

Epi Weeks 47–48 (16–29 November 2020)

## Current global situation:

As of 29 November, over 61.8 million cases and over 1.4 million deaths have been reported globally. In Week 48, despite a slight downward trend, global case incidence remained high with about 4 million new cases recorded. Weekly deaths continued to rise, with over 69 000 new deaths reported globally. Both the Region of the Americas and the European Region remain the largest contributors to new weekly cases. Deaths rates in the European Region have continued to increase, accounting for about 50% of the new global deaths in Week 48.

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

## Current situation in the Region:

At the end of Week 48, over 18.5 million confirmed cases of COVID-19 and more than 412 000 laboratory-confirmed deaths have been reported from across Europe. The number of new cases has decreased over three consecutive weeks since peaking in the first week of November. Between weeks 47 and 48, new cases declined by 13%.

Trends again vary across the Region with declines seen mainly in western Europe but deteriorating indicators in central and southern Europe.

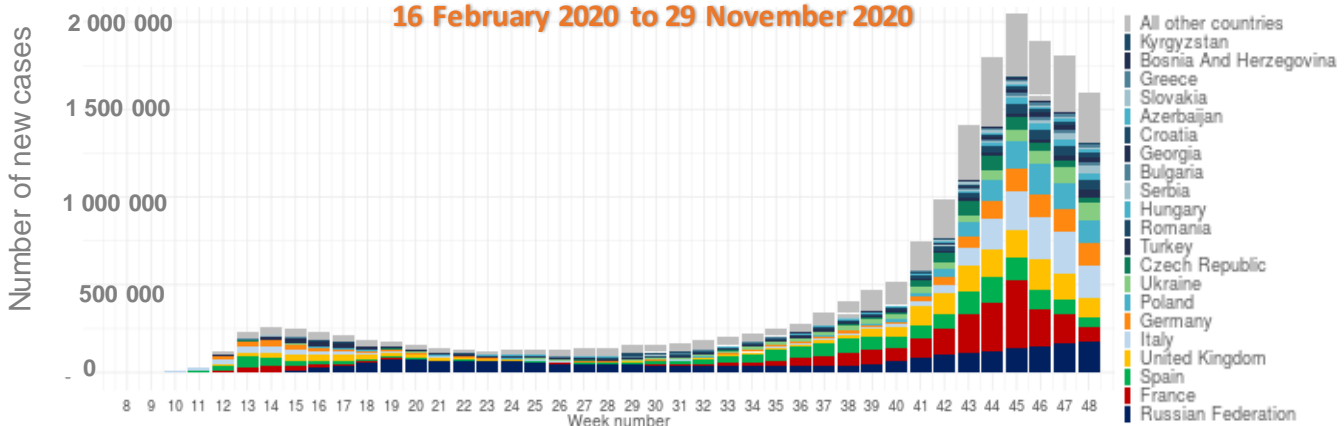
COVID-19 deaths have continued to rise with almost half of the countries seeing increasing trends and over 35 000 new deaths reported in week 48 alone.

### Week 48 EPI Snapshot\*

- **57%** of cases were reported from Italy, Russian Federation, Poland, Germany, United Kingdom, Ukraine and France.
- **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 (83%).

*\*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 29 November 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:

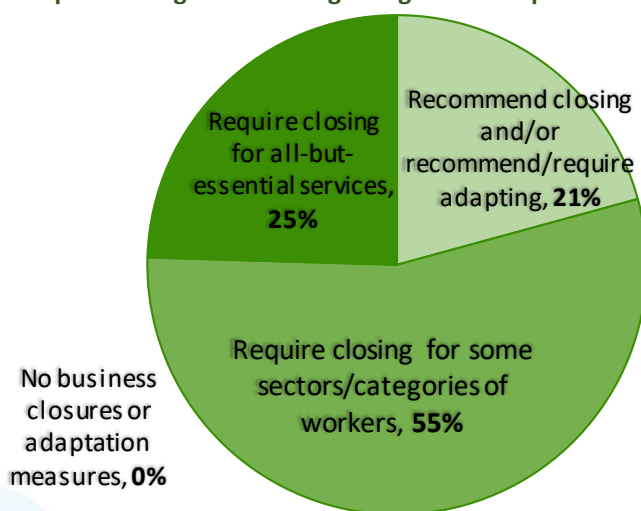
Following the resurgence in case numbers seen across the WHO European Region since the start of autumn, and in response to the increased prevalence of COVID-19, several European countries have partially or fully closed offices, businesses, institutions and other operations.

