

# COVID-19: WHO European Region Operational Update

## Epi Weeks 35–36 (24 August–06 September)

### Current global situation:

At the end of Week 36, over 26.7 million cases of COVID-19 and 876 000 deaths have been reported to WHO from 216 countries and territories – 1 million new COVID-19 cases are being reported each week. Situations across the WHO regions continue to vary, with the Americas being the most affected, and increasing trends continuing in the South-East Asia and European regions as outbreaks are flaring up in several countries across these regions following the summer holiday period.

Please refer to the [WHO Daily Coronavirus Disease \(COVID-2019\) Situation Reports](#) for further information.

### Current situation in the Region:

Transmission in the European Region is accelerating week on week with over a quarter of a million new confirmed cases reported in Week 36. About 4.5 million cases of COVID-19 and 222 700 deaths have now been reported to WHO.

Regional COVID-19 incidence has risen to levels that have surpassed the initial peak in March – in Week 14 – as a large number of countries across the Region are seeing upsurges in new cases with wide variations in the number of COVID-19 cases reported at subnational levels.

Overall deaths have so far remained stable due to:

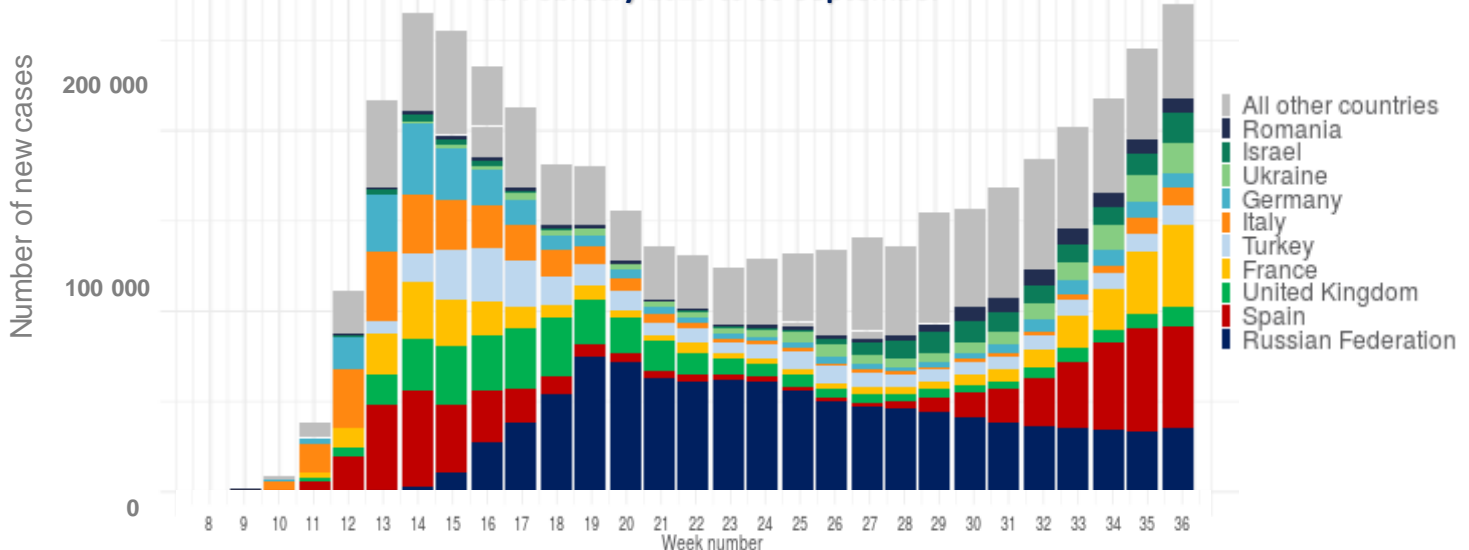
a larger proportion of cases among young people who tend to be less severely impacted; protections in place for the most vulnerable; increased testing and better case detection; and better care provided to severely ill patients.

#### Week 36 Epi Snapshot\*

- **63%** of cases were reported from **5** countries: Spain, France, the Russian Federation, Ukraine and Israel.
- **88%** of deaths were in people aged >65 years and **58%** 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 (75%).

