

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 remained stable while the number of deaths increased by 10% over the previous week.
- The [ECDC country overview report](#) highlights that the EU/EEA-level COVID-19 case rates increased by 6%, both in those aged 65 years and older and overall (all ages) compared to the previous week. In six countries, country-level rates among those aged 65 years and older surpass 30% of the respective country's pandemic maximum. At the EU/EEA-level, hospital occupancy has increased since the previous week, while hospital and ICU admissions and ICU occupancy indicators remain stable. Overall, the EU/EEA death rate also continued to decrease and is at low levels compared to the pandemic maximum. The cumulative uptake of a second booster was 15.5% (country range: 0.1–41.4%) among adults aged 18 years and older.

Highlighted COVID-19 paper

Hyams, C., et al. (2023). Severity of Omicron (B.1.1.529) and Delta (B.1.617.2) SARS-CoV-2 infection among hospitalised adults: A prospective cohort study in Bristol, United Kingdom. *The Lancet Regional Health - Europe* (Vol. 25, p. 100556). <https://doi.org/10.1016/j.lanepe.2022.100556>

- The study provides evidence that Omicron infection results in less serious adverse outcomes than Delta in hospitalised patients. Despite lower severity relative to Delta, Omicron infection still resulted in substantial patient and public health burden and an increased admission rate of older patients with Omicron which counteracts some of the benefits arising from less severe disease.

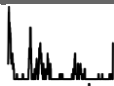
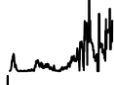


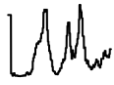
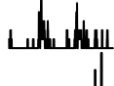

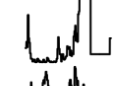
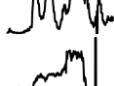



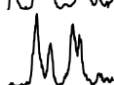
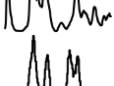
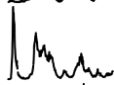



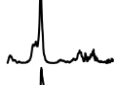
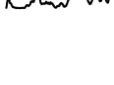




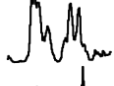
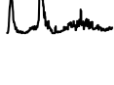



ASPHER statement on the pandemic












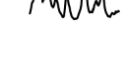

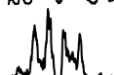


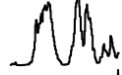




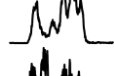




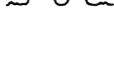

ASPHER is concerned about talk of the ‘end of the pandemic’. *Pandemic* is not defined by politicians, or by journalists. The *pandemic* is defined by the World Health Organisation, under strict decision-making process and not as mere opinion. A pandemic is “an epidemic occurring worldwide, or over a 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](#)).

