World Health Organization
REGIONAL OFFICE FOR Europe

COVID-19: WHO European Region Operational Update

Epi Weeks 29–30 (13–26 July)

Current global situation:

By the end of Week 30, 15 865 496 confirmed cases of COVID-19, including 641 169 deaths, have been reported to WHO from 216 countries. The pace of the pandemic continues to accelerate, with about 1 million new cases of COVID-19 now reported every four to five days. However, half of all cases globally are in the three countries, and half of all deaths are in the four countries. Cumulatively, the Americas and Europe remain the most affected regions, with Europe accounting for less than a quarter of cases and about a third of deaths, globally.

Current situation in the Region:

The WHO European Region has **over 3.2 million confirmed cases of COVID-19** and approximately 17 000–24 000 new cases reported in the Region every 24 hours over the past 2 weeks.

The situation in the European Region remains fragile as many countries fight to keep the virus under control. A slight increase in new daily cases has occurred as a growing number of countries across the Region, in various settings, experience newly imported cases, growing clusters or a resurgence in community transmission.

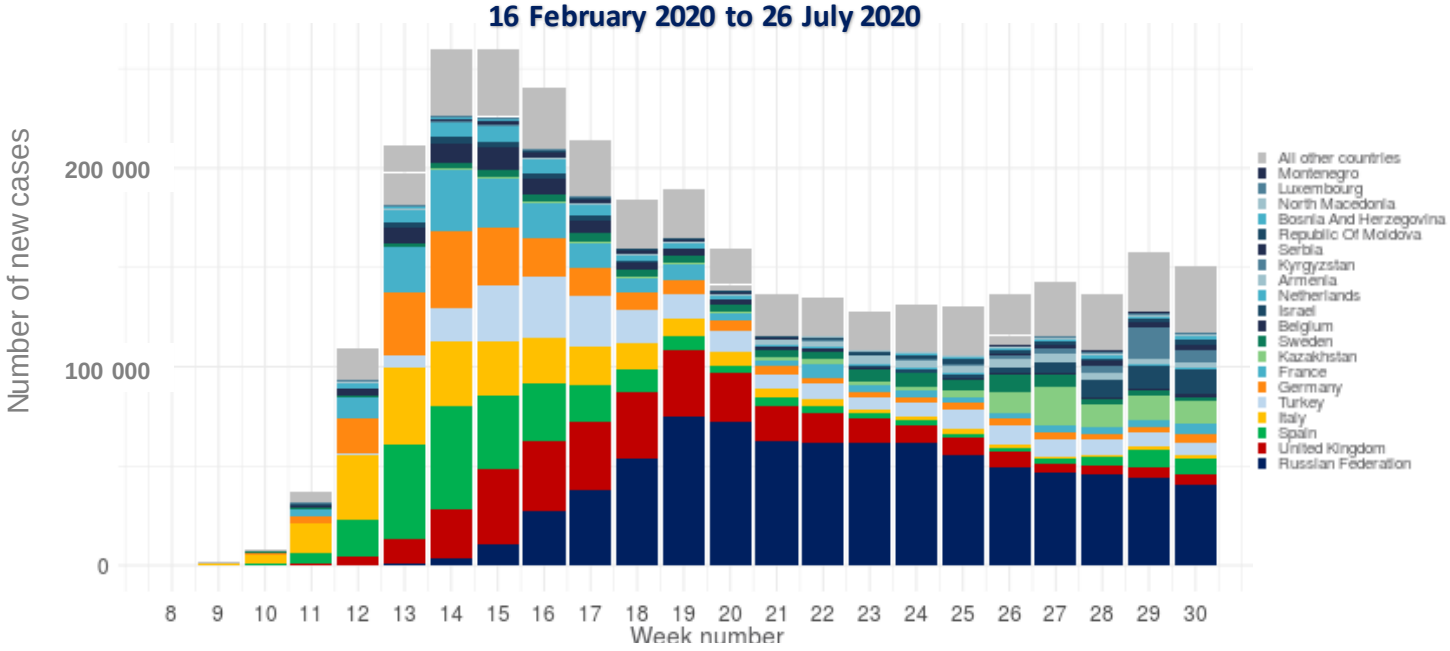
Recent increases among several countries in central and south-eastern Europe, the south Caucasus and central Asia continue to be monitored closely.

