

Epi Weeks 1–8 (1 January–28 February 2021)

Current global situation:

As of 28 February, 113.4 million confirmed cases and 2.5 million deaths due to COVID-19 have been reported to WHO globally. Global case incidence peaked in the first week of January 2021, and afterward continued to steadily decline for six consecutive weeks, with a slight uptick in cases seen in week 8. More recently, throughout the month of February, global deaths due to COVID-19 have also begun to decline. Europe and the Americas saw the greatest reductions in the absolute numbers of new cases. The number of new deaths also declined globally but COVID-19 continues to be one of the primary drivers of mortality worldwide.

Please refer to the [WHO Weekly Epidemiological Updates](#) for further information.

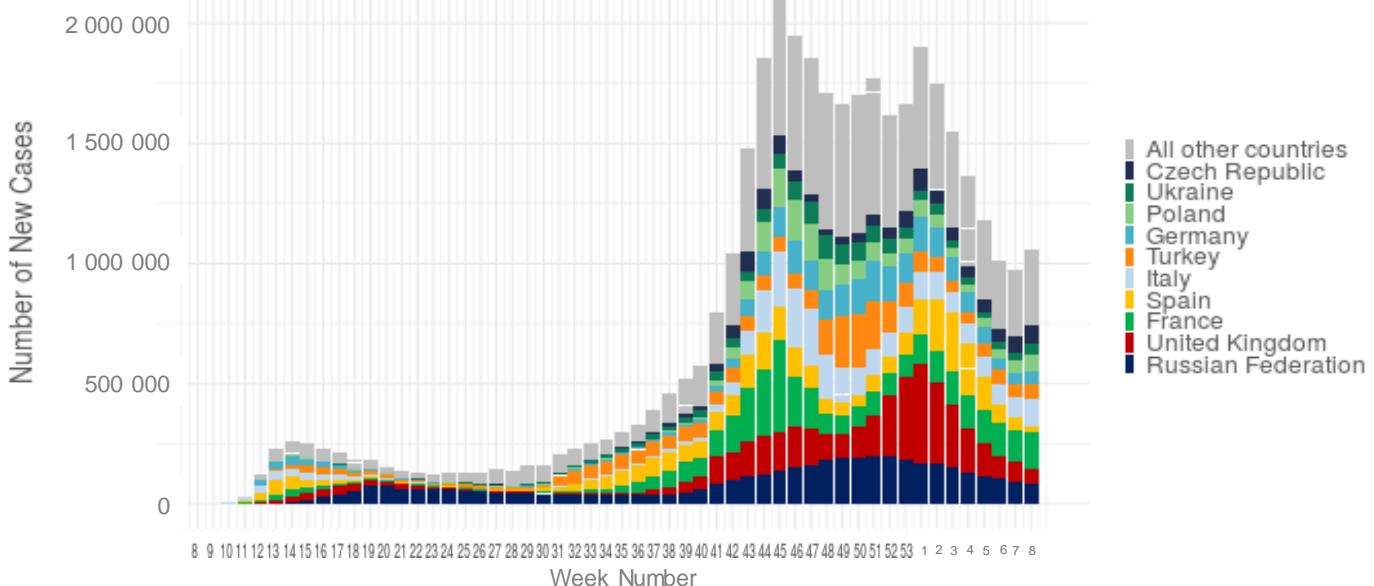
Current situation in the Region:

As of 28 February, more than 38.7 million cases and 862 000 deaths have been reported from across Europe. New cases and deaths due to COVID-19 have decreased throughout January and February to a high-incident plateau of close to 1 million new cases every week.

Declining trends can largely be attributed to relative reductions in case incidence in those countries that have contributed the highest burden in recent months – the United Kingdom, Spain, Germany and Portugal – but mask an upward trend in other countries.

In addition, while new reported cases have declined by almost half since the end of 2020, Regionwide COVID-19 case notifications remain 10 times higher than in May last year and, across the Region, most countries remain at high or very high levels of community transmission. The ongoing and prolonged high rates of new infection continues to strain health systems in many European countries.

