

# COVID-19: WHO European Region Operational Update

## Epi Weeks 21–22 (18–31 May)

### Current global situation:

Globally, COVID-19 transmission continues with 5 957 196 confirmed COVID-19 cases, including 368 326 deaths, reported to WHO from 216 countries. All WHO Regions, except the European and Western Pacific Regions, are seeing an increasing overall trend in new cases; however, cumulatively, the most affected Regions remain the Americas and Europe. At the end of Week 22, the WHO European Region accounts for 36% of global cumulative cases and 49% of deaths.

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 **surpassed 2 million confirmed cases**, with approximately 20 000 new cases in the Region reported every 24 hours over the past 2 weeks.

By Week 22, the number of cases has almost halved (48% decrease) since peaking in Week 14. Across the WHO European Region, the overall number of new cases continues to decrease but, although the numbers of new COVID-19 cases in Europe has stabilized, there is a mixed picture when looking at individual countries.

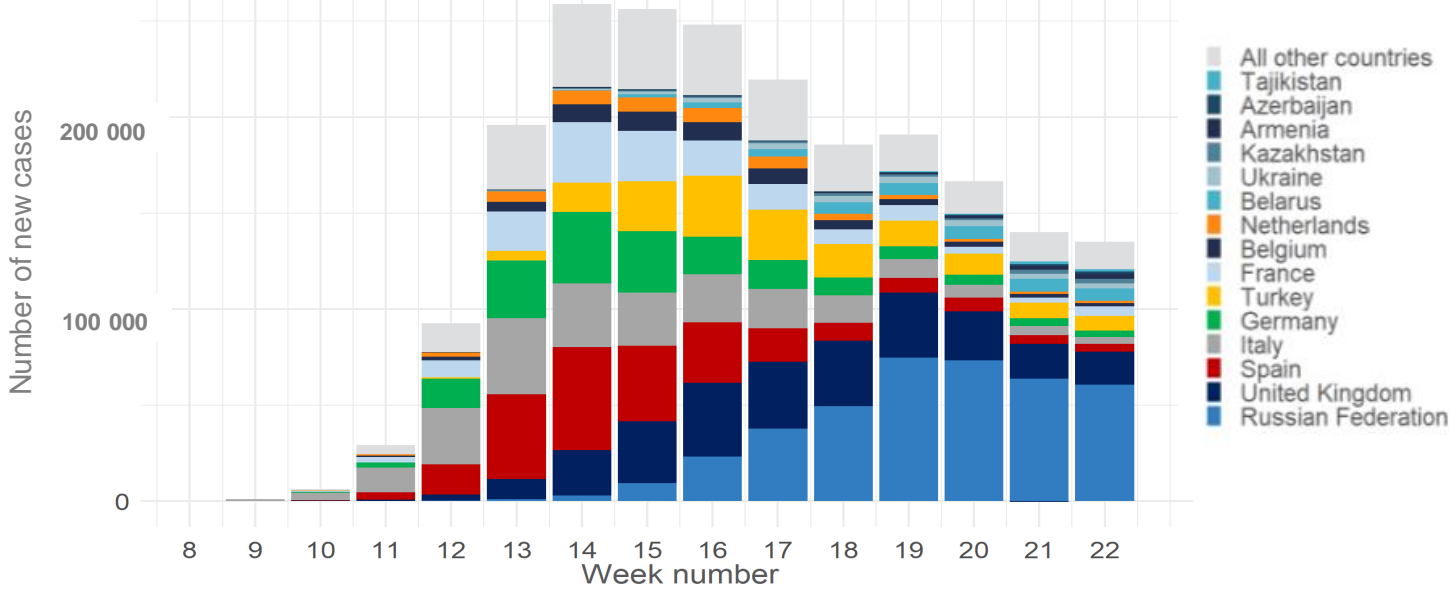
Increasing infection rates are being observed in several countries in eastern Europe and central Asia (e.g. *Albania, Armenia, Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan*).

#### Week 22 Epi Snapshot\*

- **20%** of all reported infections are in health care workers
- **94%** of deaths were in people aged >60 years.
- **95%** of deaths were in people with at least one underlying condition, with cardiovascular disease as the leading comorbidity (65%).
- **47%** of all cases and **58%** of all deaths were in males.
- **25%** 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 30 May 2020**



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

## Outbreaks among high-risk populations in the WHO European Region:

The protection of vulnerable groups, including individuals living in high vulnerability settings (i.e. health care and long-term care facilities, rehabilitation and mental health centres) and health care workers, is central to the COVID-19 response in all countries. This means that detection and containment of outbreaks among vulnerable groups and in high vulnerability settings is vital.



