

### Current global situation:

By the end of April, over 150 million confirmed cases and 3.1 million deaths due to COVID-19 were reported to WHO globally. Global case numbers have been increasing now for nine consecutive weeks, with the number of global COVID-19 cases remaining, since mid-April, at the highest levels observed since the beginning of the pandemic. New global deaths also continued to increase for the seventh consecutive week. The South-East Asia Region is reporting the highest global burden with marked increases in the incidence of both cases and deaths, while all other WHO Regions see stabilizing or declining trends. Please refer to the [WHO Weekly Epidemiological Updates](#) for further information.

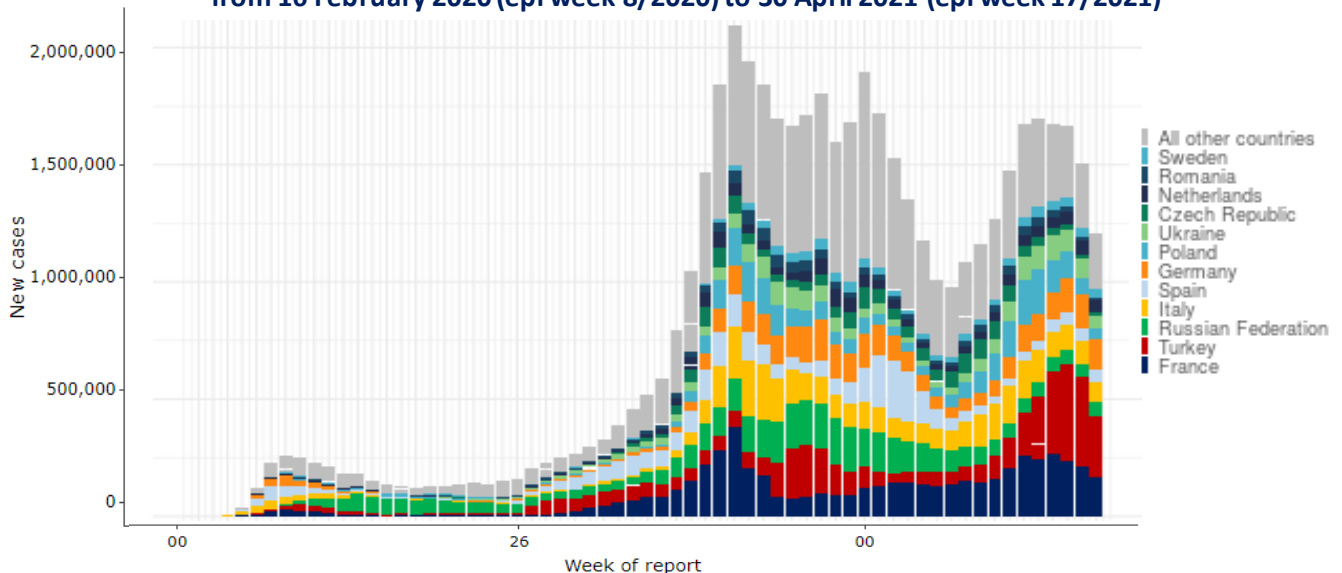
### Current situation in the Region:

