostik GmbH	AMP Rapid Test SARS-CoV-2 Ag	N	100,0%	78,3%	0,0%	70,0%
AT412/21		MU00325	Amper Inc.	Amper COVID-19 Antigen Rapid Testing Kit (Colloidal Gold)	N	100,0%	100,0%	40,0%	88,0%
AT147/20	AT1332/21 / AT1333/21	A6061202	Anbio (Xiamen) Biotechnology Co., Ltd	Rapid Covid-19 Antigen Test (Colloidal Gold)	N	100,0%	52,2%	0,0%	58,0%
AT031/20	AT1190/21 / AT1288/21	n.a.	Anhui Deepblue Medical Technology Co., Ltd.	COVID-19 (SARS-CoV-2) Antigen Test Kit (Colloidal Gold)	N	100,0%	39,1%	0,0%	52,0%
AT785/21		FCB-103	Anhui Formaster Biosci Co., Ltd	New Coronavirus (COVID-19) Antigen Rapid Test	N	100,0%	50,0%	10,0%	62,0%
AT518/20		A03-50-422	Artron Laboratories Inc.	COVID-19 Antigenestest	N	100,0%	95,0%	20,0%	82,0%
AT431/20		AM3474-K	ASAN PHARM.CO.,LTD.	Asan Easy Test COVID-19 Ag	N	100,0%	69,6%	0,0%	66,0%
AT286/20		NL-CA002-2020-52777	Assure Tech (Hangzhou) Co.,Ltd	ECOTEST COVID-19 Antigen Rapid Test Device	N	95,0%	50,0%	0,0%	58,0%

Table 2: SARS-CoV-2 antigen rapid diagnostic tests missing the sensitivity criteria

Note: All tests listed here have been removed from the BfArM list, these products may no longer be available on the market. Tests shown in gray are no longer manufactured in this composition and are therefore not available on the market.

AT-Nr. / AT-No.	Ref-Nr. / ID-No. *	Hersteller / Manufacturer	Testname / Test name	Zielantigen / target antigen	Sensitivität / Sensitivity			Gesamt-Sensitivität / total sensitivity
					Cq ≤25	Cq 25-30	Cq ≥30	
AT506/20	ABCAR-020	Absology Co., Ltd.	INIST COVID-19 Ag Rapid	N	0,0%	0,0%	0,0%	0,0%
AT054/20	INCP-ACO502	Acro Biotech, Inc.	Acro COVID-19 Antigen Rapid Test	n.a.	16,7%	0,0%	0,0%	6,0%
AT469/20	AKBR4019020	Aikang Diagnostics Co., Ltd.	SARS-CoV-2 Antigen Test Kit (Immunochromatography)	N	11,8%	0,0%	0,0%	4,0%
AT163/20	MPV_M30020-01 / -02	Beijing Savant Biotechnology Co., Ltd.	New Coronavirus (SARS-CoV-2) N Protein Detection Kit (Fluorescence Immunochromatography)	N	0,0%	0,0%	0,0%	0,0%
AT586/21	RAPG-CVA-019	Biopanda Reagents	COVID-19 Antigen-Schnelltest	N	60,0%	0,0%	0,0%	24,0%
AT051/20	SC820001PC	CerTest Biotec S. L.	CerTest Biotec SARS-CoV-2 Ag Test	N	29,4%	0,0%	0,0%	10,0%
AT543/21	n.a.	Changsha Sanji Bio-technology Co., Ltd	SARS-CoV-2 Antigen Rapid Test (Lateral Flow Method)	N	20,0%	0,0%	0,0%	8,0%
AT048/20	C-1023	Coris BioConcept	COVID-19 Ag Respi-Strip	N	33,3%	0,0%	0,0%	12,0%
AT715/21	DCOV-201	Dejavu Medikal San. Ve Tic. Ltd. Sti.	COVID-19 Antigen Schnelltest	N	70,0%	0,0%	0,0%	28,0%
AT573/21	S03#	Diasia Biomedical Technology Co., Ltd.	DIASIA SARS-CoV-2 Antigen Rapid Test Kit	N	55,0%	0,0%	0,0%	22,0%
AT712/21	n.a.	Essa Commerce Bilisim ve Ithalat Ihracat Tic.A.S.	Bioessa SARS-CoV-2 Antigen Schnelltest	N	0,0%	0,0%	0,0%	0,0%
AT899/21	FRFTT02	FAGO MEDIKAL San. Tic. Ltd	FAMEX® SARS-CoV-2 Ag Rapid Nasopharyngeal Test Kit	N	20,0%	0,0%	0,0%	8,0%
AT819/21	BQ-03012	Foregene Co., Ltd.	FOREGENE SARS-CoV-2 Antigen Test Kit	N	30,0%	0,0%	0,0%	12,0%
AT201/20	ICOV-502	Hangzhou AllTest Biotech Co. Ltd.	COVID-19 Antigen Rapid Test (Nasopharyngeal swab)	n.a.	16,7%	0,0%	0,0%	6,0%
AT972/21	BSK01S1S	Hangzhou Bioer Technology Co., Ltd.	BIOflux SARS-CoV-2 Antigen Test Kit (colloidal gold method)	N	60,0%	0,0%	0,0%	24,0%
AT041/20	INCP-C81-20	Hangzhou Biotech Biotech Co., Ltd.	Lumiratek SARS-CoV-2 Antigen Rapid Test Cassette	N	29,4%	0,0%	0,0%	10,0%
AT682/21	n.a.	Hangzhou Fantest Biotech Co., Ltd.	Fantest Novel Coronavirus (SARS-CoV-2) Antigen Rapid Test Cassette	N	0,0%	0,0%	0,0%	0,0%
AT015/20	K511416D	Hangzhou Realy Tech Co., Ltd.	Novel Coronavirus (SARS-CoV-2) Antigen Rapid Test Cassette (swab)	n.a.	58,8%	0,0%	0,0%	20,0%

