Force Health Protection Branch
NATO MilMed COE
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Update 108
FHP-Update
23 March 2022

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GLOBAL
↗
475 243 922
Confirmed cases
441 200 000 recovered
6 103 288 deaths

USA
(7-days incidence 64,0)
↘
79 250 406
confirmed cases
77 743 253 recovered
968 576 death

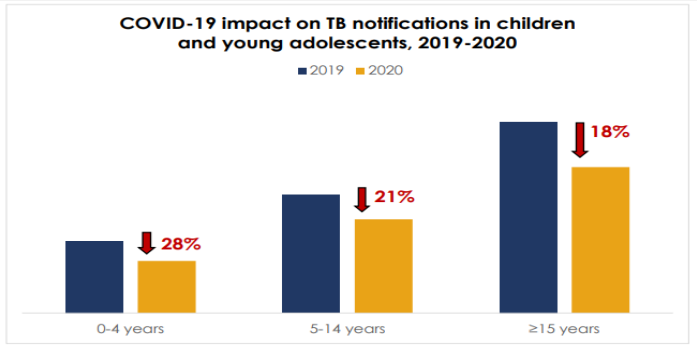
IND
(7-days incidence 1,1)
↘
43 012 749
confirmed cases
42 437 507 recovered
516 605 deaths

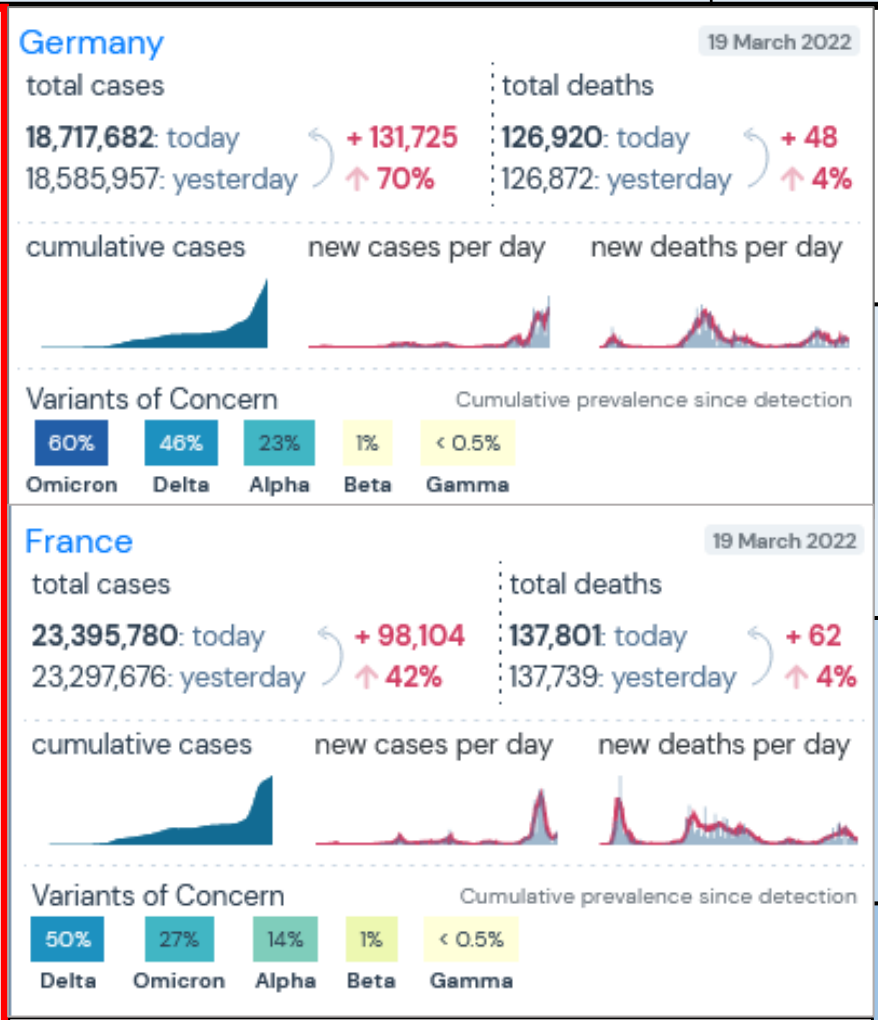
BRA
(7-days incidence 122,0)
↘
29 691 641
confirmed cases
28 336 239 recovered
658 005 deaths

News:

- **WHO**: The new Guidelines for the clinical management of severe illness from influenza virus infections provide recommendations on the use of influenza antivirals, adjunctive therapies and diagnostic strategies.
- **ECDC**: published a guidance for the prevention and control of COVID-19 in temporary reception centres in the context of the large numbers of people fleeing Ukraine.
- **WHO:** published a new information sheet on management of tuberculosis in children and adolescents.
- **WHO**: Updated several COVID-19 vaccine specific recommendations. Including for Sinovaac and Moderna.
- **WHO**: released a new operational guide to promote COVID-19 vaccination uptake and tackle vaccine hesitancy among refugees and migrants.

- **Topics:**
- Global situation
- Ukraine update
- Vaccination News
- European Situation on Vaccination
- SARS-CoV-2 Variant of Concern
- Subject in Focus: Prevention and control of COVID-19 in temporary reception centres in the context of the large numbers of people fleeing Ukraine
- Other Infectious Disease Outbreaks
- Summary of information on the individual national Corona restrictions
- Travel Recommendations and other Useful Links





EUROPE
↗
188 502 819
confirmed cases
174 700 000 recovered
1 856 119 4deaths

FRA
(7-days incidence 1 064,0)
↗
24 528 957
confirmed cases
23 119 161 recovered
142 248 deaths

GBR
(7-days incidence 893,0)
↗
20 413 731
confirmed cases
19 082 115 recovered
163 929 deaths

DEU
(7-days incidence 1 734,0)
↗
19 278 232
confirmed cases
15 120 395 recovered
127 534 deaths

Situation by WHO Region, as of 20 March

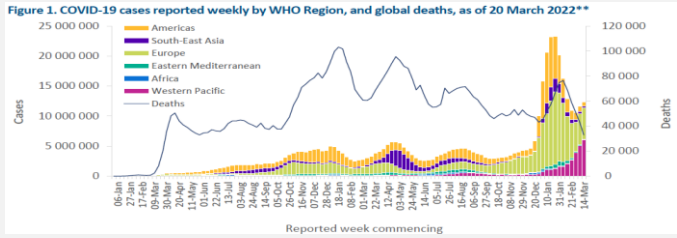
Global epidemiological situation overview; WHO as of 20 March 2022

After a consistent decrease since the end of January 2022, the number of new weekly cases rose for a second consecutive week, with a 7% increase reported during the week of 14 through 20 March 2022, as compared to the previous week. The number of new deaths has continued a decreasing trend (-23% as compared to the previous week) (Figure 1). Across the six WHO regions, over 12 million cases and just under 33 000 deaths were reported (Table 1). As of 20 March 2022, over 468 million confirmed cases and just over 6 million deaths have been reported globally. At the regional level, the number of new weekly cases increased in the Western Pacific Region (+21%), remained stable in the European Region, and decreased in the Eastern Mediterranean (-41%), Africa (-33%), South-East Asia (-23%) and Americas (-17%) regions. On the other hand, the number of new weekly deaths increased in the Western Pacific Region (+5%), while decreasing in the other regions: Americas (-42%), Eastern Mediterranean (-38%), Africa (-19%), Europe (-18%) and South-East Asia (-18%). 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 (2 817 214 new cases; +34%),
- Vietnam (1 888 694 new cases; +13%),
- Germany (1 538 666 new cases; +14%),
- France (582 344 new cases; +39%), and
- Australia (513 388 new cases; +161%).

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 20 March 2022**

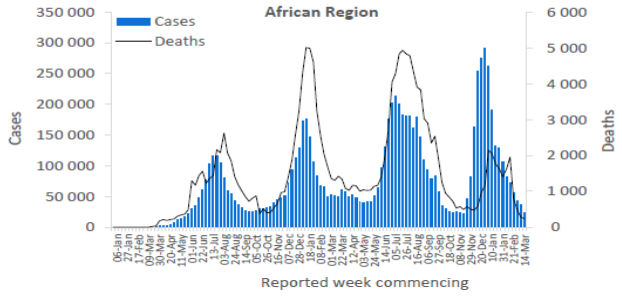


WHO regional overviews Epidemiological week 14-20 March 2022**

African Region

The Africa Region reported over 25 000 new cases, a 33% decrease as compared to the previous week. The number of cases has continued to decrease since late December 2021. Nine (18%) countries in the Region reported an increase in cases by over 20% this week, although these countries reported fewer than 100 new cases. The highest numbers of new cases were reported from South Africa (9797 new cases; 16.5 new cases per 100 000 population; similar to the previous week's figures), Réunion (8514 new cases; 951.0 new cases per 100 000; +6%), and Zimbabwe (2095 new cases; 14.1 new cases per 100 000; -37%).