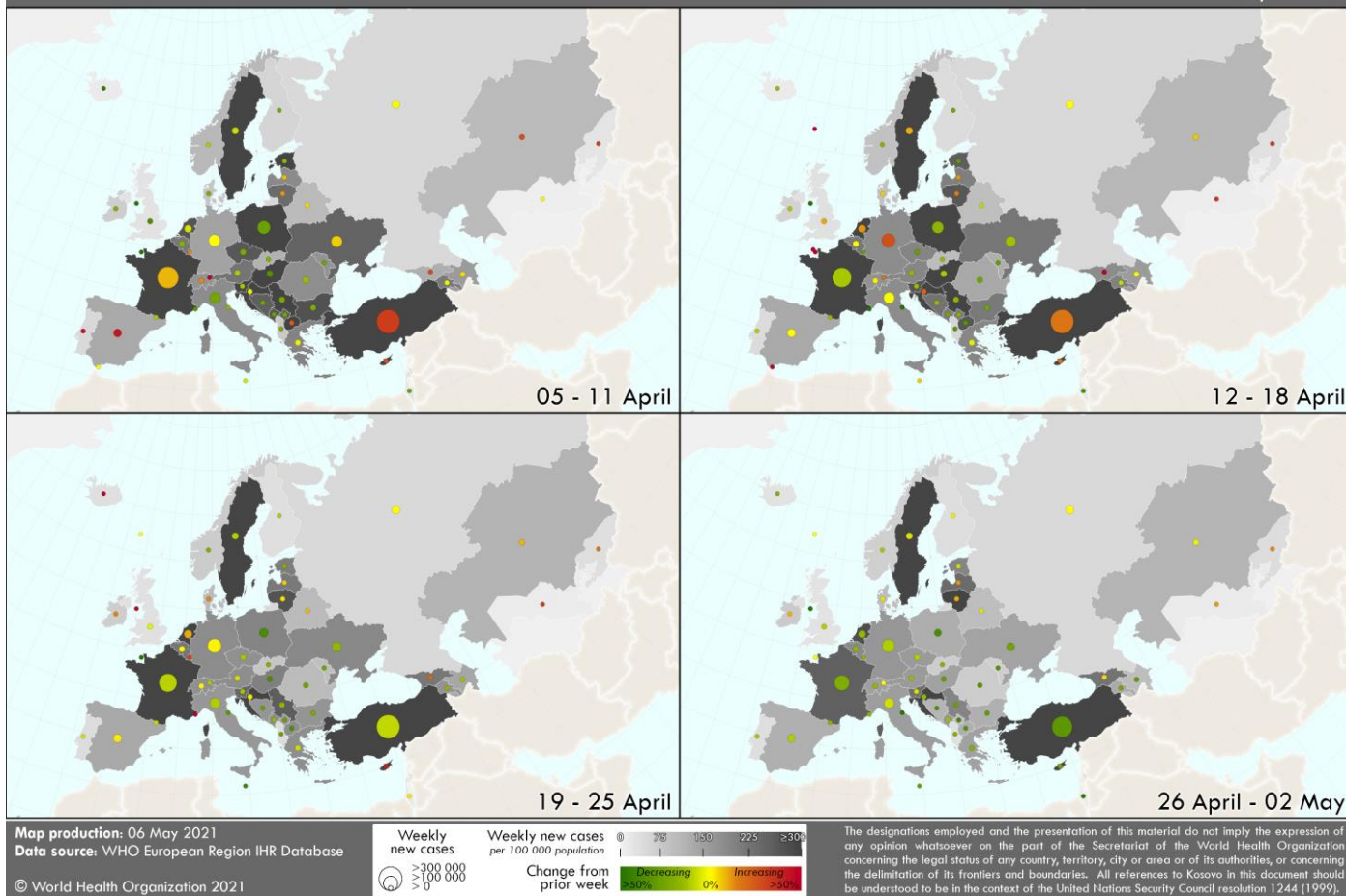
As of 30 April, close to 52 million cases of COVID-19 and 1.1 million deaths have been reported across Europe. At the start of April, high incident cases continued to be reported with incident deaths also increasing. The epidemiological picture across the Region remains mixed, with some countries seeing stabilizing or decreasing trends, while others, such as Croatia, Cyprus, Germany and Turkey, saw significant increases.

In week 16/2021, a significant decline in case incidence in the Region was observed for the first time in two months. This decline continued in week 17, with 1.2 million new COVID-19 cases reported and 23 000 new deaths recorded – a 20% and 11% decrease, respectively, compared to the previous week. In the last week of April, the highest numbers of new cases were reported from Turkey, France and Italy, with Cyprus, Sweden and Turkey reporting the highest number of deaths per capita incidence.

In week 17, 13.2% of cases and 78.5% of deaths occurred in persons aged ≥65 years. The ≥80 years age group is now on track to becoming the age group with the lowest per capita incidence in Europe, an early sign of the impact of the vaccination programme across the Region.

**Number of new confirmed COVID-19 cases reported by Epi-week in the WHO European Region from 16 February 2020 (epi week 8/2020) to 30 April 2021 (epi week 17/2021)**





## Update on SARS-CoV-2 variants of concern circulating in Europe

WHO routinely assesses if variants of SARS-CoV-2 result in any changes that have a public health impact. It has become apparent that some of these variants of concern (VOCs) differ in their behaviour compared to previously circulating SARS-CoV-2 viruses. Some are more transmissible, some are likely to cause more severe disease and, in some cases, they may cause a reduced vaccine response.

As of April 2021, all three types of SARS-CoV-2 VOCs are reported to be circulating in Europe.

### SARS-CoV-2 VOC 202012/01 (B.1.1.7 lineage)

- This is now the dominant strain in the Region in 90.1% (26.6–100%) of sequenced samples by week 17.
- Available evidence on vaccine performance against B.1.1.7 indicates that protection against disease is retained.

### SARS-CoV-2 VOC 501Y.V2 (B.1.351 lineage)

- Detected in 37 European countries/territories in 0.5% (0–32.1%) of sequenced samples by week 17.
- Limited evidence on vaccine performance suggests reduced protection against disease.

