



GLOBAL

512 042 700 confirmed cases
493 300 000 recovered
6 229 717 deaths

USA

(7-days incidence 109)
80 499 917 confirmed cases
78 865 862 recovered
987 245 death

IND

(7-days incidence 1,2)
43 065 496 confirmed cases
42 511 402 recovered
523 654 deaths

BRA

(7-days incidence 44,6)
30 378 061 confirmed cases
29 461 759 recovered
663 108 deaths

News:

- **CDC:** The US Centers for Disease Control and Prevention launched its [Center for Forecasting and Outbreak Analytics](#) on Tuesday. The center aims to be like the "National Weather Service for infectious diseases," helping to guide decision-making at all levels.
- **ECDC:** [European Immunization Week](#) is marked across Europe every year in the final week of April. It aims to raise awareness of the importance of immunization for the general health and wellbeing of the European and wider population.
- **ECDC:** [Influenza Virus Characterisation](#)
- **WHO:** WHO recommends [highly successful COVID-19 therapy and calls for a wide geographical distribution and transparency from originator](#)
- **WHO:** Over [1 million African children protected by first malaria vaccine](#)
- **WHO:** Integrated care for older people: WHO launches new [report of findings from the ICOPE implementation pilot programme](#)
- **WHO:** New guidelines from WHO recommend a [simpler, safer treatment for cryptococcal disease in people living with HIV](#)

Topics:

- COVID-19 situation
- Global situation: Updates on COVID-19
- Ukraine War
- Other FHP news
- Unknown Hepatitis
- Other Infectious Disease Outbreaks
- Summary of Information on the Individual National Corona Restrictions
- Travel Recommendations and other Useful Links

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January – March 2022
Reports to ProMED*

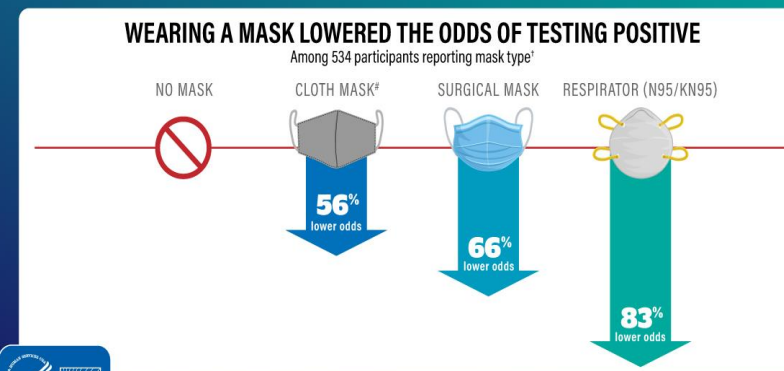


To learn more and view outbreak reports, visit us at www.promedmail.org



*Words represent number of reports, but word location does not always correspond to the exact location of disease outbreak report

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, 1,826 people, Feb 10-Dec 1, 2021
† Compared people with similar characteristics (e.g., vaccination)
‡ Not statistically significant



EUROPE

206 674 889 confirmed cases
198 700 000 recovered
1 912 928 deaths

FRA

(7-days incidence 912)
28 605 614 confirmed cases
26 990 216 recovered
146 464 deaths

GBR

(7-days incidence 192)
21 994 809 confirmed cases
21 412 551 recovered
174 144 deaths

DEU

(7-days incidence 888)
24 479 465 confirmed cases
21 890 000 recovered
134 846 deaths

Global Situation – Updates on COVID-19 Situation



Omicron Sublineages BA.4 and BA.5

According to the WHO's most recent weekly epidemiological update on COVID-19, several lineages of the Omicron variant of concern (VOC) continue to be monitored including BA.1 (the original lineage reported), BA.2, BA.3, BA.4, and BA.5.(1) Both BA.4 and BA.5 are new variants that have been recently detected in a few countries within Southern Africa and Europe. As of April 13, the WHO stated that less than 200 cases of BA.4 and BA.5 combined have been detected worldwide.

