

# ASPHER Report: COVID-19 Situation Reporting across Europe

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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

- The [WHO weekly epidemiological update](#) highlights that the global number of new weekly COVID-19 cases and deaths declined compared to the previous week.
- The [ECDC country overview report](#) highlights an increase in COVID-19 incidence rate driven by recent increases in 14 countries. This is the first increase observed across the EU/EEA since the most recent BA.5 wave. Rates of hospital or ICU indicators decreased or remained stable with fourteen countries reporting increases in at least one indicator (nine last week).

## Selected recent COVID-19 publications

Rudan, I., Millington, T., Antal, K., Grange, Z., Fenton, L., Sullivan, C., Buelo, A., Wood, R., Woolford, L., Swann, O. V., Murray, J. L. K., Cullen, L. A., Moore, E., Haider, F., Almaghrabi, F., McMenamin, J., Agrawal, U., Shah, S. A., Kerr, S., ... Sheikh, S. A. (2022). BNT162b2 COVID-19 vaccination uptake, safety, effectiveness and waning in children and young people aged 12–17 years in Scotland. In *The Lancet Regional Health - Europe* (Vol. 23, p. 100513). Elsevier BV. <https://doi.org/10.1016/j.lanepe.2022.100513>

- The study found no increased likelihood of admission to hospital with a range of health outcomes in the period after vaccination in those aged 12–17 years. Vaccination with both doses was associated with a substantial reduction in the risk of COVID-19 symptomatic disease during both the Delta and Omicron periods, but this protection began to wane after five weeks.

Penninx, B. W. J. H., Benros, M. E., Klein, R. S., & Vinkers, C. H. (2022). How COVID-19 shaped mental health: from infection to pandemic effects. In *Nature Medicine*. Springer Science and Business Media LLC. <https://doi.org/10.1038/s41591-022-02028-2>

- Despite a small increase in self-reported mental health problems during the pandemic, this has (so far) not translated into objectively measurable increased rates of mental disorders, self-harm or suicide rates at the population level. This could suggest effective resilience and adaptation, but there is substantial heterogeneity among subgroups, and time-lag effects may also exist. Regarding COVID-19 itself, both acute and post-acute neuropsychiatric sequelae have become apparent, with

high prevalence of fatigue, cognitive impairments and anxiety and depressive symptoms, even months after infection.

#### **ASPHER statement on the pandemic**

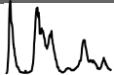
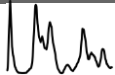
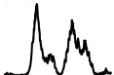

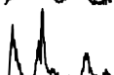
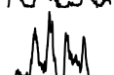
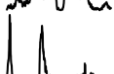


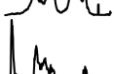










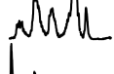







ASPHER is concerned about talk of the ‘end of the pandemic’. *Pandemic* is not defined by politicians, or by journalists. The *pandemic* is defined by the World Health Organisation, under strict decision-making process and not as mere opinion. A pandemic is “an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people”. We are still in the midst of the pandemic.

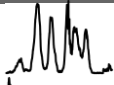





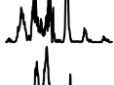


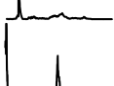
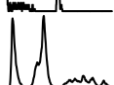
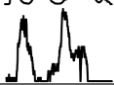


We are concerned with the rapid dismantling of non-pharmaceutical interventions against COVID-19 across Europe. In a [recent opinion paper](#), we advocate for European governments’ continued recommendation for the use of face masks in high traffic public areas like public transport. The reality remains that the future evolution of the pandemic is highly uncertain. Primary health care and social care provision across Europe are not yet restored to pre-pandemic levels due to the burden of ever new variants of the virus. Occupational health services are non-existent 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. 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 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 average of latest COVID-19 death and hospitalization rates in the countries of the WHO-Europe region ([Source: Our World in Data](#)).**

