

ASPHER Report: COVID-19 Situation Reporting across Europe

Week of May 9th, 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

- The [ECDC country overview report](#) highlights that transmission of COVID-19 declined but remained high in the EU/EEA (64% of the pandemic maximum for the EU/EEA for those aged 65 years and older). Three countries reported increases in hospital or ICU admissions/occupancy. The agency recommends close monitoring the disease burden in older age groups and the overall transmission.
- The [IHME briefing for the EU](#) highlights that the secondary Omicron wave had peaked and transmission is declining throughout the bloc except in some regions in Spain, Romania, Bulgaria, Greece, Cyprus, and Croatia. In the absence of a new variant or the spread of BA.4 and BA.5 subvariants, the IHME expect infections, reported cases, hospitalizations, and deaths to continue declining over the summer months. They suggest a three-part focus for near future COVID-19 policy. First, maintaining good epidemiological surveillance as changes in reporting may complicate analysis of the situation. The IHME suggest hospital admissions as the best metric to follow, as it most likely has a more standardized assessment of severity. Second, efforts should be made to scale up access to antivirals to reduce the infection-fatality rate in those who are infected. Third, the use of other strategies, such as encouraging mask use, may be needed if evidence on reduced cross-variant immunity for BA.4 and BA.5 becomes clearer and these subvariants have a higher infection-fatality rate than BA.1 and BA.2.

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 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-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.

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.

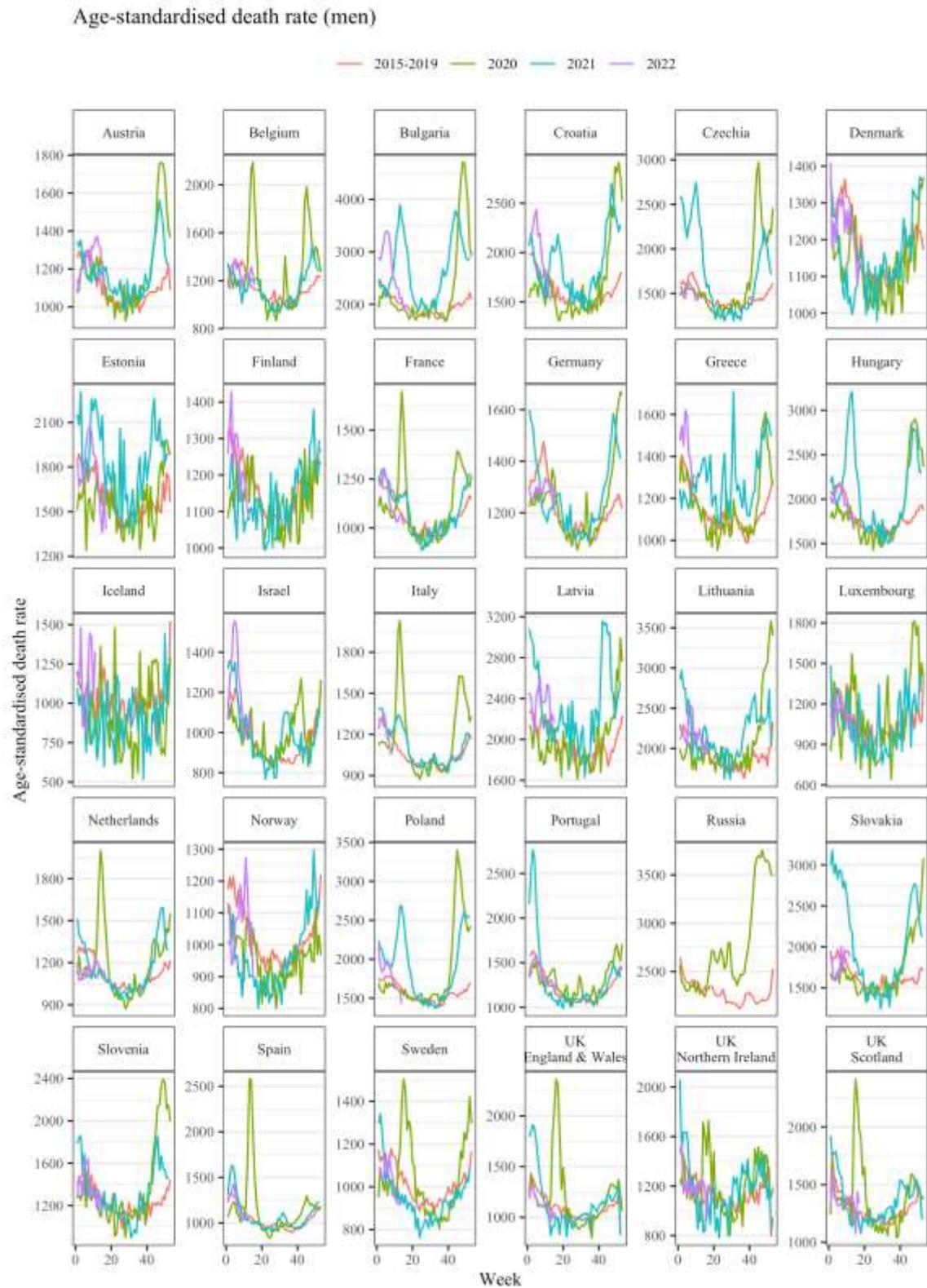
Rolling average of latest COVID-19 test, case, and hospitalization rates in the countries of the WHO-Europe region (Source: Our World in Data).

