

Epi Weeks 45–46 (2–15 November 2020)

## Current global situation:

As of 15 November, over 53.7 million cases and 1.3 million deaths have been reported globally to WHO with almost 4 million new cases recorded in the past week alone. The number of new global deaths grew by 11% over the past 7 days, with almost 60 000 new deaths reported, of which 81% were in Europe and the Americas. The European Region continues to report the highest number of new cases (46%) and deaths (49%) globally. In the past week, the Region of the Americas began to see a sharp rise in new cases with a 41% increase. The Eastern Mediterranean, African and Western Pacific Regions also reported increased numbers of new cases while the South-East Asia Region saw a decline 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 46, over 15 million confirmed cases of COVID-19 and 341 000 known deaths have been reported across the European Region.

Between weeks 45 and 46, nearly 2 million new cases and almost 30 000 new deaths were recorded. In the past week, for the first time in over three months, the Region observed a 10% decline in weekly cases following the strengthening of public health and social measures.

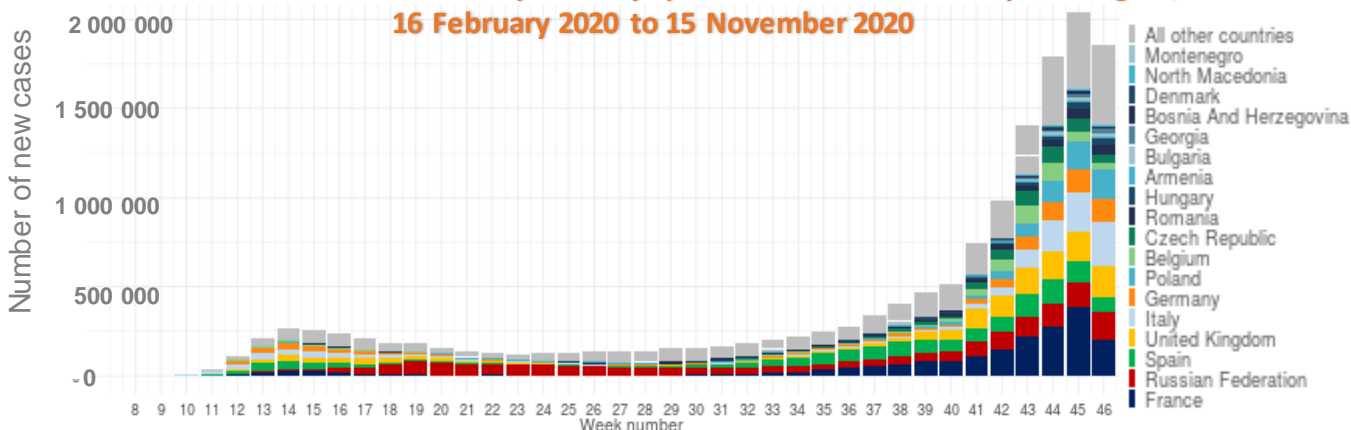
At the same time, COVID-19 deaths continued to increase and are on a par with previous peak levels seen in April – an 18% increase was seen in week 46 compared to week 45. All-cause mortality remains high in several countries but not close to levels seen in the spring.

### Week 46 EPI Snapshot\*

- **63%** of cases were reported from seven countries: Italy, France, United Kingdom, Poland, Russian Federation, Germany and Spain.
- **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 15 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:

In an effort to prevent imported cases of COVID-19, 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 interferes with international traffic, as defined under Article 43 of the IHR.

Where and when travellers have been allowed entry, they have often been subject to entry requirements such as the necessary provision of COVID-19 testing and/or mandatory quarantine at state facilities, hotels or at home. From April, many countries in the Region gradually moved from very severe international travel restrictions such as full-scale entry bans or testing or quarantine for all travellers, to implementing these travel measures for some or only a few countries. Examples of restrictions implemented by countries with a varying degree of severity are given below:



**Less severe restrictions:** As of 16 June, Albania resumed international flights at the Tirana International Airport. Earlier in June, restrictions across land borders and the two-week quarantine were lifted.



**Less severe restrictions with some requirements:** On 20 October, Georgia resumed regular flights with more EU countries, in addition to Germany, France, Latvia, Lithuania and Estonia, but required mandatory polymerase chain reaction (PCR) testing from all foreigners and an eight-day quarantine for most.