### SARS-CoV-2 VOC P.1 (B.1.1.28.1 lineage)

- Detected in 23 European countries and territories in 0.0–8.1% of sequenced samples, primarily related to travel, with some countries reporting a recent increase of this variant despite decreases seen in the detection of other variants.
- Limited evidence is available regarding vaccine performance against P.1 at this time.

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

## In Focus

WHO designates SARS-CoV-2 variant B.1.617 a variant of interest (VOI)

25 April 2021

Emerging SARS-CoV-2 variants within the Pango lineage B.1.617 initially detected in India and reported by the country as a VOI has now been designated as a VOI by WHO. That means it may have mutations that make the virus easier to spread, cause more severe disease or escape vaccine immunity. As of 27 April, over 1200 sequences have been uploaded to the Global Initiative on Sharing Avian Influenza Data (GISAID) and assigned to the lineage B.1.617 (collectively) from at least 17 countries globally. This variant contains three characteristic mutations – L452R, P681R and E484Q – and may possibly be associated with increased transmissibility and decreased neutralization capacity.

The B.1.617 variant was first detected in the European Region on 16 April and by 30 April, 20 countries/territories in the European Region had reported detection of the B.1.617 VOI.

## Emergency public health measures taken across the Region:

Since the beginning of 2021, the spread of VOCs has increasingly shaped the evolution of the pandemic and response strategies across the WHO European Region. During April 2021, the new VOI B.1.617 (first identified in India) was detected in over 20 European Member States. As a result, many European countries imposed travel restrictions on travellers from India.

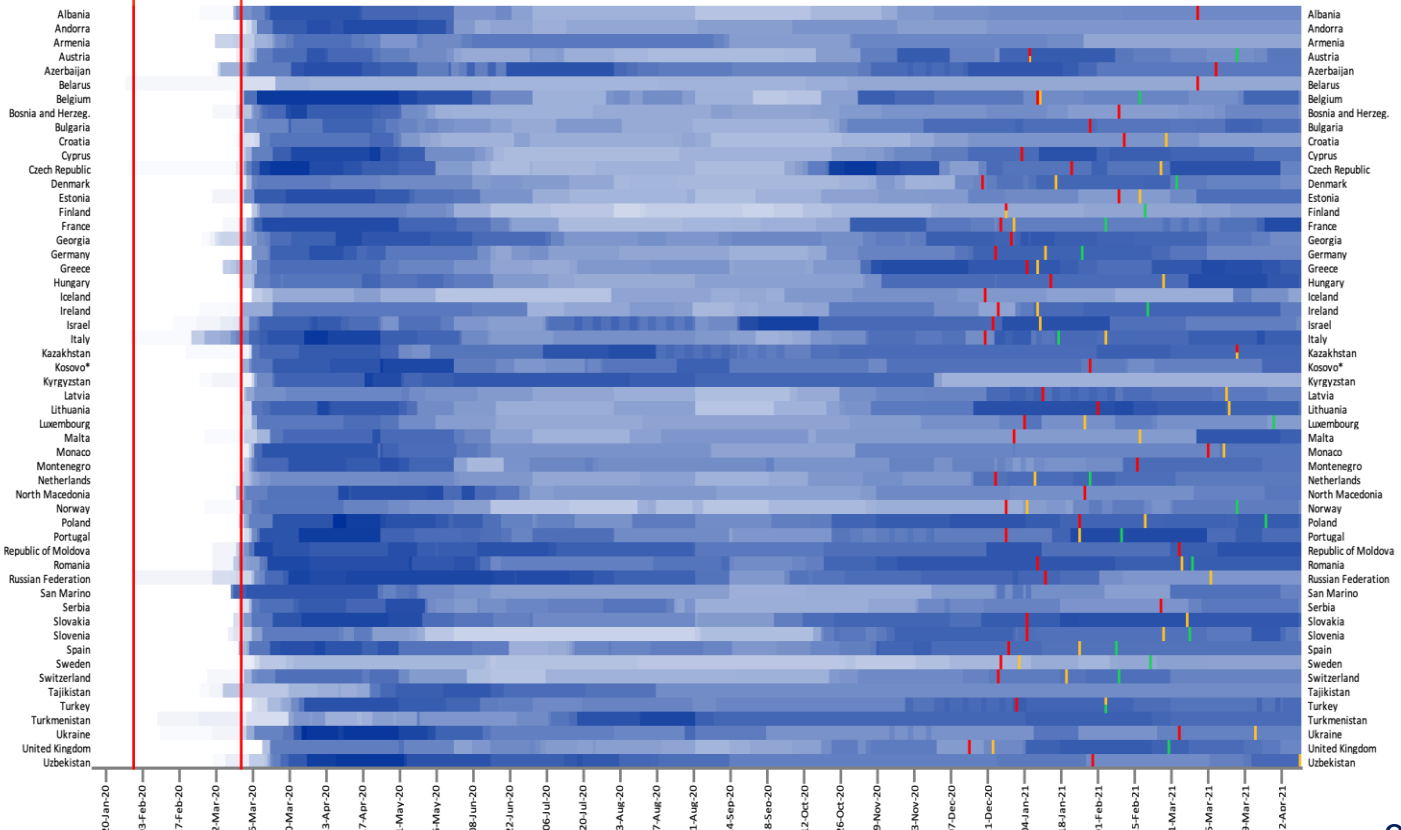
By 30 April, 14 Member States in the WHO European Region implemented entry bans, quarantine and/or testing requirements for travellers arriving from India, while a few Member States also implemented these measures among travellers from neighbouring countries, namely Bangladesh (4 Member States), Nepal (2 Member States) and Pakistan (2 Member States).

