

Epi Weeks 49–50 (30 November–13 December 2020)

Current global situation:

As of 13 December, 70 million cumulative cases and 1.6 million deaths have been reported globally to WHO since the start of the pandemic. In week 50, the number of new COVID-19 cases and deaths showed a sustained rise in the Regions of the Americas and Europe, which continued to shoulder the burden of the pandemic, accounting for 85% of new cases and 86% of new deaths globally. However, as new cases and new deaths increased in the Americas, cases stabilized in Europe for the third week in a row, with deaths decreasing in the Region. The African and the Western Pacific Regions have both shown renewed increases in both cases and deaths during November and December while the South-East Asia Region and the Eastern Mediterranean Region continue to see steady declines in both new cases and deaths.

Please refer to the [WHO Weekly Epidemiological Updates](#) for further information.

Current situation in the Region:

At the end of Week 50, over 21.9 million confirmed cases and 484 000 laboratory-confirmed deaths have been reported from across Europe. The number of weekly cases remained stable for the third consecutive week with about 1.6 million reported.

Deaths declined for the second consecutive week, with a 4% decline between Weeks 49 and 50. The number of new deaths reported in Week 50, particularly in eastern and southern Europe, exceeded 60 per 1 million, the highest globally.

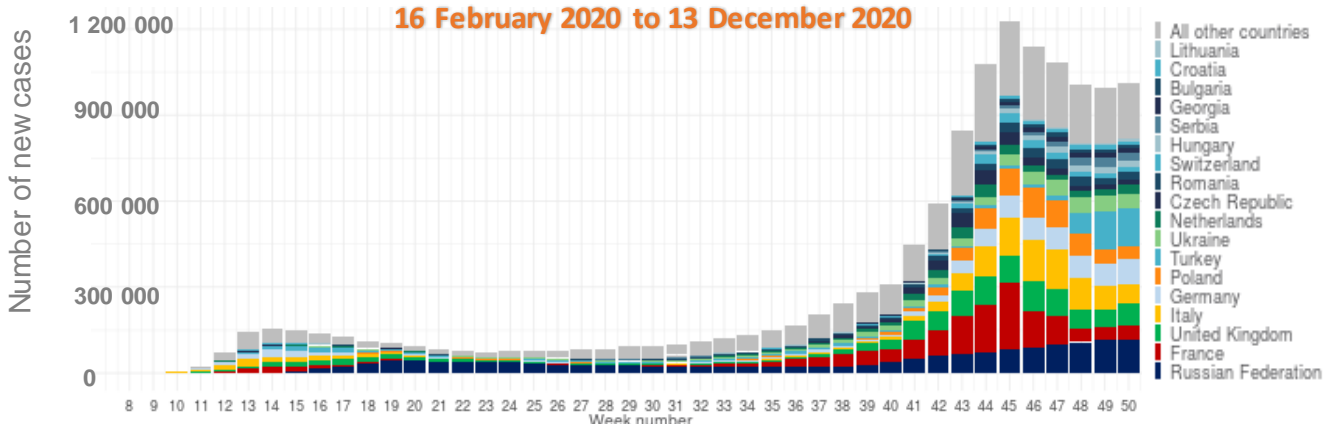
In the past week, some countries have announced initial vaccination to the population, while others are preparing for introduction of the vaccine.

Week 50 EPI Snapshot*

- **57%** of cases were reported from Turkey, Russian Federation, Germany, United Kingdom, Italy, France and Ukraine.
- **89%** of deaths were in people aged >65 years and **56%** of all deaths were in males.
- **96%** of deaths were in people with at least one underlying condition, with cardiovascular disease as the leading comorbidity (82%).

