ASPHER Report: COVID-19 Situation Reporting across Europe

Week of March 14th, 2022

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This is ASPHER's weekly surveillance report. We hope it is complementary to other resources such as ECDC and Our World in Data, where the reader can go for more detailed information. Please give us your feedback: is the presentation helpful to you and your colleagues? What other information would you like to see in it?

Key messages

- Compared to the previous week, the global number of new COVID-19 cases has increased by 8%, while the number of deaths has continued to decline. The European region experienced an 2% increase in cases and a 23% decline in new COVID-19 deaths. (link)
- The EU/EEA experienced a high but decreasing overall case notification rate. All countries reported a decreasing case notification rate when compared with the previous week. Although the Omicron wave has peaked in most countries in terms of reported case rates, an impact on mortality is being observed, with increasing trends in death rates forecast in 10 countries over the next two weeks. Increasing case rates among those aged 65 years and older were reported by seven countries. This age shift has led to a gradual increase in the proportion of Omicron cases reporting severe outcomes. (link)
- The ECDC published an analysis of COVID-19 contact tracing data from Ireland, Italy and Spain (link) and an updated version of their analysis of COVID-19 vaccine effectiveness against Severe Acute Respiratory Infection (link).
- The Lancet published an IHME analysis of excess mortality due to the COVID-19 pandemic. (link)

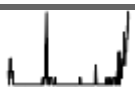
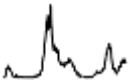
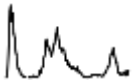
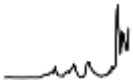
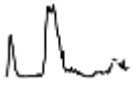
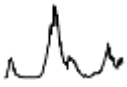
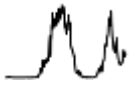
ASPHER is concerned about speculative talk about the 'end of the pandemic'. *Pandemic* is not defined by politicians, or by journalists. The *pandemic* is defined by the World Health Organisation, under strict decision-making process and not as mere opinion. A pandemic is "an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people". We are still in the midst of the pandemic. We are also concerned at the misuse of the term *endemic* suggesting that COVID-19 has somehow become less serious. *Endemic* assumes there is a certain degree of predictability in the behaviour of the incidence and prevalence of the disease. Nothing enables us to state that there will be no new SARS-COV-2 variants: there is plenty of experience that there will be new variants. Nothing allows to predict what the characteristics of the new variants will be, or the planetary region or time when they will appear. Therefore, we are not in *endemic* conditions, we continue to be in the *pandemic*.

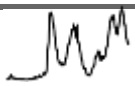
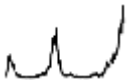
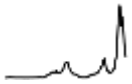
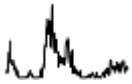
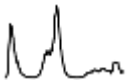
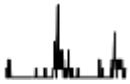
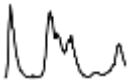
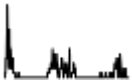
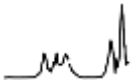
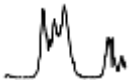
We will not come out of the pandemic until we seriously address the problem globally. We need global solidarity, commitment to international preparedness and increased global production of vaccines.
ASPHER is concerned that many countries are relaxing protections, at a time when there is still substantial transmission of the virus, outbreaks affecting young children, disrupting education and leading to unexpected numbers of children's hospital admissions, and uncertain threats in terms of long COVID manifestations and late serious illness such as strokes and cardiac events. Hospital services continue to be confronted by high levels of serious infection, although intensive care services seem to be affected to different levels, in different areas.

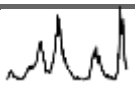
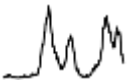
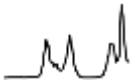
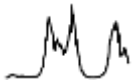
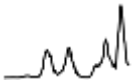
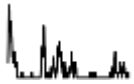
Alongside political initiatives which are throwing away proven measure to control the pandemic, there is the reality with Omicron variant, that primary health care and social care is not coping across Europe. Occupational health services are non- existant in many parts of Europe and therefore unable to address mass sickness absence or support workers in key industries suffering burnout. We urge governments to invest in additional measures to support primary care, social care and occupational health. Protection of our key service workers is a central concern.

