



**GLOBAL**

451 420 692  
Confirmed cases  
418 800 000 recovered  
6 022 250 deaths

**USA**

(7-days incidence 83.2)  
78 821 972  
confirmed cases  
76 910 000 recovered  
957 318 death

**IND**

(7-days incidence 3.0)  
42 975 883  
confirmed cases  
42 260 000 recovered  
515 355 deaths

**BRA**

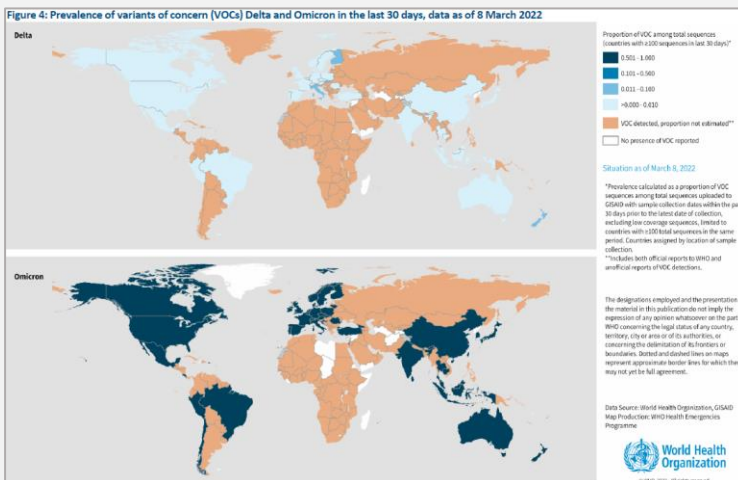
(7-days incidence 133.1)  
29 152 318  
confirmed cases  
27 400 000 recovered  
653 134 deaths

**News:**

- **IPCC** [The Intergovernmental Panel on Climate Change](#): released a new report on the impacts, adaptation and vulnerability humans face with rising temperatures. Human-induced climate change is causing dangerous and widespread disruption in nature and is affecting the lives of billions of people around the world.
- **WHO/FAO/OIE**: published a [joint statement](#) on the prioritization of monitoring SARS-CoV-2 infection in wildlife and preventing the formation of animal reservoirs.
- **WHO**: published an [interim statement](#) on COVID-19 vaccines in the context of the circulation of the Omicron SARS-CoV-2 Variant (see Vaccination news).

**Topics:**

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



**Be READY for COVID-19**  
Key scenarios



I am **WELL**, but have returned from an area with known cases of COVID-19, should I go to work?

- Yes, go to work and contact your organization's in-house medical services for a risk assessment.
- If you start to feel unwell within 14 days of returning, do not come to work and call your health care provider; discuss symptoms, travel history and follow their instructions.
- Follow the directions of your national & local health authority.



I am **UNWELL**, what should I do?

- Stay home while you are unwell and minimize contact with others.
- If you think you may have COVID-19, call your health care provider and follow their instructions.
- If you are diagnosed with COVID-19, stay home, follow the guidance of your health care provider and inform your in-house medical services and your supervisor.
- Comply with national & local health authorities.



I am organizing a **MEETING**, what should I do?

- Comply with national and local health authorities, and your organization's guidelines.
- Plan for regular cleaning and ensure the availability of hand sanitizers throughout with Facilities Management.
- Plan for what to do if someone gets ill at your meeting with your in-house medical services.
- Provide participants with WHO prevention recommendations: [www.who.int/COVID-19](http://www.who.int/COVID-19)
- Familiarize yourself with UN guidelines for meeting organizers.



I am planning to **TRAVEL** to a meeting, what should I do?

- Consider your organization's guidelines on travel and meetings.
- Contact your in-house medical services for a pre-travel assessment.
- Be aware of the national and local health authority's regulations in all countries on your itinerary.
- Protect yourself and others by practicing regular hand hygiene and cough etiquette, avoid touching your eyes, nose or mouth and avoid close contact with people suffering from fever and cough.
- If you become sick while travelling, inform the crew and seek medical care early.



I am in my regular **RESIDENCE** and duty station, and cases of COVID-19 are being reported in my community. What should I do?

- Follow the directions of your national & local health authority.
- Follow WHO prevention recommendations such as regular hand hygiene and cough etiquette; avoid touching your face, avoid crowded places and maintain at least 1 metre (3 feet) distance between yourself and others.
- Contact national and local authorities for information about COVID-19 in your community:
  - Switzerland (multilingual): +41 58 463 00 00; Geneva Canton: 0800 909 400
  - France: 0800 130 000

**Be WELL**



More info: [www.who.int/COVID-19](http://www.who.int/COVID-19)



#COVID19

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**EUROPE**

178 035 641  
confirmed cases

163 800 000  
recovered  
1 828 309 deaths

**FRA**

(7-days incidence 569.9)

23 529 133  
confirmed cases

22 440 000 recovered  
139 618 deaths

**GBR**

(7-days incidence 488.3)

19 360 942  
confirmed cases

18 170 000 recovered  
162 505 deaths

**DEU**

(7-days incidence 1 318.8)

16 267 862  
confirmed cases

12 580 000 recovered  
124 783 deaths

# Situation by WHO Region, as of 08 March

## Global epidemiological situation overview; WHO as of 08 March 2022

Globally, during the week of 28 February through 6 March 2022, the number of new COVID-19 cases and deaths continued to decline by 5% and 8% respectively, as compared to the previous week (Figure 1). Across the six WHO regions, over 10 million new cases and over 52 000 new deaths were reported. As of 6 March 2022, over 433 million confirmed cases and over 5.9 million deaths have been reported globally. At the regional level, while the **Western Pacific Region** continued to report an increase (+46%) in the number of new weekly cases, all other regions reported decreases: the **Eastern Mediterranean Region** (-46%), the **African Region** (-40%), the **South-East Asia Region** (-31%), the **Region of the Americas** (-24%), and the **European Region** (-18%). The number of new weekly deaths increased in the **Western Pacific Region** (+29%) and remained stable in the **Eastern Mediterranean Region** (+2%), while decreases were reported by the **African Region** (-39%), the **European Region** (-15%), the **Region of the Americas** (-9%) and the **South-East Asia Region** (-3%). These trends should be interpreted with caution as several countries are progressively adopting targeted testing strategies, resulting in lower overall numbers of tests performed and consequently of cases detected.

The **highest numbers of new cases** were reported from:

- Republic of Korea (1 461 431 new cases; +42%),
- Germany (1 108 231 new cases; -1%),
- Vietnam (1 013 343 new cases; +112%),
- Russian Federation (650 540 new cases; -29%), and
- Japan (452 763 new cases; +4%).

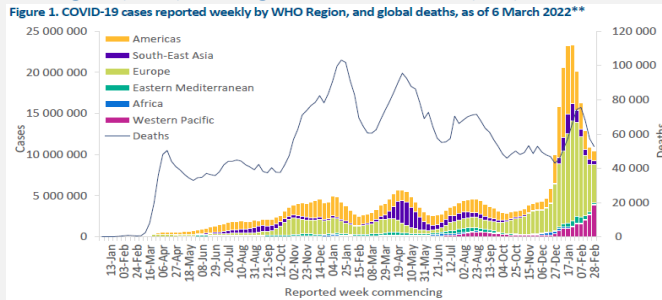
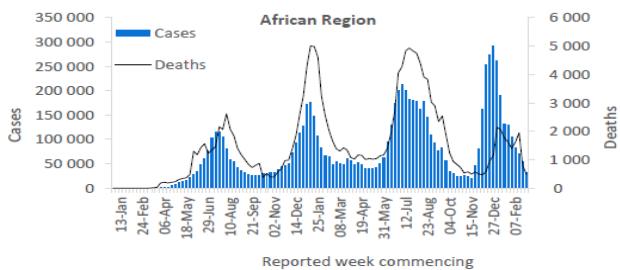
## WHO regional overviews

Epidemiological week 28 February – 6 March 2022\*\*

### African Region

The African Region has continued to report a decrease in the number of cases since the beginning of January 2022, with just under 34 000 new cases reported this week, a 40% decrease as compared to the previous week. However, six countries in the Region (12%) reported an increase of over 20% in new weekly cases, with the largest observed in Central African Republic (95 vs 38 new cases; +150%). The highest numbers of new cases were reported from South Africa (11 181 new cases; 18.9 new cases per 100 000 population; -25%), Réunion (10 036 new cases; 1121.0 new cases per 100 000; -26%), and Mauritius (4133 new cases; 325.0 new cases per 100 000; -75%).

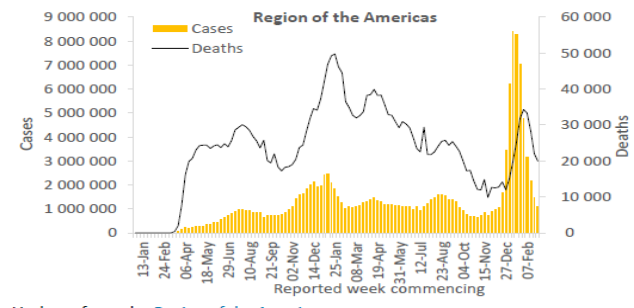
With over 400 new deaths reported this week, the Region observed a 39% decrease in new weekly deaths as compared to the previous week (during which a backlog of deaths was reported by South Africa following an ongoing audit exercise). The highest numbers of new deaths were reported from South Africa (352 new deaths; <1 new death per 100 000 population; -39%), Réunion (26 new deaths; 2.9 new deaths per 100 000; -30%), and Algeria (25 new deaths; <1 new deaths per 100 000; -39%).



### Region of the Americas

The Region of the Americas reported over 1.1 million new cases, a 24% decrease as compared to the previous week, continuing the declining trend that has been observed since mid-January 2022. However, three countries have reported increases in new cases of 20% or greater, with the largest increases observed in Martinique (5569 vs 1381 new cases; +303%) and Mexico (46 765 vs 27 427 new cases; +71%). The highest numbers of new cases were reported from Brazil (395 152 new cases; 185.9 new cases per 100 000; -24%), the United States of America (343 096 new cases; 103.7 new cases per 100 000; -29%), and Chile (152 705 new cases; 798.8 new cases per 100 000; -22%).

