



GLOBAL

↑
486 106 567
confirmed cases
452 900 000
recovered
6 137 678 deaths

USA

(7-days incidence 64)
↓
79 461 698
confirmed cases
70 007 121 recovered
974 039 death

IND

(7-days incidence 0,8)
↓
43 023 215
confirmed cases
42 465 770 recovered
521 101 deaths

BRA

(7-days incidence 98)
↓
29 887 191
confirmed cases
28 662 622 recovered
659 508 deaths

News:

- **WHO:** The International Maternal Pediatric Adolescent AIDS Clinical Trial Network (IMPAACT) P1107 reported the [first case of HIV cure in a woman living with HIV](#) submitted to a dual stem cell transplant for treatment of an acute myelogenous leukemia.
- **WHO:** addressing the [use of wearing masks in the context of COVID-19](#) in their 76 update on the EPI-Win database.
- **WHO/ECDC:** According to the [latest ECDC/WHO report on tuberculosis \(TB\) surveillance and monitoring in Europe](#), a sharp drop (24%) in reported tuberculosis cases between 2019 and 2020 was probably exacerbated by the COVID-19 pandemic, which hindered detection and reporting. Tuberculosis remains one of the world's deadliest infectious diseases, second only to COVID-19, and drug resistant TB strains are still a major concern. In the fight against tuberculosis, urgent investment is critical, especially in the context of the ongoing pandemic.
- **CDC:** reported in [preliminary published data](#) that in the US, reported TB disease diagnoses fell 20% in 2020 and remained 13% lower in 2021 than TB disease diagnoses made prior to the COVID-19 pandemic.
- **CDC:** published a study on the [“Effectiveness of mRNA Vaccination in Preventing COVID-19–Associated Invasive Mechanical Ventilation and Death”](#). Showing that receiving 2 or 3 doses of an mRNA COVID-19 vaccine is associated with a 90% reduction in risk for COVID-19–associated IMV or death and with 3 mRNA vaccine doses it is 94%.
- **WHO:** WHO establishes the [Global Centre for Traditional Medicine](#) in India.

Topics:

- Global situation: COVID-19 and War in Ukraine
- SARS-CoV-2 Variant of Concern
- Epidemiological Update: WNV in Europe 2021
- Epidemiological update: Tuberculosis surveillance in Europe, 2022 - 2020 data
- Other Infectious Disease Outbreaks
- Summary of information on the individual national Corona restrictions
- Travel Recommendations and other Useful Links

Masks are part of a comprehensive strategy of measures to prevent transmission

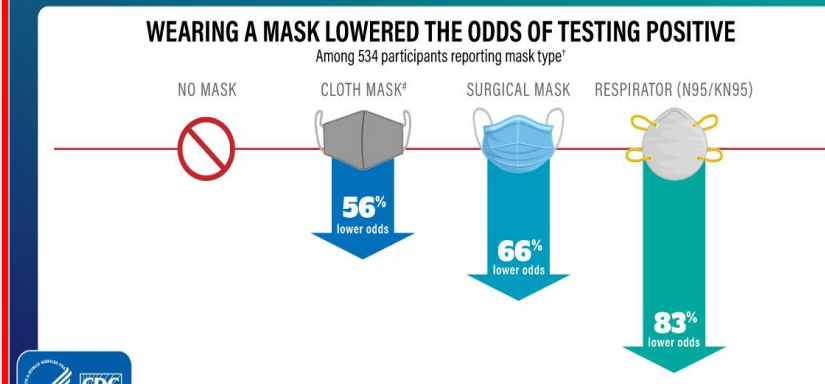
Different types of masks

- **non-medical masks**, including fabric masks and homemade multi-layered masks that meet WHO essential parameters
 - for use in non-healthcare related environments
- **medical masks**, that meet internationally recognized performance standards
 - for use in health care settings
 - for use by people over 60 and at high risk of severe complications from COVID-19
 - For use by individuals feeling unwell or infected with COVID-19 and those who care for them, at home or in the health care setting



<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>
<https://app.magicapp.org/#/guideline/6147>

People who reported always wearing a mask in indoor public settings were less likely to test positive for COVID-19 than people who didn't*



bit.ly/MMWR7106

* Matched case-control study, 1,828 people, Feb 10–Dec 1, 2021
† Compared people with similar characteristics (e.g., vaccination)
‡ Not statistically significant



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EUROPE

↑
193 848 785
confirmed cases
180 000 000
recovered
1 867 624 deaths

FRA

(7-days incidence 1 434)
↑
25 464 389
confirmed cases
23 615 528 recovered
143 019 deaths

GBR

(7-days incidence 861)
↑
20 986 171
confirmed cases
19 569 814 recovered
164 974 deaths

DEU

(7-days incidence 1 663)
↑
20 867 314
confirmed cases
16 319 374 recovered
1129 123 deaths

COVID-19 Situation by WHO Region, as of 27 March

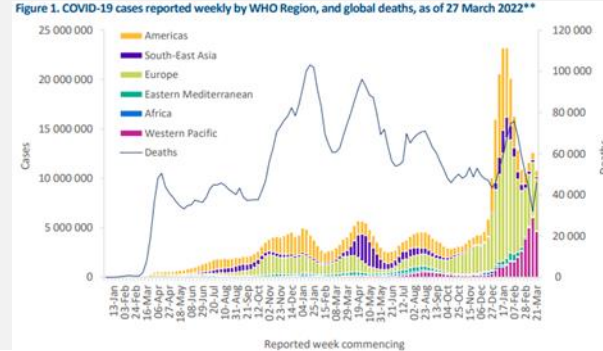
Global epidemiological situation overview; WHO as of 27 March 2022

Between the end of January and early March 2022, there was a decreasing trend in the number of new COVID-19 cases, which was followed by two consecutive weeks of increases in cases. During the week of 21 through 27 March 2022, the number of new cases declined again with a 14% decrease as compared to the previous week (Figure 1). On the other hand, during the same period, the number of new weekly deaths increased by 43%, likely driven by changes in the definition of COVID-19 deaths in some countries in the Region of the Americas (Chile and the United States of America) and by retrospective adjustments reported from India in the South-East Asia Region. Across the six WHO regions, over 10 million new cases and over 45 000 new deaths were reported. All regions reported decreasing trends in the number of new weekly cases and four regions reported a decreasing trend in new weekly deaths. As of 27 March 2022, over 479 million confirmed cases and over 6 million deaths have been reported globally.

The highest numbers of new cases were reported from:

- Republic of Korea (2 442 195 new cases; -13%),
- Germany (1 576 261 new cases; +2%),
- Vietnam (1 127 716 new cases; -40%),
- France (845 119 new cases; +45%) and
- Italy (503 932 new cases; +6%)

Source: [Weekly epidemiological update on COVID-19 - 29 March 2022 \(who.int\)](https://www.who.int/news-room/fact-sheets/item/weekly-epidemiological-update-on-covid-19-29-march-2022)

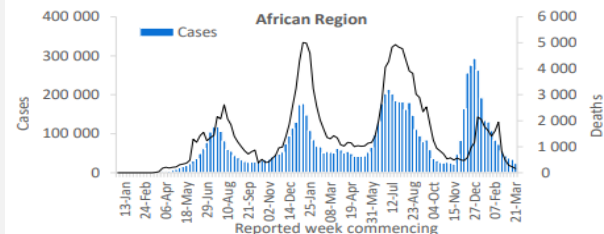


WHO regional overviews: Epidemiological week 21-27 March 2022**

African Region

The decreasing trend observed in the African Region since January 2022 continues, with over 24 000 new weekly cases reported, representing a 29% decrease as compared to the previous week. However, fourteen (29%) countries in the Region reported an increase of over 20% in cases, with some of the greatest proportional increases observed in Equatorial Guinea (101 vs 4 new cases; +2425%), Lesotho (105 vs 59 new cases; +78%), and Rwanda (71 vs 48 new cases; +48%). The highest numbers of new cases were reported from South Africa (8934 new cases; 15.1 new cases per 100 000 population; -9%), Réunion (8494 new cases; 948.7 new cases per 100 000; similar to the previous week's figures), and Mauritius (2410 new cases; 189.5 new cases per 100 000; -77%).