**Severe restrictions:** As of 10 November, Turkmenistan has an entry ban in place for all foreigners, no flights are allowed into or out of the country, with some exceptions such as members of the diplomatic corps. A COVID-19 test (valid for 72 hours) and 21-day quarantine is required for everyone leaving and entering the country.

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

 **101**

In-country technical support missions

**16**

Rapid support teams



**3**

Virtual country missions



**1**

Intra-action review mission



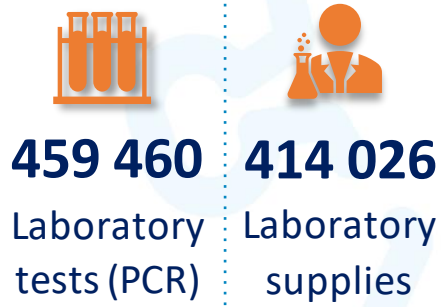
**26**

Operational partner deployments

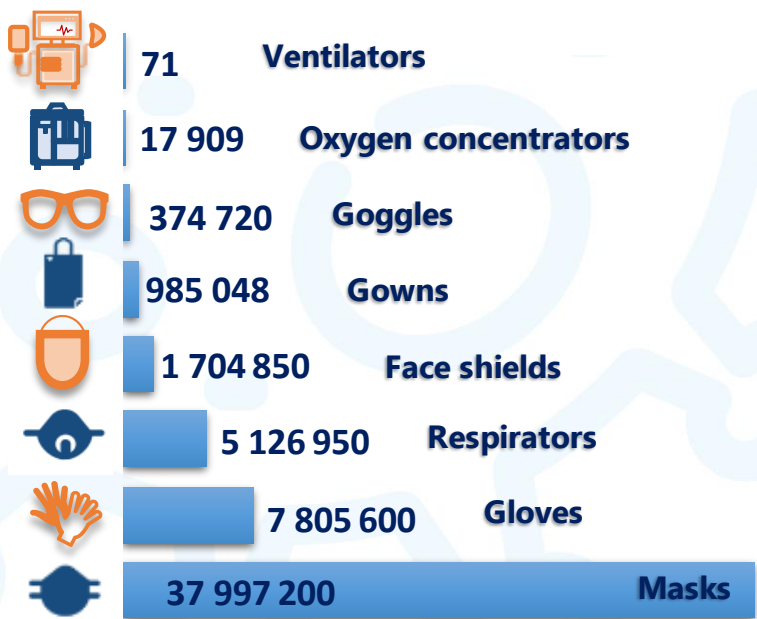


For additional information on missions and deployments, please see the WHO/Europe COVID-19 Country Support Dashboard for [Pillar 1: Country-level coordination, planning and monitoring](#).

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



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



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 45 and 46**

 **Promoting the health of migrant workers in the European Region during COVID-19**

The impact of the COVID-19 (SARS-CoV-2) pandemic has moved beyond a global public health emergency to a human, social and economic crisis affecting all countries in different ways. COVID-19 compounds existing social and economic inequities by particularly impacting financially insecure households and those living and working in inadequate, overcrowded or unsafe conditions; migrant workers are at risk in both groups.

This [interim guidance](#) is intended to support WHO European Region Member States and partners in promoting the health of migrant workers, in particular, through effective approaches and best practices in enhancing preparedness, prevention and control of the COVID-19 pandemic as well as considerations for mitigating the negative socioeconomic impact of the pandemic.

**Guidance for the European Region:**

[Promoting the health of migrant workers in the WHO European Region during COVID-19](#)

Published 6 November 2020

**Global COVID-19 guidance:**

[Technical specifications of personal protective equipment for COVID-19](#)

Published 13 November 2020

[Immunization as an essential health service: guiding principles for immunization activities during the COVID-19 pandemic and other times of severe disruption](#)

Published 10 November 2020

[Considerations for implementing and adjusting public health and social measures in the context of COVID-19](#)

Published 4 November 2020

[Harmonized health service capacity assessments in the context of the COVID-19 pandemic](#)

Published 2 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.

In Turkmenistan, the WHO Country Office is supporting the development of standard operational protocols on the screening and routing of patients as well as national interim clinical protocols for the diagnosis, case management and treatment of acute respiratory illnesses (ARIs), severe ARI and COVID-19 cases.

