

ASPHER Report

COVID-19 Situation Reporting across Europe

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Authors: Pallavi Chatarajupalli^{1,2}, Ralf Reintjes^{1,3}, John Middleton^{3,4,*}

¹ HAW Hamburg University, Germany

² ASPHER Young Professional

³ ASPHER COVID-19 Task Force

⁴ ASPHER President

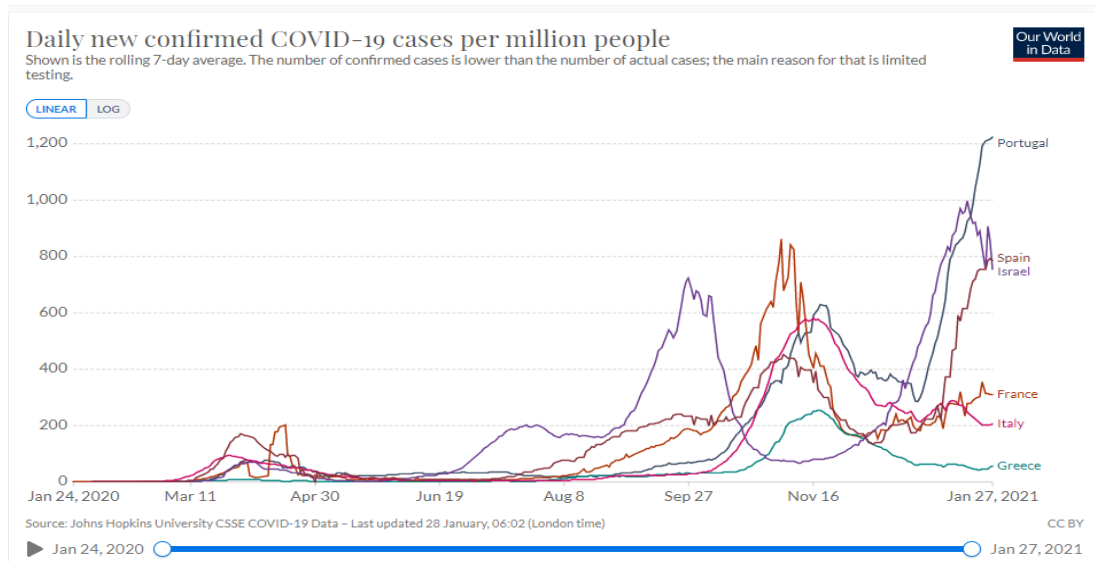
* Corresponding Author: john.middleton@aspher.org

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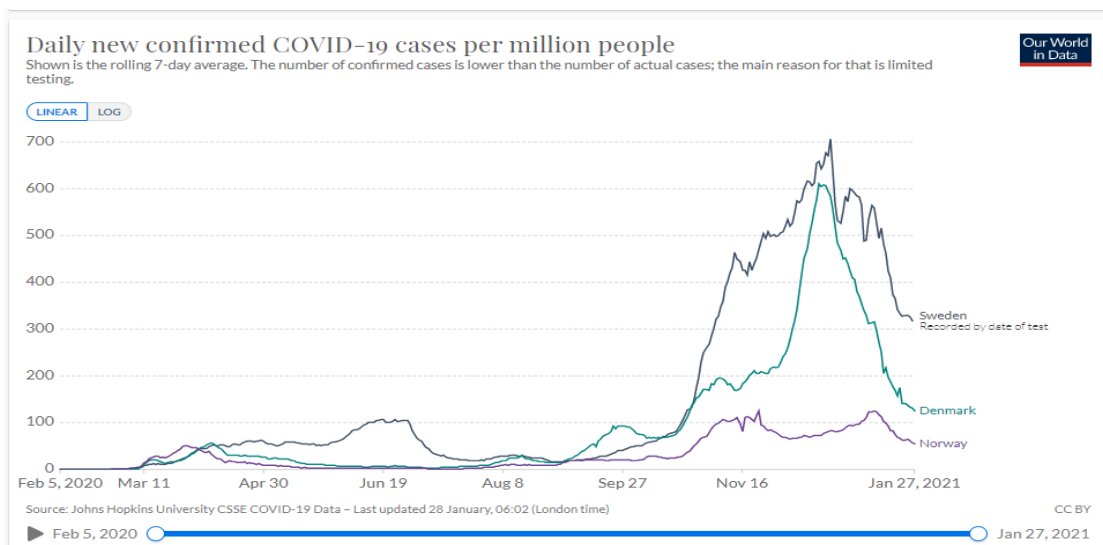
Since the beginning of the pandemic COVID-19, the rapid spread of the virus in almost all the countries has resulted in considerable disruption of public health at a global level. The pandemic has curbed thousands of lives up to the moment, and the total number of confirmed COVID-19 cases has surpassed 98 million with the highest number in Americas (43 456 972) followed by Europe (32 848 998) and South-East Asia region (12 656 504) according to the WHO epidemiological report (1).

Across European countries, the new COVID-19 cases and deaths show an increasing trend at 10% and 7% respectively compared to the week before (2). According to the WHO situation reports, the number of cumulative cases has increased by 5.9% and the cumulative deaths by 6.3% in the second week of 2021 compared to the first week (3).

