



GLOBAL

463 275 584
Confirmed cases
430 300 000 recovered
6 058 893 deaths

USA

(7-days incidence 67,9)
79 036 681
confirmed cases
77 430 000 recovered
961 752 death

IND

(7-days incidence 1,8)
42 996 062
confirmed cases
42 380 000 recovered
515 974 deaths

BRA

(7-days incidence 148,1)
29 441 039
confirmed cases
27 930 000 recovered
655 878 deaths

News:

- IPCC:** Ko Barret, one of the Vice-Chairs of the Intergovernmental Panel on Climate Change, has been included in the [Global Landscape Forum's list of 16 Restoring the Earth Women of 2022](#) released this week.
- WHO/FAO/OIE:** The United Nations (UN) has declared 2026 the [International Year of Rangelands and Pastoralists](#), reflecting the important role healthy rangelands play in creating a sustainable environment, economic growth and resilient livelihoods for communities across the world
- WHO:** To support countries to develop or strengthen their long-term care systems and services, WHO has released a new [Framework for countries to achieve an integrated continuum of long-term care](#). The framework was developed in consistency with the existing strategy, action plan and frameworks on healthy ageing, and was based on the latest evidence and consultations with a range of stakeholders including WHO's expert advisory group, Global Network on Long-term Care.

Topics:

- Global situation
- European situation/SARS-CoV-2 VOIs and VOCs
- Vaccination News
- European Situation on Vaccination
- SARS-CoV-2 Variant of Concern
- Subject in Focus: War in Ukraine
- Other Infectious Disease Outbreaks
- Summary of information on the individual national Corona restrictions
- Travel Recommendations and other Useful Links

Figure 2. COVID-19 cases per 100 000 population reported by countries, territories and areas, 7-13 March 2022*

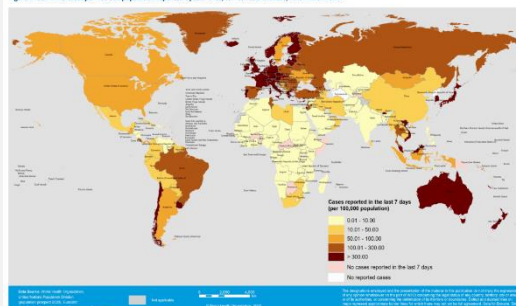
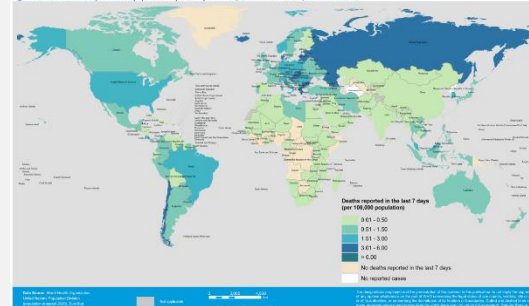
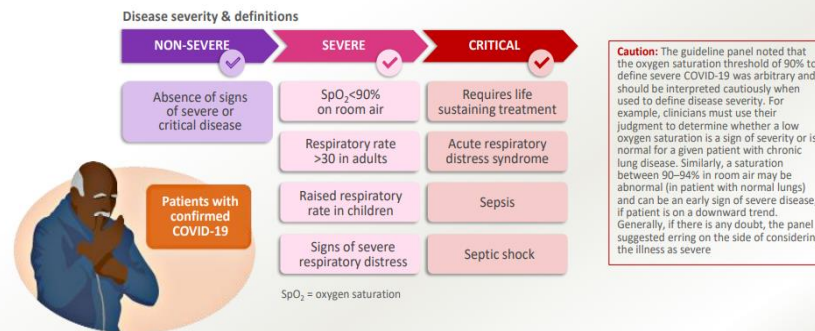


Figure 3. COVID-19 deaths per 100 000 population reported by countries, territories and areas, 7-13 March 2022**



Recommendations for therapeutics may differ based on the severity of COVID-19

Figure. Three disease severity groups and key characteristics



WHO treatment recommendations for persons with confirmed COVID-19

*For those with the highest risk of hospitalization, where viral genotyping can confirm a susceptible SARS-CoV-2 variant
** Unless there is clinical suspicion of a bacterial infection
*** Except in the context of a clinical trial
**** except in the context of a clinical trial for patients with severe disease

Strong recommendation
Conditional recommendation

<https://www.who.int/publications/item/WHO-2019-nCoV-Therapeutics-2021.1>

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EUROPE

183 107 920
confirmed cases

169 500 000
recovered
1 841 584 deaths

FRA

(7-days incidence 722,7)
24 013 876
confirmed cases

22 890 000 recovered
140 440 deaths

GBR

(7-days incidence 777,5)
19 877 450
confirmed cases
18 800 000 recovered
143 242 deaths

DEU

(7-days incidence 1 606,8)
17 695 294
confirmed cases
14 690 000 recovered
126 146 deaths

Situation by WHO Region, as of 13 March

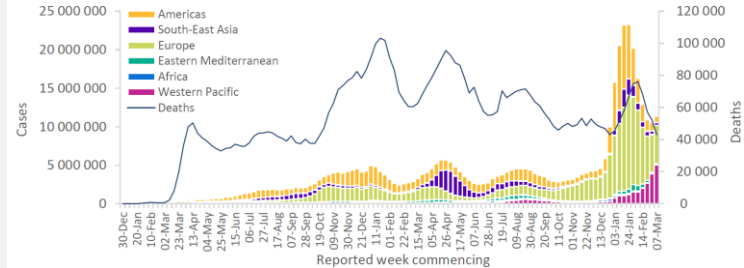
Global epidemiological situation overview; WHO as of 13 March 2022

After a consistent decrease since the end of January 2022, the number of new weekly cases increased by 8% during the week of 7 through 13 March 2022. The number of new deaths continued a decreasing trend (-17% as compared to the previous week) (Figure 1). Across the six WHO regions, over 11 million new cases and just over 43 000 new deaths were reported (Table 1). As of 13 March 2022, over 455 million confirmed cases and over 6 million deaths have been reported globally. At the regional level, the Western Pacific Region, the African Region and the European Region reported increases in new weekly cases of 29%, 12% and 2%, respectively, as compared to the previous week; while decreases were reported by the Eastern Mediterranean Region (-24%), the South-East Asia Region (-21%) and the Region of the Americas (-20%). These trends should be interpreted with caution as several countries are progressively changing their testing strategies, resulting in lower overall numbers of tests performed and consequently numbers of cases detected.

The highest numbers of new cases were reported from:

- Republic of Korea (2 100 171 new cases; +44%),
- Vietnam (1 670 627 new cases; +65%),
- Germany (1 350 362 new cases; +22%),
- Netherlands (475 290 new cases; +42%), and
- France (419 632 new cases; +20%).

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 13 March 2022**

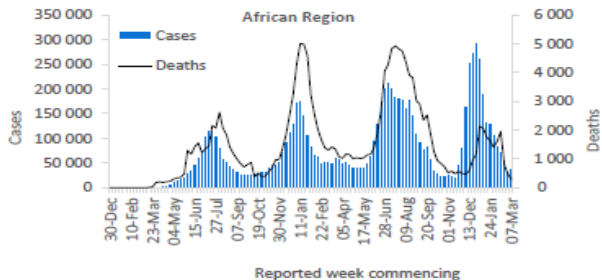


WHO regional overviews

Epidemiological week 7-13 March 2022**

African Region

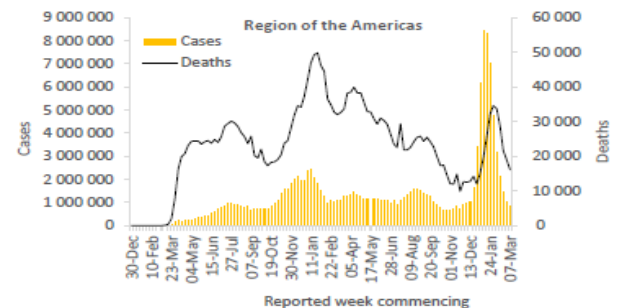
The African Region reported over 38 000 new weekly cases, an 8% increase as compared to the previous week. This followed on from a declining trend observed since January 2022. Eleven (22%) countries in the Region reported an increase of over 20% in cases, with some of the highest proportional increases observed in Mauritius (11566 vs 4133 new cases; +180%), Nigeria (308 vs 136 new cases; +126%), and the Democratic Republic of Congo (190 vs 136 new cases; +40%). The highest numbers of new cases were reported from Mauritius (11 566 new cases; 909.4 new cases per 100 000 population; +180%), South Africa (10 360 new cases; 17.5 new cases per 100 000; -7%), and Réunion (8019 new cases; 895.7 new cases per 100 000; -20%). The number of new weekly deaths in the Region decreased by 41% as compared to the previous week, with just under 300 new deaths reported. The highest numbers of new deaths were reported from South Africa (169 new deaths; <1 new death per 100 000 population; -52%), Mauritius (30 new deaths; 2.4 new deaths per 100 000; +233%), and Zimbabwe (17 new deaths; <1 new death per 100 000; +325%).