Week 30 Epi Snapshot*

- **27%** of all reported infections are in health-care workers.
- **90%** 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 (80%).
- **46%** of all cases and **58%** of all deaths were in males.
- **20%** of cases required hospital admission and **2%** were admitted to intensive care.

*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 26 July 2020



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.

Long-stay mental health-care institutions and the COVID-19 crisis in the WHO European Region

Service users' mental and physical health and well-being were affected by:

- fear of the pandemic;
- major changes in society and services;
- difficulty in understanding the new restrictions;
- reduced activity levels;
- lack of family contact; and
- loneliness.

Staff mental health and well-being were affected by:

- anxieties over the virus;
- fear of infection;
- lack of equipment;
- higher workloads;
- staff shortages.

Resulting in:

- high stress levels;
- need for psychological support;
- fatigue over infection control measures;
- compassion fatigue; and
- skepticism over and non-adherence to guidance or instructions.

COVID-19's enormous impact on almost every aspect of our lives is becoming clearer by the day. However, both the disease and the measures required to counter its spread seem to affect disproportionately the most vulnerable in society. No groups are more at risk from them than those who live in care homes, psychiatric hospitals, and other forms of residential institution.

In May 2020, the Mental Health Programme of the WHO Regional Office for Europe used its existing technical network of partners and collaborators to reach out to these institutions to offer support and gather feedback on the current crisis. This was done through a rapid appraisal, which addressed such issues as how well the institutions were prepared for the crisis by the authorities, the quality of communications within the institutions, infection prevention and control measures, challenges to the delivery of care, and the impact of the risk of infection and protective measures on staff and residents. Responses were received from 169 institutions, with good geographical coverage across the WHO European Region. A report presenting a summary analysis of their responses is under preparation.

Very few institutions reported having to deal with major outbreaks of COVID-19, large numbers of staff or service users falling ill, or coronavirus-related deaths. **Major difficulties arose from challenges in implementing preventive measures and procedures under difficult circumstances, rather than coping with large numbers of cases of COVID-19 and a highly infectious environment.** While this does suggest that preventive measures were effective, the overall picture indicates that a serious outbreak during a subsequent wave could very well seriously test the capacity of already stretched institutions. Experience in containing the spread of the virus has provided valuable insights into the weaknesses and vulnerabilities of this sector and made clear the need for comprehensive and practical plans that facilitate management and day-to-day operations under crisis conditions.

These insights will inform WHO's work as it continues to support countries in mitigating the impacts of the COVID-19 pandemic on vulnerable groups, including those in long-term care. A WHO policy brief on preventing and managing COVID-19 across long-term care services is now available, building on available evidence and highlighting key actions to prevent, prepare for, and respond to COVID-19 within these settings.

Rapid appraisal of the impact of the COVID-19 crisis on services, staff, service-users and residents in 169 long-stay mental health care institutions across the WHO European Region

World Health Organization Europe

Type of facility	Residents' gender	Size		Location
Psychiatric Hospitals 39.41%	Women only 8.38%	<50	23.46%	Rural 25.60%
		50-250	45.88%	
Social Care Homes 45.88%	Men only 9.58%	>250	31.48%	Semi-urban 27.38%
Other 14.71%	Mixed 82.4%			Urban 47.02%

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 30, 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.

12 countries are implementing partial or full domestic movement restrictions, **2** more than in Week 28. In **32** countries, a state of national emergency was declared due to COVID-19. In **25** countries, the state of emergency has since ended – with **1** country (Serbia) reinstituting a state of emergency at local levels.

Due to localized upsurges in cases over the past two weeks, 25 countries in the Region – 4 more than in Week 28 – have reintroduced public health and social measures at **local** *(Armenia, Denmark, Kyrgyzstan, Portugal, Serbia, United Kingdom)*, **regional** *(Azerbaijan, Bosnia and Herzegovina, Germany, Spain)* **or national** *(Albania, Andorra, Austria, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Greece, Israel, Kazakhstan, Latvia, Luxembourg, Montenegro, Slovenia, Ukraine, Uzbekistan)* **levels.**

Please refer to the *COVID-19 Health Systems Response Monitor (HSRM)* for additional information.