In Mediterranean countries the 7-day rolling average of daily new COVID-19 confirmed cases and deaths per million people, between the 20th-27th January is high in Portugal (1,223.73, 25.78), Spain (787.65, 8.11) and Israel (755.06, 7.00), followed by France (310.32, 6.15) Italy (205.52, 7.58) and the least in Greece (56.33, 2.45) (4).



Sweden has noted 1.84 deaths and 317.99 new cases on rolling 7-day average/million population followed by its neighbouring Scandinavian countries Denmark and Norway 4.76, 131.53, and 0.34, 56.34, respectively (5).



Depending on the infection rate, the measures to contain the pandemic (curfews, stay-home orders, limiting the public transport, closure of schools and other non-essential services) are varied within European countries.

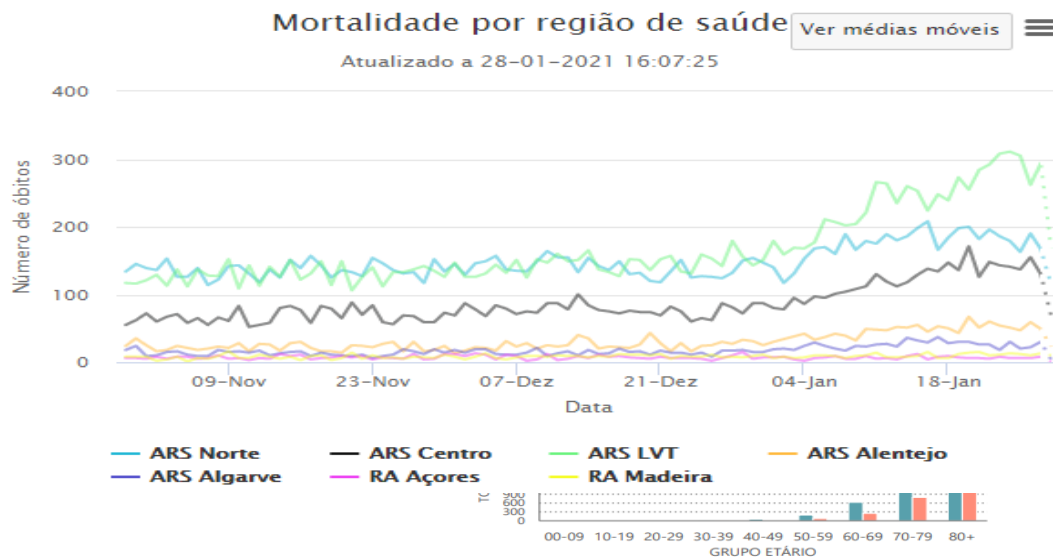
Portugal:

Despite the implementation of national measures to address the situation's gravity, the infection's spread is still progressing rapidly.

- The effective reproductive number is above 1. as on 17th January, and the case fatality rate is 1.6 (3) (6).
- Based on the age group, the **mortality** is high among people above 85years age group followed by 75-84years (7). As per the situation reports from Directorate General of Health, the total number of deaths according to the age and gender shows that deaths

among women are higher than men of 80 years and above age group. In contrast, between 40 to 79 years, the number of deaths among men is higher than women (8).

- **The number of deaths from all causes** compared to the previous years during COVID-19 is high among the age group above 85years (25%) followed by 65-74 years age group (21%) and the **percentage of excess mortality** in the age group 75-84 is 14% and 13% among young and working-age group (15-64years) (9).



- According to **geographical distribution**, a greater number of deaths are recorded in the region of ARS LVT and North compared to the other locations (10).
- The weekly number of **new hospital admissions** (decreasing) and **ITU admission** (increasing) per million population are 54 and 63.45, respectively (11).
- The 7day rolling average of daily new covid-19 **tests performed** per 1000 people is 6.29 (12).
- The disposal of vaccines against COVID-19 was initiated on 27th December 2020. The cumulative vaccination doses administered per 100 people is 2.73 next to Israel (49.13) and Spain (2.90) (13).
- The Minister of Health has addressed Portugal's current situation as worsening scenario due to the new variant of coronavirus compared to the previous week with a prediction of an increase in the near future (14).
- More restrictive **confinement measures** are in place at the moment in Portugal such as the ban on travel between municipalities, closure of schools, universities and daycare centers, mandatory teleworking, ceasing the trade except for essential services, also regulated the operating hours of establishments whose activities are not barred completely (15).
- Areas dedicated to COVID-19 are converted into Dedicated Areas for Respiratory Patients in primary health care units or emergency care at hospital units under Autumn-Winter 2020-21 plan (16).

- In order to cope up with escalating number of patients with COVID-19, services by military hospitals were expanded, and private hospitals (as joint national effort) have dedicated beds for both covid and non-covid patients (17) (18).
- Even though the field hospitals are available, due to deficit of health workforce only few of them are delivering services (19).
- Addressing the **economy's crisis**, rental support, billing break, acceleration, extension and reinforcement of support programs, and non-refundable payments are introduced. As containment support, 19.8% of salary provision by employers, support for microenterprises, self-employed and employees also managing partners receive the maintenance (20).

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