Number of new confirmed COVID-19 cases reported by Epi-week in the WHO European Region from 16 February 2020 (epi week 8/2020) to 28 February 2021 (epi week 8/2021)



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

Update on SARS-CoV-2 variants of concern in Europe

As viruses circulate, they naturally mutate. With ongoing transmission, new variants will emerge and spread, and natural evolution may result in changes in key characteristics of the virus and the disease it causes. WHO routinely assesses if variants of SARS-CoV-2 result in any changes relevant to public health impact.

As of February 2021, two SARS-CoV-2 variants of concern (VOC) are spreading in communities across Europe.

SARS-CoV-2 VOC 202012/01 (B.1.1.7 lineage)

- detected in 43 European countries or territories;
- increased secondary attack rate (36–75%);
- increased severity and mortality.

SARS-CoV-2 VOC 501Y.V2 (B.1.351 lineage)

- detected in 26 European countries or territories;
- 1.5 times more transmissible;
- no impact on severity or mortality reported to date.

Further information can be found [here](#).

In Focus

The WHO Regional Office for Europe convenes Member States to support response to new VOCs.

14 January 2021

To support and inform countries on the evolving situation in Europe, the Regional Office held a virtual briefing on the SARS-CoV-2 VOCs with the Directors-General (DGs) and Chief Medical Officers (CMOs) of the 53 Member States of the WHO European Region.

Regular technical exchanges have also been established on a weekly basis with Member States reporting VOCs. This platform is used to exchange real-time knowledge and information on epidemiology, disease severity, scientific studies, and impact of public health and social measures. These meetings, held jointly by WHO and the European Centre for Disease Prevention and Control (ECDC), have provided a platform for European countries to share their experiences and learn from each other in responding to new VOCs.

This sharing of knowledge and lessons learned will help WHO to further support other countries in the Region.

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 184 missions and deployments to 23 countries and territories in the Region

 **151**

In-country technical support missions

16

Rapid support teams



3

Virtual country missions



4

Intra-action review mission



33

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



571 190

Laboratory tests (PCR)



380 000

Antigen rapid diagnostic tests (RDTs)



794 994

Laboratory supplies



789 Ventilators



4 637 Oxygen concentrators*



606 602 Goggles



1 846 600 Face shields



1 932 948 Gowns



6 201 450 Respirators



11 918 600 Gloves



66 361 200

Masks

* The data presented have been adjusted following retrospective analysis of the WHO Regional Office for Europe's records.

For additional information on essential supplies delivered, please see the WHO/Europe COVID-19 Country Support Dashboard for [Pillar 8: Operational Support and Logistics](#).

In Focus

Countries strengthen health supply chains with support from UNICEF and WHO

26 January 2021

The WHO Regional Office for Europe and UNICEF Supply Division have extended their support to Azerbaijan, Georgia, Kazakhstan, Moldova and Uzbekistan in optimizing the performance of their supply chains to ensure timely delivery of medicines and health products.

Acting as the lead agency on this exercise, the Regional Office is leveraging its convening power to engage in multistakeholder consultations and conduct a government-led and participatory health supply chain assessment using the UNICEF supply chain maturity model.

Read more about the initiative [here](#).



Prepare and be ready

The WHO Regional Office for Europe continues to work hand in hand with frontline health workers and health policy-makers, as they work to scale up their national responses, helping to ensure that countries are ready to save lives and stop the pandemic.

Between 1 January and 28 February 2021:



1830 participants engaged in webinars on infection prevention and control (IPC) and clinical management of COVID-19 patients.

In Azerbaijan, two webinars were organized on “Anaphylaxis shock treatment and advanced life support for adults in the context of COVID-19” on 9 January and on the “Management of respiratory failure due to COVID-19” on 6 February, where international and national experts shared the latest developments and their experiences with 200 and 180 health workers, respectively.



In Ukraine, WHO, in collaboration with UNICEF, conducted a webinar on IPC in COVID-19 health-care facilities for more than 2000 health-care providers in week 7.

Earlier, in weeks 4 and 5, webinars on IPC and rehabilitation of patients after recovery from COVID-19 were held with about 30 health workers from approximately 15 hospitals in the eastern conflict areas.



To improve access to quality evidence-based training among health workers in Kazakhstan, the WHO Country Office held a series of awareness webinars to promote OpenWHO courses in January.