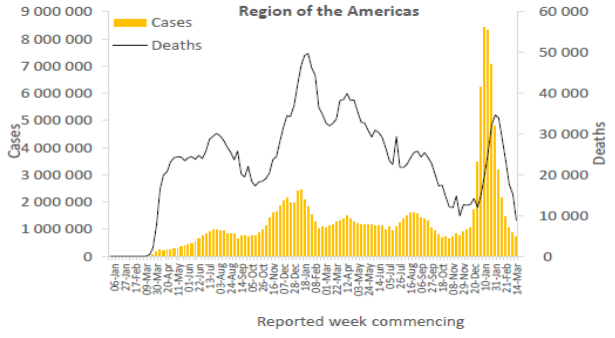
The number of new weekly deaths in the Region decreased by 19% as compared to the previous week, with over 200 new deaths reported. The highest numbers of new deaths were reported from South Africa (167 new deaths; <1 new death per 100 000 population; similar to the previous week's figures), Zimbabwe (12 new deaths; <1 new death per 100 000; -29%), Algeria (9 new deaths; <1 new death per 100 000; similar to the previous week's figures), and Réunion (9 new deaths; 1.0 new deaths per 100 000; -36%).



Region of the Americas

The Region of the Americas reported over 738 000 new cases and over 8800 new deaths, decreases of 17% and 42% respectively as compared to the previous week. However, 13 (23%) countries in the Region reported increases in new cases of 20% or greater, with some of the largest increases reported from Saint Pierre and Miquelon (298 vs 52 new cases,+473%), Curacao (375 vs 102 new cases, +268%) and Mexico (22 418 vs 11 193 new cases, +100%). The highest numbers of new cases were reported from Brazil (267 998 new cases; 126.1 new cases per 100 000; -19%), the United States of America (212 751 new cases; 64.3 new cases per 100 000; -16%), and Chile (95 205 new cases; 498.0 new cases per 100 000; -19%).

The highest numbers of new deaths were reported from the United States of America (3612 new deaths; 1.1 new deaths per 100 000; -58%), Brazil (2242 new deaths; 1.1 new deaths per 100 000; -32%), and Mexico (829 new deaths; <1 new death per 100 000; +156%).

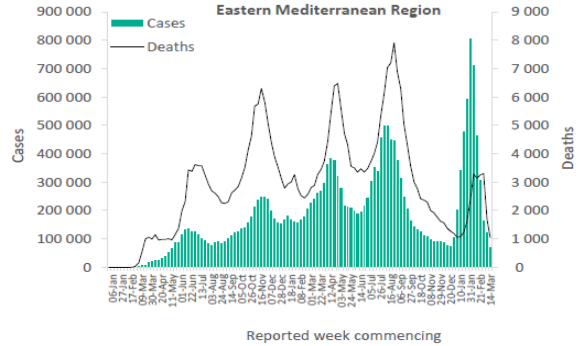


Source: https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---22-march-2022

Eastern Mediterranean Region

The Eastern Mediterranean Region continued to report a decrease in new weekly cases with over 74 000 new cases, a 41% decrease as compared to the previous week. However, Jordan reported an increase in new weekly cases of 20% or greater (25 502 vs 16 449 new cases; +55%). The highest numbers of new cases were reported from Jordan (25 502 new cases; 249.9 new cases per 100 000; +55%), the Islamic Republic of Iran (19 454 new cases; 23.2 new cases per 100 000; -45%), and Bahrain (7594 new cases; 446.3 new cases per 100 000; -31%).

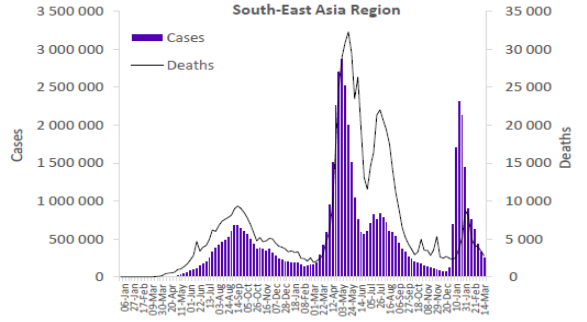
In the past week, the Region reported 1000 new deaths, a 38% decrease as compared to the previous week. The highest numbers of new deaths were reported from the Islamic Republic of Iran (719 new deaths; <1 new death per 100 000; -34%), Jordan (77 new deaths; <1 new deaths per 100 000; +133%), and Lebanon (43 new deaths; <1 new deaths per 100 000; -26%).



South-East Asia Region

The decreasing trend observed in the South-East Asia Region since the end of January 2022 continues, with over 269 000 new cases reported, a 23% decrease as compared to the previous week. One country in the Region, reported an increase of 20% or greater in the past week: Bhutan (4384 vs 2822 new cases; +55%). The highest numbers of new cases were reported from Thailand (169 144 new cases; 242.3 new cases per 100 000; +7%), Indonesia (71 988 new cases; 26.3 new cases per 100 000; -49% decrease), and India (16 850 new cases; 1.2 new cases per 100 000; -40%).

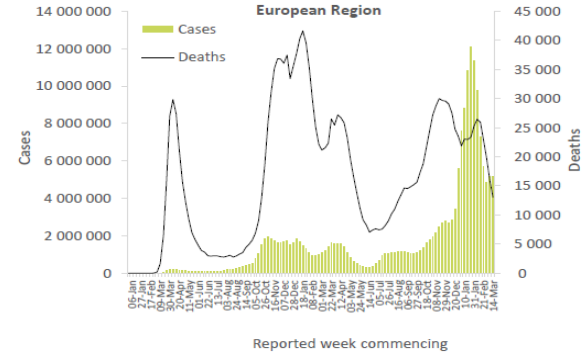
Regionally, the number of new weekly deaths continues to decline, with just under 2800 new deaths reported, an 18% decrease as compared to the previous week. The highest numbers of new deaths were reported from Indonesia (1572 new deaths; <1 new death per 100 000; -21%), India (629 new deaths; <1 new death per 100 000; -23%), and Thailand (537 new deaths; <1 new death per 100 000; +13%).



European Region

Following the increase reported during the week of 7 through 13 March 2022, the number of new weekly cases appears to have stabilized in the European Region (<1%) with over 5.2 million new cases reported. Ten countries (18%) in the Region reported increases in new cases of 20% or greater, with the largest observed in Gibraltar (471 vs 231 new cases; +104%), Isle of Man (1814 vs 903 new cases; +101%), Malta (1628 vs 887 new cases; +84%) and Guernsey (2077 vs 1196 new cases; +74%)

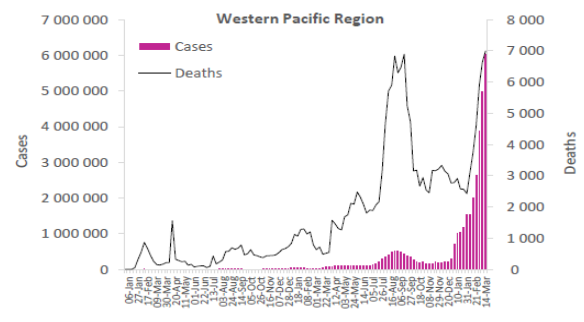
The number of new deaths has continued to decrease in the Region, with over 13 000 new deaths reported this week, an 18% decrease as compared to the previous week. The highest numbers of new deaths were reported from the Russian Federation (3681 new deaths; 2.5 new deaths per 100 000; -19%), Germany (1345 new deaths; 1.6 new deaths per 100 000; -8%), and Italy (910 new deaths; 1.5 new deaths per 100 000; -9%)



Western Pacific Region

Consistent with the increasing trend observed since the end of December 2021, the Western Pacific Region reported an increase of 21% in the number of new weekly cases as compared to the previous week, with over 6 million new cases. Ten (44%) countries in the Region reported an increase of 20% or greater in the past week, with the largest increases observed in Lao People's Democratic Republic (6449 vs 1538 new cases; +319%), Australia (513 388 vs 196 803 new cases; +161%), American Samoa (623 vs 247 new cases; +152%), Vanuatu (352 vs 146 new cases; +141%) and Fiji (148 vs 63 new cases; +135%).

The number of new weekly deaths also continued to increase, with just under 7000 new deaths reported, a 5% increase as compared to the previous week. The highest numbers of new deaths were reported from the Republic of Korea (2033 new deaths; 4.0 new deaths per 100 000; +41%), China (1921 new deaths; <1 new death per 100 000; -2%), and Japan (1016 new deaths; <1 new death per 100 000; -18%).



Global Situation

bluedot

Spotlight: COVID-19 Trends in Europe

COVID-19 disease activity is increasing in many regions within Europe following the relaxation of protective public health measures and the presence of Omicron BA.2 despite higher vaccination coverage. The selected countries below were noted by media sources as regions largely affected, supported by key COVID-19 indicators. **Notably, these countries have either lifted the majority of domestic COVID-19 restrictions in the past month or plan to do so in the coming weeks**. However, the following countries maintain masking policies in specific settings such as on public transportation: Austria[1], Germany[2], Italy[3], Netherlands[4], and Poland[5].