Over the past 2 months there has been an increase in the number of reported infections among health care workers (HCWs) as countries enter community transmission. The WHO Regional Office for Europe is collecting data on COVID-19 infections among HCWs through its standardized case report form. As of Week 22, HCWs represent **20% of total cases** for which WHO has information.



The WHO Regional Office for Europe has collected data on COVID-19 infections in detention centres from 11 countries (*England, France, Ireland, Lithuania, Luxembourg, Moldova, Northern Ireland, Poland, Slovakia, Spain and Switzerland*) between 30 April and 29 May using the WHO Minimum Datasets for Prisons Survey and the International Observatory of Prisons. Overall, these countries have a total of **292 636 prisoners** in detention centres and reported a cumulative total of **1 227 confirmed COVID-19 cases among staff and prisoners, including 27 deaths**.

## 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 closure or closure of schools and businesses, quarantine in specific geographical areas and international travel restrictions*.

**As the epidemiology of the disease changes, countries are adjusting public health and social measures accordingly.** As of Week 22:

**48** countries have begun to adjust some national measures with most countries implementing a phased approach. The most common measures to be adjusted first are: opening of non-essential businesses and easing of domestic movement restrictions, followed by opening of schools, cultural sport and/or religious establishments.

**23** countries are implementing partial or full domestic movement restrictions: **11** fewer than in Week 20. **30** countries currently have no domestic movement restrictions in place.

In **32** countries, a state of national emergency due to COVID-19 was declared. In **13** countries, the state of emergency has since ended.

**53** of 55 States Parties have implemented international travel measures (the exceptions being the United Kingdom and Lichtenstein).

**42** countries are currently implementing mandatory quarantine for travellers (foreigners and/or citizens) arriving from abroad while **5** countries have fully lifted the mandatory quarantine measures previously in place (*Albania, Bosnia and Herzegovina, Croatia, Cyprus, Serbia*).

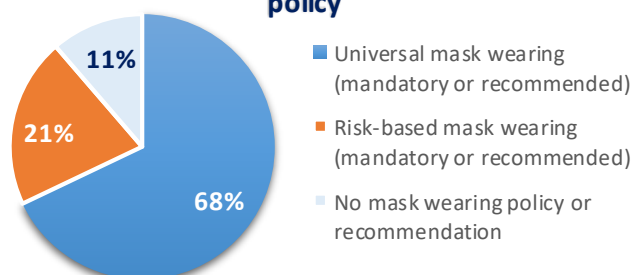
Countries are increasingly implementing requirements and/or recommendations for the wearing of masks in public, each adopting different approaches.

**11** countries have introduced mandatory requirements or have issued recommendations for the universal wearing of face masks for asymptomatic individuals\* in public. **36** countries have introduced similar requirements or recommendations, but these only apply in certain public settings according to a risk-based approach.

**6** countries currently do not have a mask policy in place or have not issued recommendations for the wearing of face masks in public: *Denmark, Finland, Iceland, Norway, Sweden and Turkmenistan*.

\*Excluding care providers and those in health care settings.

Percentage 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.

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

The activities of the Incident Management Support Team (IMST) at the WHO Regional Office for Europe continue to focus on ensuring a sustained response to the pandemic, addressing broad engagement across the Region at regional and country levels, 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 26 countries and territories in the Region			WHO has sent Personal Protective Equipment to 17 countries and territories in the Region		
			259 100	25 648	4 340
229 824	124 896	77 800	Gloves	Gowns	Goggles
Lab screening tests	Lab confirmatory tests	Laboratory supplies	231 100	7 900	7 950
			Masks	Face shields	Respirators
WHO has conducted 61 in-country and 2 virtual missions in collaboration with 23 countries and 1 territory in the Region					
	10	42	9		
Rapid response teams deployed	In-country technical support missions conducted	Hub support field missions			

### Target 1: Prepare and be ready

**Hospital readiness continues to be an essential aspect of the response with WHO supporting Member States in preparing for their first cases of COVID-19, clusters and second waves of transmission.**

To assist in this work, the WHO Regional Office for Europe has been holding **virtual capacity-building webinars** since the beginning of the outbreak in the areas of forecasting, surge calculation, quality assurance, hospital readiness and infection prevention and control, and clinical management of COVID-19 patients. As of Week 22, over **9 705 health care workers** have been reached in more than 14 Member States across the Region. During Week 21, capacity-building webinars reached **179 health care workers** in Bulgaria, Kazakhstan, Kyrgyzstan and Uzbekistan.