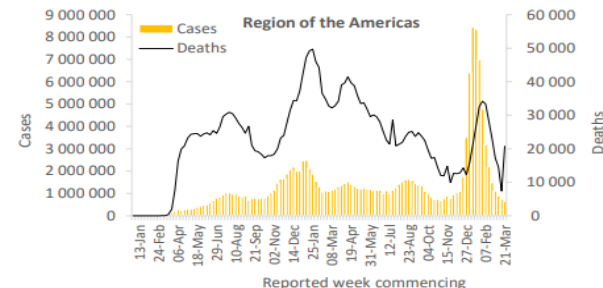
The number of new weekly deaths in the Region decreased by 30% as compared to the previous week, with over 150 new deaths reported. The highest numbers of new deaths were reported from South Africa (86 new deaths; <1 new death per 100 000 population; -49%), Mauritius (34 new deaths; 2.7 new deaths per 100 000 population; similar to the previous week's figures), and Réunion (13 new deaths; 1.5 new deaths per 100 000; +44%).



Region of the Americas

The Region of the Americas has been reporting a decreasing trend since mid-January 2022, with over 634 000 new weekly cases reported, corresponding to a 14% decrease as compared to the previous week. However, eleven (20%) countries in the Region reported increases in new cases of 20% or greater, with the greatest increases observed in the islands of Sint Eustatius (142 vs 13 new cases; +992%), Anguilla (39 vs 20 new cases; +95%) and Saint Pierre and Miquelon (577 vs 298 new cases; +94%). The highest numbers of new cases were reported from Brazil (229 145 new cases; 107.8 new cases per 100 000; -15%), the United States of America (207 093 new cases; 62.6 new cases per 100 000; -6%), and Chile (61 337 new cases; 320.9 new cases per 100 000; -36%).

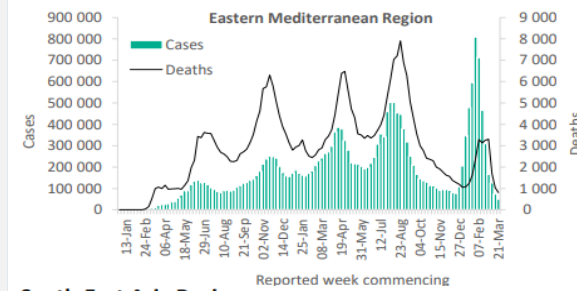
The Region reported over 20 000 new weekly deaths, a 182% increase as compared to the previous week, which was partly due to changes in the definition of COVID-19 deaths in Chile and in one state in the United States of America. The highest numbers of new deaths were reported from Chile (11 858 new deaths; 62.0 new deaths per 100 000; +1710%), the United States of America (5367 new deaths; 1.6 new deaths per 100 000; +83%), and Brazil (1768 new deaths; <1 new death per 100 000; -21%).



Eastern Mediterranean Region

In the Eastern Mediterranean Region, new weekly cases have continued to decline following a peak reached in early February 2022. Just over 50 000 new weekly cases were reported, a 32% decrease as compared to the previous week. However, two (9%) countries in the Region have reported increases in new cases of 20% or greater: Tunisia (3969 vs 534 new cases; +643%) and occupied Palestinian territory (1088 vs 718 new cases; +52%). The highest numbers of new cases were reported from the Islamic Republic of Iran (9572 new cases; 11.4 new cases per 100 000; -51%), Jordan (9135 new cases; 89.5 new cases per 100 000; -64%), and Bahrain (6527 new cases; 383.6 new cases per 100 000; -14%).

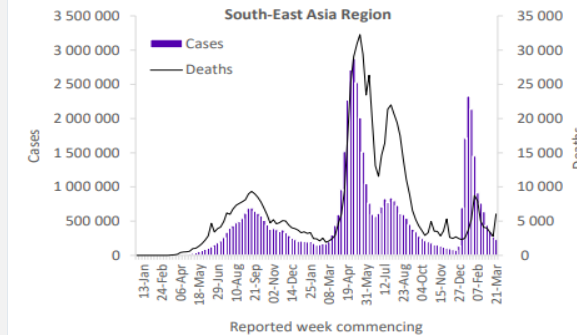
The number of new weekly deaths in the Region decreased by 22% when compared to the previous week, with just over 800 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (421 new deaths; <1 new death per 100 000; -41%), Tunisia (100 new deaths; <1 new death per 100 000; +426%), and Egypt (84 new deaths; <1 new death per 100 000; -20%).



South-East Asia Region

The South-East Asia Region reported over 232 000 new weekly cases, a 14% decline as compared to the previous week, continuing the decreasing trend observed since mid-January 2022. However, Sri Lanka reported an increase in new weekly cases of 25% (2693 vs 2156 new cases). The highest numbers of new cases were reported from Thailand (175 116 new cases; 250.9 new cases per 100 000; +4% increase), Indonesia (36 470 new cases; 13.3 new cases per 100 000; -49%), and India (11 612 new cases; <1 new case per 100 000; -31%).

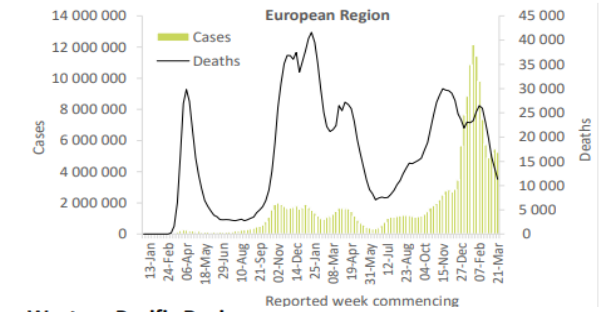
The Region reported just over 6000 new weekly deaths, representing a 116% increase as compared to the previous week. The highest numbers of new deaths were reported from India (4525 new deaths; <1 new death per 100 000; +619%) due to retrospective adjustments in some states, followed by Indonesia (932 new deaths; <1 new death per 100 000; -41%), and Thailand (553 new deaths; <1 new death per 100 000; +3%).



European Region

The European Region reported over 5.2 million new weekly cases, representing a 4% decrease as compared to the previous week. Six (10%) countries in the Region reported increases in new cases of 20% or greater, with the largest observed in Israel (88 869 vs 47 796 new cases; +86%), Hungary (15 269 vs 9727 new cases; +57%) and Malta (2434 vs 1628 new cases; +50%). The highest numbers of new cases were reported from Germany (1 576 261 new cases; 1895.3 new cases per 100 000; +2%), France (845 119 new cases; 1299.4 new cases per 100 000; +45%), and Italy (503 932 new cases; 844.9 new cases per 100 000; +6%).

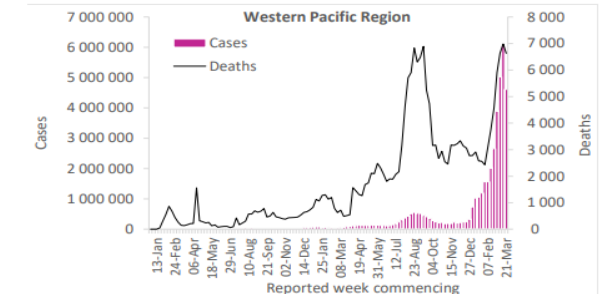
The number of new deaths has continued to decrease in the Region, with over 11 000 new deaths reported this week, a 17% decrease as compared to the previous week. The highest numbers of new deaths were reported from the Russian Federation (2859 new deaths; 2.0 new deaths per 100 000; -22%), Germany (1521 new deaths; 1.8 new deaths per 100 000; +13%), and Italy (1008 new deaths; 1.7 new deaths per 100 000; +11%).



Western Pacific Region

With over 4.6 million new weekly cases, the Region reported a 24% decrease as compared to the previous week, reversing the increasing trend observed since the end of December 2021. Seven (23%) countries in the Region reported an increase of 20% or greater, with some of the largest increases observed in Vanuatu (1234 vs 352 new cases; +251%), Guam (487 vs 142 new cases; +243%) and Lao People's Democratic Republic (16 037 vs 6449; +149%). The highest numbers of new cases were reported from the Republic of Korea (2 442 195 new cases; 4763.5 new cases per 100 000; -13%), Viet Nam (1 127 716 new cases; 1158.5 new cases per 100 000; -40%), and Australia (368 028 new cases; 1443.3 new cases per 100 000; -28%).

The number of new weekly deaths shows a decrease of 5% as compared to the previous week, with just over 6600 new deaths reported. The highest numbers of new deaths were reported from the Republic of Korea (2471 new deaths; 4.8 new deaths per 100 000; +22%), China (1453 new deaths; <1 new death per 100 000; -24%), and the Philippines (861 new deaths; <1 new death per 100 000; +48%).