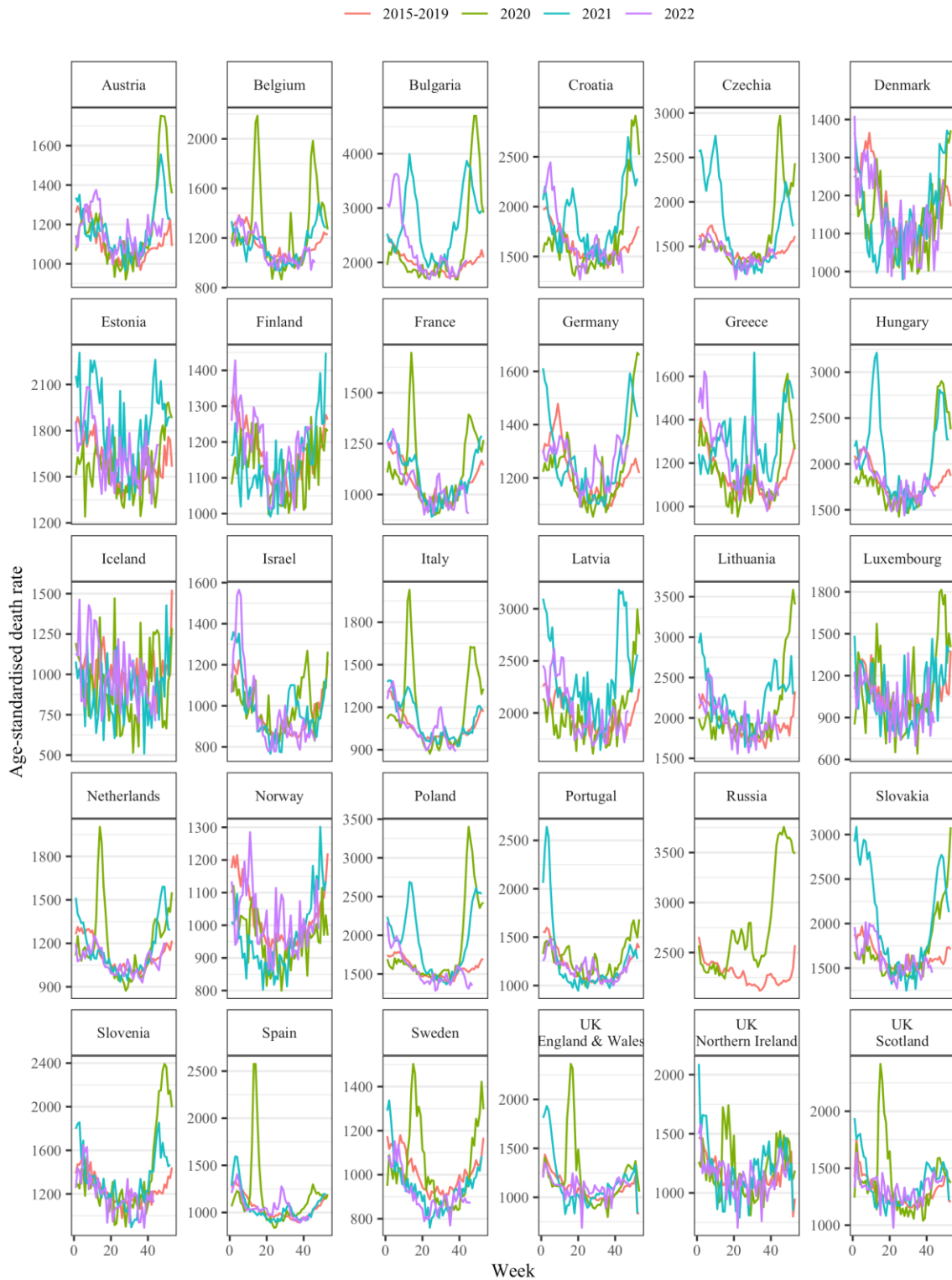
WHO Europe region	Daily newly confirmed COVID-19 deaths/million people	30-day trend in deaths	Weekly hospital admissions/million	30-day trend in weekly hospital admissions
Andorra	12.53			
Finland	5.44			
San Marino	4.24			
Estonia	4.09		174.43	
Monaco	3.92			
Iceland	3.83		73.21	
Greece	2.27		134.29	
Belarus	2.10			
Sweden	1.76			
Italy	1.74		70.18	
Croatia	1.63		127.84	
France	1.56		157.93	
Denmark	1.55		117.30	
Portugal	1.52			
Germany	1.51		115.05	
Cyprus	1.28		63.62	
Slovenia	1.21		60.69	
Ireland	1.11		76.70	

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
Luxembourg	1.10		39.39	
Austria	0.96			
Belgium	0.96		75.84	
Israel	0.92		41.06	
Lithuania	0.83			
Czechia	0.75		70.14	
Spain	0.71		71.30	
Hungary	0.62			
Serbia	0.58			
North Macedonia	0.55			
Malta	0.54		23.25	
Slovakia	0.46		43.96	
Russia	0.38		59.28	
Moldova	0.31			
Georgia	0.27			
Montenegro	0.23			
Romania	0.22			
Ukraine	0.22			
Bulgaria	0.21			
Poland	0.17			

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	0.11			
Netherlands	0.11		29.43	
Switzerland	0.11		21.97	
Armenia	0.10			
Bosnia and Herzegovina	0.09			
Kosovo	0.08			
Albania	0.05			
Turkey	0.04			
United Kingdom	0.04		58.67	
Kyrgyzstan	0.02			
Kazakhstan	0.01			
Tajikistan	0.01			
Uzbekistan	0.01			