*based on total records with available data

Number of COVID-19 cases reported by Epi-Week in the WHO European Region,
16 February 2020 to 13 December 2020



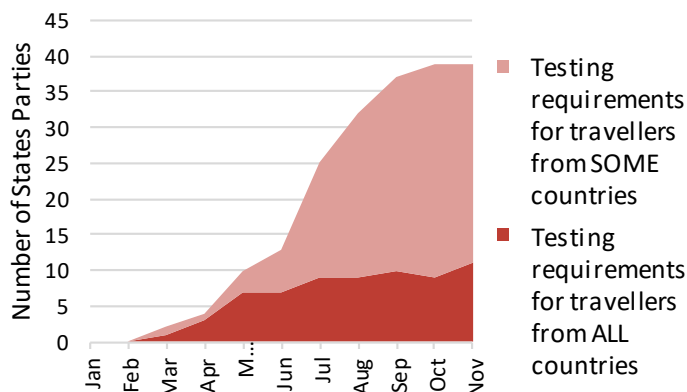
Please refer to the [WHO European Region Dashboard](#) and the [WHO European Region Surveillance Bulletin](#) for further information.

Emergency public health measures taken across the Region:

In response to the COVID-19 pandemic, all 55 States Parties to the International Health Regulations (IHR) (2005) in the Region have implemented some type of additional health measure that significantly interferes with international traffic, as defined under Article 43 of the IHR. Where and when travellers have been allowed entry, they have often been subjected to entry requirements such as the necessary provision of COVID-19 test results and/or mandatory quarantine at state facilities, hotels or at home.

Many countries in the WHO European Region still implement COVID-19 testing or quarantine measures as entry requirements. As of 11 December, **19** countries have reduced the duration of quarantine upon entry; for example, Israel has reduced the duration of quarantine from 14 to 12 days while Georgia has reduced this from 12 to 8 days. Turkmenistan, on the other hand, extended the quarantine period from 14 to 21 days, with the exception of diplomats.

COVID-19 testing requirement in the WHO European Region (as of 1 December 2020)



Most countries requiring a COVID-19 test continue to accept a reverse transcriptase-polymerase chain reaction (RT-PCR) test before, on arrival or as a follow-up test. However, a few countries in the Region accept an antigen, serological or transcription-mediated amplification (TMA) test while in several others, the 14- or 10-day quarantine requirement may be reduced with one or two PCR test(s) after 5 or 6 days of quarantine.

As per Article 43 of the IHR (2005), WHO continues to monitor measures that significantly interfere with international traffic and their public health rationales or scientific justification and report them on a weekly basis via the restricted platform for national IHR focal points (IHR NFPs), the Event Information Site.

WHO Regional Office for Europe's response to COVID-19:

The WHO Regional Office for Europe's response is built around a [comprehensive strategy](#) to prevent the spread of the pandemic, save lives and minimize impact by targeting four areas: **prepare and be ready; detect, protect and treat; reduce transmission; innovate and learn.**

Key figures: Responding to COVID-19 in the WHO European Region

WHO has conducted 166 missions and deployments to 22 countries and territories in the Region

113

In-country technical support missions

16

Rapid support teams



3

Virtual country missions



1

Intra-action review mission



32

Operational partner deployments



For additional information on missions and deployments, please see the WHO/Europe COVID-19 Country Support Dashboard for [Pillar 1: Country-level coordination, planning and monitoring.](#)

WHO has sent laboratory test kits and supplies to 32 countries and territories in the Region



423 460
Laboratory tests (PCR)



366 026
Laboratory supplies

WHO has sent essential medical supplies to 18 countries and territories in the Region



405 Ventilators



17 909 Oxygen concentrators



374 720 Goggles



985 048 Gowns



1 704 850 Face shields



5 126 950 Respirators



7 855 600 Gloves



37 997 200 Masks

For additional information on essential supplies delivered, please see the WHO/Europe COVID-19 Country Support Dashboard for [Pillar 8: Operational Support and Logistics](#).

New WHO technical guidance published in Weeks 49 and 50



A systematic approach to monitoring and analysing public health and social measures in the context of the COVID-19 pandemic

This paper introduces a methodology – the Public Health and Social Measures (PHSM) Severity Index – for capturing, coding, visualizing and analysing PHSM responses to COVID-19 in countries across the WHO European Region. The PHSM Severity Index captures the types, severity and timing of PHSM implemented by a country across six main indicators.