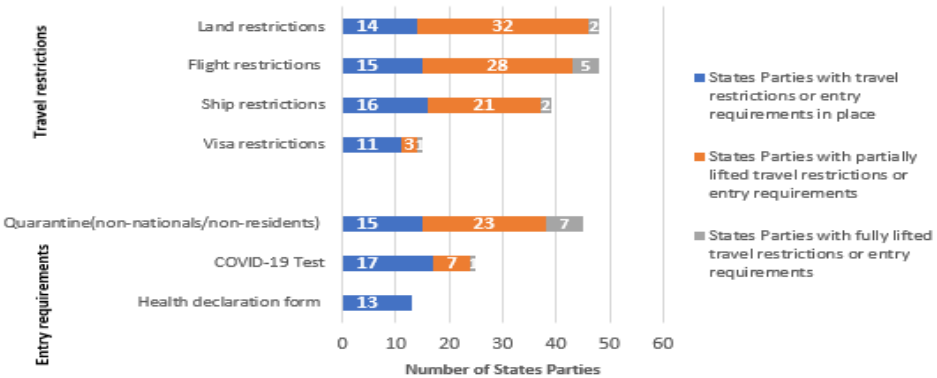
International trade restrictions:

By the end of Week 30, 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 s with international traffic, as defined under Article 43 of the IHR (2005).[1] These measures include entry and/or exit restrictions or bans via air, land and/or sea, as well as suspension of the issuance of visas. Preventing the spread of the disease is the most common public health rationale provided by States Parties for implementing such restrictions. As of 21 July 2020, the type of restrictions that have been most widely implemented across the Region are land and flight restrictions.

In some countries, international restrictions to non-essential travel are being partly or fully lifted, and often replaced by or combined with entry requirements for some or all travellers, such as mandatory state or home quarantine (implemented by 45 States Parties at some point during the pandemic), submission of some type of COVID-19 test (25 States Parties), or of a health declaration form (13 States Parties), among others. 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 to different countries. To distinguish among these, some States Parties have classified countries as high-, medium- or low-risk countries, often using a traffic light system.

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 via the restricted platform for national IHR focal points (IHR NFPs), the Event Information Site.

Number of States Parties that have implemented and partly or fully lifted international travel restrictions, including mandatory entry requirements



[1] *This analysis is based on the information provided via official notifications by IHR NFPs to WHO, as well as open-source monitoring conducted by WHO of information published on official governmental 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		
353 503 Laboratory tests (PCR)	136 897 Laboratory supplies	259 100 Gloves	901 448 Gowns	343 040 Goggles
		9 950 100 Masks	1 701 450 Face shields	5 020 950 Respirators

WHO has conducted 79 in-country and 3 virtual missions to 23 countries and 1 territory in the Region		
13 Rapid response teams deployed	56 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, infection prevention and control (IPC) and clinical management of patients with COVID-19. As of Week 30, the webinars have reached half the countries in the Region and over 11 352 health-care workers with the latest training focused on IPC and hospital readiness with clinicians in Georgia and the Essential Services Forecasting Tool with country counterparts in Tajikistan.

In Week 30, the WHO Field Office in Gaziantep, Turkey facilitated a face-to-face refresher training on case management based on the WHO guidelines with 70 medical doctors and 222 nurses and intensive care unit technicians from north-west Syria. The training focused on medical procedures, including airway management, intubation and cardiopulmonary resuscitation for COVID-19 patients. In addition, the training covered COVID-19 comorbidity and medical conditions such as circulatory shock, severe pneumonia, sepsis, and management of acute respiratory distress syndrome and noncommunicable diseases. This initiative was complementary to an online training held for health-care workers in April and May 2020.

WHO continues to support countries in ensuring that their health systems have the capacity to operate along a dual track – continuing to deliver regular health services, while responding aggressively to COVID-19. On 20–24 July, the WHO Country Office in Ukraine held joint virtual activities with the Ukrainian Public Health Center focused on vaccine-preventable diseases and immunization in the context of COVID-19. Medical workers from regional health departments, public health, and laboratory centres and primary health-care facilities from eight priority regions joined the activities – facilitating discussions and developing recommendations regarding approaches to maintaining routine immunizations in the pandemic context.