As part of protocol development, an assessment of hospital readiness was conducted between 10 and 12 November by a team of 4 national experts, led by the head doctor of the intensive care department at the International Medical Center in Ashgabat.



The first draft of the standard operational protocols on infection prevention and control (IPC) measures for suspected COVID-19 cases were also reviewed by WHO.



As of Week 46, **12 746 health-care workers** in the Region were reached by WHO capacity-building webinars.

**109 888 individuals** completed OpenWHO courses related to IPC and case management of COVID-19 patients, as of Week 46.



WHO also continues to support countries in developing tools to assess COVID-19 vaccine readiness, working toward prioritizing target groups for vaccination and estimating necessary vaccine quantities.



In Serbia, an introductory meeting of the National Immunization Technical Advisory Group (NITAG) was held on 5 November. During the meeting, the WHO Country Office in Serbia introduced its tool for COVID-19 vaccine preparedness assessment to NITAG members.

The Group will work in the upcoming period on prioritization of target groups for vaccination in Serbia and assessment of needed COVID-19 vaccine quantities, as well as maintaining influenza vaccination and other regular immunization programmes. Based on the regularly updated preparedness assessment, vaccines coming from the COVAX facility platform would be gradually made available.

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 in migrant and refugee settings, providing rapid needs assessments to strengthen detection of COVID-19 and prevent cases from turning into clusters.**

In Greece, on 2 November, a fire broke out at the Vathy Reception and Identification Centre (RIC) for refugees and migrants on the island of Samos. Apart from the fire, the island was also affected by a strong (6.7 RS) earthquake in late October.



Just hours after the fire broke out, a team from the WHO Country Office in Greece arrived on the island to conduct a rapid assessment of the situation following the emergency and to map the health needs of the RIC. Overall, the Vathy RIC was unaffected by the earthquake and no major injuries were recorded. At the end of week 46, the spread of COVID-19 in the RIC remains under control; however, overcrowded conditions are a concern with respect to further spread and other health risks.

**In focus:** WHO joins with the International Organization for Migration (IOM) to provide COVID-19 awareness workshops in migrant and refugee camps across Serbia

Throughout October and November, the WHO Country Office in Serbia kicked off a series of COVID-19 awareness workshops in migrant and refugee camps. The goal of the workshops is to understand risk awareness and attitudes towards COVID-19 among the migrant population and to convey messages related to the prevention of COVID-19 tailored to these vulnerable populations. The Country Office organized the first two workshops on COVID-19 in an asylum centre in Banja Koviljaca.

In total, 28 workshops will be held by the end of November 2020 and will cover 14 camps, including asylum centres in Krnjaca, Banja Koviljaca and Bogovadja and the reception centres (RCs) in Obrenovac, Kikinda, Subotica, Principovac and Sid. As of 17 November, 20 COVID-19 awareness workshops have been carried out in 10 different migrant and refugee camps in Serbia.



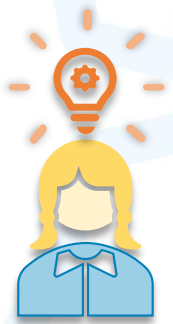
From week 46, a total of 232 asylum seekers, refugees and migrants have actively participated in the workshops, including 19 women from various asylum centres and RCs (Krnjaca, Banja Koviljaca and RC Sid), and 37 unaccompanied minors from the Bogovadja asylum centre.

*COVID-19 awareness workshop in Bogovadja Asylum Centre on 5 November 2020  
Credit: WHO Country Office Serbia*

### Target 3: Reduce transmission

In the context of COVID-19, WHO is committed to supporting schools in implementing IPC measures to ensure the safety of students and teachers.

In Tajikistan, the WHO Country Office, with the support of the Aga Khan Agency for Habitat, Committee of Emergency Situations and Civil Defense (CESCD) and Ministry of Education and Science provided awareness-raising sessions for school administrations on the prevention and control of COVID-19. Through the initiative, and as part of the joint “Shake Out” project, regional and district education representatives and school communities participated in these sessions. Schools also received information and communication materials. In addition to COVID-19, preparedness and prevention of other natural and human-induced disasters was discussed.



