

# COVID-19: WHO European Region Operational Update

Epi Weeks 26–34 (1 July –31 August 2021)\*with corrections

## Current global situation:

As of 31 August, 216.8 million confirmed cases and 4.5 million deaths due to COVID-19 were reported to WHO. Since mid-June, the number of new cases reported globally started to stabilize, after increasing for nearly two months. By late August, the Western Pacific Region recorded the greatest increase in incidence. The number of new deaths continued to increase globally throughout July with more than 67 000 deaths reported in the last week of August.

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

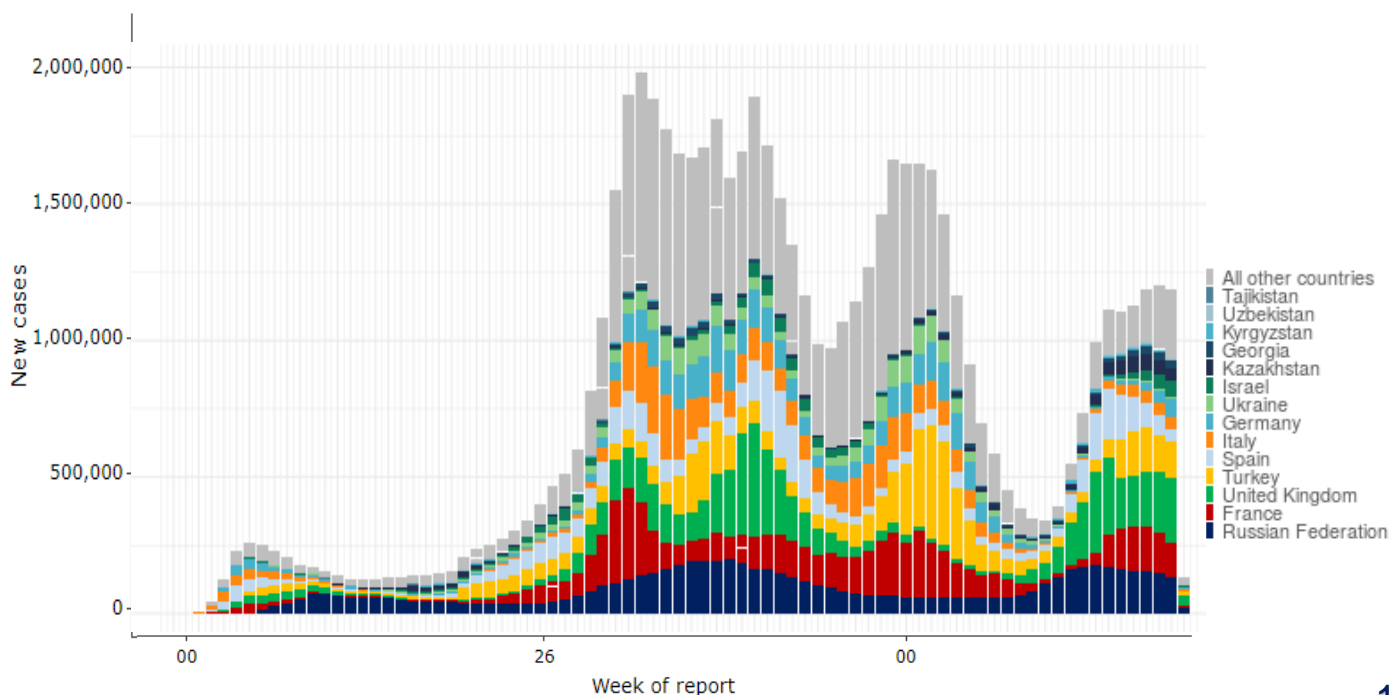
## Current situation in the Region:

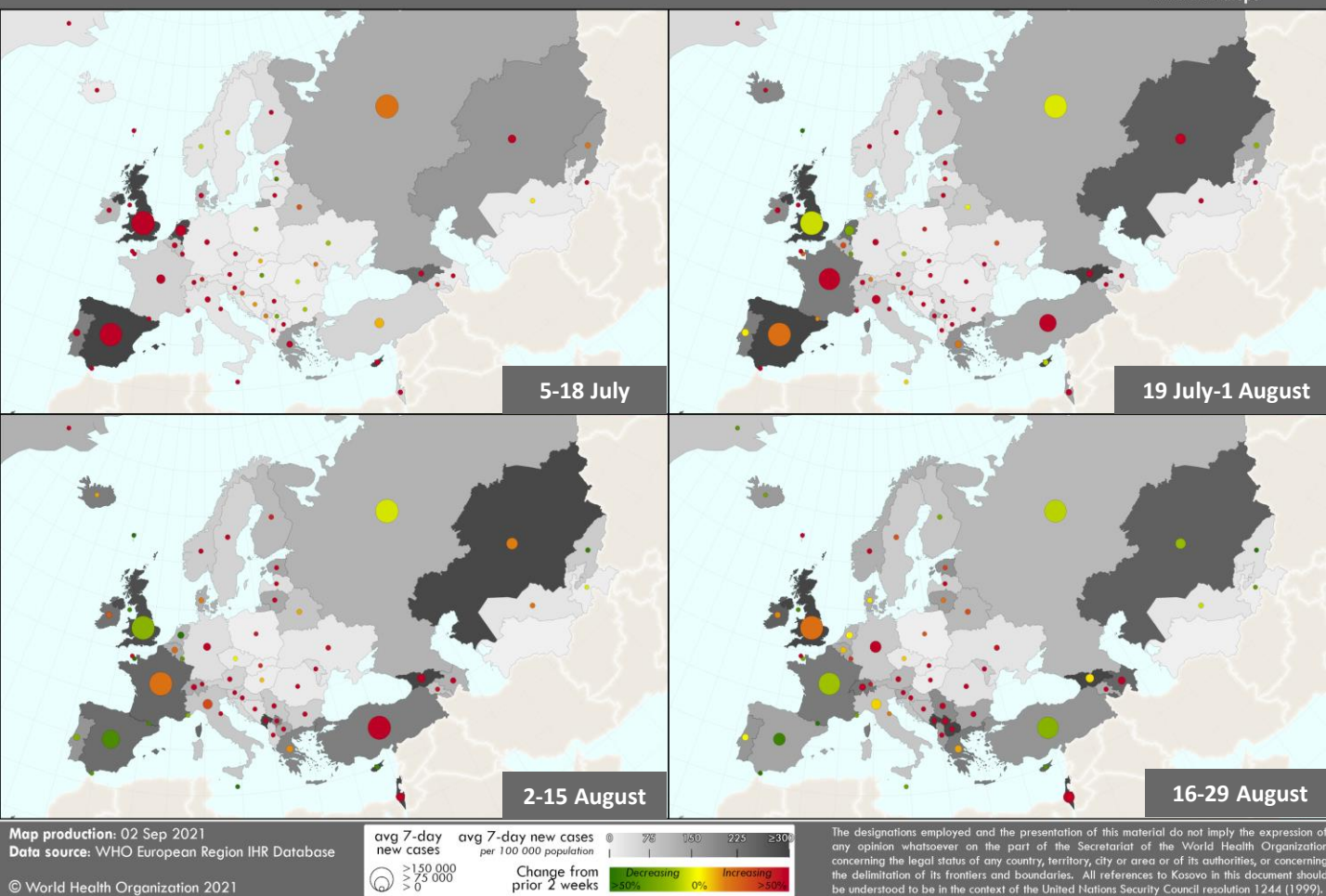
As of 31 August, more than 65.3 million cases of COVID-19 and 1.2 million deaths have been reported across Europe. Following a decline in COVID-19 cases in June, case incidence increased throughout July and August 2021 to a high incident plateau of close to 1 million new weekly cases.

Increasing trends can largely be attributed to countries that are contributing the highest burden of cases linked to the continued rapid spread of the SARS-CoV-2 Delta variant of concern (VOC).