The tables above shows an excerpt of the entire list. The full list can be found at this link: https://www.pei.de/SharedDocs/Downloads/DE/newsroom/dossiers/evaluierung-sensitivitaet-sars-cov-2-antigentests.pdf?__blob=publicationFile&v=77

Subject in Focus

Spread of the Highly Pathogenic Avian Influenza (HPAI) H5N1 strain in animals from Europe to North America



On January 6, 2022, a human case of avian influenza (H5) with exposure to infected domesticated ducks was detected in Southwest England. Further testing by officials determined that the individual tested positive with H5N1, the first ever historical human case in Europe.^{1,2} **As of February 14, 2022 no human cases have been detected either in Canada or in the USA.**

Animal cases have now been found in poultry/birds in North America (Figure 1):

Canada³ — In December 2021, HPAI H5N1 virus was found in poultry and a gull in St. John's, Newfoundland & Labrador.⁴ By January 28, 2022, the Canadian Food Inspection Agency confirmed that a Canadian goose tested positive for HPAI H5N1 in the Halifax Regional Municipality of Nova Scotia, a neighbouring province of Newfoundland & Labrador. On February 4, 2022, Canadian authorities reported that ~12,000 commercial turkeys at a farm in western Nova Scotia were euthanized due to the detection of avian influenza (probable HPAI H5N1).⁵

USA — Cases of avian influenza H5 were last detected in the country in 2016. On January 14, 2022, the United States Department of Agriculture (USDA) reported the first case of a Eurasian HPAI H5 strain of the virus in wild American pigeon in Colleton County, South Carolina. The USDA confirmed two additional cases of HPAI in wild birds on January 18, 2022 – one in Colleton County, South Carolina and one in Hyde County, North Carolina. All three cases have been confirmed to be HPAI H5N1.⁶ Two cases were also detected among wild blue-winged teals in Palm Beach County, Florida.⁷ There have been more confirmed cases during February 2022 in Indiana, Kentucky, Virginia, New York, Maine, Delaware and Michigan.

