

COVID-19: WHO European Region Operational Update

Epi Weeks 18–21 (1–31 May 2021)

Current global situation:

By the end of May, over 170 million confirmed cases and 3.5 million deaths due to COVID-19 were reported to WHO globally; over 19.3 million new cases and 360 000 new deaths were reported globally in the past month. The number of new COVID-19 cases and deaths have continued to decrease for five and four consecutive weeks, respectively. However, case and death incidence remain at high levels and significant increases have been reported in many countries in all WHO regions. In the last week of May, week 21, the European and South-East Asia regions reported the largest decline in new cases and deaths, while case incidence increased in the African and Western Pacific regions.

Please refer to the [WHO Weekly Epidemiological Updates](#) for further information.

Current situation in the Region:

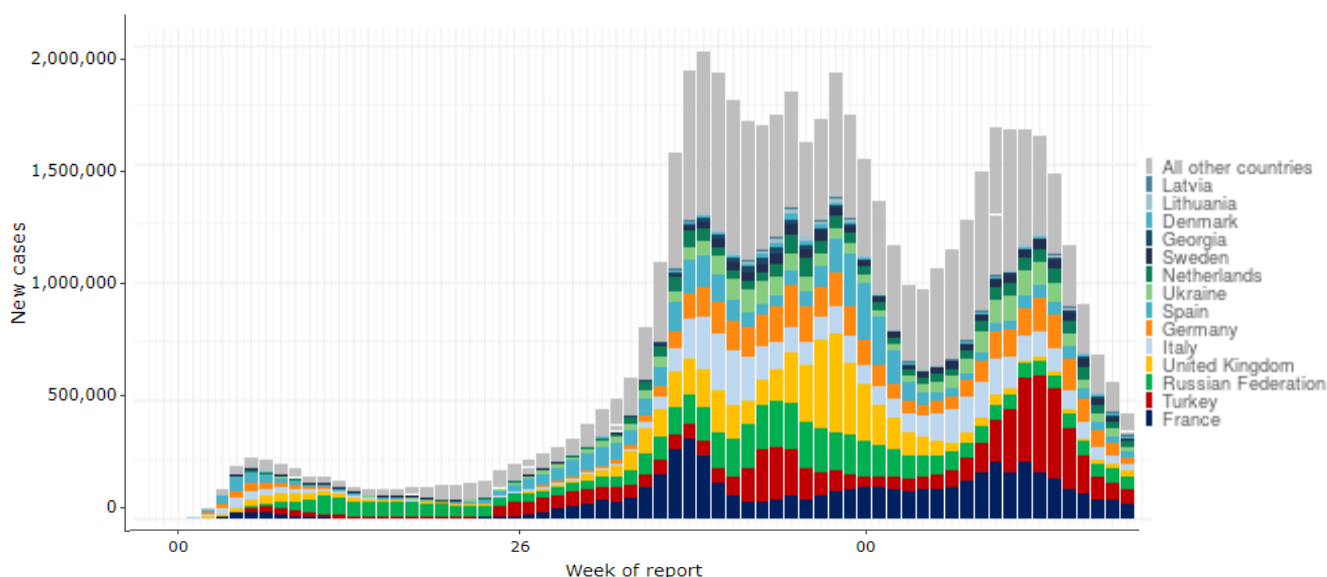
As of 31 May, close to 54.4 million cases of COVID-19 and 1.2 million deaths have been reported across Europe. The number of cases and deaths have declined consistently since mid-April.