As of 29 November, all countries in the Region have had some measures in place regarding business operations at the national or subnational level, with the majority (55%) currently requiring closure (or working from home) for some sectors or categories of workers. Many countries have limited business hours, reduced capacity or ordered the closure of non-essential businesses, including establishments in the hospitality sector and businesses offering close contact services (e.g. Cyprus, Croatia, Iceland and the Netherlands). Several countries have applied a tiered approach and implemented localized public health and social measures (PHSM) of varying severity affecting businesses at the subnational level, guided by local epidemiological situations (e.g. Bulgaria, Ireland, Italy, Poland and Slovakia).

Several countries in the Region have imposed nationwide lockdown measures, often including full or partial closures of all-but-essential businesses and primary schools. Some of these same countries have recently announced a gradual easing of lockdown measures (e.g. France, Ireland and the United Kingdom), including a reopening of non-essential businesses, subject to strict adherence to infection prevention and control (IPC) measures, such as mandatory mask wearing.

Please refer to the [COVID-19 Health Systems Response Monitor \(HSRM\)](#) or the [PHSM Dashboard](#) for additional information.

Proportion of European Member States (n=53) implementing measures regarding business operations



## 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 164 missions and deployments to 22 countries and territories in the Region

**112**

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**



**71**

**Ventilators**



**17 909**

**Oxygen concentrators**



**374 720**

**Goggles**



**985 048**

**Gowns**



**1 704 850**

**Face shields**



**5 126 950**

**Respirators**



**7 805 600**

**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 47 and 48**



**Guidance on developing a national deployment and vaccination plan for COVID-19 vaccines**

This document is intended to guide national governments in developing and updating their national deployment and vaccination plan (NDVP) for COVID-19 vaccines.

It is built upon existing documents and the core principles of the WHO Strategic Advisory Group of Experts (SAGE) values framework for the allocation and prioritization of COVID-19 vaccination, the prioritization roadmap, and the fair allocation mechanism for COVID-19 vaccines through the COVAX Facility, and will be continually shaped by vaccine-specific recommendations.

Due to the current uncertain environment for COVID-19 vaccine development, the Guidance is based upon key assumptions, the best available at this time. Future changes or updates should be expected.

**Global COVID-19 guidance:**

[Guidance on developing a national deployment and vaccination plan for COVID-19 vaccines](#)

Published 16 November 2020

[Maintaining surveillance of influenza and monitoring SARS-CoV-2 – adapting Global Influenza Surveillance and Response System \(GISRS\) and sentinel systems during the COVID-19 pandemic](#)

Published November 2020

[Therapeutics and COVID-19: living guideline](#)

Published 20 November 2020

[Rapid hospital readiness checklist: interim guidance](#)

Published 26 November 2020

[Draft landscape of COVID-19 candidate vaccines – 26 November 2020](#)

Published 26 November 2020

[Evidence to recommendations: COVID-19 mitigation in the aviation sector](#)

Published on 27 November 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 and maintaining essential services during the COVID-19 pandemic.

In Uzbekistan, from 19 to 21 November, WHO and the Ministry of Health organized a training course on IPC in the context of COVID-19 for general health-care staff of the Andijan region. Over 100 participants from different health-care facilities joined the training to improve their knowledge on the main components and measures of IPC to be followed in health-care settings. From 24 to 26 November, the same IPC training was carried out among general health-care staff in the Bukhara region.



WHO headquarters and the Regional Office for Europe have been working with Serbia to revise the existing IPC protocols issued to long-term care facilities. Preparation regarding a new set of recommendations and communication material on the use of personal protective equipment (PPE) for employees and beneficiaries, including an online training on the same topic, are also under development.

In Tajikistan, WHO participated in two one-day training sessions on differential diagnostics for national and regional paediatricians, neonatologists and primary health care clinicians on *Multi-inflammatory syndrome in children under 18 years of age with some features similar to Kawasaki disease and toxic shock syndrome*.



On 19 November, the WHO Country Office in Turkmenistan conducted a joint assessment in coordination with the Ministry of Health working group on national IPC measures. The assessment was conducted in accordance with the WHO tool, with results provided to the Ministry of Health for future action in addressing identified gaps.



As of Week 48, **13 262** health-care workers in the Region were reached by WHO virtual capacity-building training to improve patient outcomes.

**109 888** individuals completed OpenWHO courses related to IPC and case management of COVID-19 patients, as of Week 48.



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](#).

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

WHO continues to work with national authorities to strengthen capacities to rapidly detect, test and treat patients with COVID-19.



On 17 November, the three levels of WHO organized a Q&A session for Member States of the Central Asian Republics Information Network (CARINFONET) on the International Classification of Diseases (ICD) coding and the certification of deaths due to COVID-19. The session covered practical guidance on and approaches to certification and classification of deaths due to COVID-19 and the recording and reporting of COVID-19 cases. Over 200 participants, including statisticians, clinicians and decision-makers from Central Asia, attended the session.