WHO Europe region	Daily new tests/thousand people	30-day trend in tests	Daily newly confirmed COVID-19 cases/million people	30-day trend in deaths	Weekly hospital admissions/million people	30-day trend in weekly hospital admissions
Andorra	1.18		1,300.14			
Portugal	3.54		1,287.44			
Germany	1.82		800.11		45.78	
Finland	1.23		766.10			
Italy	4.75		677.64		66.11	
Luxembourg	2.47		643.38		1.57	
Austria	16.76		560.11			
France	3.10		558.46		98.78	
Cyprus	75.00		549.10		47.99	
Greece	9.17		489.03		112.94	
Slovenia	2.96		394.47		62.59	
Belgium	1.61		378.29		75.48	
Spain	1.28		353.22		114.90	
Malta	2.99		246.63		116.26	
Ireland	1.16		230.27		80.30	
Israel	5.12		228.84		21.20	
Slovakia	1.21		223.54			
Switzerland	1.31		211.92		14.46	
Croatia	0.85		163.13		89.93	

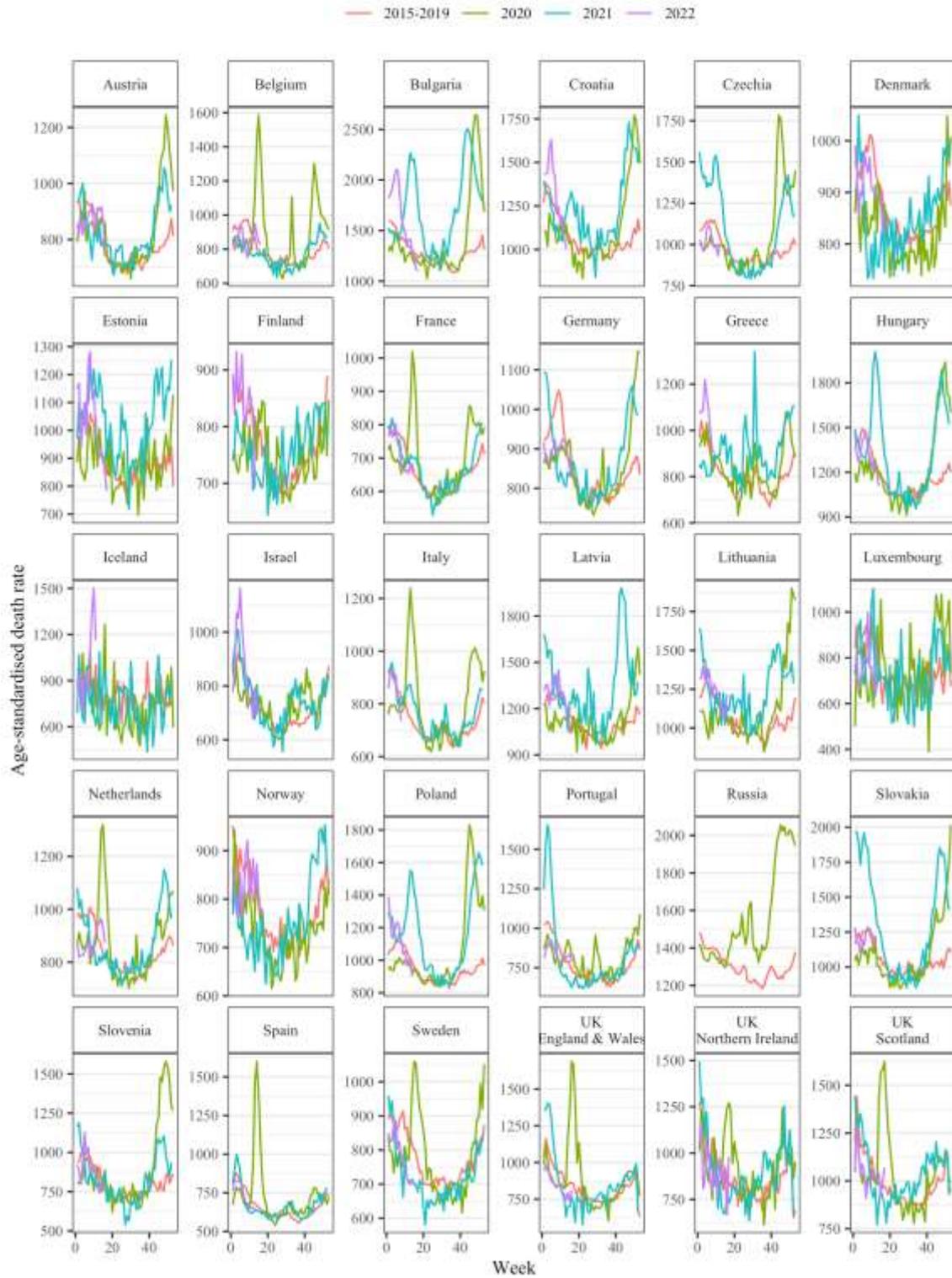
WHO Europe region	Daily new tests/thousand people	30-day trend in tests	Daily newly confirmed COVID-19 cases/million people	30-day trend in deaths	Weekly hospital admissions/million	30-day trend in weekly hospital admissions
United Kingdom	3.82		161.95		101.24	
Estonia	1.88		160.41		98.49	
Iceland	1.55		148.75		200.66	
Denmark	1.83		142.53		59.69	
Netherlands	0.14		83.47		22.19	
Serbia	1.03		70.77			
Czechia	0.89		65.88		34.03	
Lithuania	1.13		56.14			
Bulgaria	0.72		50.29			
North Macedonia	0.66		42.73			
Moldova	3.17		41.89			
Russia	0.84		34.82		93.06	
Romania	3.96		32.58			
Sweden	0.31		30.55			
Belarus	0.69		30.24			
Turkey	1.21		17.92			
Poland	0.34		13.24			
Albania	0.05		11.19			
Bosnia and Herzegovina	1.07		10.51			
Kosovo	0.35		4.17			

WHO Europe region	Daily new tests/thousand people	30-day trend in tests	Daily newly confirmed COVID-19 cases/million people	30-day trend in deaths	Weekly hospital admissions/million hospital admissions	30-day trend in weekly hospital admissions
Armenia	0.59		1.06			
Kazakhstan	2.10		0.81			
Azerbaijan	0.24		0.74			
Georgia	0.88		0.00			
Hungary	0.60		0.00			
Ukraine	1.21		0.00			

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).