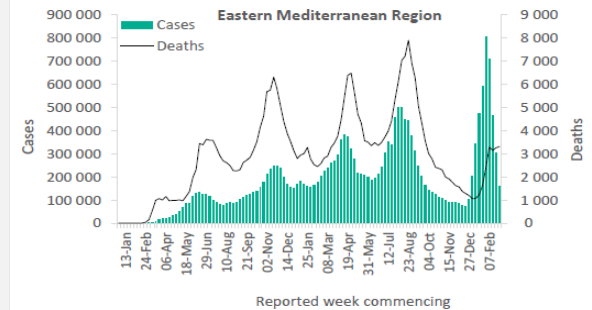
The Region reported just under 20 000 new deaths this week, a 9% decrease as compared to the previous week. The highest numbers of new deaths were reported from the United States of America (10 579 new deaths; 3.2 new deaths per 100 000; -9%), Brazil (3865 new deaths; 1.8 new deaths per 100 000; -11%), and Mexico (1513 new deaths; 1.2 new deaths per 100 000; +49%).



### Eastern Mediterranean Region

In the Eastern Mediterranean Region, new weekly cases declined for a third consecutive week since the peak reached in early February 2022. Over 165 000 new cases were reported this week, representing a 46% decrease as compared to the previous week. However, Somalia reported a 64% increase in new cases (87 vs 53 new cases). The highest numbers of new cases were reported from the Islamic Republic of Iran (53 363 new cases; 63.5 new cases per 100 000; -49%), Jordan (21 050 new cases; 206.3 new cases per 100 000; -63%), and Bahrain (15 781 new cases; 927.4 new cases per 100 000; -25%).

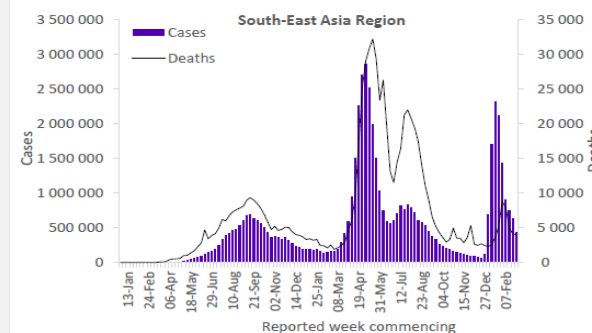
The number of new weekly deaths remained stable (+2%) when compared to the previous week's figure, with over 3300 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (1357 new deaths; 1.6 new deaths per 100 000; -15%), Sudan (956 new deaths; 2.2 new deaths per 100 000; +1012%) which shows an abnormal increase due to a backlog reporting of deaths, and Tunisia (220 new deaths; 1.9 new deaths per 100 000; -33%).



### South-East Asia Region

The South-East Asia Region has continued to report a decrease in the number of new cases since mid-January 2022. Over 441 000 new cases were reported in the Region this week, a 31% decrease as compared to the previous week. Although a declining trend in the number of cases was reported regionally, Bhutan reported a 23% increase as compared to the previous week (2604 vs 2116 cases). The highest numbers of new cases were reported from Indonesia (209 331 new cases; 76.5 new cases per 100 000; -39%), Thailand (157 079 new cases; 225.0 new cases per 100 000; similar to the previous week's figures), and India (46 836 new cases; 3.4 new cases per 100 000; -50%).

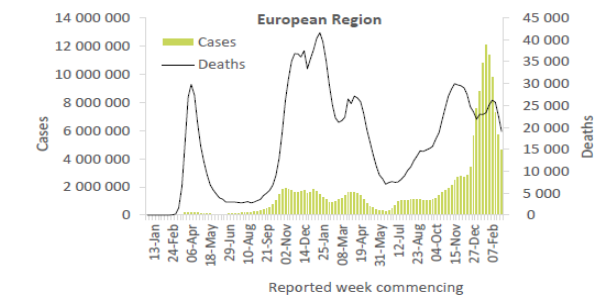
The number of new deaths was similar to that of the previous week, with just over 3900 new deaths reported. The highest numbers of new deaths were reported from Indonesia (2099 new deaths; <1 new death per 100 000; +23%), India (1312 new deaths; <1 new death per 100 000; -28%), and Thailand (344 new deaths; <1 new death per 100 000; +29%).



### European Region

The European Region continued to report a decline in new weekly cases this week, with over 4.7 million new cases, an 18% decrease as compared to the previous week. The Region has reported a decrease in the number of new cases since a peak in late-January 2022. This week, the Region accounted for 45% of new cases reported globally. The highest numbers of new cases were reported from Germany (1 108 231 new cases; 1332.5 new cases per 100 000; similar to the previous week's figures), the Russian Federation (650 540 new cases; 445.8 new cases per 100 000; -29%), and Turkey (350 828 new cases; 416.0 new cases per 100 000; -35%).

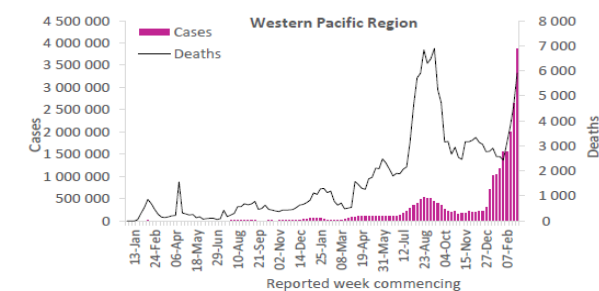
This week, over 19 000 new deaths were reported in the Region, a 15% decrease as compared to the previous week. The highest numbers of new deaths were reported from the Russian Federation (5354 new deaths; 3.7 new deaths per 100 000; similar to the previous week's figures), Germany (1424 new deaths; 1.7 new deaths per 100 000; similar to the previous week's figures), and Italy (1366 new deaths; 2.3 new deaths per 100 000; -13%).



### Western Pacific Region

The Western Pacific Region reported a steep increase (46%) in new weekly cases as compared to the previous week, with over 3.8 million new cases, continuing its upward trend since early January. Ten of 29 (34%) countries reported an increase of 20% or greater in the past week, including several Pacific Island countries (Cook Islands, American Samoa, Tonga, Fiji and Kiribati and New Zealand), China, and Viet Nam. The highest numbers of new cases were reported from the Republic of Korea (1 461 431 new cases; 2850.5 new cases per 100 000; +42%), Viet Nam (1 013 343 new cases; 1041.0 new cases per 100 000; +112%), and Japan (452 763 new cases; 358.0 new cases per 100 000; -4%).

The Region has reported an increase in the number of deaths for a month, with over 5900 new deaths this week, a 29% increase as compared to the previous week. The highest numbers of new deaths were reported from Japan (1519 new deaths; 1.2 new deaths per 100 000; -7%), China (1197 new deaths; <1 new death per 100 000; +296%), and the Republic of Korea (1013 new deaths; 2.0 new deaths per 100 000; +88%).



# Global Situation



## Update on Ukraine

The current situation in Ukraine has halted infectious disease surveillance efforts, leading to underreporting and the potential spread of COVID-19, cVDPV2, measles, and TB in the country, potentially spilling over to surrounding countries.

Prior to the conflict, Ukraine was already struggling with increased COVID-19 disease activity due to the Omicron variant <sup>1</sup>.

As of February 24, the seven-day rolling average number of daily new cases was 24,623, and the seven-day rolling average number of daily new deaths was 240. The last reported 14-day test positivity, as of February 24, was 51%, with the number of tests per 100,000 in the last 14-days being 1,543. As of February 23, of Ukraine's over 44 million population, approximately 35.4% (15,729,617) have at least one dose of a COVID-19 vaccine, 34.3% (15,221,792) have two doses, and 1.7% (752,581) have a booster dose. Some media reports highlight that when looking at disaggregated data, populations within the nation's capital of Kyiv are approximately 65% fully vaccinated, while people in Donetsk and Luhansk are only about 20% fully vaccinated <sup>2</sup>. Ukraine began its COVID-19 vaccination campaign later than other European countries in February 2021 and has since been administering Vaxzevria (AstraZeneca), Coronovac (Sinovac), Janssen (Johnson & Johnson), Comirnaty (Pfizer/BioNTech), and Spikevax (Moderna) <sup>3</sup>. It is expected that COVID-19 vaccinations and treatments will be difficult to access with prolonged conflict in the region.

Similarly, in the case of poliomyelitis, the first case of cVDPV2 reported in Ukraine in October 2021 was also the first cVDPV2 case in Europe within the past five years. Surveillance efforts indicated that the outbreak led to the infection of 20 children by December 2021, and another two cases thus far in 2022. Due to the increasing cVDPV2 cases and over 100,000 unvaccinated children at risk of contracting poliomyelitis, international humanitarian efforts for its eradication in Ukraine were developing. The WHO began a national polio vaccination campaign on February 1, 2022, for children between six months and six years of age and achieved about 22% vaccination coverage among that population within three weeks of the campaign starting <sup>4</sup>. However, due to the current crisis in Ukraine, this humanitarian effort has since been suspended <sup>5</sup>.

Other infectious diseases, such as measles and TB have been circulating in Ukraine. In 2021, about 16 measles cases were reported, making Ukraine the country with the second-highest burden of this disease in Europe. The vaccination rate for measles was 82% in 2021, which was below the 95% preferred threshold <sup>4</sup>. According to the WHO, Ukraine is one of the top 20 countries in Europe with the highest cases of drug-resistant TB. The ongoing COVID-19 pandemic, and now current conflict, have disrupted TB surveillance and it is expected that TB will go underreported and there will be an increased proportion of drug-resistant TB with delayed and interrupted treatment. Currently, TB treatment coverage in Ukraine is approximately 82%.<sup>4</sup> With reduced vaccination rates and crowding of populations seeking shelter, there is an increased risk of measles and TB spreading in weeks and months to come.