### In focus: Strengthening health systems in the eastern conflict area of Ukraine



Supplies arriving at the WHO Ukraine Country Office  
Credit: WHO Ukraine Country Office

The WHO Country Office in Ukraine over the past month has continued to work through the Health Cluster to lead joint efforts to respond to COVID-19, particularly in the eastern conflict area (ECA). This includes facilitation of national and subnational coordination meetings, responding to emerging health needs and requests coming from affected populations, compilation and analysis of data on the COVID-19 and non-COVID-19 health response, as well as preparations for the new 2021 Humanitarian Programme Cycle (HPC).

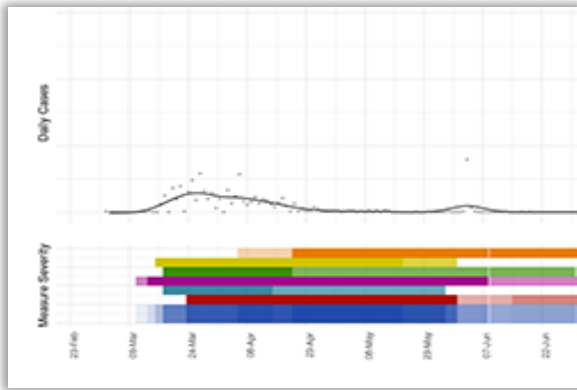
**As part of the work on the 2021 HPC, WHO has led the following stream of work over the past month:**

- partners briefed on the 2021 Ukraine Humanitarian Needs Overview (HNO) and 2021 Ukraine Humanitarian Response Plan (UHRP);
- development of the revised Health Cluster objectives, activities, indicators and prioritization criteria;
- provided support to Health Cluster partners for the 2021 UHRP project submission – 17 projects were submitted for further review and approval by the Health Cluster;
- hospital readiness and capacity assessments in five COVID-19-designated hospitals in Luhansk. The assessment was launched in collaboration with WHO, UNICEF and Médecins du Monde.

WHO and the Health Cluster have also established a Strategic Advisory Group (SAG) with focus on the national health reform and longer-term transition of the Health Cluster’s work into broader health programming. The goal of the SAG is to provide technical and strategic oversight to the Health Cluster response in order to streamline priority actions in the affected communities in eastern Ukraine. The SAG will also consider critical issues and present solutions, options and ways forward. Under the coordination of the Health Cluster Coordinator, the SAG shall comprise representatives from UN agencies, international NGOs, Ukraine government and authorities. To enrich analysis with research approaches, the Group will also include some partnerships with international academic institutions.

## Target 4: Innovate and learn

**The WHO Regional Office for Europe continues to support and guide countries in applying public health and social measures in innovative ways in order to stop virus transmission.**



The WHO Regional Office for Europe launched its new Public Health and Social Measures (PHSM) Severity Index on 10 November, providing standardized data on the ways in which countries in the Region have sought to slow or stop the community spread of COVID-19. This latest tool systematically captures and analyses individual governmental PHSM responses to COVID-19 of the 53 Member States in the Region.

The PHSM Severity Index is integrated into WHO/Europe's COVID-19 dashboard, which allows quick visualization of the most up-to-date COVID-19 statistics and information pertinent to each country in the Region. It captures 6 types of public health measures: *the wearing of masks; closure of schools; closure of offices, businesses, institutions and operations; restrictions on gatherings; restrictions on domestic movement; and limitations to international travel.*

This level of analysis enables a comparison of individual public health measures within a country as well as overall responses across countries in the European Region. It also allows for the nuances of each individual government's actions to be analysed and understood. The PHSM Severity Index can be accessed [here](#).



**As of 10 November, 37 countries in the European Region have developed official data applications for surveillance, including:** France, Belgium, Croatia, Portugal, Netherlands, Slovenia, Lithuania, Kazakhstan and the United Kingdom.

**WHO, together with its partners, is supporting countries in applying lessons learned and utilizing tools and networks built for influenza to strengthen the response to COVID-19.**

In Uzbekistan, with support of the WHO Country Office, the Agency of Public Health and Sanitary and Epidemiological Welfare conducted influenza/COVID-19 epidemiological and virology training for all sentinel sites.

The training sessions were followed by data management and software training on 13 November, following Global Influenza Surveillance and Response System (GISRS) recommendations.