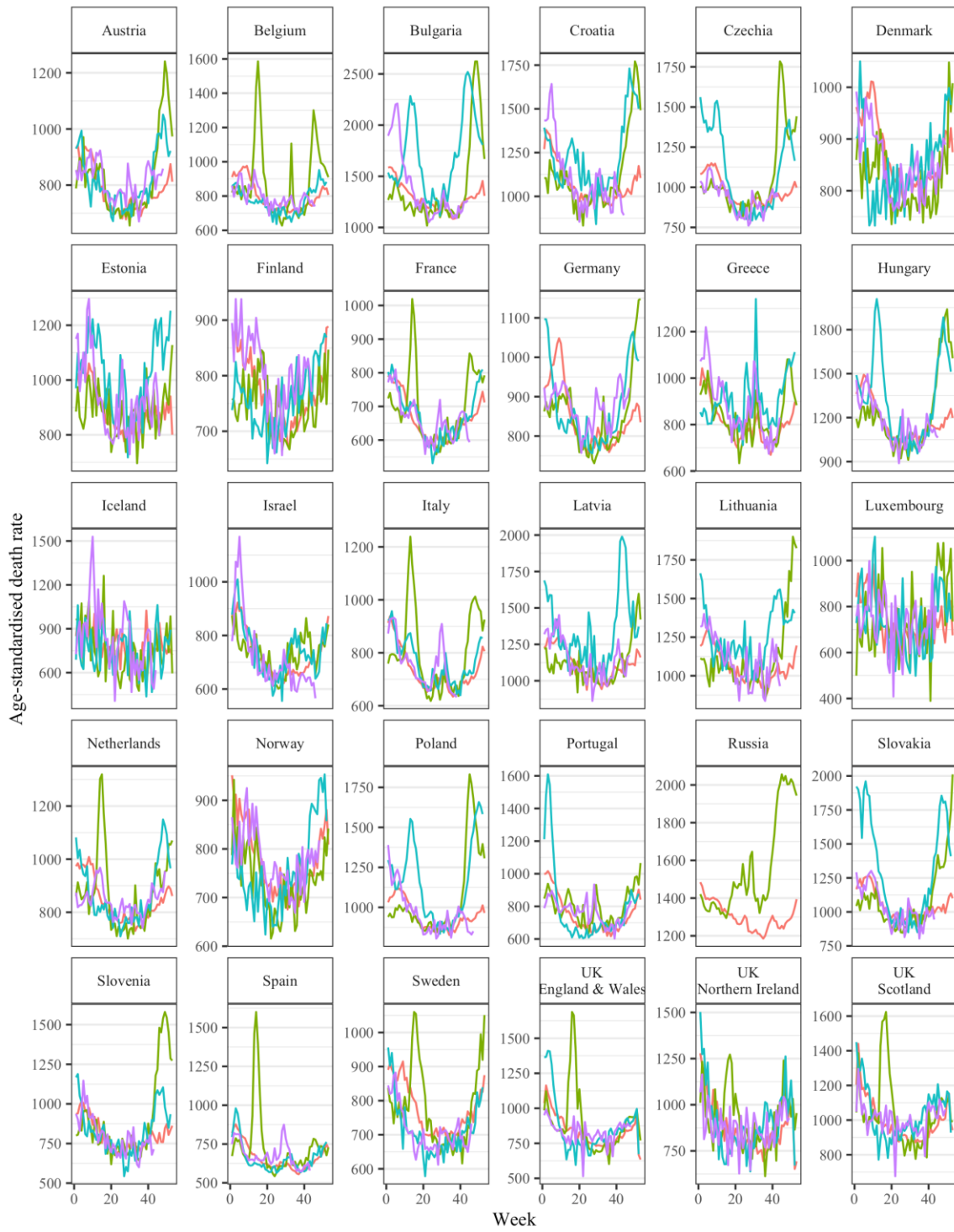
The age-standardised all-cause death rates in 2020, 2021 and 2022, and the 2015-2019 average by week and sex in selected countries of the WHO-Europe (Source: Human Mortality Database).