As of March 3, approximately 1.2 million refugees have attempted to migrate to neighbouring European countries such as Poland, Moldova, and Romania, with Poland reporting an intake of over 600,000 refugees <sup>6</sup>. One UNICEF report noted that between one to five million refugees are expected from Ukraine <sup>7</sup>. Levels of displacement, medical supply shortages, along with injured individuals and the risk of infectious disease spread are likely to increase and continue to put pressure on Ukraine's already strained healthcare system. Overall, countries that are likely to receive refugees fleeing combat should maintain vigilance in their surveillance systems. With the mass cross-border movement and low vaccination rates, it is reasonable to expect an escalating risk of COVID-19, poliomyelitis, measles, and TB spreading to and within neighbouring nations.

1. <https://time.com/6153254/ukraine-russia-war-covid-19/>
2. <https://www.webmd.com/a-to-z-guides/news/20220303/who-responds-to-crisis-in-ukraine>
3. <https://www.statista.com/statistics/1243608/covid-19-vaccine-doses-by-producer-ukraine/>
4. <https://reliefweb.int/sites/reliefweb.int/files/resources/ukraine-phsa-shortform-030322.pdf>
5. <https://www.euro2day.gr/news/highlights/article/2122301/okrania-h-poliomyelitida-h-covid-kai-oi-rosikes-v.html>
6. [https://data2.unhcr.org/en/situations/ukraine#\\_ga=2.217385365.2068992239.1646317385-1959327788.1646317385](https://data2.unhcr.org/en/situations/ukraine#_ga=2.217385365.2068992239.1646317385-1959327788.1646317385)
7. <https://www.cnn.com/2022/02/25/ukraine-crisis-poland-neighbors-ready-for-influx-of-migrants.html>

## Joint statement on the prioritization of monitoring SARS-CoV-2 infection in wildlife and preventing the formation of animal reservoirs

(Source: <https://www.who.int/news/item/07-03-2022-joint-statement-on-the-prioritization-of-monitoring-sars-cov-2-infection-in-wildlife-and-preventing-the-formation-of-animal-reservoirs>)

There are many factors that are driving SARS-CoV-2 transmission. One of these is the emergence of highly transmissible variants of concern, the latest being Omicron. The virus continues to evolve and the risk of future emergence of variants is high. Although the COVID-19 pandemic is driven by human-to-human transmission, the SARS-CoV-2 virus is also known to infect animal species. Current knowledge indicates that wildlife does not play a significant role in the spread of SARS-CoV-2 in humans, but spread in animal populations can affect the health of these populations and may facilitate the emergence of new virus variants.

In addition to domestic animals, free-ranging, captive or farmed wild animals such as big cats, minks, ferrets, North American white-tailed deer and great apes have thus far been observed to be infected with SARS-CoV-2. To date, farmed mink and pet hamsters have been shown to be capable of infecting humans with the SARS-CoV-2 virus and a potential case of transmission between white-tailed deer and a human is currently under review.

The introduction of SARS-CoV-2 to wildlife could result in the establishment of animal reservoirs. For example, it has been reported that, approximately one-third of wild white-tailed deer in the United States of America have been infected with SARS-CoV-2, initially via several human-to-deer transmission events. The SARS-CoV-2 lineages detected in white-tailed deer have also been circulating in close-by human populations. White-tailed deer have been shown to shed virus and transmit it between each other.

Therefore the WHO urge authorities to adopt relevant regulations and disseminate previously released recommendations by FAO, OIE and WHO to (1) people working in close contact with or handling wildlife, including hunters and butchers; and (2) the public.

Current evidence suggests that humans are not infected with the SARS-CoV-2 virus by eating meat. However, hunters should not track animals that appear sick or harvest those that are found dead. Appropriate butchering and food preparing techniques, including proper hygiene practices, can limit transmission of coronaviruses, including SARS-CoV-2, and other zoonotic pathogens. It is also crucial to safely dispose of uneaten food, masks, tissues, and any other human waste to avoid attracting wildlife, especially to urban areas and, if possible, keep domestic animals away from wildlife and their droppings.

WHO furthermore encourage countries' national animal and human health services to adopt the following measures:

- Encourage collaboration between national veterinary services and national wildlife authorities, whose partnership is key to promoting animal health and safeguarding human and environmental health.
- Promote monitoring of wildlife and encourage sampling of wild animals known to be potentially susceptible to SARS-CoV-2.
- Share all genetic sequence data from animal surveillance studies through publicly available databases.
- Report confirmed animal cases of SARS-CoV-2 to the OIE through the World Animal Health Information System (OIE-WAHIS).
- Craft messages about SARS-CoV-2 in animals with care so that inaccurate public perceptions do not negatively impact conservation efforts. No animal found to be infected with SARS-CoV-2 should be abandoned, rejected, or killed without providing justification from a country- or event-specific risk assessment.
- Suspend the sale of captured live wild mammals in food markets as an emergency measure.

It is further emphasize the importance of monitoring mammalian wildlife populations for SARS-CoV-2 infection, reporting results to National Veterinary Services (who report these findings to the OIE) and sharing genomic sequencing data on publicly available databases. Countries should also adopt precautions to reduce the risk of establishment of animal reservoirs and potential acceleration of virus evolution in novel hosts, which could lead to the emergence of new SARS-CoV-2 variants. Such measures will preserve the health of precious wildlife as well as humans.

# Vaccination News

A total of 10 countries accounted for **67.1%** of all vaccinations administered globally as of March 3. The top five countries/territories with the highest number of cumulative people fully vaccinated per 100,000 population are **Gibraltar** (121,450), **United Arab Emirates** (95,130), **Portugal** (92,510), **Brunei Darussalam** (91,570), and **Singapore** (90,250). Conversely, the top five countries with the lowest number of cumulative people fully vaccinated per 100,000 population are **Burundi** (70), **Congo** (Kinshasa) (460), **Chad** (840), **Haiti** (880), and **Yemen** (1,220).

## Vaccination of refugees

Included on paper but often neglected in practice, the majority of the world's displaced are still waiting for their first COVID-19 vaccine doses. Some 8.3 million jabs have gone to refugees and other displaced people worldwide, according to tallies from the UN's refugee agency – enough for roughly **10 percent** of the population UNHCR considers to be forcibly displaced. Some 162 states include refugees in vaccine policies, but red tape, logistics, or practices that deprioritise non-citizens are among the barriers.

## Multilateral Leaders Task Force on COVID-19

The heads of the International Monetary Fund, World Bank Group, World Health Organization, and World Trade Organization held high-level consultations with UNICEF, Gavi, the Vaccine Alliance, the Global Lead Coordinator for the COVID-19 Vaccine Country Readiness and Delivery and the CEOs of leading vaccine manufacturers on 1 March 2022 aimed at ensuring the rapid delivery of vaccines to where they are needed the most and putting those vaccines into arms.

*The Multilateral Leaders Task Force issued the following statement:*

"In the past few months, we have seen unprecedented levels of disease transmission across the world due to the Omicron variant. Still, unequal access to COVID-19 vaccines, tests and treatments is rampant, prolonging the pandemic. 23 countries are yet to fully vaccinate 10% of their populations, 73 countries are yet to achieve 40% coverage and many more are projected to miss the 70% target by middle of this year. Only 7% of people in low income countries have been fully vaccinated, compared with 73% in high-income countries.

Despite the challenges, there has been progress. The vaccine supply constraints from last year have eased, and export restrictions are not currently an issue.

Sustained investment in geographically diversified manufacturing capacity and new technologies for vaccines, therapeutics, and diagnostics is key for ensuring more equitable, affordable, and timely access to tools for developing countries."

Source: <https://www.who.int/news/item/07-03-2022-eighth-meeting-of-the-multilateral-leaders-task-force-on-covid-19-1-march-2022-third-consultation-with-the-ceos-of-leading-vaccine-manufacturers>

## VOC impacts on vaccines (see Annex 4 on the right)

- Reductions in VE do not necessarily mean loss of protection, as indicated by the absolute VE estimate. For example, a 10-percentage point reduction in VE against symptomatic disease for mRNA vaccines would still mean high vaccine effectiveness of ~85%. Likewise, vaccines have shown higher VE against severe disease; thus, small reductions in VE against severe disease due to VOCs may still mean substantial protection.
- Annex 4 on the right summarizes the impact of VOCs on COVID-19 vaccine performance in the absence of waning, and, therefore, does not include studies that only assess VE greater than four months after the final dose.
- Studies reporting VOC-specific VE estimates for full vaccination (seven days and over after the final dose) are assessed against a comparator VE estimate for that vaccine product to determine level of reduction in VE. For symptomatic disease, VOC VE is compared against phase 3 RCT results from non-VOC settings. For severe disease and infection, due to instability or lack of phase 3 RCT estimates, VOC VE is compared to non-VOC VE estimates from the same study when available (or to Alpha VE from same study when assessing Beta, Gamma, or Delta); with an exception for AstraZeneca-Vaxzevria for infection (when a phase 3 estimate of VE against infection due to non-VOC is available and used as comparator). In some instances, a study may be included for severe disease or infection outcome even without a comparator if a very high VE estimate is reported against a VOC (i.e., >90%).
- It is also important to note that studies vary in population, outcome definitions, study design and other methodological considerations, which may in part explain differences when comparing VE estimates for a product between different studies. In addition, the reductions summarized in Annex 4 represent VE point estimates and do not represent the uncertainty intervals around these estimates which vary substantially across studies. The reductions in VE noted should be interpreted with these limitations in mind.
- Neutralization studies that use samples collected more than seven days and less than six months after complete vaccination and that use an ancestral strain as the reference are included in Annex 4 on the right.