By providing standardized data on PHSM implementation, the PHSM Severity Index can support and inform the development of policy at country and regional levels. The paper aims to present the dataset and methodology as foundations for further studies. As the situation evolves, future iterations of the Index may include further indicators, more nuanced versions of existing indicators, further coding principles and revisions of the index formula.

Guidance for the European Region:

[A systematic approach to monitoring and analysing public health and social measures \(PHSM\) in the context of the COVID-19 pandemic](#)

Published December 2020

Global COVID-19 guidance:

[Mask use in the context of COVID-19](#)

Published 1 December 2020

[Public health considerations for elections and related activities in the context of the COVID-19 pandemic](#)

Published 10 December 2020

[COVID-19 vaccine introduction and deployment costing tool](#)

Published on 10 December 2020

[Checklist to support schools re-opening and preparation for COVID-19 resurgences or similar public health crises](#)

Published on 11 December 2020

Target 1: Prepare and be ready

The WHO Regional Office for Europe supported Member States as they prepared for their first cases of COVID-19 and continues to provide support in preventing transmission.



In Uzbekistan, from 1 to 3 December, WHO, together with the Ministry of Health, organized a training course on infection prevention and control (IPC) in the context of COVID-19 for general health-care staff in the Jizzakh region. Over 100 participants from different health-care facilities attended the training to improve their knowledge of the main components and measures of IPC to be followed in health-care settings. From 10 to 12 December, WHO, together with the Ministry of Health, organized the same training for general health-care staff, this time in the Kashkadarya Region. Over 200 participants from different health-care facilities joined the training.

In Serbia, on 11 December, WHO conducted a second webinar training for 329 newly employed staff in health and public health institutions as well as for members of the Serbian Medical Chamber. Topics covered included SARS-CoV-2 and immune response and vaccination against COVID-19.



As of Week 50, **13 461** health-care workers in the Region were reached by WHO virtual capacity-building webinars.

10 988 individuals completed OpenWHO courses related to IPC and case management of COVID-19 patients, as of Week 50.



For further information on the types of support provided, please refer to the WHO/Europe COVID-19 Country Support Dashboards for [Pillar 6: Infection Prevention Control](#) and [Pillar 7: Case Management](#).

In Georgia, WHO has supported intensive strengthening of capacities among primary health care (PHC) personnel in collaboration with the National Family Medicine Training Centre (NFMTC) and Health Research Union (HRU). The support was provided to update clinical protocols on home management of mild cases of COVID-19 and case management of post-discharge COVID-19 patients at the PHC.



Training curriculums were updated based on the new protocols and used by qualified experts from the NFMTC in training of trainers and clinical leaders who continue similar training in their local medical facilities. The training of trainers' sessions have been performed in Tbilisi, Adjara, Imereti and Samegrelo regions with a total of 119 clinical leaders. Training sessions for PHC physicians were also carried out via remote and on-site visits to primary care facilities, with 1171 individuals trained, including 500 medical students from 10 universities in Adjara, Imereti and Tbilisi.

Target 2: Detect, protect and treat patients with COVID-19

WHO continues to work with national authorities to strengthen COVID-19 detection and contact tracing capacities to rapidly identify cases and prevent them from turning into clusters.

In Kazakhstan, in Week 50, the WHO Regional Office for Europe and WHO Country Office finished a series of training on online advanced laboratory quality management for the National Scientific Center of Especially Dangerous Infections and its nine branches. Certificates were provided to participants who successfully passed post-training tests.



In focus: WHO conducts a rapid health needs assessment mission to the conflict-affected regions of Azerbaijan

The combination of the conflict in and around Nagorno-Karabakh and the COVID-19 pandemic has added a heavy burden on the health system in Azerbaijan and has impacted the provision of essential health services. During the second week of December, the WHO Country Office in Azerbaijan conducted a rapid health needs assessment in several conflict-affected areas of Azerbaijan, including Ganja, Terter, Barda and Agdam. The objective was to determine the impact of the recent hostilities on local populations, and to address population health needs both in general terms and specific to COVID-19. The WHO expert team was joined by representatives of the Ministry of Health and Management Union of Medical Territorial Units (TABIB). The team also worked to understand existing local response capacity and immediate needs to identify short- and medium-term priorities in the health sector.