Although cases have increased significantly, Regionwide COVID-19 deaths have seen a smaller increase. During the months of July–August 2021, in the last week of August, while showing signs of slowing, the number of new deaths has continued to increase in many countries of the Region. Ongoing and prolonged high rates of new infection are starting to place renewed strain on health systems in several European countries, especially where vaccine uptake among priority groups remains low. 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 August 2021 (Epi-week 34/2021)**





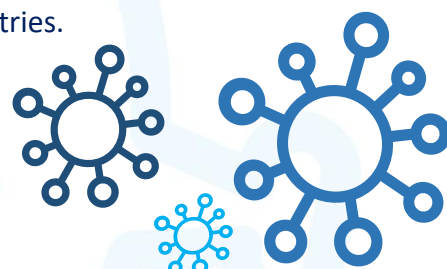
## Update on SARS-CoV-2 variants of concern circulating in Europe

During July–August 2021, all four SARS-CoV-2 VOCs continued to circulate in Europe. However, after the emergence of the Delta VOC in Europe, it has quickly become the dominant circulating variant. [Surveillance data](#) reported to WHO/Europe and the European Centre for Disease Prevention and Control (ECDC) show that between 28 June and 11 July 2021, the Delta variant was dominant in the majority (19 countries) of the 28 countries that reported sufficiently complete genetic sequencing information. Of these 19 countries, the median proportion of all nationally sequenced virus isolates detected showed that the proportion of the Delta variant was 68.3%, overtaking the previously dominant Alpha variant (22.3%) across the Region.

As of 30 August 2021, the Delta VOC has been detected in 50 countries or areas of the European Region. Based on data from 29 countries or areas in Weeks 32/2021 and 33/2021, the median (range) proportion of all nationally sequenced virus isolates detected that were a VOC or variant of interest (VOI) was 98.2% (0.0–100.0%) for Delta (B.1.617.2). See [WHO/Europe and ECDC Surveillance Bulletin](#).

Where the Delta variant is spreading, intensive implementation of current public health measures, including increased access to testing, will be required to control COVID-19 transmission, particularly while vaccination progress is still not sufficiently high in many countries.

Refer to the [WHO webpages on VOIs/VOCs](#) for more information.