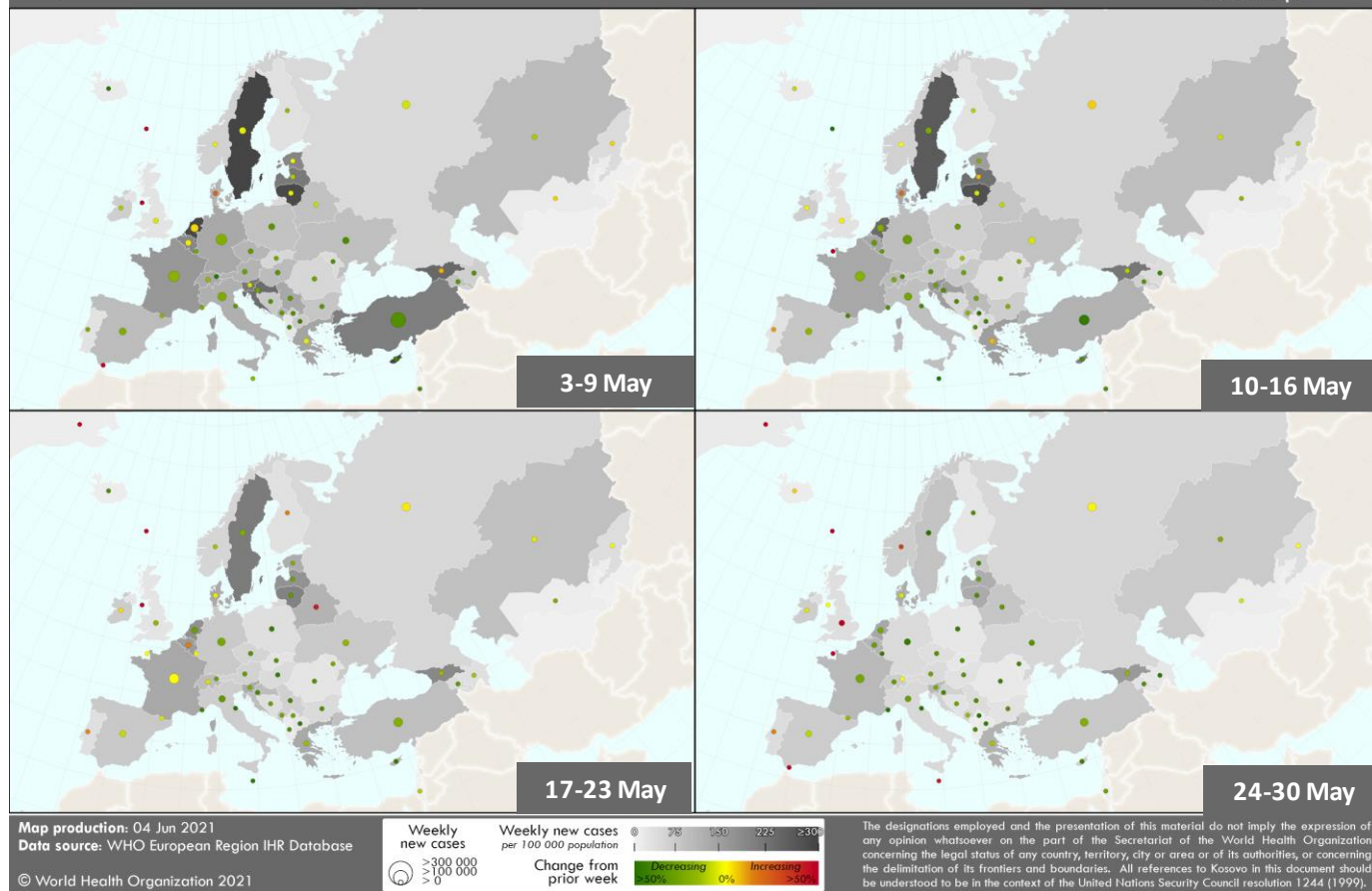
In line with case trends, hospitalization rates and testing positivity across the Region have also continued to decline, which have led to easing of social measures in a growing number of countries in an effort to reopen society.

Throughout May, age-specific case notification rates among those aged ≥ 80 years have remained low relative to other adult age groups, with decreased excess all-cause mortality also noted among those 75 years old and above – a likely result of increased and high vaccination coverage rates among these population groups.

Please refer to the [WHO European Region Dashboard](#) and the [WHO European Region Surveillance Bulletin](#) for further information.

Number of new confirmed COVID-19 cases reported by Epi-week in the WHO European Region from 16 February 2020 (epi week 8/2020) to 30 May 2021 (epi week 21/2021)





Update on SARS-CoV-2 variants of concern circulating in Europe

WHO routinely assesses if variants of SARS-CoV-2 result in any changes relevant to public health impact. It has become apparent that some of these variants of concern (VOC) differ in their behaviour compared to previously circulating SARS-CoV-2 viruses.

As of May 2021, all four SARS-CoV-2 VOCs are reported to be circulating in Europe.

SARS-CoV-2 VOC Alpha (B.1.1.7 lineage)

- Now the dominant strain in the Region; identified in a median of 89.2% (70.2–100.0%) of sequenced samples by week 21.
- Available evidence on vaccine performance against the Alpha variant indicates protection is retained against disease.