Age-standardised death rate (men)



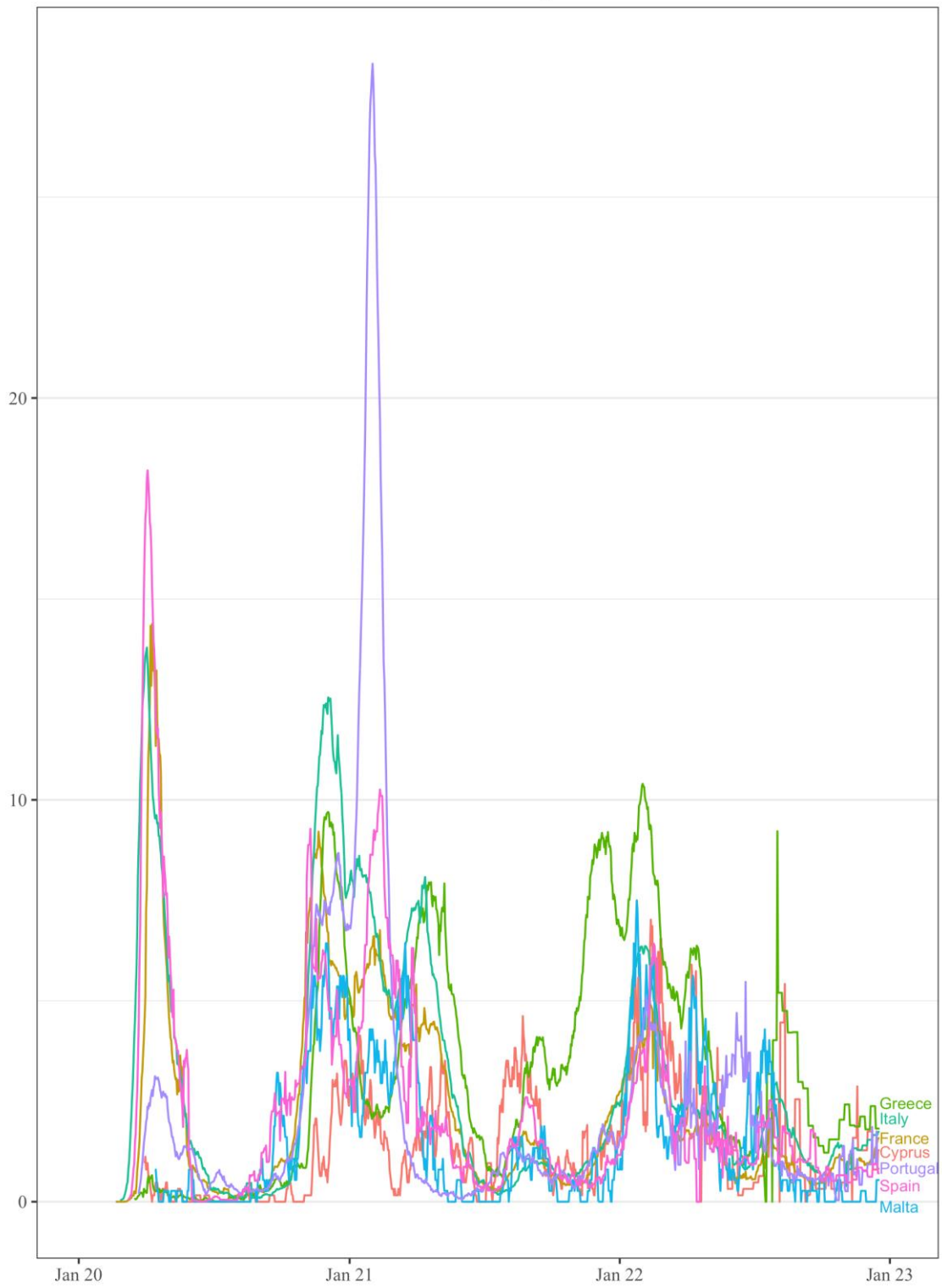
Age-standardised death rate (women)