## Interim Statement on COVID-19 vaccines in the context of the circulation of the Omicron SARS-CoV-2 Variant from the WHO Technical Advisory Group on COVID-19 Vaccine Composition (TAG-CO-VAC), 08 March 2022

Since the publication of the [interim statement on COVID-19 vaccines on 11 January 2022](#), Omicron has become the dominant VOC globally, rapidly replacing other circulating variants. This statement highlights the global epidemiological situation, challenges of updating vaccine composition and provides the current position of the TAG-CO-VAC.

### Key messages:

- The TAG-CO-VAC is reviewing available data to optimize vaccine mediated protection against prevalent circulating variants. The TAG-CO-VAC strongly supports urgent and broad access to current COVID-19 vaccines for primary series and booster doses, particularly for groups at risk of developing severe disease, given that current COVID-19 vaccines continue to provide high levels of protection against severe disease and death, even in the context of the circulation of Omicron.
- However, to ensure COVID-19 vaccines provide optimal protection into the future, they may need to be updated as new, antigenically distinct variants emerge. The updated vaccines may be monovalent targeting the predominant circulating variant, or multivalent based on different variants.
- Ideally, COVID-19 vaccines will prevent infection and transmission, in addition to providing protection against severe disease and death. The development of pan SARS-CoV-2 or pansarbecovirus vaccines, as well as the development of vaccines that are able to elicit mucosal immunity, may be desirable options, but the timeframe for their development and production is uncertain.
- The TAG-CO-VAC continues to encourage COVID-19 vaccine manufacturers to generate and provide data to WHO on performance of current and variant-specific COVID-19 vaccines so that they can be considered as part of a broad decision-making framework on COVID-19 vaccine composition, allowing the TAG-CO-VAC to issue more specific advice to WHO on adjustments needed to COVID-19 vaccine strain composition.

Source: [https://www.who.int/news/item/08-03-2022-interim-statement-on-covid-19-vaccines-in-the-context-of-the-circulation-of-the-omicron-sars-cov-2-variant-from-the-who-technical-advisory-group-on-covid-19-vaccine-composition-\(tag-co-vac\)-08-march-2022](https://www.who.int/news/item/08-03-2022-interim-statement-on-covid-19-vaccines-in-the-context-of-the-circulation-of-the-omicron-sars-cov-2-variant-from-the-who-technical-advisory-group-on-covid-19-vaccine-composition-(tag-co-vac)-08-march-2022)

Annex 4. Summary of primary series vaccine performance against Variants of Concern (VE data as of 3 March 2022; Neutralization data as of 28 February 2022)

	WHO Emergency Use Listing (EUL) Qualified Vaccines*								Vaccines without WHO EUL*	
	AstraZeneca-Vaxzevria/SII - Covishield	Beijing CNBG-BBIBP-CorV	Bharat-Covaxin	Janssen-Ad26.COV.2.S	Moderna-mRNA-1273	Novavax-Novavax/SII - Covavax	Pfizer-BioNTech-Comirnaty	Sinovac-CoronaVac	Anhui ZI-Recombinant	Gamaleya-Sputnik V
<b>Alpha, Beta, Gamma</b>										
<b>Summary of VE*</b>	<i>(see update from 11 January 2022 for details of vaccine performance against Alpha, Beta, and Gamma variants of concern)</i>									
<b>Delta<sup>27</sup></b>										
<b>Summary of VE*</b>	Protection retained against severe disease; possible reduced protection against symptomatic disease and infection									
- Severe disease	↔ <sub>3</sub>	-	-	↓ <sub>1</sub>	↔ <sub>4</sub>	-	↔ <sub>7</sub>	-	-	-
- Symptomatic disease	↔ <sub>to</sub> ↓ <sub>6</sub>	-	↓ <sub>1</sub>	-	↔ <sub>2</sub>	-	↔ <sub>to</sub> ↓ <sub>5</sub>	-	-	-
- Infection	↔ <sub>to</sub> ↓ <sub>5</sub>	-	-	↓↓ <sub>1</sub>	↔ <sub>6</sub>	-	↔ <sub>to</sub> ↓ <sub>6</sub>	-	-	-
<b>Neutralization</b>	↓ <sub>34</sub>	↔ <sub>to</sub> ↓ <sub>2</sub>	↔ <sub>to</sub> ↓ <sub>4</sub>	↔ <sub>to</sub> ↓↓ <sub>10</sub>	↓ <sub>34</sub>	-	↔ <sub>to</sub> ↓ <sub>40</sub>	↓↓ <sub>to</sub> ↓ <sub>9</sub>	↔ <sub>to</sub> ↓ <sub>2</sub>	↓↓ <sub>to</sub> ↓↓ <sub>3</sub>
<b>Omicron</b>										
<b>Summary of VE*</b>	Reduced protection against infection and symptomatic disease; possible reduced protection against for severe disease but limited evidence									
- Severe disease	-	-	-	-	↓/↓ <sub>1</sub>	-	↓/↓/↓ <sub>3</sub>	-	-	-
- Symptomatic disease	↓↓ <sub>1</sub>	-	-	-	↓/↓/↓ <sub>2</sub>	-	↓↓ <sub>2</sub>	-	-	-
- Infection	↓↓ <sub>1</sub>	-	-	-	↓↓ <sub>3</sub>	-	↓↓ <sub>3</sub>	-	-	-
<b>Neutralization</b>	↓↓ <sub>7</sub>	↔ <sub>to</sub> ↓↓ <sub>3</sub>	↓↓ <sub>1</sub>	↔ <sub>to</sub> ↓↓ <sub>3</sub>	↓↓ <sub>35</sub>	-	↓↓ <sub>35</sub>	↓↓ <sub>to</sub> ↓↓ <sub>4</sub>	-	↓↓ <sub>1</sub>

Source: <https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---8-march-2022>

# European Situation on Vaccination

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

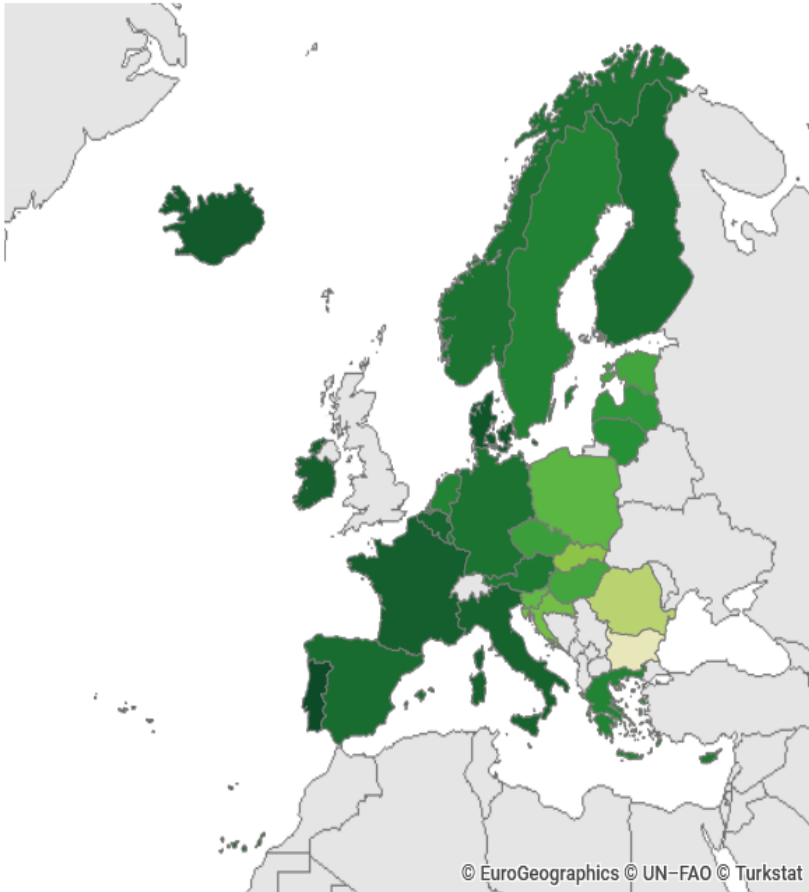
Total doses distributed to EU/EEA countries

Cumulative vaccine uptake (%) in the total population in EU/EEA countries as of 2022-03-09

Cumulative uptake (%) of the primary course by age group in EU/EEA countries as of 2022-03-09

Indicator: Uptake of the primary course

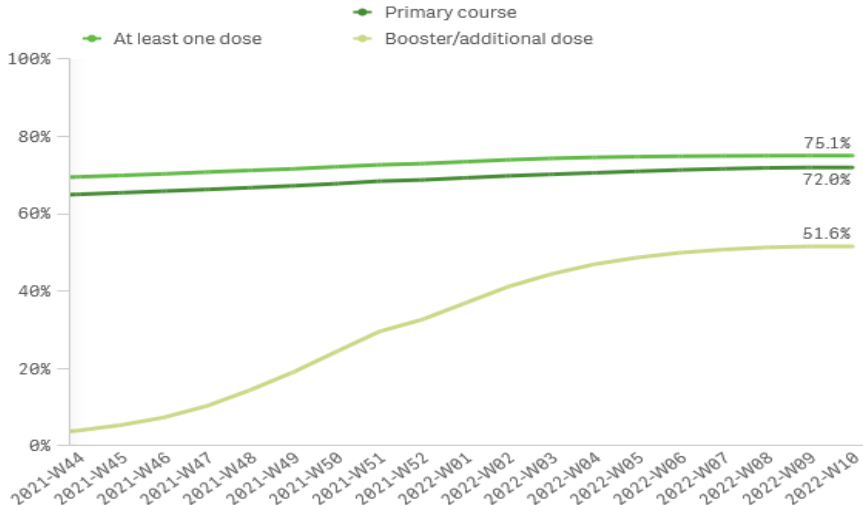
Cumulative uptake (%) of the primary course in the total population in EU/EEA countries as of 2022-03-09



Uptake of the primary course...