## Status of PHSM across the Region at the time of first VOC detection

PHSM Severity Index Scale

No measures Most severe measures

Declaration of PHEIC | COVID-19 is characterized as pandemic | Date of first reported B.1.1.7 case | Date of first reported 501Y.V2 case | Date of first reported P.1 case



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

The WHO Regional Office for Europe's response is built around a [comprehensive global strategy](#) to end the acute phase of the pandemic and build resilience and readiness for the future 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

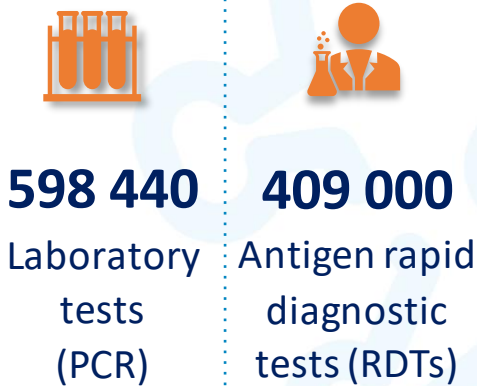
WHO has conducted 201 missions and deployments to 23 countries and territories in the Region



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 33 countries and territories in the Region\*

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



\* The data presented have been adjusted following retrospective analysis of WHO's records.

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

## Prepare and be ready

The WHO Regional Office for Europe continues to work hand in hand with frontline health workers and health policy-makers as they work to scale up their national responses.

**Between 1 and 30 April 2021:**



**2073 participants** engaged in webinars on infection prevention and control (IPC) and clinical management of COVID-19 patients.

In **Azerbaijan**, the WHO Country Office continues to support capacity-building among the health workforce through a COVID-19 webinar series. The latest webinar held in week 17 was jointly organized with the Management Union of Medical Territorial Units (TABIB) and an infectious disease expert from the Regional Office. During the webinar, WHO's recommendations on preventing neurological complications of COVID-19 as well as the latest developments in clinical management of COVID-19 cases in children were shared with over 200 medical doctors.

In **Serbia**, three webinars were held on 7, 14 and 21 April with two departments of the Serbian Medical Society and participation of over 360 clinicians from all levels of health care. The training sessions were organized by the WHO Country Office in Serbia in collaboration with experts from the WHO Health Emergencies (WHE) Balkans Hub Office and the Regional Office for Europe, and covered the following topics:

- ➔ Clinical management of patients with COVID-19;
- ➔ Post-COVID-19 diagnostics, treatment and early recognition;
- ➔ Organization of health services in the context of the COVID-19 pandemic.

In **Turkmenistan**, training of trainers sessions (TOTs) were carried out with 40 health-care workers in the Ahal and Lebap regions between 12–14 and 19–21 April. The cascade training sessions were held in person with experts from the WHO Country Office and remote participation of experts from the Regional Office. Participants discussed the latest treatment protocols for severe acute respiratory infections (SARI) and COVID-19, as well as the management of patients.



### In Focus

WHO Support Mission to Albania for infection prevention and control, clinical management and surveillance

*12–16 April 2021*

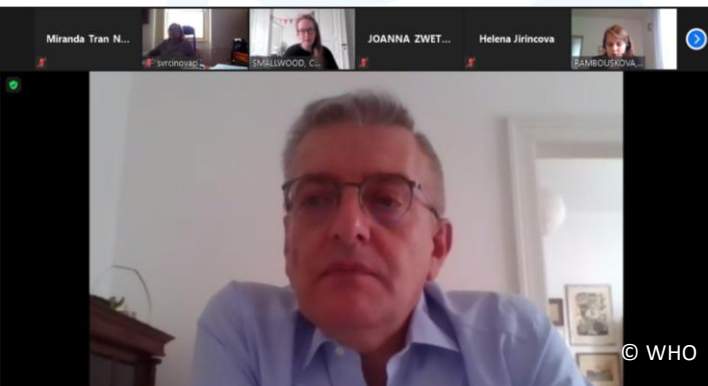
A joint technical support mission from the WHE Programme Balkans Hub was deployed from 12 to 16 April 2021 to contribute to the COVID-19 response in **Albania**. The mission focused on current capacities, identifying gaps and strengthening the COVID-19 response specifically in IPC, clinical management, and epidemiological and laboratory surveillance. Consultations were also held with national stakeholders to identify lessons learned and explore options for further reviews of the response through an inter- or after-action review.