### In focus: WHO Europe is providing continued support to Armenia through the deployment of an Emergency Medical Team

The WHO Regional Office for Europe has been providing continued support to Armenia throughout the COVID-19 pandemic, focused on strengthening both the public health response and health system capacities in the country.

As part of this, WHO has also supported the deployment of three WHO-classified Emergency Medical Teams (EMT) to Armenia to help health-care workers treat patients and save lives.



*UK MED EMT in action – building COVID-19 case management capacities among Armenian doctors and nurses.*

**Credit:** WHO Country Office in Armenia

The latest deployment came following an official request from the Ministry of Health for support with the surge of COVID-19 cases. In response, the WHO Regional Office for Europe, in coordination with the WHO Country Office in Armenia and the Ministry of Health, worked with the WHO EMT Secretariat to deploy an EMT to support the country's health system response to COVID-19 and relieve the additional burden on overstretched health-care facilities and workers.

On 23 November, an EMT from the United Kingdom, UK-MED, arrived in Yerevan, Armenia to support health-care workers until 23 December 2020. The team, consisting of seven members, includes intensive care unit doctors, a critical care nurse and IPC specialists. The UK-MED team will work in Yerevan, providing direct clinical support to Armenian teams in the treatment of severe and critical COVID-19.

**For more information, please find the UK-MED article on the EMT deployment [here](#).**

### Target 3: Reduce transmission

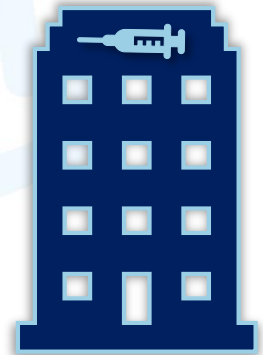
In the context of COVID-19, WHO is committed to working with national authorities and partners to take action in preventing and reducing transmission at the community level.



In Georgia, WHO worked in partnership with the International Orthodox Christian Charities, providing awareness-raising sessions on the risks and prevention of COVID-19 to 88 long-haul truck drivers and 30 agrarian market vendors in the open markets of the cities of Poti and Khobi.

The WHO Regional Office for Europe also continues to work with partners and countries within the context of COVID-19 vaccine deployment and implementation in order to ensure equitable roll-out of COVID-19 vaccines to reduce future transmission among prioritized, vulnerable groups, and eventually entire populations.

On 18 November, the WHO Regional Office for Europe organized a meeting of the Regional Working Group on the COVAX Advance Market Commitment (AMC) process. The objectives of the meeting were to provide an update on the COVAX facility and a briefing on the COVAX AMC process; to brief AMC countries on the procedures required for accessing COVID-19 vaccines; and to provide guidance on in-country work, within the context of building country preparedness for COVID-19 vaccine deployment and implementation.



On 20 November, **UNICEF and the WHO Regional Office for Europe** conducted a regional webinar on *Supply and logistic tools to assess preparedness for COVID-19 vaccine deployment*. The webinar aimed to provide guidance to national immunization stakeholders and partners on building the preparedness of immunization supply and logistics systems in the context of developing COVID-19 national vaccine deployment plans and preparing for applications for COVAX/Gavi vaccine support.

In Serbia, the WHO Country Office met with the Ministry of Health in Week 48 regarding re-prioritization of the need to improve cold chain capacities for storage and distribution of vaccines. The main subject of the Direct Financial Cooperation (DFC) was changed to financially support the establishment of four cold rooms in the central national vaccine storage facility, instead of ultra-low temperature freezers.

Also, it was agreed that WHO will coordinate with UNOPS regarding the procurement of 40 truck-sized containers to be used as vaccination points in Serbia. With UNOPS, WHO will further coordinate the procurement of different types of freezers and refrigerators as per the prioritization agreed with the Ministry of Health of Serbia.



## Target 4: Innovate and learn

**WHO, together with its partners, is supporting countries in learning and applying lessons** about what works in the fight against COVID-19, in order to better adjust, strengthen and maintain those actions that work and address those that do not.

As part of this, the WHO Regional Office for Europe directly supports 27 countries in conducting [behavioural insights surveys](#), to gain insights into peoples' perceptions to help target how information is shared.

Georgia was the first in the Region to conduct these surveys and continues to innovate using the data collected. The surveys have led to better understanding of the needs of key audiences in the country. Results from the first three rounds of data collection at the national level have led to a fourth round, focusing on two specific regions, Kvemo Kartli and Samtskhe-Javakheti. Read more about this [here](#).



