

COVID-19: WHO European Region Operational Update

Epi Weeks 31–32 (27 July–9 August)

Current global situation:

By the end of Week 32, 19 462 112 globally confirmed cases of COVID-19, including 722 285 deaths, have been reported to WHO from 216 countries and territories. Cumulatively, the Americas and Europe remain the most affected regions, with Europe accounting for less than a quarter of cases and just over a quarter of deaths globally. However, the pace of the pandemic continues to accelerate with about 1 million new cases of COVID-19 now reported every four to five days.

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

Current situation in the Region:

The WHO European Region has **over 3.6 million confirmed cases**, with between 19 000 and 30 000 new cases reported every 24 hours over the past 2 weeks. An increase in incidence continues to be noted in a growing number of countries/territories.

Localized outbreaks continue to be seen across the whole Region and are occurring at a higher frequency. Due to the overall increasing trend, a growing number of countries in the Region have implemented mandatory requirements and/or recommendations for the wearing of masks in community settings.

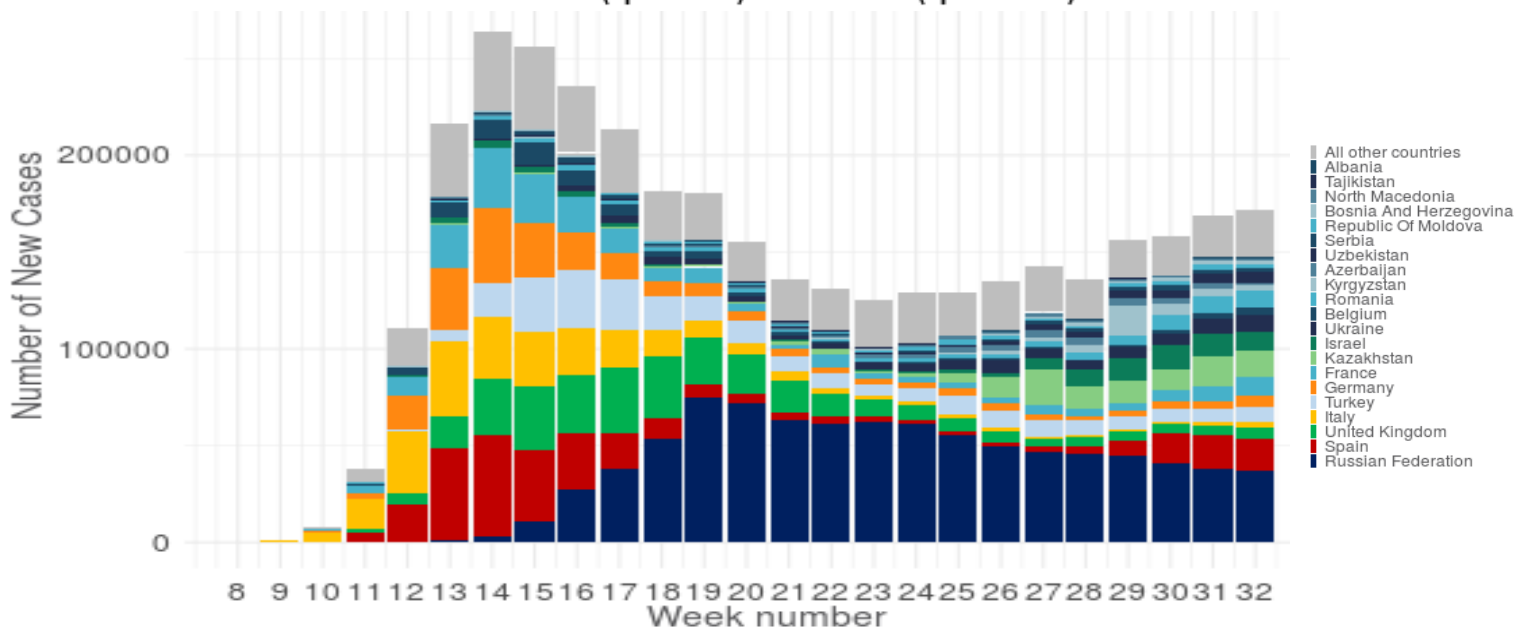
Events of concern reported from several countries across western and south-eastern Europe (e.g. Greece, Spain, Romania, Ukraine, France, Germany, Denmark) include newly imported cases, growing clusters or a resurgence in community transmission.

