

Epi Weeks 51–53 (14 December–3 January 2021)

## Current global situation:

As of 3 January, over 83 million cases and 1.8 million deaths have been reported globally to WHO since the start of the pandemic. In Week 53, for the third week in a row, over 4 million new cases were reported globally, although this week saw a slight decrease compared to weeks 51 and 52. New weekly global deaths rose by 3% to 76 000 in Week 53. In the last month of 2020, two different variants of SARS-CoV-2 have been reported to WHO as unusual public health events from the United Kingdom of Great Britain and Northern Ireland, referred to as VOC 202012/01, and the Republic of South Africa, named 501Y.V2. To date, outside of the United Kingdom, 40 countries across five of the six WHO regions have reported cases of VOC 202012/01, while outside of South Africa, six countries in two of the six WHO regions have reported cases of 501Y.V2. The authorities in both countries are conducting further investigations to better understand these variants.

Please refer to the [WHO Weekly Epidemiological Updates](#) and the latest [WHO Disease Outbreak News on SARS-CoV-2 Variants](#) for further information.

## Current situation in the Region:

By Week 53, over 26.9 million confirmed cases and 589 300 laboratory-confirmed deaths have been reported from across Europe. The number of new weekly cases decreased for the second consecutive week with about 1.5 million cases reported.

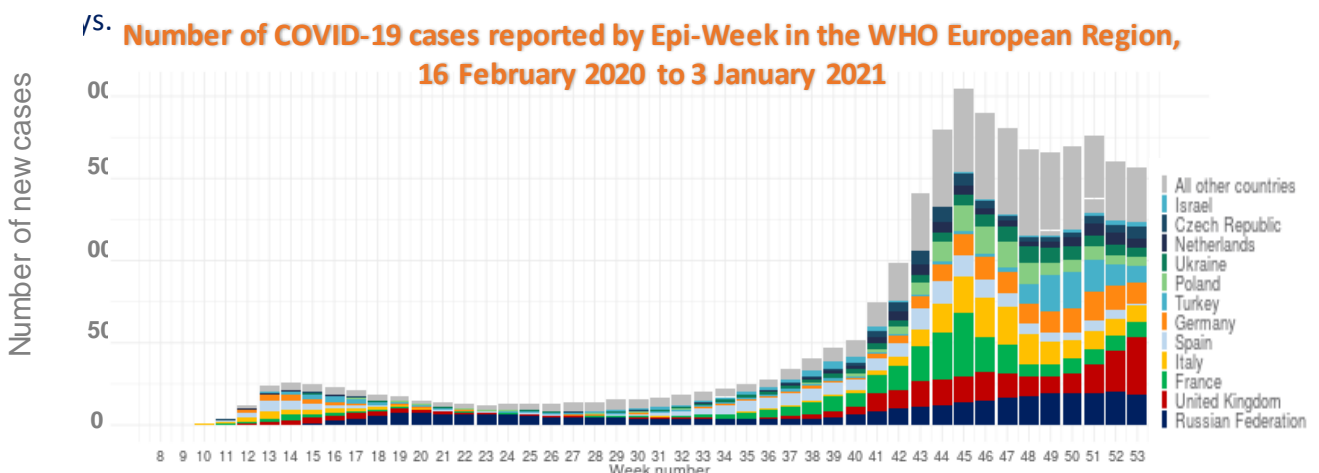
Deaths in the Region decreased by 9% between Weeks 51 and 53, although the European Region reported the highest proportion (43%) of global new deaths among all WHO regions in Week 53.

It should be noted that any short-term trends in data should be interpreted with caution owing to the year-end holiday season, as the numbers may be influenced by presentation, testing and reporting

### Week 53 EPI Snapshot\*

- **58%** of cases were reported from the United Kingdom, Russian Federation, Germany, Italy, Turkey and France.
- **17.8%** of cases were in people aged <65 years while **87.5%** of deaths were in people aged >65 years.
- 12 countries reported **85 detections (20.7%)** of SARS-CoV-2 in persons with influenza-like illness (ILI) in primary care sentinel surveillance.

\*based on total records with available data



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:

Over the festive period, European countries imposed additional restrictions, curfews and lockdowns at regional and national levels as many continued to experience surges in new cases and, as a result, extended and/or strengthened public health and social measures already in place.

A number of countries across the Region also implemented flight suspensions, quarantine and testing requirements during the holiday period following the notification of new SARS-CoV-2 variants of concern by the United Kingdom of Great Britain and Northern Ireland (SARS-CoV-2 VOC 202012/01) and the Republic of South Africa (SARS-CoV-2 501.V2) on 14 and 18 December 2020, respectively.