Countries with BA.4 and/or BA.5 positive sequences include Botswana, South Africa, Belgium, Germany, Denmark, and the United Kingdom (U.K.).(2, 3) The first BA.4 sequence was detected in South Africa on January 10 and as of April 8, South Africa has reported 41 BA.4 cases, Denmark three cases, Botswana two cases, and both England and Scotland have reported one case each.(4) According to the U.K. Health Ministry, despite there only being a small number of BA.4 sequences detected so far, their geographic spread suggests that the variant is transmitting successfully. Cases of BA.5 had initially only been reported in South Africa from samples collected between February 25 and March 25 and as of April 8, 27 sequences of BA.5 have been detected. On April 11, Botswana's health ministry stated that they have identified BA.4 and BA.5 cases among fully vaccinated individuals between the ages of 30 and 50 though the number of BA.4 and BA.5 cases has not been specified.

Both BA.4 and BA.5 are closely related to the BA.2 Omicron variant, sharing most mutations with BA.2, but each also containing distinct mutations from BA.2 and each other.(5) Both BA.4 and BA.5 have additional mutations in the spike region, which is a part of the virus where certain mutations can enable the virus to evade human immune response cells, as well as unique mutations outside of that region.(6) Current reports do not suggest that BA.4 or BA.5 differ in epidemiology or disease severity compared to other sublineages of Omicron. However, based on early evidence from South Africa, expert opinion suggests that BA.4 and BA.5 may have a potential growth advantage over BA.2.(7) Cases and hospitalizations in South Africa remain low but further data is required to accurately assess the epidemiological impact of these variants.(8,9,10)


Source: [COVID-19 Notable Update and Global Update for April 22, 2022 \(mailchi.mp\)](#)

 **508.1 Million Cases**

-30% (+ 4.5 Million New Cases)

 **6.2 Million Deaths**

-23% (+ 15,000 New Deaths)

 **67.4% (of Top 10 Countries)**

Cumulative Vaccine Doses Administered Globally

The 5 Countries with the Highest 7-day Rolling Avg. of Daily Cases

- 1 South Korea
- 2 Germany
- 3 France
- 4 Italy
- 5 Australia

Overview of the implementation of COVID-19 vaccination strategies and deployment plans in the EU/EEA

As of 10 April 2022, since the start of the COVID-19 vaccine deployment in December 2020, the cumulative uptake of full vaccination with the primary vaccination series in the total EU/EEA population has reached 72.5% (range: 29.6–86.2%) and over 52.9% (range: 8.9–70.7%) for an additional vaccine dose (pooled data from 30 reporting countries). Among adults (aged 18 years and older) in the EU/EEA, the cumulative vaccine uptake reached 83.3% (range: 35.2–94.7%) for the complete primary course and 63.9% (range: 10.8–88.4%) for an additional vaccine dose (pooled data from 30 reporting countries). Nevertheless, vaccination uptake continues to differ among EU/EEA countries, with two countries still reporting less than 50% of the total population having completed a primary vaccination course. All 30 EU/EEA countries are recommending primary vaccination for those aged 12 years and over and 28 countries have also started vaccinating all children over five years of age. All EU/EEA countries are recommending additional primary doses to immunocompromised individuals and a number of countries are also recommending a first booster dose (four doses) to immunocompromised individuals. All countries have also introduced booster doses for the general population, with around half of the countries recommending booster doses to adults over 18 years and the other half currently recommending boosters for younger age groups under 18 years. Seven countries have also started recommending a second booster dose (four doses) to various vulnerable groups in the general population, such as LTCF residents and the elderly with different age cut-offs. With the increased circulation of the Omicron VOC, a number of countries have made changes to their vaccination strategies. Most countries have reduced the interval for administering the booster dose after completion of the primary vaccination course, and enhanced risk communication initiatives. Although full primary vaccination uptake in the total EU/EEA population has substantially increased, there are still differences in vaccination uptake among countries and at sub-national level, where pockets (geographical areas or population groups) of low uptake persist. This also includes countries that have achieved high levels of vaccination coverage overall. There is emerging evidence that vaccine effectiveness decreases over time and that current vaccines may be less effective against the Delta VOC, and less so against the Omicron VOC. Therefore, vaccination of all eligible individuals who are currently unvaccinated is a priority, as is the protection of all eligible vaccinated individuals at risk of severe COVID-19 or at high risk of exposure to the virus due to their activities or living conditions by means of a booster dose. In addition, due to the current Omicron VOC wave, all other eligible vaccinated adults should also consider getting a booster shot (at least three months after the completion of the primary vaccination course), in accordance with national recommendations, to reduce their individual risk of infection and disease [46,47]. It will be especially important to continuously monitor vaccine uptake and associated social determinants to understand where and in which population groups and communities the immunity gap persists. A successful COVID-19 vaccination programme can only be built on an understanding of, and a proper response to individuals' and communities' beliefs, concerns and expectations regarding the vaccine and the disease. The '5Cs' model – Confidence, Constraints, Complacency, Calculation, and Collective responsibility – is one framework that can be used for understanding these concerns and designing strategies to facilitate COVID-19 vaccination acceptance and uptake [48]. Countries are putting in place a number of measures and strategies to increase vaccination in the population, especially among population groups with low uptake.