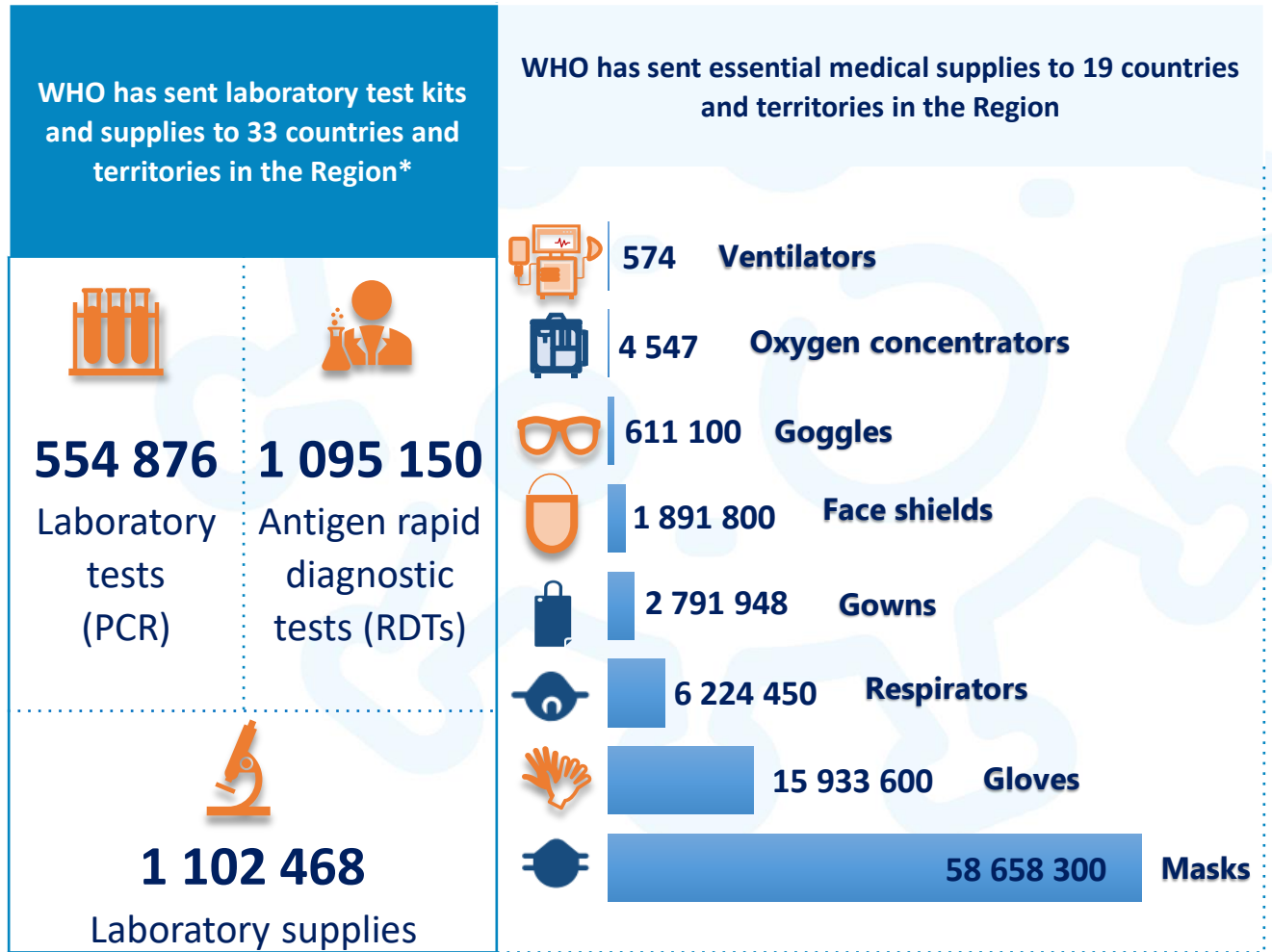


# WHO Regional Office for Europe’s response to COVID-19:

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.**



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](#).



\* 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](#).



## Emergency public health measures taken across the Region:

Throughout July 2021, in Member States across the European Region, there was a trend towards relaxation of public health and social measures (PHSM), including the lifting of restrictions on mass gatherings, mask wearing and business operations. While Iceland and Israel lifted all social measures in June, by the end of July both reinstated restrictions on gatherings, businesses and mask wearing due to a rise in COVID-19 cases. A majority of Member States have increasingly re-implemented PHSM throughout the month of August due to an overall rise in cases, hospitalizations and mortality.

Number of countries (n=34) implementing domestic COVID-19 CVRT on voluntary or mandatory basis to access institutions, businesses, events and services



As of Week 34, 21 Member States and one territory have strengthened PHSM over the past two weeks, while only seven Member States have eased measures. Requirements for COVID-19 certificates to show proof of vaccination, recovery and/or a negative test (CVRT) have become a more common feature across the Region for access to schools, public transport, close-contact services and mass gatherings. As of 25 August 2021, 27 countries have implemented CVRT requirements for gatherings, 22 for shops and businesses, and 14 for workplaces.

Additionally, Member States have begun to introduce vaccination certificates for citizens crossing international borders to ease the entry process. This has occurred particularly during the summer holidays, with 20 Member States accepting vaccination certificates to lift testing requirements for specific groups of travellers, for example. However, 13 Member States continue to require testing before or after arrival even for vaccinated travellers from some high-risk areas. Furthermore, all EU/EEA Member States continue to use the EU digital COVID-19 certificate, with interoperable certificates from Ukraine, Turkey and North Macedonia now accepted for travellers from three non-EU countries.



### In Focus

Points of entry assessment of COVID-19 readiness at key border crossings of Armenia

28 June–14 July 2021

On 28 June and 1 July, a joint mission consisting of a representative of the responsible national agencies together with the WHO Health Emergencies Programme (WHE) Hub for the Southern Caucasus and WHO Country Office in Armenia conducted on-site assessments at points of entry. During the site visits, preparedness aspects related to coordination and communication mechanisms, health and non-pharmaceutical measures in place, cleaning and disinfection, training of responsible staff, availability and use of personal protective equipment and procedures to transport suspected and ill travellers to the designated facilities were carefully looked at. During the roundtable, hands-on actionable recommendations were provided for immediate strengthening of preparedness at the points of entry and various options were discussed. **4**

## 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 July and 31 August 2021:**



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

In **Ukraine**, from 26 July to 1 August, the WHO Country Office team conducted a mission to the western Ukraine regions of Lviv and Chernivtsi Oblasts to strengthen subnational preparedness and response capacities. The mission covered several technical areas of work, including points of entry, use of oxygen in hospitals, IPC and clinical management, laboratory support, case investigation, and contact tracing.

The team met with Oblast authorities and public health representatives, as well as with the National Health Service of Ukraine. The team also visited hospitals and primary care centres that are providing care for patients with COVID-19.