Significant impact and challenges for the health system were identified, including more patient loads for health-care providers to cope with. Some health facilities have been partly damaged during the conflict, and therefore patients have been evacuated and the ability to serve local communities reduced. Routine immunization, care for chronic diseases, mother and child health services have been interrupted. An increased number of COVID-19 infections has been reported among health-care providers in conflict-affected regions, with some of them losing their lives to the disease. The full health needs assessment report is being completed.



The team visited a total of 12 health-care facilities, including hospitals, PHCs and medical points to observe the major health impacts due to the latest conflict on the civilian population and identify groups and areas most at risk. Both hygiene kits and some personal protective equipment were distributed during the visits.

*Azerbaijan health needs assessment mission – distribution of hygiene kits during health facility visits
Credit: WHO Country Office Azerbaijan*

Target 3: Reduce transmission

WHO continues to work with partners and countries within the context of COVID-19 vaccine deployment and implementation to ensure equitable roll-out of COVID-19 vaccines and reduce future transmission.



On 4 December, in Uzbekistan, WHO and UNICEF jointly held a webinar, “Assessing preparedness of the national immunization supply chain to accommodate COVID-19 vaccines”, which focused on key areas of the National Deployment and Vaccination Plan (NDVP) for a COVID-19 vaccine, as well as supply and logistics. The newly established National Vaccine Logistics Group participated in the webinar where technical officers from the WHO Regional Office for Europe and UNICEF Supply Division presented a high-level supply roadmap and specific tools for assessing vaccine logistics and cold chain capacity needs in supporting COVID-19 vaccine deployment.

In focus: Schooling in the time of COVID-19 – a WHO virtual high-level meeting with ministers of health and education from across Europe

On 8 December, the WHO Regional Office for Europe hosted its second virtual high-level meeting with ministers of health and education from across the WHO European Region to highlight ways to minimize the impact of the COVID-19 pandemic on the schooling, health, well-being and education of young people.

The need for updated evidence for schools to operate safely was highlighted, as was the necessity of further enhancing the existing framework to support countries on schooling and COVID-19 with evidence-sharing.

In addition, attendees explained the importance of evaluating responses to COVID-19 and how they impact the rights of children. Countries further highlighted the methods they have employed to ensure that schools remain open for as long as possible, while also recognizing difficulties encountered during the pandemic.

The meeting also heard from partners and collaborators on how they support countries, with an agreement made for continued regional collaboration.

A group of youth advisors to the Technical Advisory Group on schooling during COVID-19 (TAG), which was established earlier this year, were invited to contribute. In their presentation, the youth advisors highlighted findings from a survey shared with students from across the Region. Feedback from young people included concerns about the immediate impact on their learning and well-being, as well as whether examinations and long-term plans, such as university, could be negatively affected. The meeting also highlighted the importance of providing support to children and young people with disabilities or pre-existing health conditions.

Read about the meeting [here](#) and the Regional Director’s Opening Statement [here](#).



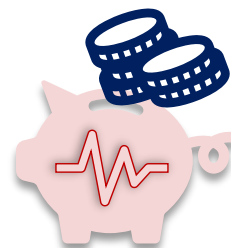
Dr Hans Kluge and Dr Dorit Nitzan during the high-level virtual meeting on schooling during COVID-19
Credit: WHO Regional Office for Europe

Target 4: Innovate and learn

WHO, together with its partners, is supporting countries in improving health financing and strengthening health systems resilience and recovery in order to build back better.

In North Macedonia, the WHO Country Office, in collaboration with the WHO European Office for Investment for Health and Development, organized a “Dialogue on the investments for levelling up health in time of COVID-19 in North Macedonia”.

Key government sectors and representatives of international agencies and civil society members attended. Results from the WHO rapid assessment of the socioeconomic and health impacts of COVID-19 were shared as well as experiences from other countries on how the findings could be used for policy development and further planning for more resilience and better recovery.