Region of the Americas

With over 887 000 new weekly cases reported, the Region of the Americas continued to experience a decreasing trend (20% decrease as compared to the previous week). However, nine (16%) countries in the Region reported increases in new cases of 20% or greater, with the greatest increases observed in the islands of Saint Pierre and Miquelon (52 vs 8 new cases; +550%), Martinique (13686 vs 3216 new cases; +326%), and the United States Virgin Islands (130 vs 31 new cases; +319%). The highest numbers of new cases were reported from Brazil (331 315 new cases; 155.9 new cases per 100 000; -16%), the United States of America (247 936 new cases; 74.9 new cases per 100 000; -28%), and Chile (118 141 new cases; 618.0 new cases per 100 000; -23%).

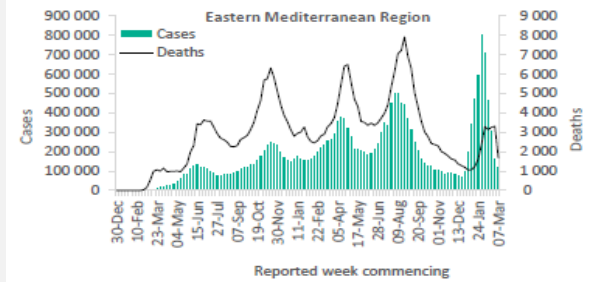
The Region reported over 16 000 new deaths this week, a 15% decrease as compared to the previous week. The highest numbers of new deaths were reported from the United States of America (9078 new deaths; 2.7 new deaths per 100 000; -13%), Brazil (3301 new deaths; 1.6 new deaths per 100 000; -15%), and Mexico (976 new deaths; <1 new death per 100 000; +69%).



Eastern Mediterranean Region

In the Eastern Mediterranean Region, new weekly cases have continued to decline following a peak reached in early February 2022. Over 126 000 new weekly cases were reported, a 24% decrease as compared to the previous week. However, two countries in the Region have reported increases in new cases of 20% or greater: Tunisia (24061 vs 9454 new cases; +155%) and Afghanistan (1715 vs 1167 new cases; +47%). The highest numbers of new cases were reported from the Islamic Republic of Iran (35 457 new cases; 42.2 new cases per 100 000; -34%), Tunisia (24 061 new cases; 203.6 new cases per 100 000; +155%), and Jordan (16 449 new cases; 161.2 new cases per 100 000; -22%).

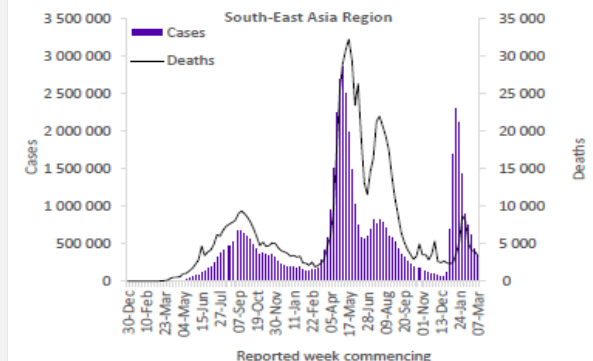
The number of new weekly deaths decreased by 49% in the Region when compared to the previous week, with just under 1700 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (1084 new deaths; 1.3 new deaths per 100 000; -20%), Tunisia (124 new deaths; 1.0 new deaths per 100 000; -44%), and Egypt (105 new deaths; <1 new death per 100 000; -42%).



South-East Asia Region

The South-East Asia Region reported over 348 000 new weekly cases, a 21% decline as compared to the previous week, continuing the decreasing trend observed since mid-January 2022. The highest numbers of new cases were reported from Thailand (158 130 new cases; 226.5 new cases per 100 000; a +1%), Indonesia (141 770 new cases; 51.8 new cases per 100 000; -32%), and India (28 038 new cases; 2.0 new cases per 100 000; -40%).

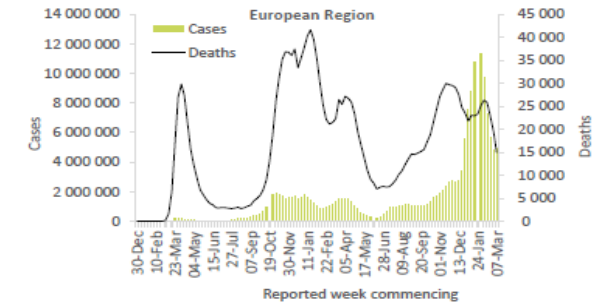
Regionally, the number of new weekly deaths declined, with just under 3400 new deaths reported, a 15% decrease as compared to the previous week. The highest numbers of new deaths were reported from Indonesia (1994 new deaths; <1 new death per 100 000; -5%), India (814 new deaths; <1 new death per 100 000; -38%), and Thailand (474 new deaths; <1 new death per 100 000; +38%).



European Region

After a decreasing trend observed since the end of January 2022, the European Region reported a slight increase (+2%) in the number of new weekly cases as compared to the previous week, with just under 5 million new cases. Twelve countries (20%) in the Region reported increases in new cases of 20% or greater, with the largest observed in Monaco (240 vs 162 new cases; +48%), Malta (887 vs 621 new cases; +43%) and the Netherlands (475 290 vs 335 283 new cases; +42%). The highest numbers of new cases were reported from Germany (1 350 362 new cases; 1623.7 new cases per 100 000; +22%), the Netherlands (475 290 new cases; 2730.4 new cases per 100 000; +42%), and France (419 632 new cases; 645.2 new cases per 100 000; +20%).

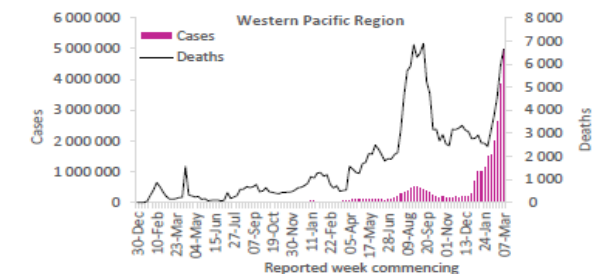
The number of new deaths has continued to decrease in the Region, with just under 15 000 new deaths reported this week, a 23% decrease as compared to the previous week. The highest numbers of new deaths were reported from the Russian Federation (4530 new deaths; 3.1 new deaths per 100 000; -15%), Germany (1469 new deaths; 1.8 new deaths per 100 000; +3%), and Italy (1000 new deaths; 1.7 new deaths per 100 000; -27%).



Western Pacific Region

Consistent with the increasing trend observed since the end of December 2021, the Western Pacific Region reported an increase of 29% in the number of new weekly cases as compared to the previous week, with over 5 million new cases. Seven (23%) countries in the region reported an increase of 20% or greater in the past week, with the largest increases observed in Vanuatu (146 vs 3 new cases; +4767%), Tonga (685 vs 280 new cases; +145%), and American Samoa (257 vs 112 new cases; +121%). The highest numbers of new cases were reported from the Republic of Korea (2 100 171 new cases; 4096.4 new cases per 100 000; +44%), Viet Nam (1 670 627 new cases; 1716.3 new cases per 100 000; +65%), and Japan (382 278 new cases; 302.3 new cases per 100 000; -16%).

The number of new weekly deaths continues to increase, with over 660 new deaths reported, a 12% increase as compared to the previous week. The highest numbers of new deaths were reported from China (1955 new deaths; <1 new death per 100 000; +63%), the Republic of Korea (1438 new deaths; 2.8 new deaths per 100 000; +42%), and Japan (1240 new deaths; 1.0 new deaths per 100 000; -18%).



Global Situation



Update on Ukraine

The current situation in Ukraine has halted infectious disease surveillance efforts, leading to underreporting and the potential spread of infectious diseases such as COVID-19, cVDPV2, measles, and TB within the country, further placing refugees at risk due to conditions facilitating spread.