SARS-CoV-2 VOC Beta (B.1.351 lineage)

- Detected in 39 European countries and territories; identified in a median of 0.1% (0.0–7.2%) of sequenced samples in week 17.
- Limited evidence on vaccine performance suggests reduced protection against disease.

SARS-CoV-2 VOC Gamma (P1)

- Detected in 26 European countries and territories; identified in a median of 0.0% (0.0–10.1%) of sequenced samples, primarily related to travel.
- Limited evidence is available regarding vaccine performance against the Gamma variant at this time.

SARS-CoV-2 VOC Delta (B.1.617.2)

- Detected in 33 European countries and territories primarily related to travel but with community spread seen in several countries.
- It has become evident that greater public health risks are currently associated with the Delta variant, while lower rates of transmission of other lineages have been observed.

In Focus

Q&A: COVID-19 variants and what they mean for countries and individuals

20 May 2021

The WHO Regional Office for Europe conducted an interview with Dr Richard Pebody, who leads the WHO High-threat Pathogen team in Europe, in order to find out more about why the SARS-CoV-2 virus changes, what implications this has for public health, and what individuals can do to stay safe.

Dr Pebody highlighted that there are currently four main VOCs, which continue to be detected and monitored in an increasing number of countries and territories around the world, including in Europe. The most prevalent variant currently circulating in the WHO European Region is SARS-CoV-2 Alpha. On 11 May 2021, the Delta (the variant originally identified in India) lineage of viruses was also added to the list of WHO-classified global VOCs. Since their first detection in October 2020, there have been reports of these variants in countries throughout the world, with the largest number of cases detected in India, followed by the United Kingdom.

Emergency public health measures taken across the Region:

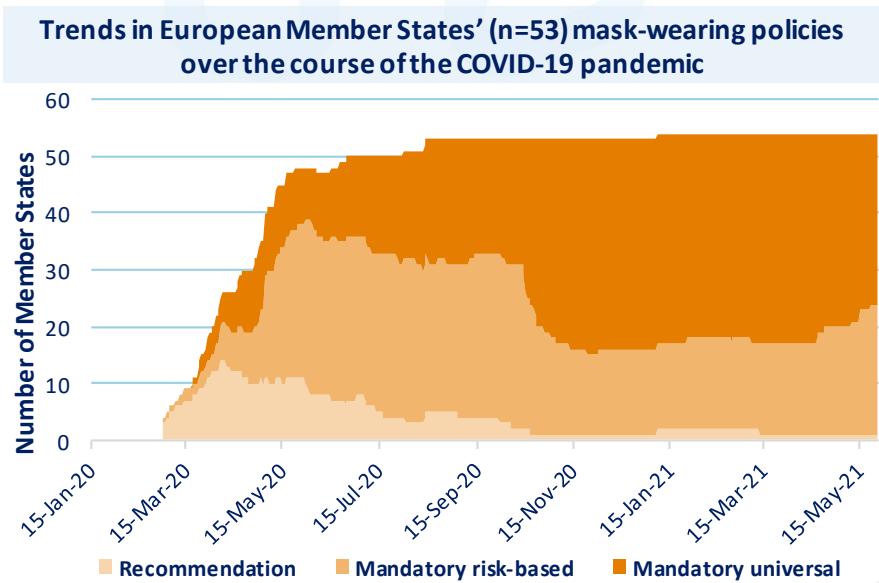
The use of masks continues to be part of the comprehensive package of measures employed by a majority of European Member States in response to COVID-19. However, the level of enforcement and types of masks required have fluctuated over the course of the pandemic. Since January 2021, mask-wearing requirements have been steadily relaxed across the Region, with more rapid relaxation observed throughout the month of May. As of 27 May 2021, 23 Member States require masks to be worn in situations deemed high-risk and 30 require masks to be worn universally in all public settings. Sweden is the only Member State that uses a recommendation approach to mask-wearing policies; it recommends masks to be worn on public transport during rush hour.

Between April and the end of May 2021, 7 countries within the Region have relaxed the requirement for wearing masks due to reported improvement in their epidemiological situation. Since April 2021, **Czechia, Hungary, Israel, Poland, Romania, San Marino and Slovenia** have moved from universal mask-wearing policies to a risk-based approach. These countries have often attributed their changes in mask-wearing requirements to a continued decrease in the COVID-19 infection rate.