In focus: Joint intra-action review carried out in the Republic of Moldova in collaboration with the Ministry of Health, Labour and Social Protection

Four levels of WHO worked to support the Ministry of Health, Labour and Social Protection of the Republic of Moldova in conducting an intra-action review (IAR) of the COVID-19 response. The IAR was conducted in Chisinau from 1 to 4 December 2020. A team of experts from WHO (representing all levels of the Organization) facilitated the response review and about 100 participants, from key national and subnational institutions, took part in the discussions either on-site or online.



Team of experts participating in the Republic of Moldova Intra-Action Review

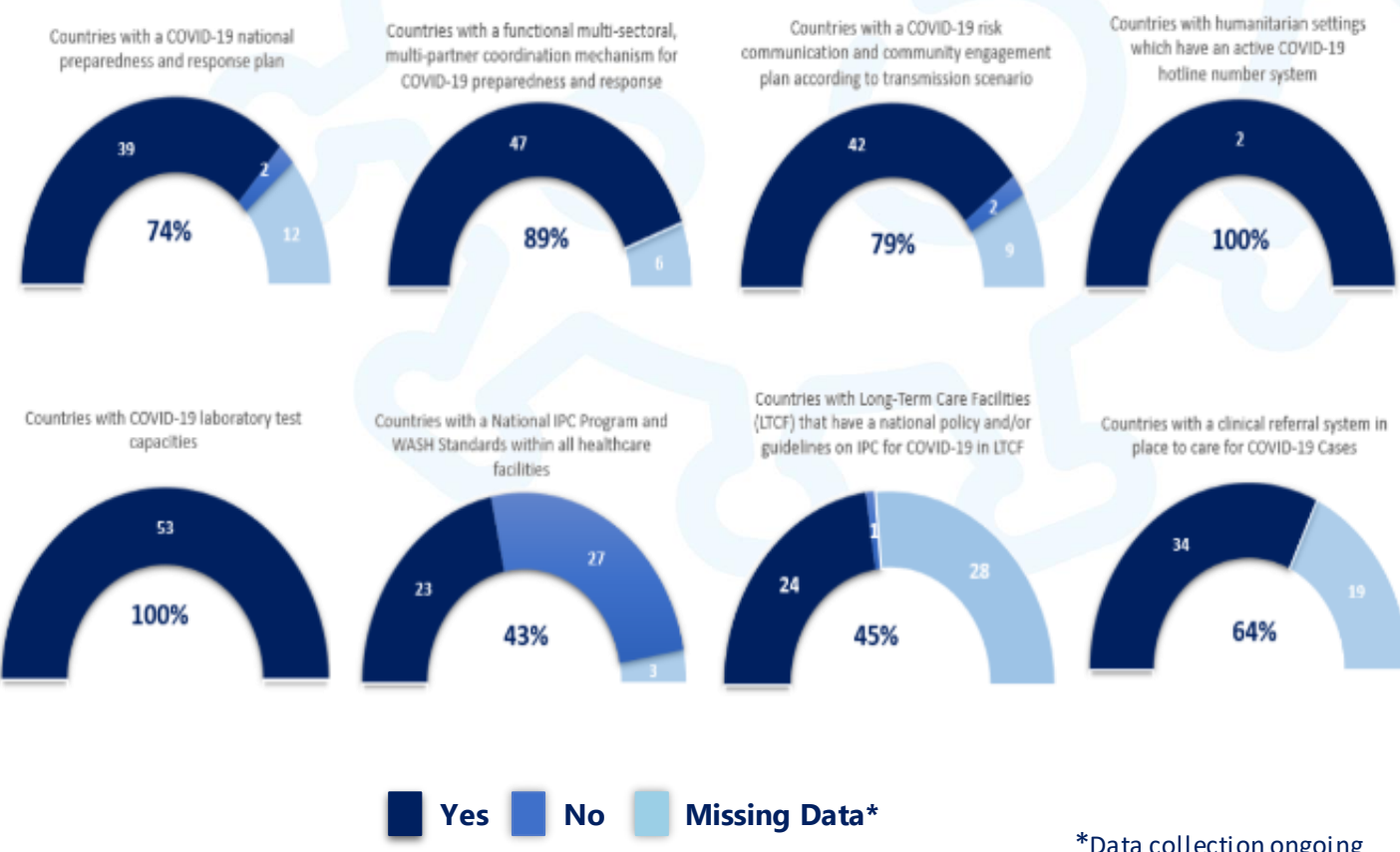
Credit: WHO Moldova Country Office

The main objective of the IAR was to provide an opportunity for continuous collective learning, by bringing together relevant stakeholders to systematically analyse and document best practices, identify challenges in the COVID-19 response, and accordingly propose short- and long-term corrective actions. The review was structured in three steps according to the standardized IAR methodology, including sessions on what went well and what went less well in the response (focusing on root causes), what could be done to improve the response, and finally what would be the best way forward.