Throughout the mission, the WHE Balkans Hub Team worked in close collaboration with the WHO Albania Country Office and national counterparts in the following areas:

- Strengthening IPC and hospital preparedness
- Strengthening laboratory and testing capacity
- Improving surveillance, case investigation and contact tracing.

Overall, the joint mission enabled the WHO team to better understand the current COVID-19 response in Albania, identify gaps across several key pillars of the response and discuss future areas of further support from WHO.

## Detect, protect and treat patients with COVID-19



Dr Srdan Matic, WHO Representative to Czechia

### In Focus

Workshop and technical dialogue on COVID-19 surveillance, testing and contact tracing with the regional hygienic stations in Czechia

13 April 2021

In Czechia, the regional public health authorities or hygienic stations play a significant role in the health system and are responsible for a range of public health services, including epidemiological surveillance, emergency health measures, immunization logistics, and certifications and authorizations.

On 13 April 2021, the Regional Office's Incident Management Support Team, in collaboration with the WHO Country Office in Czechia, held a workshop and technical dialogue on COVID-19 contact-tracing and testing strategies with the newly appointed Chief Public Health Officer as well as representatives from the Czech National Institute of Public Health and the regional hygienic stations.

The virtual workshop aimed to facilitate knowledge exchange and support regional authorities in further strengthening their response in the context of a long period of intense transmission, health workforce limitations, and changes in the command-and-control structure of the response.

This first meeting demonstrated the collaboration between WHO, the Ministry of Health and the regional hygienic stations, and provided a forum for exchanging lessons learned, sharing best practices and bringing forward evidence to advocate for policy changes in future.

**WHO continues to work with national authorities to strengthen COVID-19 capacities to rapidly identify and isolate cases, treat patients, and trace, quarantine and test contacts.**



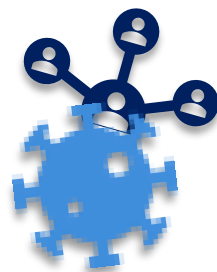
On 7 April, the WHO Country Office in Latvia organized a webinar on testing strategies for COVID-19 – contributing to the implementation of evidence-based approaches to the management of and response to the COVID-19 pandemic in Latvia.

Between 13 and 15 April, the WHO Country Office in Tajikistan, in conjunction with the US Centers for Disease Control (US CDC) conducted a training session for the newly established team from the Public Health Emergency Operations Centre (PHEOC) within the Ministry of Health and Social Protection.



The training covered aspects related to incident management, coordination, logistics, finance and administration, risk communication, as well as other critical response areas – to further build capacities within the PHEOC team and strengthen PHEOC operations in the country.

As part of a joint WHO–EU project for COVID-19 Crisis Response for Central Asian countries, a TOT was conducted between 8 and 10 April on contact tracing for 18 sanitary epidemiology staff in Ashgabat, Turkmenistan.



During the TOT, participants discussed the standard operating procedures (SOPs) on IPC and contact tracing for COVID-19 developed by the technical working group under the Ministry of Health and Medical Industry of Turkmenistan, with WHO support. The hybrid training consisted of in-person sessions with experts from the WHO Country Office in Turkmenistan combined with remote support provided by experts from the Regional Office.

## Reduce transmission

**WHO is committed to supporting health authorities and communities in strengthening the public health response to the pandemic to slow and stop further spread of the virus.**

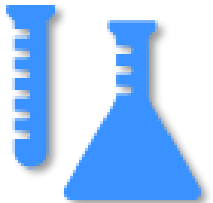
In North Macedonia, WHO experts presented on the laboratory detection of SARS-CoV-2 at the online symposium “What we know about COVID-19” organized by the Student Organized Medical Association at the University Goce Delchev.



More than 350 individuals participated in the session, including students and medical doctors from across the country.