Other emerging trends across the Region have occurred in countries such as **Austria, Czechia, Germany and Slovakia**, which have changed their mask mandates, requiring citizens to use masks such as FFP2 or respirators rather than non-medical or homemade cloth masks. Additionally, mask-wearing requirements have changed to a more risk-based approach for certain settings: outdoor settings, events or school settings.

Countries such as **Armenia, Malta and San Marino** have announced plans to relax mask-wearing requirements for citizens who have been vaccinated, exempting them from wearing masks within specific public and private settings.

For additional information, please visit the [WHO PHSM COVID19 Explorer](#) and the [COVID-19 Health System Response Monitor](#).



WHO Regional Office for Europe's response to COVID-19:

The WHO Regional Office for Europe's response is built around a [comprehensive global strategy](#) to end the acute phase of the pandemic and build resilience and readiness for the future by targeting four areas: **prepare and be ready; detect, protect and treat; reduce transmission; innovate and learn.**

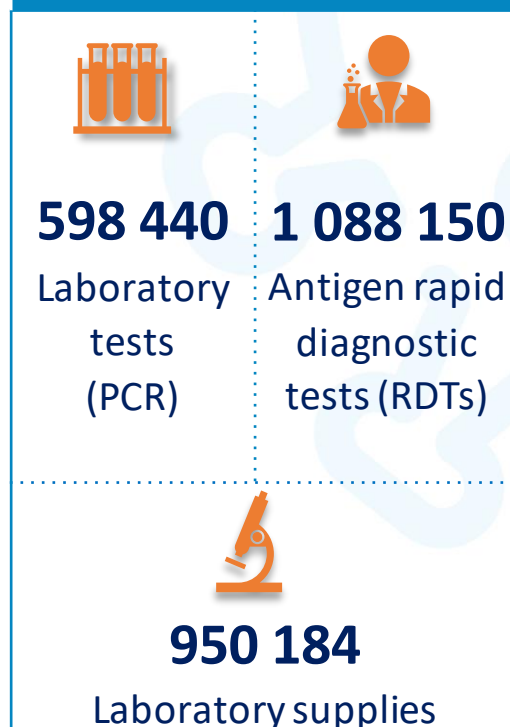
Key figures: Responding to COVID-19 in the WHO European Region

WHO has conducted 213 missions and deployments to 22 countries and territories in the Region*



For additional information on missions and deployments, please see the WHO/Europe COVID-19 Country Support Dashboard for [Pillar 1: Country-level coordination, planning and monitoring](#).

WHO has sent laboratory test kits and supplies to 33 countries and territories in the Region*



WHO has sent essential medical supplies to 18 countries and territories in the Region



* The data presented have been adjusted following retrospective analysis of WHO's records.

For additional information on essential supplies delivered, please see the WHO/Europe COVID-19 Country Support Dashboard for [Pillar 8: Operational Support and Logistics](#).

Prepare and be ready

The WHO Regional Office for Europe continues to work hand in hand with frontline health workers and health policy-makers as they work to scale up their national responses.

Between 1 and 31 May 2021:



807 participants engaged in webinars on infection prevention and control (IPC) and clinical management of COVID-19 patients.

In **Azerbaijan**, WHO has continued to provide capacity-building support to health-care workers, as part of the Solidarity for Health Initiative project funded by the European Union (EU), to help the country better cope with the pandemic.



In week 18, a training of trainers' programme was held with 22 health-care workers.



On 5 May, a webinar was held in collaboration with the Management Union of Medical Territorial Units (TABIB) for 500+ health-care workers, highlighting the importance of hand hygiene for IPC and clinical considerations for hand hygiene at the point of care in health-care facilities.



On 18 May, another webinar was held jointly with TABIB for over 140 medical doctors with a focus on the latest updates on clinical management of patients with COVID-19 and influenza symptoms. The participants also shared their experiences of treating patients with pre-existing pulmonary problems.

The WHO Country Office in **Ukraine** is supporting capacity-building among national health-care workers. On 26–27 May, online training sessions were held on hospitalization criteria for COVID-19 patients.



In **Kazakhstan**, two WHO experts from the WHO Country Office conducted a field visit to the Karaganda State Medical Academy in week 21. The team presented information on the WHO Core Components of IPC and discussed areas for further cooperation.