Week 32 Epi Snapshot*

- **89%** of deaths were in people aged >65 years.
- **95%** of deaths were in people with at least one underlying condition, with cardiovascular disease as the leading comorbidity (75%).
- **58%** of all deaths were in males.

*based on total records with available data

Number of new confirmed COVID-19 cases reported by epi-week in the WHO European Region, from 16/02/2020 (epi-week 8) to 09/08/2020 (epi-week 32)



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:

In response to COVID-19, countries have implemented a range of public health and social measures, including *movement restrictions, partial or complete closure of schools and businesses, quarantine in specific geographical areas and international travel restrictions.*

National public health and social measures:

As the epidemiology of the disease changes, countries are adjusting public health and social measures accordingly. At the end of week 32, all countries in the Region have adjusted some of the national public health and social measures previously implemented, with most countries applying a phased approach.

14 countries are implementing partial or full domestic movement restrictions, **2** more than in Week 30. A state of national emergency due to COVID-19 was declared in **4** countries. In **24** countries, the state of emergency has since ended – with **2** countries (Republic of Moldova and Serbia) reinstating a state of emergency at local levels.

Due to localized upsurges in cases over the past two weeks, **33** countries in the Region – **8** more than in Week 30 – have reintroduced public health and social measures at various levels: **local** (Armenia, Denmark, Kyrgyzstan, Portugal, Serbia and the United Kingdom); **regional** (Azerbaijan, Germany, Kosovo^[1], Poland, Republic of Moldova, Romania and Spain); and **national** (Albania, Austria, Andorra, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Greece, Iceland, Israel, Kazakhstan, Latvia, Lithuania, Luxembourg, Malta, Montenegro, Slovenia, Tajikistan, Ukraine and Uzbekistan).

Countries in the Region are increasingly implementing requirements and/or recommendations for the wearing of masks in community settings, each adopting different approaches. Together with the use of masks, countries often encourage the implementation of other infection prevention and control (IPC) measures, such as physical distancing, respiratory etiquette and regular hand hygiene. While some countries, such as the Russian Federation and Tajikistan, have made it mandatory to wear a face mask at all times, the most common approach among Member States in the Region is to make mandatory the use of masks based on a risk-based approach. This includes the use of face masks in settings where physical distancing cannot be achieved (e.g. public transport, shops, gatherings, etc.)

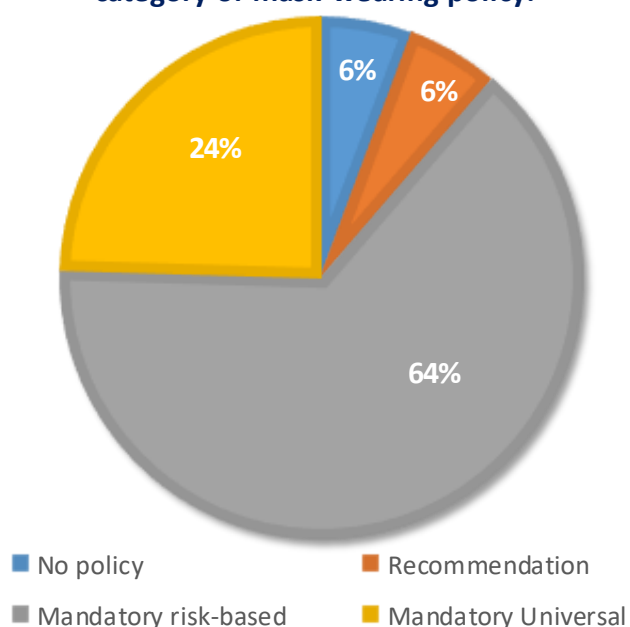
[1] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Some countries, such as Hungary, recommend the use of face masks in all settings for vulnerable populations. Furthermore, other countries, including Finland and Slovenia, have made face masks compulsory for workers in different settings, such as the accommodation sector and/or public-facing work settings (e.g. shops).