On 28 April, the laboratory expert from the WHE Balkans Hub Office conducted an online training on sampling and transport of samples for detection of SARS-CoV-2 for newly employed health-care workers in **Kosovo**.<sup>1</sup>

In **Ukraine**, between 10 and 12 April, a three-day laboratory-based training on real-time polymerase chain reaction (PCR) was conducted to strengthen the qualification of staff at the Kyiv Oblast Laboratory Centre (OLC). Theoretical and practical exercises were attended by 18 trainees from the hosting Kyiv OLC, the Virology, Bacteriology, and Especially Dangerous Pathogens laboratories, as well as the Bila Tserkva, Brovary and Irpin Inter-rayon Departments of Laboratory Diagnostics. Trainees received hands-on lessons on the best molecular diagnostics practices for COVID-19 testing, different methods of RNA extraction, state-of-the-art RT-PCR, analysis of results, troubleshooting, and quality control.



The same training was later held between 15 and 17 April with 15 trainees from the hosting Poltava OLC, Poltava Oblast Clinical TB Dispensary, and Poltava Oblast HIV Center.

In week 17, a laboratory expert from the WHE South Caucasus Hub conducted an online training on single nucleotide polymorphism (SNP) assays in detecting SARS-CoV-2 variants – focusing on the TIB MOLBIOL N501Y SNP assay – for technicians at the molecular laboratory of the National Center for Disease Control in **Georgia** and its regional offices.



### In Focus

WHO laboratory experts deployed to Kazakhstan to train national laboratory mentors

*22 April–13 May*

A team of laboratory technical experts from the WHO Regional Office for Europe were deployed to **Kazakhstan** between 22 April and 13 May to provide further support to the laboratory sector focusing on the response to COVID-19 as well as to launch the implementation of the Global Laboratory Leadership Programme (GLLP) and train national mentors.

During the mission, a three-day interactive training was held with 16 national laboratory personnel who had been identified to become potential national leaders. Participants were trained on laboratory licensing, certification, accreditation and the importance of these mechanisms as part of broader quality management. Five national experts were then selected to expand the national mentoring team and target all regional laboratories that test for SARS-CoV-2 in Kazakhstan.

In Kazakhstan, the WHO Regional Office for Europe is now focusing on implementing a more sustainable laboratory response through the GLLP and training of mentors in order to increase national laboratory capacity and strengthen the country's COVID-19 response. This is in line with the Regional Office's 2021 objectives to identify innovations brought about during the COVID-19 pandemic and institutionalize them into national and subnational health systems.

<sup>1</sup> All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999)

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### In Focus

Assessing ground crossings between the Republic of Moldova and neighbouring countries

21–30 April 2021

The Ministry of Health, Labour and Social Protection (MoHLSP) of the **Republic of Moldova**, jointly with competent authorities at points of entry (PoEs) and technical support of the WHO Country Office and Balkan Hub successfully conducted an assessment of the International Health Regulations' (IHR) (2005) core capacities at four designated ground crossings with the aim of developing, strengthening and maintaining core IHR (2005) public health capacity requirements at designated ground crossings related to prevention and early warning for and response to public health risks and events.

The assessment team, consisting of representatives of the MoHLSP, border police and customs services, national public health representatives, the food safety agency and WHO, made in-person site visits to the four PoEs as well as a nearby railroad and cargo PoE. Prior to the assessment, the team reviewed the objectives, the ground crossing assessment tools and considerations for a successful assessment.

The mission concluded by identifying strengths, areas for improvement and developing an action plan for immediate, mid-term and long-term interventions to enhance capacities at the designated ground crossings in accordance with the requirements of the IHR (2005).

**WHO continues to assist Member States in optimizing and adjusting their COVID-19 response through high-level policy dialogues.**

Throughout the month of April, the Regional Director of the WHO Regional Office for Europe, Dr Hans Kluge, conducted country visits across Europe.



*Dr Kluge speaks with an asylum seeker in Greece.*

He visited leaders, health officials and health professionals in **Romania, Greece, Serbia and Hungary**, taking forward important conversations about the health of their populations, the state of the pandemic and looking beyond COVID-19.



WHO Country Office Representative in Poland at the launch of the health exhibition at the Polish Senate.

As part of [World Health Day](#) on 7 April, WHO called on leaders to put inclusiveness and equity at the heart of all recovery responses to create a fairer, healthier world. On 13 April, the Polish Senate opened an exhibition entitled *The struggle of Polish medics with the COVID-19 pandemic* in the context of World Health Day. In this ceremony, the WHO Country Office Representative to **Poland** was invited to participate together with the Senate.

**WHO also continues to work with partners to further develop country responses to COVID-19.**

In **Kyrgyzstan**, experts from the WHO Country Office organized a face-to-face TOT with volunteers from the International Federation of the Red Cross. The training was held on 12–13 April and focused on communicating with communities on COVID-19.