In Focus

The Hospital of Tomorrow: WHO/Europe supports Tuscany Region in Italy in redesigning hospital planning

17–27 May 2021

The Italian regional health authority of northwest Tuscany includes 13 hospitals serving 10 districts and a resident population of over 1.2 million. During 2020, WHO collaborated with several regions in Italy, launching the “Hospital of Tomorrow” project aimed at identifying new standards for health-care facilities in the post-COVID-19 era. This collaboration engaged members from Téchne, the technical science for health network, to bring fresh and innovative ideas to specific issues at the hospital level. This year, WHO extended similar support to Tuscany and the WHO Regional Office for Europe deployed an expert to work with selected hospitals in Tuscany from 17 to 27 May.

Following an assessment of the Livorno Hospital, the WHO team developed a hospital design consisting of the construction of a new building with 430 beds dedicated to acute cases, which will be divided into 25 different disciplines, and repurposing of existing pavilions for outpatient services, rehabilitation and community health services. The aim is to change the organizational model from the current organization “by department” to one which is organized “by processes”, where the functions are no longer linked to the individual specialist medical disciplines but those that are carried out in common. Building into the design are flexible areas organized according to the complexity of patient care.

Detect, protect and treat patients with COVID-19

3. Skills of a contact tracer

- Understanding yourself, understanding the people: empathy
- Adapting
- Communicating: ask, listen, answer
- Being organized
- Being open to learning
- Prepare yourself



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In Focus

Where Contact Tracing meets Risk Communication and Community Engagement in Kosovo[1] and North Macedonia

6 May and 18 May 2021

On 6 May, close to 100 primary care doctors and nurses from Kosovo[1] attended a training on COVID-19 contact-tracing organized and delivered by WHO. The training placed emphasis on the key principles and basic steps in contact-tracing for COVID-19 as well as the importance of risk communication and community engagement (RCCE) as an integrated part of contact-tracing. In addition to the basics, the training included a simulation exercise on the dialogue between a contact tracer and a reluctant COVID-19 close contact. The simulation and role-play illustrated to participants how barriers to participating in contact-tracing may be overcome through principles of building trust and empathy through an open and honest conversation.

The training was delivered as part of an ongoing initiative to increase the contact-tracing workforce in Kosovo[1], where contact-tracing has been implemented from the early stages of the COVID-19 pandemic by the Institute of Public Health and its regional branches, with support from WHO.

On 18 May, experts from the Regional Office conducted a similar remote training on contact-tracing with 20 trainers from the Institute of Public Health and regional public health centres in North Macedonia.

WHO continues to work with national authorities to strengthen capacities to rapidly identify and isolate COVID-19 cases, treat patients, and trace, quarantine and test contacts.

In **Romania**, experts from the WHO Country Office conducted two in-country field missions to document best case practices related to disease management and digitalization.



One field mission took place in Timisoara Infectious Disease Hospital on 5 May – one of the largest COVID-19 hospitals in Romania – and another in Targu Mures Clinical Emergency County Hospital on 6 May.

In **Armenia**, during week 21, experts from the WHO Country Office and WHO Health Emergencies (WHE) Hub Office in the south Caucasus, presented

the results of the case management capacities' assessment carried out in four designated COVID-19 hospitals in the country to the Ministry of Health.



A plan to strengthen case management capacities was discussed and later endorsed by the national focal point, focusing on updating and introducing national hospital-level case management guidelines for COVID-19 as well as a number of activities to strengthen post-COVID-19 rehabilitation health services in Armenia.

In week 18, two WHO experts from the WHO Country Office in **Kazakhstan** conducted a field mission to the Department of Sanitary-Epid Control in the city of Nur-Sultan and Arshalinsii rayon to provide technical support on contact-tracing and risk communication.

In week 20, a visit was conducted to the city of Shymkent to further improve capacities among health-care workers.



[1] All references to Kosovo should be understood to be in the context of the UN Security Council resolution 1244 (1999).

Reduce transmission

WHO is committed to supporting health authorities and communities in strengthening the public health response to the pandemic to slow and stop further spread of the virus.

On 12 May, the WHO Regional Office for Europe held its first “Online consultation on coordinated decision-making on international travel measures in the context of COVID-19 in the WHO European Region”, which was **attended by 71 participants from 31 countries.**



During the meeting, the draft version of the “Operational Framework for international travel-related public health measures in context of COVID-19” was presented and discussed.