The IAR covered the nine response pillars, from country-level coordination and risk communication to national laboratory system, IPC and maintaining essential health services. A number of cross-cutting best practices and challenges in Moldova’s COVID-19 response were identified during the review. The findings of the interactive pillar discussions led to several recommendations, including addressing limited public health funding, continuous capacity-building and training activities, information management and analytics to enhance coordination and situational awareness, pandemic fatigue, and development of stockpiles.

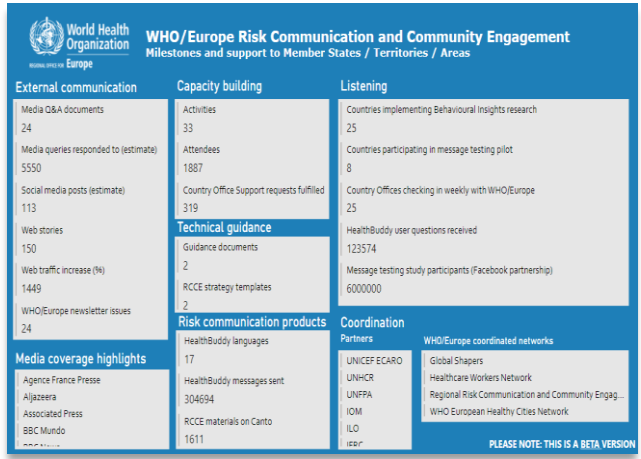
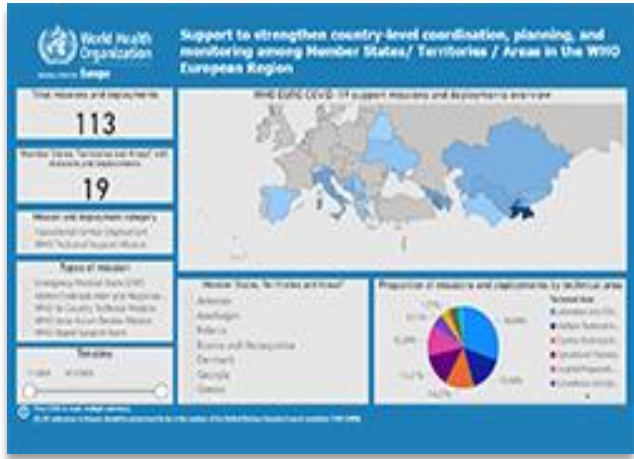
Continuously monitoring regional readiness:

The WHO Regional Office for Europe is monitoring readiness and response capacities in the Region. Indicators are used to monitor the global and regional situation, priority countries with operational support provided by the international community, and WHO's response.



*Data collection ongoing

To allow for transparent communication, coordination and consistency, and to better monitor the WHO Regional Office for Europe's response to COVID-19, a [COVID-19 Country Support Dashboard](#) has been developed which, in its beta form, provides a dynamic overview and real-time display of the support that has been provided to Member States across the Region since January 2020 and throughout the response to the pandemic – aligned to the nine pillars of the [Strategic Preparedness and Response Plan \(SPRP\)](#).



COVID-19 heatmap of the WHO European Region:

New cases by ISO week



Number of new cases