Full report: [Overview of the implementation of COVID-19 vaccination strategies and vaccine deployment plans in the EU/EEA April 2022 \(europa.eu\)](#)

War in Ukraine

Situation Update

- UNICEF and WASH partners reported that 1.4 million people are currently without running water across eastern Ukraine and that an additional 4.6 million people across Ukraine are at risk of losing access to piped water.
- Missile attacks were reported around Kherson, Kyiv, Mariupol and Mykolaiv, as well as in the western city of Lviv on 18 April. Mariupol is expected to be completely cut off and the situation in Kherson remains dire.
- As of 18 April, 80,638 IDPs have been registered in Chernivtsi oblast. There are currently 391 collective centres in Chernivtsi oblast where IDPs are accommodated.
- UNHCR signed Memoranda of Understanding (MoUs) with three key Government Ministries that will strengthen coordination and cooperation in finding sustainable and durable solutions for displaced people, including on accessing services and dignified housing options.

Key figures

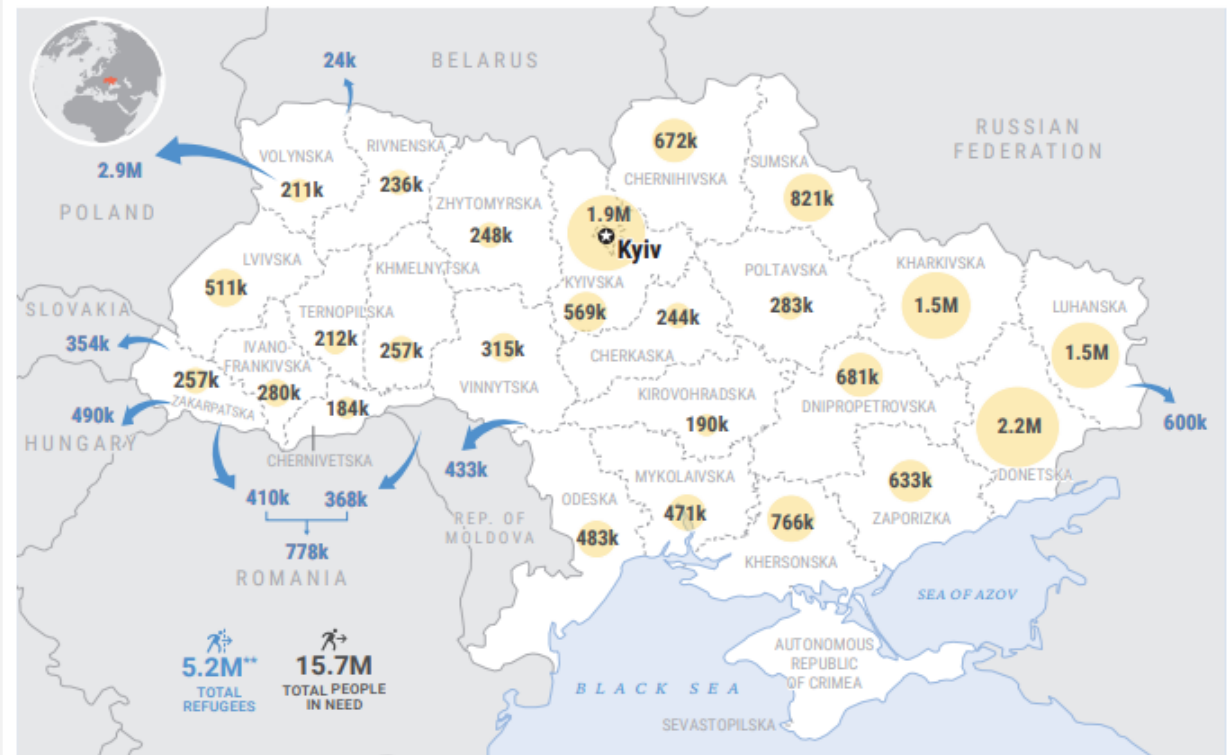
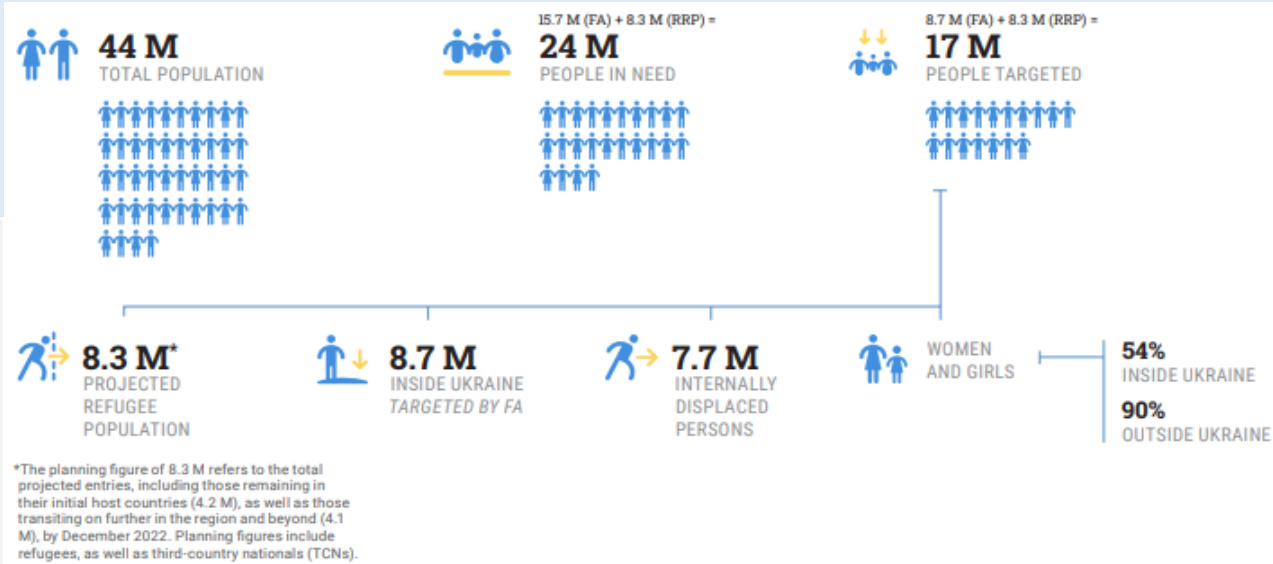
- 266,802 people reached with essential food and nonfood items, winter clothes and shelter materials
- 73,559 people received protection assistance at border crossing points, transit and reception centres and through hotlines
- 118,229 people enrolled for multipurpose cash assistance. 93,357 already received first payment
- 27,172 people received assistance through humanitarian convoys delivered to hard-hit areas
- 145 reception and collective centres were supported with essential items