In **Ukraine**, the WHO Country Office implemented the second round of the public health and social measures enforcement monitoring (PHSM EM) in all regions of the country from 1 to 12 May. The PHSM EM is focused on compliance with safety measures and physical distancing in public places in 40 cities across Ukraine. The results will be compared with the first round of PHSM EM and will contribute to an analysis of the interrelations between the policies on public health response measures, their enforcement and the epidemiological situation.

In **Moldova**, an expert from the WHE Hub Office in the Balkans held a training workshop on 13–14 May for laboratory professionals on *Clostridioides difficile* detection in order to support further strengthening of laboratory capacities for antimicrobial resistance and COVID-19 testing.

In **Azerbaijan**, an expert from the WHE Hub Office in the South Caucasus continued their technical assessment of COVID-19 laboratories in May. The study visit was organized in “Yeni Klinika” Hospital laboratory and Central Oil workers Hospital in Baku on 26 and 30 May. During the visit, existing quality management and biosafety standards were assessed using WHO tools. On-site training for improvement of laboratory activities and elimination of non-conformities was conducted.

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In Focus

Laboratory follow-up visit to SARS-CoV-2 testing laboratory in the southern oblasts of the Kyrgyz Republic

17–21 May 2021

A follow-up mission to Kyrgyzstan took place to perform laboratory visits in SARS-CoV-2 state laboratories in the southern oblasts; more specifically, the Jalal-Abad State Sanitary and Epidemiological Surveillance (SSES) Laboratory.

The main objectives of the mission were:

- to assess laboratory performance of SARS-CoV-2 state laboratories in the two laboratories through the WHO Laboratory Assessment Tool (LAT);
- to follow up on implementation of the SARS-CoV-2 single nucleotide polymorphism (SNP) for variant screening in the subnational laboratory;
- to support the development of a laboratory contingency plan at the SSES laboratory of Osh;
- to deliver 300 test reactions of SNP variant screening assay to the SSES laboratory.

The main findings of the laboratory assessment included the need for internal training of laboratory technicians, calculating the working capacity and maximum working capacity depending on workforce and available equipment, reviewing the current vaccination policy and vaccinating laboratory staff, and providing laboratory staff with biosafety training.



RKI and WHO team at the Clinical Centre of Montenegro

In Focus

WHO/Europe and Germany's Robert Koch Institute conduct an intra-action review in Montenegro

24–28 May 2021

By invitation of the Ministry of Health of Montenegro, the Robert Koch Institute (RKI) in collaboration with both the World Health Organization Regional Office for Europe and the Country Office in Montenegro conducted a joint COVID-19 intra-action review (IAR) between 24 and 28 May 2021.

The IAR was integrated into the daily response activities in Montenegro, resulting in an “embedded” IAR, possibly thanks to the flexible nature of the IAR method. The team of experts worked jointly with national and regional health professionals to discuss the achievements and understand the challenges in the country's response to the COVID-19 pandemic, focusing on a review of the clinical management and IPC pillars of the response.

As this was the first time this embedded approach was used, WHO and RKI experts shadowed partners working at the Clinical Centre of Montenegro, Kotor General Hospital and several primary health-care centres. The approach allowed the team of experts to be integrated into the daily routine of frontline health-care workers and experience first-hand the challenges they face, helping to provide further insights into Montenegro's response and support the development of more accurate and actionable recommendations.

WHO continues to assist Member States in optimizing and adjusting their COVID-19 response through high-level policy dialogues.

In May, the WHO Regional Director for Europe continued visits across the Region, **visiting Bosnia and Herzegovina** from 3 to 5 May, **Montenegro** from 5 to 7 May and **the Russian Federation** from 31 May to 4 June. This helped in taking forward conversations about the health of their populations, the state of the pandemic and looking beyond COVID-19.

WHO also continues to employ innovative methods to ensure continuous learning, listening and improvement in COVID-19 response efforts. Throughout the month of May, the Regional Office held regionwide webinars and country training on response aspects related to risk communication and community engagement:

- ➔ On 6 May, a webinar titled “The role of religious leaders in responding to COVID-19” was held, bringing together sheikhs and rabbis in **Israel**, as part of ongoing efforts to engage with civil society organizations (CSOs).
- ➔ A training for journalists and representatives from the Ministry of Health and medical industry in **Turkmenistan** was held on 6 May.
- ➔ On 25 May, the first of a new series of country training sessions – a spokesperson's media training – was held with 30 governmental officials in **Azerbaijan** on how to handle difficult media interviews.
- ➔ On 28 May, a webinar was held focusing on “**The role of Fact Checkers in Managing the Infodemic**”, which featured a Reuters fact checker, the founder of StopFake and a representative from CrowdTangle to discuss how fact checkers work and how health officials can work with them.