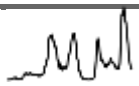
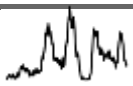
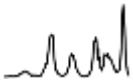
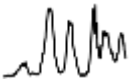
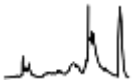
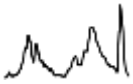
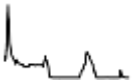
ASPHER supports the VACCINE-plus approach to pandemic control; or what we have called 'COVID-DO_IT_ALL'. We recognize the importance of following non-pharmacological interventions as well as achieving a high level of vaccine uptake. Vaccine hesitancy still needs to be understood and addressed especially in Eastern parts of Europe. We need to protect frontline services, protect children, and protect vulnerable people. Current political moves in Europe are adding to the likelihood of increased transmission, creating more pressures on services, more likelihood of additional sickness absence, economic damage, and social disruption. The mindset of the 'pandemic is over' will have the dangerous impact of prolonging it.

Rolling 7-day average of latest daily newly confirmed coronavirus cases, deaths, and proportion of people fully vaccinated against COVID-19 in the countries of the WHO-Europe region (data).

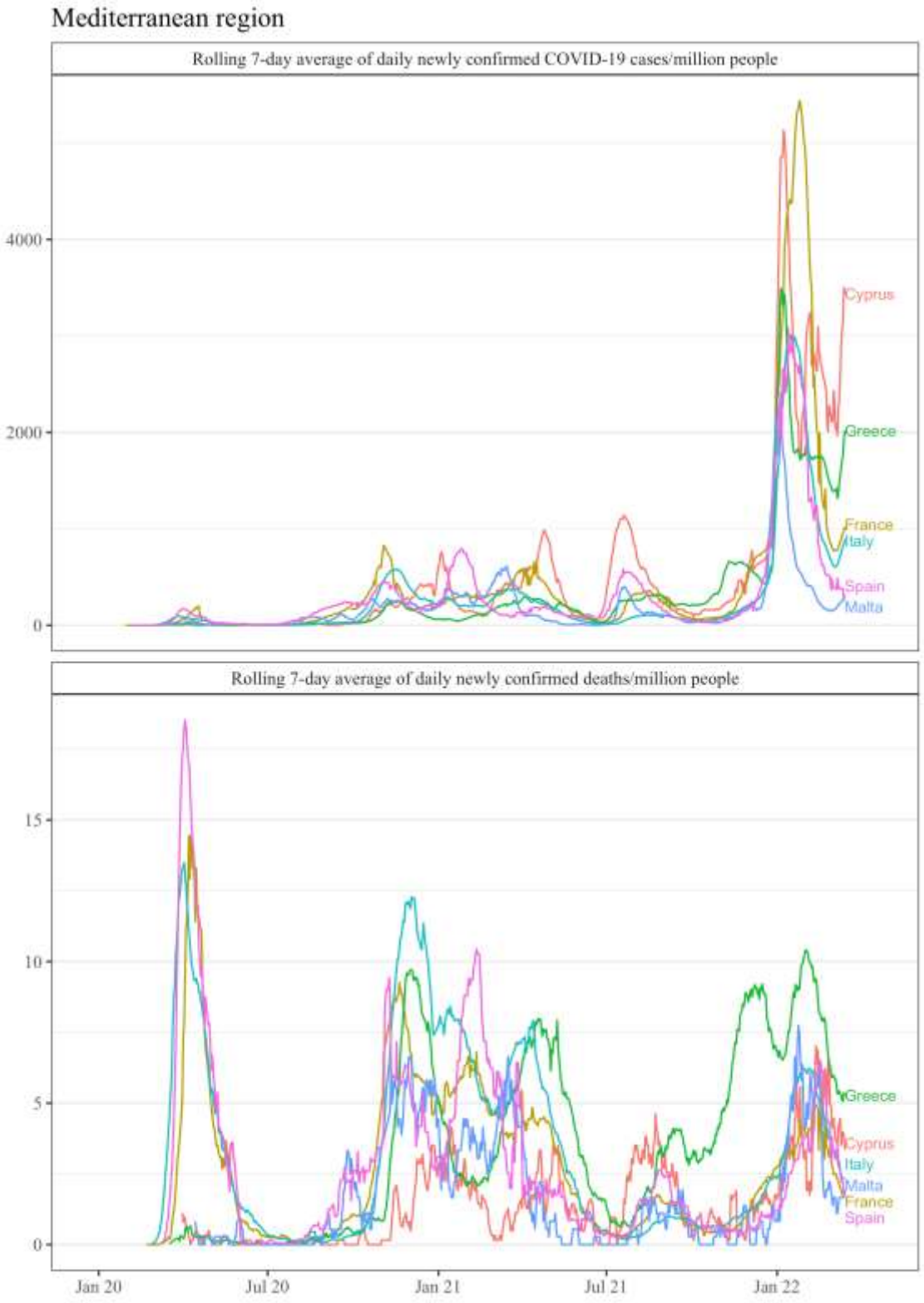
WHO Europe region	Rolling 7-day average of daily newly confirmed COVID-19 cases/million people	30-day trend in cases	Rolling 7-day average of daily newly confirmed deaths/million people	30-day trend in deaths	Share of the population fully vaccinated against COVID-19 (%)
Iceland	5,745.40		3.87		78.55
Austria	4,745.86		3.00		72.77
Netherlands	3,569.84		0.84		71.97
Cyprus	3,437.64		3.35		72.02
Switzerland	3,215.28		1.49		68.75
Germany	2,395.46		2.35		75.06
Slovakia	2,054.88		6.00		50.62