Source: [Document - Ukraine situation: Flash Update #9 \(unhcr.org\)](#)

REFUGEE HOSTING ENVIRONMENT

The war in Ukraine has triggered the fastest growing refugee crisis since World War II. Within seven weeks, more than 5 million refugees have fled into countries neighbouring Ukraine and beyond. The situation for people forced to leave is severe as families are being torn apart and people are fleeing in fear and distress. Some 90 per cent of those fleeing Ukraine are women and children, so humanitarian partners are on high alert for increased risks of trafficking, gender-based violence and exploitation. Governments in all countries neighbouring Ukraine have generously kept their borders open and local communities have welcomed refugees (including non-Ukrainians) and third-country nationals not in need of international protection. In addition to UN Agencies and NGOs, local responders, including civil society organizations, faith-based institutions, refugee- and women-led organizations, academia, sport associations and the private sector, as well as private citizens, have played an important role in supporting and complementing state initiatives and efforts, at border reception points and in main urban centres. Local and national authorities have established reception facilities at border crossing points to receive new arrivals and are providing life-saving assistance, including accommodation, food, and other basic needs, as well as onward transport for those moving to urban centres. In the reception centers, information is also provided on the asylum process and temporary protection, as well as on the risks of trafficking. Access to basic rights and services, such as health, has been facilitated. Steps have already been taken to foster protection and inclusion into national systems, such as for health and education.