COUNTRY	NEW CASES (7-day rolling avg) * 7-day % change	14-DAY % POSITIVE TESTS	14-DAY HOSPITALIZATIONS	% POPULATION FULLY VACCINATED	% POPULATION BOOSTED
Italy	957 +39%	11.4 7,435 tests per MILL	10,253 → 8,975	79.1%	63.5%
Austria	5,008 +36%	6.7 70,065 tests per MILL	2,566 → 3,004	74.1%	56.9%
Germany	2,537 +24%	N/A	N/A	75.8%	58.0%
Switzerland	3,284 +20%	44.2 6,776 tests per MILL	1,379 → 1,801	69.9%	42.2%
Poland	287 -5%	17.1 1,993 tests per MILL	10,957 → 9,456	58.7%	30.4%
Netherlands	3,421 -11%	67.7 5,344 tests per MILL	1,256 → 1,796	71.3%	51.9%
Liechtenstein	4,400 -12%	N/A	N/A	69.4%	48.0%
Iceland	5,589 -19%	46.9 13,448 tests per MILL	65 → 60	80.2%	69.2%
Norway	791 -46%	81.2 1,744 tests per MILL	575 → 555	75.3%	54.2%

*Per million population

Source: BlueDot DataSuite • Created with Datawrapper

** Boosted refers to three or more shots of a COVID-19 vaccine.

Testing strategy greatly influences our interpretations of percent positivity and case counts. A greater number of tests performed may be more representative of the true epidemiological situation. Regardless, a high test-positivity rate (> 5%) suggests that there is a potential for high level of community transmission, which may not be reflected in the reported cases. All nine listed countries have high 14-day test positivity rates with sufficient levels of testing per million population. Only two of the listed counties, Poland and Iceland, are beginning to report decreasing test-positivity trends. Norway observed the highest 14-day test positivity rate in Europe as of March 16 despite reporting declining case trends. Recent changes to test eligibility as of late February limited who could be tested, including recommendations for self-administered and symptomatic testing. Despite this, test positivity has remained high since the end of October 2021.7 Additionally, prior to the last two weeks Norway was observing increasing trends in hospital occupancy. A similar trend is observed with Italy, with increasing hospital occupancy followed by a recent decline. It should be noted, as a lagging indicator, recent hospitalizations may not be directly reflectiveof the current case burden.

Source: Bluedot – Global Update, Spotlight, and Notable Update for March 18, 2022

Where COVID-19 isn't*

The world's last COVID-free strongholds are dwindling. This month, Niue in the Pacific confirmed its first (and so far, only) COVID-19 case – a traveller who arrived on a flight from New Zealand. The Pacific has seen country after country – from Solomon Islands and Vanuatu to Tonga and Samoa – declare their first major outbreaks or cases in 2022 after staying largely virus-free through the pandemic. The global list of nations and territories untouched by the virus is now down to the single digits, according to stats submitted to the WHO. This mostly comprises remote island areas: Micronesia, Nauru, Pitcairn Islands, Tokelau, and Tuvalu in the Pacific; and Saint Helena in the South Atlantic. A big, bold asterix (*) should probably accompany the two other countries that say they have no cases despite evidence to the contrary: Turkmenistan and North Korea.

Source: The New Humanitarian

Increased investments into TB services and research

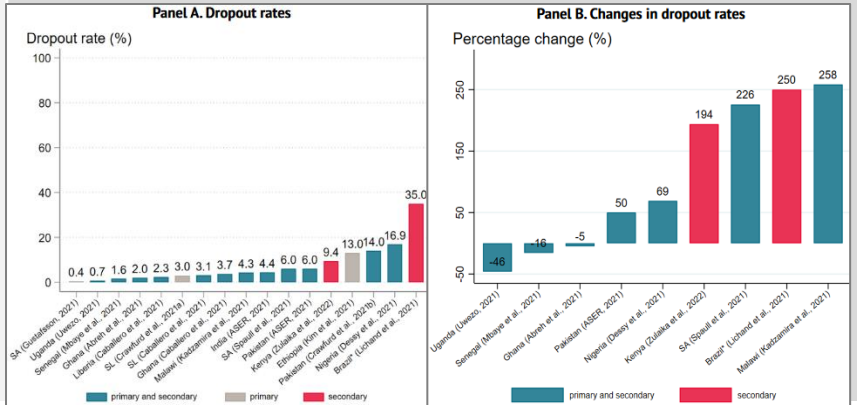
On World TB Day, WHO calls for an urgent investment of resources, support, care and information into the fight against tuberculosis (TB). Although 66 million lives have been saved since 2000, the COVID-19 pandemic has reversed those gains. For the first time in over a decade, TB deaths increased in 2020. Ongoing conflicts across Eastern Europe, Africa and the Middle East have further exacerbated the situation for vulnerable populations.

Source: On World TB day WHO calls for increased investments into TB services and research

Covid-19 vaccine by Janssen

The US public and even some health experts may have underestimated the Covid-19 vaccine made by Janssen, a division of Johnson & Johnson, new data shows. And there's emerging evidence that it could still play an important role ahead. A study published Thursday in the medical journal JAMA Network Open found that the J&J vaccine remains durable and effective, even through the surge of cases caused by the Delta variant. It was 76% effective overall in preventing Covid-19 infections and 81% effective in preventing Covid-related hospitalizations. The study also showed that it provided lasting immunity at least six months after the shots.

Source: Johnson & Johnson's Covid-19 vaccine worked better than it gets credit for and may play an important role in the future - CNN



Learning Loss and Student Dropouts during the COVID-19 Pandemic

A study last week, sourcing data from around the globe, confirmed that not only have children worldwide been set back in learning over the past two years due to the COVID-19 pandemic, but that the poorest were the worst hit. Higher dropout rates, which often led to an increased risk of teen pregnancies is one outcome.

Source: https://www.cgdev.org/publication/learning-loss-and-student-dropouts-during-covid-19-pandemic-review-evidence-two-years

Update on Ukraine

Ukraine

Refugees fleeing Ukraine (since 24 February 2022): 3,5 million people (last updated 21 Mar 22)

The humanitarian needs in eastern Ukraine are becoming even more urgent. More than 200,000 people are now without access to water across several localities in Donetsk oblast while the constant shelling in Luhansk region has destroyed 80% of some localities, leaving almost 100,000 families without electricity. Targeted attacks on civilians and civilian infrastructure and lack of safe passage are increasing protection risks and posing serious threats to the lives of thousands of civilians.

The humanitarian situation in Mariupol and Sumy is extremely dire, with residents facing a critical and potentially fatal shortage of food, water and medicines.

The Government of Ukraine has adopted a new resolution to simplify registration for internally displaced persons (IDPs) in the centralized IDP database. This will improve the understanding of the scope and needs of the IDP population.

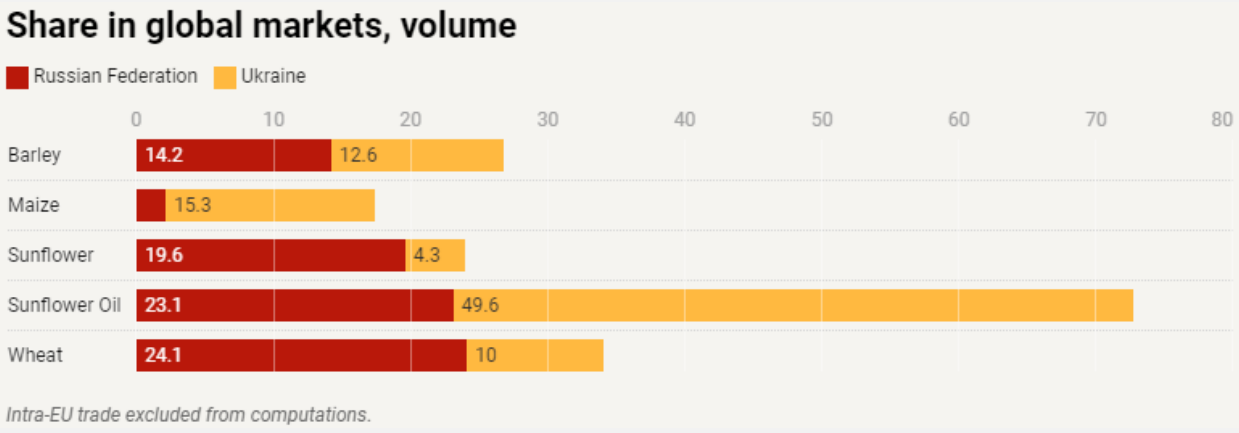
Source: Situation Ukraine Refugee Situation (unhcr.org)

ECDC staff to join multidisciplinary team in Poland

On 16 March, 2022, two ECDC experts will be deployed to join a multidisciplinary Union Civil Protection (UCP) team in Poland led by DG ECHO (Directorate-General for European Civil Protection and Humanitarian Aid Operations) that will provide support to the country's reception of displaced people from Ukraine.

The main objective of the two ECDC experts is to support the setup of early warning and rapid response systems, surveillance data flows and other public health activities. The work will be carried out in coordination with the Ministry of Health of Poland and as well as the Polish Institute of Public Health, the World Health Organization (WHO) and other international partners.

Source: Two ECDC staff to join multidisciplinary team in Poland in support of displaced people from Ukraine (europa.eu)



Struggles with COVID-Restrictions

While countries bordering Ukraine appear to have eased COVID-related restrictions for incoming refugees, many people are still running into roadblocks in other parts of Europe and in North America. Last week, dozens of refugees in the German city of Stuttgart were forced to sleep in the waiting room of a train station after they were barred from entering hotels due to the lack of "relevant evidence" about their COVID-19 status. In Italy, Ukrainians without vaccine records also face challenges as Prime Minister Mario Draghi said refugees will either need to prove they are vaccinated or pay for a COVID-19 test every 48 hours to access public transport and hotels. Canada, which has pledged to welcome an "unlimited" number of refugees, will allow unvaccinated Ukrainians to seek asylum. But they will be required to follow its public health measures including testing before boarding a flight into Canada and mandatory quarantines. Ukrainian refugees trying to enter the U.S. from its southern border are being turned away by immigration authorities due to the Trump-era controversial public health order known as Title 42 that remains in place under Biden. The measure allows officials to quickly expel migrants at the southern border and it has been defended by the Biden administration in court as a means to prevent the spread of COVID-19.