\*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 06 September**



Please refer to the [WHO Daily Coronavirus Disease \(COVID-2019\) Situation Reports](#), the [WHO European Region Dashboard](#) and the [WHO European Region Surveillance Bulletin](#) for further information.

# Emergency public health measures taken across the Region:

The rising incidence of COVID-19 across Europe has triggered renewed travel restrictions and mandatory face mask policies. 39 countries in the Region have reintroduced public health and social measures either due to recent localized outbreaks or as a precautionary measure.

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

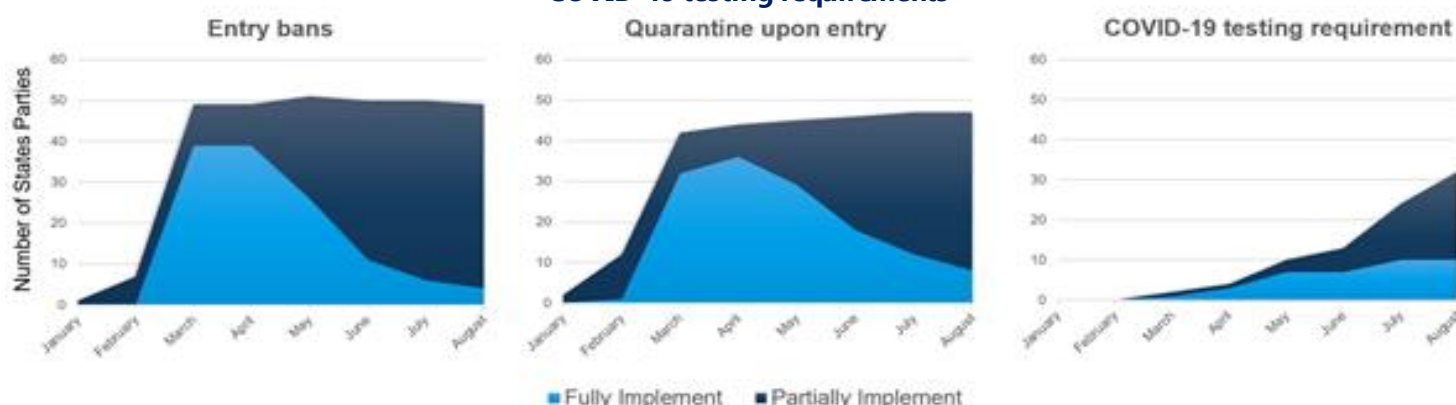
## International travel restrictions in the European Region:

As the epidemiology of the disease changes, countries are adjusting public health and social measures accordingly. At the end of Week 36, all 55 States Parties to the International Health Regulations (IHR) (2005) in the WHO European Region have implemented some type of additional health measure that significantly interfere with international traffic, as defined under Article 43 of the IHR.<sup>1</sup> These measures consist of entry bans (including restrictions via air, sea and/or land), quarantine requirements and COVID-19 tests.

### Transitioning from full to partial entry bans and quarantine requirements

While around 90% of European States Parties have put in place entry bans since March, the majority has gradually transitioned from banning entry from all countries to only some countries. Similarly, the requirement for incoming travellers to quarantine upon entry has been widely implemented in more than 75% of States Parties since March. Most States Parties have gradually transitioned from a full to a partial implementation of quarantine since April. States Parties are often using epidemiological criteria, such as a 7-day or 14-day incidence per 100 000 population, to apply different types of restrictions and/or requirements on other countries. To distinguish among these, some States Parties have classified countries as high-, medium- or low-risk countries, often using a traffic light system. Some also apply this subnationally.

**Number of States Parties that have partially or fully implemented entry bans, quarantine upon entry and COVID-19 testing requirements**



### Increasing use of testing as a requirement for entry

A growing number of countries have implemented a requirement for COVID-19 testing to supplement or replace quarantine measures. Across the European Region, COVID-19 test requirements differ in the type and timing of the test. Polymerase chain reaction (PCR) tests are the most common, used in 22 States Parties. Antigen and serological tests are also being used as an entry requirement in some States Parties. Furthermore, States Parties may require proof of a COVID-19 test before arrival, test travellers upon arrival, and require follow-up tests several days after arrival.