The WHO has indicated that supply of medical oxygen is limited. Transport of oxygen supplies has been blocked from plants to hospitals across Ukraine. There is a shortage of zeolite (an important chemical product needed to produce safe medical oxygen, mostly imported), hindering medical oxygen manufacturers. Medical oxygen supply is needed for severe COVID-19 cases, complications from a variety of medical conditions and any casualties or trauma.

Hundreds of people are crammed into the basement of a large public building in the besieged Ukrainian port city of Mariupol, but are running out of food, with many also in need of urgent medical help.

The city is encircled by Russian troops and remains under constant bombardment with almost 400,000 people still trapped without running water, and food and medical supplies quickly running out. The local authorities say the war there has left at least 2,400 civilians dead, but even they acknowledge that this is an underestimate.

Some people had a fever and nothing could be done to treat them. "There is no medical help, no antibiotics."

Some streets are so dangerous that few go out to pick up the dead. Many are being buried in mass graves.

More than 2.8 million people have now fled Ukraine because of the Russian invasion, according to the United Nations (UN). Refugees are crossing to neighbouring countries to the west, such as Poland, Romania, Slovakia, Hungary and Moldova.

Sanctions against Russia

On Tuesday, March 15, the EU Council decided to impose a fourth package of economic and individual sanctions due to Russia's military aggression against Ukraine.

The EU Council has decided:

- prohibit any transactions with certain state enterprises of the Russian Federation;
- prohibit the provision of any credit rating services, as well as close access to any subscription services related to credit rating activities, to any Russian individuals or legal entities;
- to expand the list of persons associated with the Russian military-industrial base, who are subject to more stringent export restrictions on dual-use goods and goods and technologies that can contribute to the technological improvement of the defense and security sectors of Russia;
- prohibit new investments in the energy sector of Russia, as well as introduce comprehensive export restrictions on equipment, technologies and services for the energy industry;
- introduce further trade restrictions on pig iron and steel, as well as luxury goods.

Source: Bluedot - https://mcusercontent.com/ab84a833923e562d0999bf440/files/52f104a5-6fc4-c9b9-ed77-44767e9e01d8/FocusReport_Ukraine.pdf
<https://www.bbc.com/news/world-europe-60736845>
<https://www.bbc.com/news/world-60555472>

New antimicrobial air filters tested on trains rapidly kill SARS-CoV-2 and other viruses

Researchers at the University of Birmingham working in partnership with firms NitroPep Ltd and Pullman AC have developed new antimicrobial technology for air filters which can in seconds kill bacteria, fungi and viruses including SARS-CoV-2 -- providing a potential solution to prevent the spread of airborne infections.

The results showed that, while much of the virus remained on the surface of the control filter for an hour, all SARS-CoV-2 cells were killed within 60 seconds on the treated filter. Similar results were seen in experiments testing bacteria and fungi that commonly cause illness in humans -- including E. coli, S. aureus, and C. albicans -- proving the novel technology to be both highly effective anti-fungal and anti-bacterial air filter treatments.

Source: <https://www.sciencedaily.com/releases/2022/03/220309090712.htm>

First case of COVID-19

Niue - The first case of COVID-19 has been reported in the small island nation of Niue, located in the South Pacific Ocean in the triangle between Tonga, Samoa, and the Cook Islands. A traveller who arrived via a flight from New Zealand tested positive upon arrival. Health authorities report that the traveller had received three doses of a COVID-19 vaccine and had a negative PCR test completed within the 72 hours prior to departure. Health authorities have stated that they have been expecting cases to arrive in the country and have prepared for it. Niue, which has a population of approximately 1,600, has a high population vaccination rate, 97% of the population aged 16 and older have received a full regime of COVID-19 vaccine.

Source: News Media - <https://www.theguardian.com/world/2022/mar/10/niue-becomes-second-pacific-island-in-a-week-to-lose-covid-free-status>

COVID deaths probably three times higher than records say

More than 18 million people - three times higher than official records suggest - have probably died because of Covid, say researchers. Their report comes two years to the day from when the World Health Organization first declared the pandemic. Some deaths were from the virus, while others were linked to the infection.

This is because catching Covid might worsen other pre-existing medical conditions, such as heart or lung disease, for example. The measure used is called excess deaths - how many more people have been dying than would be expected compared to recent years, before the pandemic hit.

Source: <https://www.bbc.com/news/health-60690251>

COVID in Scotland

Scotland's record rates of Covid are being driven by a new variant of Omicron, the chief medical officer has said.

Professor Sir Gregor Smith said about 85% of cases in Scotland were thought to be the BA.2 variant.

The World Health Organisation has said BA.2 is more transmissible than the original BA.1 Omicron strain, which emerged in Scotland in December.

Source: <https://www.bbc.com/news/uk-scotland-60736563>

WHO warns against new COVID-19 variant

The World Health Organization (WHO) on Wednesday stated that a new COVID-19 variant - a combination of the Delta and Omicron variants, dubbed 'Deltacron' - has been found circulating in parts of Europe. According to the officials, the new variant has been detected in France, the Netherlands and Denmark. Additionally, cases of the potential new variant have also been identified in the United States.

Source: [All you need to know about Deltacron \(indiatimes.com\)](https://www.indiatimes.com)

Global Situation



Country Spotlight: COVID-19 in the United Kingdom

The European Centre for Disease Prevention and Control (ECDC) has reported for the week ending on March 6, that the **European Union and European Economic Area (EU/EEA) overall had a high yet decreasing case rate**. Looking at countries within the EU/EEA specifically, a few countries such as Liechtenstein, Austria and the Netherlands are showing increasing trends, which, similar to the United Kingdom (UK), are not included in the ECDC report. It is noted that most countries appear to have passed the peak of the Omicron wave, however, this trend is blurred given that many countries have changed their population testing strategy and shifted to focusing on severe cases.¹

UK Specific Data

Disease Activity – According to the BlueDot COVID-19 Data Suite, on February 1, the seven-day rolling average number of daily new cases reached a peak of 197,232 cases, while the seven-day rolling average number of new deaths sat at 360 new deaths. Subsequently, both cases and deaths fell to their lowest point on February 27. However, as noted by the United Kingdom Health Security Agency's (UKHSA) Weekly national Influenza and COVID-19 surveillance report which contains data up until March 6, COVID-19 **case rates have been increasing across the country for all ethnic and age groups** when compared to the previous week, while COVID-19 **deaths (a lagging indicator) continued to decrease**.² The BlueDot COVID-19 Data Suite shows that the seven-day rolling average number of daily new cases as of March 10, was **54,754 new cases** and the seven-day rolling average number of new deaths was **104 deaths**. **Both numbers show a drop following the early February peak yet remain highly elevated as compared to the previous wave**. The UKHSA report has also shown that for Pillar Two (swab testing for the wider population outside of Public Health England labs and National Health Service Hospitals), the **test positivity is approximately 22.5%**; a high-test positivity such as this suggests that there likely is **underreporting** and many more cases amongst the public.²

In a preprint article from Imperial College London, researchers report on the findings from round 18 of the Real-time Assessment of Community Transmission-1 (REACT-1) study. In this yet-to-be peer-reviewed study, it was found that **almost all samples collected and genotyped were the Omicron variant**. Furthermore, it was estimated that by February 21, **almost 50% of Omicron infections were the BA.2 sub-lineage** and that **BA.2 is expected to have a transmission advantage over other sub-lineages** going forward. Notably, researchers found that there was an **increasing prevalence of infections among individuals 55 years old of age and older**. It was speculated that this trend may be a result of the **relaxing of domestic restrictions and waning immunity following vaccine boosters**.³

As of recent, there have been reports of a Delta-Omicron hybrid variant in the UK. There is limited information available about this variant regarding severity and transmissibility. **The UKHSA is currently monitoring and investigating it under the name "Delta x Omicron Recombinant (UK)"**. BlueDot is closely monitoring for evidence of the significance of this variant and will provide further information as it becomes available.⁴

Test Eligibility – Test eligibility across the UK varies based on location. Within England, individuals without COVID-19 symptoms or those who have come into contact with a positive case are no longer advised to complete a daily rapid test. Individuals with symptoms are still eligible for a free PCR test, even if their symptoms are mild. Importantly, as of **April 1, the government plans to halt the provision of free universal symptomatic and asymptomatic testing for the general public**. Limited ongoing free testing is expected to be available for select groups, such as at-risk groups, and social care staff.⁵