Participants took part from four medical universities, the National Association of Primary Health Care, and the National Association of Medical Universities. As a result, the National Association of Primary Health Care is now recommending enrolment in OpenWHO courses for health-care professionals in all regions of the country.



© WHO/ WHO Country Office Albania

In Focus

Infection Prevention and Control and Case Management Assessment in Albania
25–29 January 2021

The COVID-19 pandemic has added a heavy burden on health services and communities in Albania. Further work is required on implementing IPC measures, aligning case and clinical management at both hospital and primary health-care levels with WHO guidance, and strengthening training to all groups of health professionals.

The WHO Health Emergencies Programme (WHE) Balkan Hub expert in IPC and Case Management (CM), in collaboration with a WHO consultant for CM, conducted a rapid IPC and CM needs assessment visit to Albania. During the visit, WHO assessment tools were used (both at national and facility levels) on IPC and CM, interviewing and visiting the Institute of Public Health and other selected facilities. WHO will continue sharing more targeted and regularly updated information and technical briefings regarding clinical management of COVID-19 and IPC. The WHO Country Office in Albania will also further promote OpenWHO courses and their accreditation in Albania.

Throughout January and February 2021, WHO experts have also conducted IPC assessments in Georgia, Ukraine, Armenia and Kyrgyzstan.

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



© WHO/ Maria-Valeriu Amante

In Focus

Laboratory mission on implementation of SARS-CoV-2 antigen rapid diagnostic testing and laboratory costing/needs assessment tools in the Republic of Moldova

1–12 February 2021

The WHO Regional Office for Europe is supporting the Ministry of Health of the Republic of Moldova to expand public health laboratory capacities and improve the overall COVID-19 response.

During the mission, user training workshops were held on SARS-CoV-2 antigen rapid diagnostic testing (RDT) for health-care and laboratory workers who will be collecting samples and performing testing at clinical facilities using the SARS-CoV-2 antigen RDT. In addition, national laboratory experts will be trained on cost evaluation using the WHO/Europe costing tools. These tools will help in analysing the costs of polymerase chain reaction (PCR) and antigen RDTs in the context of COVID-19 testing. They will also provide support to the Republic of Moldova in costing and establishing a monitoring framework for implementation of antigen RDT tests.

WHO continues to work with national authorities to strengthen COVID-19 detection and laboratory capacities to rapidly identify cases

From 18 January and 8 February, the laboratory expert from the WHE South Caucasus Hub was deployed to Armenia to strengthen testing capacity for COVID-19. A nationwide assessment was conducted of all laboratories involved in PCR testing for COVID-19. Preliminary results of the assessment were shared with the National Centre for Disease Control.

In Serbia, the WHO Country Office, supported by the WHE Hub and local experts, conducted a webinar on SARS-CoV-2 VOCs in week 5. This included a presentation on the Serbian experience in sequencing the VOC 202012/01 (lineage B.1.1.7) to share updated knowledge on the new variant and laboratory methods of detection with Serbian experts as well as experts from neighbouring countries.

A similar webinar was conducted in Azerbaijan on 2 February where experts from the Regional Office shared the latest developments regarding SARS-CoV-2 VOCs with about 50 national representatives from scientific research Institutes, the Ministry of Health and the Management Union of Medical Territorial Units (TABIB).



© WHO/ WHO Country Office in Ukraine

Laboratory-based training with national experts in Ukraine

In Ukraine, a training on real-time PCR was conducted with staff of Odessa and Uzhgorod Oblast laboratory centres from 2 to 4 January. Fifty-one trainees received hands-on training on best practices in molecular diagnostics for COVID-19, different methods of RNA extraction, reverse transcription PCR (RT-PCR), analysis of results, troubleshooting and quality control.

Reduce transmission

In the context of COVID-19, WHO is committed to supporting national and local health authorities in strengthening the public health response in order to slow and stop further spread.

Between 18 and 25 January, the WHE Hub surveillance expert was deployed to Armenia as part of a follow-up mission to that conducted in June 2020, working with national focal points from the Ministry of Health and the National Centre for Disease Control to strengthen COVID-19 surveillance and contact tracing capacities in the country.