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 justifications and report them on a weekly basis to States Parties.

<sup>1</sup> This analysis has been performed using the information as of 31 August 2020 provided via official notifications of IHR national focal points (NFPs) to WHO, as well as information collected through a systematic process of open-source monitoring of official government websites.

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

The WHO Regional Office for Europe continues to focus on ensuring a sustained response to the pandemic, addressing broad engagement across the Region at regional and country levels. This 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 sent laboratory test kits and supplies to 32 countries and territories in the Region		WHO has sent personal protective equipment to 17 countries and territories in the Region		
 <b>399 400</b> Laboratory tests (PCR)	 <b>293 742</b> Laboratory supplies	<b>6 959 100</b> Gloves	<b>901 448</b> Gowns	<b>343 040</b> Goggles
		<b>9 950 100</b> Masks	<b>1 701 450</b> Face shields	<b>5 020 950</b> Respirators
WHO has conducted 111 missions and partner deployments to 19 countries and territories in the Region*				
 <b>72</b> In-country technical support missions	<b>13</b> Rapid support teams 	<b>3</b> Virtual country missions 	<b>1</b> Intra-action review mission 	<b>22</b>  Operational partner deployments

\* the data presented have been adjusted following retrospective analysis of the WHO Regional Office for Europe's records.

### Target 1: Prepare and be ready

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

To assist in this work, it has been holding virtual capacity-building webinars since the beginning of the outbreak in the areas of forecasting, calculating workforce and supply surge requirements, quality assurance, hospital readiness, infection prevention and control (IPC) and clinical management of patients with COVID-19. As of Week 36, webinars have reached half the countries in the Region and over 11 461 health-care workers.



Training for health-care workers on the case investigation protocols was conducted for primary health care doctors, ambulance personnel and public health centre epidemiologists in 10 regions of Georgia as part of the work supported by the European Commission's Directorate-General for Neighbourhood and Enlargement Negotiations (EU-DG NEAR).



Training on IPC protocols for frontline medical staff in designated health-care facilities in the Adjara and Guria regions of Georgia were also conducted by experts from the WHO Regional Office for Europe, in collaboration with experts from the Ministry of Health in Georgia.

WHO is also committed to working with all countries to strengthen their preparedness and readiness to safely reopen economies, societies, businesses and schools.



On 26 August, the Ministry of Education and National Institute of Public Health in Serbia organized a webinar for directors of schools, teaching staff and local school authorities on the safe reopening of schools with support provided by the WHO Regional Office for Europe. The WHO Country Office in Serbia and the United Nations Children’s Fund (UNICEF) also supported national authorities with the development of a comprehensive plan for a safe start to the school year and aided in developing communication materials that were distributed to all schools in Serbia.

In Uzbekistan, the WHO Regional Office for Europe, in cooperation with the Federal Institute of Children Health, held a capacity-building workshop on 4 September as part of the Health Promoting Schools (HPS) Programme in selected countries in eastern Europe and central Asia (EECA), including Uzbekistan. The first meeting and workshop was held on 31 August with members of the National Working Group as well as representatives from the Ministry of Health and Ministry of Public Education.

### **In focus:** Joint statement – Towards a consensus on safe schooling in the WHO European Region during the COVID-19 pandemic

COVID-19 has created one of the largest disruptions to education systems in history, affecting nearly 1.6 billion learners in more than 190 countries. The European Region is no exception. Many countries in the Region closed schools for several months to support the COVID-19 response. On 31 August, a high-level virtual meeting was jointly hosted by the WHO Regional Office for Europe and the Ministry of Health, Italy to address the safe return to school during the COVID-19 pandemic. The meeting encouraged multisectoral partnership and was attended by high-level Member State representatives from the ministries of health and education, as well as technical experts from across the Region and UN partners, including the United Nations Educational, Social and Cultural Organization (UNESCO). This meeting facilitated the exchange of views among Member States on the emerging evidence regarding the risks related to the resumption of schooling, and the mitigation measures that can be put in place to ensure children’s health and safety.