Hospital Admissions – In a statement from the UK Scientific Advisory Group for Emergencies updated on February 11, when modelling the COVID-19 situation in the UK, the group **moved away from focusing on hospital occupancy and towards hospital admissions**. This was due to the relation between Omicron infections and shorter length of hospital stays. This meant that milder infections were not being accurately estimated.⁶ The UKHSA reports that between February 28 and March 6 the **weekly hospital admission rate for COVID-19 increased** from 9.84 per 100,000 to **11.26 per 100,000**, when compared to the previous week. It was noted that the **highest hospital admission rate was within the cohort aged 85 years and older**.²

Public Measures – Most public measures across the UK have changed or been removed (i.e., in most locations a face mask is no longer required in most public areas) as **the government has shifted their strategy for responding to the COVID-19 pandemic**. This strategy consists of four main pillars:

- **Living with COVID-19**: This pillar aims to remove domestic restrictions and based on public health advice will continue to encourage safer behaviours.
- **Protecting the vulnerable**: In order to protect those who are most vulnerable to COVID-19, future vaccinations will be guided by the Joint Committee on Vaccination and Immunisation and targeted testing will be utilized.
- **Maintaining resilience**: To remain vigilant, there will be ongoing surveillance of COVID-19 trends and contingency planning will be put in place to ensure that emergency situations can be handled as they arise.
- **Securing innovations and opportunities**: This pillar includes investing in the life sciences and aspects of COVID-19 response.

As part of the new strategy, as of February 24, those who test positive for COVID-19 no longer need to self-isolate and their close contacts will no longer be advised to complete daily tests. Additionally, routine contact tracing has ended. Going forward, as of April 1, guidance on COVID-status certification will be removed at a domestic level, however, the NHS COVID Pass will still be available for individuals to confirm vaccination status when travelling internationally.⁵

Vaccination Coverage – According to the UKHSA, **65% of the UK population for all ages has received two doses of the COVID-19 vaccine, while 50.5% had received three doses** by March 6. Health authorities note that 80% of the population over the age of 60 years old have received three doses.² Of note, the UK government is expected to start offering **fourth doses of vaccine to at-risk individuals, including those over the age of 75 years old in spring 2022**.³ Four vaccine brands are approved for use with individuals aged 12 years or older and some children aged 5 to 11 in the United Kingdom: Comirnaty (Pfizer/BioNTech), Janssen (Johnson & Johnson), Spikevax (Moderna), and Vaxzevria (Oxford/AstraZeneca). Individuals 16 years of age and older as well as some children aged 12 to 15 are eligible for a booster dose.⁷

1. <https://www.ecdc.europa.eu/en/covid-19/country-overviews>
2. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1060025/Weekly_Flu_and_COVID-19_report_w10_2.pdf
3. https://spiral.imperial.ac.uk/bitstream/10044/1/95323/2/REACT_R18_and_S1.pdf
4. <https://www.gov.uk/government/publications/sars-cov-2-variants-of-public-health-interest/sars-cov-2-variants-of-public-health-interest-11-february-2022>
5. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1056229/COVID-19_Response_-_Living_with_COVID-19.pdf
6. <https://www.gov.uk/government/publications/spi-m-o-consensus-statement-on-covid-19-22-december-2021/spi-m-o-consensus-statement-on-covid-19-22-december-2021>
7. <https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/>

Vaccination News

A total of 10 countries accounted for **67.1%** of all vaccinations administered globally as of March 10. The top five countries with the highest number of cumulative people fully vaccinated per 100,000 population are **Gibraltar** (121,570), **United Arab Emirates** (95,430), **Portugal** (92,590), **Brunei Darussalam** (91,610), and **Singapore** (90,460). 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** (480), **Chad** (840), **Haiti** (910), and **Yemen** (1,260).

Vaccination for 12-14 year olds

India - The Union government has decided to expand COVID vaccination program for 12-14 year age groups. Children who were born in 2008, 2009 and 2010 and are above 12 years of age can get COVID vaccination from March 16 onwards.

With this, school education, which was terribly hit during the pandemic, is expected to revive and continue. Schools, colleges and educational institutions remained close for more than 2 years as there was no vaccine provision for 18 year olds and below.

Vaccines against Omicron variant

Preliminary lab studies found two doses of Covid vaccine may not be enough, which is why some countries, including the UK, are giving people extra doses to boost their immunity.

UK research suggests boosters should provide good protection against severe illness.

As with other Covid variants, the risk remains highest for people who are elderly or who have significant underlying health conditions.

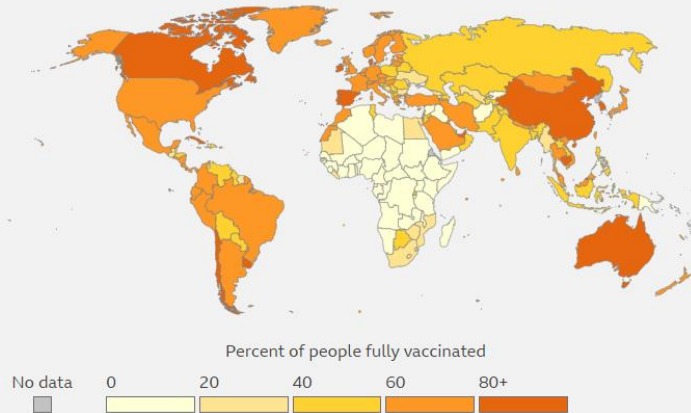
Although current vaccines may not be a perfect fit for Omicron, they are still the best line of defence against Covid.

They have cut the risk of severe illness against the other major Covid variants, including Delta, Alpha, Beta and Gamma.

Covid vaccines not linked to death

A major study of vaccine side-effects in the US found no link between two Covid jabs and the number of deaths recorded after vaccination. The Centres for Disease Control and Prevention (CDC) said 92% of reported side-effects after the Pfizer and Moderna vaccines were mild. About 4,500 people died after being vaccinated, in the US, up to June 2021.

But no unusual patterns in the data were detected that might suggest a link to the vaccine itself.



Interim analysis of COVID-19 vaccine effectiveness against Severe Acute Respiratory Infection due to laboratory-confirmed SARS-CoV-2 among individuals aged 30 years and older, ECDC

Executive summary

- The reports on one of the ECDC multi-country studies that is centred around the hospital setting and severe disease, with the aim of assessing vaccine effectiveness against severe acute respiratory infection (SARI) due to laboratory-confirmed SARS-CoV-2. As the study is ongoing, this report contains updated results following those previously published on 8 October 2021 [3] and 20 January 2022 [4].
- As of 16 January 2022, a total of 11 EU countries are participating in the multicentric study (Belgium, Croatia, Czechia, France, Greece, Ireland, Luxembourg, Malta, the Netherlands, Portugal, Spain).
- In this third report, results for the 30-49 years age group have been added. As one of the conditions for individuals to be included in the study was their eligibility for COVID-19 vaccination, this age group was previously ineligible for inclusion.
- The COVID-19 vaccine effectiveness estimates presented are pooled estimates from eight countries (records from three countries were excluded, as fewer than five controls were reported). Compared with the previous report, two additional countries have provided data. This report also covers a longer study period, with vaccine effectiveness estimates for two periods of the pandemic in 2021 (3 January–31 May and 1 July–15 December), as a proxy for the pre-Delta and Delta-dominant periods, respectively.
- Most individuals enrolled in the study received COVID-19 mRNA vaccine Comirnaty (Pfizer/BioNTech). The effectiveness of full vaccination with the primary series (two doses for vaccines with a two-dose course and one dose for vaccines with a one-dose course) was higher than for partial vaccination (a single dose for those vaccines with a two-dose course) in all age groups included in this analysis (30 years and older), regardless of the study period (pre-Delta and Delta-dominant periods).
- The results presented in this report suggest a high adjusted vaccine effectiveness in preventing SARI associated with laboratory-confirmed SARS-CoV-2 infection for COVID-19 vaccines deployed during the first 12 months of the vaccination campaign across EU/EEA countries in all age groups 30 years and older, albeit with wide confidence intervals. The adjusted vaccine effectiveness against laboratory-confirmed SARS-CoV-2 among hospitalised SARI patients observed ≥ 14 days after full vaccination with the primary series of any vaccine product was 93% (95% confidence interval (CI): 86–96%) during the pre-Delta period and 83% (95% CI: 78–87%) during the Delta-dominant period. For Comirnaty, vaccine effectiveness was 94% (95% CI: 88–97%) in the pre-Delta period and 82% (95% CI: 76–87%) in the Delta period. For Vaxzevria, there were no reports of full vaccination with the primary series during the pre-Delta period, but vaccine effectiveness during the Delta period was 79% (95% CI: 69–86%).
- Results of the analysis by age group, for all vaccine products combined and during the pre-Delta period, showed that adjusted vaccine effectiveness for partial vaccination was higher in those aged 65–79 years than in the other age groups, although all confidence intervals overlap. A similar pattern was observed for full vaccination with the primary series, but very low numbers of fully vaccinated cases in the youngest age group (30–49 years) make these estimates difficult to interpret. For the Delta period, adjusted vaccine effectiveness for full vaccination with the primary series was higher in younger age groups than in older age groups: 55% (95% CI: 25–74) in those aged 80 years and older compared to 91% (95% CI: 81–95) in those aged 30–49 years (for all products combined, although the results for Comirnaty were very similar). The adjusted vaccine effectiveness for Vaxzevria observed ≥ 14 days after full vaccination with the primary series was 79% (95% CI: 60–89%) in those aged 50–64 years and 87% (95% CI: 73–94%) in those aged 65–79 years. Sample size was insufficient to estimate vaccine effectiveness in other age groups for Vaxzevria during the Delta period.
- Estimated results were in the range of estimates published in other studies for similar outcomes in this population during the pre-Delta and Delta periods [5–7].