Global Situation

COVID-19 Pandemic



COVID-19 Global Updates

Worldwide, there have been over **478.4 million cases** and approximately **six million deaths** attributed to COVID-19. According to the WHO, during the week of March 14 to March 20, the **global number of new cases continued to trend upwards for a second consecutive week**, with an increase of new cases by **+9%** (12 million new cases), and a decrease in the number of new deaths by **-23%** (33,000 new deaths) when compared to the previous week. The **Western Pacific region** was the only region reporting an **increase** in new weekly cases (**+29%**) and deaths (**+5%**). The European region observed no change in weekly reported cases, while the remaining regions reported decreases in weekly reported cases: Eastern Mediterranean (-41%), African (-33%), South-East Asian (-23%), and Americas (-17%) region. The following regions reported the largest decrease in new weekly deaths: Americas (-42%), Eastern Mediterranean (-38%), and African (-19%). The WHO notes that as testing strategies change globally and corrections to reported cases (notably in the African region) can likely affect the number of cases detected and weekly trends. Therefore, decreasing trends should be interpreted with caution. (1)

Based on the BlueDot COVID-19 Data Suite, as of March 24, the top five countries with the highest seven-day rolling average number of daily new cases are **South Korea, Vietnam, Germany, France**, and the **United Kingdom**. The top five countries with the highest seven-day rolling average number of daily new cases per million population are **South Korea, Guernsey, Austria, Cyprus**, and **New Zealand**.

As of March 24, **Europe** is the continent with the largest proportion of countries (**45%**, or 23 out of 51) with a **high incidence rate** (>350 cases per 100,000 over the past 14 days) and a **stable or increasing trend in daily new cases** over the last seven days. **Africa** has the highest proportion of countries (16%, or nine out of 56) with a **low** (<=140 cases per 100,000 over the past 14 days) **to moderate** (140.1 - 350 cases per 100,000 over the past 14 days) **incidence rate** and an **increasing trend in new cases** over the last seven days. Africa has the highest proportion of countries (**66%**, or 37 out of 56) reporting a **low incidence rate** (<= 140 cases per 100,000 over the past 14 days) with a **stable or decreasing trend in new cases**.

A total of 10 countries accounted for **67.2%** of all vaccinations administered globally as of March 24. The top five countries/territories with the highest number of cumulative people fully vaccinated per 100,000 population are **Gibraltar** (121,990), **United Arab Emirates** (95,920), **Portugal** (92,600), **Brunei Darussalam** (91,680), and **Singapore** (90,920). Conversely, the top five countries with the lowest number of cumulative people fully vaccinated per 100,000 population are **Burundi** (80), the **Democratic Republic of Congo** (480), **Chad** (900), **Haiti** (940), and **Yemen** (1,330).

Source: [COVID-19 Global Update and Country Spotlight for March 25, 2022 \(mailchi.mp\)](#)

COVID-19 made the Military Medical Community stronger

The international responses to the COVID-19 pandemic led to a host of changes and lessons learned across the Military Health System that will be valuable in preparing for the next crisis - whether that's another pandemic, a new conflict or natural disaster. The far-reaching effects of the pandemic was a topic for top military health leaders from the U.S. and several other countries at an international COVID-19 panel discussion on Feb. 23. The virtual panel discussion was part of the annual meeting of AMSUS, the Society of Federal Health Officials.

- Major topics from the panel included:
- Preparedness
 - Logistics
 - Lab capacity
 - Clinical guidance
 - Technology infrastructure
 - Communication
 - Modeling and simulation
 - Data management

Source: [How COVID-19 Made the Military Medical Community Stronger | Health.mil](#)

China has announced its biggest city-wide lockdown since the COVID outbreak began

The city of Shanghai will be locked down in two stages over nine days while authorities carry out COVID-19 testing. The important financial hub has battled a new wave of infections for nearly a month, although case numbers are not high by some international standards.

Authorities had so far resisted locking down the city of some 25 million people to avoid destabilising the economy. But after Shanghai recorded its highest daily number of cases on Saturday since the early days of the pandemic, authorities appear to have changed course.

Source: [Shanghai Covid: China announces largest city-wide lockdown - BBC News](#)

Trying to Solve a COVID Mystery: Africa's Low Death Rates

The coronavirus was expected to devastate the continent, but higher-income and better-prepared countries appear to have fared far worse.

Sierra Leone - The district's Covid-19 response center has registered just 11 cases since the start of the pandemic, and no deaths. At the regional hospital, the wards are packed — with malaria patients. The door to the Covid isolation ward is bolted shut and overgrown with weeds. People cram together for weddings, soccer matches, concerts, with no masks in sight.

The low rate of coronavirus infections, hospitalizations and deaths in West and Central Africa is the focus of a debate that has divided scientists on the continent and beyond. Have the sick or dead simply not been counted? If Covid has in fact done less damage here, why is that? If it has been just as vicious, how have we missed it?

Studies that tested blood samples for antibodies to SARS-CoV-2, the official name for the virus that causes Covid, show that about two-thirds of the population in most sub-Saharan countries do indeed have those antibodies. Since only 14 percent of the population has received any kind of Covid vaccination, the antibodies are overwhelmingly from infection.

So the virus is in Africa. Is it killing fewer people?

Some speculation has focused on the relative youth of Africans. Their median age is 19 years, compared with 43 in Europe and 38 in the United States. Nearly two-thirds of the population in sub-Saharan Africa is under 25, and only 3 percent is 65 or older.

That means far fewer people, comparatively, have lived long enough to develop the health issues (cardiovascular disease, diabetes, chronic respiratory disease and cancer) that can sharply increase the risk of severe disease and death from Covid.

Young people infected by the coronavirus are often asymptomatic, which could account for the low number of reported cases. Plenty of other hypotheses have been floated. High temperatures and the fact that much of life is spent outdoors could be preventing spread. Or the low population density in many areas, or limited public transportation infrastructure. Perhaps exposure to other pathogens, including coronaviruses and deadly infections such as Lassa fever and Ebola, has somehow offered protection.

Conclusions

Large numbers of people were not turning up in the hospital with respiratory distress. The young population is clearly a key factor, while some older people who die of strokes and other Covid-induced causes are not being identified as coronavirus deaths. Many are not making it to the hospital at all, and their deaths are not registered.

Citizens have been on alert for an infectious agent that could be killing people in their communities (due to terrible experience of Ebola), they would not continue to pack into events if that were the case.

Source: [Trying to Solve a Covid Mystery: Africa's Low Death Rates - The New York Times \(nytimes.com\)](#)

Global Situation

COVID-19 Pandemic



COVID-19 Country Spotlight: China

Disease Activity

According to BlueDot's COVID-19 Data Suite, as of March 24, the incidence rate of COVID-19 cases in China has been low (≤ 140 cases per 100,000 people over the past 14 days) with a stable or decreasing trend in new cases over the last seven days. However, while the number of **daily new cases has remained stable over the past seven days, cases have been recently increasing over the past month.**

The seven-day rolling average number of daily new cases is **2,216** as of March 24, which is a **+479% increase** from 383 daily new cases two weeks prior on March 11, and **+1,294%** from 159 daily new cases the month prior on February 24. The majority of new cases have been reported in the north-eastern province of **Jilin**, which is home to approximately 24 million individuals. On March 24, of the 2,054 daily new cases reported nationally, **88%** (1,810) were reported in Jilin. Two deaths were reported in Jilin province on March 19, the **first deaths** reported in the country **since January 2021.**

Media reports state that China is currently battling its worst outbreak since the early days of the pandemic in Wuhan. On March 24, media sources stated that local governments are increasingly reporting that the new BA.2 "Stealth Omicron" variant is **driving the current wave of cases**, however, the number of cases attributed to the Omicron variant, and specifically BA.2, has not been reported.

Public Measures

China adopted a stringent **"zero-COVID" strategy** early in the pandemic which has involved large-scale lockdowns, mass testing, contact tracing, quarantines, strict public health restrictions, and both international and domestic travel bans. (1) Under this strategy, the country has deployed testing and quarantine requirements on a massive scale to identify and isolate cases. However, this strategy has been under pressure due to the rising cases since the country reported its first Omicron cases in mid-December 2021.