— 2015-2019 — 2020 — 2021 — 2022

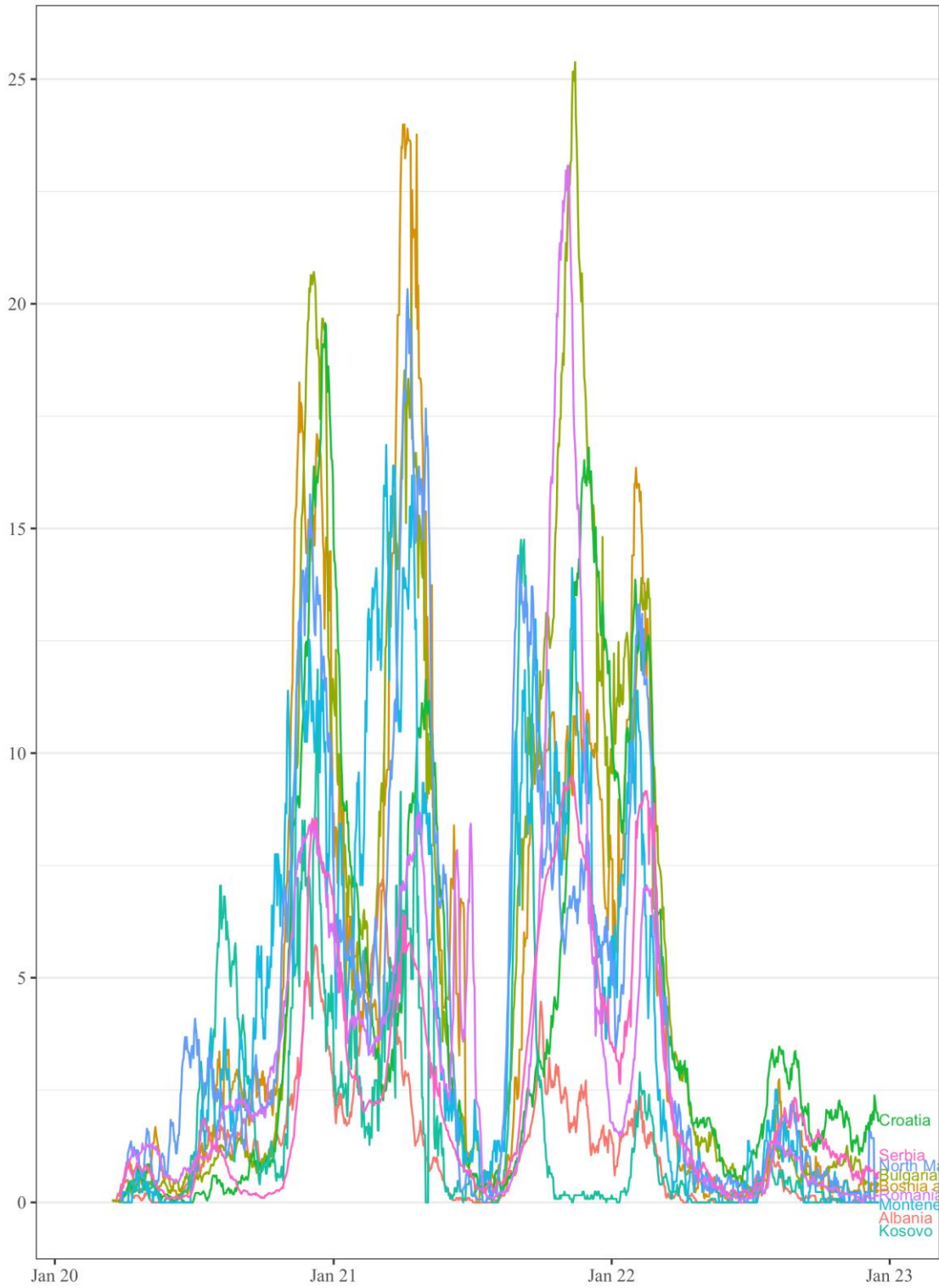


Rolling 7-day average of daily confirmed COVID-19 death rates (per million) in sub-regions of Europe
(Source: [Our World in Data](#)).