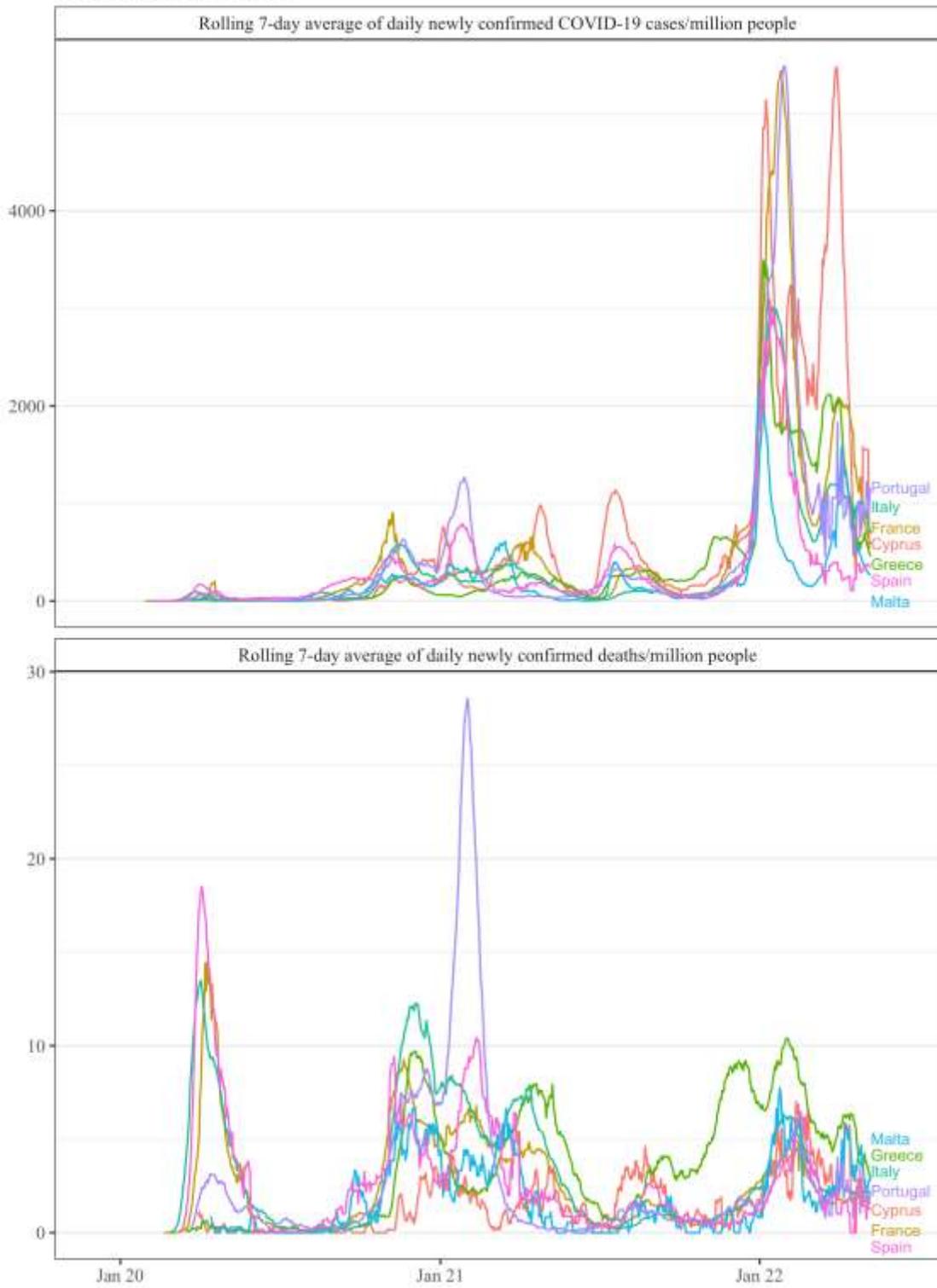


Age-standardised death rate (women)