© WHO/ WHO Country Office Armenia
Primary health care doctor in Armenia

WHO continues to support national and local authorities in rolling out Go.Data, an outbreak investigation tool, to further facilitate data-driven decisions and break chains of transmission:



The WHO Country Office in Turkmenistan is supporting the Ministry of Health through remote training sessions among national specialists.



On 11 February, an expert from the Global Outbreak Alert and Response Network (GOARN) was deployed to Bosnia and Herzegovina for 6 weeks to support implementation of Go.Data and strengthen COVID-19 surveillance and contact tracing capacities in the country.



In week 8, the WHO Country Office in Kazakhstan organized training on the Go.Data tool for researchers conducting the international study on COVID-19 risk factors among health-care workers.



© WHO/ WHO Country Office Azerbaijan

In Focus

Southern Caucasus Hub assesses points of entry in Azerbaijan

1 February–8 March 2021

Upon request from the Sanitary and Quarantine Service of the State Customs Committee of Azerbaijan and in coordination with the Ministry of Health, the WHE Hub for the Southern Caucasus organized an informal assessment on the preparedness and response capacities for COVID-19 at key national points of entry (PoEs), including the international airport, the seaport of Baku and ground crossings with Georgia, Iran and the Russian Federation.

During the assessment, key aspects related to coordination and communication mechanisms, health and non-pharmaceutical measures in place, cleaning, disinfection and training of the responsible staff were addressed. Discussions were held with key persons in charge and representatives of the responsible agencies with a focus on the COVID-19 response. Critical functions addressed included on-site observations of physical spaces and equipment with an emphasis on practical recommendations.



© WHO/ WHO Country Office Ukraine

In Focus

Ukraine adjusts its COVID-19 response during Intra-Action Review

27–28 January 2021

The WHO Regional Office for Europe and the Ukraine Country Office supported the Ministry of Health and the Ukrainian Public Health Centre to conduct a country intra-action review (IAR) for the COVID-19 response in Ukraine. The IAR will help to review the national functional capacity of public health and emergency response systems and identify practical areas for immediate remediation or continuous improvement of the current response to the COVID-19 outbreak.

During the review, over 130 participants from multisectoral teams took part in seven groups based on the response pillars. The IAR was conducted with a mix of in-person and virtual collaboration. The IAR will provide practical recommendations and action points identified by the participants for sustained improvement of the ongoing COVID-19 response and update the Ukrainian Country Preparedness and Response Plan (CPRP) accordingly.

WHO continues to employ innovative methods to ensure continuous learning, continuous listening and continuous improvement in COVID-19 response efforts.

In week 2, the WHO Country Office in Bulgaria presented the results of the fourth wave of data collected through the [Behavioural Insights Survey](#) to the Ministry of Health, UNICEF and the National Center of Public Health and Analyses. The outcomes are being used by WHO and the Ministry of Health to tailor COVID-19 response interventions based on the psychological and behavioural data.



Also in week 2, WHO, jointly with UNICEF, presented the [HealthBuddy](#) chatbot and mobile app to the Ministry of Health.

A number of other agencies and organizations in Bulgaria have agreed to include and integrate the HealthBuddy on their official websites.

WHO is committed to ensuring that national public health emergency operation centres (PHEOCs) are equipped with the capacity to carry out an effective response. To further establish and strengthen capacities of the PHEOC in Kyrgyzstan, the WHE Hub in Central Asia facilitated the exchange of experiences and best practices between experts from Kazakhstan and Kyrgyzstan in PHEOC management, with a focus on the COVID-19 response.



© WHO/ WHE Central Asia Hub Office

PHEOC peer-to-peer exchange between experts from Kazakhstan and Kyrgyzstan

From 15 to 20 February, PHEOC experts from Kazakhstan shared with their Kyrgyzstan counterparts the Centre's critical role in monitoring and modelling in the context of COVID-19. Both teams of experts expressed their interest in having additional exchanges organized at the subregional level through WHO coordination.

Leaving no one behind:

The Regional Office continues to work with national authorities and alongside international partners to tailor their responses specifically to high-risk groups and vulnerable populations.

In week 2, the WHO Country Office in Georgia worked to adapt the [WHO Mental Health Gap Action Programme](#) material, which was augmented with guides and texts relevant to the COVID-19 situation in the country.