As of 5 August 2020:

- **3** countries have issued recommendations for the use of masks for all individuals in public;
- **13** countries have made universal wearing of face masks mandatory for all individuals in public;
- **34** countries have made the wearing of face masks mandatory for all individuals in settings where physical distancing cannot be achieved, or recommended wearing of face masks based on a risk-based approach;
- **3** countries currently do not have a policy on masks in place, or have not issued recommendations for wearing of face masks in public or do not recommend the use of face masks in public.

Number of WHO European Region Member States by category of mask-wearing policy:



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

Please refer to the [WHO Interim Guidance on the use of masks in the context of COVID-19](#) for further advice on the use of masks in communities.





International trade restrictions:

By the end of Week 32, all 55 States Parties to the International Health Regulations (IHR) (2005) in the WHO European Region had implemented international travel measures. **42** countries are currently implementing a mandatory quarantine for all or some travellers (foreigners and/or citizens) returning from risk areas or countries; **8** countries have fully lifted these. **29** countries have implemented some type of COVID-19 test as an entry requirement for all or some travellers throughout the pandemic.

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 33 countries and territories in the Region		WHO has sent personal protective equipment (PPE) to 18 countries and territories in the Region		
		259 100 Gloves	901 448 Gowns	343 040 Goggles
339 983 Laboratory tests (PCR)	136 897 Laboratory supplies	9 950 100 Masks	1 701 450 Face shields	5 020 950 Respirators
WHO has conducted 96 in-country and 3 virtual missions to 23 countries and 1 territory in the Region				
	13 Rapid response teams deployed	75 In-country technical support missions conducted	10 Hub support field missions	

Target 1: Prepare and be ready

The WHO Regional Office for Europe is supporting Member States as they prepare for their first cases of COVID-19, 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, IPC and clinical management of patients with COVID-19. As of Week 32, the webinars have reached half the countries in the Region and over 11 361 health-care workers.

The COVID-19 pandemic has heavily impacted educational institutions. Some outbreaks seen across the Region led to the immediate closure of schools, and the testing of students and teachers. Many countries in the European Region have started to use a phased approach to reopening schools.

The WHO Country Office in Tajikistan provided support to a school readiness assessment. The tentative findings of the assessment were presented on 28 July to the Ministry of Education and Science (MoES), Ministry of Health (MoH) and the Development Coordination Council for Health, Education, and Water, Sanitation and Hygiene (WASH) in Tajikistan. MoES continues to work with partners (UNICEF and UNESCO) on preparing schools to follow several of WHO's recommendations for the new schooling season.

Key school reopening recommendations are based on UNICEF, WHO and UNESCO guidance (including social distancing in classrooms, given the large number of children per class, schedules and duration of classes, teachers keeping a safe distance from students, school shifts and breaks, etc.). This is being adapted for distribution to schools to ensure safe reopening. MoES is also developing school reorganization guidance to ensure effective use of teaching time.

In focus: Inauguration of an Epidemics and Public Health Emergency Operations Centre in North Macedonia – 8 August 2020

On 8 August, the North Macedonian MoH and Institute of Public Health inaugurated a new Epidemics and Public Health Emergency Operations Centre in Skopje. This emergency operations centre will provide centralized, real-time information, monitoring, reporting and advice on the response to public health events and emergencies. Ultimately, the Centre will improve surveillance and coordination among epidemiologists, laboratory staff and public health experts across the 10 other public health centres and 21 units in North Macedonia.

WHO is assisting in operationalizing the Centre and providing technical guidance, and a WHO public health expert will be embedded in the national team. The new Epidemics and Public Health Emergency Operations Centre will contribute to building a national health emergency response framework and fulfilling the International Health Regulations (2005). Read the full news story [here](#).



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

WHO continues to support countries in scaling up national and subnational laboratory capacities, ensuring their ability to detect cases of COVID-19 and effectively break chains of transmission. The WHO Country Office in Montenegro has continued to closely support the Institute of Public Health in Montenegro in the response to COVID-19 by providing support to expand laboratory and testing capacities for detection and diagnosis of COVID-19. The WHO Regional Office for Europe deployed a laboratory expert for a 5-day mission (from 27 July to 31 August) to assess the Public Health Institute laboratory and review the previous laboratory assessments carried out in Montenegro to strengthen national laboratory capacity.