COVID-19 case management has included the hospital admission of every case, regardless of symptom severity. (2) While China still continues to **quarantine all identified cases**, including those who are asymptomatic, **mild cases** have recently been allowed to isolate in **centralized locations**, rather than in hospitals. (2) Currently, around **95% of new infections have mild symptoms or are asymptomatic.** According to media reports from March 22, the National Health Commission in China ordered that at least **two to three temporary hospitals are set up in each of China's 31 provinces and territories** in the wake of the current wave of infections. (3) Approximately 33 makeshift hospitals have already been built, or are currently under construction, and will provide an **additional 35,000 beds.** On March 22, the National Health Commission stated that cities experiencing an outbreak **no longer need test their entire population.** Instead, a revised strategy relies on local health officials to identify areas, as specific as neighbourhoods or even city blocks, that need to be tested. (4) The reduced testing will result in fewer citizens requiring to undergo quarantine, as some untested and asymptomatic cases will be missed and therefore, will reduce some strain on China's hospital system. Throughout the pandemic, China's international borders have been **closed**, preventing almost all travel in and out of the country. As of March 22, more than 20 provinces and cities, including Jilin, Hebei, Guangdong, and Shanghai, have imposed travel bans and lockdowns to limit further transmission of the virus. (5)

Vaccination Coverage

Of the country's almost 1.4 billion population, **91%** (1,274,734,000) have received **at least one dose** of a COVID-19 vaccination.

- **89%** (1,240,413,000) have received **at least two doses**
- **47%** (659,200,000) have received a **booster dose**

However, vaccination of the **older adult population lags**, especially in rural areas of the country. (6) As of March 17, according to the NHC, just **50.7%** of citizens aged **80 or older** have received two doses while only **20%** have received a **booster shot.** (4)

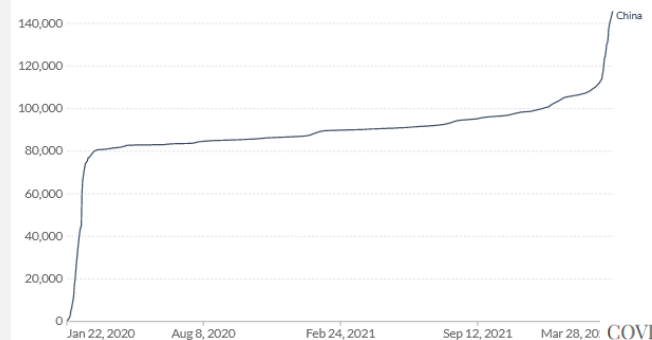
China's strict COVID-19 measures are not expected to relax prior to booster-vaccine coverage is "as high as possible" with some experts quoting 90% coverage of the overall population. (1)

On March 21, Jilin provincial officials announced that the **first 10,000 doses** of Pfizer's oral COVID-19 drug, **Paxlovid**, arrived over the past weekend, marking the **first time Paxlovid has been used in the country.** (7)

Cumulative confirmed COVID-19 cases

Due to limited testing, the number of confirmed cases is lower than the true number of infections.

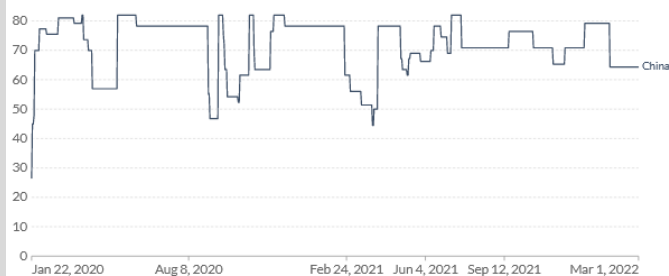
LINEAR LOG + Add country



COVID-19 Stringency Index

The stringency index is a composite measure based on nine response indicators including school closures, workplace closures, and travel bans, rescaled to a value from 0 to 100 (100 = strictest). If policies vary at the subnational level, the index shows the response level of the strictest subregion.

+ Add country



Source: Oxford COVID-19 Government Response Tracker, Blavatnik School of Government, University of Oxford - Last updated 29 March 2022, 06:50 (London time)
OurWorldInData.org/coronavirus • CC BY

Global Situation

War in Ukraine

Update on Ukraine

The number of civilian casualties across Ukraine continues to rise. As of 20 March, OHCHR reports 2,421 civilian casualties, including 925 killed; actual figures are likely much higher. Hundreds of thousands of people remain trapped in areas which are heavily impacted by fighting and shelling. The intensity of the fighting, and notably the indiscriminate airstrikes hitting civilians and civilian infrastructure, continues to trigger large-scale displacement, while simultaneously exacerbating the humanitarian needs of those who are internally displaced or remain in heavily affected areas.

The key humanitarian needs remain access to adequate food, safe water, life-saving medicines and health services, as well as durable shelter solutions for IDPs (internally displaced people) and the growing number of people whose homes have been damaged or destroyed. The WASH Cluster estimates that around 1.4 million people lack access to water in Ukraine, while access remains limited for another 4.6 million people.

COVID-19 vaccination and routine immunization campaigns have almost come to a halt across the country.

The UN Children's Fund (UNICEF) says around 4.3 million children – more than half of all children in Ukraine – have been forcibly displaced by ongoing fighting, generating significant risks to children's safety and well-being. Unaccompanied and separated children face heightened risks of violence, abuse and exploitation. These risks are multiplied when children are displaced across international borders, increasing the possibility of children and adolescents falling victim to exploitation and trafficking.

Progress: 8,500 additional hosting spaces created in reception centres for internally displaced persons (IDPs) allowing them to host 85,000 people in transit per month. 16,000 people received protection assistance at border crossing points, transit and reception centres and through hotlines. 22,500 people reached with essential food and non-food items such as shelter materials, mattresses, blankets, kitchen sets, towels and hygiene items. 3,669 families with damaged homes received emergency shelter kits.

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

[2022-03-25 Ukraine Humanitarian Impact SitRep FINAL.pdf \(reliefweb.int\)](#)

Measles amongst Ukrainian refugees

Romania - Cases of measles have been reported amongst Ukrainian refugees in camps residing in Bacău and Satu Mare counties in Romania in 2022. Romania's last major measles epidemic began in 2016 with over 20,000 cases. Since then, the country has implemented mass vaccination campaigns to address the sub-optimal immunization. In the past, Ukraine has experienced significant drops in immunization coverage and in 2016 they observed the lowest MMR coverage in the WHO European Region. As of 2021, Ukraine is estimated a vaccination coverage of 89% for the first dose of a measles containing vaccine and 87% for the second dose. This event is significant as the mass population displacement from Ukraine and congregated settings in refugee camps increases the risk for the importation and spread of communicable diseases such as measles and circulating vaccine-derived poliomyelitis type 2.

Source: [Insights by BlueDot](#)

US will host Ukraine Refugees

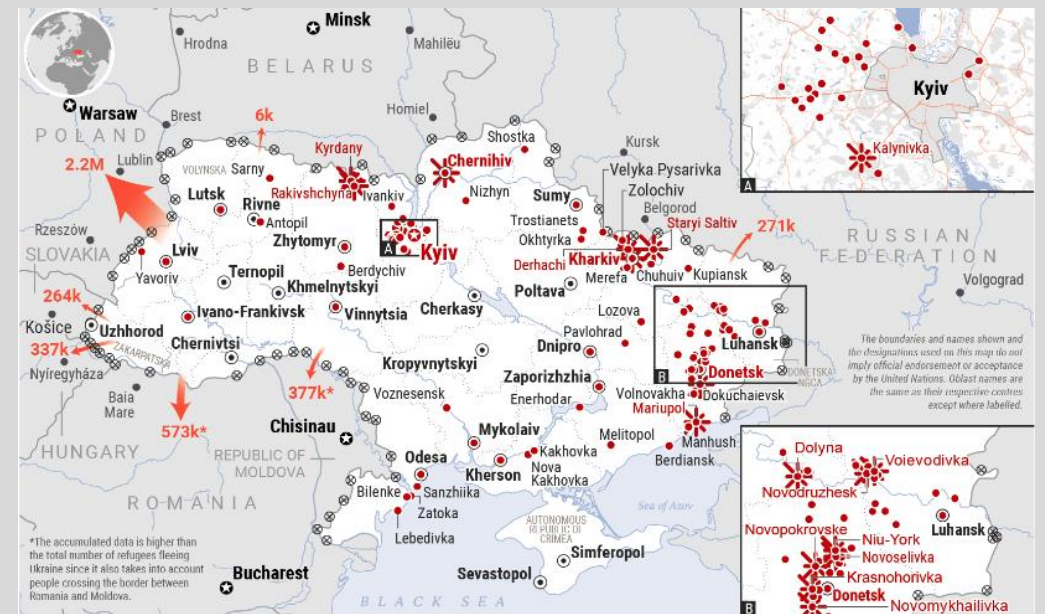
On 24 March, President Joe Biden's administration **pledged** to admit up to 100,000 Ukrainian refugees into the US and to donate \$1 billion to European countries housing the vast majority of the **3.6 million** Ukrainians who have fled their country. The news was welcomed by many in Europe, but the practical details of how 100,000 Ukrainians will reach the US remain fuzzy and will **likely face significant logistical barriers** in **an already overburdened system**.