In focus: Leaving no one behind: WHO delivers essential supplies to Turkey

The Directorate General of Migration Management (DGMM) and removal centres in Turkey are at the forefront of refugee and migrant health in the context of the country's response to COVID-19. The removal centres are closed facilities where basic needs are covered during administrative detention and deportation of irregular migrants. According to the Law on Foreigners and International Protection (LFIP), pre-removal detention can last up to one year.

WHO distributes essential response supplies to Turkish authorities
Photo credit: *Nurtac Kavukcu, WHO staff*

To support these centres in preparing for COVID-19, on 23 July, WHO procured and delivered to the DGMM logistics hub in Ankara 1.8 tons of personal protective equipment, including 108 000 masks, 3000 goggles, 4500 coveralls and 250 thermometers. These critical supplies will be further dispatched to removal centres around the country.

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 Kazakhstan has continued to closely support the government and Ministry of Health (MoH) in Kazakhstan in the response to COVID-19 as well as provide technical support to the MoH to scale up and strengthen laboratory capacities. To continue this work, the WHO Regional Office for Europe has deployed a laboratory expert for a 15-day mission to provide on-the-ground technical support to the MoH and other partners in strengthening national laboratory capacity for COVID-19.

Good laboratory practices that produce accurate results are key to assuring that laboratory testing benefits the public health response to COVID-19. On 23 July, the WHO Country Office in Uzbekistan organized a virtual workshop on biological safety cabinet (BSC) performance. International specialists and a laboratory biosafety expert from the WHO Regional Office for Europe led the sessions on BSC assessment and certification. Laboratory workers and national engineers without BSC maintenance equipment experience were trained on the necessary minimum assessment and testing of BSCs to identify risks and apply necessary mitigation measures in the context of COVID-19.

In focus: Activating an Emergency Medical Team Coordination Cell in Armenia

With the support of the WHO Regional Office for Europe and the WHO Country Office in Armenia, an emergency medical team (EMT) coordination cell has been activated within the Armenian Ministry of Health. As part of the coordination cell, two WHO-classified EMTs were deployed to support critical response operations in Armenia.

A WHO-classified Type 2 EMT from Italy's Regione Piemonte was deployed from 26 June to 17 July. The team of 11 experts provided on-the-ground support, treating patients with COVID-19 and sharing best practices and lessons learnt from Italy. A second WHO-classified Type 1 EMT consisting of 17 experts from Germany's International Search and Rescue (ISAR) was deployed on 13 July for a 15-day mission, to provide support to critical response operations and strengthen health-care capacities in Armenia. Information gathered during the EMT deployments and shared with WHO will be used to inform further WHO support provided to strengthen the health-care response in Armenia.

Target 3: Reduce transmission

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. On 21 July, the WHO Country Office in Bosnia and Herzegovina facilitated a training on contact tracing for 20 public health professionals from all 10 cantons within the Federation of Bosnia and Herzegovina who will assist in contact tracing and the ongoing response to the COVID-19 outbreak. The training, prepared in collaboration with the Institute of Public Health of the Federation of Bosnia and Herzegovina and WHO experts, focused mainly on contact tracing using the WHO surveillance tool, Go.Data.

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 14 July, the National Human Rights Centre, the UN Country Team, and the Organization for Security and Co-operation in Europe (OSCE) Project Coordinator's Office in Uzbekistan co-organized a national dialogue on human rights protection in the context of restrictions introduced during the response to COVID-19, with a focus on quarantine facilities. A representative from the WHO Regional Office for Europe presented an overview of best practices on quarantine arrangements. Participants included government officials, parliamentarians, diplomats and members of civil society. They discussed lessons from Uzbekistan's experience as well as priorities for improving the conditions in quarantine zones and protection of the rights of people held there.