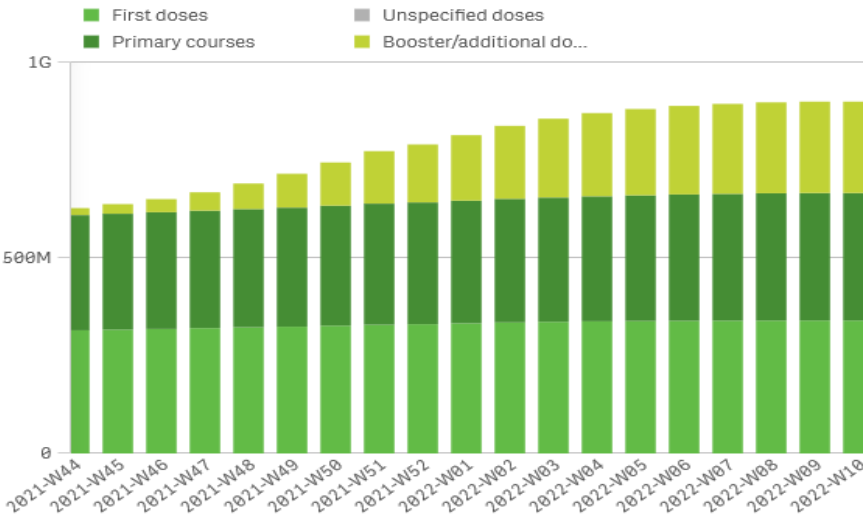


by reporting week (data for the current week are preliminary)



Cumulative number of vaccine doses administered to the total population in EU/EEA countries as of 2022-03-09

by reporting week (data for current week are preliminary)



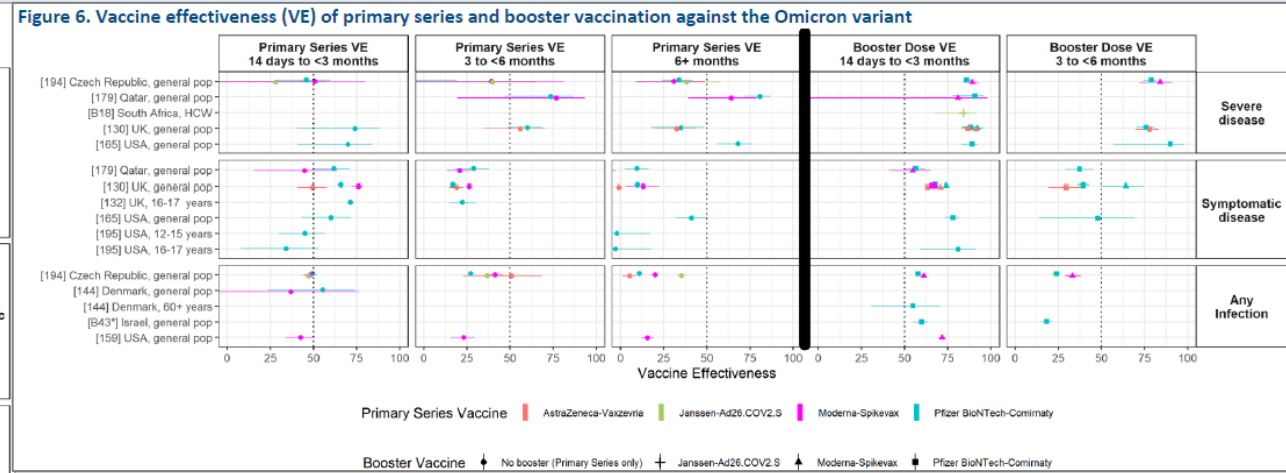
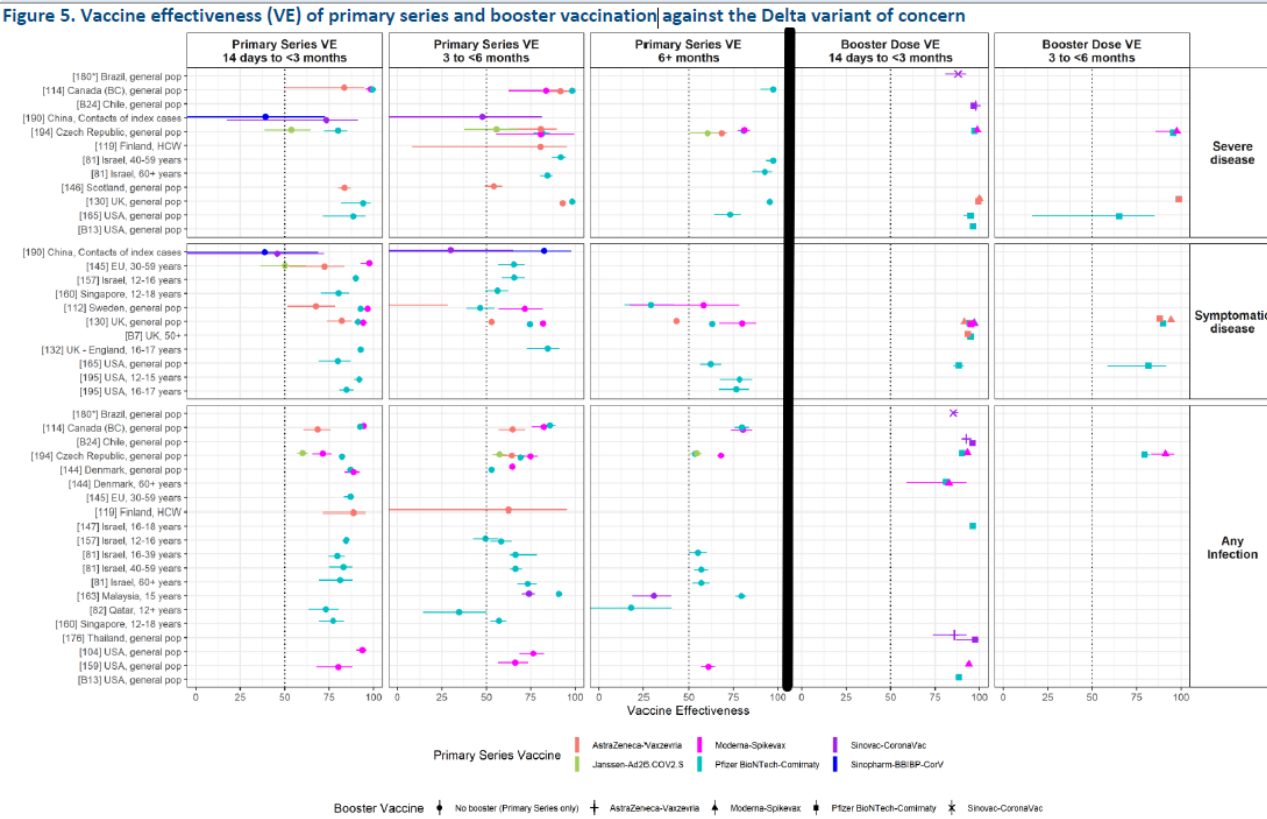
Country	60+ years	50-59 years	25-49 years	18-24 years	<18 years
Austria	93.0%	83.1%	77.3%	75.5%	30.0%
Belgium	94.3%	91.5%	85.2%	83.1%	38.8%
Bulgaria	37.8%	38.6%	32.5%	27.7%	2.1%
Croatia	77.6%	69.9%	58.0%	44.6%	4.2%
Cyprus	94.4%	88.3%	85.3%	72.3%	19.6%
Czechia	85.9%	78.2%	65.4%	68.9%	19.5%
Denmark	99.9%	94.3%	87.7%	83.5%	42.8%
Estonia	78.6%	74.7%	68.3%	71.8%	19.4%
Finland	95.3%	88.3%	82.9%	78.3%	30.6%
France	93.3%	94.0%	90.6%	94.0%	27.7%
Germany	89.9%	-	-	-	-
Greece	89.5%	82.9%	75.6%	71.0%	22.3%
Hungary	81.6%	75.5%	65.2%	52.8%	23.7%
Iceland	100.0%	92.5%	87.6%	86.3%	42.7%
Ireland	100.0%	99.4%	88.9%	86.9%	33.5%
Italy	92.2%	87.1%	80.6%	86.4%	39.8%
Latvia	76.0%	78.6%	76.7%	79.2%	20.0%
Liechtenstein	89.1%	77.1%	70.6%	70.8%	22.2%
Lithuania	78.8%	79.3%	79.9%	74.7%	16.3%
Luxembourg	91.4%	87.8%	78.6%	74.2%	31.4%
Malta	99.2%	89.0%	93.7%	85.7%	43.3%
Netherlands	-	-	-	-	21.6%
Norway	99.4%	95.5%	86.5%	85.7%	11.9%
Poland	76.5%	68.1%	60.3%	55.9%	23.1%
Portugal	100.0%	94.9%	89.6%	87.8%	40.1%
Romania	46.4%	56.6%	49.8%	49.2%	6.9%
Slovakia	73.1%	61.5%	52.6%	51.9%	10.6%
Slovenia	82.0%	70.1%	57.0%	58.5%	10.8%
Spain	98.4%	89.3%	77.6%	73.1%	33.9%
Sweden	96.2%	91.3%	80.8%	77.4%	11.8%

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# SARS-CoV-2 Variant of Concern:

## Vaccine effectiveness (VE) of primary series and booster vaccination against Delta and Omicron

Source: <https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---8-march-2022>