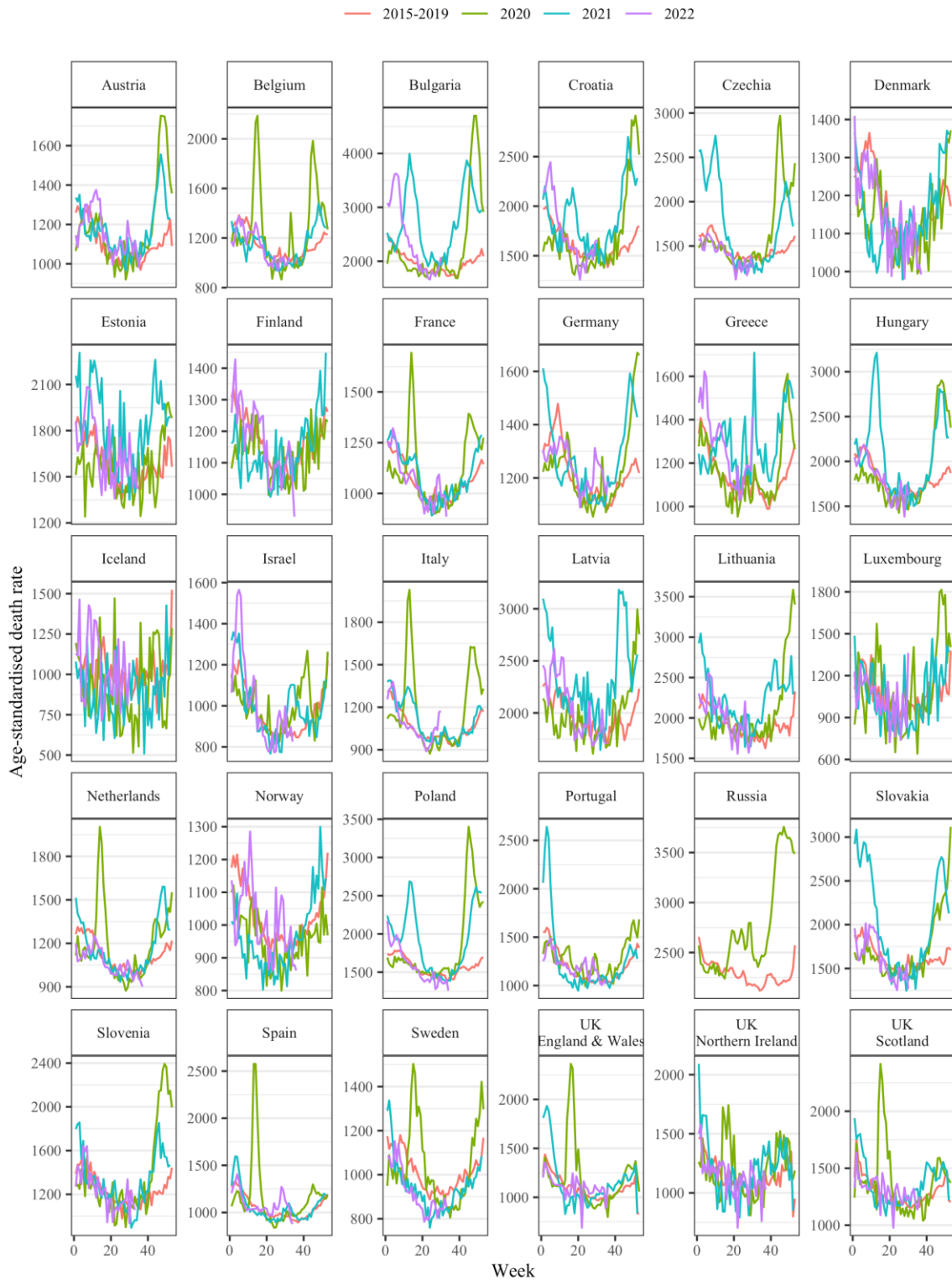
WHO Europe region	Daily newly confirmed COVID-19 deaths/million people	30-day trend in deaths	Weekly hospital admissions/million	30-day trend in weekly hospital admissions
Iceland	13.12		24.40	
Monaco	7.79			
San Marino	4.23			
Belarus	2.09			
Andorra	1.81			
Croatia	1.51		127.84	
Serbia	1.41			
Czechia	1.40		141.66	
Finland	1.37			
Greece	1.22		76.79	
Estonia	1.18		118.79	
Denmark	1.10		96.00	
Luxembourg	0.89		14.18	
Germany	0.82		67.22	
Slovenia	0.81		37.93	
Portugal	0.71			
Austria	0.70			
Russia	0.70		119.43	
Hungary	0.68			