Source: [Document - UKRAINE REGIONAL REFUGEE RESPONSE PLAN AND FLASH APPEAL SUMMARY - APRIL 2022 \(unhcr.org\)](#)



● Number of people in need by oblast

→ Refugees from Ukraine (as of 23 Apr 2022)

**The accumulated data of arrivals by country is higher than the total number of refugees fleeing Ukraine presented above since it also takes into account people crossing the border between Romania and Moldova. An estimated 2.1 million people have moved beyond the region, some having transited through several countries neighbouring Ukraine.

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Sources: Country and administrative division - UN GIS and State Scientific Production Enterprise "Kartographia"; Refugee data - UNHCR compilation of official data.

Other FHP News



[CDC launches forecasting center to be like a 'National Weather Service for infectious diseases'](#)

The US Centers for Disease Control and Prevention launched its Center for Forecasting and Outbreak Analytics on Tuesday. The center aims to be like the "National Weather Service for infectious diseases," helping to guide decision-making at all levels.

Data-driven weather forecasts help leaders know when to deploy resources to respond to hurricanes and individuals decide whether they need to bring an umbrella with them when they go out. Similarly, the CDC's new disease forecasting center aims to guide decisions about broad public health needs like developing vaccines or deploying antivirals, and helping individuals decide whether it's safe for them to go to the movie theater, Dylan George, epidemiologist and director of operations for the new center, said during a call with reporters.

George and a small team of colleagues are faced with tackling a "critical need" to improve the government's "ability to forecast and model emerging health threats."

"In short, we need to use data more effectively to guide response efforts," he said.

As the United States approaches a grim milestone of 1 million lives lost to Covid-19, recently appointed White House Coronavirus Response Coordinator Dr. Ashish Jha said "the failure to be prepared is really startling."

Planning for the center began in August, backed by \$200 million in initial funding from the 2021 Covid-19 stimulus package, the American Rescue Plan.

In the months since plans for the center were first announced, the team estimated the severity of the Omicron variant, as well as the timing and impact of the surge in the United States. They've also contributed to analyses that informed policies on test-to-stay in schools, international travel and vaccine boosters.

This launch comes as the CDC is in the midst of a sweeping review of its "structures, systems, and processes."

"At the conclusion of this collective effort, we will develop new systems and processes to deliver our science and program to the American people, along with a plan for how CDC should be structured to facilitate the public health work we do," CDC Director Dr. Rochelle Walensky wrote in an email to staffers.

Throughout the Covid-19 pandemic, the CDC has faced criticism for muddy communication, along with slow and disjointed data coming through an outdated system.

The CDC "does not have the ability or the authority to direct public health data collection," which can be "quite a pinch point," said Caitlin Rivers, associate director for the new center.

Currently, the CDC has to form new data use agreements with each jurisdiction for each new public health issue. But with this new center, there is opportunity for the CDC to be more directly involved with the data collection process and bring in more standardized data more quickly, she said -- like specifying race and ethnicity on more data points, for example.

Source: [CDC launches forecasting center to be like a 'National Weather Service for infectious diseases' - CNN](#)

[1st Human Case of H3N8 Bird Flu Virus reported in Henan, China](#)

According to media sources, the first-ever human case of H3N8, a low pathogenic avian-origin influenza virus, has been confirmed in China. Per these sources, the affected individual, a four-year-old from China's central province of Henan, required hospitalization at a local facility in Zhumadian City on April 10 due to worsening conditions. On April 24, as part of extended genome sequencing, the H3N8 avian influenza virus strain was confirmed by the National Health Commission of the People's Republic of China (NHC). The individual is reported to have had exposure to poultry through at-home farming and proximity to wild birds in the surrounding area. The NHC has reported that no further human cases have been found among close contacts. H3N8 is a low pathogenic strain of the avian influenza virus that is known to affect poultry but has also been detected in horses, dogs, and seals. This is a noteworthy event because newly emerging animal influenza viruses that cross over into humans could catalyze epidemics or pandemics if the animal influenza virus becomes capable of efficiently transmitting among humans. Although, enhanced surveillance of avian influenza in populations increases the likelihood of identifying such spillover events, which otherwise may have been undetected.