Source and full report: <https://www.ecdc.europa.eu/en/publications-data/interim-analysis-covid-19-vaccine-effectiveness-against-severe-acute-respiratory>

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

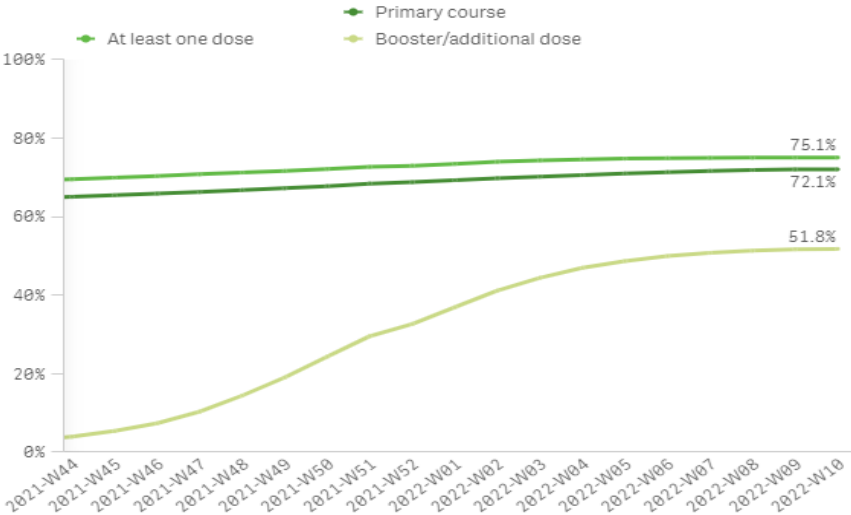
1,142,627,379

882,784,834

Indicator: Uptake of the primary course

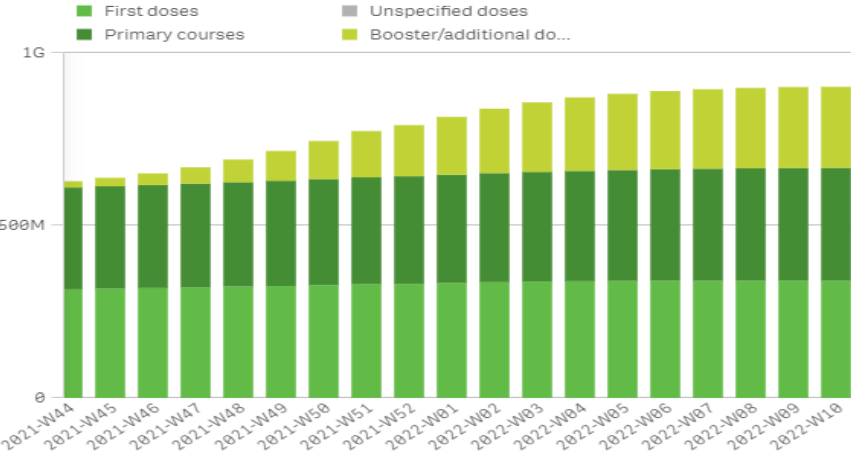
Cumulative vaccine uptake (%) in the total population in EU/EEA countries as of 2022-03-15

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 2022-03-15

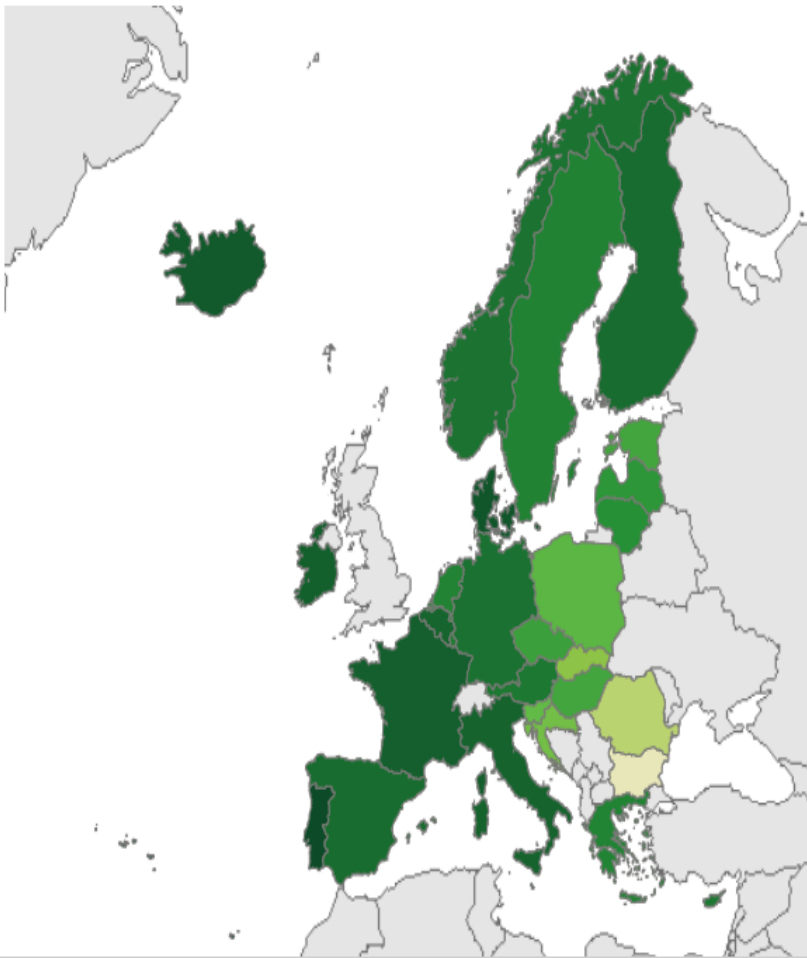
by reporting week (data for current week are preliminary)



Cumulative uptake (%) of the primary course by age group in EU/EEA countries as of 2022-03-15