WHO Europe region	Daily newly confirmed COVID-19 deaths/million people	30-day trend in deaths	Weekly hospital admissions/million	30-day trend in weekly hospital admissions
Italy	0.68		32.78	
Lithuania	0.67			
Moldova	0.65			
Sweden	0.64			
North Macedonia	0.61			
Ireland	0.57		63.92	
Ukraine	0.57			
France	0.56		83.16	
Poland	0.56			
Malta	0.54		13.56	
Spain	0.54		46.45	
Bulgaria	0.52			
Romania	0.46			
Georgia	0.42			
Armenia	0.41			
Belgium	0.38		56.84	
Cyprus	0.32			
Slovakia	0.32			
Bosnia and Herzegovina	0.31			
Israel	0.29		20.99	
Montenegro	0.23			

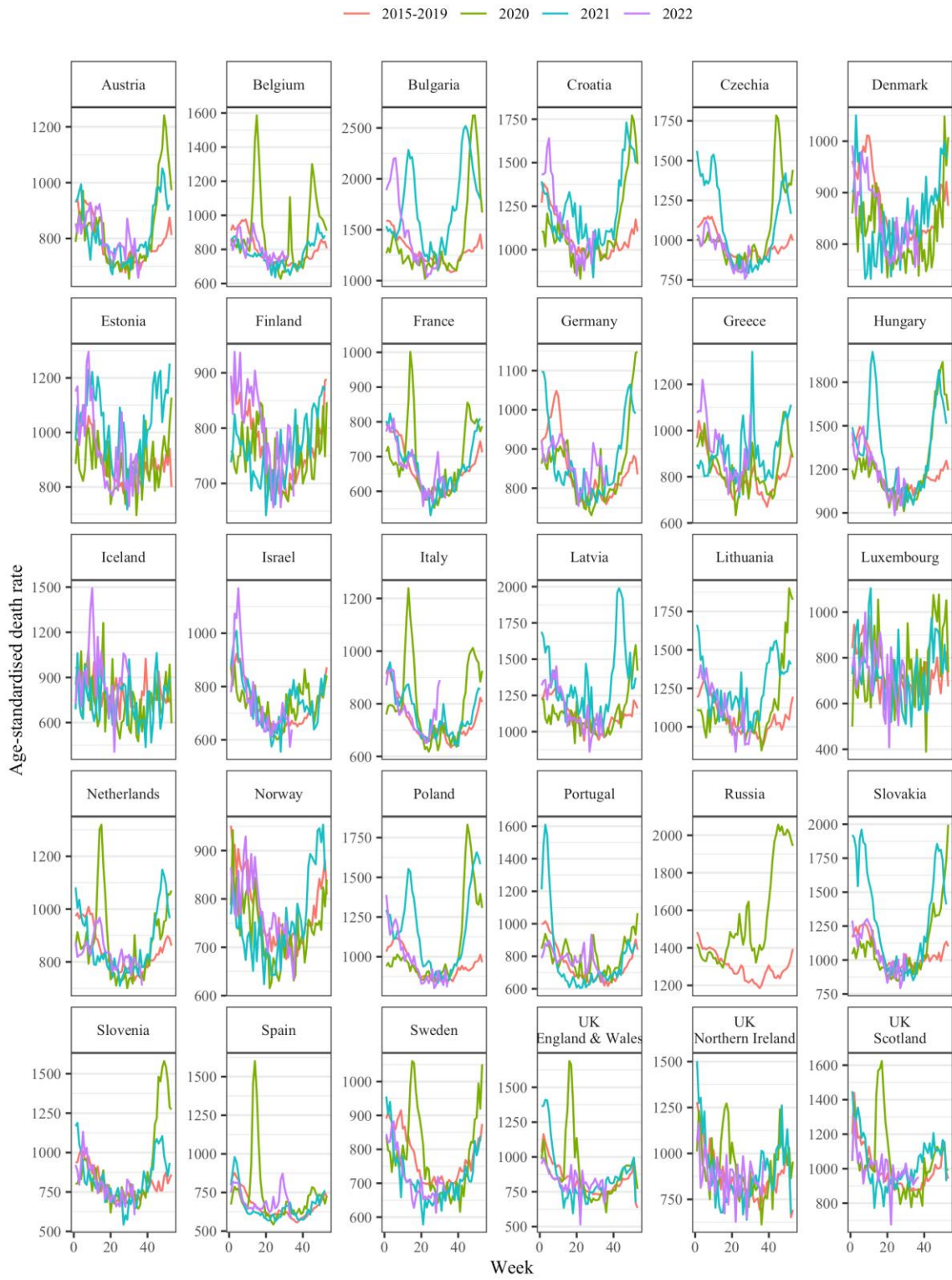
WHO Europe region	Daily newly confirmed COVID-19 deaths/million people	30-day trend in deaths	Weekly hospital admissions/million	30-day trend in weekly hospital admissions
Azerbaijan	0.19			
Netherlands	0.16		48.91	
Switzerland	0.15		20.82	
Turkey	0.12			
Kosovo	0.08			
Albania	0.05			
Kazakhstan	0.02			
Kyrgyzstan	0.02			
Tajikistan	0.01			
United Kingdom	0.01		58.62	
Uzbekistan	0.01			