On 20 May, the WHO Regional Office for Europe published an analysis document examining the PHSM implemented across the Region with a focus on [*“How have mask policies varied across countries in response to COVID-19?”*](#)

Leaving no one behind:

The Regional Office continues to work with national authorities and alongside international partners to tailor their responses specifically to high-risk groups and vulnerable populations.

On 17 May, a [side event of the Crime Commission of United Nations Office on Drugs and Crime \(UNODC\)](#) was organized jointly by the WHO Regional Office for Europe, UNODC and Penal Reform International, focusing on COVID-19 in prisons: vaccinations and responses. The 168 participants discussed the recently published advocacy brief [“Why people living and working in detention facilities should be included in national COVID-19 vaccination plans.”](#)

The WHO Regional Office for Europe’s project focusing on CSOs was launched in two new countries on 3 May:

➔ In **Georgia**, the project will focus on reducing gender-based violence and the mental health impacts of the pandemic with Union Sakhli.

➔ In **North Macedonia**, it focused on an increase in the Roma community's recovery and resilience to emergencies through participatory and proactive action with the Association for Emancipation, Solidarity and Equality of Women (ESE).

On 25 May, the WHO Regional Office for Europe published a new video on [COVID-19 and disability – experience of individuals on self-rehabilitation](#), highlighting individual experiences with COVID-19 infection.

In **Greece**, in week 20, the WHO Country Office translated the COVID-19 vaccination campaign material developed by the country’s Task Force for the Vaccination of Refugees and Migrants into the relevant languages and disseminated these materials in refugee camps.

On 12 May, the WHO Country Office in **Ukraine** conducted a webinar on stress management: *“How to take care of myself”* for 20 health-care workers in the Donetsk and Luhansk eastern conflict areas. On 19 May, a webinar was held focusing on cytokine storm in COVID-19 patients.



Training of medical staff involved in SARS-CoV-2 sampling and transportation

In Focus

Strengthening quality assurance and biosafety for SARS-CoV-2 sample collection sites in conflict-affected districts of Azerbaijan

3–7 May 2021

As part of the technical support for the national COVID-19 response in Azerbaijan, as well as support aimed at responding to the public health consequences of the conflict in Nagorno-Karabakh funded by the United Nations Central Emergency Response Fund (CERF), WHO has conducted several support missions to conflict-affected areas over the past several months. In late April and May 2021, WHO/Europe carried out two missions to remote conflict-affected districts such as Agdam, Adjebedi, Barda, Terter and Fizuli, with a focus on strengthening quality assurance and biosafety during SARS-CoV-2 sample collection and transport.

From 3 to 7 May, a group of WHO experts, under the technical leadership of a laboratory specialist from the WHE, visited several sites within each district to assess COVID-19 sample collection algorithms and quality management system and biosafety, identify respective weaknesses and capacity gaps. The team also provided short- and long-term recommendations and discussed the available options to address identified challenges and bottlenecks. During the mission, particular attention was given to on-site training of medical staff involved in the sampling and transportation, and available options for scaling up sampling capacity.

Accelerating equitable access to vaccines:

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In Focus

Ministerial meeting on COVID-19 vaccine deployment and vaccination in the WHO European Region – review of vaccine uptake and reflections on the issues limiting uptake

12 May 2021

This meeting aimed to take stock of the progress of COVID-19 vaccine deployment and vaccination in the Region and discuss ways to address the current issues influencing vaccine uptake in the priority population groups in countries.

Following deliberations, it is expected that countries will have a better understanding of:

- the current situation of COVID-19 vaccination uptake, which will help them commit to increasing vaccination uptake in the Region;
- current issues limiting high uptake; and
- ways to increase the uptake in priority population groups and devise a plan for achieving a programmatic target by identifying drivers of and barriers to vaccination.

Read more about the ministerial meeting [here](#).

WHO continues to work to accelerate vaccine deployment by providing training to health-care workers and introducing the COVID-19 vaccine.