WHO Europe region	Rolling 7-day average of daily newly confirmed COVID-19 cases/million people	30-day trend in cases	Rolling 7-day average of daily newly confirmed deaths/million people	30-day trend in deaths	Share of the population fully vaccinated against COVID-19 (%)
Greece	2,021.45		5.28		72.99
Denmark	1,884.37		6.98		81.57
Finland	1,881.59		3.81		76.42
Lithuania	1,580.27		5.89		69.57
Estonia	1,550.29		6.36		63.49
Luxembourg	1,372.28		1.80		71.85
United Kingdom	1,081.81		1.54		72.15
Monaco	1,069.98		3.62		64.95
Slovenia	1,057.04		3.09		58.66
Portugal	1,056.64		1.77		92.60
France	1,027.10		1.74		77.73
Ireland	948.07		1.86		80.13
Italy	898.76		2.31		79.03
San Marino	873.69		0.00		64.22
Czechia	723.61		3.06		63.90
Belgium	693.35		1.83		78.31

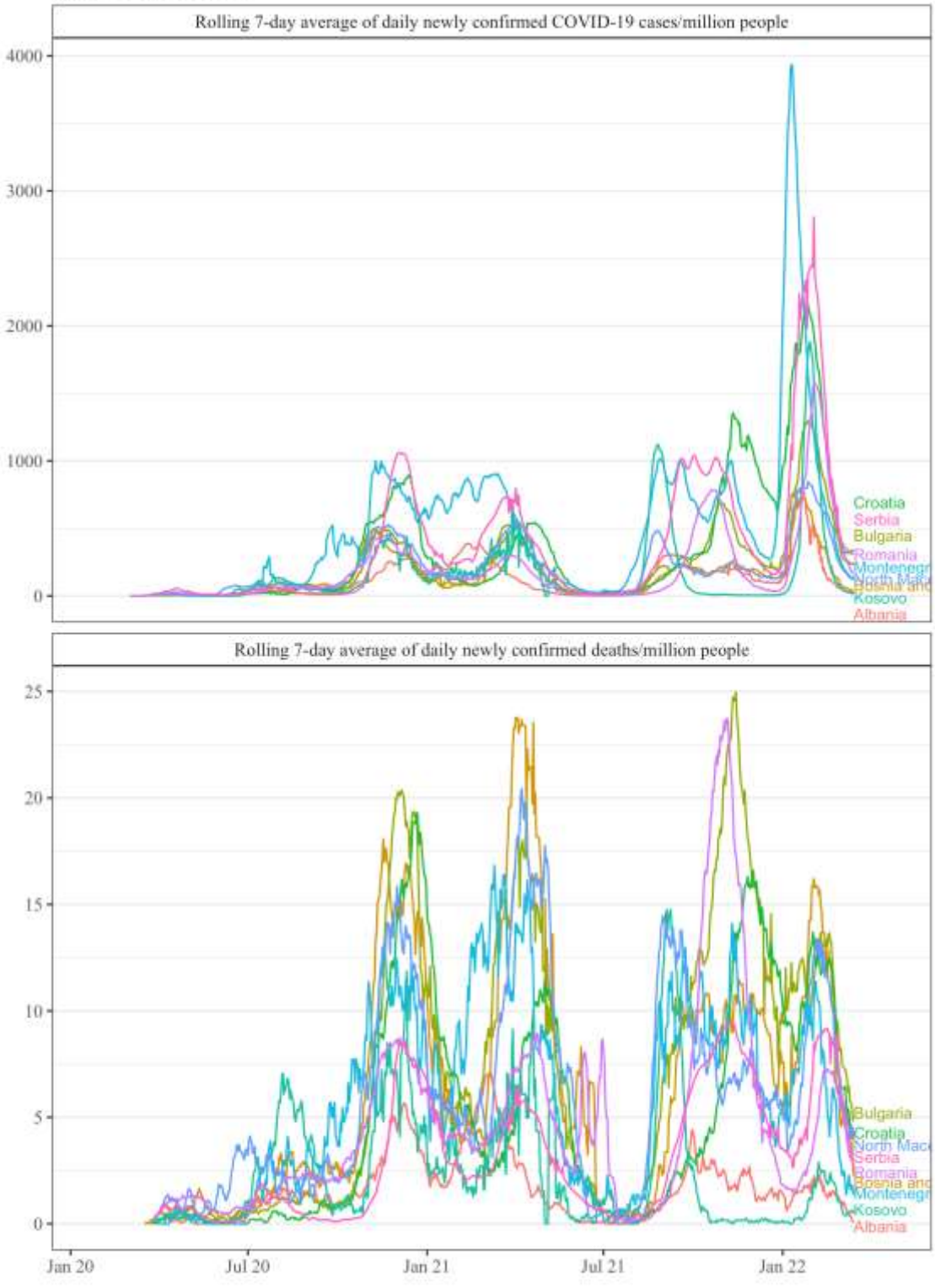
WHO Europe region	Rolling 7-day average of daily newly confirmed COVID-19 cases/million people	30-day trend in cases	Rolling 7-day average of daily newly confirmed deaths/million people	30-day trend in deaths	Share of the population fully vaccinated against COVID-19 (%)
Israel	683.96		1.18		65.92
Croatia	339.67		4.30		54.74
Russia	318.22		4.12		49.51
Georgia	309.64		5.56		31.45
Spain	307.03		1.70		85.24
Serbia	305.71		2.72		47.54
Malta	294.79		1.94		90.07
Turkey	294.04		1.55		62.21
Poland	287.91		3.23		58.96
Bulgaria	239.39		4.81		29.78
Hungary	212.28		5.44		64.13
Romania	164.50		2.66		42.23
Andorra	155.13		0.00		68.84
Belarus	152.47		1.32		49.06
Montenegro	137.39		1.36		44.73
Sweden	133.17		4.57		74.82