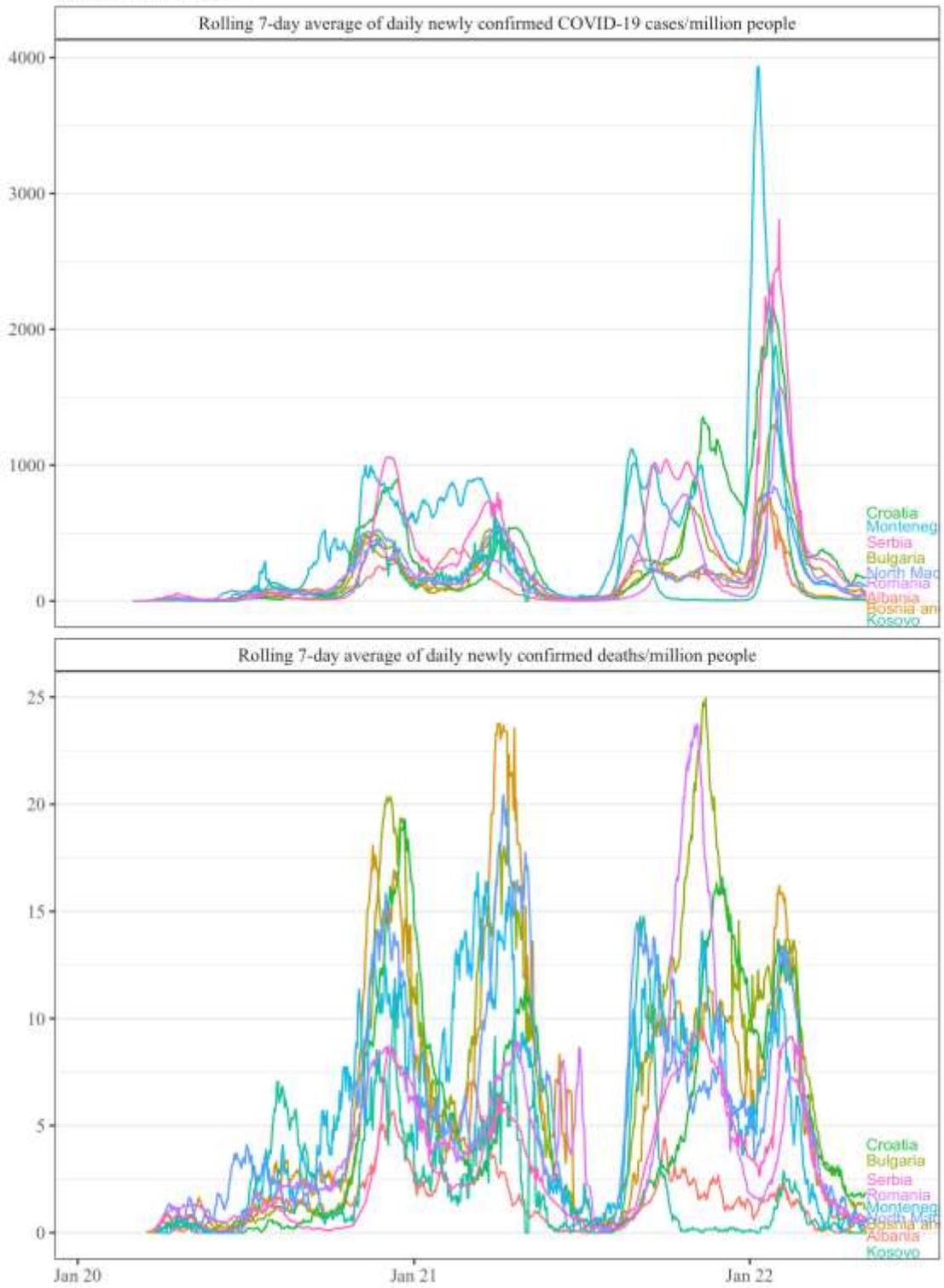


Rolling 7-day average of daily new confirmed COVID-19 cases and daily new confirmed COVID-19 deaths in sub-regions of Europe ([Source: Our World in Data](#)).