In **Uzbekistan**, in week 31, the WHO Country Office supported the organization of a webinar aimed at improving the quality of care for children with COVID-19. Over 200 medical workers attended the webinar. Uzbekistan's chief paediatrician and other experts presented the second edition of the national guideline on clinical management of paediatric COVID-19, developed with technical support from WHO. To facilitate use of the guidelines, 7000 copies were printed and disseminated among clinical and medical education institutions.

In **Albania**, in week 30, the WHO Country Office, with the support of the WHE Balkans Hub, conducted a mission to improve logistic functions (procurement, distribution) of the Ministry of Health (MoH)'s Incident Management Support System (IMST). During the mission, WHO experts assessed existing logistic systems and shared relevant experiences from other Hub countries.



### In Focus

WHO/Europe strengthening infection prevention control with the Georgian ambulance service

*8–20 August 2021*

The ongoing transmission of SARS-CoV-2 continues to highlight deficiencies in IPC within health facilities. Rigorous implementation of IPC measures protects health workers from infection and needs to be regularly assessed, reviewed and strengthened. During a period of intense COVID-19 transmission in Georgia, WHO and national teams assessed the national ambulance service's IPC capabilities. The work aimed to build upon previous efforts conducted under the European Union-funded project (DG NEAR), which supported rapid improvements to the ambulance service's response to COVID-19. To support this assessment, a WHO IPC specialist was deployed from the WHO South Caucasus Hub from 9 to 20 August.

During the mission, IPC experts visited ambulance services in both urban and rural settings, with the assessment focusing on surveillance, cleaning and disinfection, training, and implementation of the current IPC guidance. The current project being carried out within the ambulance services will help to improve IPC through the introduction of structured IPC programmes, policies and training, which will utilize multimodal strategies to create long-lasting IPC improvements in Georgia.

Overall, the assessment will help to inform the creation of national IPC guidelines and standard operating procedures for ambulance services throughout Georgia.



## Detect, protect and treat patients with COVID-19



### In Focus

WHO supports the roll-out of Go.Data contact tracing tool in Ukraine

1–6 August 2021

At the request of Ukrainian national authorities, a WHO mission to Ukraine took place from 1 to 6 August 2021 to undertake a review and support a scale-up strategy for the use of WHO's Go.Data platform in Ukraine's day-to-day management of the COVID-19 pandemic.

In early June this year, Ukraine's MoH and WHO launched a pilot approach for contact tracing using Go.Data implemented in Chernivtsi Oblast, Ukraine. The pilot project, funded by the European Union (DG NEAR project), procured 100 smartphones and two desktop servers, which were distributed to 99 epidemiologists, virologists and laboratory technicians trained by WHO on contact tracing and the use of the Go.Data smart application. The pilot phase has so far been used to iron out the challenges faced by contact tracers while using Go.Data for contact tracing.

During a field visit to the Chernivtsi Oblast, the Centre for Disease Control and Prevention (OCDC) started to work with religious leaders to convey messages on contact tracing during church gatherings and through local media outlets.

National authorities, with WHO support, are now considering the possible national scale up of this initiative and national roll-out of the Go.Data WHO platform for COVID-19 and other public health events. A video further highlighting the roll-out of Go.Data in Ukraine is also available [here](#).

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 week 28, the WHO Country Office in **Tajikistan** provided support to health authorities in implementing a QR code verification system for COVID-19 laboratory results.

In **Kosovo** [1], in week 33, to enhance the capacity of the Gracanica Hospital laboratory, the WHO Country Office conducted a technical evaluation of its equipment, reagents and supplies.

In **Albania**, in week 29, the WHO Country Office supported the provision of training for four laboratory staff from the Institute of Public Health (IPH) in Tirana on SARS-CoV-2 diagnostics, research methods and antimicrobial resistance diagnostics at the IPH Skopje (North Macedonia).



*Demonstration of triple packaging as part the ISST carried out in Kazakhstan*

From 2 to 4 August, a 3-day face-to-face Infectious Substance Shipment Training (ISST) was held in Almaty, Kazakhstan in order to certify shippers of infectious substances against applicable international transport regulations. The training was carried out by the WHO Regional Office for Europe in Russian and attended by laboratory experts from Azerbaijan, Tajikistan, Kyrgyzstan, Kazakhstan and Uzbekistan, as well as WHO national professional officers from both Tajikistan and Kyrgyzstan.