A training session on strengthening primary health care (PHC) personnel took place in Tbilisi and Batumi, where 233 participants received quality mental health and psychosocial support (MHPSS) assessments, management and follow up. In addition, 14 trainers were trained in further capacity-building of PHC personnel in identification, management and follow up of selected mental health conditions. As a result, 84 PHC specialists were equipped with enough knowledge and skills to deliver evidence-based mental health care in Georgia.

A similar training was held throughout the month of January in Ukraine where WHO experts conducted 11 sessions for online training on Module 4 of the MHPSS.



In Azerbaijan, a mission was organized to the main districts affected by the recent conflict, including Barda, Tartar, Aghdam, Aghjabadi and Fuzuli.

From 15 to 20 February, WHO experts were deployed in the field with representatives from the Ministry of Health and TABIB. During the mission, existing infection control standards were assessed by WHO experts. Responsive training was then held with the participation of 100 staff members from seven health facilities, including doctors, epidemiologists, nurses and other health workers, covering key elements of IPC that had been identified as high priority during the assessment visits.



© WHO/ WHO Romania Country Office

In Focus

WHO and UNHCR joint actions to strengthen access to essential services for refugees in Timișoara, Romania

15 February 2021

Since late 2020, WHO has been involved in providing guidance to public authorities in Timiș county and Timișoara Mayorality in response to increased cross-border population movement and an associated surge in local COVID-19 transmission. Situated on the western border, Timișoara city receives a significant number of refugees and asylum seekers and hosts people coming from other refugee centres throughout the country.

Building on joint WHO–UNHCR activities undertaken in the previous months, WHO met with leading authorities on the COVID-19 response in Timisoara. The focus was to support and strengthen refugee access to essential services, included to COVID-19 testing and vaccination.

WHO, UNHCR and Romanian experts from the Ministry of Health met to develop short- and medium-term solutions for these vulnerable populations with Timișoara's Mayor, public health representatives and local authorities. Due to early engagement in this area, the national strategy for COVID-19 vaccination in Romania will include refugees as part of the high-priority group in phase 1 of vaccine deployment.

Accelerating equitable access to vaccines:



© WHO/ WHO Country Office in Ukraine

In Focus

Preparing for COVID-19 vaccine deployment in Ukraine
January 2021

WHO has continued to support Ukraine in preparing for deployment of the COVID-19 vaccination. In January, the WHO Representative to Ukraine, Dr Jarno Habicht, shared updates about the COVAX facility negotiations for Ukraine with the general population via the media. WHO developed and presented the operational plan for deployment of the first round of the Pfizer-BioNtech vaccine among medical professionals, the Ministry of Health, partners and the Vaccine Preventable Disease (VPD) Task Force (TF). The Plan was submitted to the COVAX Facility, and Ukraine was approved for the allocation of 117 000 doses of Pfizer-BioNtech vaccine.

WHO also coordinated the monitoring of preparedness to COVID-19 vaccination by using the joint WHO-WB-UNICEF tool VIRAF/VRAF. In January, an update was presented at the VPD Task Force meeting, and recommendations were made to renew the National Deployment and Vaccination Response Plan. WHO continues to assist Ukraine in participating in COVAX, providing related inputs during partner coordination meetings.

WHO continues to work to accelerate equitable access to new COVID-19 tools, including vaccines, and support countries in their safe and rational allocation and deployment. In January, the WHO Regional Office for Europe developed a [dashboard](#) to monitor vaccine roll-out in the Region. The Vaccine Programme Monitor provides an in-depth view of vaccine uptake across different European countries, age groups and among health-care workers. In addition, the dashboard provides an overview of the types of vaccine products being used within each country.



In Estonia, the University of Tartu is conducting a COVID-19 vaccination-related survey among health-care workers with the help of the Regional Office.