The influenza bulletin is anticipated to be published in the 2020/2021 influenza season and will contain data on COVID-19.

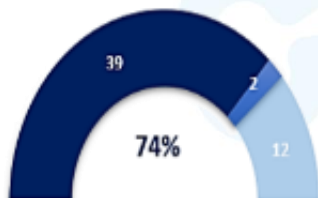




# Continuously monitoring regional readiness:

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.

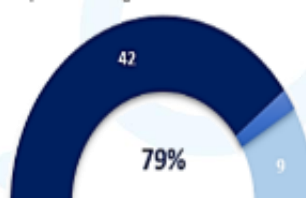
Countries with a COVID-19 national preparedness and response plan



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



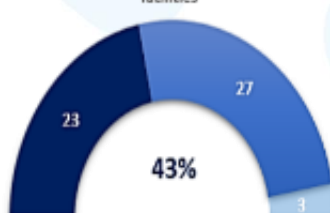
Countries with humanitarian settings which have an active COVID-19 hotline number system



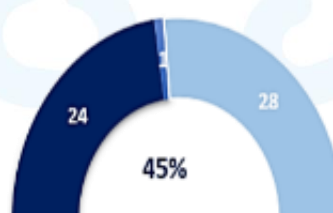
Countries with COVID-19 laboratory test capacities



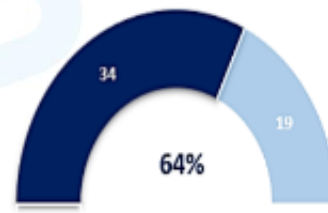
Countries with a National IPC Program and WASH Standards within all healthcare facilities



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

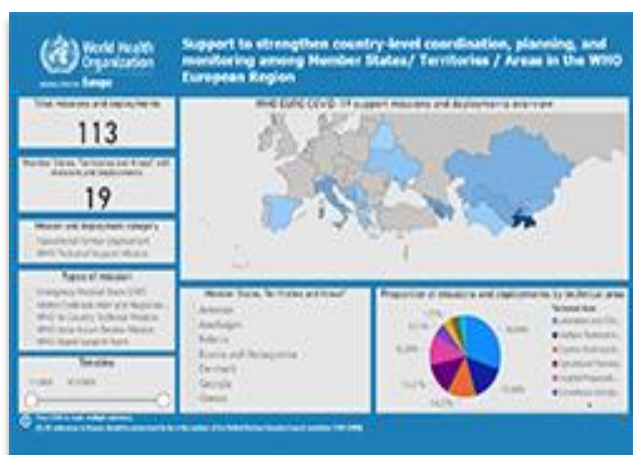


Countries with a clinical referral system in place to care for COVID-19 Cases



■ Yes ■ No ■ Missing data

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 \(SPRP\)](#).



**World Health Organization**  
Regional Office for Europe

**WHO/Europe Risk Communication and Community Engagement**  
Milestones and support to Member States / Territories / Areas

External communication	Capacity building	Listening
Media Q&A documents: 24	Activities: 33	Countries implementing Behavioural Insights research: 25
Media queries responded to (estimate): 5550	Attendees: 1887	Countries participating in message testing pilot: 8
Social media posts (estimate): 113	Country Office Support requests fulfilled: 319	Country Offices checking in weekly with WHO/Europe: 25
Web stories: 150	<b>Technical guidance</b>	HealthBuddy user questions received: 123574
Web traffic increase (%): 1449	Guidance documents: 2	Message testing study participants (Facebook partnership): 6000000
WHO/Europe newsletter issues: 24	RCCE strategy templates: 2	
	<b>Risk communication products</b>	<b>Coordination</b>
	HealthBuddy languages: 17	Partners
<b>Media coverage highlights</b>	HealthBuddy messages sent: 304694	Partners
Agence France Presse	RCCE materials on Canto: 1611	UNICEF ECARO
Aljazeera		UNHCR
Associated Press		UNFPA
BBC Mundo		ICM
		ILO
		ICR
		WHO/Europe coordinated networks
		Global Shapers
		Healthcare Workers Network
		Regional Risk Communication and Community Engag...
		WHO European Healthy Cities Network

PLEASE NOTE: THIS IS A BETA VERSION



# COVID-19 heatmap of the WHO European Region:

New cases by ISO week