### Interpretation of the results of VE studies for the Omicron variant against severe disease

Four studies of VE for the Omicron variant show a lower protection of the primary series COVID-19 vaccines for all outcomes (severe disease, symptomatic disease, and infection) than has been observed for other VOCs. Nevertheless, VE estimates against the Omicron variant remain highest against severe disease, and lower for symptomatic disease and infection outcomes. Booster doses of vaccine appear to substantially improve VE for all outcomes for all products for which data are available. However, due to short follow-up time in studies available to date, additional data are needed to characterize the duration of VE following a booster dose. Studies from Qatar, the United Kingdom, and the United States of America report VE estimates for the Pfizer BioNTech-Comirnaty vaccine against severe disease due to the Omicron variant of >70% up to six months following the primary series, which remained stable after six months in the studies conducted in Qatar and the United States of America, but decreased to <50% in the study conducted in the United Kingdom. In the study from Qatar, VE of the Moderna-SpikeVax mRNA vaccine remained >70% up to and beyond six months after vaccination. In contrast, one recent study (not peer-reviewed) from the Czech Republic found lower VE (<50%) at all time points of follow-up for both mRNA vaccines, as well as the Janssen-Ad26.COV.2 vaccine. Fluctuation in VE estimates over time since vaccination in this study may be due to underlying biases in the data (e.g. low ascertainment rate), and results should be interpreted with caution. In a study from the United Kingdom, VE estimates for the AstraZeneca-Vaxzevria vaccine against severe disease reduced from 56% to 33% from three months or more, with relatively wide confidence intervals (see Figure 6 for details). Early VE estimates (measured from 14 days up to three months after vaccination) of the primary series against symptomatic disease are generally lower than those for severe disease, though they remain at or above 50% for the AstraZeneca-Vaxzevria, Moderna-Spikevax, and Pfizer BioNTech-Comirnaty vaccines. Lower VE estimates for the same time period were observed in two studies, one which reported VE of 45% for the Moderna-Spikevax vaccine and another which reported VE estimates of 34% and 45% for the Pfizer BioNTech-Comirnaty vaccine for adolescents 16-17 years and 12-15 years, respectively. VE against infection at 14 days up to three months after the primary series ranged from 37-55%. All available estimates against both symptomatic disease and infection measured three or more months after completion of the primary series indicate VE estimates of less than 52% for the three vaccines (Pfizer BioNTech-Comirnaty, Moderna-Spikevax and AstraZeneca-Vaxzevria). In all the six new studies, a booster dose increased VE estimates against severe disease to above 75% for all vaccines for which data are available, with this effect maintained up to six months after the booster dose.

### Interpretation of the results of VE studies for the Delta variant against severe disease

Most of the evidence to date suggests that the effectiveness of mRNA vaccines (Pfizer BioNTech-Comirnaty and Moderna-Spikevax) remains high against severe disease associated with Delta variant infection at six or more months after the primary series, with five of six studies reporting VE estimates of >80% and one study reporting a VE of 74% at six months or more. One study reported VE estimates against severe disease of 61% and 68% for Janssen-Ad26.COV2.S and AstraZeneca-Vaxzevria vaccines, respectively. Four studies report high VE (≥80%) of the AstraZeneca-Vaxzevria vaccine three to six months following the primary series, while one study reports a lower VE (54%) after six months as compared to the first three months (84%). An additional study showed VE of AstraZeneca-Vaxzevria vaccine against severe disease decreased from 80% at three to less than six months after completion of the primary series, to 68% at six or more months after the second dose. One study providing evidence of protection against severe disease due to Delta variant for Janssen-Ad26.COV2, showed that the VE stayed relatively constant at 54-61% up to six months after the primary series of vaccination. One new study showed that the VE of Sinovac-CoronaVac against the development of pneumonia (classified as severe COVID-19 in Figure 5) among close contacts of Delta index cases decreased from 74% in the first three months following completion of the primary series to 47% from three to six months.



# Subject in Focus

## Operational public health considerations for the prevention and control of infectious diseases in the context of Russia's aggression towards Ukraine

Source: <https://www.ecdc.europa.eu/en/publications-data/operational-public-health-considerations-prevention-and-control-infectious>

A very large number of people from Ukraine are fleeing the country and entering the European Union (EU) countries bordering Ukraine (Hungary, Poland, Romania, Slovakia) and the EU-neighbourhood country of the Republic of Moldova. Those fleeing Ukraine - mainly women and children - are currently dispersing into communities, but as more people congregate at border crossings it is likely that they will also need to be housed in reception centres.

Displaced people entering the EU/EEA from Ukraine may be vulnerable to developing certain infectious diseases, particularly as a result of their temporary living conditions and the situation they face during displacement. Those arriving may be subject to specific risks due to the increased incidence of various infectious diseases in their country of origin, the disrupted living conditions before and during their displacement and difficulties accessing healthcare in the host country.

Those arriving from Ukraine, particularly children, may be more vulnerable to vaccine-preventable diseases and poliomyelitis and measles should be considered priority diseases for monitoring and surveillance.

### Infectious disease vulnerabilities of specific relevance

In Ukraine, there is still considerable vulnerability to **polio** particularly for children <6 years of age, primarily due to the insufficient level of vaccination coverage. Overall vaccination coverage for polio was 80% in 2021 and this level of coverage has not been exceeded in recent years. Vaccination coverage varies depending on the age group and the region of the country, ranging from around 60% to 99% [11]. In certain oblasts in the west of Ukraine, the vaccination coverage is considerably lower than in the neighbouring host countries. A national vaccination campaign began on 1 February 2022, but this was disrupted by Russia's aggression. Both injectable and oral polio vaccines are used in Ukraine [12].

Vulnerability to **measles** is also a serious concern, as the overall vaccination coverage for two doses of measles-containing vaccine (81.9% in 2020 [13]) is insufficient to prevent outbreaks. The number of cases reported in Ukraine fell significantly in 2020 and 2021 compared to the two previous years, which may be explained by non-pharmaceutical measures such as lockdowns due to the COVID-19 pandemic. Crowding in bomb shelters and reception centres could facilitate the start of a measles outbreak particularly as spring coincides with the natural seasonality of the disease.

Since the start of the **COVID-19** pandemic and as of 2 March 2022, a total of 4 849 022 confirmed SARS-CoV-2 infections and 106 239 COVID-19 deaths have been recorded in Ukraine [14]. Emergence of the Omicron variant of concern [15] resulted in the fourth and largest wave of SARS-CoV-2 transmission in the country, which recorded its highest 7-day average daily case rate of 35 978 cases as recently as 10 February 2022 [16]. Six COVID-19 vaccines are approved for use in Ukraine: Spikevax, Comirnaty, COVID-19 Vaccine Janssen, Vaxzevria, Covishield and CoronaVac [18]. Data as of 23 February 2022 show that uptake of a primary COVID-19 vaccination series in the total population (35.0%) [19] is substantially lower than the EU/EEA average (71.7% as of 1 March 2022) [15]. Vaccine uptake is uniformly low across adult age groups, including those aged over 60 years, who are at greatest risk of severe disease [20].

**Seasonal influenza** is also still circulating. Low vaccination coverage against seasonal influenza has been reported for the season 2021–2022 in Ukraine, with only 164 939 people vaccinated since the beginning of the current influenza season as of week 7 in 2022 (ending 20 February 2022). Vaccination coverage was also low in 2021, with approximately 167 000 individuals vaccinated.

**Tuberculosis (TB)** remains a major public health problem and a priority communicable disease in Ukraine. According to the 2021 annual tuberculosis surveillance and monitoring in Europe, based on 2019 data, Ukraine reported the second highest number of TB cases (28 539), with an incidence of 65 cases per 100 000 and a mortality rate of 7.3 deaths per 100 000. Ukraine is one of 10 countries globally with the highest burden of multidrug resistant tuberculosis (MDR-TB), and in 2019 Ukraine reported 27% MDR-TB among new cases (4 490 cases). Ukraine also has the second highest prevalence of HIV/TB coinfection (26%) in the World Health Organization (WHO) European Region (7 800 cases in 2019).

**HIV** remains a public health issue and a priority communicable disease in Ukraine. According to the 2021 annual HIV surveillance report in Europe, based on data from 2020, Ukraine reported 15 658 new HIV diagnoses [21]. In 2020, the rate of HIV diagnosis for Ukraine was the second highest in the WHO European Region: 37.5 per 100 000 population compared to the EU rate of 3.3 per 100 000 population [21]. In 2020, it was estimated that 257 000 people were living with HIV in Ukraine [22]. In 2020, it was estimated that 146 000 of those living with HIV in Ukraine were receiving antiretroviral medication (57% treatment coverage) [22]. Treatment coverage in the EU is estimated to be at 82% [22].

Given that reports in the media have described displaced Ukrainians as fleeing with their pets, the European Commission has decided to ease the process for non-commercial movement of pet animals into EU territory in the context of the Ukrainian crisis [23]. It should also be borne in mind that **rabies** is still endemic in sylvatic animals, as well as in dogs and cats in Ukraine.