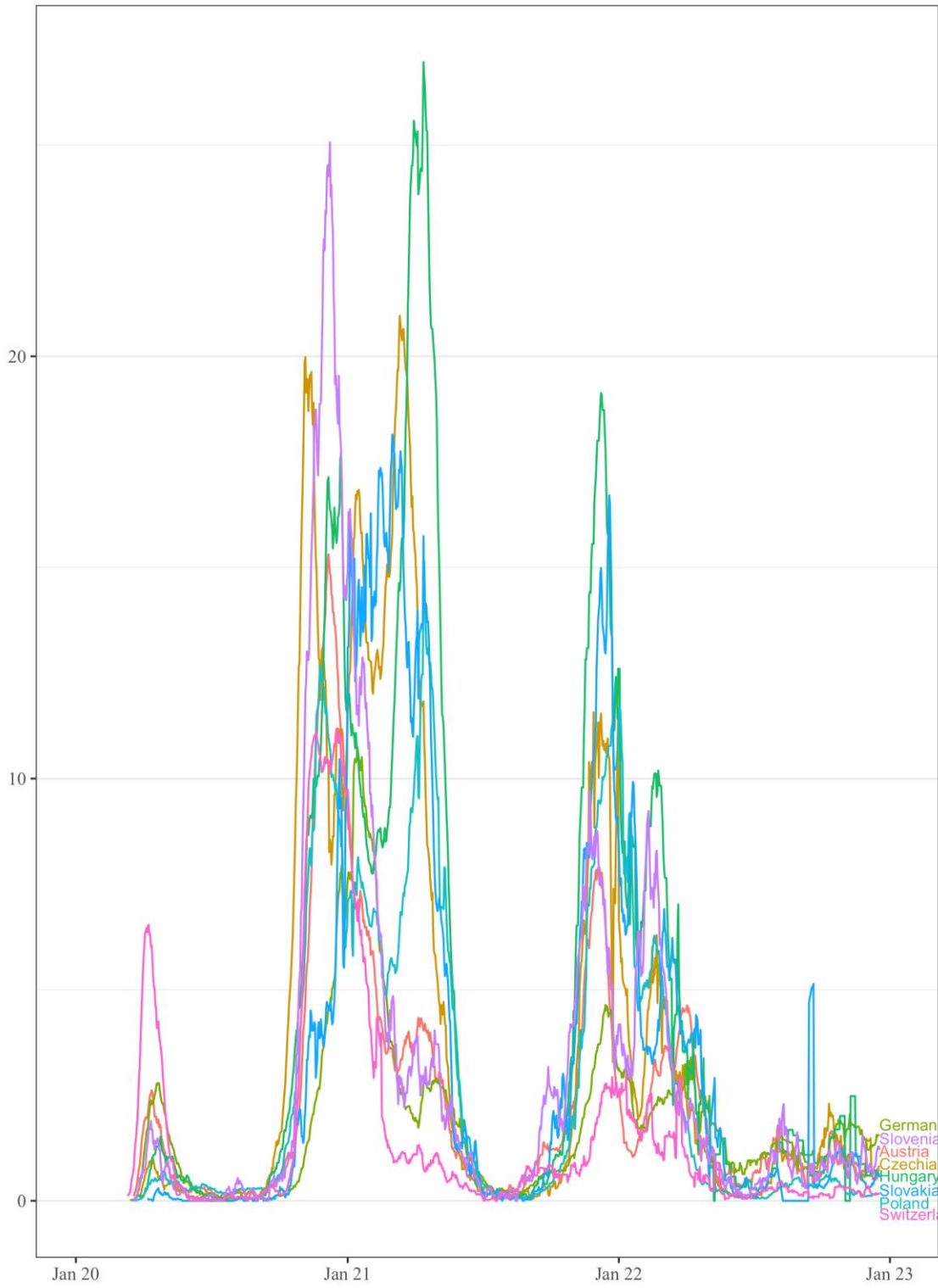
COVID-19 death rate in the Mediterranean region