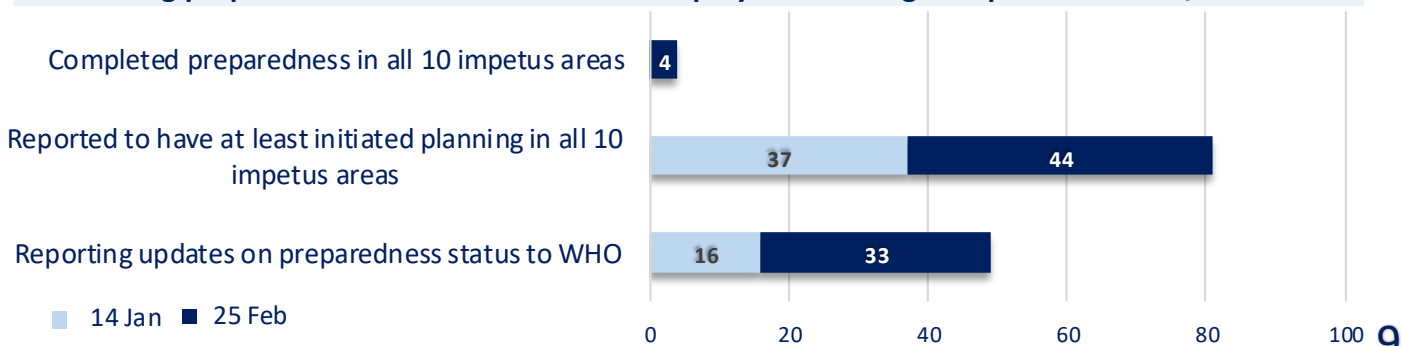
A survey was conducted among four focus groups between 18 and 26 January. Based on the survey, new materials and information will be developed for health-care workers in order to empower them and increase vaccination coverage. A report of the study will be available in early March.

In Serbia, WHO supported the development of the Communication Strategy and Action Plan regarding COVID-19 vaccination in week 6.



Efforts are now being made to develop a communication campaign according to the defined activities to enable successful implementation of the immunization campaign and reduce vaccine hesitancy.

Monitoring preparedness for COVID-19 vaccine deployment among European countries/territories



Further developing the COVID-19 knowledge-base:

Gaps

- **Surveillance systems:** Functional, interlinked public health surveillance systems, which include sentinel surveillance systems, need to be in place and strengthened for COVID-19.
- **Data reporting:** In order to ensure a complete picture of the Regional situation, all countries need to regularly report into the European Surveillance System (TESSy).
- **Health system response:** Prolonged strain on health systems is leading to hospital and ICU bed shortages in many countries.
- **Risk communication:** Strategies that are tailored to country situations and make use of the local languages, address individual behaviours and vaccine acceptance are needed to strengthen the response in many countries.
- **Vulnerable groups:** The health and socioeconomic impacts of COVID-19 on vulnerable groups need to be managed and equitable access to vaccines ensured.

Challenges

- **Public health measures:** ensuring continued adherence to public health measures in the context of new COVID-19 VOCs;
- **Points of entry:** increased desire to reopen international travel and tourism; scaling up preparedness and control measures to decrease importation risks;
- **Laboratory capacities:** increasing the capacity of laboratories – particularly for testing and sequencing of VOCs – and ensuring regular procurement of laboratory supplies;
- **Surveillance systems:** overwhelmed systems making the maintenance of overall public health surveillance systems for COVID-19 and non-COVID-19 events a considerable challenge;
- **Community engagement:** intensifying key messages to proactively and effectively engage communities, address pandemic fatigue, community perceptions and combat misinformation;
- **Vaccine deployment:** delays in the COVID-19 immunization process and vaccine hesitancy due to distrust of COVID-19 vaccines.

New WHO technical guidance published in January–February 2021

Operational guidance for preparing and implementing COVID-19 vaccination

The WHO Regional Office for Europe has developed a series of operational guidance modules to support Member States in preparing for and implementing COVID-19 vaccination. The modules were developed by a working group convened by the Regional Office and consisted of experts from WHO, partner agencies, academia, Member States and other stakeholders. The guidance modules are as follows:

- [Evidence-based decision-making process for developing national COVID-19 vaccination strategies](#)
- [Management structure, advocacy and resources for COVID-19 vaccine deployment and vaccination](#)
- [Legal and regulatory framework facilitating vaccine deployment](#)
- [COVID-19 vaccination data and information management, including monitoring of vaccine effectiveness](#)
- [Acceptance and uptake of COVID-19 vaccines](#)

Guidance for the European Region:

[Factsheet – SARS-CoV-2 variant of concern \(VOC\)](#)