Source: Refugees Fleeing War In Ukraine Face New Hurdles In Countries With Covid Restrictions (msn.com)

Global food shortage

The price of wheat shot up immediately after Russia attacked its neighbour. The price of a bushel of wheat shot up from $8.84 on the ever of the invasion to just under $13.64 on 8 March. It has since eased to $11.58 this morning (22.03.22)- but that still represents an increase of more than 25% and is higher than it has been for the best part of a decade. Making matters worse, though, is that Ukraine is now struggling to get its wheat out of the country. Ukraine still has some 20 million tonnes of wheat and corn left to export from the 2021-22 season that cannot be exported because Russia is **blockading ports on the Black Sea** and the Sea of Azov, leaving 100 foreign vessels stranded.

Mykola Gorbachev, chairman of the Ukrainian Grain Association, said: "We are sitting on a potential loss of $6bn." To put that into context, Ukraine's total grain exports last year totalled $27bn.

The implications for those countries that buy Ukrainian wheat are terrifying. They include the likes of Indonesia, Egypt - the world's biggest wheat importer - Pakistan, Tunisia and Morocco. Deprived of Ukrainian wheat, they will have to seek alternatives, costing them more.

Those suffering the most will be the world's poorest people. The United Nations Food Programme, which feeds 125 million of the world's hungriest souls, sources around half of its grain from Ukraine.

Source: Ukraine war: Why the Russian invasion is leading to global food shortages | Business News | Sky News

Russia-Ukraine war creates blocks in Africa

While South Africa blames NATO, Kenya along with African Union urges Russia to respect international law and Ukraine's sovereignty. South African President Cyril Ramaphosa was the first to open a barrage against the West, blaming NATO for the war in Ukraine. He said he would resist calls to condemn Russia.

Source: Russia-Ukraine war creates blocks in Africa (aa.com.tr)

Update on Ukraine

Emergency in Ukraine, WHO External Situation Report #3, 17 March 2022

The overall situation continues to deteriorate across Ukraine. To date, over 18 million people have been affected by the conflict. According to the latest government data compiled by the United Nations High Commissioner for Refugees (UNHCR), over three million refugees have now left Ukraine for surrounding countries, with over 60% of them in Poland. It is estimated that this number could rise to four million by July 2022.

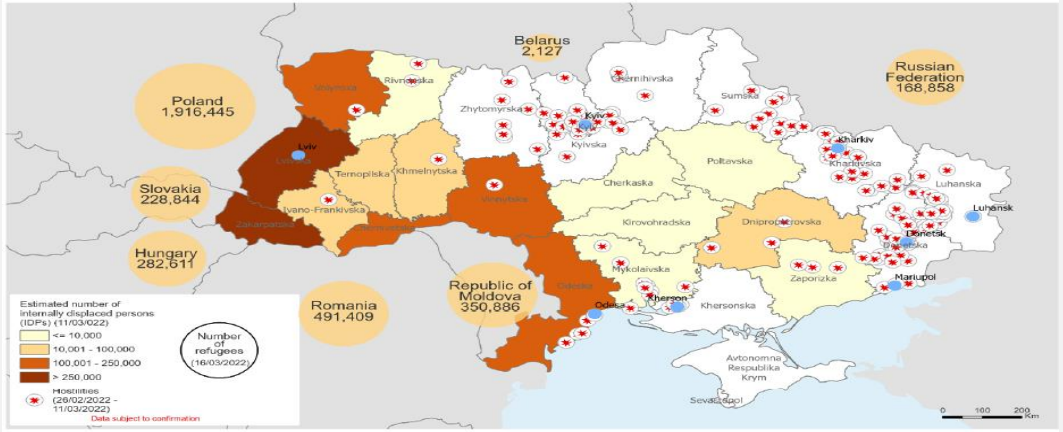
There are many challenges to accessing health care, with active hostilities and a lack of public transport restricting movement. WHO has verified 43 attacks on health care since 24 February, resulting in 34 injuries and 12 deaths, of which eight of the injured and two of those killed were health workers. Further attacks are being verified. Some areas, such as the city of Mariupol in the south, have suffered critical shortages of medical supplies.

While the overall number of beds available for patients with COVID-19 has remained relatively stable with a decrease of 27% from 23 February to 13 March, differences are seen between oblasts, with the largest decrease (77%) reported in Luhansk. Furthermore, the number of beds occupied by COVID-19 patients has decreased nationally by 80%, reflecting challenges in accessing hospitals.

Priority public health concerns

- Conflict-related trauma and injuries
- Maternal and newborn health
- Food security and nutrition
- Risk of emergence and spread of infectious diseases
- Management of chronic diseases
- Environmental health risks
- Mental health and psychosocial health
- Protection issues: risk of human trafficking
- Escalated risk of sexual and gender-based violence (SGBV)

Figure 1. Distribution of internally displaced persons (IDPs) and refugees in Ukraine and neighbouring countries as of 16 March 2022



Source: https://www.who.int/publications/i/item/WHO-EURO-2022-5152-44915-63936

The influence of the Russian-Ukraine Conflict on the global food security

Over the past two years, COVID-19 has presented many challenges to global food security. Today, what is happening in Russia and Ukraine adds another significant challenge. Russia and Ukraine play a substantial role in the global food production and supply. Russia is the world's largest exporter of wheat, and Ukraine is the fifth largest. Together, they provide 19% of the world's barley supply, 14% of wheat, and 4% of maize, making up more than one-third of global cereal exports. They are also lead suppliers of rapeseed and account for 52% of the world's sunflower oil export market. The global fertilizer supply is also highly concentrated, with Russia as the lead producer.

Supply chain and logistical disruptions on Ukrainian and Russian grain and oilseed production and restrictions on Russia's exports will have significant food security repercussions. This is especially true for some fifty countries that depend on Russia and Ukraine for 30% or more of their wheat supply. Many of them are least developed countries or low-income, food-deficit countries in Northern Africa, Asia and the Near East. Many European and Central Asian countries rely on Russia for over 50% of their fertilizer supply, and shortages there could extend to next year.

The conflict's intensity and duration remain uncertain. The likely disruptions to agricultural activities of these two major exporters of staple commodities could seriously escalate food insecurity globally, when international food and input prices are already high and volatile. The conflict could also constrain agricultural production and purchasing power in Ukraine, leading to increased food insecurity locally.

Russia is a major player in the global energy market, accounting for 18% of global coal exports, 11% of oil, and 10% of gas. Agriculture requires energy through fuel, gas, electricity use, as well as fertilizers, pesticides, and lubricants. Manufacturing feed ingredients and feedstuffs also require energy. The current conflict has caused energy prices to surge, with negative consequences on the agriculture sector.

Wheat is a staple food for over 35% of the world's population, and the current conflict could result in a sudden and steep reduction in wheat exports from both Russia and Ukraine. It is still unclear whether other exporters would be able to fill this gap. Wheat inventories are already running low in Canada, and exports from the United States, Argentina and other countries are likely to be limited as government will try to ensure domestic supply.

Countries reliant on wheat imports are likely to ramp up levels, adding further pressure on global supplies. Egypt, Turkey, Bangladesh, and Iran are the top global wheat importers, buying more than 60% of their wheat from Russia and Ukraine, and all of them have outstanding imports. Lebanon, Tunisia, Yemen, Libya, and Pakistan also rely heavily on the two countries for their wheat supply.

Export prospects for sunflower oil and other alternative oils also remain uncertain. Major sunflower oil importers, including India, the European Union, China, Iran, and Turkey, must find other suppliers or other vegetable oils, which could have a spill-over effect on palm, soy, and rapeseed oils, for example.

The Ukrainian ports on the Black Sea have shuttered. Even if inland transportation infrastructure remains intact, shipping grain by rail would be impossible because of a lack of an operational railway system. Vessels can still transit through the Turkish Straits, a critical trade juncture through which a large amount of wheat and maize shipments pass.

The Russian ports on the Black Sea are open for now, and no major disruption to agricultural production is expected in the short term. However, the financial sanctions against Russia have caused an important depreciation which, if continued, could undermine productivity and growth and ultimately further elevate agricultural production costs.