[1] All references to Kosovo should be understood to be in the context of the United Nations 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.**

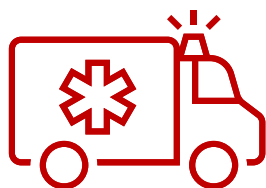
In **Poland**, in week 31, following the detection of COVID-19 in a mink farm, the WHO Country Office, with support from the WHO Regional Office for Europe, facilitated cooperation between the Polish health authorities and ErasmusMC COVID-19 outbreak team in the Netherlands.

The WHO Country Office in **Kazakhstan**, in week 33, procured computers and printers for 17 administrative territories to support timely COVID-19 contact tracing and data management.

In week 33, the WHO Country Office in **Albania**, in cooperation with the MoH and WHE's Balkans Hub, conducted a training-of-trainers workshop on contact tracing. In addition, training was conducted on needs assessment of the national rapid response teams to identify priority areas for training on surveillance, disease investigation, testing and care.

### **WHO continues to strengthen emergency care systems and IPC through training and assessments.**

In the **Republic of Moldova**, in week 30, the WHO Country Office conducted an Emergency Care Systems Assessment, aiming at strengthening institutional capacities and operations.



Furthermore, in week 33, the WHO Country Office initiated a review of the National Platform on Surveillance for Communicable Diseases and Public Health Events to provide further guidance on its strengthening.

In **Azerbaijan**, in week 26, the WHO Country Office, as part of the EU's Solidarity for Health Initiative, held a three-day event to launch the implementation of hospital IPC committees. During the event, participants from 28 hospitals were given core information on the structuring of infection control committees, key materials to commence a hand hygiene improvement strategy, as well as monitoring and evaluation of IPC activities within their facilities.



### **In Focus**

WHO/Europe laboratory team carry out a biosafety and biosecurity training in Uzbekistan

*4–10 July 2021*

A 6-day interactive training on laboratory biosafety and biosecurity was held in Tashkent, Uzbekistan from 4 to 10 July in both English and Russian. This is the second training held in the WHO European Region based on the newly published *Laboratory biosafety manual, 4th edition* (LBM4) following a similar training held in Kazakhstan from 22 to 25 July. This edition of the Manual builds on the risk assessment framework, which allows safety measures to be balanced with the actual risk of working with biological agents on a case-by-case basis. The Manual focuses on training and applying an evidence-based approach to biosafety and biosecurity.

In Uzbekistan, the training was attended by 16 laboratory specialists from public health laboratories. Those appointed were biosafety officers and laboratory specialists with no previous background in biosafety. Training activities included practical sessions on risk assessment, donning and doffing of personal protective equipment (PPE), spill drill simulation and a laboratory audit checklist. The biosafety and biosecurity training package was developed by the WHO/Europe IMST laboratory team as part of their action plan for the COVID-19 response and will be rolled out to additional countries across the Region, with a special focus on priority countries that are Russian speaking.

The WHO European Regional Office seeks to improve the quality of laboratory services on European countries through the Better Labs for Better Health initiative.





Ionut, a football fan in Romania, who spoke to WHO about his COVID-19 experiences [here](#).

### In Focus

WHO/Europe's mass gathering task force to monitor and respond to public health risks during the 2020 UEFA European Football Championship finals

28 May–25 July 2021

The Union of European Football Associations (UEFA) Euro 2020 football tournament vividly captured the attention of millions from 11 June to 11 July 2021. WHO/Europe's IMST established a mass gathering task force active between 28 May and 25 July 2021 involving WHO staff at the regional and country levels to coordinate WHO actions and provide support to countries ahead of, during and after the mass gathering itself.

During the task force's existence, an enhanced event-based surveillance (EBS) system was established to detect signals of public health concern related to the tournament. Its aim was to trigger public health action and response, using WHO's Epidemic Intelligence from Open Sources (EIOS) collaboration, as needed. This not only included data on COVID-19, but also on other infectious diseases prone to spread during mass events, and signals related to other public health threats.