## Leaving no one behind:

**The Regional Office continues to work with national authorities and alongside international partners to tailor their responses specifically to high-risk groups and vulnerable populations.**

In **Ukraine**, from 6 to 16 April, capacity-building activities were conducted for the penitentiary system using the WHO Mental Health Gap Action Programme (mhGAP). The Programme worked to improve the capacity of health-care, psychological and social care specialists working within the division of the Healthcare Centre of the State Criminal-Executive Service in Ukraine in the regions of Chernivtsi, Ivano-Frankivsk and Zakarpatya. The aim was for participants to be able to identify and manage certain priority mental health conditions such as substance use, thus improving access to appropriate mental health treatment and care in prisons.

The **WHO Regional Office for Europe** has produced a [short film](#) in which health-care

workers discuss the mental health and well-being challenges they have been facing while caring for patients during the COVID-19 pandemic.

The film illuminates the risks for mental well-being that health-care workers face during the COVID-19 pandemic and underscores the need for long-term solutions to address health and well-being support for health-care workers.

**WHO is using health in the context of the pandemic to further support conflict-affected areas across the Region.**

On 23 April, the WHO Country Office in **Ukraine** delivered humanitarian cargo for health-care facilities located in the Eastern Conflict Area of Donetsk, including 4000 medical masks, 20 000 rapid diagnostic tests, 51 ventilators, 42 pulse oximeters and PCR laboratory reagents.

In addition, WHO joined the Health Cluster joint delegation on a mission to the Donetsk Oblast to carry out a needs assessment, technical evaluation of health-care facilities, and meet with health authorities and health partners.



Dr Hans Kluge speaks with a representative of Carusel during a visit to Bucharest, Romania.

### In Focus

Health equity takes centre stage on WHO Regional Director's visit to Romania

*7–8 April 2021*

Leaving no one behind in health has taken on a greater sense of urgency during the COVID-19 pandemic. On a country visit coinciding with World Health Day, the WHO Regional Director for Europe, Dr Hans Henri P. Kluge, highlighted the importance of equity in health to decision-makers, while also meeting with patients and health-care workers delivering health care to people who find themselves in difficult circumstances.

In **Romania**, a chain of care has been established to link charitable organizations working with people living on the streets with health authorities, ensuring that homeless people with underlying health issues have been able to access vaccines. Dr Kluge visited one such organization, Carusel, which advises people living in difficult circumstances on health matters and provides them access to vital health services.

During the country visit, Dr Kluge discussed health and health equity with the President of Romania, Klaus Werner Iohannis. The Regional Director and the President also attended a high-level meeting on climate change. This offered the opportunity to highlight how health inequities have exacerbated the pandemic, as well as illuminating the relationship between health and the environment. Read more about the country visit [here](#).

# Accelerating equitable access to vaccines:



## In Focus

COVAX helps make equitable access to COVID-19 vaccines a reality in the WHO European Region


23 April 2021

The COVAX Facility has delivered over 1 million doses of Pfizer–BioNTech and AstraZeneca COVID-19 vaccines to 14 participating countries in the Region so far. This global initiative is helping the lower- and middle-income countries in the Region to deploy COVID-19 vaccines in tandem with high-income countries, thereby contributing to the goal of ensuring equitable access to this global public good. Supply of vaccine doses through COVAX is expected to increase substantially in the coming weeks.

In total, over 214 million doses of COVID-19 vaccines have been administered in the Region so far. All countries and territories in the Region have deployed COVID-19 vaccines, with the number of nationally authorized vaccines used per country ranging from 1 to 7. In some countries, this unprecedented achievement has already led to reductions in weekly hospitalizations and deaths caused by COVID-19. Read more about vaccine deployment in the Region [here](#).

**WHO continues to work to accelerate vaccine deployment by providing training to health-care workers and introducing the COVID-19 vaccine.**

 On 2 April, the first shipment of AstraZeneca vaccines arrived in **Serbia** through the COVAX Facility.

 On 4 April, the first shipment of AstraZeneca vaccines arrived in **Azerbaijan**, purchased through the COVAX facility.

In **Armenia**, a webinar was held in week 14 to provide the latest evidence on vaccines and respond to the concerns and questions of health-care workers. The webinar was attended by close to 400 health-care providers.

In week 17, the WHO Country Office in **Tajikistan** supported the Ministry of Health and Social Protection to organize training sessions on COVID-19 immunization, social mobilization and interpersonal communication among responsible specialists of the health system. The training reached more than 6000 health-care workers from sanitary and epidemiological surveillance centres, immunoprophylaxis and healthy lifestyle centres at the district level across the country.

**WHO also supports the implementation of vaccine effectiveness studies among key populations across the Region.**

In **Estonia**, the University of Tartu is conducting a COVID-19 vaccination survey among health-care workers with support from the Regional Office. Based on the survey, new materials and information will be developed to empower health-care workers and increase vaccination coverage in the future. The study results were presented to the Ministry of Health, the Health Board and Health Insurance Fund on 14 April.