Infectious diseases to be considered for differential diagnosis among displaced people <small>In addition to the more common causes for clinical presentations</small>		Vaccinations to be offered in the absence of documented evidence of prior vaccination		
Clinical presentation	Differential diagnosis to consider	Disease	Children and adolescents (<18 years)	Adults (> 18 years)
<b>Fever</b>	<ul style="list-style-type: none"> <li>COVID-19</li> <li>Typhoid fever</li> <li>Malaria</li> <li>Louse-borne diseases</li> <li>Visceral leishmaniasis</li> <li>Arbovirus infections (seasonal)</li> </ul>	<b>COVID-19</b>	Offer primary vaccination course with an mRNA vaccine to eligible children and adolescents according to guidelines in host country. (Contraindication in 95 years of age and Spikevax 45 years of age are authorised in EU/EEA). Offer a booster dose to adolescents 12 years of age according to guidelines in host country (only Comirnaty authorised in EU/EEA).	Offer primary vaccination and booster doses) to all adults according to guidelines in the host country. The use of a one-dose primary course vaccine (e.g. Janssen COVID-19 vaccine) may be considered, especially if the administration of a second dose to complete the primary series could be challenging.
<b>Respiratory symptoms</b>	<ul style="list-style-type: none"> <li>COVID-19</li> <li>Tuberculosis</li> <li>Influenza</li> </ul>	<b>Measles mumps rubella</b>	Offer MMR to individuals 19 months of age. Two doses of MMR* should be administered at least one month apart, but preferably longer, in accordance with the guidelines of the host country. Measles vaccine provided before 12 months of age does not induce protection in all and should be repeated after 12 months.	Offer either one dose or in accordance with the guidelines in the host country.**
<b>Gastrointestinal symptoms</b>	<ul style="list-style-type: none"> <li>COVID-19</li> <li>Cholera</li> <li>Typhoid fever</li> <li>Shigellosis</li> <li>Amoebic colitis</li> <li>Helminthiasis: ascaris, whipworm, hookworm</li> </ul>	<b>Diphtheria tetanus pertussis polio Hib</b>	Offer to individuals 2 months, three doses of DTap-IPV-Hib (Iris-component only for children 16 years unless other country-specific recommendations) containing vaccines at least one month apart, followed by a booster dose in accordance with the guidelines in the host country. Pertavaxid and hexavalent combination vaccines are authorised up to six years of age.	Offer to all adults, three doses of DTap-IPV** containing vaccines according to the guidelines in the host country.
<b>Sores</b>	<ul style="list-style-type: none"> <li>Scabies</li> <li>Cutaneous leishmaniasis</li> <li>Cutaneous diphtheria</li> </ul>	<b>Hepatitis B</b>	Offer to individuals 12 months, three doses according to the guidelines in the host country***. Offer to new-born infants of HBsAg-positive mothers within 24 hours of birth, according to the guidelines in the host country.	Offer to all adults, with or without previous screening, according to the guidelines in the host country.
<b>Skin rash</b>	<ul style="list-style-type: none"> <li>Measles</li> <li>Rubella</li> <li>Louse-borne diseases</li> <li>Scabies</li> </ul>	<b>Meningococcal disease</b>	Apply guidelines of the host country for meningococcal vaccines against serogroups A, B, C, W135 and Y, taking into account the epidemiological situation.	
<b>Meningitis and other neurological syndromes</b>	<ul style="list-style-type: none"> <li>Invasive bacterial diseases (<i>Neisseria meningitidis</i>, <i>Haemophilus influenzae</i> type b and <i>Streptococcus pneumoniae</i>)</li> <li>Poliomyelitis</li> <li>Rabies</li> <li>Arbovirus infections</li> </ul>	<b>Pneumococcal disease</b>	Offer to individuals 12 months with 1–3 doses of conjugate vaccine at least one month apart, according to the guidelines in the host country.	Offer to individuals 65 years, according to guidelines in host country.
		<b>Varicella*</b>	Guidelines of the host country should be followed, unless the epidemiological situation suggests otherwise. If and, offer two doses of varicella to individuals 11 months of age, at least one month apart, but preferably longer.	Guidelines of host country should be followed, taking into account the epidemiological situation. Consider vaccinating non-immune non-pregnant women of childbearing age.
		<b>Influenza</b>	Guidelines of host country should be followed, unless the epidemiological situation suggests otherwise. Consider vaccinating risk groups aged over six months ahead of and during the influenza season.	Guidelines of the host country should be followed, taking into account the epidemiological situation. Consider vaccinating risk groups, including pregnant women, ahead of and during influenza season.
		<b>Tuberculosis</b>	Offer BCG according to the guidelines of the host country. Re-vaccination with BCG is not recommended.	BCG is generally not recommended for adults, depending on the epidemiological situation.

\* MMR and varicella vaccines are contra-indicated in immunocompromised individuals and during pregnancy. Pregnancy should be avoided for one month after MMR vaccination.  
 \*\* If there is a vaccine shortage, administer at least one dose of vaccine containing acellular pertussis component.  
 \*\*\* Tests for hepatitis B virus infection (HBsAg) could be carried out before the vaccine is administered, depending on the guidelines in the host country.



# Subject in Focus

## War in UKRAINE triggers wave of refugees, Corona perception recedes into the background

The military offensive in Ukraine has caused destruction of civilian infrastructure and civilian casualties and has forced people to flee their homes seeking safety, protection and assistance. In the first week, more than a million refugees from Ukraine crossed borders into neighbouring countries, and many more are on the move both inside and outside the country. They are in need of protection and support. As the situation continues to unfold, an estimated 4 million people may flee Ukraine. In light of the emergency and paramount humanitarian needs of refugees from Ukraine, an inter-agency regional refugee response is being carried out, in support of refugee-hosting countries' efforts. The regional refugee response plan brings together UN, NGO and other relevant partners and primarily focuses on supporting the host country governments to ensure safe access to territory for

refugees and third-country nationals fleeing from Ukraine, in line with international standards. It also focuses on the provision of critical protection services and humanitarian assistance, while displacement dynamics and needs continue to grow exponentially. Ukrainian border controls prevent male citizens between the ages of 18 and 60 from leaving the country and are drafted for military service. Entry into the EU is basically uncomplicated due to the already existing visa-free regime. Numerous Ukrainian citizens live and work in Poland, Italy and other countries, who now take in fleeing people, acquaintances and relatives. On March 3 a unprecedented decision by the European Union (EU) offered Temporary Protection to Refugees fleeing Ukraine. That will provide immediate protection in the EU for Ukrainians and third country nationals with refugee or permanent residence status in Ukraine. The decision also means that EU Member States may offer Temporary Protection to third country nationals with legal residence in Ukraine who are unable to return home, and to stateless people.

### Humanitarian work

“Windows of silence” and “safe passage” are urgently needed to relocate people whose lives are at great risk. Provision of life-saving humanitarian relief supplies, including food, water and medicine, to affected people who have been cut off from such assistance due to the military encirclement of cities across Ukraine, remains critical. In Kherson – home to around 290,000 people in southern Ukraine – 30 trucks stocked with humanitarian relief supplies have been unable to reach affected people in the city due to ongoing armed clashes.

The human cost of the conflict continues to rise. Between 4 a.m. on 24 February and midnight on 5 March, the Office of the United Nations High Commissioner for Human Rights (OHCHR) reports at least 1,123 civilian casualties, including 364 killed, a more than 410 per cent increase compared to 26 February when OHCHR reported 240 civilian casualties. The actual number of civilian casualties is likely to be much higher as civilian deaths and injuries continue to be verified. In terms of displacement, UN Refugee Agency (UNHCR) reports that more than 1.5 million people have fled Ukraine to neighbouring countries over the past 10 days, including more than 885,000 people in Poland alone, along with over 169,000 in Hungary, nearly 114,000 in Slovakia and more than 84,000 in the Republic of Moldova.

The growing health needs emerging from the conflict are placing increasing pressure on an already-strained health system dealing with the COVID-19 pandemic for the past two years. As the geographic scope of the conflict expands, more than



200 health facilities are now located along active conflict lines or in changed areas of control, according to the World Health Organization (WHO). There are already signs of a lack of available beds for trauma patients and people with other conditions, like COVID-19, while it is likely that health personnel shortages will emerge due to ongoing insecurity and the displacement of health workers themselves, with the Ministry of Health already suspending scheduled hospitalizations and elective procedures. Children in conflict-stricken areas and those displaced by the conflict – the UN Children’s Fund (UNICEF) says around 500,000 children have already fled Ukraine – continue to be disproportionately affected. Following the closure of schools countrywide due to ongoing hostilities, access to education has been impacted for around 5.7 million children and adolescents between 3 and 17 years of age. According to the Ministry of Education and Science, at least 160 educational facilities have been damaged, although this figure has yet to be verified by the Education Cluster. The current circumstances only further exacerbate the multi-faceted impacts on educational outcomes and mental health for children and adolescents brought on by the COVID-19 pandemic, increasing the risk of school dropout rates and negative coping mechanisms.

### Needs in the Health Sector

Health needs are greatest in eastern (Donetska and Luhanska oblasts) and southern (Odeska oblast) Ukraine. Continuation of crucial life-saving health services, including sexual and reproductive health, and scaled-up health centres capacities are needed, including hospital beds. Beds occupied by COVID-19 patients are increasingly being repurposed for trauma injuries and critical illnesses. Additionally, psychosocial and mental health support for affected people is also a critical need.

- Replenished oxygen reserves are desperately needed across hospitals in Ukraine, whose reserves are running desperately low, with some at risk of exhausting their reserves within the next 24 hours while others have already run out. Trauma and surgical supplies, essential medicines as well as backup generators and fuel for health-care facilities are needed.
- Several hospitals have requested breast milk substitutes due to growing shortages. Feeding with breast milk substitutes is not affordable or sustainable for most low- and middle-income families, and there are health risks associated with the use of water to reconstitute powdered and concentrated formula, potentially resulting in increased infant morbidity and mortality. WHO is in contact with providers to supply the hospitals in need, with every item delivered being cleared by WHO Ukraine Country Office’s clinical management team.
- Continuation of immunization campaigns that have been disrupted by ongoing hostilities, including for Polio, measles and COVID-19, remains critical. There is an urgent need to restart or continue preventative measures through vaccination and continued treatment of tuberculosis and HIV, alongside scaled-up surveillance, early detection and response systems for epidemic-prone diseases.
- Ongoing hostilities continue to affect the functionality of water infrastructure around the “contact line,” where Voda Donbasa –the main water supplier in the Donbas region– operates. Key water infrastructure has been partially damaged or destroyed. A full picture of the extent of the damage and the people affected by lack of access to water is not yet available, due to access and other constraints. Emergency WASH services are urgently required for IDPs in collective centres, especially in the central and western parts of the country.