Source: [TheNewHumanitarian.org](#)

A month of war in Ukraine

Russia's invasion of Ukraine has created a quickly escalating humanitarian disaster and one of the largest and fastest moving displacement crises in decades. More than 10 million people – or nearly one quarter of Ukraine's population – have been displaced, including **half the country's children**. More than **3.6 million** people have sought refuge outside the country, while around 6.5 million are internally displaced. Almost **one million people** are without access to electricity, and hundreds of thousands are cut off from gas supplies and have limited access to clean water, food, and medicine. The World Health Organization has recorded **72 attacks** on medical facilities and workers, and Ukraine has **accused** Russia of abducting 15 humanitarian **workers** and seizing the vehicles from an aid convoy that was blocked from reaching the southeastern coastal city Mariupol, which has been **under siege** since 1 March. An international aid response is **beginning to get off the ground** but facing significant logistical barriers and safety concerns. In the meantime, **local organisations and volunteers are shouldering the burden** of humanitarian needs. As aid funds pour in for Ukraine, there are concerns that much needed assistance may be diverted from **other crises that are receiving less attention**. For more on that, **check out our data dive that crunches the numbers and speaks to aid insiders**.

Source: [TheNewHumanitarian.org](#)



*The accumulated data is higher than the total number of refugees fleeing Ukraine since it also takes into account people crossing the border between Romania and Moldova.

Sources: Border crossing points: multiple sources. Country and administrative division – UN GIS and State Scientific Production Enterprise "Kartographia". Refugee outflow – The refugee figures provided by UNHCR are based on reports received from respective governments including the figures on movements to Russian Federation and Belarus. IDPs – IOM. Hostilities – public sources and local reports.

SARS-CoV-2 Variant of Concern

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 382 789 sequences uploaded to GISAID with specimens collected in the last 30 days, 381 824 (99.7%) were Omicron, 175 (<0.1%) were Delta, and 649 sequences were not assigned to a Pango lineage (0.2%). 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.

Recombinant variants

The same process of risk assessment is applied to recombinant variants as for any other emerging variant. Since the epidemiological update published on 22 March 2022, no new evidence indicates that the recombinant variant assigned XD Pango lineage (Delta-Omicron) is associated with higher transmissibility or more severe outcomes. The XE recombinant (BA.1-BA.2), was first detected in the United Kingdom on 19 January and >600 sequences have been reported and confirmed since. Early-day estimates indicate a community growth rate advantage of ~10% as compared to BA.2, however this finding requires further confirmation. XE belongs to the Omicron variant until significant differences in transmission and disease characteristics, including severity, may be reported. WHO continues to closely monitor and assess the public health risk associated with recombinant variants, alongside other SARS-CoV-2 variants, and will provide updates as further evidence becomes available.

Source: [Weekly epidemiological update on COVID-19 - 29 March 2022 \(who.int\)](#)

Figure 2. COVID-19 cases per 100 000 population reported by countries, territories and areas, 21-27 March 2022*

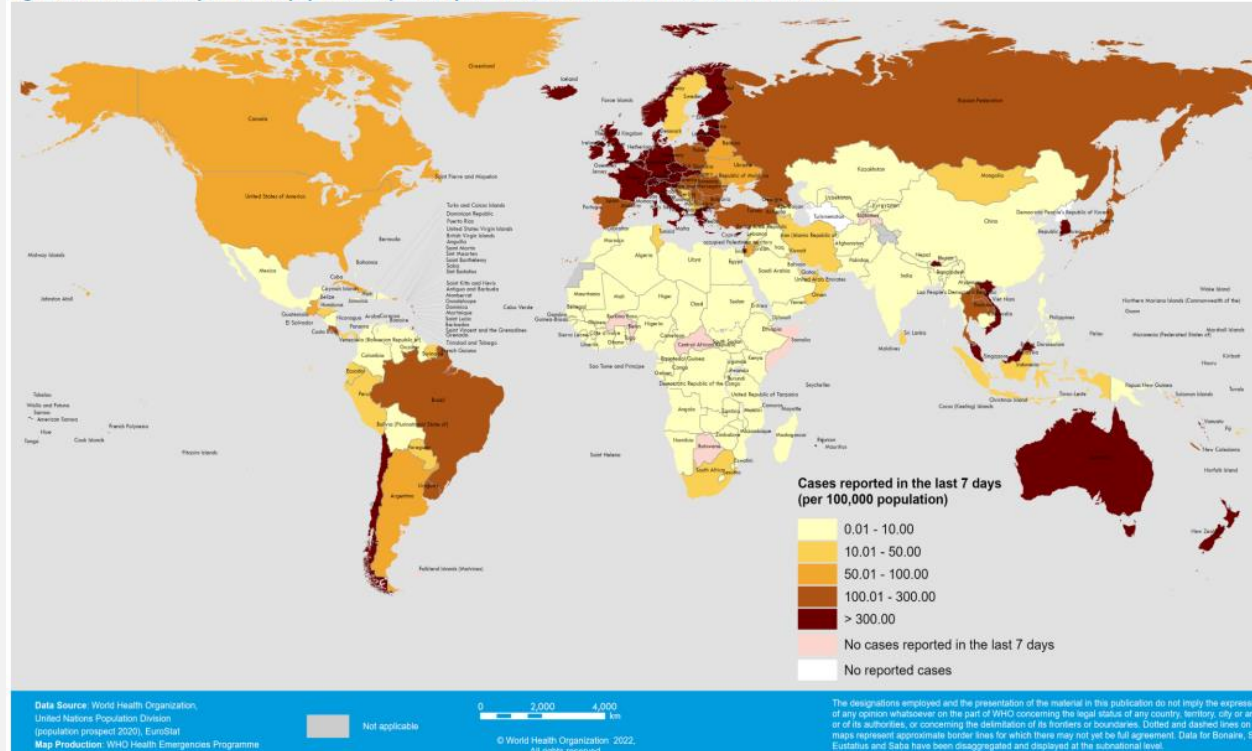
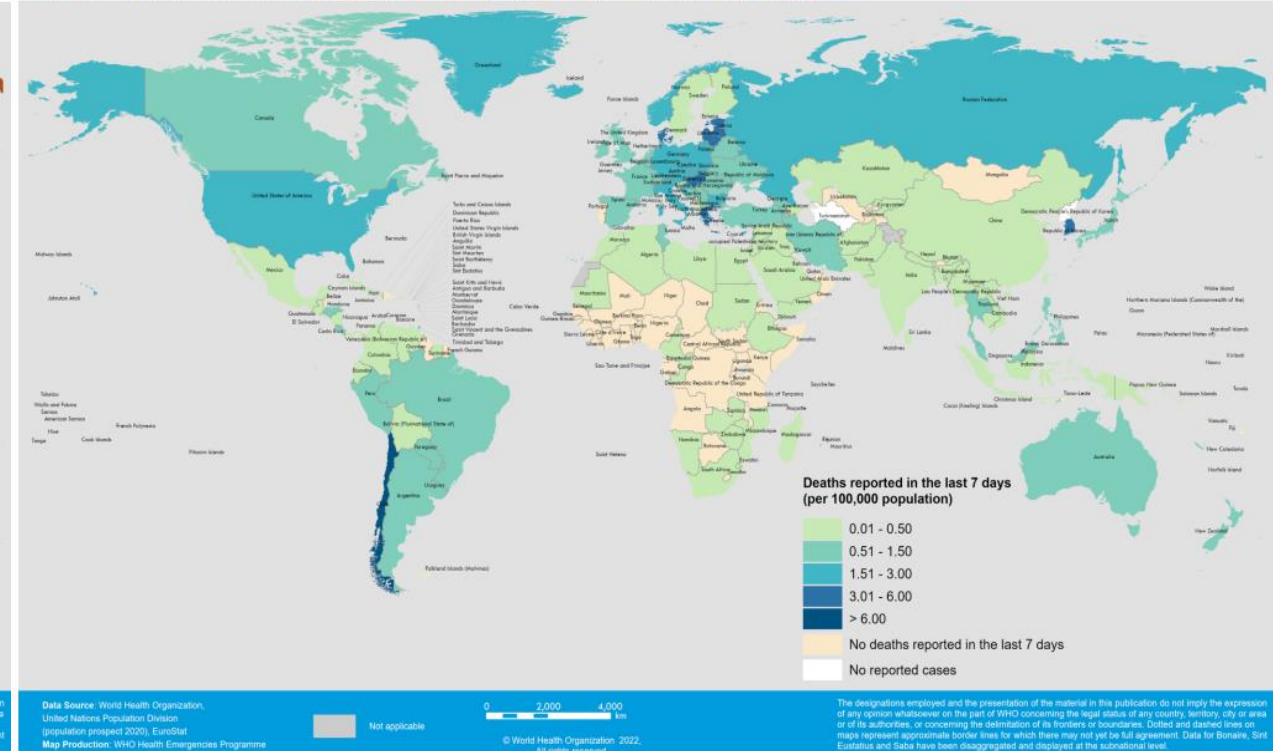