Good laboratory practices that produce accurate results are key to assuring that laboratory testing benefits the public health response to COVID-19. The WHO Regional Office for Europe completed a mission from 20 July to 02 August to support the MoH in Kazakhstan in strengthening national laboratory capacity and further investigating pneumonia cases in the country. The mission carried out a series of visits to 9 laboratories performing COVID-19 testing and conducted technical reviews of the testing process in 7 regions of Kazakhstan. Samples from Kazakhstan are also in the process of being sent for confirmatory testing to a WHO reference laboratory for COVID-19.

In focus: Laboratory training in Turkmenistan

The WHO Regional Office for Europe provided remote assistance and support to the MoH in Turkmenistan by conducting laboratory training for COVID-19. Experts from the Regional Office participated in a virtual training of trainers from 4 to 7 August with a specific session for 38 health-care workers responsible for taking samples from patients. Recommendations were made regarding laboratory testing strategies, expansion of laboratory capacity and training for laboratory specialists. This follows the WHO mission to Turkmenistan from 6 to 16 July.

Target 3: Reduce transmission

WHO continues to work with international partners, leveraging partners' capacities and resources, and coordinating joint actions in the Region to ensure that effective support is provided to national authorities and affected populations. On 6 August, the WHO Regional Office for Europe convened its biweekly meeting of the regional Risk Communications and Community Engagement Working Group. These meetings bring together focal points of UN agencies and the Red Cross Movement to focus on issues surrounding risk communications and community engagement.

In focus: Infection prevention and control measures for reopening of schools in Serbia

The WHO Country Office in Serbia is supporting the National Institute of Public Health to develop a set of recommendations for a safe beginning to the school year. The recommendations made on IPC measures and WASH in schools will be presented to the Ministry of Education. Based on the WHO recommendations, and a consultation with the Ministry of Education, a webinar will be held with school directors and local school authorities. In parallel, the WHO Country Office is developing an educational video for students to help explain the prevention measures put in place.

Target 4: Innovate and learn

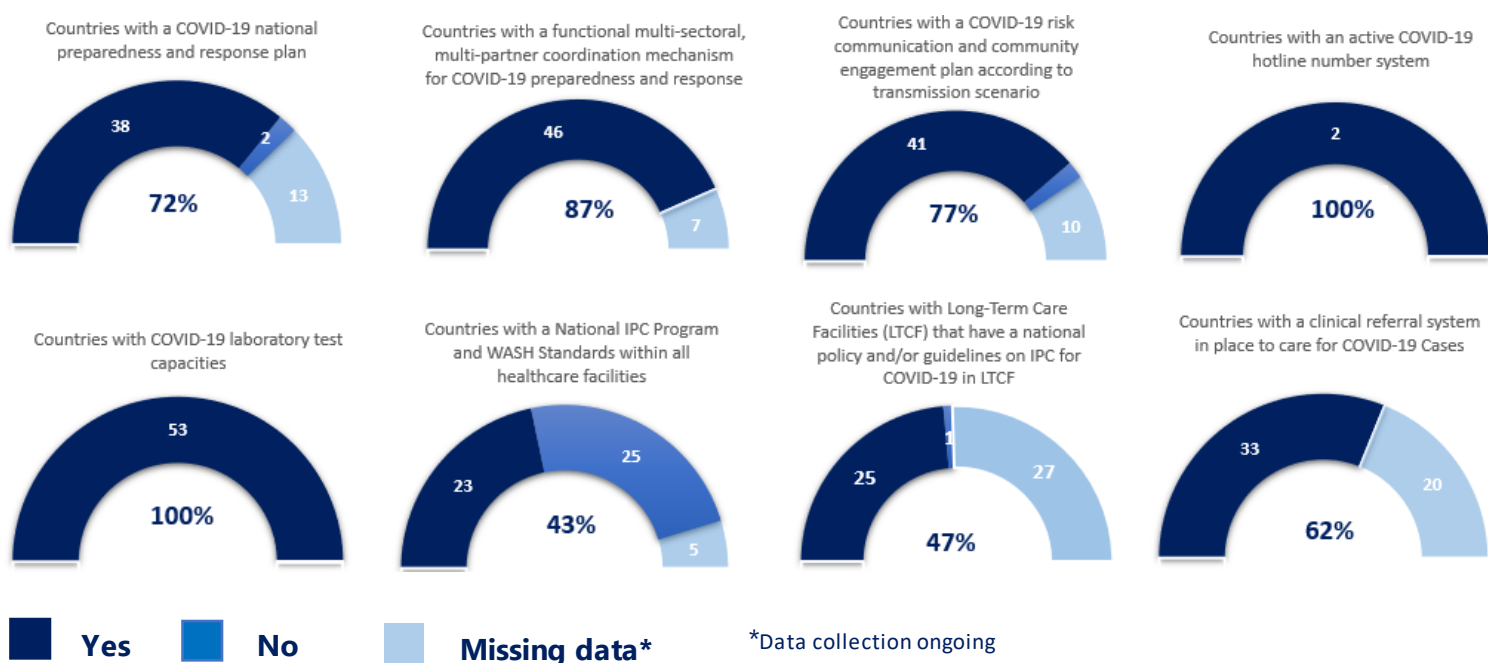
WHO continues to support countries by building and designing laboratories to ensure widespread access to testing, particularly in hard-to-reach areas. On 7 August, the WHO Country Office in Tajikistan and the rapid response mobile team from the Russian Federation (deployed through the Global Outbreak and Alert Response Network [GOARN]) supported the opening of a new laboratory to conduct molecular testing for the COVID-19 virus in the hard-to-reach Gorno-Badakhshan Autonomous Region. WHO provided recommendations on the location, redesigning of the laboratory to ensure adequate and safe flow of operations, equipment needed on site and laboratory specialist training. Laboratory testing has started, with an initial 33 tests performed for patients with pneumonia from the Khorog regional hospital.