**WHO also provides on-the-ground support to hospitals responding to COVID-19.** In the Emilia region of Italy, more than 15 hospitals, two of which have 1 000 beds, are among the most affected by COVID-19. The WHO Regional Office for Europe is working with this network of hospitals to scale-down services for COVID-19 and step-up regular health care services in hospitals. As part of Phase 2 of the country's emergency plan and post-COVID-19 future, the project consists of reshaping hospitals using new clinical standards, telemedicine and modifying facility structures to further support hospital readiness.

**Prevention and treatment services for noncommunicable diseases (NCDs) have been severely disrupted by the COVID-19 pandemic** and, to overcome this, WHO is helping countries find innovative ways to ensure essential services for NCDs continue. On 28 May, the WHO Regional Office for Europe conducted a webinar with experts in Uzbekistan, Tajikistan and Kyrgyzstan on acute and rehabilitation services for heart attack and stroke patients during the COVID-19 response. As part of the webinar, experts from Italy and Russia presented their countries' experiences in maintaining essential health services while responding to COVID-19.

## Central European Initiative (CEI) Extraordinary Virtual Summit on COVID-19

The Central European Initiative (CEI) is a regional intergovernmental forum committed to supporting European integration and sustainable development through cooperation. On **15 May**, the WHO Regional Office for Europe, in collaboration with the CEI Executive Secretariat, organized an Extraordinary Virtual Summit on COVID-19 with heads of State. This summit reignited continuing collaborative efforts between the **17 CEI members** and WHO Regional Office for Europe and led to the formation of a Task Force to deal with the wider implications and dimensions of the crisis. Read about the Summit [here](#). A joint statement on solidarity and cooperation of the CEI Member States in the context of COVID-19 was also published, and is available [here](#).



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

**The number of COVID-19 infections and deaths in care facilities and long-term care facilities (LTCFs) have alarmed decision-makers, health care providers and communities across the Region.** The WHO Regional Office for Europe has published a technical guidance document on *“Preventing and managing the COVID-19 pandemic across long-term care services in the WHO European Region”* – available [here](#).

**Diagnostic testing for COVID-19 is critical to tracking the virus, understanding epidemiology, informing case management and suppressing transmission.** The WHO Regional Office for Europe has been conducting virtual training sessions for COVID-19 laboratories, providing additional information and technical support in the areas of testing, multidisease platforms, verification and validation of tests, external quality assurance, procurement and scale-up strategies. In Week 21, training sessions were held with laboratories in the western Balkans and Moldova and in Week 22, 21 laboratory specialists from the national and regional levels of Kyrgyzstan and Uzbekistan were trained.

**Refugees and migrants face specific challenges and vulnerabilities that must be taken into consideration when preparing for, or responding to, the COVID-19 pandemic.** The WHO Regional Office for Europe is supporting countries and health authorities as they work to protect refugee and migrant health:



In Weeks 21–22, the WHO Regional Office for Europe provided technical assistance to the Government of Greece in the development of a testing strategy that includes vulnerable populations and strengthening primary health care approaches post-COVID-19 for the general population and locations with large numbers of refugees and migrants.



The WHO Regional Office for Europe is also supporting UNICEF in Serbia to develop a project related to mental health and substance abuse in migrant populations and will have a consultative role during project implementation.



In Turkey, the WHO Regional Office for Europe is working together with the Ministry of Health regarding communication of regulations and arrangements and is continuing to contribute to guidance and evidence. In addition, WHO is working with the Ministry to increase access to health services in the Refugee Health Training Centre and refugee centres, as well as home care services.



## In focus: Technical virtual mission to Kosovo,<sup>1</sup> 27–28 May 2020

On 28 May, the WHO Regional Office for Europe completed a 2-day, virtual technical mission to Kosovo<sup>1</sup> in collaboration with the health authorities. WHO experts engaged with senior health officials and technical staff, providing technical support and next steps across COVID-19 response areas including health care workforce coordination, medical supplies, infection prevention and control, essential health services delivery, surveillance and risk communication.

<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).



### Target 3: Reduce transmission

**A critical element of reducing COVID-19 transmission is public behaviour.** 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 21, the WHO Regional Office for Europe in collaboration with UNICEF implemented the behavioural insights tool in Azerbaijan, Georgia and Montenegro – ensuring their COVID-19-related responses are both relevant and actionable. The tool is available [here](#).