Figure 3. COVID-19 deaths per 100 000 population reported by countries, territories and areas, 21-27 March 2022**



Epidemiological update: West Nile virus transmission season in Europe, 2021

ECDC published weekly reports to provide an overview of West Nile virus (WNV) epidemiology in the EU/EEA and EU-neighbouring countries during the WNV transmission season (expected to be June–November). Following a One Health approach, WNV infections in humans and outbreaks in equids and birds are included in the reports. This article reflects the summary of the 2021 WNV season in Europe.

As of 10 February 2022, European Union (EU), European Economic Area and EU-neighbouring countries reported 159 locally acquired human cases of West Nile virus infection, including 13 deaths, in 2021. The last case of this transmission season was reported by Greece in week 45.

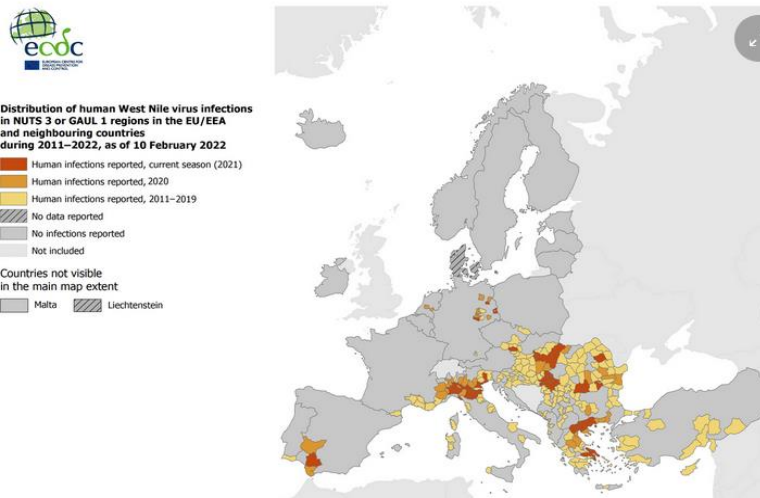
Human infections

As of 10 February 2022, European Union (EU), European Economic Area (EEA) and EU-neighbouring countries reported 164 human cases of West Nile virus (WNV) infection in 2021, of which 159 were locally acquired and five were travel related.

During the 2021 transmission season, EU/EEA countries reported 139 locally acquired human cases of WNV infection with known place of infection, including 10 deaths, through The European Surveillance System (TESSy). Cases were reported by Greece (57), Italy (55), Hungary (7), Romania (7), Spain (6), Germany (4) and Austria (3). Greece reported two additional locally acquired human cases with unknown place of infection at NUTS3 level. Deaths were reported by Greece (8), Romania (1) and Spain (1).

Human WNV infections were reported in seven EU Member States and one EU-neighbouring country where seasonal circulation of the virus had been previously reported. Burgenlandkreis and Spree-Neisse in Germany and La Spezia in Italy reported locally acquired human cases of WNV infection for the first time. All other cases reported through TESSy were from areas that had been affected during previous transmission seasons.

As of 10 February 2022, EU/EEA countries and EU-neighbouring countries reported 159 locally acquired human cases of West Nile virus infections, including 13 deaths, in 2021.



Five travel-related cases of WNV infection were reported this transmission season, associated with travel to the United States (3), Mayotte (1) and Cyprus (1). No deaths were reported among these cases. EU-neighbouring countries reported 18 human cases of WNV infection, including three deaths; all were reported by Serbia. The first locally acquired case of the season in the EU was notified by Italy in week 26 (26 June to 4 July), with disease onset in week 24 (14 to 20 June). The last case was reported by Greece in week 45 (8 to 14 November), with disease onset in week 43 (25 to 31 October).

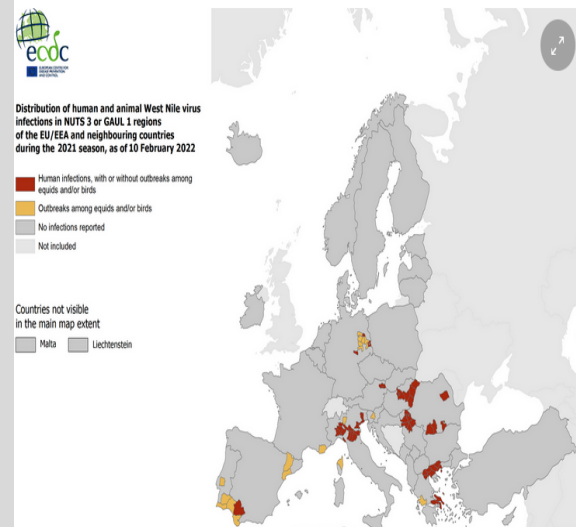
Animal outbreaks

Animal data are collected through the [Animal Disease Information System \(ADIS\)](#) of the European Commission. The distribution reports for WNV outbreaks among equids and birds cover only EU/EEA countries.

During the 2021 transmission season, seven EU/EEA countries reported 43 outbreaks among equids: Germany (16), Spain (11), Italy (6), Portugal (4), Hungary (3), France (2) and Greece (1). In addition, eight outbreaks among birds were reported by Spain (7) and Slovenia (1).

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As of 10 February 2022, European Union (EU) and European Economic Area (EEA) countries and EU-neighbouring countries reported 159 locally acquired human cases of West Nile virus infections, including 13 deaths, in 2021. The last case of this transmission season was reported by Greece in week 45.



Epidemiological update: Tuberculosis (TB) surveillance in Europe, 2020

Source: <https://www.ecdc.europa.eu/en/publications-data/tuberculosis-surveillance-and-monitoring-europe-2022-2020-data>
<https://www.ecdc.europa.eu/en/publications-data/presentation-tuberculosis-situation-eueea-2020>
<https://www.cdc.gov/media/releases/2022/s0324-tuberculosis-covid-19.html>

The WHO/ECDC report finds a sharp 24% drop in notified new and relapse TB cases between 2019 and 2020 which is due, in part, to decreased case detection and reporting as a result of the public health and social measures introduced by countries in response to the COVID-19 pandemic. In the United States, reported TB disease diagnoses fell 20% in 2020 and remained 13% lower in 2021 than TB disease diagnoses made prior to the COVID-19 pandemic, according to preliminary CDC data published. Despite the potential issues of underdiagnosis and underreporting in 2020, 163 602 incident TB cases were notified in the European Region. The epidemic patterns and trends vary widely, with EU countries approaching the low incidence level of below 10 per 100 000 population, while the Region has nine of the 30 countries with the highest multidrug-resistant TB burden in the world. Tuberculosis remains one of the world's deadliest infectious diseases, second only to COVID-19, and drug resistant TB strains are still a major concern. In the fight against tuberculosis, urgent investment is critical, especially in the context of the ongoing pandemic.