A joint statement by the Minister of Health, Italy – Roberto Speranza and the WHO Regional Director for Europe, Dr Hans Kluge – committed:

- to building a coalition across Member States to inform our actions and move forward jointly to implement the best possible measures on the provision of safe schooling for all, including our children;
- to agreeing to a unified set of data to learn more about the impact of COVID-19 on children, their families and communities to better inform future policy.



*Clockwise from above: Mr Speranza, Dr Azzopardi-Muscat and Dr Kluge speak during the meeting on COVID-19 and schooling*

Find the full statement [here](#). Further information about the meeting can be found [here](#).



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

**WHO continues to work with national authorities to strengthen their detection capacities for COVID-19.** During a three-week mission to Kazakhstan, from 11 to 27 August 2020, a laboratory expert deployed by the WHO Regional Office for Europe conducted a detailed assessment of the regional laboratories for COVID-19 in Sumgayit and Zakatala regions, including assessments of sample collection sites. On-site training of laboratory personnel of the regional laboratories on performance of PCR assays, verification of new test kits, and checks on biosafety, equipment maintenance and biosafety level (BSL)-2 cabinets were also carried out.



A WHO laboratory expert deployed to Kyrgyzstan assessed the 7 laboratories of the COVID-19 laboratory network in the country, assisted in estimating laboratory needs and trained 15 laboratory specialists.

**WHO is supporting countries in developing tailored multidisciplinary approaches to care for patients with COVID-19 and helping frontline clinicians to operationalize these protocols.** In the Republic of Moldova, the national clinical case management protocol was developed with technical support from the WHO Country Office and approved by the Ministry of Health, Labour and Social Protection. The protocol revised the criteria for releasing COVID-19 patients from isolation and some medicines have been excluded from the protocol based on the WHO recommendations. Two online training sessions were carried out between 3 and 4 September 2020 with the support of WHO on implementation of the updated national clinical case management protocol for primary health care workers, with 194 participants attending.

### In focus: Case management of COVID-19 patients in ICUs in Uzbekistan

In Weeks 35–36, the WHO Regional Office for Europe and WHO Country Office in Uzbekistan provided support to experts from the intensive care department for children and adults. The Tashkent Institute of Postgraduate Medical Education updated the training curriculum for the management of patients with COVID-19 in intensive care units (ICUs).

The programme was approved by the Ministry of Health on 29 August. Dissemination started in early September and it is anticipated that 1000 postgraduates will be trained according to WHO standards of care by the end of 2020.

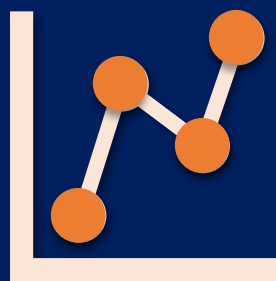
The training programme provides a systems approach to case management, highlighting the importance of IPC for health-care practitioners, setting up new standards of care, emphasizing the importance of preparedness and ethics during the pandemic, and providing best practices for the management of patients in ICUs.



### Target 3: Reduce transmission

**In the context of COVID-19, WHO provides global and regional platforms on serology for public health research.** The use of serology in epidemiology and public health research enables understanding of the occurrence of infection among different populations who may not have been identified by routine disease surveillance, and the proportion of the population who may be protected against infection in the future. To facilitate discussion on ongoing seroepidemiology investigations in the Region, the WHO Regional Office for Europe, in collaboration with the European Centre for Disease Prevention and Control (ECDC), held a joint Sero-EPI Network meeting on 3 September, which focused on longitudinal seroepidemiological investigations. Approximately 85 participants from across the Region attended the information-sharing session, discussing findings, lessons learnt and best practices.

#### **In focus: WHO strengthens surveillance capacities with the roll-out of the Go.Data platform in Kosovo<sup>1</sup>**



One of the key tools for suppressing transmission in all communities is contact tracing. It is essential for finding and isolating cases, and identifying and quarantining their contacts. In Kosovo, following the successful installation of the Go.Data platform for outbreak investigation, the WHO Office in Pristina, with support from experts deployed by the WHO Regional Office for Europe and WHO headquarters in Geneva, has led training for staff of the Institute of Public Health (IPH).