WHO Europe region	Rolling 7-day average of daily newly confirmed COVID-19 cases/million people	30-day trend in cases	Rolling 7-day average of daily newly confirmed deaths/million people	30-day trend in deaths	Share of the population fully vaccinated against COVID-19 (%)
North Macedonia	122.71		3.98		40.05
Moldova	91.66		2.10		26.06
Bosnia and Herzegovina	37.69		2.23		25.93
Armenia	25.75		1.30		31.03
Kosovo	19.00		0.48		45.93
Albania	18.60		0.15		42.01
Azerbaijan	16.84		1.12		46.99
Kazakhstan	6.11		0.11		47.78
Kyrgyzstan	2.15		0.13		18.18
Uzbekistan	1.21		0.00		38.78
Tajikistan	0.00		0.00		42.13
Ukraine	0.00		0.00		35.02

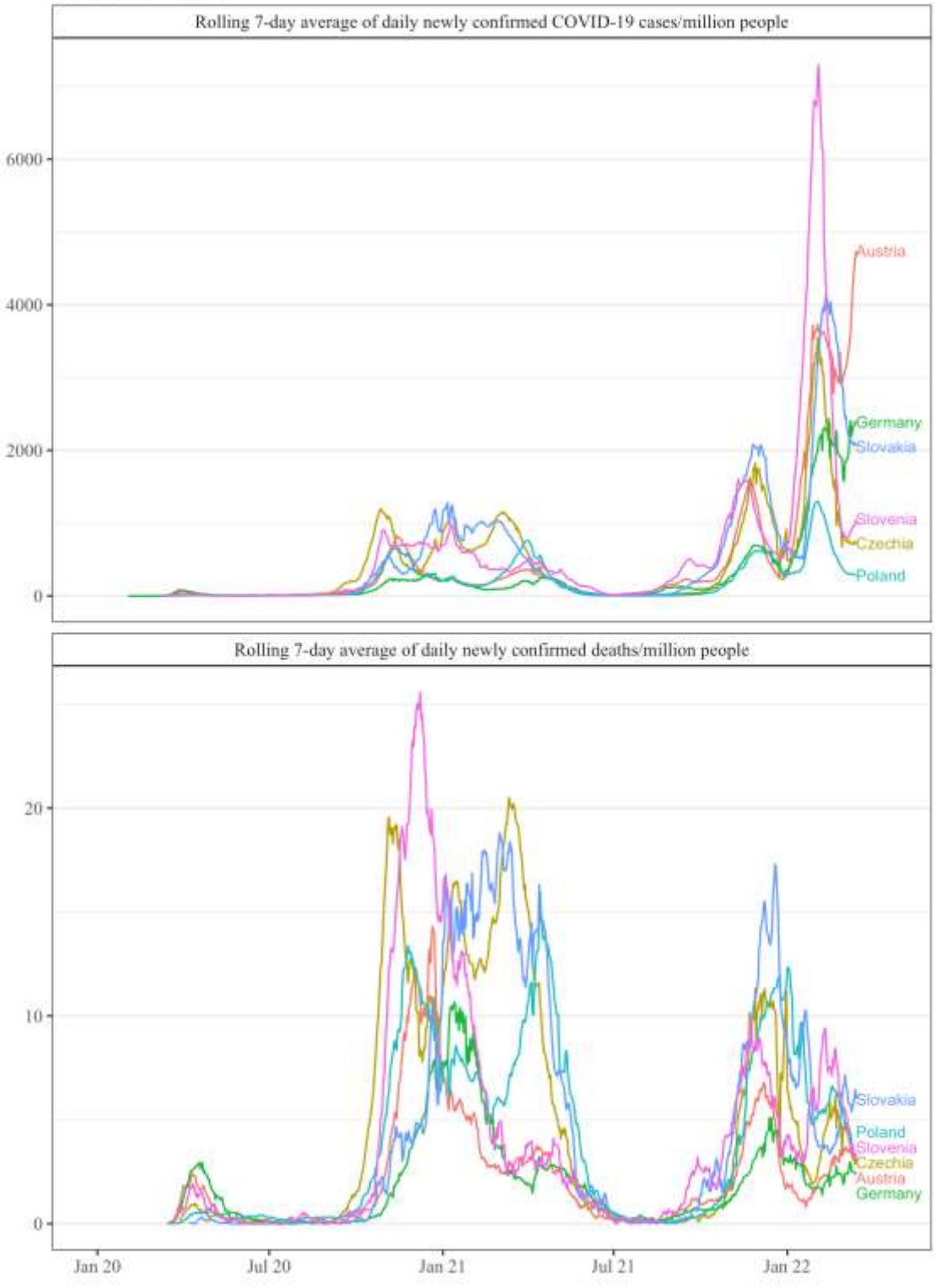
Rolling 7-day average of daily new confirmed COVID-19 cases and daily new confirmed COVID-19 deaths in sub-regions of Europe (data).