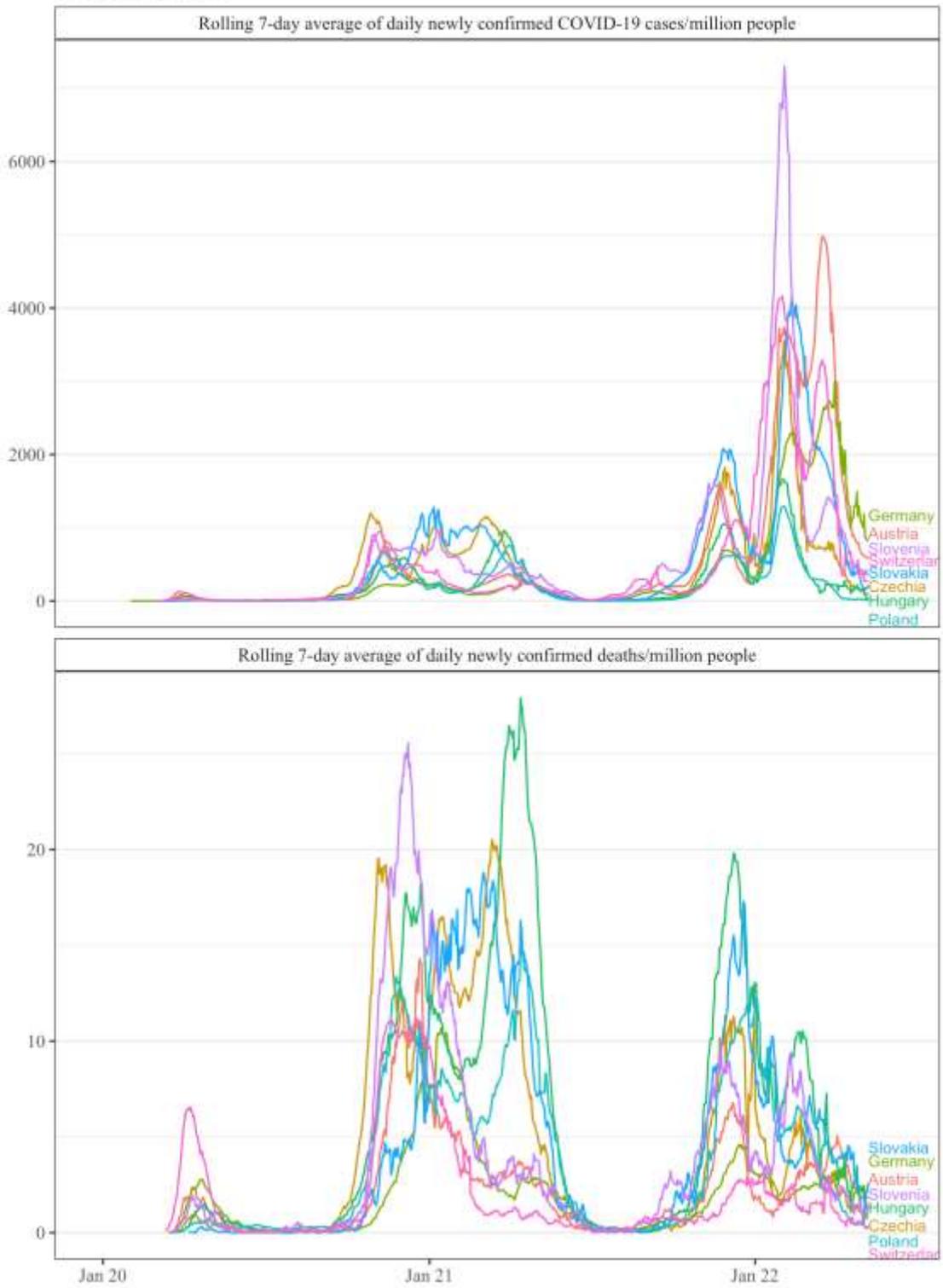
Mediterranean region