**The age-standardised all-cause death rates in 2020, 2021 and 2022, and the 2015-2019 average by week and sex in selected countries of the WHO-Europe (Source: Human Mortality Database).**

Age-standardised death rate (men)

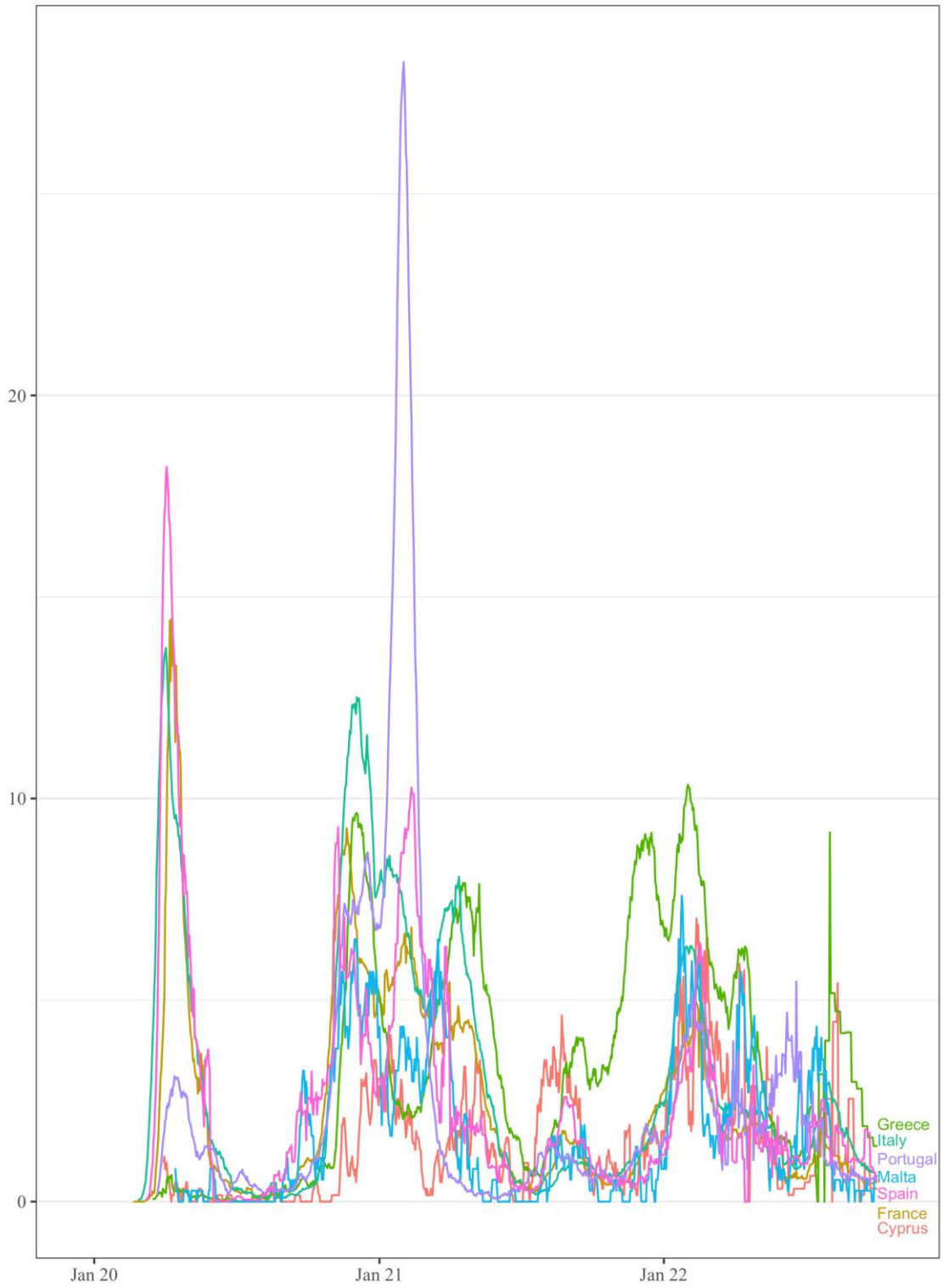


# Age-standardised death rate (women)



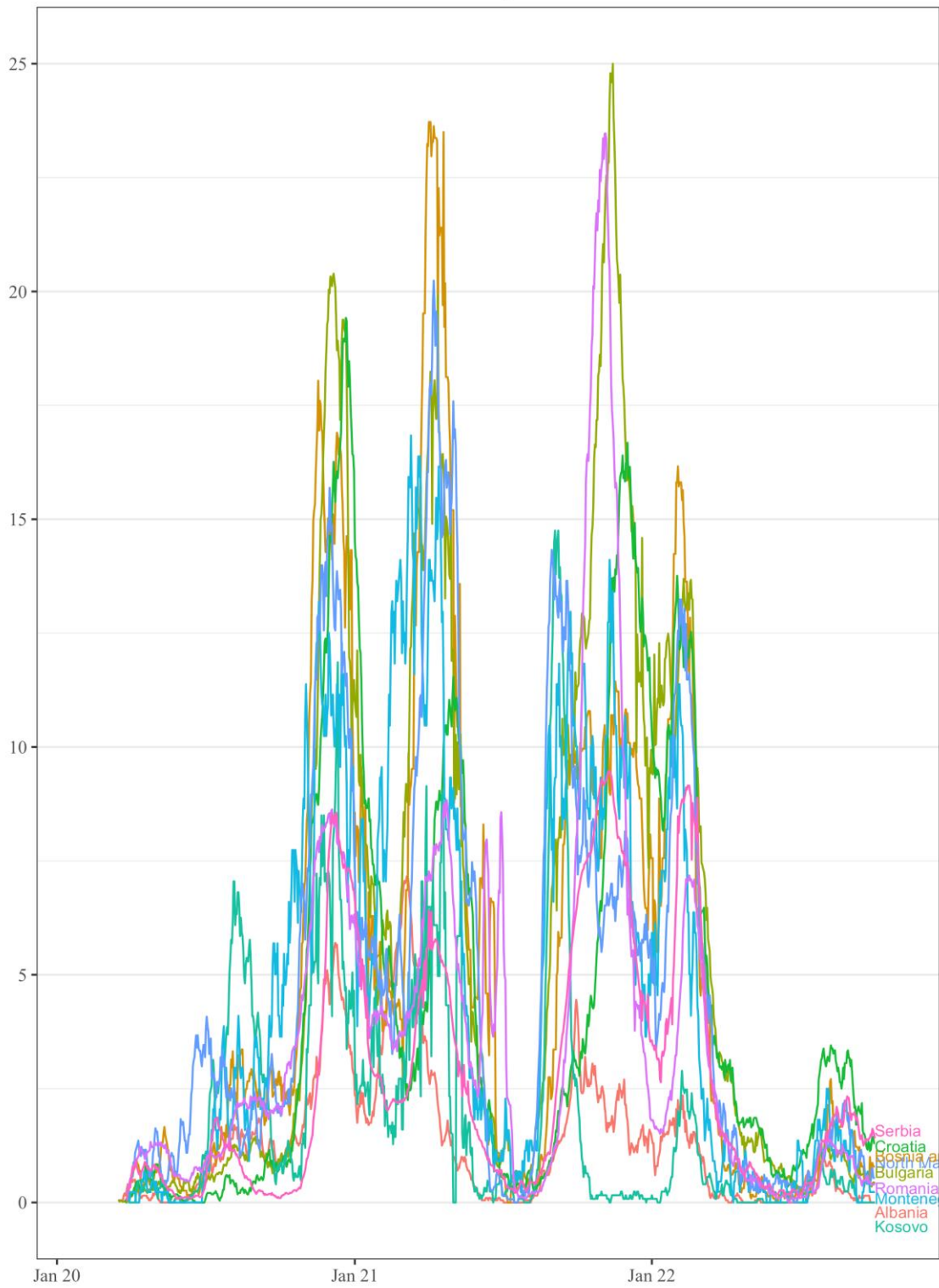
Rolling 7-day average of daily confirmed COVID-19 death rates (per million) in sub-regions of Europe  
(Source: [Our World in Data](#)).