Source and full report: https://www.fao.org/director-general/news/news-article/en/c/1476480/

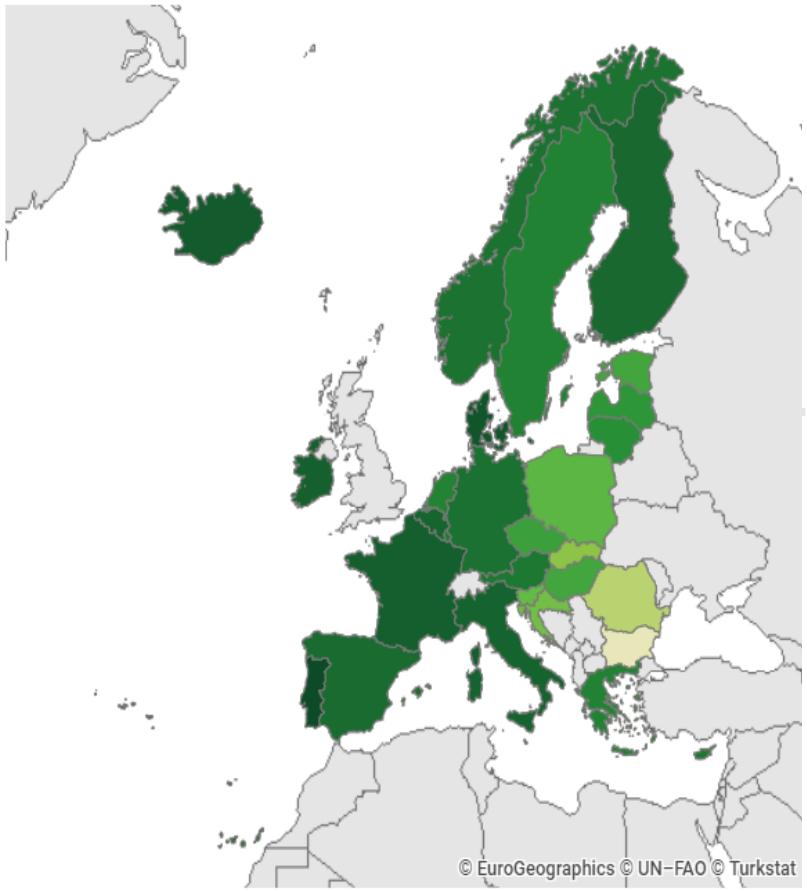
European Situation on Vaccination

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

Total doses distributed to EU/EEA countries 1,157,320,584 | 885,017,797

Indicator: Uptake of the primary course

Cumulative uptake (%) of the primary course in the total population in EU/EEA countries as of 2022-03-18

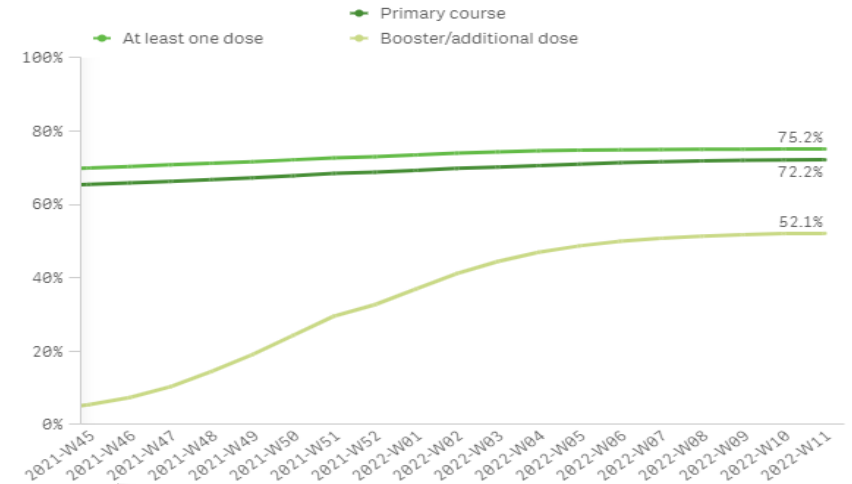


Uptake of the primary course (%)

29.5% 86.0%

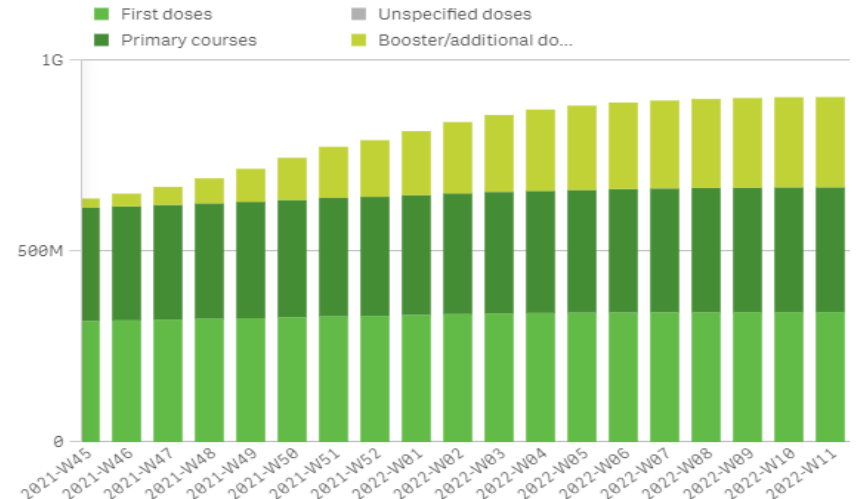
Cumulative vaccine uptake (%) in the total population in EU/EEA countries as of 2022-03-18

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 2022-03-18

by reporting week (data for current week are preliminary)



Cumulative uptake (%) of the primary course by age group in EU/EEA countries as of 2022-03-18

Country	60+ years	50-59 years	25-49 years	18-24 years	<18 years
Austria	93.1%	83.2%	77.4%	75.6%	30.2%
Belgium	94.3%	91.5%	85.2%	83.2%	39.4%
Bulgaria	37.9%	38.7%	32.6%	27.8%	2.1%
Croatia	77.6%	70.0%	58.1%	44.7%	4.3%
Cyprus	94.5%	88.3%	85.4%	72.5%	19.8%
Czechia	85.9%	78.2%	65.5%	69.0%	19.7%
Denmark	99.9%	94.3%	87.7%	83.5%	42.8%
Estonia	78.7%	74.8%	68.4%	71.9%	19.7%
Finland	96.1%	89.2%	83.8%	79.1%	31.9%
France	93.4%	94.1%	90.6%	94.1%	27.8%
Germany	90.0%	-	-	-	-
Greece	89.8%	83.0%	75.8%	71.4%	22.7%
Hungary	81.7%	75.5%	65.2%	52.9%	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%	87.3%	80.8%	86.7%	40.3%
Latvia	76.0%	78.7%	76.8%	79.3%	20.2%
Liechtenstein	89.3%	77.2%	70.7%	70.8%	22.5%
Lithuania	78.8%	79.4%	80.0%	74.8%	16.3%
Luxembourg	91.5%	87.9%	78.7%	74.4%	32.8%
Malta	99.3%	89.0%	93.8%	85.8%	43.9%
Netherlands	-	-	-	-	21.7%
Norway	99.4%	95.5%	86.5%	85.8%	11.9%
Poland	76.5%	68.2%	60.4%	56.1%	23.5%
Portugal	100.0%	95.0%	89.7%	87.9%	40.6%
Romania	46.4%	56.7%	49.9%	49.3%	7.0%
Slovakia	73.3%	61.5%	52.6%	51.9%	10.6%
Slovenia	82.0%	70.1%	57.0%	58.6%	10.9%
Spain	98.4%	89.4%	77.7%	73.2%	36.4%
Sweden	96.2%	91.4%	80.9%	77.6%	11.9%

SARS-CoV-2 Variant of Concern:
Omicron Sublineage BA.2

Notable Update: Omicron Sublineage BA.2 Follow-Up

The Omicron variant was first detected in November 2021. The WHO categorized multiple sublineages with genetic similarities (i.e., BA.1., BA.2, and BA.3) together as the Omicron variant of concern. However, each features a set of mutations that may alter how they behave. At the time (late 2021-early 2022), BA.1 was most common and quickly spread across the world. As of January 25, 2022, globally, BA.1 accounted for 98.8% of sequenced cases submitted to GISAID, a public database for select viral genomic data.[1]

But in early 2022, the proportion of new infections attributed to BA.2 started to increase and now account for nearly all the new cases in Denmark, the U.K., Switzerland, Sweden, India, Belgium, Norway, South Africa, the Philippines, Hong Kong and many more regions.[2] In addition, the media initially dubbed BA.2 as a "stealth" variant as it did not trigger a proxy signal from certain PCR tests previously used to distinguish Omicron from Delta without further genomic sequencing.[3]

As the Omicron sublineage BA.2 gains dominance in several locations around the world, research around the implications of BA.2 continues to emerge. Although it does not appear to have the capacity to drive a large new wave of infections, the variant has slowed the current decline of COVID-19 cases.