Phylogenetic analysis of the infected poultry and gull found in Newfoundland & Labrador, Canada determined that the virus was closely related to HPAI viruses circulating in geese within northwestern Europe during Spring 2021. **Researchers determined that the virus was carried by wild birds taking the Atlantic flyway (a major North-South migratory route) and stopped over an area between Iceland and Greenland before making their way to Canada.**⁸

Europe is currently experiencing one of their most severe avian influenza epidemics. Between September 16 and December 8, 2021, 867 HPAI virus defections were reported in poultry (316), wild birds (523), and captive birds (28) from 27 EU/EEA countries and the UK. Some of the characterized HPAI A(H5N1) viruses detected in Sweden, Germany, Poland and United Kingdom are related to the viruses which have been circulating in Europe since October 2020; in North, Central, South and East Europe novel reassortant A(H5N1) virus has been introduced starting from October 2021. HPAI A(H5N1) was also detected in wild mammal species in Sweden, Estonia, and Finland. Some of these strains characterised so far present an adaptive marker that is associated with increased virulence and replication in mammals.⁹

Reasons for Concern

For humans - There is **very low risk of human infection without close contact with infected birds or their environment**. The majority of human HPAI H5N1 infections reported to the WHO since 2003 had a known source of direct or close contact with sick or dead poultry. There is **no evidence** to suggest that HPAI H5N1 virus can **efficiently transmit from person-to-person**, though rare instances of human-to-human transmission were observed in previous case clusters under prolonged close contact.¹⁰

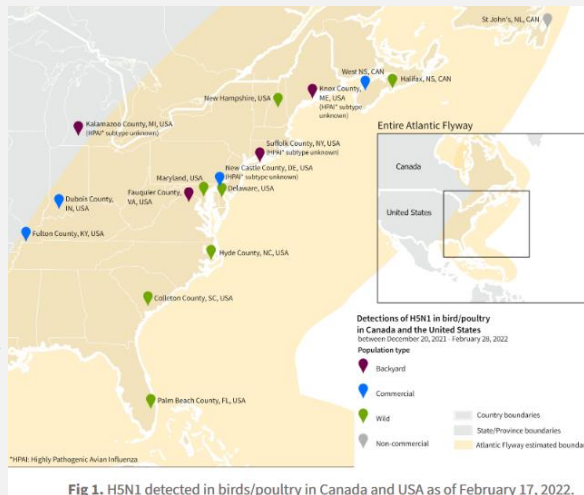


Fig 1. H5N1 detected in birds/poultry in Canada and USA as of February 17, 2022.

In 2021, surveillance systems noted "unprecedented genetic variability" in avian influenza subtypes isolated from birds.¹¹ Avian influenza viruses have a relatively fast mutation rate, and the ability to 'reassort' when two strains co-infect cells in the same host and exchange genes. Mutations and reassortments pose a potential serious threat to human health. They can catalyze an influenza pandemic in humans should the virus gain mutations that make it capable of efficiently spreading from person to person. Prior animal and mathematical modelling studies suggested that only a few "gain-of-function" mutations in mammals are needed for H5N1 to acquire airborne transmissibility. **At this time, there is no evidence that mutations in H5N1 have increased pathogenicity or transmissibility between poultry or humans.**

For poultry/birds — The observed persistence and continuous circulation of HPAI viruses in migratory and resident wild birds is currently a major risk to the poultry industry. Avian influenza viruses are thought to spread between wild and domestic birds primarily through fecal-oral routes, and can spread between domestic operations through human activities. The incursions of HPAI A(H5) into commercial farms in Europe and North America (including poultry production types considered to have high biosecurity) demonstrates the challenge in preventing spread to domestic bird species. Characterised samples of some HPAI A(H5N1) detected in wild mammal species in Sweden, Estonia, and Finland present an adaptive marker that is associated with increased virulence and replication in mammals.¹² H5N1 is capable of spreading to the swine population^{13,14}, presenting further opportunities for genetic reassortment with other influenza subtypes that could threaten public health.