COVID-19 death rate in the Mediterranean region

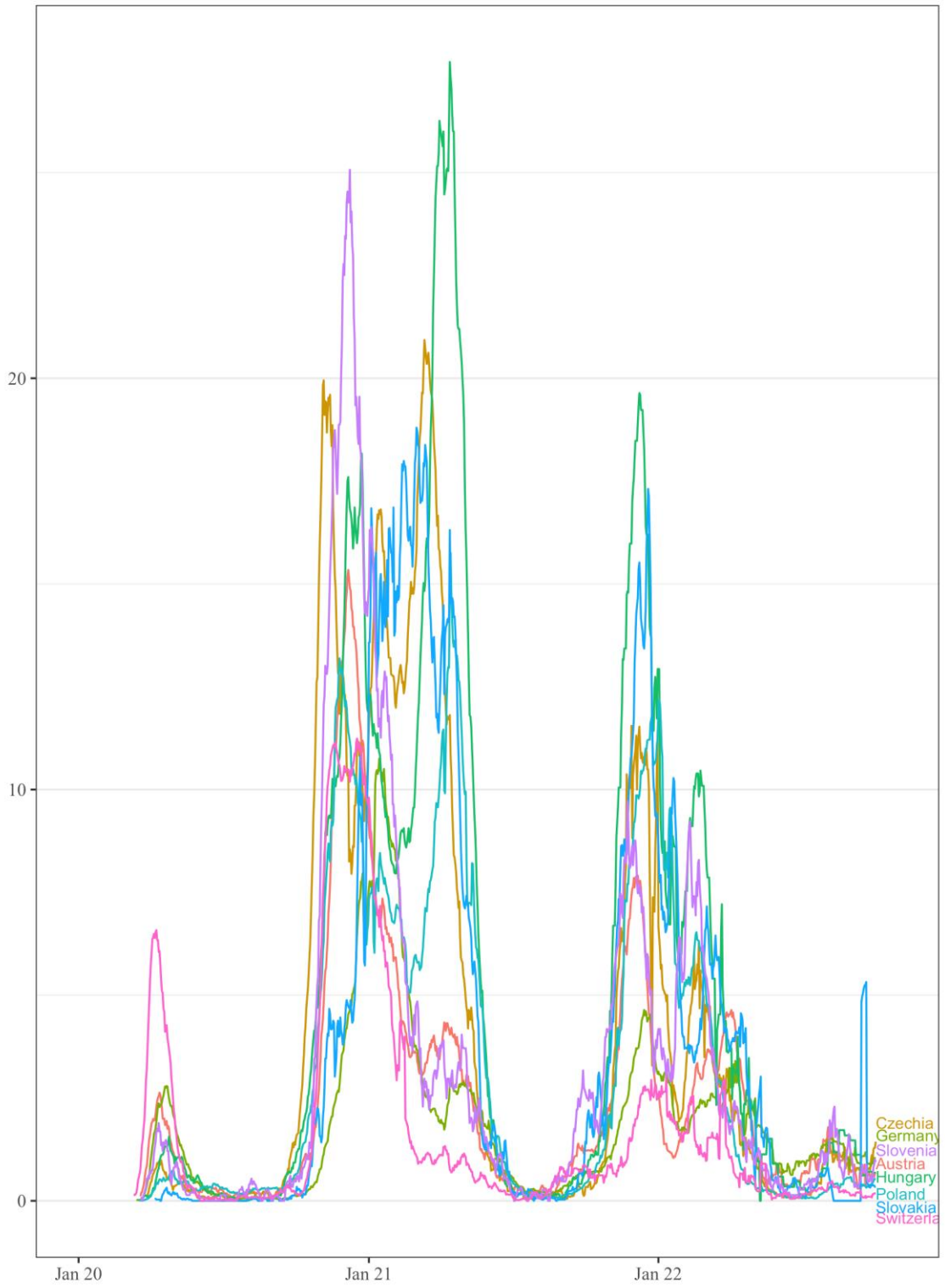