The task force conducted continuous risk monitoring and compiled live data on COVID-19 incidence; mobility data; information on stadium restrictions, PHSM; as well as signals of public health concern and news related to the tournament, picked up by WHO's surveillance system on a public dashboard available to authorities, organizers and the public to better understand the COVID-19 situation in host cities, and assess related risks at a public health and individual level.

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



In **Kosovo** [1], in week 29, the WHO Office provided technical support to health authorities to develop a plan for a COVID-19 response intra-action review.



In week 28, the WHO Country Office in **Kyrgyzstan** provided support to the MoH working group on the development of national IPC guidelines and standard operating procedures for COVID-19.



In week 32, the WHO Country Office in **Romania** supported national authorities in developing a qualitative social study to enable the creation of data-driven policies.

WHO also continues to employ innovative methods to ensure continuous learning and listening for improvement in COVID-19 response efforts.



In week 26, the WHO Country Office in **Georgia** provided training to 500 ambulance doctors on home-based assessment of patients with COVID-19 and decision-making on hospitalization to avoid excessive hospitalization. The training was conducted in Batumi, Kutaisi and Tbilisi.



In week 32, the WHO Country Office in **Serbia** supported the Clinical Hospital Centre Bezanijska Kosa in applying to an international multicentre study led by WHO on oxygen use in the clinical management and treatment of COVID-19 cases.



In **Romania**, in week 32, the WHO Country Office supported the launching of Health Buddy+ on two national websites, the Romanian College of Physicians, and the MoH webpages. The health Buddy+ is a bot that provides access to up-to-date and evidence-based information on COVID-19.



## Leaving no one behind:

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

➔ In week 32, the WHO Country Office in **Tajikistan** has provided support to the National Disability Union to initiate an information campaign on combating COVID-19 for people with disabilities. This included printing different informational materials with the Braille alphabet and creating short videos with sign language transcripts.

➔ In **Azerbaijan**, in week 27, the WHO Country Office, in cooperation with the Management Union of the Medical Territorial Unions (TABIB), conducted a 2-day training of trainers on Mental Health and Psychosocial Support during the COVID-19 Preparation, Response and Recovery for 28 specialists from across the country.

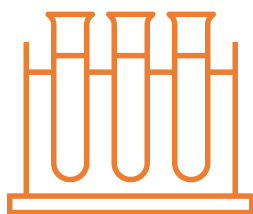
### WHO/Europe also works to support populations in conflict-affected areas.

In Ukraine, in week 27, the WHO Country Office completed the construction of a mobile high-throughput polymerase chain reaction (PCR) laboratory that will support COVID-19 testing in the nongovernment-controlled territory of conflict-affected Luhansk.

Fully autonomous, the laboratory has the capacity to perform up to 1000–1500 tests per day.

**Throughout the pandemic, civil society organizations have been crucial partners in reducing the impacts of COVID-19 on individuals and communities, particularly those in hard-to-reach vulnerable groups.**

Building on this, the WHO Country Office in **Georgia**, in week 28, started working together with Sakhli Advice Center for Women, which specializes in supporting victims of domestic violence, to enhance the skills of health workers in domestic violence and professional burnout.



### In Focus

Athens Mental Health Summit – Ministers and representatives renew commitment to prioritize mental health in the WHO European Region

*22–23 July 2021*

At a [high-level summit](#) organized by WHO/Europe and the Government of Greece, ministers and country representatives from the WHO European Region sent a strong message on the importance of prioritizing mental health in the recovery process.

In a groundbreaking declaration adopted during the Summit, ministers recognized the mental health impact of COVID-19 and called for greater investment in mental health services and the placing of mental health support at the heart of the post COVID-19 recovery agenda.

The hybrid meeting, which spanned two days on 22–23 July, welcomed high-level political figures, renowned senior technical and scientific experts, and community advocates. Discussions focused on critical aspects of mental health, including on mental health services, the impacts of the pandemic on vulnerable groups, aspects of quality of care and the specific impacts on health and care workers.

Throughout the conference, the WHO Technical Advisory Group on the mental health impacts of COVID-19 in the European Region played an important role – collecting evidence, highlighting important research, sharing their expertise, and publishing recommendations on how Member States and stakeholders can place mental health at the centre of the COVID-19 recovery.