As of 3 January 2021, **37 countries (70%)** had implemented additional travel restrictions for travellers from the United Kingdom, while **7 countries** had implemented travel measures against travellers from South Africa. These restrictions comprised suspension of flights for varying periods (**24 h, 48 h, 10 or more days**), while a few countries required a COVID-19 test or quarantine upon arrival for **7, 10, 12 or 14 days**. Some countries have also required travellers to quarantine at home if they arrived from the United Kingdom **10 to 14 days** prior to the implementation of travel measures. A few countries are now easing the suspension of flights to allow their citizens and residents to return, subject to testing or quarantine requirements.

Continued circulation is likely to result in further genetic changes in the virus over time. It is key that new variants are identified and assessed for their public health impact.

### WHO advises:

- conducting further virological studies to understand these specific mutations;
- all countries to increase the sequencing of SARS-CoV-2 where possible, share sequence data internationally, and report if the same mutations of concern are found;
- continuation of all basic public health and social measures known to work;
- applying a risk-based approach to reduce the transmission of SARS-CoV-2 across borders, while avoiding unnecessary interference with international traffic;
- always prioritizing and facilitating essential travel.

Read more about the variants and WHO's response [here](#).

## 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 **168 missions and deployments** to **22 countries and territories** in the Region

 **115**

In-country technical support missions

**16**

Rapid support teams



**3**

Virtual country missions



**2**

Intra-action review mission



**32**

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



**423 460**  
Laboratory tests (PCR)



**366 026**  
Laboratory supplies

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



**405 Ventilators**



**17 909 Oxygen concentrators**



**374 720 Goggles**



**1 274 648 Gowns**



**1 711 000 Face shields**



**5 192 450 Respirators**



**7 855 600 Gloves**



**38 575 200 Masks**

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 51–53



#### Health inequity and the effects of COVID-19 (published December 2020)

Prior to the COVID-19 pandemic, dramatic differences in health, linked to socioeconomic inequities, already existed between and within countries in the WHO European Region.

COVID-19 and its containment measures have exacerbated these and created new vulnerabilities through three key mechanisms: (i) unequal socioeconomic impacts arising from both the health effects of COVID-19 and inequities; (ii) COVID-19 containment measures; and (iii) the bidirectional effects between the unequal socioeconomic impacts of COVID-19 and non-COVID-19-related health inequities.

This publication sets out an agenda to address both pre-existing and new vulnerabilities and inequities by first identifying a range of key health-related socioeconomic impacts of COVID-19 and its containment measures and, second, proposing mitigation measures to reduce them.

#### Guidance for the European Region:

[COVID-19 health equity impact policy brief: informal workers](#)

Published December 2020

[Health inequity and the effects of COVID-19](#)

Published December 2020

#### Global COVID-19 guidance:

[COVID-19 diagnostic testing in the context of international travel](#)

Published 16 December 2020

[Risk assessment tool to inform mitigation measures for international travel in the context of COVID-19](#)

Published 16 December 2020

[WHO COVID-19 case definition](#)

Updated 16 December 2020

[Emergency use designation of COVID-19 candidate vaccines: ethical considerations for current and future COVID-19 placebo-controlled vaccine trials and trial unblinding](#)

Published 18 December 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.



On 15 December, the WHO European Centre for Primary Health Care (PHC) hosted the first regional talk show featuring key PHC driving forces from Member States of the Region. This inaugural talk show was dedicated to World Health Day, with the theme focusing on "The dual response of PHC to the COVID-19 pandemic: short-term emergency response or genuine transformation?" The Republic of Tajikistan was represented by leading specialists of PHC and the civil society in the country.

In Czechia, health systems had to adapt to many challenges during COVID-19, one of which was caring for patients with diabetes. WHO supported the use of telemedicine, including continuous glucose monitoring technologies, to allow patients to share personal health data with doctors at a distance, enabling many to stay in control of their diabetes during the pandemic. Read more about WHO's support [here](#).



As of Week 53, **25 523** health-care workers in the Region were reached by WHO virtual capacity-building webinars.

**108 266** individuals completed OpenWHO courses related to infection prevention and control (IPC) and case management of COVID-19 patients, as of Week 53.