In focus: Development of an emergency information management system in Kyrgyzstan

The WHO Country Office in Kyrgyzstan is closely supporting the Government and MoH to assess the existing health information and surveillance system for COVID-19 and other outbreaks. An epidemiologist from the WHO Regional Office for Europe has been deployed from 22 July to 31 August to work with the WHO Country Office, MoH and other partners to develop a road map to integrate emergency information management into a public health emergency operations centre.

Continuously monitoring regional readiness:

The WHO Regional Office for Europe is monitoring readiness and response capacities in the Region to support strategic thinking, operational tracking and decision-making, and ensure advocacy and transparency with donor and other agencies involved in the response. Indicators are used to monitor the global and regional situation, priority countries with operational support provided by the international community, and WHO's response.



Identifying gaps and challenges across the Region:

Gaps

Surveillance systems. Integration of COVID-19 surveillance in regular influenza surveillance is needed in preparation for the next flu season.

Migrant access to health services: Countries are assessing how to address the needs of migrants and refugees to better manage outbreaks.

Maintaining essential health services. Countries are having difficulty in resuming essential services, setting up triage points and having all services available to the population (i.e. immunization).

Risk communication. Clear risk communication messages are needed for community engagement and community perception.

Health workforce. General shortages in the health workforce hinder planning for surge and contact tracing activities, particularly as travel increases.

Information systems. Strong data management systems are essential for case monitoring and contact tracing.

Challenges

Operations support and logistics. Challenges remain in the delivery of laboratory supplies and procurement of other essential supplies, including PPE and tests.

Partner coordination. Harmonized coordination and information-sharing are needed between the different entities involved in the COVID-19 response, including laboratories, ministries, and others.

Surveillance systems. Countries still have limited capacity for testing, contact tracing and epidemiological investigation. There is a need to continue strengthening diagnostic capacities with training and scaling up national laboratory capacities.

Test availability. Epidemiological monitoring requires more testing. Increased access is needed to laboratories performing polymerase chain reaction (PCR) testing.

Risk communication. With the relaxation of measures, risk perception is low in some countries/territories.

Border closures. These continue to limit the deployment of experts, shipment of samples for testing, and procurement of supplies and equipment for testing, case management, and IPC.