Source:

- [https://reliefweb.int/sites/reliefweb.int/files/resources/2022-03-06\\_Ukraine%20Humanitarian%20Impact%20SitRep\\_final.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/2022-03-06_Ukraine%20Humanitarian%20Impact%20SitRep_final.pdf)
- <https://www.unhcr.org/news/press/2022/3/6221f1c84/news-comment-unhcr-welcomes-eu-decision-offer-temporary-protection-refugees.html# ga=2.120896008.1274694767.1646637119-298742546.1637057417>
- <https://data2.unhcr.org/en/situations/ukraine>
- <https://data2.unhcr.org/en/documents/details/91114>
- <https://reliefweb.int/sites/reliefweb.int/files/resources/ukraine-pha-shortform-030322.pdf>

# Other Infectious Disease Outbreaks/ conflicts



## UN's Intergovernmental Panel on Climate Change (IPCC) report

The world must act before the decade ends to slow the devastating effects of climate change, a [new report](#) by the UN's Intergovernmental Panel on Climate Change (IPCC) warns. Poorer countries with the lowest carbon emissions are paying the heaviest price, while wealthier countries have been slow to tackle their own emissions or help the most vulnerable nations adapt to rapid changes that are disrupting food supplies, forcing new migration, and displacing hundreds of thousands of people, the report said. Much of the \$100 billion that wealthier nations pledged to vulnerable countries in 2020 has yet to materialise or has been funnelled toward tackling emissions, rather than to adaptation measures. Roughly 85 percent of the world's emissions come from Canada, EU countries, Japan, the US, and Russia. For some countries, the most urgent need has been to adapt to the increasing frequency of cyclones, floods, rising sea levels, droughts, and deadly heat waves – not reduce their relatively small carbon footprint. The IPCC report reviewed some 34,000 studies, looking at the latest impacts of climate change and adaptation measures. It follows the first part of the report published in August 2021 that looked at the science behind climate change.

Source: IPCC - [https://www.ipcc.ch/report/ar6/wg2/?utm\\_source=The+New+Humanitarian&utm\\_campaign=8e8e385ae2](https://www.ipcc.ch/report/ar6/wg2/?utm_source=The+New+Humanitarian&utm_campaign=8e8e385ae2)  
[EMAIL CAMPAIGN Cheat Sheet 07 March only&utm\\_medium=email&utm\\_term=0\\_d842d98289-8e8e385ae2-75662786](#)

## Worldwide impact of the Climate Crisis

**Angola** - A drought "[catastrophe](#)" is looming in southern Cunene province, and the government is being urged by local NGOs to declare a state of emergency – but has so far refused. Poor rains are again [forecast](#) for this season, on the back of last year's scorching drought. More than 1.5 million people are estimated to be facing severe food shortages, according to nutrition monitors.

**Australia**– Widespread floods that have 500,000 people facing evacuation orders along Australia's east coast are another urgent sign of climate change's impacts, the Australian Medical Association [warned](#). Beyond the immediate damage and displacement, climate-fuelled disasters bring hidden health risks, from infectious diseases to interrupted medical services.

**Madagascar** - More than [420,000 people](#) have been affected by Tropical Cyclones Batsirai and Emnati that both hit southeast Madagascar in February. The cumulative death toll from extreme weather since January has reached more than 200 people. The World Food Programme estimates 90 percent of food production has been lost in some areas.

**Marshall Islands** - Parts of the northern Marshall Islands are sweltering amid an [extreme drought](#). Some atolls and islands may only have weeks of water left without new rainfall, the Red Cross [reported](#). Rains are expected by mid-March, but drought conditions could last, as it may take months to replenish water sources and lost crops. A previous El Niño-infused drought, which began in 2015 and lasted through 2016, may have forced families to move.

Source: NewsMedia - [thenewhumanitarian](#)

## Poliomyelitis

**Malawi** - In a follow-up on the wild poliovirus type-1 outbreak in Lilongwe city confirmed on February 17, 2022, the United Nations Children's Fund (UNICEF) announced today that it will procure 6.9 million vaccine doses and is also willing to upgrade the existing logistical infrastructure in the landlocked country for transport and storage. In addition, a large-scale vaccination campaign for 2.9 million children has been scheduled in Malawi aiming to target four doses to children under five years old, however, the campaign is considered challenging as Malawi is also battling the effects of the coronavirus at the same time.

Source: WHO - [https://www.who.int/emergencies/disease-outbreak-news/item/wild-poliovirus-type-1-\(WPV1\)-malawi](https://www.who.int/emergencies/disease-outbreak-news/item/wild-poliovirus-type-1-(WPV1)-malawi)

## Plague

**Democratic Republic of the Congo** - Cases of plague continue to be reported in the Democratic Republic of the Congo (DRC) in 2022. According to a report from the WHO African Regional Office, for the year 2022, the DRC has seen a 98% decrease in cases, as compared to the same period in 2021.

Source: WHO Africa - <https://apps.who.int/iris/bitstream/handle/10665/352262/OEW09-2127022022.pdf?sequence=1&isAllowed=y>

## Influenza Monitoring 2021/2022 season

**Europe** - Week 8/2022 (21 February – 27 February 2022)

- Armenia, Estonia, Georgia, Hungary, Ireland, Kazakhstan, Republic of Moldova, Slovakia and Slovenia 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, now reaching 9.7% in week 8.
- Seven countries reported seasonal influenza activity above 10% positivity in sentinel primary care: Slovenia (52%), Hungary (47%), Italy (35%), France (32%), Luxembourg (23%), Ireland (15%) and United Kingdom (Scotland) (11%).
- Both influenza type A and type B viruses were detected with A(H3) viruses being dominant across all monitoring systems.
- Hospitalized cases with confirmed influenza virus infection were reported from intensive care units (9 type A viruses), other wards (16 type A viruses) and SARI surveillance (4 type A viruses).

## Lassa fever

**Nigeria** - Authorities of the University College Hospital in Nigeria have raised an alarm over a fresh outbreak of Lassa fever in Nigeria in 2022. The aim is to increase awareness among health professionals to the current outbreak of Lassa fever across the country. According to the Nigeria Centre for Disease Control (NCDC), currently, the most affected states in the country are Ondo, Edo, and Bauchi. Since the beginning of 2022, 1,992 suspected cases have been reported across 33 states, and approximately 30 health care workers have been affected. Due to the highly infectious nature of the disease, a single laboratory-confirmed case is considered an outbreak. The alarm issued over the outbreak aims to alert healthcare workers to maintain vigilance at entry points of the hospital and to obtain detailed histories of travel and contact with sick or deceased individuals in order to assess all suspected cases using the standard case definition for viral haemorrhagic fevers.

Source: NewsMedia - <https://tribuneonlineng.com/uch-raises-alarm-over-fresh-outbreak-of-lassa-fever-in-nigeria/>

## Measles

**Syria**- Cases of measles continue to be reported in Syria in 2022. While the exact number of cases has not been disclosed, media sources have reported that dozens of cases have been reported from the areas outside the control of the Syrian regime in the north of the country. In particular, cases have been reported in the northern countryside of Aleppo as a result of the resident's low vaccination rates among children and the war conditions imposed on them which includes the continuous displacement and movement of peoples to escape bombing and military operations. Additionally, malnutrition and overpopulation are reportedly contributing to the spread of the disease as symptoms are worse among children with weakened immunity and transmits quickly in areas with high population density. Two children, one from the al-Bab area and another from the Afrin region, are reported to have died during the outbreak. Officials have stated that the last epidemic of measles in the region was recorded between 2017 and 2018 when about 17,000 children were affected. Since then, vaccination campaigns in Northern Syria that targeted children between six months and 15 years resulted in the number of cases declining. Officials have stated, that the increased case counts this year is believed to be due to the reluctance of some parents to vaccinate their children. Approximately 8% of children in the region are believed to be unvaccinated against the disease, which is high for a highly contagious disease such as measles. Officials continue to urge parents to ensure that their children receive their vaccinations.
















Source: NewsMedia - <https://www.alaraby.co.uk/society>

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

**Malawi** - The first cholera case of 2022 has been confirmed in Malawi. A *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.
















# 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	
	<a href="#">Albania</a>	X			X		X	X					
	<a href="#">Belgium</a>	X	X	X	X	X							
	<a href="#">Bulgaria</a>	X	X	X	X	X							
	<a href="#">Canada</a>	X	X	X	X				X				
	<a href="#">Croatia</a>	X	X	X	X	X							
	<a href="#">Czech Republic</a>	X	X	X	X	X							
	<a href="#">Denmark</a>	X	X	X		X							
	<a href="#">Estonia</a>	X	X	X	X	X							
	<a href="#">France</a>	X	X	X	X	X							
	<a href="#">Germany</a>	X	X	X	X	X							
	<a href="#">Great Britain</a>	X	X	X	X								
	<a href="#">Greece</a>	X	X	X	X	X							
	<a href="#">Hungary</a>	X	X	X	X	X	X		X	X	X		EMA Authorized
	<a href="#">Italy</a>	X	X	X	X	X							
	<a href="#">Iceland</a>	X	X	X	X	X							EMA & FDA Authorized

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	<a href="#">Latvia</a>	X	X	X	X	X						
	<a href="#">Lithuania</a>	X	X	X	X	X						
	<a href="#">Luxembourg</a>	X	X	X	X	X						
	<a href="#">Montenegro</a>				X		X			X		
	<a href="#">Netherlands</a>	X	X	X	X	X						
	<a href="#">North Macedonia</a>	X			X		X			X		
	<a href="#">Norway</a>	X	X	X		X						
	<a href="#">Poland</a>	X	X	X	X	X						
	<a href="#">Portugal</a>	X	X	X	X	X						
	<a href="#">Romania</a>	X	X	X	X	X						
	<a href="#">Slovakia</a>	X	X	X	X	X						
	<a href="#">Slovenia</a>	X	X	X	X	X						
	<a href="#">Spain</a>	X	X	X	X	X						
	<a href="#">Turkey</a>	X					X	X				X
	<a href="#">USA</a>	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 [www.ecdc.europa.eu](http://www.ecdc.europa.eu)
- World Health Organization WHO; [www.who.int](http://www.who.int)
- Centres for Disease Control and Prevention CDC; [www.cdc.gov](http://www.cdc.gov)
- European Commission; [https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response/travel-and-transportation-during-coronavirus-pandemic\\_en](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/>