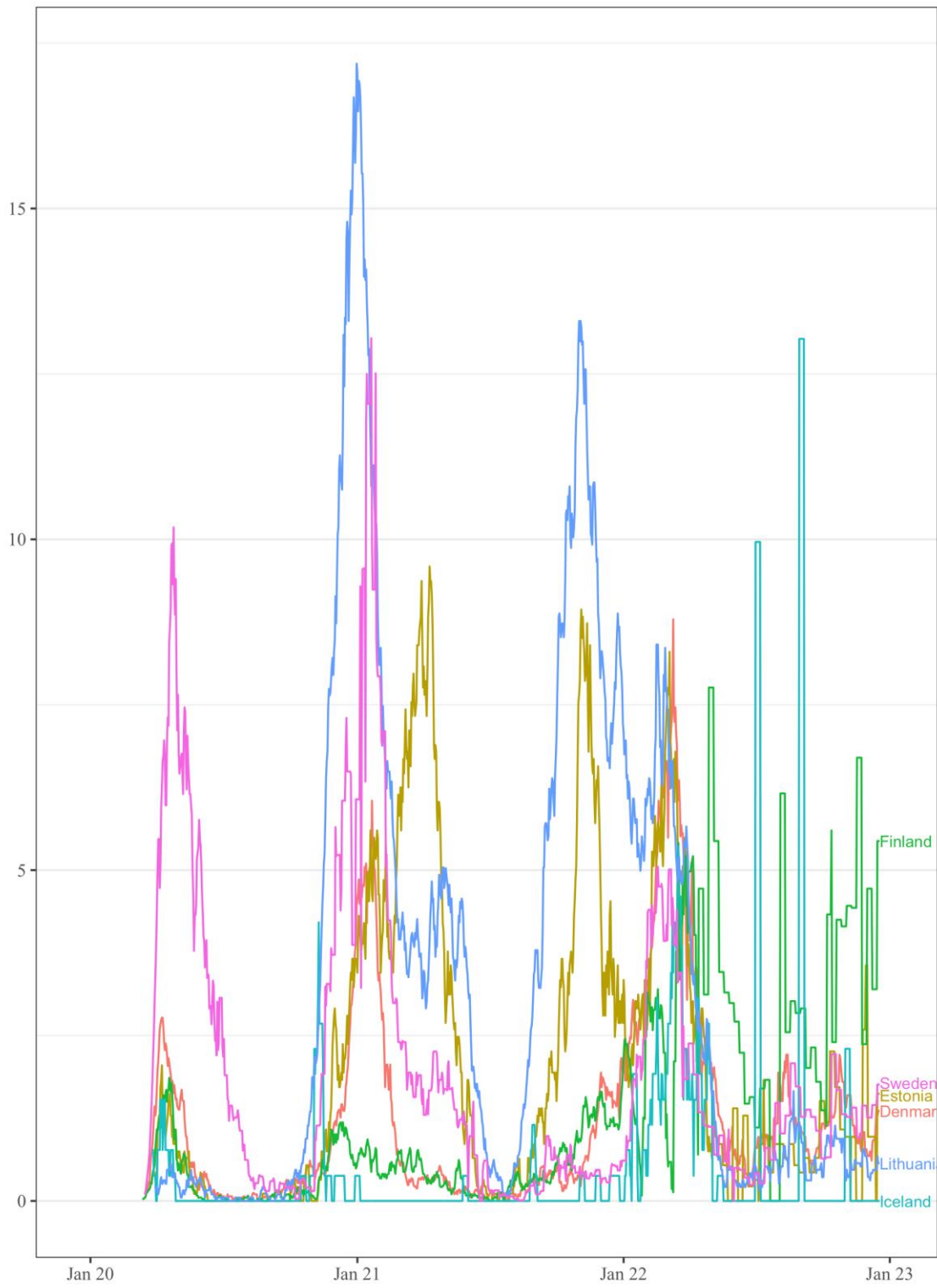
COVID-19 death rate in the South-East region