Published February 2021

[Job aid for COVID-19 vaccine administration: Comirnaty® Pfizer-BioNTech BNT162b2 vaccine](#)

Published January 2021

[Fact sheet for health workers: Comirnaty® Pfizer-BioNTech BNT162b2 vaccine](#)

Published January 2021

[Risk communication and community engagement for COVID-19 contact tracing](#)

Published February 2021

[WHO public health checklist for controlling the spread of COVID-19 at ground crossings](#)

Published February 2021

Emergency public health measures taken across the Region:



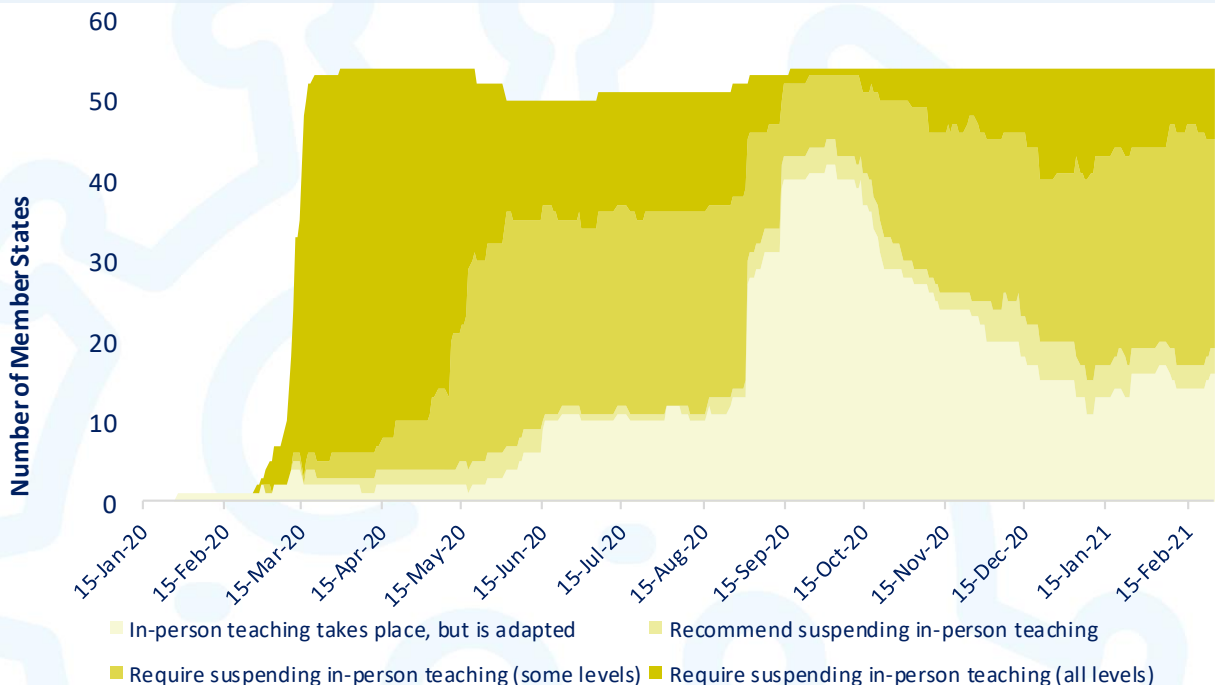
© WHO/Blink Media – Ehtiram Jabi

COVID-19 prevention measures in a seminar

Countries such as [Israel](#), [Estonia](#) and [Turkey](#) have begun to prioritize teachers and educational staff for COVID-19 vaccinations as a key element within school reopening plans. In these countries, teachers are not only community workers but also essential frontline staff. Other Member States, such as Greece, [Bulgaria](#) and [Germany](#), have moved teachers and educational staff into a priority group within their national vaccination plans.