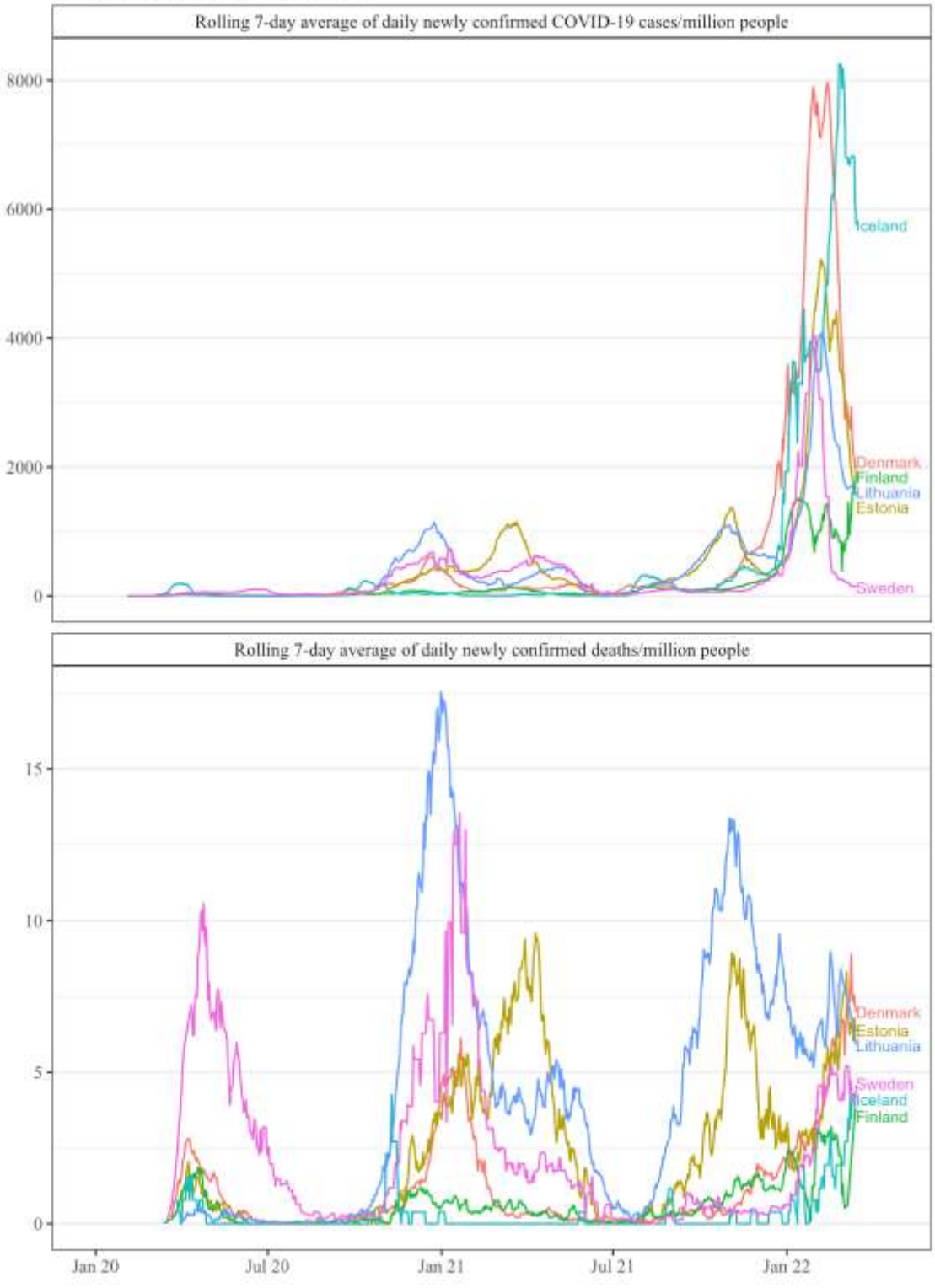
South-East region



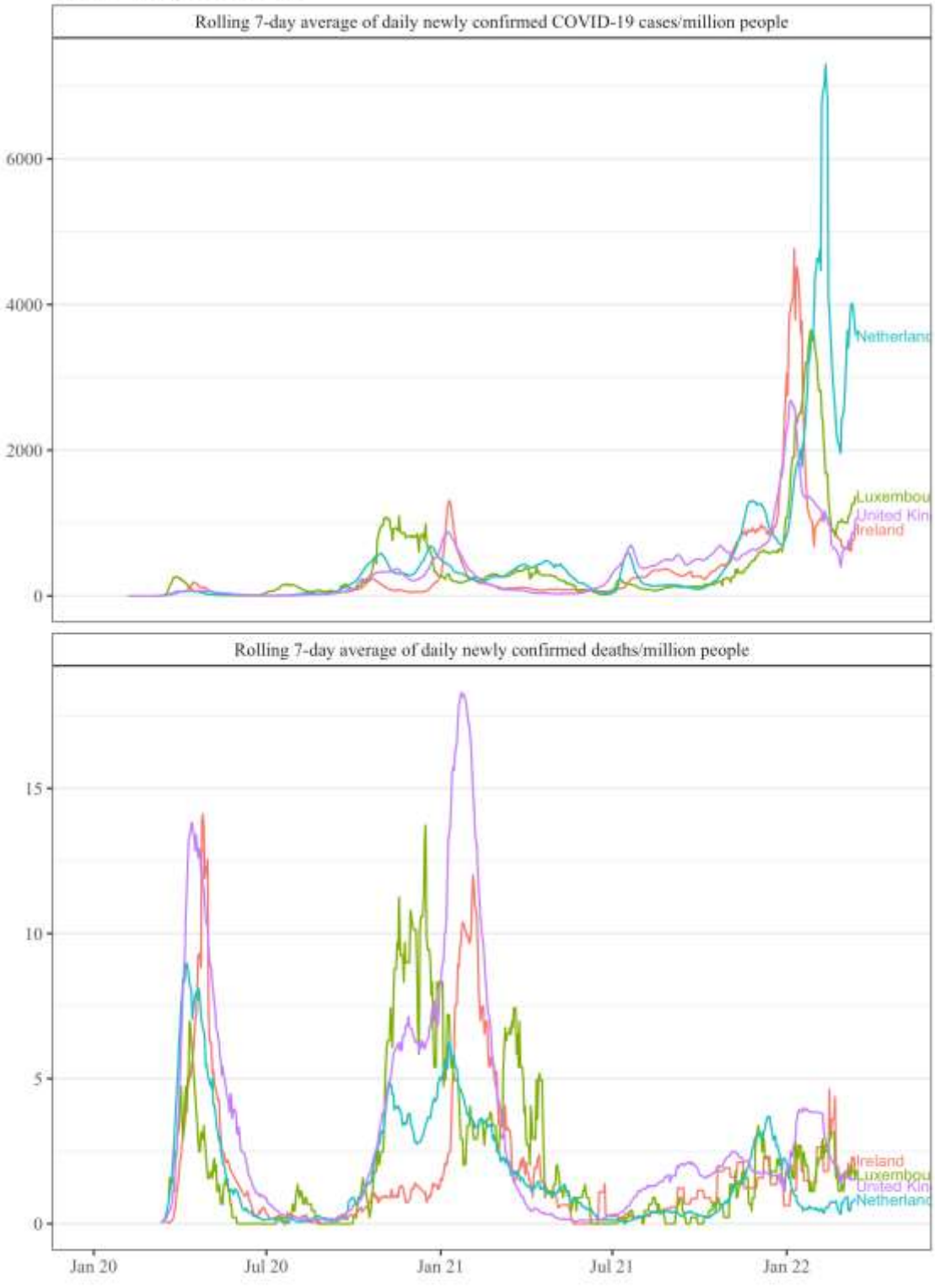
Central Europe



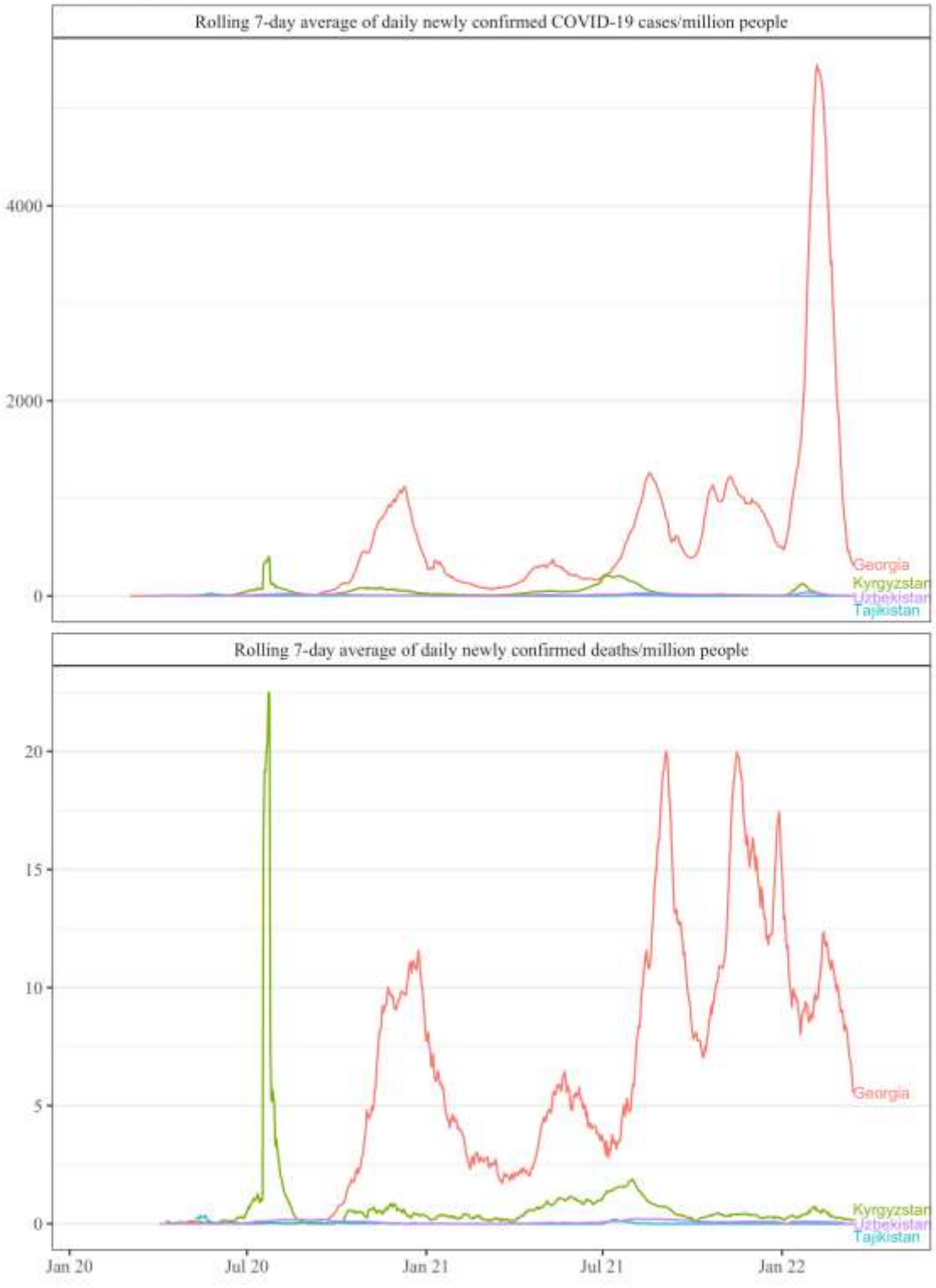
Baltics and Nordic Countries



North-Western Europe



Central Asia



Exceptional country report – wastewater surveillance in Israel (Kando Environmental Services LTD case study)

Kando Environmental Services LTD, an Israeli wastewater intelligence and data company, has been collaborating with Ben Gurion University and the