**WHO continues to work with humanitarian and development actors at all operational levels to address specific challenges and vulnerabilities that must be taken into consideration when planning for readiness and response operations to COVID-19 outbreaks.**

Between 14 and 16 December, the WHO Regional Director for Europe (RD) conducted an in-country mission to Ukraine. During the three-day mission, the RD visited PHC facilities and met frontline health-care workers, engaged with Government and Parliament in policy dialogues, and met with ambassadors and developments partners from UN and humanitarian organizations in the field.



The WHO Country Office in Ukraine conducted a webinar on 16 December on "Post-COVID syndrome rehabilitation" with approximately 70 health-care workers from the 30 hospitals located in the eastern conflict areas of Donetsk and Luhansk.

On 15 December, WHO's field office in Severodonetsk organized a meeting with the regional health department to present the results of the Hospital Readiness Assessment, which was conducted together with UNICEF and Médecins du Monde in November 2020.

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 with national authorities and health-care workers to ensure the rapid detection and identification of cases of COVID-19 – early identification and clinical care saves lives.



From 16 to 17 December, the WHO Country Office in Ukraine supported the installation of two ventilators and conducted training for health-care workers in the 17th Kyiv hospital and Oleksandrivska clinical hospital. The installation, training of staff and clinical expertise were filmed and will be further distributed to regional hospitals, who will also soon receive ventilators in order to increase their familiarity with equipment and gain efficiency in operation.

In Serbia, the third training/webinar was conducted on 21 December. It was intended for 200 newly employed staff in health and public health institutions as well as for members of the Serbian Medical Chamber. Topics covered by this training included biosafety and IPC, epidemiological surveillance, contact tracing and reporting at national and international levels.



### In focus: WHO Country Office in Montenegro supports COVID-19 response and continuity of essential health services

To further support the COVID-19 response in Montenegro, a two-week mission, from 9 to 25 December 2020, was organized by experts from the WHO Country Office and the WHO Health Emergencies Programme (WHE) Balkan Hub Office. The main objectives were to assess the overall COVID-19 response in Montenegro, review the COVID-19 Country Preparedness and Response Plan, determine the current status of provision of essential health services (EHS) and define measures required for ensuring the continuity of EHS.

During the pandemic, access to and utilization of health services has been affected at all levels of the health delivery system. At the PHC level, the family health model was reportedly overwhelmed due to the increased case load and the provision of EHS either declined or was suspended at the secondary and tertiary levels. This highlights the need for a strengthened interconnected dual-track approach through maintained and strengthened preparedness and response for health security and ensuring continuity and safety of EHS delivery while responding to the pandemic.

With the recently established EHS pillar within the new national multisectoral coordination mechanism/council, a focal point will be assigned to lead the development of a plan for restoring and maintaining EHS delivery based on the 4-step approach developed by the WHO Regional Office for Europe. This includes:

- 1) assessment of the impact of COVID-19 on EHS and situation analysis;
- 2) development of the action plan (AP) to address the identified gaps;
- 3) implementation of the AP; and
- 4) monitoring and evaluation of the implementation of AP.



The actions outlined above will contribute to enhancing the interface between health security, emergency risk management and UHC. The Ministry of Health with support from the WHO Country Office has also established a working group to redefine PHC in the context of COVID-19. The first meeting was held on 23 December 2020.

### Target 3: Reduce transmission

**WHO continues to work with partners and countries to reduce and stop transmission in both community and high-risk settings, including within health and long-term care facilities.**

In Slovenia, in cooperation with the WHO Regional Office for Europe, a consultation webinar was held on 21 December with the COVID-19 national expert group on measures and possible solutions for Slovenia regarding concerns related to COVID-19 crisis management. Thirty-eight experts from the Ministry of Health, expert Advisory Group on COVID-19 Response, National Institute of Public Health, Ministry of Education, Police, PHC general practitioners, medical directors and paediatricians participated in the meeting.

Proposals from WHO were put forward to address the concrete concerns of the Ministry of Health as well as issues raised by the meeting participants. A series of similar meetings will be held in the new year with the next one scheduled for 12 January 2021.



The WHO Country Office in Ukraine conducted a technical support visit to two COVID-19 designated hospitals, Kyiv Regional Children Hospital and Berdychiv Central City Hospital, focused on strengthening the IPC programme. During the visit, WHO provided fit-for-purpose recommendations on the prevention of COVID-19 nosocomial transmission and provided standard operating procedures (SOPs) on key IPC-related processes.

The WHO Country Office in Serbia with the support of the WHE Balkan Hub Office developed training materials focused on IPC during the COVID-19 pandemic. The first training took place on 23 December 2020 with various health-care staff/employees in long-term care facilities.