Cases reported

In 2020, over 33 000 TB cases were reported in the EU/EEA and in the wider European Region there were over 160 000 notifications of TB cases. In contrast, 2019 saw around 47 500 cases reported in the EU/EEA, while in the European Region there were some 216 000 new TB diagnoses. Although the rates in most countries have been decreasing over the last five years, the sharp 24% drop in notifications of new and relapse TB cases between 2019 and 2020 represents a clear interruption of the downward trend.

The epidemic patterns and trends vary widely, with most EU/EEA countries approaching the low incidence level of below 10 per 100 000 population, although the European Region overall has nine of the 30 countries in the world with the highest multidrug-resistant TB burden.

Death

In 2020, there were an estimated 21 000 TB deaths in the WHO European Region – equivalent to 2.3 deaths per 100 000 people, with around 3 800 of these deaths occurring in the EU/EEA (0.8 deaths per 100 000). For the first time in over two decades, the number of TB deaths increased because of delay in, or lack of TB diagnosis due to disruptions to TB services. This compromised the achievement of the End TB Strategy milestone to reduce the number of TB deaths by 35% in 2020.

HIV prevalence in TB cases

In 2020, HIV prevalence in incident TB cases was estimated to be 12%. HIV-TB co-infection has remained unchanged since 2016, with one in six TB patients also infected with HIV. There were an estimated 29 000 HIV-positive TB cases in the European Region. In the EU/EEA, there were 12 327 cases with known HIV status, 4.2% of which were reported as HIV-positive.

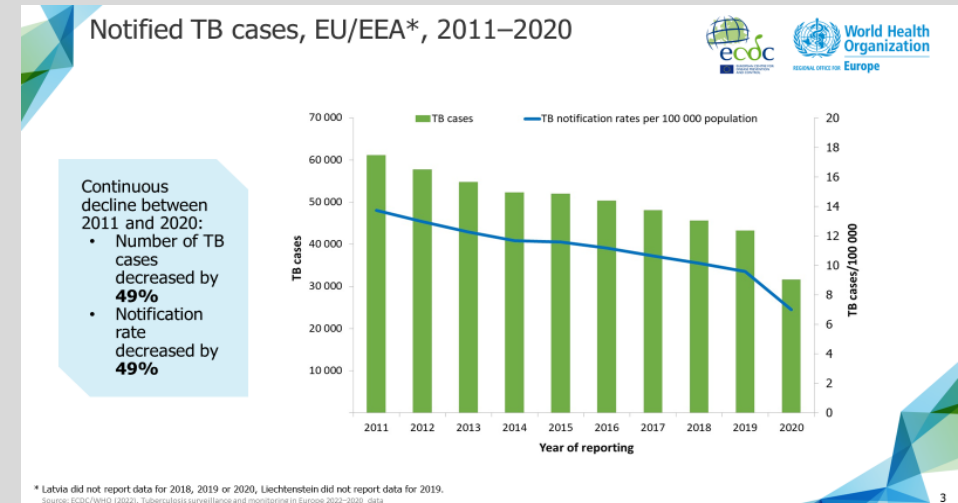
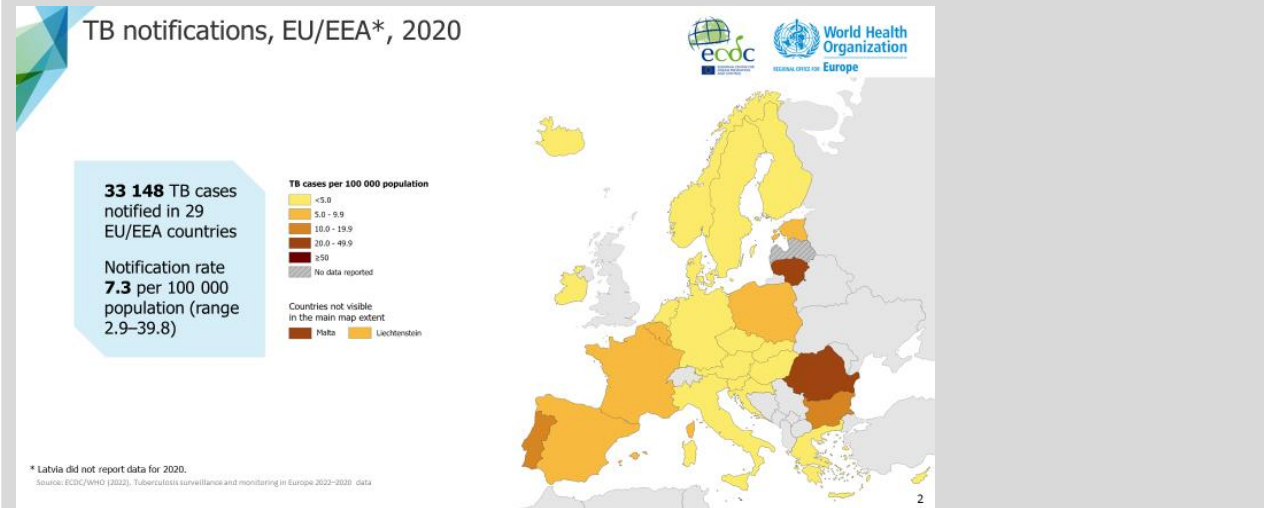
Treatment success rates

Of all cases notified in 2019 with a treatment outcome reported in 2020, 71.8% were treated successfully in the EU/EEA and 76.5% in the WHO European Region. Nevertheless, the treatment success rate in the Region remains below the respective regional targets of 85% for new and relapse cases. Despite the efforts made and the availability of new drugs and treatment regimens, the burden in relation to multi-drug (rifampicin-resistant)

(MDR/RR) TB and TB/HIV remains considerable, underlining the need to introduce more innovative approaches to the diagnosis and treatment of TB and MDR/RR TB. Rifampicin is the most potent anti-TB drug.

Efforts and resources for the upcoming period

In the fight against TB, urgent investment in resources, support and care is vital, particularly in the context of the COVID-19 pandemic which has jeopardised progress towards milestones in WHO's 'End TB Strategy'.



Other Infectious Disease Outbreaks/ conflicts



Varicella

Romania – Outbreaks of chickenpox (varicella) have been registered in two schools in Ilt County, southern Romania. Cases have been reported at a school in Vitomirești, Ilt County (20 cases) and Negreni, Ilt County (seven cases) over the last two months. Representatives from the Ilt Public Health Directorate (DSP) have stated that measures have been taken at both schools to limit the further spread of the varicella-zoster virus including ventilation of classrooms, and increased cleaning and disinfection. Children identified with chickenpox are asked to stay home from school for 21 days. Officials encourage parents to ensure their children receive the varicella vaccine to prevent their children from contracting the disease.

Source: [Insights by BlueDot](#)

Measles

Romania - Cases of measles have been reported **amongst Ukrainian refugees** in camps residing in Bacău and Satu Mare counties in Romania in 2022. Romania's last major measles epidemic began in 2016 with over 20,000 cases. Since then, the country has implemented mass vaccination campaigns to address the sub-optimal immunization. The WHO estimates a **vaccination coverage in Romania** of 90% for the first dose of a measles containing vaccine in children and 76% for the second dose as of 2019. This is below the 95% target needed to eliminate measles in a population, and coverage has been declining due to disruptions in immunization campaigns as a result of the COVID-19 pandemic. In the past, **Ukraine** has experienced significant drops in immunization coverage and in 2016 they observed the lowest MMR coverage in the WHO European Region. As of 2021, Ukraine is estimated a vaccination coverage of 89% for the first dose of a measles containing vaccine and 87% for the second dose. This event is significant as the mass population displacement from Ukraine and congregated settings in refugee camps increases the risk for the importation and spread of communicable diseases such as measles and circulating vaccine-derived poliomyelitis type 2.

Argentina - A case of measles has been reported in Argentina in 2022. The affected individual is a 25-year-old, nine-week pregnant individual who was detected in the City of Buenos Aires. The individual is believed to have contracted the disease during a trip to the Maldives, which included stops in Jordan, Qatar, Dubai, and São Paulo. They had returned to Argentina on March 4, and developed symptoms 11 days after returning. In Argentina, the last endemic case of measles was registered in 2000. However, between 2000 and 2018, 43 imported and import-related cases have been registered in the country. In 2019 and 2020, a total of 199 cases of measles were confirmed, of which 18 were imported, two related to importation, and 179 were of an unknown origin. Officials are warning residents that the vaccination against measles in the country is insufficient and below standards set globally. Residents are advised to ensure vaccinations are up-to-date and to consult a health centre in the event of symptoms.