Technion Institute to build a system of COVID-19 wastewater surveillance (link). Communities with a population over 20,000 throughout Israel are being monitored. The largest unit of observation is 100,000 inhabitants, which allows more precise stratification by socioeconomic status and other demographic characteristics. The wastewater sampling is automated via internet-capable autonomous units strategically placed in manholes and wastewater treatment plants. The sampling occurs biweekly, comprising of composite 24-hour samples. The composite samples are delivered to academic and commercial laboratories for testing of COVID-19 viral loads, producing a continuous data stream of normalized viral loads and – via the demographic and wastewater flow data – an estimate of the caseload in a particular location. The system supports a zoom-in process where additional sampling units are installed in response to an increase in caseload in a particular location.

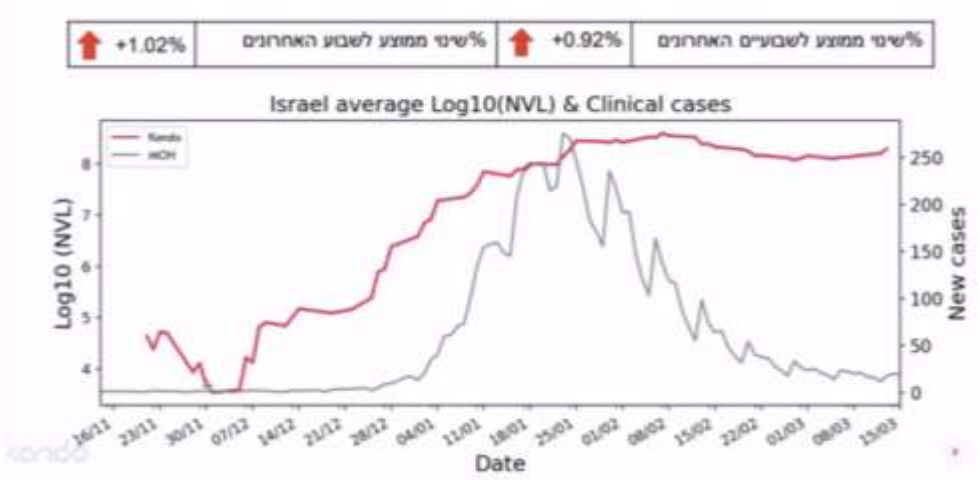


Figure 1 Comparison of caseloads estimated by wastewater surveillance compared to testing data

Sewage sampling is an emerging complement to traditional surveillance data, particularly well-suited for hard-to-reach populations and in settings where routine testing may not be economically viable. In addition, wastewater sampling in Israel has been shown to be resilient to changes in testing strategy, which confound routine surveillance systems (Figure 1).