*WHO targets COVID-19 messages to reach ethnic minorities in Georgia.*  
Credit: [WHO Regional Office for Europe](#)

### **In focus:** Joint Intra-Action Review carried out in Kyrgyzstan in collaboration with the Ministry of Health

The WHO Country Office Kyrgyzstan, in collaboration with the Ministry of Health, worked to conduct a joint Intra-Action Review (IAR) to identify the key strengths and challenges of Kyrgyzstan's COVID-19 response. The IAR was carried out using tools for COVID-19 IARs from the WHO Regional Office for Europe, helping to identify practical areas for immediate course correction and sustained improvement of the response.



*WHE officer Akbar Esengulov and Central Asian Hub Coordinator Tasnim Atatrah, closely supporting the facilitation of the IAR with the MoH*  
Credit: WHO Kyrgyzstan Country Office

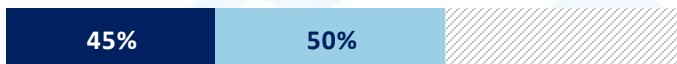
The IAR was conducted on 27 November by 26 reviewers, including experts from the Ministry of Health and the WHO Country Office in Kyrgyzstan, covering the key pillars of the COVID-19 response, including: *command and coordination; surveillance, rapid response teams and case investigation; points of entry, international travel, and transport; laboratory; infection control; case management; and maintaining essential health services and systems.*

Preparation for the IAR included the establishment of a core management team, the identification of facilitators for the key pillars of the response, the organization of preparatory meetings for participants to familiarize them with the IAR methodology, and a facilitator briefing to ensure smooth IAR implementation. The final report is in development with the initial results presented to the Ministry of Health.

# 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.

Countries with long-term care facilities (LTCF) that have a national policy and/or guidelines on IPC for COVID-19 in LTCF (target: 100%)



Countries with COVID-19 laboratory test capacities (target: 100%)



Countries with a COVID-19 risk communication and community engagement plan according to transmission scenario (target: 100%)



Countries with a COVID-19 national preparedness and response plan (target: 100%)



Countries with a functional multisectoral, multipartner coordination mechanism for COVID-19 preparedness and response (target: 100%)



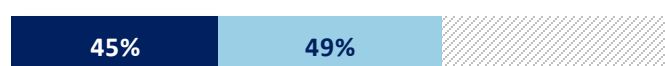
Countries with an active COVID-19 hotline number system (target: 100%)



Countries with a clinical referral system in place to care for COVID-19 cases (target: 100%)



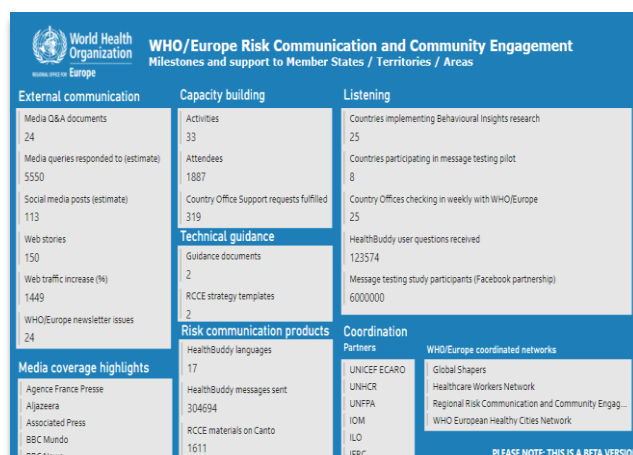
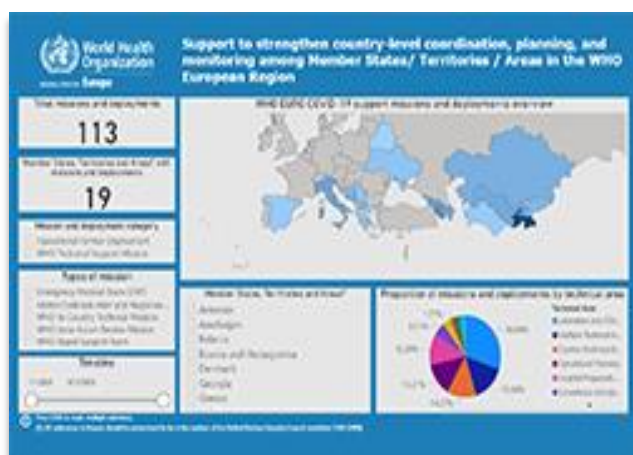
Countries with a national IPC programme and WASH standards within all health-care facilities (target: 100%)



■ On 31 October

■ On 30 November

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 9 pillars of the [Strategic Preparedness and Response Plan \(SPRP\)](#).





# COVID-19 heatmap of the WHO European Region:

New cases by ISO week