**Sero-epidemiological surveillance can provide further insights into the extent of COVID-19 transmission and infection in populations.** On 27 May, the WHO Regional Office for Europe hosted a meeting with 130 participants on sero-epidemiological surveys taking place within the Region. Updates were provided on serologic surveys being carried out in Albania, the Russian Federation and Spain, including descriptions of study protocols, methodologies, sample sizes and tests being performed.

## In focus: Turkmenistan – Training session on the management of ill travellers and suspected COVID-19 cases at border crossing points, 19–20 May 2020

In the context of the COVID-19 pandemic, a national training session on the management of border crossing points was jointly organized by the Ministry of Health, the OSCE and WHO country offices in Turkmenistan, and a partner organization, EU Healthy Gateways. Over 30 national health, migration and law enforcement officers participated in the training session, in which the latest WHO guidance available on the management of ill travellers and suspected COVID-19 cases at border crossings was disseminated and discussed.



### Target 4: Innovate and learn

**WHO prioritizes developing strong and innovative relationships with a wide range of audiences including young people.** The WHO Regional Office for Europe has been hosting regular webinars with the Global Shapers network to provide its members with accurate, timely information plus a behind-the-scenes look at the COVID-19 response. These sessions also enable WHO to listen to the real concerns of young people in the Region. The “Shapers” also publish WHO-sourced information about COVID-19 on social media, addressing the rumours identified through the group. These posts have reached 12 000 people and aim to reach 100 000 by the end of May. More information is available [here](#).

In Week 22, the WHO Country Office in North Macedonia held a webinar on the WHO Academy with health professionals and representatives of the Ministry of Health and the Institute of Public Health, introducing them to the **new COVID-19 mobile learning app for health care workers** launched by WHO in the beginning of May. The app provides health care workers with mobile access to COVID-19 knowledge resources developed by WHO. Find out more about the initiative [here](#).

## In focus: The Solidarity Trial – Progress across the Region, 29 May 2020



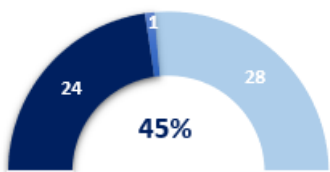
Photo Source: WHO Solidarity Trial: How a Spanish doctor joined the race for a COVID-19 treatment

The WHO Regional Office for Europe continues to actively support countries which have joined or expressed an interest in joining the Solidarity Trial. As of 29 May, 8 countries are in the final stages of gaining approvals to participate while 5 additional countries have gained full approvals to join the global study. Now including **Ireland, Latvia, Lithuania, Portugal and Romania**, 16 countries in total across the Region are ready to enroll patients. During Weeks 21–22, the WHO Regional Office for Europe organized a training session on randomization and data entry for Portugal and Romania.

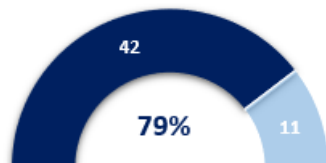
## Continuously monitoring regional readiness:

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 selected and monitored to serve: 1) the short-term emergency phase response and 2) the longer-term monitoring requirements for COVID-19, both for the public health and whole-of-society measures. Indicators are used to monitor the global and Regional situation, priority countries with operational support provided by the international community, and WHO’s response:

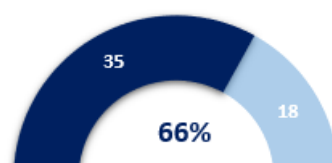
Countries with a COVID-19 national preparedness and response plan



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



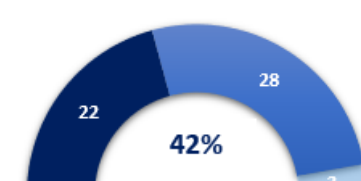
The country has an active COVID-19 hotline number system



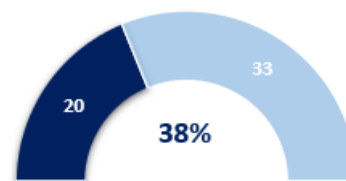
Countries with COVID-19 laboratory test capacities



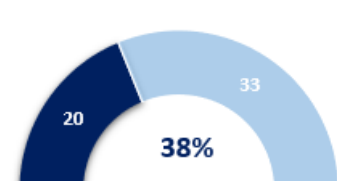
Countries with a National IPC programme and WASH standards within all healthcare facilities



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



Countries which produce and distribute messages at Points of Entry (PoE) for both travellers and staff working at PoE facilities and conveyances



■ Yes ■ No

■ Missing data\*

\*Data collection ongoing

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