Republic of the Congo - A measles outbreak is ongoing in the Republic of the Congo in 2022. The outbreak began in the last quarter of 2021 and initially affected a total of eight health districts including Enyelle-Betou, Loandjili, Lumumba, Mvoumvou, Ngoyo, Tie-Tie, Ouessou, and Mongo Poukou. Despite targeted outbreak responses in these regions, six additional health districts have been newly confirmed to be affected in 2022, including Hinda-Loango, Kinkala, Mouyondzi, Mvouti-Kakamoeka, Ouessou, and Talangaï. Of the reported cases, approximately 59% are reported to have occurred among children below five years of age and 50% of the cases have been among individuals who were not vaccinated. Congo was estimated in 2020 by the WHO to have a low coverage for the first dose of measles-containing vaccine at 68%. Health authorities advise the public to follow proper hygiene and prevention measures, adhere to vaccination schedules, and seek medical attention if symptoms are suspected.

Sources: NewsMedia - http://stiri.tvr.ro/cazuri-de-rujeola-printre-refugiatii-ucraineni-ajunsi-in-romania_901833.html#view
<https://www.contextotucuman.com/nota/261403/detectan-un-possible-caso-de-sarampion-en-una-mujer-embarazada-de-caba-lo-habria-contraido-en-maldivas.html>
<http://outbreaknewstoday.com/measles-outbreak-in-congo-4600-cases-123-deaths-24662/>

Middle Eastern Respiratory Syndrome Coronavirus

Qatar - The Qatar Ministry of Public Health (MOPH) has announced that a case of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) has been confirmed within the country. In a press release, the MOPH did not specify where in the country the patient was located. However, the 50-year-old resident is known to have direct contact with camels. Dromedary camels are a natural reservoir for MERS-CoV and direct contact with animals can lead to the acquisition of the disease. The MOPH reports that close contacts of the patient are symptom-free and they will continue to be monitored for the next 14 days. The MOPH advises residents, especially those with immunodeficiencies, to adhere to proper hygiene measures and seek medical attention if symptoms such as shortness of breath are experienced.

Source: NewsMedia <http://outbreaknewstoday.com/mers-coronavirus-case-confirmed-in-qatar-41538/>

Crimean-Congo Hemorrhagic Fever (CCHF) in the UK

The United Kingdom Health Security Agency (UKHSA) has confirmed a case of CCHF in England. Details regarding the case are limited, however, it is reported that the patient had recently travelled to Central Asia and is currently receiving care at the Royal Free Hospital in London. The UKHSA, together with the National Health Service have started contact tracing of all close contacts of the affected individual. The UKHSA has highlighted that this event presents a low risk to the public as it is a rare occurrence and because it is uncommon for the CCHF to spread from person to person. Previously two cases of CCHF have been imported into the UK, one in 2012 and one in 2014. Neither of these previous cases had evidence of further community transmission. Additionally, the Hyalomma tick species (the principal carrier of CCHF), is not established in the UK and the virus has not been detected in other tick species in the UK. According to the World Health Organization, CCHF is endemic in all of Africa, the Balkans, the Middle East and Asia. This event highlights the ongoing risk of infectious disease importation from countries where diseases such as CCHF are endemic.

Source: MoH - <https://www.gov.uk/government/news/crimean-congo-haemorrhagic-fever-case-identified-in-england-following-travel-to-central-asia>

Cholera

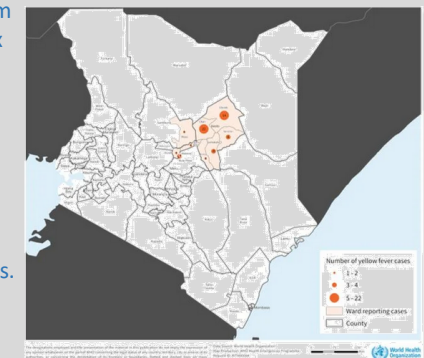
Malawi - The first cholera case of 2022 has been confirmed in Malawi. Media reports indicate that *Vibrio cholerae* O group 1 has been isolated from a 57-year-old man from the Balaka District, southern Malawi. The patient sought-out medical attention at a local hospital on February 28. Cholera is endemic in Malawi with outbreaks coinciding with the rainy season. Health authorities have increased active epidemiological surveillance, educational and sanitation measures, and implemented Oral Cholera Vaccination campaigns in hotspot regions to further control the spread of disease.

Source: NewsMedia - <https://malawi24.com/2022/03/03/cholera-case-recorded-in-malawi/>

Yellow Fever Source: WHO outbreak-news
















Kenya - During the period 12 January to 15 March 2022, a total of 53 suspected yellow fever cases, including six deaths, have been reported from Isiolo county, central Kenya. Two samples tested positive by RT-PCR and six were positive by ELISA, indicating probable yellow fever cases. The last reported yellow fever outbreak in Kenya was in 2011. The samples were shipped to the yellow fever regional reference laboratory for confirmatory testing. The confirmation is still pending, and there is uncertainty around current laboratory results due to the presence of malaria positivities amongst the samples tested (n=5; 15%). There is no information on the vaccination status of the reported cases, however, Isiolo and the surrounding counties have no history of yellow fever vaccination campaigns. The overall estimated coverage through routine immunization is 7% of the target population. This is far below the recommended 80% population coverage to provide herd immunity against outbreaks.

Figure 2. Number of yellow fever cases by ward, reported from 12 January to 15 March 2022 in Isiolo county, Kenya (n=53).


















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

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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		
	Netherlands	X	X	X	X	X						
	North Macedonia	X			X		X			X		
	Norway	X	X	X		X						
	Poland	X	X	X	X	X						
	Portugal	X	X	X	X	X						
	Romania	X	X	X	X	X						
	Slovakia	X	X	X	X	X						
	Slovenia	X	X	X	X	X						
	Spain	X	X	X	X	X						
	Turkey	X					X	X				X
	USA	X	X	X								

EMA
Authorized

EMA & FDA
Authorized

Travel Recommendations and other Useful Links

Travel Recommendations

Many countries have halted some or all international travel since the onset of the COVID-19 pandemic but now have re-open travel some already closed public-travel again. This document outlines key considerations for national health authorities when considering or implementing the gradual return to international travel operations.

The decision-making process should be multisectoral and ensure coordination of the measures implemented by national and international transport authorities and other relevant sectors and be aligned with the overall national strategies for adjusting public health and social measures.

Travel has been shown to facilitate the spread of COVID-19 from affected to unaffected areas. Travel and trade restrictions during a public health event of international concern (PHEIC) are regulated under the International Health Regulations (IHR), part III.

The majority of measures taken by WHO Member States relate to the denial of entry of passengers from countries experiencing outbreaks, followed by flight suspensions, visa restrictions, border closures, and quarantine measures. Currently there are exceptions foreseen for travellers with an essential function or need.

Information on COVID-19 testing and quarantine of air travellers in the EU and the US you can find following the link:

- <https://www.ecdc.europa.eu/en/publications-data/guidelines-covid-19-testing-and-quarantine-airtravellers>
- <https://www.cdc.gov/coronavirus/2019-ncov/travelers/how-level-is-determined.html>

More information about traveling worldwide:

- National regulation regarding travel restrictions, flight operation and screening for single countries you will find [here](#) (US) and [here](#) (EU).
- Official IATA travel restrictions. You will find [here](#).

More information about traveling in the EU

- by the *European Commission* you will find here:

<https://www.consilium.europa.eu/en/policies/coronavirus/covid-19-travel-and-transport/>

- The *ECDC* publishes a map of EU Member States, broken down by regions, which show the risk levels across the regions in Europe using a traffic light system. Find it [here](#).

As a general rule, information on new measures will be published 24 hours before they come into effect.

All information should also be made available on [Re-open EU](#), which should contain a cross-reference to the map published regularly by the European Centre for Disease Prevention and Control.

Useful links

ECDC:

- [All info about the COVID-19 pandemic](#); (situation updates, latest news and reports, risk assessments etc.)
- [COVID-19 Vaccine tracker](#)
- [SARS-CoV-2 variants dashboard](#) for EU
- [Latest Risk assessment on COVID-19](#), 15 Feb 2021
- All “guidance’s and technical reports” can be found under “All COVID-19 outputs” on this page [here](#)

WHO:

- Epi-WIN [webinars and updates](#)
- All information about the COVID-19 pandemic: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

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/>