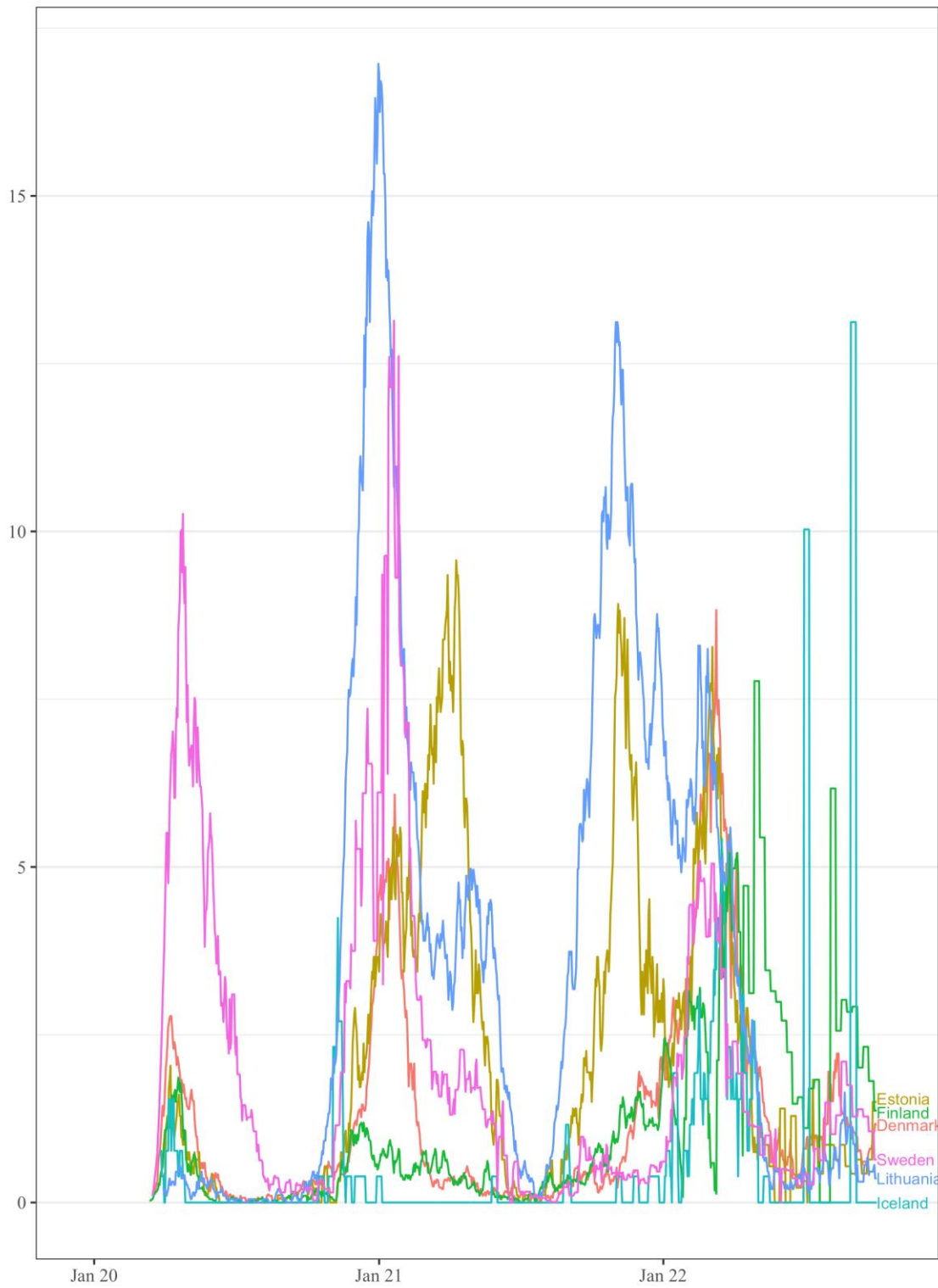
COVID-19 death rate in the South-East region