Leveraging operational partnerships, WHO has deployed an epidemiology expert – an EPIET Fellow – to support the implementation of the Go.Data platform and train additional IPH staff over the course of five weeks, beginning 6 September 2020.

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

### Target 4: Innovate and learn

**A critical element of the response to the COVID-19 pandemic is understanding public behaviour and using this information to inform measures and actions taken to prevent further spread of the virus.**

The WHO Regional Office for Europe continues to offer support to countries in implementing the WHO tool for rapid, flexible and cost-effective monitoring of public knowledge, risk perceptions, behaviours and trust to make their COVID-19-related response relevant and actionable. In Serbia, WHO is supporting the Institute of Public Health in the preparation and development of the protocol and questionnaire for the Behaviour COVID-19 Insight Study, which at the end of Week 35, is undergoing the final review stages. Once finalized, the survey will be conducted in four waves, with the first part expected to be conducted in the second half of September.



## In focus: WHO supports intra-action review in Uzbekistan led by the Robert Koch Institute, Germany

Germany's Robert Koch Institute (RKI), together with the WHO Regional Office for Europe, participated in a review of the COVID-19 response in Uzbekistan from 22 to 28 August. Experts from both organizations took part in facilitating the intra-action review (IAR) process with the aim of providing an opportunity to share experiences and collectively analyse the ongoing in-country response to COVID-19 by identifying achievements, challenges and making recommendations. The mission covered areas such as country-level coordination, planning and monitoring, surveillance, case investigation and contact tracing, clinical management, IPC and laboratories.



Repurposed Olympic sports facility used as a triage and treatment centre for COVID-19 patients in Samarkand, Uzbekistan



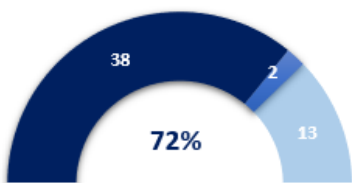
RKI and WHO EURO mission to Uzbekistan

Mission members included eight technical experts from RKI, who worked closely with Uzbekistan's public health officials and health professionals to assess the risks, understand the situation on the ground, and help guide the strengthening of response mechanisms in the future. The RKI and WHO team visited different public health institutions and health-care centres at national and provincial levels, providing technical support to key response activities.

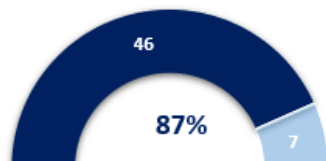
## Continuously monitoring regional readiness:

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.

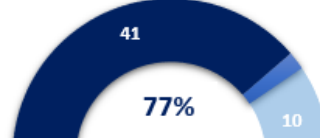
Countries with a COVID-19 national preparedness and response plan



Countries with a functional multi-sectoral, multi-partner coordination mechanism for COVID-19 preparedness and response



Countries with a COVID-19 risk communication and community engagement plan according to transmission scenario



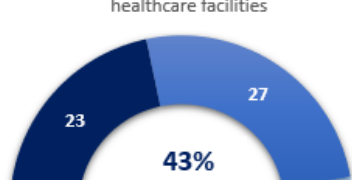
Countries with humanitarian settings which have an active COVID-19 hotline number system



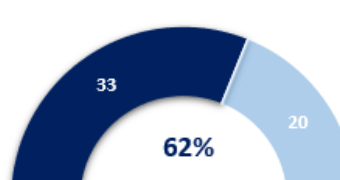
Countries with COVID-19 laboratory test capacities



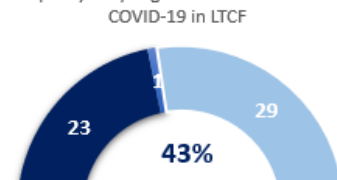
Countries with a National IPC Program and WASH Standards within all healthcare facilities



Countries with a clinical referral system in place to care for COVID-19 Cases



Countries with Long-Term Care Facilities (LTCF) that have a national policy and/or guidelines on IPC for COVID-19 in LTCF



■ Yes ■ No

■ Missing data\*

\*Data collection ongoing

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