Source: [Insights by BlueDot](#) , [Bird flu in China: 1st Human Case Of Bird Flu Virus Reported In Henan \(republicworld.com\)](#)

[Yellow Fever](#)

Uganda - On 6 March 2022, WHO received notification from the Uganda Ministry of Health of four suspected yellow fever cases. As of 25 April 2022, a total of seven suspected cases tested positive for yellow fever antibodies by plaque reduction neutralization test. However, further investigations identified only one laboratory confirmed case of yellow fever reported from Wakiso district, Central Region. The MoH declared an outbreak, and a rapid response team was deployed to the affected districts. Due to the potential of epidemic spread in Uganda and the risk of spread to neighboring countries, WHO assesses the risk to be high at the national and regional levels. Cases presented with symptoms including fever, vomiting, nausea, diarrhoea, intense fatigue, anorexia, abdominal pain, chest pain, muscle pain, headache, and sore throat. None of the cases presented with severe yellow fever symptoms of acute jaundice. The majority of the suspected cases were females (n=6) with an age range between 15 to 57 years. Five were reported from Wakiso district, and one each from Masaka and Kasese districts.

Source: [Yellow Fever – Uganda \(who.int\)](#)

Unknown Hepatitis



On April 23 the WHO issued a report regarding the cases of hepatitis of unknown etiology in the United States and Europe. The WHO added that cases are aged 1 month to 16 years old with 17 children (approximately 10%) who have required liver transplantation, and at least one death has been reported. The clinical syndrome was defined as acute hepatitis (liver inflammation) with markedly elevated liver enzymes, gastrointestinal symptoms, and jaundice. Importantly, common causes of acute viral hepatitis (hepatitis viruses A, B, C, D and E) have not been detected in any of these cases and there has been no history of international travel or links to other countries based on the currently available information. Furthermore, the WHO added that in the United Kingdom, where the majority of cases have been reported to date, has recently observed a significant increase in adenovirus infections in the community (particularly detected in fecal samples in children) following low levels of circulation earlier in the COVID-19 pandemic and that, due to enhanced laboratory testing for adenovirus, this could represent the identification of an existing rare outcome occurring at levels not previously detected that is now being recognized due to increased testing. Nevertheless, while adenovirus is currently one hypothesis as the underlying cause, it does not fully explain the severity of the clinical picture. Further investigations are ongoing to analyze other causes and identify if there are any other factors that drive the current disease activity.

- Belgium** has been included in the list with at least one case identified during recent months.
- Denmark** has been included in the list with at least 6 cases identified during recent months.
- Ireland** has been included in the list with at least 5 cases identified during recent months.
- Romania** has been included in the list with at least one case identified during recent months.
- Norway** has been included in the list with at least two cases identified during recent months.
- Italy** To date (Apr 21, 2022), unofficial sources report seven cases of hepatitis among children in Italy, while the ECDC has documented only three cases.
- Slovenia** A recent media article has reported a suspected case of acute hepatitis with unknown origin in Slovenia.
- Japan's** health ministry has reported that a possible case of acute hepatitis of unknown origin in a child has been detected in the country.
- Austria** The Austrian Ministry of Health has announced that there are two suspected cases of acute hepatitis of unknown origin in children in Vienna, Austria.

Source: [Insights by BlueDot](#)

Cases are aged 1 month to 16 years old. Seventeen children (approximately 10%) have required liver transplantation; at least one death has been reported.

The clinical syndrome among identified cases is acute hepatitis (liver inflammation) with markedly elevated liver enzymes. Many cases reported gastrointestinal symptoms including abdominal pain, diarrhoea and vomiting preceding presentation with severe acute hepatitis, and increased levels of liver enzymes (aspartate transaminase (AST) or alanine aminotransaminase (ALT) greater the 500 IU/L) and jaundice. Most cases did not have a fever. The common viruses that cause acute viral hepatitis (hepatitis viruses A, B, C, D and E) have not been detected in any of these cases. International travel or links to other countries based on the currently available information have not been identified as factors. Source: [Multi-Country – Acute, severe hepatitis of unknown origin in children \(who.int\)](#)

The European Centre for Disease Prevention and Control has said there has been a further increase in cases of hepatitis of unknown origin in children.

Cases of the unexplained liver inflammation, which were first detected in Scotland earlier this month, have been reported in a number of countries including Ireland.

The ECDC said cases have also been notified in Spain, Denmark and the Netherlands, as well as the United States. Scottish health authorities had initially reported 10 cases of acute hepatitis in children aged under 10 on 5 April, the origin of which was not established.

Three days later, 74 further cases were identified across the UK, before additional incidences of hepatitis were reported in other countries.

In Ireland, fewer than five cases of children with hepatitis of unknown cause have been detected over the last six weeks.