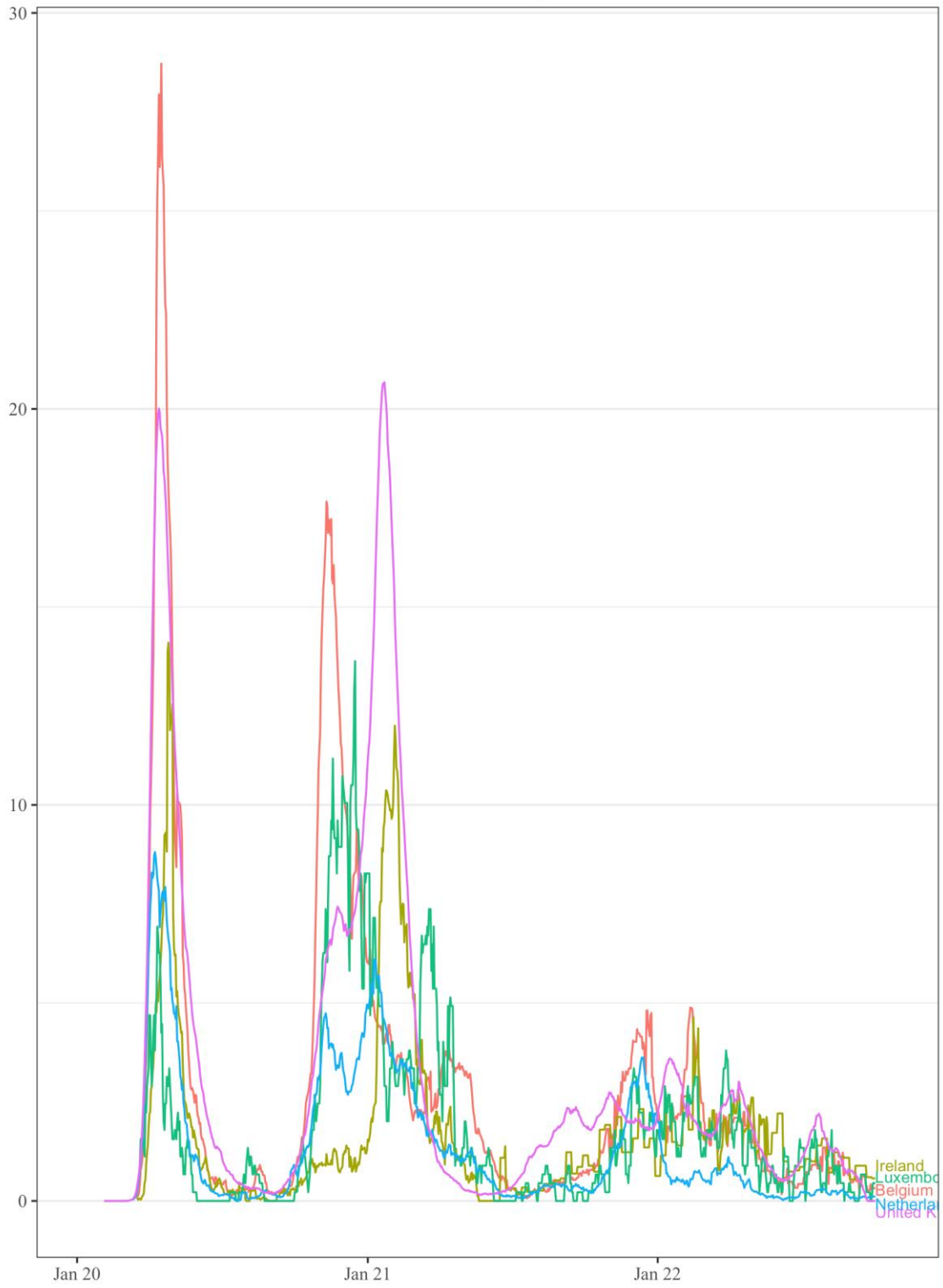
COVID-19 death rate in Central Europe



COVID-19 death rate in Baltics and Nordic Countries



COVID-19 death rate in North-Western Europe



COVID-19 death rate in Central Asia