Country	60+ years	50-59 years	25-49 years	18-24 years	<18 years
Austria	93.1%	83.1%	77.3%	75.6%	30.2%
Belgium	94.3%	91.5%	85.2%	83.2%	38.8%
Bulgaria	37.9%	38.7%	32.6%	27.8%	2.1%
Croatia	77.6%	69.9%	58.0%	44.6%	4.2%
Cyprus	94.4%	88.3%	85.3%	72.4%	19.6%
Czechia	85.9%	78.2%	65.4%	69.0%	19.6%
Denmark	99.9%	94.3%	87.7%	83.5%	42.8%
Estonia	78.6%	74.7%	68.3%	71.8%	19.5%
Finland	95.3%	88.3%	83.0%	78.4%	30.9%
France	93.3%	94.1%	90.6%	94.0%	27.7%
Germany	89.9%	-	-	-	-
Greece	89.6%	82.9%	75.7%	71.1%	22.4%
Hungary	81.7%	75.5%	65.2%	52.8%	23.8%
Iceland	100.0%	92.5%	87.6%	86.3%	42.7%
Ireland	100.0%	99.7%	88.5%	86.7%	33.9%
Italy	92.4%	87.2%	80.7%	86.6%	39.9%
Latvia	76.0%	78.6%	76.8%	79.3%	20.1%
Liechtenstein	89.1%	77.1%	70.6%	70.8%	22.2%
Lithuania	78.8%	79.3%	79.9%	74.7%	16.3%
Luxembourg	91.4%	87.8%	78.6%	74.2%	31.4%
Malta	99.3%	89.0%	93.8%	85.8%	43.6%
Netherlands	-	-	-	-	21.6%
Norway	99.4%	95.5%	86.5%	85.7%	11.9%
Poland	76.5%	68.1%	60.3%	56.0%	23.3%
Portugal	100.0%	94.9%	89.7%	87.8%	40.2%
Romania	46.4%	56.7%	49.8%	49.3%	7.0%
Slovakia	73.2%	61.5%	52.6%	51.9%	10.6%
Slovenia	82.0%	70.1%	57.0%	58.5%	10.8%
Spain	98.4%	89.3%	77.6%	73.1%	34.5%
Sweden	96.2%	91.3%	80.8%	77.5%	11.8%

Cumulative uptake (%) of the primary course in the total population in EU/EEA countries as of 2022-03-15



SARS-CoV-2 Variant of Concern:

Designation of SARS-CoV-2 VOCs as currently and previously circulating VOCs

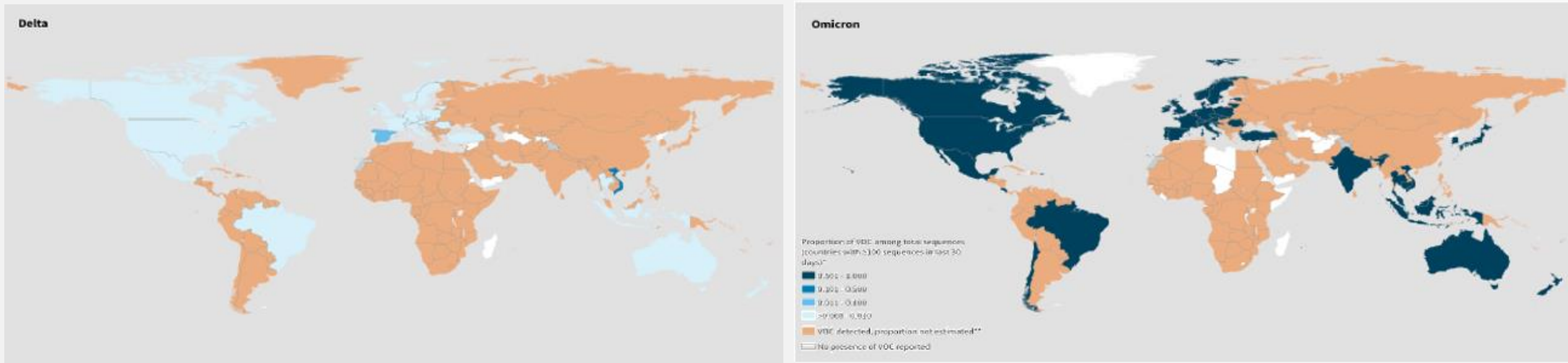
During the last six months, a significant decline in the circulation of the **VOCs Alpha, Beta and Gamma** has been observed in all six WHO regions. Over the past 90 days, few to no sequences of these variants have been reported. The WHO Technical Advisory Group on SARS-CoV-2 Virus Evolution (TAG-VE) convened on 7 March 2022 to discuss the classification of these variants. While the classification of VOCs and VOIs remains unchanged, VOCs and VOIs will further be designated as either '**currently circulating**' or '**previously circulating**' depending on current epidemiological trends. On 9 March 2022, on the advice of the TAG-VE, WHO designated Alpha, Beta and Gamma as 'previously circulating VOCs' and Delta and Omicron as 'currently circulating VOCs'.

Once a variant has been classified by WHO as a VOC using an assessment based on several criteria (WHO Tracking SARS-CoV-2 variants website, see list of criteria), it remains a VOC. Low circulation of a VOC does not alter the concerning characteristics of the virus; its initial phenotypic characteristics remain unchanged. Given the uncertainty regarding the existence and low circulation of any of these VOCs in regions with limited sampling and sequencing capacity, all VOCs should continue to be monitored within the framework of representative community sampling and sequencing.

On 9 March 2022, Lambda, first detected in Peru in December 2020, and Mu, first detected in Colombia in January 2021, were designated as 'previously circulating VOIs'. Their prevalence has declined significantly over the last year, with no circulation reported during the past 90 days in any of the six WHO regions.

The actions required by Member States remain the same whether the VOC or VOI is further categorized as currently or previously circulating, for more details see the WHO Tracking SARS-CoV-2 variants website. Member States should continue to monitor SARS-CoV-2 variants, including current and previously circulating VOCs and VOIs, and flag any observed upsurge of cases linked to these variants. The designation from currently circulating VOC or VOI to previously circulating VOC or VOI reflects the declined circulation of the variant but does not exclude the possibility of a future upsurge of this variant.

Prevalence of currently circulating variants of concern (VOCs) in the last 30 days, data as of 15 March 2022



Source: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

Contact tracing and quarantine in the context of the Omicron SARS-CoV-2 variant: Interim guidance

With the emergence of the Omicron variant and the significant surge in SARSCoV-2 infections, many countries experienced overwhelmed public health capacities to effectively conduct comprehensive contact tracing as part of the COVID-19 response. The increasing number of contacts needing quarantine also risked leading to the disruption of essential societal services, including health services.

In light of these challenges and with the increasing levels of population immunity, both from past infection and vaccination, on 17 February 2022 WHO released updated interim guidance for contact tracing and quarantine in the context of the Omicron variant.¹ This document was produced in collaboration with the Contact Tracing Guideline Development Group and the Infection Prevention and Control Guideline Development Group. Both groups of external experts, together with WHO technical experts, reviewed the available evidence on Omicron transmission dynamics and the persistence of immunity. The guidance document recommends a risk-based approach that focuses on reducing the morbidity and mortality from infection rather than attempting to break all chains of transmission when the number of cases is overwhelming capacities to respond.

Prioritizing contacts to follow up

In situations where contact tracing and public health capacities are overstretched, and there is a risk of essential societal service disruption, prioritization for contact tracing should be given to:

- contacts at highest risk of getting infected and those, such as health and care workers, who are at highest risk of spreading the virus to vulnerable people – particularly those working in nursing homes, long-term care facilities and hospitals; and other frontline essential workers.
- contacts at highest risk for developing severe disease, such as people with comorbidities, those who are immunosuppressed, the elderly, and adults who are unvaccinated or partially-vaccinated with no known prior SARS-CoV-2 infection.

In these situations, there is a particular added value in educating and encouraging cases to notify their own contacts, and where possible, using automated contact notification technologies (e.g., digital contact tracing apps) to quickly reach and provide guidance to multiple contacts simultaneously.

Quarantine in a high COVID-19 incidence area

The document offers guidance on the possibility to shorten the quarantine period from 14 to seven days, provided a negative PCR or an antigen rapid test result is obtained on day seven. In the case of overstretched testing capacity, authorities can shorten the quarantine period from 14 to 10 days, provided that contacts do not have any COVID-19 symptoms. Both options present some risk of further transmission, but in a situation of high incidence and considering the disruption of essential services, the benefits in doing so may outweigh the risks. If the quarantine is shortened, WHO recommends that contacts wear a well-fitted medical mask, monitor symptoms and avoid contact with vulnerable people for the remained 14-day period.

Vaccinated and previously infected contacts

The available evidence on vaccine effectiveness suggests that protection against infection wanes over time. The likelihood of infection with the Omicron variant is reduced within 90 days after the primary series or booster vaccination. Therefore, contacts vaccinated within the last 90 days can be considered a lower priority for contact tracing and may undergo a shorter quarantine. Similarly, infection-derived immunity wanes over time, but it is expected to persist at least 90 days from infection. Thus, contacts infected within the last 90 days can also be considered a lower priority for contact tracing and may undergo a shorter quarantine.

Conclusions

As per the experience with the Omicron variant, countries may need to take policy decisions before the evidence on an emerging future variant is consolidated. In this case, WHO advises Member States to consider applying risk-based approaches that take into account different aspects of the epidemic, such as the intensity of transmission, the severity of disease associated with circulating variants, the levels of population immunity from past infection and vaccination, the capacity to track and trace contacts, access to rapid and accurate SARS-CoV-2 diagnostics, the capacity to assess the risk of exposure in health and care workers and other essential services personnel, and the overall pre-existing capacities of the health care system.