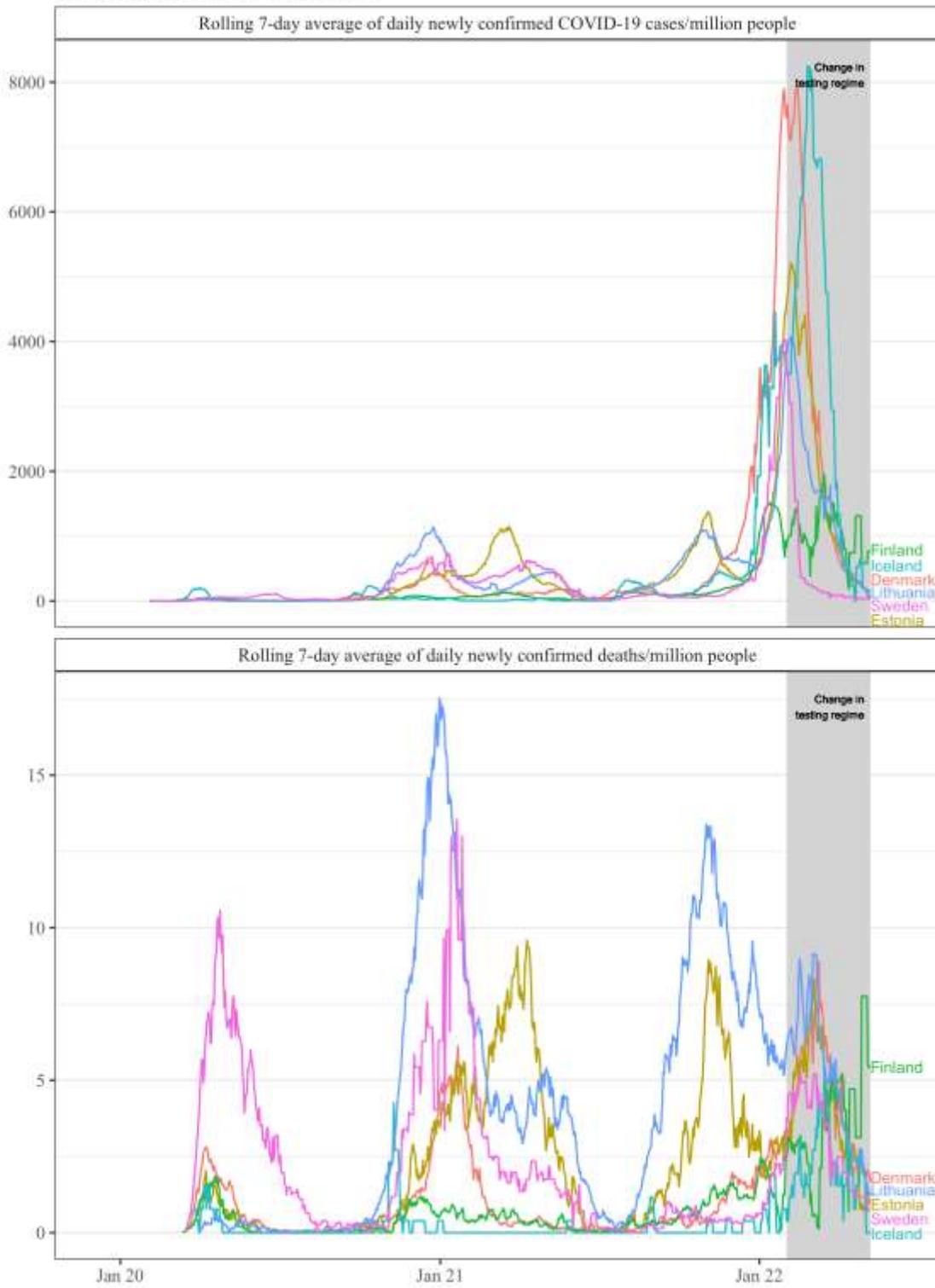
South-East region



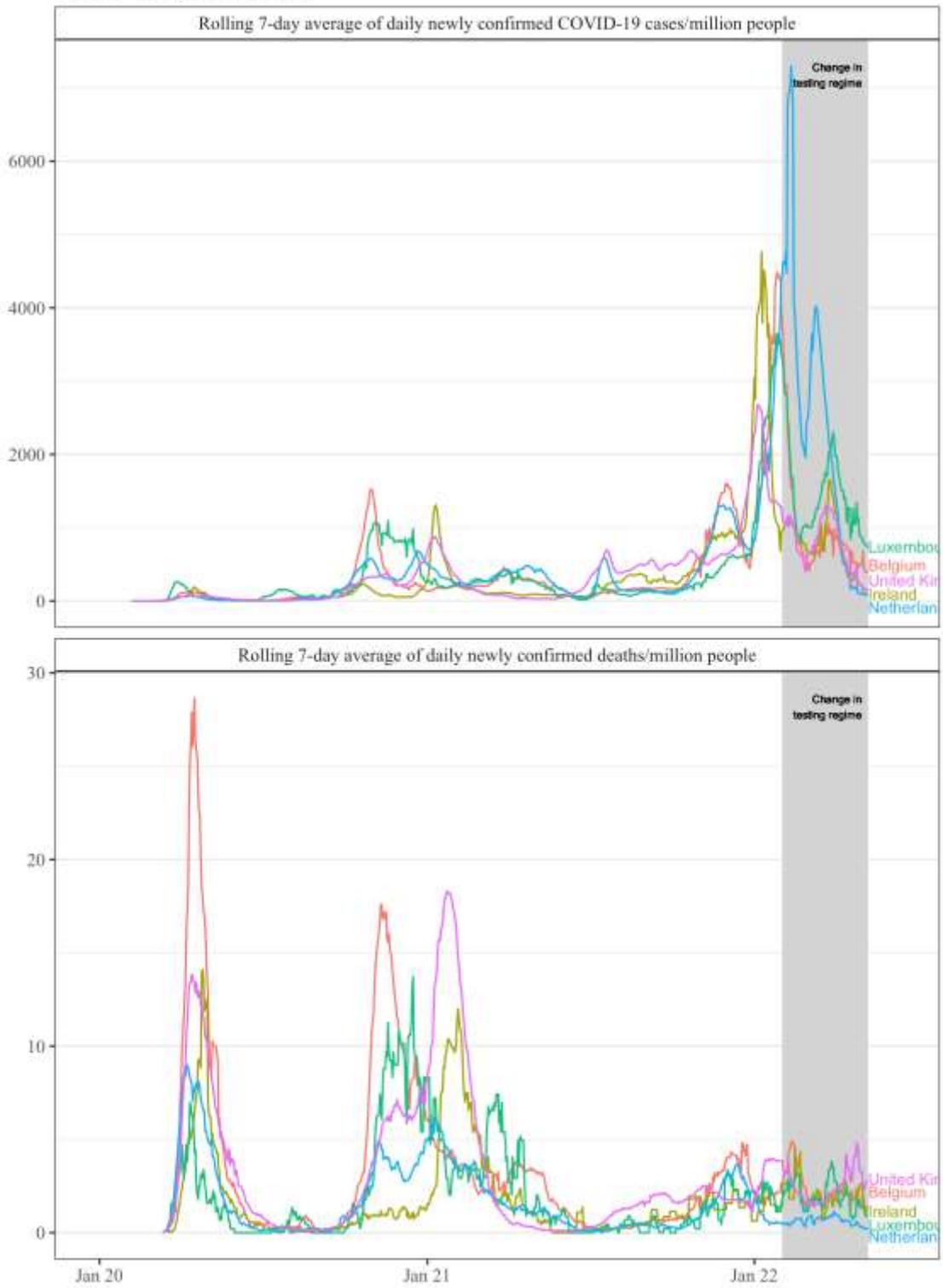
Central Europe



Baltics and Nordic Countries



North-Western Europe



Central Asia