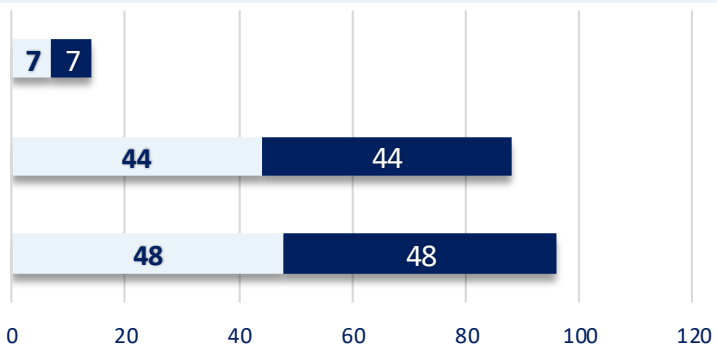
## Monitoring preparedness for COVID-19 vaccine deployment among European countries/territories

Completed preparedness in all 10 impetus areas

Reported to have at least initiated planning in all 10 impetus areas

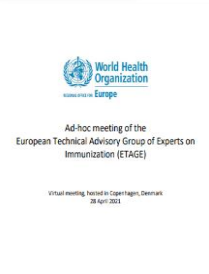
Reporting updates on preparedness status to WHO

■ 25-Mar ■ 29-Apr



## Further developing the COVID-19 knowledge base:

On 28 April 2021, the WHO Regional Office for Europe held an [ad-hoc, virtual meeting of the European Technical Advisory Group of Experts on Immunization \(ETAGE\)](#) hosted in Copenhagen, Denmark. The objectives of the meeting were to request advice and guidance from ETAGE members on the following two topics:



### 1. Guidance on the use of ChAdOx1-S [recombinant] COVID-19 vaccine in the context of reported cases of thrombosis and thrombocytopenia

In light of the available evidence, ETAGE concurs with the conclusion of the Strategic Advisory Group of Experts (SAGE) that the overall benefits of the ChAdOx1-S COVID-19 vaccines in protecting against COVID-19 outweigh the potential risks and acknowledges that the two-dose schedule as well as the interval between the doses of ChAdOx1-S COVID-19 vaccines remain unchanged. As data from additional studies become available, recommendations on vaccination will be updated, as appropriate.

### 2. Guidance for countries on setting vaccination coverage targets for COVID-19 vaccination as part of planning for and setting national vaccination strategies

- In the context of limited vaccine supply (stages I and II of the SAGE roadmap), countries should continue to follow ETAGE recommendations on prioritization of target groups, while those in the context of increased vaccine supply (for >20% of population) should vaccinate population groups <60 years of age in groups of descending order with the highest age group first.
- While evidence is premature for establishing a target for disease control, countries should seek to achieve at least 80% coverage of their adult population (18 years and above) as soon as feasible.
- Countries should assess barriers and drivers of vaccination in targeted population groups and implement evidence-based tailored strategies to enhance acceptance and uptake.

## New WHO technical guidance published in April 2021

### Safe and healthy food in traditional food markets in the WHO European Region

Traditional food markets are important sources of food for millions of people in the WHO European Region and can play a central role in ensuring access to safe, nutritious and culturally appropriate food. However, limited availability of and access to safe and healthy foods often hinders the adoption of nutritionally adequate diets.

Traditional food markets have also been associated with foodborne and zoonotic outbreaks, including most recently COVID-19. The COVID-19 pandemic has introduced new challenges, particularly at the local level, requiring an additional focus on food security, food safety and personal behaviour. With this multi-layered challenge in mind, this [technical report](#) aims to provide guidance on the development of markets offering safe and healthy food, considering the diversity of settings across the WHO European Region. To prevent the spread of COVID-19 and other infectious diseases in traditional food markets, both workers and the general public need to adopt recommended hygiene and respiratory practices.

### Guidance for the European Region:

[Recommendations from the European Technical Advisory Group for schooling during COVID-19](#)

Published April 2021

[Spending on health in Europe: entering a new era](#)

Published April 2021

### Global guidance:

[Data for action: achieving high uptake of COVID-19 vaccines](#)

Published 1 April 2021

[Reducing public health risks associated with the sale of live wild animals of mammalian species in traditional food markets](#)

Published 12 April 2021

[COVID-19 and mandatory vaccination: ethical considerations and caveats](#)

Published 13 April 2021

[Interim recommendations for use of the ChAdOx1-S \[recombinant\] vaccine against COVID-19](#)

Published 21 April 2021