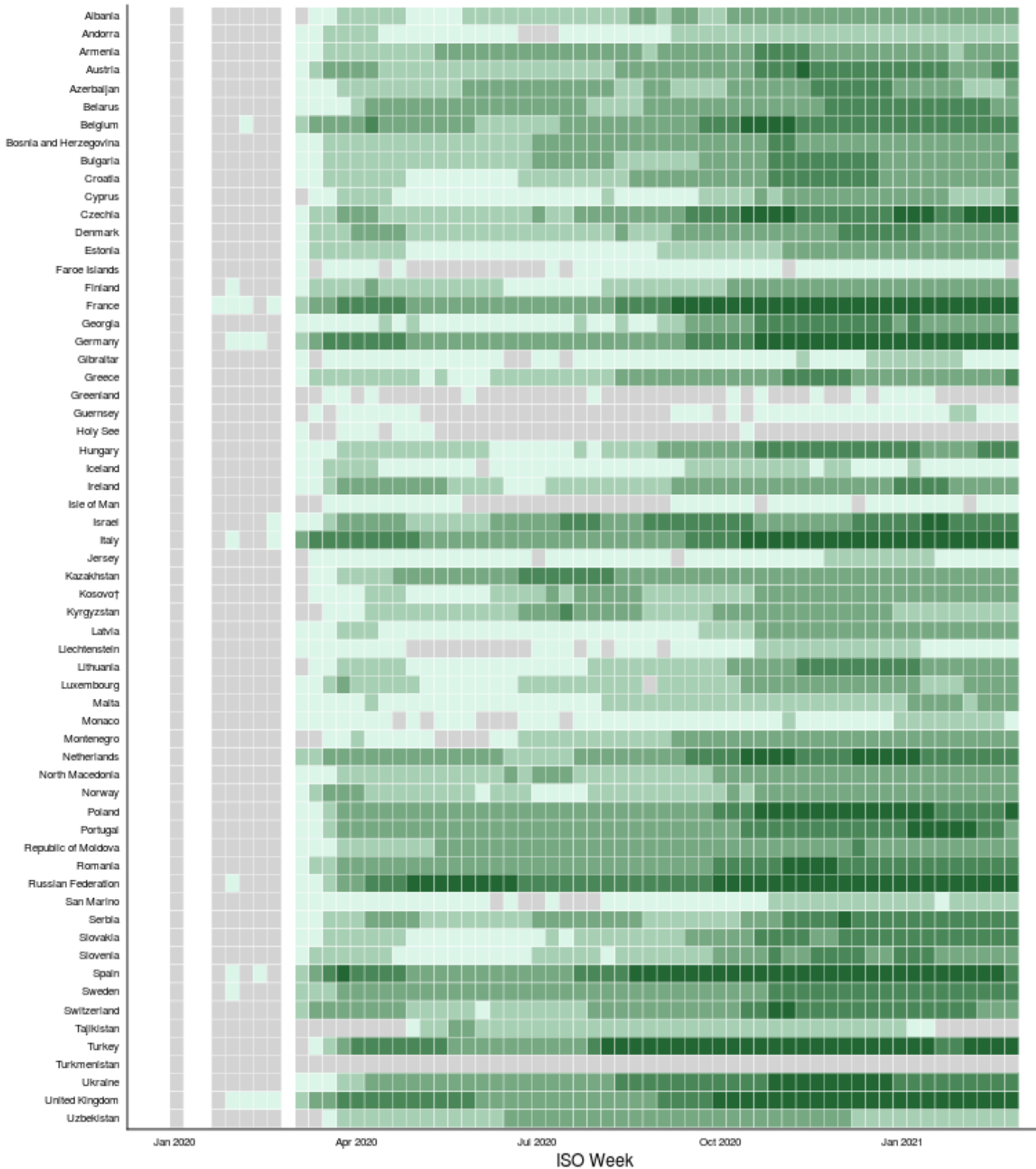
Rapid diagnostic testing has also become a crucial element in the reopening plans for Member States such as [Slovenia](#), [Slovakia](#) and [Austria](#). Teachers, educational staff, students and sometimes parents are required to present a negative PCR or rapid antigen test in order to enter school environments. This is often combined in practice with hybrid learning models, where groups of students attend school in-person on specific days each week and transition to distance learning on other days with compulsory testing in-between. Another trend seen among European Member States is prioritizing the return of students in K–4 to in-person learning environments, while students in grade 5 and above remain in distance learning or hybrid formats. This has been seen in Austria, Denmark, Poland and other countries across the European Region.

Number of European Member States implementing school-related public health measures (n=53)



COVID-19 heatmap of the WHO European Region:

New cases by ISO week



Number of new cases