BA.2 MORE RECENT EVIDENCE FROM SCIENTIFIC RESEARCH

TRANSMISSIBILITY

Since our February 18 update on BA.2., further studies have continued to indicate that **BA.2 is more transmissible than BA.1:**

- Danish researchers have found that BA.2 is about 30% more transmissible than BA.1.[4]
- Analyses by the United Kingdom Health Security Agency (UKHSA) using data from England found that it took less time on average for someone with BA.2 to infect another person, accelerating its spread through communities.[5]

VIRULENCE

Since our January 28 update on BA.2., real-world data on clinical severity have emerged from South Africa, the United Kingdom, and Denmark, where immunity from vaccination or natural infection is high. Results suggest that **there was no reported difference in the severity of COVID-19 caused by BA.2 compared to BA.1.**[6]

VACCINES

Since our January 28 update on BA.2, additional analysis by UKHSA and a pre-print study continue to indicate that **vaccine effectiveness against symptomatic disease due to BA.2 is comparable to BA.1**:

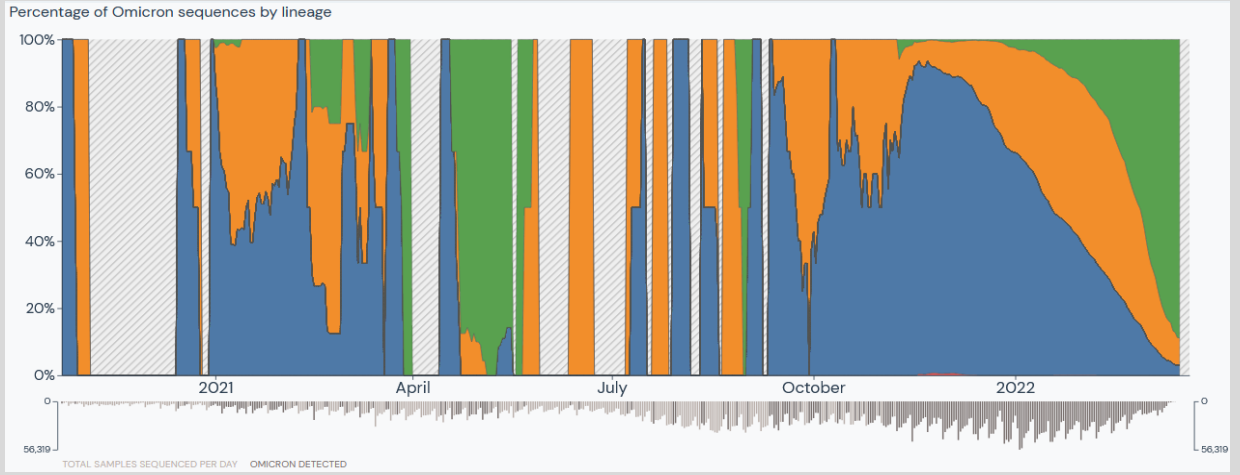
- According to the UKHSA report published on March 10, 2022, vaccine effectiveness against the symptomatic disease was similar for BA.1 and BA.2 Omicron sublineages. A similar vaccine effectiveness for both sublineages was found at three time points; over 25 weeks after receiving a second dose of vaccine, two weeks after receiving a booster, and 10 weeks after receiving a booster dose. Notably, at these time points, vaccine effectiveness for both sublineages was highest two weeks after a booster dose and experienced a drop 10 weeks after a booster dose.[7]
- A study conducted in Qatar concluded that mRNA vaccines provide only moderate and short-lived protection against symptomatic Omicron infections, with no discernable differences in protection against either the BA.1 or BA.2 subvariants.15
- At this time, evidence evaluating the vaccine effectiveness against hospitalization/death due to BA.2 compared to BA.1 **remains very limited**.

RE-INFECTIONS

BA.2 carries several unique mutations different from BA.1. Thus, researchers wondered if BA.2 could evade immunity derived via recovery from BA.1 infections. A pre-print indicated that **reinfections with BA.2 following infection with BA.1 have been documented but are rare**.[8] The World Health Organization (WHO) released a statement indicating that infection from BA.1 provides strong protection against infection with BA.2. The WHO also indicated that **initial data from population-level reinfection studies suggest that infection with BA.1 provides strong protection against reinfection with BA.2**, at least for the limited period for which data are available.[9]

CURRENT STATUS OF OMICRON SUBLINEAGES

- As of March 15, according to outbreak.info, Omicron BA.2 has been detected in at least 97 countries.[10]
- According to the US CDC, as of March 12, the BA.2 subvariant accounted for 23.1% of COVID-19 infections in the USA. It should be noted that Omicron BA.1.1 and Omicron BA.1 are still dominant in the USA.
- Between February 13 and 26, the New York state health department found that 8% of COVID-19 cases were BA.2 compared to just 2.3% in the previous two-week period.
- According to a report from Denmark, BA.2 seems more transmissible than the original omicron (based on three weeks of BA.2 observations).[11]



Lineage breakdown of Omicron by day globally

Source: Bluedot – Global Update, Spotlight, and Notable Update for March 18, 2022
https://outbreak.info/situation-reports/omicron?overlay=false

SARS-CoV-2 Variant of Concern:
Omicron Sublineage BA.2

Geographic spread and prevalence of VOCs:

The current global epidemiology of SARS-CoV-2 is characterized by the global dominance of the Omicron variant. Among the 412 982 sequences uploaded to GISAID with specimens collected in the last 30 daysi, 412 119 (99.8%) were Omicron and 259 (0.1%) were Delta. Since the first reporting of the Omicron variant in November 2021, more than 2.4 million sequences have been deposited in GISAID. By the first week of January 2022, Omicron accounted for 90% of submitted sequences; by week five, Omicron had largely replaced all other variants and now accounts for over 99.8% of submitted sequences globally.

Omicron has a number of descendant lineages, including BA.1, BA.1.1, BA.2 and BA.3. In the last 30 daysii, BA.2 has become the predominant variant, with 251 645 sequences (85.96%) reported. During the same period, 125 485 BA.1.1 sequences (8.98%), 54 724 BA.1 sequences (4.26%) and 70 BA.3 sequences (<0.1%) have been also uploaded to GISAID.

Among the major Omicron descendent lineages, weekly trends (figure below, panel A) show that the relative proportion of BA.2 has increased steadily since the end of 2021, with BA.2 becoming the dominant lineage by week seven of 2022. This trend is most pronounced in the South-East Asia Region, followed by the Eastern Mediterranean, African, Western Pacific and European Regions. BA.2 is currently dominant in the Region of the Americas.

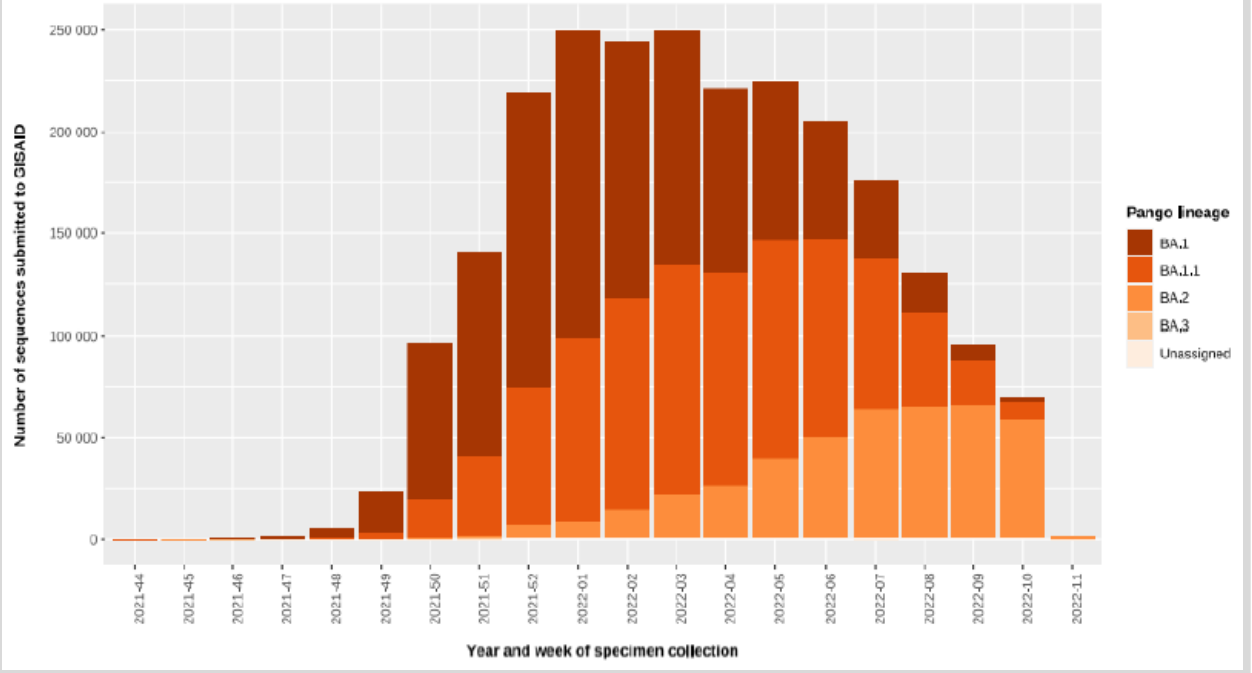
However, the absolute numbers of submitted BA.1 and BA.1.1 sequences, as well as an apparent plateau in the absolute number of BA.2 sequences indicate a recent declining trend in the descendent lineages of Omicron since the beginning of 2022 (figure on the right, panel B). This trend should be interpreted with some caution, as data for the most recent weeks may be incomplete due to the delay between specimen collection and submission of sequences to GISAID.

To note, the global distribution of VOCs 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. In addition, some countries may have changed their testing and sequencing policies during the presented period.

Panel A. Relative proportions of Omicron lineages over the last 4 weeks by specimens collection week

				Overall (%)	Last 4 weeks by collection date (%)			
Lineage	**Countries**	**Sequences[a]**	**SGTF[b]**	**Total**	**2022-08**	**2022-09**	**2022-10**	**2022-11**
BA.1	164	1 077 755	96.26	44.40	15.21	8.24	3.98	4.26
BA.1.1	151	913 277	95.72	37.62	34.51	22.29	11.61	8.98
BA.2	106	431 242	0.18	17.77	49.93	69.12	83.95	85.96
BA.3	21	648	96.91	0.03	0.01	0.02	0.01	0.00
Unassigned	62	4 536	34.99	0.19	0.35	0.34	0.44	0.80

Panel B. Incidence of Omicron lineages by week of specimens collection.