Outlook

For humans — U.S. health officials have assessed the event as "low risk" to people.¹⁵ However, there remains an unpredictable risk of mutations or reassortment of the viral that could lead to a pandemic strain. As such, vigilant surveillance of deleterious mutations are needed. Enhanced precautionary measures are recommended for those in direct contact with wild and domestic birds to minimize direct contact with wild birds and implementing hygiene measures. Conducting surveillance to understand ongoing evolution in the wild and in poultry, and limiting disease in poultry will be critical to avoid domestic production systems from acting as a future source for emergent variants including those with pandemic potential.

Previously in 2009, the U.S. government had stockpiled 20 million H5N1 doses for humans and enough antiviral treatment courses for 25% of the U.S. human population.¹⁶ However, it is unclear what the status of the stockpile is currently in 2022. In a 2022 report on influenza pandemic preparedness, the WHO has indicated that they have access to 400 million doses of pandemic vaccine, 10 million antiviral treatment courses, 250,000 thousand diagnostic kits.¹⁷ Canada has a stockpile of antivirals.

For poultry/birds — As more than 40 countries have reported outbreaks in the last four months, the World Organization for Animal Health warns that "a further increase in the number of outbreaks [in animals] is expected in the coming months."¹⁸ Although it is rare for a Eurasian strain to make its way to North America, these findings in animals are not unexpected as wild birds infected with HPAI can carry the disease to new areas through migration.

HPAI H5N1 will continue to spread among the poultry/bird population in North America. The USDA anticipates additional wild bird findings as they have a robust sampling program that continues into the spring.

As the virus can easily spread from the droppings of wild birds and into commercial flocks through workers or on equipment, high-level biosecurity protocol has been activated across the USA in commercial operations. Canadian producers are alerted to the heightened need for stringent biosecurity practices.

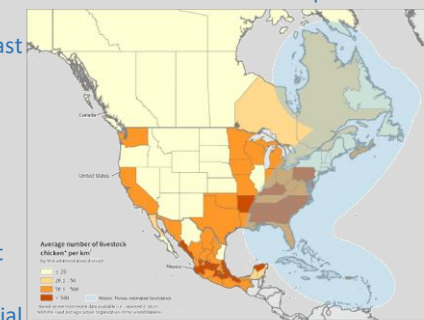


Fig 2. Average density of livestock chicken in North America at the first administrative division level overlaid with the estimated boundaries of the Atlantic Flyway migratory route. Data sources: Food and Agriculture Organization of the United Nations, Atlantic Flyway boundaries estimated from the National Science Foundation, U.S. Fish and Wildlife, Ducks Unlimited.

Other Infectious Disease Outbreaks/ conflicts



War in Europe

After months of military build-up and faltering diplomacy, Russia's invasion of Ukraine began early on 24 February with missile barrages and troops crossing into the country from the north, east, and south, followed the next day by armoured vehicles entering a northern district of the capital, Kyiv. Hundreds of casualties were reported, **including dozens of Ukrainian civilians in Russian airstrikes**. Despite weeks of increasingly dire warnings from Western leaders, the invasion was met with a mix of shock and **disbelief** by many. The UN has **warned** that the **humanitarian consequences** will be devastating. People in cities across the country took shelter in basements and subway stations, and thousands of Ukrainians have sought refuge in neighbouring Central European countries. Many more are fleeing towards Ukraine's western border with Poland, Slovakia, Hungary, and Romania, which are all NATO and EU member states. The EU has **pledged** to admit refugees from Ukraine, despite **implementing border policies** in recent years to keep out refugees and asylum seekers from other parts of the world. Ukraine's population is around 44 million, and the US has **warned** that up to five million people could become refugees because of the war. The UN **allocated \$20 million** from its Central Emergency Response Fund (CERF) to help Ukrainian civilians, while the World Health Organization **released \$3.5 million** for urgent medical supplies.

Source: NewsMedia: The New Humanitarian

Lassa fever

Togo - The Ministry of Health confirmed a fatal case of Lassa fever in the Oti-Sud district in Togo on February 26, 2022. The individual was a 35-year-old woman; however, details of when symptoms developed, how the individual contracted the disease, and travel history are unknown. As a result, health officials are contact-tracing to identify other potential cases, increasing surveillance, and raising public awareness of the disease's signs and preventative measures. The disease is a viral hemorrhagic fever that usually develops after exposure to urine or feces of infected rodents. Symptoms of Lassa fever can include fever, headaches, throat pain, nausea, vomiting, and muscle pain. More recently, a surge in Lassa fever cases has been reported from Nigeria during the past few weeks, highlighting the importance of contact tracing in this region and its countries with high connectivity routes. Lassa fever is endemic in some countries in West Africa, where about 100 to 300,000 individuals are infected, and about five to 6,000 individuals die yearly.