In focus: Supporting the response to COVID-19 in Azerbaijan, 20 July–01 August

In response to a request for technical support from the Government of Azerbaijan, the WHO Regional Office for Europe has sent a team of WHO experts to assess the current situation and provide recommendations to the government on how to mitigate the negative effects of the pandemic within the currently evolving situation and recent increase in incidence. The team will support the overall response to COVID-19 in Azerbaijan by addressing critical response areas: surveillance and contact tracing, essential health services, case management of COVID-19 patients, including home care and quarantine, infection prevention and control, human resources for health and adjustment of public health measures throughout the COVID-19 transition phases.

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's tool for behavioural insights on COVID-19, developed in collaboration with the University of Erfurt and the COSMO group, provides rapid, flexible and cost–effective monitoring of public knowledge, risk perceptions, behaviours and trust. In Week 30, data collection, done in collaboration with the WHO Regional Office for Europe, using the Behavioural Insights Tool, concluded in both Bulgaria and Moldova. The resulting data were shared with the WHO country offices and Ministry of Health partners in both countries to inform ongoing response actions and provide evidence to assist in decision-making processes.

WHO, together with partners, is providing guidance and advice during the COVID-19 pandemic to help address mental health among a variety of population groups. In Week 30, the WHO Country Office in Ukraine delivered a training using the package on "Mental Health and Psychosocial support during COVID-19: preparedness, response and recovery." The training was delivered to health-care workers and administrators from health-care institutions in Lviv and Ivano-Frankivsk regions in Ukraine. Overall, during July 2020, about 60 health-care facilities participated in Module 1 of the training; additional series of the training are planned to cover all health-care facilities that have expressed an interest in participating.

In focus: Improving COVID-19 surveillance systems in Kosovo[1]

The pandemic has triggered an unprecedented demand for digital health technology solutions. During an outbreak, a large amount of data and information is generated in a short period of time and must be kept up to date and shared with different actors in the response. This includes case data, contact data, laboratory and clinical data, and contact follow-up information.

Decades of experience in outbreak response have culminated in the development of Go.Data – a data collection tool developed by WHO and partners from the Global Outbreak Alert and Response Network (GOARN) to help outbreak responders.

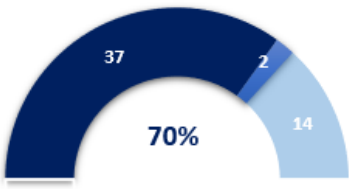
In Week 30, experts from the three levels of WHO held two virtual meetings with the task team of health authorities in Kosovo,[1] supporting the implementation of the Go.Data platform. Go.Data was designed for outbreak investigators and epidemiologists, as an easy-to-use case and contact data collection tool that can visualize disease transmission. The tool will be used to improve the effectiveness of the surveillance system for COVID-19 in Kosovo[1] and help responders choose the right interventions to stop further transmission.

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

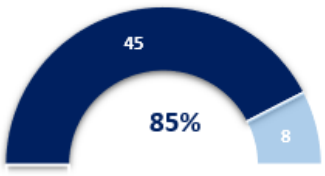
Continuously monitoring regional readiness:

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.

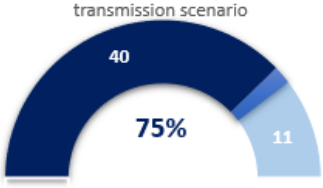
Countries with a COVID-19 national preparedness and response plan



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



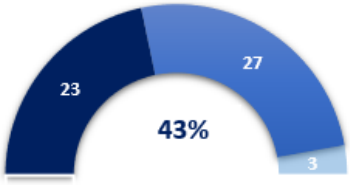
Countries with a COVID-19 risk communication and community engagement plan according to transmission scenario



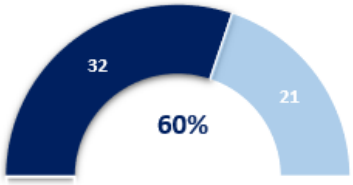
Countries with an active COVID-19 hotline number system

Countries with COVID-19 laboratory test capacities

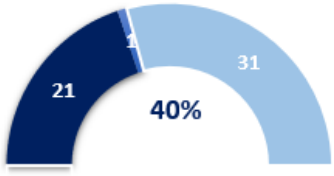
Countries with a National IPC Program and WASH Standards within all healthcare facilities



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

World Health Organization
REGIONAL OFFICE FOR Europe