SARS-CoV-2 recombinant variants

Recombination of variants of the same virus is a natural phenomenon and can be regarded as an expected mutational event. WHO has been notified of several recombinant variants, either recombination between Delta and BA.1 variants, or BA.1 and BA.2 variants. The same monitoring and assessment process is applied to these recombinants as for any other emerging variant, after verification and exclusion of potential contamination or co-infection. Two Delta and Omicron recombinants and one BA.1 x BA.2 recombinant have now been given Pango lineage designations XD, XE and XF. None of the preliminary available evidence indicates that these recombinant variants are associated with higher transmissibility or more severe outcomes. WHO continues to monitor recombinant variants, alongside other SARS-CoV-2 variants, and will provide updates as further evidence becomes available.

Source: https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---22-march-2022

Summary of current evidence on Omicron

Domain	Indicator	Main results
Epidemiology	Impact on disease prevalence/incidence	After a consistent decrease since the end of January 2022, for the second week in a row, the number of new weekly cases increased by 7% during the week of 14 through 20 March 2022, as compared to the previous week. The number of new weekly cases increased in the Western Pacific Region (+21%), remained stable in the European Region, while decreased in the Eastern Mediterranean Region (-41%), Africa Region (-33%), South-East Asia Region (-23%) and the America Region (-17%). It is important to note that changes in testing policies may influence the number of reported cases. The Omicron variant is the dominant circulating variant globally, representing 99.8% of samples collected between 16 February and 17 March 2022 (GISAID), while the Delta variant represents 0.1%. Among the Omicron Pango lineages, BA.2 is now the most prevalent (86%), followed by BA.1.1 (9%), BA.1 (4%) and BA.3 (<0.1%).
	Impact on transmission	An updated analysis of GISAID data[1] shows Omicron still having a growth rate advantage over Delta in 67 countries with sufficient sequence data available up to 21 March 2022, translating to a pooled mean transmission advantage (i.e. relative difference in effective reproduction numbers) of 5% (95% CI: 74%-103%) across epidemiological contexts under the assumption of an unchanged generation time (i.e. duration between the moment a person gets infected to the moment they infect another person). However, evidence for a reduced generation time of Omicron suggests the transmission advantage may be lower; for a 20% shorter generation time, the estimated pooled mean transmission advantage of Omicron over Delta is 74% (95% CI: 66%-90%). The same analysis demonstrates a growth rate advantage of the Omicron Pango lineage BA.2 over the Pango lineage BA.1, with a pooled mean transmission advantage of 72% (95% CI: 55%-82%) under the assumption of an unchanged generation time. These estimates are stabilising as the number of Omicron sequences is increasing and data become available from more countries. An updated analysis published on 11 March 2022 by the United Kingdom[2], which used data on samples collected between 01 December 2021 and 01 March 2022, confirms that BA.2 has a higher growth rate compared to BA.1 (median: 78.8 % per week) and higher secondary attack rates for household (13.6%; 95%CI: 13.2%-14.0% vs. 10.7%; 95%CI: 10.6%-10.8%) and non-household (5.3%; 95%CI:4.7%-5.8% vs. 4.2%; 95%CI: 4.0%-4.3%) contacts.
Immune response	Impact on disease severity	Omicron has consistently been found to have lower severity when compared to Delta across different settings[3–7]. An updated analysis comparing patients infected with BA.1 and BA.2 shows similar findings to previously published data, with no difference in the risk of hospitalisation (HR=0.91; 95% CI: 0.85-0.98) in the United Kingdom [2]. There is still a sustained decrease in the number of reported hospitalisations since the end of January 2022 in the United States of America[8] and South Africa[9] while the United Kingdom reported an increase in hospitalisations in week 10 (7-10 March) compared to week 9 (28 February – 6 March) of 2022 (13.38 per 100,000 vs 11.67 per 100,000)[10].
	Impact on reinfection	Higher rates of reinfection have been reported for the Omicron variant among individuals previously infected with other SARS-CoV-2 variants. Reinfection with BA.2 following BA.1 was associated with mild disease in Denmark[11] while a study conducted in Qatar reported that previous infection with one of the Omicron Pango lineages may confer protection against infection with other Omicron Pango lineages; 94.9% (95% CI: 88.4-97.8%) protection against BA.2 following infection with BA.1, and 85.6% (95% CI: 77.4-90.9%) protection against BA.1 following infection with BA.2[12].
	Impact on vaccination	Results of vaccine effectiveness (VE) studies should be interpreted with caution because estimates vary with the type of vaccine administered and the number of doses and scheduling (sequential administration of different vaccines). For further information, see the section Interpretation of the results of the VE for the Omicron variant.
	Impact on antibody responses	There are no new data on antibody responses to Omicron since the last update. An analysis of neutralization data from 23 laboratories found a 20-fold reduction in neutralization associated with the Omicron variant[13]. These findings are consistent with results of recent studies that reported lower neutralising antibody titers to BA.1 and BA.2 compared to wild-type SARS-CoV-2 and similar responses for BA.1 and BA.2 [14,15]. Another recent study found similar non-neutralising antibody responses to BA.1 and BA.2 in vaccinated individuals[16]. Overall, these results indicate similar humoral responses to BA.1 and BA.2.
Diagnostic tools	Impact on PCR assays	There is no new evidence on the impact of Omicron on PCR assays, which include multiple gene targets. The BA.2 lineage is the only descendant variant of Omicron that lacks the 69-70 deletion responsible for S-gene target failure. Assessment of PCR tests for SARS-CoV-2 that include multiple gene targets predicted limited impact of the Omicron variant on the accuracy of these assays[17,18].
	Impact on Rapid Diagnostic tests	There is no new evidence on the impact of Omicron on antigen-based rapid diagnostic tests (Ag-RDTs). Available data show contradictory results on the diagnostic performance of Ag-RDTs to detect Omicron compared to other variants: while some studies have shown reduced sensitivity of Ag-RDTs [19–22], others have reported comparable sensitivity of Ag-RDT tests to detect Omicron compared to Delta or other VOCs[23–26].
Impact on treatment	Impact on antivirals	There has been no new evidence since the publication of preliminary data showing no difference in the effectiveness of antiviral agents against the Omicron variant[27–29].
	Impact on biologicals	Initially, studies on the effectiveness of monoclonal antibodies for treating patients with Omicron reported conserved neutralizing activity for three broadly neutralizing monoclonal antibodies (sotrovimab, S2X259 and S2H97) and a reduction in effectiveness of other monoclonal antibodies [30–34]. However, additional preclinical evidence shows reduced neutralizing activity of sotrovimab against the BA.2 Pango lineage and lack of efficacy of casirivimab-imdevimab against the BA.1 Omicron Pango lineage [35].
	Other treatment options	There is no evidence to suggest that Interleukin-6 receptor blockers and corticosteroids are not effective in the management of patients with severe and critical disease.

Subject in Focus

Prevention and control of COVID-19 in temporary reception centres in Ukraine

Preparedness in reception centres

Like all congregate settings, reception centres for refugees and other displaced populations have been known to be at greater risk of disease outbreaks, including COVID-19. Factors that have contributed to increased risk of COVID-19 outbreaks include low vaccination coverage, limited access to healthcare including testing and overcrowding.

To prevent and control the transmission of communicable disease in reception centres, it is important that the centres assess their needs for communicable disease control, particularly in the specific context of a mass influx of displaced people from Ukraine. In addition to the current guidance document, ECDC's preparedness checklist tool against communicable disease outbreaks at migrant reception centres is available to public health authorities to help secure optimal prevention and control measures in these settings.

The checklist tool is designed to achieve three key objectives: outbreak prevention, outbreak control, and coping with sudden influxes of refugees. The tool addresses seven key dimensions that are important for the control of communicable diseases, including COVID-19, in reception centres. These are human resources, medicines and vaccines, physical infrastructure, sanitation and hygiene, health financing, coordination and health information.

Vaccination

Ensuring continuity of routine vaccinations and addressing gaps in prior vaccination histories is an essential element of the public health support for displaced people. It is therefore critical to ensure that displaced people from Ukraine are integrated into any mass vaccination or routine immunisation activities against vaccine-preventable diseases being carried out in the host countries. Those staying in reception centres should be included in priority groups for COVID-19 vaccination.

Infection prevention and control

Displaced people often live in confined and overcrowded spaces. Due to the limited space in reception centres, physical distancing is particularly difficult. Nevertheless, where possible, distancing measures should be implemented in accordance with general distancing recommendations to prevent spread, while balancing the need to take account of mental health and psychosocial factors.

Mental health considerations

There is ample evidence suggesting that displaced people experience high levels of mental illness due to the traumatic experiences encountered before, during and after displacement. Adverse living conditions at some reception centres may inhibit people's ability to self-isolate or follow the preventive measures and hygiene recommendations that they have become used to. The situation may be further aggravated by rumours and misinformation about COVID-19, compounded by potential challenges in accessing updated and verified information in the Ukrainian language.

Considerations for SARS-CoV-2 testing

Prioritised testing in resource-constrained settings

To reduce the risk of introducing asymptomatic, pre-symptomatic or symptomatic COVID-19 cases into the receiving country or reception centres, testing of all displaced persons should be considered on arrival at a reception centre, or all residents in the event of an outbreak being detected at a centre. If testing capacities are limited, priority should be given to displaced persons with COVID-19-compatible symptoms arriving or residing at reception centres, or symptomatic individuals working there.