United Kingdom - In a follow-up on the Lassa fever cases, the WHO has provided additional details regarding the travel history and transmission of disease for the three confirmed cases. Only the first case had travelled to Mali, a country where Lassa fever is endemic, in late 2021. The second and third cases, who were family members of the first case, had no travel history to Mali. As such, this event is now the second known case of secondary transmission of Lassa fever to be reported in Europe. The risk to others in the United Kingdom continues to remain low, as health authorities have activated robust contact tracing activities and post-exposure prophylaxis has been offered to all high-risk contacts with the most significant exposures.

Source: NewsMedia - <https://www.republicoftogo.com/toutes-les-rubriques/sante/un-cas-mortel-de-lassa-signale>

Plague

Madagascar - News media has reported on pneumonic plague in the central-western region of Bongolava, in Madagascar. There is limited information available in regard to case counts and symptomology, however, twelve deaths have been reported and the Ministry of Public Health has been notified of the situation. Plague is endemic in Madagascar, and outbreaks of bubonic and pneumonic forms of the disease occur regularly. Between 200 and 400 cases of plague, mainly in bubonic form, are typically reported to Madagascar's Ministry of Public Health yearly. Pneumonic plague is the most severe form of plague, and if not treated promptly it is almost always fatal. Of note, Madagascar's health system has experienced significant strain from managing the ongoing food crisis in the south of the country and the nationwide COVID-19 response. These events have further reduced the country's capacity to cope with other outbreaks.

Source: <http://www.lagazette-dgi.com/?p=70587>

Mass Gathering Monitoring - Winter Olympic Games in Beijing - 2022

Beijing-China - Winter Olympic Games took place from 4 to 20 February 2022 in Beijing, China. Indoor and outdoor venues were used, including the Beijing National Stadium (which hosted the opening and closing ceremonies). From 22 to 24 February 2022, three Olympic-related COVID-19 cases were reported after screening for SARS-CoV-2. All cases were detected at Beijing International Airport. Overall, since 23 January 2022 and as of 24 February 2022, there have been 440 Olympic-related COVID-19 cases, of which 187 were among athletes and team officials and 253 among other stakeholders. Source: ECDC - <https://www.ecdc.europa.eu/en/publications-data/communicable-disease-threats-report-20-26-february-2022-week-8>

Human cases with swine influenza A(H1N1 and H1N2) variant virus in 2021

Multicountry - Animal influenza viruses that infect people are considered novel to humans and have the potential to become pandemic threats.

Since the previous monthly update for avian and swine influenza virus infections in humans in January 2022, one confirmed human case swine-origin influenza *A(H1N1)* virus variant (A(H1N1)v) infection was reported in Denmark. This case was reported in the [CDTR](#) published on 4 February 2022.

Sporadic cases of swine origin influenza *A(H1N2)* virus variant infections in humans have been reported from EU countries, Canada, and the United States (US). As of 24 February 2022, one new case of swine influenza A(H1N2) virus variant (A(H1N2)v) was reported in California, US. The case was an adult with reported exposure to pigs.

Source: ECDC - <https://www.ecdc.europa.eu/en/publications-data/communicable-disease-threats-report-20-26-february-2022-week-8>

Influenza A(H5N6) - Monitoring human cases

Multi country - Animal influenza viruses that cross the animal-human divide to infect people are considered novel to humans and have the potential to become pandemic threats. Highly pathogenic avian influenza viruses A(H5) of Asian origin are extremely infectious for several bird species, including poultry. In 2014, a novel avian influenza A(H5N6) reassortant causing a human infection was detected in China. To date, only sporadic human cases of avian influenza A(H5N6) virus infection have been reported, mainly from China. As of 24 February 2022, and since the previous monthly report at the Round Table on 25 January 2022, eight new human cases (including one death) of avian influenza A(H5N6) were reported from China.