**WHO continues to support countries in implementing people-centred and community-led approaches to risk communication and community engagement (RCCE) as this plays a significant role in breaking the chains of transmission and mitigating the impact of the COVID-19 pandemic.**



In Estonia, a video and social media campaign to promote the use of face masks was developed with support from WHO. The campaign went live on 21 December on the Estonian Ministry of Health Facebook and Instagram pages. Agreements have since been made with three national TV channels to show the videos starting from 11 to 22 January.

In addition, local authorities from Ida-Viru county, the most affected region in Estonia, have also agreed to publish and distribute the videos on their local website and social media accounts.



As of Week 53, **27 countries across the Region** were implementing behavioural insights research to monitor and address public behaviour in order to reduce virus transmission.

## Target 4: Innovate and learn

### In focus: COVID-19 and the disruption of noncommunicable disease services in the European Region



In order to obtain objective information on the impact of COVID-19 on noncommunicable diseases (NCDs), WHO conducted a rapid assessment survey of resources, pandemic preparedness and the delivery of services for NCDs during the COVID-19 pandemic among 194 health ministries during a three-week period in May 2020.

In the global survey, 163 ministries responded (84%). At the time of the survey, 20 of the 39 countries in the WHO European Region responding were in the community transmission phase, and 12 were in the cluster phase.

The results of the survey show the considerable impact of the COVID-19 pandemic on services for NCD prevention, treatment and rehabilitation in countries in the WHO European Region. It also provides an overview of the mitigation actions by health ministries to ensure the continuity of services. The main findings are given below.

- More countries in the WHO European Region than at the global level reported that the main causes of disruption were cancelled elective surgery (75% of the 39 countries reporting disruptions), closed screening programmes (56%) and closed NCD clinics (34%). Countries in the Region did better than those at the global level in resourcing services (i.e. PPE for health-care workers, increased availability of personnel and essential medicines in public facilities, and greater availability of beds).
- Although lockdowns hindered access to health facilities less than at the global level, people did not attend outpatient services in 72% of the countries that reported disruption (versus 25% at the global level).
- Countries in the Region used telemedicine (81%) and task-shifting or role delegation (44%) more often to ensure the continuity of services. This could be explained by greater access to the necessary technologies and the skill mix of the health-care workforce.

Please find the complete results of the survey [here](#).

**WHO, together with its partners, is supporting countries in addressing the increased risks of violence, particularly domestic violence against women, which the COVID-19 pandemic has further contributed to – by facilitating sharing of lessons learned and best practices.**

On 16 December, the WHE Central Asia Hub Office based in Kyrgyzstan led a regional webinar on COVID-19 and violence against women. The Head of the National Center for Reproductive Health under the Ministry of Health and Social Protection of the Population of the Republic of Tajikistan participated in the event, presenting the activities carried out during the pandemic with regard to victims of violence.



The presentation also highlighted the functioning of shelters to support affected people and the hotlines in place to raise awareness and prevent cases of violence in Tajikistan.

## Continuously monitoring regional readiness:

The WHO Regional Office for Europe has been monitoring readiness and response capacities in the Region since the beginning of the pandemic. Indicators are used to monitor the global and regional situation, priority countries with operational support provided by the international community, and WHO's response. Below is an overview of improvements in response capacities across the Region from the start of data collection during the first peak in Europe (April 2020) to the end of the year (December 2020).

Proportion of countries with a COVID-19 national preparedness and response plan



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



Proportion of countries that have a COVID-19 risk communication and community engagement plan according to transmission scenario



Proportion of countries with COVID-19 laboratory testing capacity



Proportion of countries with a national IPC programme and WASH standards within all health-care facilities



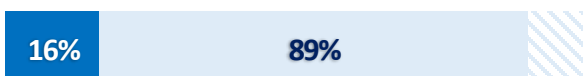
Proportion of countries with a clinical referral system in place to care for COVID-19 cases



Proportion of countries with humanitarian settings (n=2), which have an active COVID-19 hotline number system



Proportion of countries with long-term care facilities (LTCF) that have a national policy and/or guidelines on IPC for COVID-19 in LTCF



■ As of 16 April 2020   ■ As of 24 June 2020\*   ■ As of 23 December 2020

\*Data collection on countries with LTCF that have a national policy and/or guidelines on IPC for COVID-19 in LTCF began on 24 June 2020.

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 nine pillars of the [Strategic Preparedness and Response Plan \(SPRP\)](#).



# COVID-19 heatmap of the WHO European Region:

New cases by ISO week