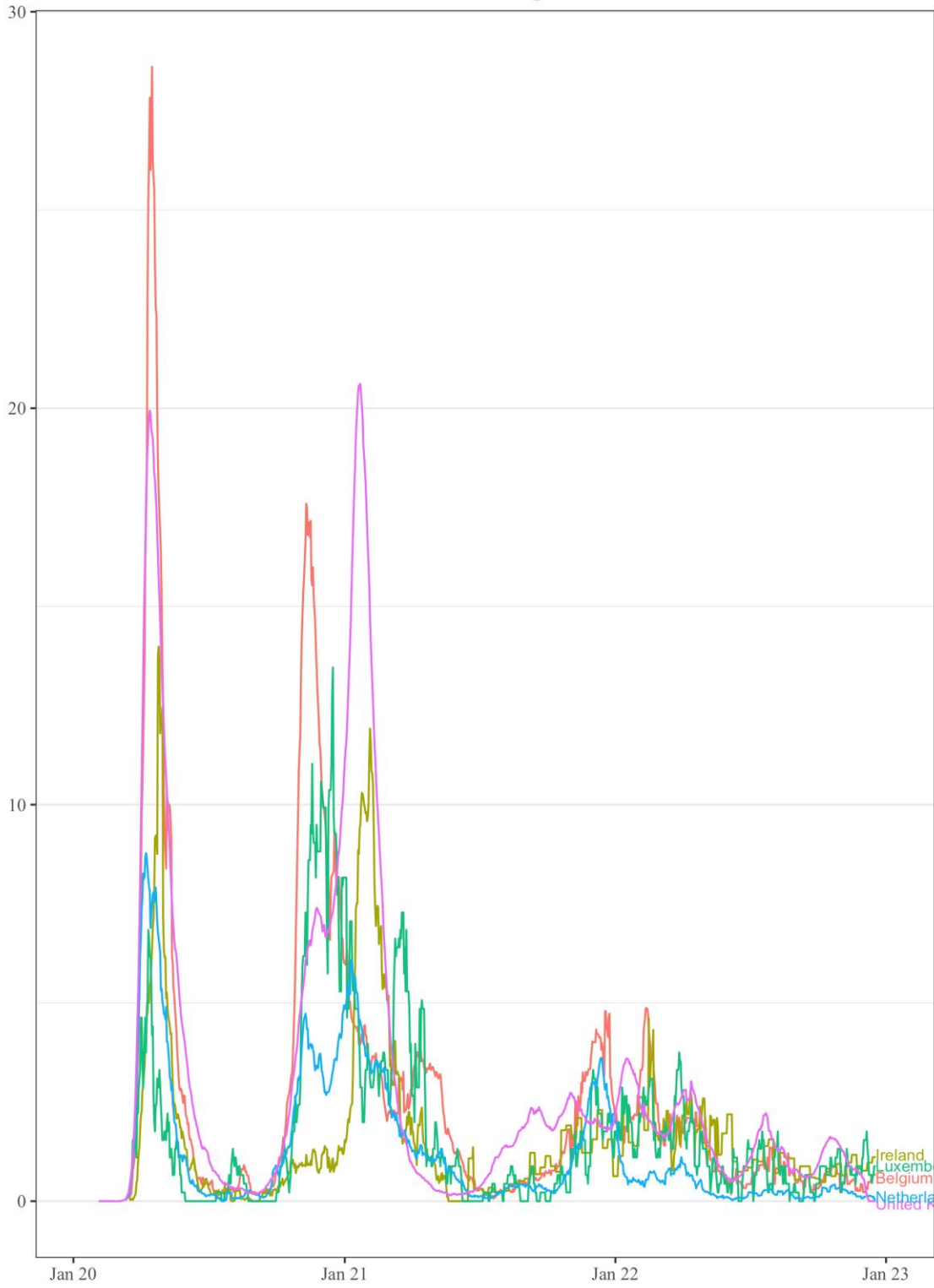
COVID-19 death rate in Central Europe



COVID-19 death rate in Baltics and Nordic Countries



COVID-19 death rate in North-Western Europe



COVID-19 death rate in Central Asia