Source: ECDC - <https://www.ecdc.europa.eu/en/publications-data/communicable-disease-threats-report-20-26-february-2022-week-8>

Influenza Monitoring 2021/2022 season

Europe - [Week 7/2022 \(14 February - 20 February 2022\)](#) Source: <https://flunewseurope.org/>
















- Armenia, Hungary, Ireland, Kazakhstan, Republic of Moldova and Slovakia reported widespread influenza activity and/or medium influenza intensity.
- 9% of all sentinel primary care specimens from patients presenting with ILI or ARI symptoms tested positive for an influenza virus.
- Seven countries reported seasonal influenza activity above 10% positivity in sentinel primary care: Hungary (42%), France (32%), Luxembourg (27%), Slovenia (20%), United Kingdom (Scotland) (13%), Switzerland (12%) and Italy (12%).
- Both influenza type A and type B viruses were detected, with A(H3) viruses being dominant across all monitoring systems.
- Hospitalized cases with confirmed influenza virus infection were reported from intensive care units (6 type A virus (no subtype ascribed), other wards (10 type A viruses (no subtype ascribed) and 1 subtype A(H3)) and SARI surveillance (2 type A viruses (no subtype ascribed) and 3 subtype A(H3)).

2021/22 season overview: In Europe, influenza activity started to increase in week 49 2021, with a general dominance of A(H3) viruses, although some countries reported cocirculation of both A(H3) and A(H1)pdm09 viruses (e.g. France).

The circulation of influenza viruses across the WHO European Region is slightly higher than in the 2020/21 season, but substantially lower than in the influenza seasons before the COVID-19 pandemic. Vaccination remains the best protective measure for the prevention of influenza.
















Summary of information on the individual national Corona restrictions

The icons are linked to the respective information. Please click on the icons for information.

NATO Member State (click on country for official COVID-19 information)		Approved vaccines												
		Comirnaty	Spikevax	Janssen	Vaxzevria	Nuvaxovid	Sputnik V	CoronaVac	Covishield	Convidecia	Covilo	Turkovac		
	Albania	X			X		X	X						
	Belgium	X	X	X	X	X								
	Bulgaria	X	X	X	X	X								
	Canada	X	X	X	X				X					
	Croatia	X	X	X	X	X								
	Czech Republic	X	X	X	X	X								
	Denmark	X	X	X		X								
	Estonia	X	X	X	X	X								
	France	X	X	X	X	X								
	Germany	X	X	X	X	X								
	Great Britain	X	X	X	X									
	Greece	X	X	X	X	X								
	Hungary	X	X	X	X	X	X		X	X	X			EMA Authorized
	Italy	X	X	X	X	X								
	Iceland	X	X	X	X	X								EMA & FDA Authorized

Summary of information on the individual national Corona restrictions

The icons are linked to the respective information. Please click on the icons for information.

NATO Member State (click on country for official COVID-19 information)		Approved vaccines										
		Comirnaty	Spikevax	Janssen	Vaxzevria	Nuvaxovid	Sputnik V	CoronaVac	Covishield	Convidecia	Covilo	Turkovac
	Latvia	X	X	X	X	X						
	Lithuania	X	X	X	X	X						
	Luxembourg	X	X	X	X	X						
	Montenegro				X		X			X		
	Netherlands	X	X	X	X	X						
	North Macedonia	X			X		X			X		
	Norway	X	X	X		X						
	Poland	X	X	X	X	X						
	Portugal	X	X	X	X	X						
	Romania	X	X	X	X	X						
	Slovakia	X	X	X	X	X						
	Slovenia	X	X	X	X	X						
	Spain	X	X	X	X	X						
	Turkey	X					X	X				X
	USA	X	X	X								

EMA
Authorized

EMA & FDA
Authorized

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-airtravellers>
- <https://www.cdc.gov/coronavirus/2019-ncov/travelers/how-level-is-determined.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/>