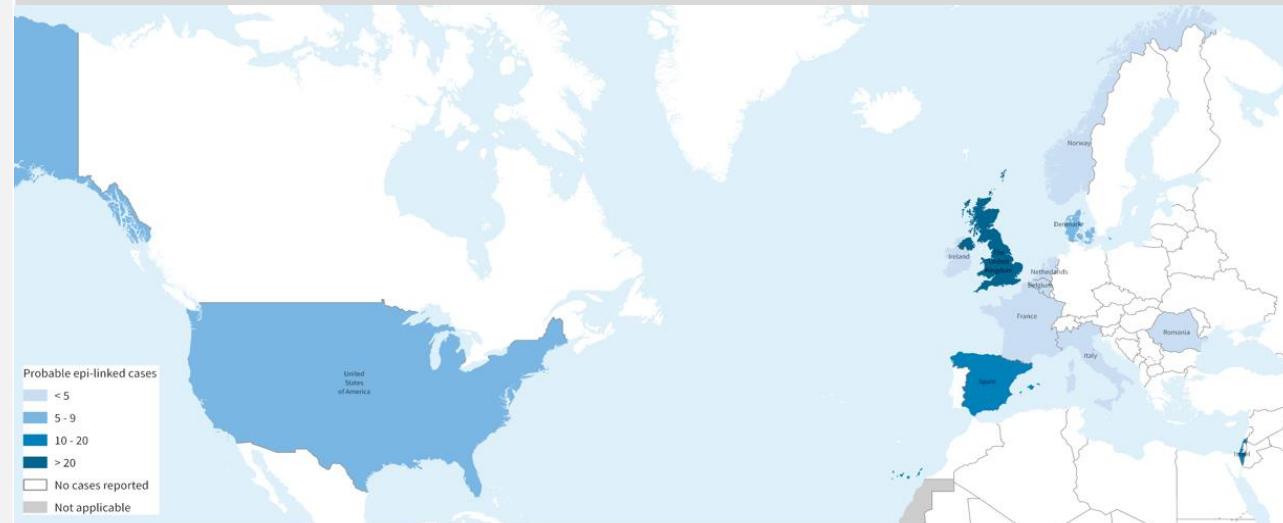
The infection mainly affected children aged under 10 and symptoms included jaundice, diarrhoea, vomiting and abdominal pain.

However, the Health Service Executive said "this is more than would usually be expected over a six-week period."

The HSE said investigations are currently ongoing to identify the cause of these illnesses.

In a statement, it said "the children affected have no links to the other children involved and to date no single virus has been identified in the cases."

Source: [ECDC: Rise in hepatitis of unknown origin in children \(rte.ie\) \(Apr 19, 2022\)](#) [Mysterious hepatitis first detected in UK spreads to Europe countries, US | Al Arabiya English](#)



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization, United Kingdom Health Security Agency
Map Production: WHO Health Emergencies Programme
Map Projection: WGS 1984 World Mercator
Request ID: RITM00064



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Other Infectious Disease Outbreaks/ Conflicts



Ebola

Democratic Republic of the Congo - A recent report from the WHO has confirmed that four months after the last Ebola outbreak in the country, the city of Mbandaka, the capital of Equateur province in the Democratic Republic of the Congo, has reported a new case of Ebola. The individual is a 31-year-old man who began experiencing symptoms on April 5 and after more than a week of care at home, sought treatment at a local health facility. On April 21, the man was admitted to an Ebola treatment centre for intensive care but died later that day. After recognizing the symptoms, health workers immediately submitted samples to test for the Ebola virus. Details regarding the source of infection, behavioural risk factors, the number of close contacts, medical history of previous infection, and vaccination history of the individual are limited. Cases of Ebola virus outbreaks in the DRC are not unexpected, as several outbreaks that have occurred in the past few years have resulted in the country becoming disease endemic. This is mainly due to the possibility of spillover events as the virus is found in animal reservoirs in the region and the virus' ability to cause latent infection, which could lead to a resurgence of the disease sometime after the initial exposure. The WHO reported that a vaccination campaign is set to kick off in the coming days. The country has already stockpiled the rVSV-ZEBOV Ebola vaccine, which is available in the cities of Goma and Kinshasa.