The focus should be on:

- symptomatic individuals detected through syndromic surveillance (staff or residents)
- symptomatic individuals screened for tuberculosis or belonging to risk groups for severe COVID-19 outcomes (the elderly or those with chronic conditions).

In critical situations where no SARS-CoV-2 testing capability exists, those exhibiting COVID-19-compatible symptoms should be triaged and managed as possible cases, with appropriate supportive care, relevant advice for isolation and the implementation of non-pharmaceutical measures.

Management of COVID-19 cases and contacts

Procedures and algorithms need to be planned and agreed upon collectively by the public health authorities of the host country, local health authorities and representatives from the communities. The role of a reception centre coordinator should be considered. This person would be responsible for liaising with a designated contact point in the local or national public health service and arranging for diagnostic testing and, if appropriate following initial assessment, safe transfer to a designated acute care facility for further diagnostic evaluation and care. Multilingual specific signage (information/infographics) should be available on COVID-19, with instructions on what to do in the event of symptoms. Leaflets or SMS messages with this information could also be considered.

Risk communication and community engagement

Risk communication initiatives should facilitate the access of the displaced population to information from trusted sources on the risks and prevention of COVID-19, as well as local recommendations, adapted to meet their language and health literacy needs.

Full report: Guidance for the prevention and control of COVID-19 in temporary reception centres in the context of the large numbers of people fleeing Ukraine (europa.eu)

Other Infectious Disease Outbreaks/ conflicts

bluedot

Measles Vaccination Campaign

Afghanistan - A mid-March measles vaccination campaign targeted 1.2 million Afghan children, as a battered health system shoulders overlapping epidemics. Afghanistan's measles surge pre-dates the Taliban's August 2021 takeover, but the economic and public sector collapse that followed has worsened conditions. Hunger is soaring, and malnutrition makes measles more dangerous. Measles has killed at least 250 people in Afghanistan since January 2021, including 142 children this year, the WHO says.

Source: WHO - http://www.emro.who.int/afg/afghanistan-news/measles-vaccination-kicks-off-in-afghanistan-to-fight-ongoing-outbreak-

Malaria

South Sudan - Cases of malaria and related deaths continue to be reported in South Sudan since the beginning of 2022. According to the most recent weekly bulletin on outbreaks and other emergencies from the WHO-African region (March 7-13, 2022), disease activity is demonstrating upward trends across Warrap, Western Bahr el Ghazal, and Northern Bahr el Ghazal States. Additionally, the report indicates that cases are high when compared to the corresponding period of 2021 and that several upsurges of malaria occurred in the country in 2021, including in the counties of Fangak. Malaria is endemic throughout South Sudan and continues to be a major public health problem. According to the WHO, South Sudan is amongst the 23 highest-malaria burdened countries in the world (with 1% of all global malaria cases and deaths in 2019). Transmission of malaria in South Sudan occurs throughout the year and peaks during periods of rainfall, except in urban cities. South Sudan's rainy season lasts for about six to eight months (April to November), leading to an increased risk of transmission during this time. **Source: News Media - https://g1.globo.com/pa/para/noticia/2022/03/17/surto-de-malaria-e-detectado-pela-vigilancia-sanitaria-de-belem.ghtml**

Uganda - Cases of malaria continue to be reported in Uganda in 2022. Media reports have raised concerns about the sharp rise in malaria cases, especially among malnourished children and pregnant women, in the Bukedi Sub-region of Uganda's Eastern Province. Districts within Eastern Province with a higher incidence of cases include Kibuku, Pallisa, Butebo, Budaka, Butaleja, Tororo, and Busia. Officials have stated that malaria cases have been on the rise in the region since last year. Records from district health officials have indicated that approximately four in every 10 patients who present at health facilities test positive for malaria and in Pallisa, Eastern Province, malaria accounts for up to 45% of the disease burden. In Tororo, Eastern Province, district officials have said that they record 1,000 malaria patients at health facilities per day and the district health officer has stated that approximately 56% of outpatients suffer from malaria. According to the Health Ministry, Uganda registers at least 16 malaria deaths per day out of every 25,000 cases. The rise in malaria cases has occurred in Eastern Province despite government efforts to limit the transmission of the disease. Officials have distributed mosquito nets and conducted vector spraying activities in the region. However, residents are reportedly misusing the insecticide-treated mosquito nets, not for their own sleeping arrangements, but for other purposes including erecting poultry shelters, garden boundaries, and improvising ropes to tether livestock. Health officials have stated that the increased malaria cases in the region may be attributed in part to a lack of awareness, the misuse of nets, and poverty.

Source: WHO - https://apps.who.int/iris/bitstream/handle/10665/352474/OEW11-0713032022.pdf?sequence=1&isAllowed=y

Cholera; Source: newsMedia – https://www.faceofmalawi.com/2022/03/16/cholera-claims-a-life-in-nsanje/

Malawi - The first cholera death has been reported in Malawi. The case has been confirmed in the Nsanje district, located in the southern region of the country which shares a border with Mozambique. Additional cases of cholera have been reported within the Nsanje district. According to health authorities, the currently confirmed cases in the Nsanje district had recent travel to Mozambique. A recent situation report from UNICEF highlighted that Malawi has been concurrently managing multiple emergencies, including responding to the COVID-19 pandemic, a wild poliovirus outbreak, and assisting households affected by flooding due to the rainy season and the recent Tropical Storm Ana. The neighbouring country of Mozambique has also faced increased response to multiple emergencies, including cholera outbreaks at the end of 2021. These emergencies have caused significant strain on the health systems of both countries.

E.Coli EHEC.

France - Public Health France and the National Reference Center (CNR) for Escherichia coli of the Pasteur Institute - Paris, with its associated laboratory, are investigating an increase in the number of cases of hemolytic uremic syndrome (HUS) and serious Enterohemorrhagic E. coli (EHEC) infection, reported since the beginning of February 2022. The French public health authorities announced Saturday, 12 Mar 2022 that a 2nd second child has died as part of the resurgence of serious cases of EHEC. As of 11 Mar 2022, 26 cases of HUS were linked to E. coli with similar characteristics and have been identified in children ages 1 to 15. Of the 26 cases reported, 2 children have died. Public Health France is continuing to investigate the remaining 22 cases to identify a possible common source of infection.

Source: ProMed - https://promedmail.org/promed-post/?id=8701697

Infectious Toskana Virus in Seminal Fluid

Italy - A 25-year-old man was admitted to the emergency department of Aurelia Hospital in Rome, Italy on 5 October with a 4-day history of acute headache, mental confusion, dysarthria and a high-grade fever. The man reported recent mosquito bites at a hotel on Elba Island in Tuscany where he worked as a waiter and reported that he had sexual intercourse with his live-in partner most recently on 25 September. Upon examination there were signs of meningeal irritation without focal neurologic deficits, and tests revealed unremarkable liver and renal function but indicated lymphocitopenia. PCR results were negative for neurotropic pathogens including Neisseria meningitides, Streptococcus pneumoniae, Escherichia coli K1, Haemophilus influenza, Listeria monocytogenes, S. agalactiae, herpes simplex virus types 1 and 2, varicella zoster virus, cytomegalovirus, enterovirus, human parechovirus, human herpesvirus 6, and Cryptococcus neoformans/gattii. He was treated with acyclovir, ceftriaxone, ampicillin and steroids. Given the season and his residence in a Toscana virus (TOSV) endemic area, the arboviral infection was considered; the CSF sample was tested using rRT-PCR and confirmed positive for TOSV. The patient participated in a study on the tropism of arboviruses which allowed for collection of whole blood, serum, saliva, urine and seminal fluid for viral RNA and specific antibody detection. TOSV IgM and IgG was detectable from day 17 to the end of the follow-up period at day 107 after symptom onset. TOSV RNA was never detected in serum, saliva, or urine, rRT-PCR results showed an unusual long-term persistence of low-level viremia for >3 months. Viral RNA was detected in both acellular and cellular fractions of semen and was isolated as infectious TOSV from seminal plasma. This highlights the potential for sexual transmission as an alternative route of viral spread.

Source: https://wwwnc.cdc.gov/eid/article/28/4/21-1920_article

Weekly European Influenza Update

Week 10/2022 (7 – 13 March 2022)

- Belgium, Denmark, Estonia, France, Georgia, Ireland, Kazakhstan, Luxembourg, Montenegro, Netherlands, Norway, Portugal, Slovenia and United Kingdom (Scotland) reported widespread influenza activity and/or medium influenza intensity.
- The percentage of all sentinel primary care specimens from patients presenting with ILI or ARI symptoms that tested positive for an influenza virus has been rising again since week 4/2022 and was 24%.
- Countries mostly in the western-central part of the Region reported seasonal influenza activity at or above 30% positivity in sentinel primary care: the Netherlands (85%), Hungary (69%), France (57%), Slovenia (57%), Luxembourg (44%), Denmark (36%) and Switzerland (34%).
- Both influenza type A and type B viruses were detected with A(H3) viruses being dominant across all monitoring systems.
- A(H3) viruses were most frequently detected in patients hospitalized with confirmed influenza virus infection.

Source: ECDC -https://flunewseurope.org/

Source: https://covid19.trackvaccines.org/ as of 20.01.2022

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	
Italy	x	x	x	x	x						
Iceland	x	x	x	x	x						

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Source: https://covid19.trackvaccines.org/ as of 20.01.2022

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	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	
Netherland	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								

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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/