On 31 May, a joint European Centre for Disease Control and Prevention (ECDC)/WHO/Europe regional webinar was held on **“Monitoring effectiveness and impact of COVID-19 vaccine in the WHO European Region”**. The aim was to provide a technical forum for countries to share early experiences on establishing systems to monitor COVID-19 vaccine effectiveness and impact.



In **North Macedonia**, a training of vaccinators took place in 6 prepared mass vaccination sites in week 19. In week 20, a technical meeting regarding COVID-19 vaccination and the COVID-19 response was held with EU representatives.



In **Georgia**, a virtual meeting on the establishment and management of electronic systems for COVID-19 vaccine administration was held on 14 May 2021.

WHO continues to support the integration of COVID-19 vaccine roll-out as part of routine immunizations.

In **Ukraine**, the WHO Country Office conducted a joint roundtable with the organization “Parents for Vaccination” in week 18 with more than 300 participants. The roundtable covered routine immunizations and harmonizing efforts for COVID-19 vaccination. COVID-19 vaccination-related activities also included: the scaling up of AstraZeneca teams (fixed vaccination points) in Kyiv city and other regions, and the provision of AstraZeneca materials and toolkits to the personnel of service providers.

Status of COVID-19 vaccine deployment among European countries/territories

170

Days since the first country in the Region started deploying COVID-19 vaccines

54

European countries and territories launched COVID-19 vaccination campaigns

45

European countries and territories are reporting vaccination data to WHO

Further developing the COVID-19 knowledge base:



Third meeting of the Technical
Advisory Group on the Mental
Health Impacts of COVID-19 in the
WHO European Region

Virtual meeting
23 April 2021, 10:00–12:00 CET

Third meeting of the Technical Advisory Group on the Mental Health Impacts of COVID-19 in the WHO European Region

The consequences of the COVID-19 pandemic have exacted an enormous toll on the mental health and well-being of the population. The Technical Advisory Group (TAG) on the Mental Health Impacts of COVID-19 in the WHO European Region convened for the third time (virtually) on 23 April 2021 to discuss, constructively challenge and integrate the initial proposals on priority concerns and recommendations around the three previously agreed key areas of impact: public mental health services; general population and communities; and vulnerable groups. Read more about the TAG meeting [here](#).

Fifth meeting of the WHO Technical Advisory Group (TAG) on schooling during COVID-19

The TAG provides strategic and technical advice to the WHO Regional Office for Europe on matters relating to schooling in times of COVID-19 transmission and containment – advising on issues around the reopening and potential reclosure of schools within the context of the coronavirus response, as well as other measures and their prioritization for infection control, taking into consideration the latest available evidence and early experience of infection prevention measures being taken. The TAG on schooling during COVID-19 met for the fifth time on 21 May 2021 and was attended by 40 expert participants.

New WHO technical guidance published in May 2021



Sporting events during the COVID-19 pandemic – considerations for public health authorities

Sports events can attract a particularly high attendance of domestic and international spectators, who come together at stadiums, pitches and fan zones, but also before and after the events themselves. Across the WHO European Region, governments and event organizers are putting plans in place to restart events that bring together large numbers of people in sometimes crowded settings. These decisions are based on progress in bringing down the number of reported cases and deaths from COVID-19 due to increasing vaccination coverage, enhanced testing and contact-tracing capacities, adherence to PHSM, and emerging treatment options.

However, this pandemic is not over yet. Many countries are loosening their PHSM, which will favour spread of the virus.

Our message is clear: only the coordinated implementation of all PHSM will bring transmission down and keep the virus under control. Read more about COVID-19 public health considerations for sporting events available [here](#).

Guidance for the European Region:

[Estimating COVID-19 vaccine effectiveness against severe acute respiratory infections \(SARI\) hospitalizations associated with laboratory-confirmed SARS-CoV-2: an evaluation using the test-negative design \(2021\)](#)

Published May 2021

[WHO COVID-19 prison surveillance protocol: monitoring and reporting COVID-19 in prisons and other places of detention](#)

Published 27 May 2021

[Why people living and working in detention should be included in national COVID-19 vaccination plans](#)

Published May 2021

Global guidance:

[Preventing and mitigating COVID-19 at work](#)

Published 19 May 2021

[Operational guide for engaging communities in contact tracing](#)

Published 28 May 2021