Any interruption of contact tracing activities or shortening of the duration of quarantine will increase the risk of onward transmission and this must be weighed against healthcare capacity, population immunity against the Omicron variant, and other health and socioeconomic priorities.

Source: <https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---15-march-2022>

The evidence shows **Omicron infections tend to be milder**, since fewer people are getting sick enough with it to need hospital treatment compared to other variants.

That is largely down to the amount of protection or immunity that people have built against Covid from past infections and vaccination, rather than changes to the virus itself.

Even so, if it is more infectious it could lead to more deaths in an unvaccinated population.

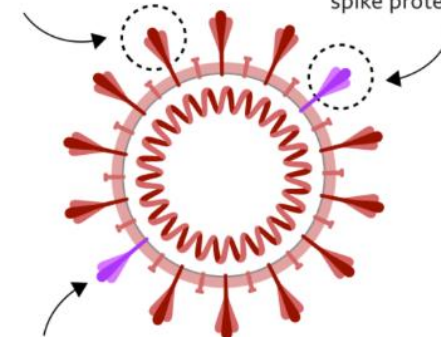
Source: [What are the Covid variants and do vaccines still work? - BBC News](#)

Omicron variant

More mutations may make it spread faster

Spike protein helps the virus enter human cells

New variant has 32 mutations on the spike protein



New variant has 10 mutations on the 'receptor binding domain' - which gains entry to cells

Subject in Focus

War in UKRAINE

UN allocates \$40 million from CERF for Ukraine

As humanitarian needs escalate rapidly in Ukraine, the United Nations humanitarian chief, Martin Griffiths, today allocated US\$40 million from the [Central Emergency Response Fund](#) (CERF) to ramp up aid agencies' efforts to reach the most vulnerable people.

Almost 2 million people are forcibly displaced and on the move inside Ukraine. Many are unable to leave their homes because of heavy combat in cities such as Mariupol, Kharkiv and Kyiv. Twenty-four attacks on health-care facilities have been verified by the World Health Organization.

The CERF funding will help provide life-saving health services, food and shelter to Ukrainians, and support flexible ways to get cash to people in need.

UN agencies have already sent in food and urgent medical supplies to Kyiv and other cities, working through networks of bakeries, shops and health facilities to get supplies in. Where markets are functioning, aid agencies are supporting internally displaced people with cash at reception centres in western Ukraine.

The UN is deploying staff to the conflict-affected east, to operational hubs and warehouses to get food and medicines closer to those in need. The injection of CERF funds also supports programmes for the most vulnerable people, including women-headed families, people with disabilities and the chronically ill.

This is the second allocation since the rapid increase in hostilities in Ukraine. A \$20 million injection of funds was announced on 24 February, and a humanitarian system-wide scale-up to ease the suffering of the people of Ukraine has been launched.

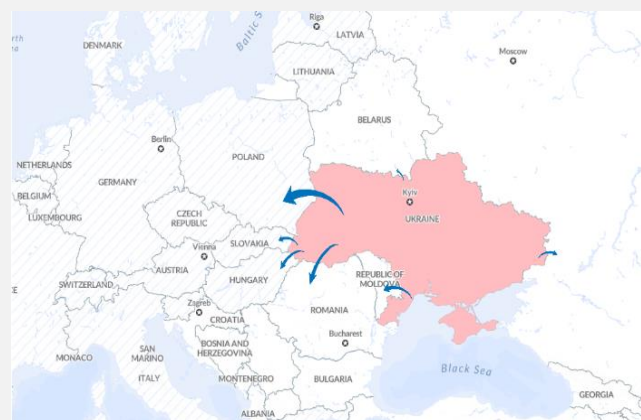
Source: [UN allocates \\$40 million from CERF for Ukraine | OCHA \(unocha.org\)](#)

Private sector donates over \$200 million

Following fast-growing displacement, a quickly deteriorating humanitarian situation and spiraling needs, donations from the private sector towards relief efforts for Ukraine have reached record-breaking amounts, UNHCR, the UN Refugee Agency.

In just over two weeks, companies, foundations and philanthropists have contributed over US\$200 million towards UNHCR's Ukraine emergency response. The private sector is demonstrating its generosity and solidarity through direct contributions, while also launching creative initiatives to help engage stakeholders such as employee giving schemes and match funding. The donations come as UNHCR urgently appeals for US\$510 million to provide initial emergency assistance to those displaced inside the country and for refugees throughout the region.

Source: [UNHCR - Private sector donates over US\\$200 million to UNHCR's Ukraine emergency response](#)



Last updated 15 Mar 2022:
2,969,000 million refugees

Location name	Source	Date date	Population
Poland	Government	15 Mar 2022	1,008,436
Romania	Government	14 Mar 2022	453,432
Republic of Moldova	Government	14 Mar 2022	337,215
Hungary	Government	14 Mar 2022	263,888
Slovakia	Government	14 Mar 2022	213,000
Russian Federation	Government	14 Mar 2022	142,994
Belarus	Government	14 Mar 2022	1,475

Source: [Situation Ukraine Refugee Situation \(unhcr.org\)](#)

The situation in Ukraine continues to deteriorate rapidly and encircled cities with ongoing hostilities such as Mariupol in the east are of utmost concern for our humanitarian colleagues.

In Mariupol, trapped civilians face life-threatening shortages of food, water, medicine and other basic necessities. Parties to the conflict must abide by international law and the core principles that protect human life and dignity. The use of explosive weapons in urban areas, particularly those with wide-area effects, carries a high risk of indiscriminate impact. Most of the 1,761 civilian casualties recorded by the United Nations High Commissioner for Human Rights (OHCHR), including 636 deaths (as of 13 March) have occurred when towns and cities have been attacked by air or missile strikes, artillery and rocket fire. Meanwhile, more than 2.8 million people have crossed international borders out of Ukraine according to the Office of the United Nations High Commissioner for Refugees (UNHCR). The UN and humanitarian partners continue to scale up life-saving response across the country and have reached 600,000 people with some form of humanitarian assistance in Ukraine.

Assistance include food, shelter, blankets, and medical supplies. It is expected that many more people will be reached in the coming days, given the scope and scale of the humanitarian operation being deployed by humanitarian organizations and partners. The main humanitarian challenge remains securing safe access in areas with ongoing fighting.

Source: [Daily Noon Briefing Highlights: Ukraine, Yemen | OCHA \(unocha.org\)](#)

Consequences of the invasion - Hunger will spread in the Middle East and Africa

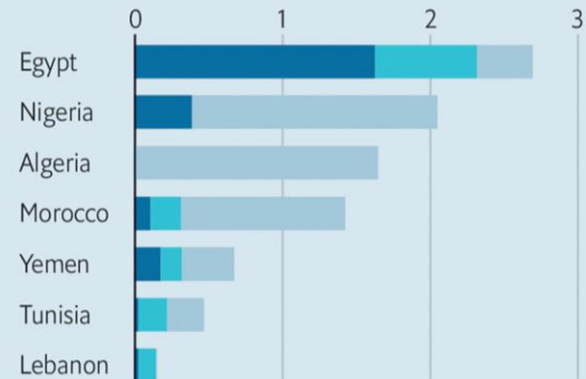
[Vladimir Putin's invasion of Ukraine](#), which has sent [commodity prices surging](#), will cause widespread hardship. Pricey wheat will [blow up budgets in the Middle East](#), perhaps forcing subsidy cuts that leave citizens hungry. In sub-Saharan Africa, [higher oil prices](#) will strain economies that are already creaking.

Start with wheat, of which Russia and Ukraine are, respectively, the biggest and fifth-biggest exporters in the world. The war has halted shipments from the Black Sea. That is dire news for Egypt, the world's largest wheat buyer. It needs 21m tonnes a year to feed its 102m people but produces less than half of that. Russia and Ukraine provide 86% of its imports (see chart).

Source: [How the invasion of Ukraine will spread hunger in the Middle East and Africa | The Economist](#)

Wheat imports, 2020, \$bn

By source ■ Russia ■ Ukraine ■ Rest of world



Source: International Trade Centre

Ukraine, known as Europe's breadbasket, was expected to account for 12 per cent of global wheat exports and nearly a fifth of global maize production this year. International wheat prices have already surged to record highs.