In a follow up on the new Ebola outbreak in Equateur, the northwest province of the Democratic Republic of the Congo, a second fatality has been reported. According to media reports, the deceased is a 25-year-old woman, who was a close contact and relative of the earlier identified fatal case. The woman died in the city of Mbandaka, Equateur province after experiencing symptoms 12 days ago. Health authorities have identified at least 145 close contacts of the individuals and are monitoring for symptoms, while ongoing investigations are underway to identify the original source of the outbreak.

Source: [Insights by BlueDot](#)

Wild Poliomyelitis

Pakistan - The first confirmed case of wild poliomyelitis type-1 (WPV1) in 2022 has been reported in Pakistan. This is the first case reported in the country in the last 15 months. The affected individual is a 15-month-old child from North Waziristan tribal district, Bannu Division, Khyber-Pakhtunkhwa province. Details regarding the child's vaccination status were not reported. The Pakistan polio laboratory also confirmed the detection of a positive environmental sample, which is an indicator of wider circulation in the population, collected on April 5 from Bannu district of Khyber-Pakhtunkhwa province. Pakistan has made substantial progress in combating wild poliomyelitis with just one WPV1 case reported in the country in 2021 compared to 84 reported in 2020. This is the third WPV1 case reported globally in 2022 with the first two previously reported in Afghanistan and Malawi. Pakistan's health secretary has issued a statement that the National and Provincial Polio Emergency Operation Centres have deployed teams in response to the confirmed WPV1 case to conduct a full investigation into the case and initiate emergency immunization campaigns to prevent further spread of wild poliovirus in Pakistan.

Source: [Insights by BlueDot](#)

Crimean-Congo Hemorrhagic Fever

Turkey - The first case of Crimean-Congo Hemorrhagic Fever (CCHF) in 2022 in Turkey has been reported in Tokat. Details regarding the case have not been released. Experts have stated that an increasing number of cases are expected for the coming months with warmer weather approaching. The disease was first detected in Turkey in 2002 and cases have since been detected annually. Health experts have stated that they believe the increase in cases may be associated with a multitude of factors, including the tendency of individuals to move from city centres to rural areas due to the COVID-19 pandemic, subpar tick control activities (such as the use of pesticides) in recent years, and more wet and milder winter seasons than usual.

Russia - This year's first case of Crimean Congo Hemorrhagic Fever (CCHF) has been confirmed by health authorities in the Stavropol region, in southwestern Russia.

Source: [Insights by BlueDot](#)

Unknown Hemorrhagic Fever

An Najaf, Iraq - According to news media reports, a fatal case of suspected hemorrhagic fever has been reported in the Najaf governorate located in central and southern Iraq. The report states that the deceased individual did not receive a differential diagnosis due to rapid deterioration, but clinical signs suggested the death was due to hemorrhagic fever. In addition, there have been ongoing reports of Crimean-Congo hemorrhagic fever (CCHF) in the nearby region of Dhi Qar, where 20 cases of CCHF have been reported recently. These cases were considered to be related to contact with infected livestock. Health officials in neighbouring regions have ongoing veterinary surveillance for the detection of CCHF in livestock; however, the current extent of CCHF in animals and humans in the region is not well understood. Official and unofficial sources at this time have not confirmed an official diagnosis for the most recently affected individual. Other diseases that can cause hemorrhagic fever but are considered less likely than CCHF (due to the location and proximity to a known CCHF outbreak) include dengue, Ebola, Lassa, Marburg, and yellow fever. Source: [Insights by BlueDot](#)

Malaria

Slovakia - Cases of malaria have been reported in Slovakia in 2022. All reported cases were among individuals with a history of travel to countries in subtropical regions where the disease is widespread. Details regarding the affected travellers and where they had recently travelled were not reported. Malaria is considered an imported disease in Slovakia and is associated with travel to endemic areas.

Source: [Insights by BlueDot](#)
















Hand-Foot-Mouth Disease

Selangor, Malaysia - Cases of Hand-Foot-Mouth Disease (HFMD) have been reported in the western state of Selangor, Malaysia since the beginning of 2022. According to the Selangor State Health Department, a total of 4,383 HFMD cases have been recorded. Of the total cases, 497 cases are from 103 epidemic clusters, of which the majority of outbreak clusters involved children from nurseries, kindergartens, and daycare centres. To date, no deaths have been reported. HFMD primarily affects children under the age of seven.

Source: [Insights by BlueDot](#)
















Summary of information on the individual national Corona restrictions

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

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

Summary of information on the individual national Corona restrictions

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

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

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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](#)
- 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/>