Many of Ukraine's farm workers have been redeployed to fight on the frontlines, roads and bridge needed for deliveries to farms have been destroyed, and with little diesel to spare for farm vehicles the country's crops face a grim outlook.

Even assuming a yield of 50 per cent of Ukraine's wheat - which could prove overly optimistic - would leave around 15 million tonnes of wheat post-harvest.

This would mean there is little left for export after accounting for the roughly 10 million tonnes which usually stays in the country to feed the domestic population.

Source: ['Europe's breadbasket' Ukraine could export little to no wheat this year as war rages, experts fear - Farming Independent](#)

Other Infectious Disease Outbreaks/ conflicts



Hepatitis E

Spain - The first historical locally-acquired cases of acute hepatitis related to Orthohepevirus C infection (HEV-C) were confirmed in Europe. A recent publication from February 12, 2022, indicates that between 2018 and 2021 there were at least three cases and one death in Spain. Genome sequencing performed in Cordoba, Spain showed high homology with Orthohepevirus C strains isolated in specimens from rats in Lithuania (2016), Germany (2009) and Southern Spain. The route of transmission of the rat strain among humans still remains under investigation by researchers; however, these cases are likely attributable to rat-to-human transmission after consumption of contaminated water or contact with contaminated objects. This event is noteworthy, as Orthohepevirus C is circulating in rodents worldwide, including Spain, thus the risk of zoonotic transmission is plausible globally and not restricted to a specific area. To date, at least 16 human cases of Hepatitis E (rat strain) have been reported from Hong Kong and the disease had not been reported elsewhere worldwide, although the geographic distribution globally is not well understood.

Source: ECDC - <https://www.ecdc.europa.eu/en/publications-data/communicable-disease-threats-report-6-11-march-2022-week-10>

Dengue

Singapore - According to the National Environment Agency of Singapore, dengue virus serotype-3 (DENV-3) is currently circulating in Singapore and has been detected in 10 out of the 12 high-risk dengue clusters. High-risk clusters are identified as regions within the country with 10 or more reported cases. This serotype was also dominant in several outbreak in 2021. A large proportion of the population does not have immunity to this serotype and the risk of dengue with alarm signals (i.e., hemorrhagic form) is increased if previously infected with a different serotype. The rise in the proportion of DENV-3 cases is of concern because DENV-1 and DENV-2 have been the predominant circulating serotypes in Singapore in recent years. Determining the serotypes during dengue outbreaks is crucial for effective diagnosis, management, and further prevention.

Source: News Media - <https://motherhip.sg/2022/03/dengue-high-risk-areas/>

Lassa fever

Nigeria - Nigerian hospitals are dealing this year with rising cases of Lassa fever, an acute viral hemorrhagic fever that is endemic to the country. Over 540 cases of Lassa fever have been confirmed throughout the country since the beginning of 2022, leading to 98 deaths, according to the Nigeria Centre for Disease Control. The mortality rate of Lassa fever ranges between 15 to 30% during outbreaks, depending on the medical care provided to the patient.

Source: <https://alima.ngo/en/2022/03/14/doctors-battle-lassa-fever-outbreak-in-nigeria/>

The National Biotechnology Development Agency (NABDA) has identified three candidate drugs to be repositioned and repurposed for the treatment and eradication of Lassa fever.

Source: <https://www.pulse.ng/news/local/nigeria-identifies-three-drugs-for-lassa-fever-treatment/e9ddb18>

Measles

Islamabad - A week-long measles vaccination campaign is underway in Afghanistan where the World Health Organization (WHO) says the extremely contagious viral disease has killed 142 children and infected 18,000 since the start of the year. Thousands of health workers have been tasked to inoculate more than 1.2 million children under five against the disease across 49 Afghan districts in 24 provinces. Afghanistan has experienced measles resurgence since January 2021. Authorities have since reported 48,366 infections and 250 deaths from the viral disease.

Source: <https://www.voanews.com/a/measles-outbreak-kills-142-children-in-afghanistan-/6484362.html>

Cholera

DR Congo - Cases of cholera continue to be reported in the Democratic Republic of the Congo (DRC) in 2022. According to a report from the WHO African Regional Office, for the year 2022, the DRC has seen a 259% increase in cases, as compared to the same period in 2021.

Source: Bluepoint - <https://insights.bluedot.global/all/disease/2/species/1/country/203312/activity>

Influenza virus

Of the 44 665 detections, 97% were type A viruses, with A(H3N2) (93%) dominating over A(H1N1)pdm09 (7%), and 3% type B, with only 19 having been ascribed to a lineage, all of which were B/Victoria. This represents a large increase (43 953, 6273%) in detections compared to the 2020–2021 season, on the back of a large increase (1 274 874, 383%) in the number of samples tested. However, while there have been clear indications of an influenza epidemic in 2021–2022, with the epidemic threshold of 10% positivity within sentinel specimens having been crossed for a number of weeks (unlike 2020–2021), detection numbers are significantly reduced compared to earlier seasons (e.g. 65% reduced compared to 2019–2020). The increased testing but reduced number of influenza detections is undoubtedly related to the emergence of SARS-CoV-2 and measures introduced to combat it.

Source: ECDC - <https://www.ecdc.europa.eu/en/publications-data/influenza-virus-characterisation-summary-europe-february-2022>

Genetically modified Mosquitos may be released in Florida and California

The U.S. Environmental Protection Agency has approved the release of 2 billion genetically altered mosquitoes in Florida and California, the company that created the genetically modified mosquitoes said.

The experimental program created by Oxitec is designed to reduce the transmission of harmful diseases such as dengue, Zika, and yellow fever. The program is an extension of one in which millions of mosquitoes were released last year in the Florida Keys. The aim of the program is to reduce cases of diseases like yellow fever by killing off the offspring of a common kind of mosquito, *Aedes aegypti*, which spreads diseases through its bite.

Source: <https://www.webmd.com/a-to-z-guides/news/20220309/genetically-modified-mosquitoes-may-be-released-in-fla-and-calif>

IHR Emergency Committee on Polio

The thirty-first meeting of the Emergency Committee under the International Health Regulations (2005) (IHR) on the international spread of poliovirus was convened by the WHO Director-General on 28 February 2022 with committee members and advisers attending via video conference, supported by the WHO Secretariat. The Emergency Committee reviewed the data on wild poliovirus (WPV1) and circulating vaccine derived polioviruses (cVDPV). Technical updates were received about the situation in the following State Parties: Afghanistan, Djibouti, Democratic Republic of the Congo (DR Congo), Malawi, Mozambique, Nigeria, Pakistan, Somalia and Yemen.

Source: [Statement of the Thirty-first Polio IHR Emergency Committee \(who.int\)](#)
















Polio in Israel and the occupied Palestine territory

On 6 March 2022, a case of poliomyelitis was detected through routine acute flaccid paralysis (AFP) surveillance in the Jerusalem region. The case is an unvaccinated child, aged three years and nine months. Investigations and contact tracing are ongoing to identify other possible cases. On 10 March 2022, the Global Polio Eradication Initiative (GPEI) reported an outbreak of circulating vaccine-derived poliovirus type 3 (cVDPV3) in both Israel and the Occupied Palestinian Territory. The initial case was reported on 6 March 2022 following routine acute flaccid paralysis (AFP) surveillance. Further testing of the case revealed genetic links to VDPV3-strains detected in environmental samples collected from the Jerusalem region between September 2021 and January 2022. These isolates, previously classified as ambiguous VDPV3, have now been reclassified as cVDPV3. This classification confirms an outbreak of cVDPV3. On 10 March 2022, the Ministry of Health in Israel announced that they found evidence of poliovirus in two additional stool samples in the Jerusalem region. According to the Ministry, one sample was collected from an asymptomatic child who has been in contact with the initial case. Among the contacts, three additional samples tested negative and 19 are awaiting results. Local health authorities are conducting investigations to determine the source of the outbreak and the potential risk of further spread. The Ministry of Health together with the World Health Organization (WHO) and other partners are responding to the outbreak. The Ministry is making efforts to boost vaccination coverage in the country. On 8 March 2022 alone, 1 130 children were vaccinated in the Jerusalem region.

Source: <https://www.ecdc.europa.eu/sites/default/files/documents/Communicable-disease-threats-report-12-mar-2022-week%2010.pdf>
















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
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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 <https://www.ecdc.europa.eu/en>
- 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/>