# Accelerating equitable access to vaccines:

## In Focus

*Addressing vaccine hesitancy in the Russian Federation*

26 July–1 August 2021

In the Russian Federation, WHO's Country Office provided support to a group of private companies "Ingka" in developing a pilot methodology for vaccination promotion among employees (~12 000 workers) in week 30. Findings showed that in regions where the human resources department took an active part in health promotion, 60% of employees received the first dose. However, this coincides also with the high burden of disease in the region, accompanied by the overall city/region vaccination promotion campaign.

Based on this pilot, WHO will gain insight into the reasons behind vaccine hesitancy and understand demographic and regional differences in order to further use behavioural insights. This will enable WHO/Europe to better advise public health authorities on the key underlying reasons for vaccine hesitancy among the working age population as well as the best interventions to achieve better health-seeking behaviour, including for vaccination.

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

In **Serbia**, in week 29, the WHO Country Office initiated direct financial cooperation to support the government in improving service delivery, strategy implementation and all aspects of data management related to COVID-19 vaccination roll-out.



In addition, in week 30, the WHO Serbia Country Office facilitated the response of the government to the COVAX Facility, which offered new vaccines to Serbia. The Country Office provided the latest data on secured and probable access to COVID-19 vaccines, including the latest information on EU dose-sharing with COVAX and the reselling of vaccines already purchased by European Union countries.

In week 33, the WHO Country Office in the **Republic of Moldova** held a face-to-face national training workshop for all local coordinators and epidemiologists on the development and implementation of micro-planning activities and adverse events following immunization (AEFIs) to enhance the vaccination process against COVID-19.

## WHO continues to implement vaccine effectiveness studies across the Region to continue learning about COVID-19 vaccines.

In week 31, WHO/Europe participated in a joint online meeting with national partners on a cohort study aimed at measuring COVID-19 vaccine effectiveness among health workers in Azerbaijan. During the online session, general information and details of the study were presented by the Public Health and Reforms Center and MoH. Representatives from the Management Union of the Medical Territorial Unions (TABIB), State Agency for Mandatory Health Insurance (SAMHI), WHO experts, WHO/Europe and the Azerbaijan Country Office participated in the meeting.

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

261

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

54

European countries and territories have launched COVID-19 vaccination campaigns

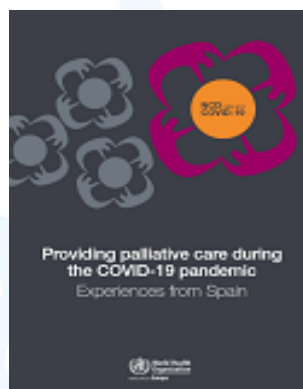
51

European countries and territories are reporting vaccination data to WHO

## Further developing the COVID-19 knowledge base:

In August, the WHO Regional Office for Europe published a [series of reports](#) covering experiences from the field. In the development of these nine reports, WHO/Europe interviewed practitioners and patients affected by cardiovascular diseases, cancer, diabetes and chronic respiratory diseases to gather their experiences on NCD care during the COVID-19 pandemic. This collection of stories sheds light on the challenges and opportunities faced by countries, and documents innovative solutions to overcome them.

The reports cover several countries within the European Region, including: the United Kingdom, Belgium, Italy, Portugal, Kyrgyzstan, Republic of Moldova and Spain.



## New WHO technical guidance published in July–August 2021

### **Support for rehabilitation: self-management after COVID-19-related illness, second edition**

This is the second edition of the WHO/Europe [Self-management after COVID-19-related illness leaflet](#), originally published in mid-2020, which includes updates to sections and new topics, encompassing what we have learnt about the post-COVID-19 conditions and recovery in the past year. This leaflet provides support and advice for adults who are recovering from COVID-19. It can be used by individuals after hospitalization from the illness and those in the community who did not need hospitalization. The leaflet can complement care received from health-care professionals.

Although references are not shown for ease of reading, the advice is evidence-based. There is still much we do not know about post-COVID-19 recovery, and evidence is fast emerging. COVID-19 can cause long-term health problems and symptoms that interfere with daily activities. Symptoms generally improve with time and this leaflet provides some practical suggestions to self-manage these common symptoms. If symptoms are worsening or not improving with time, review by a health-care professional is needed.

**20 new or updated global guidance documents have been [published](#), including the following highlighted documents:**

[Modelling the health impacts of disruptions to essential health services during COVID-19](#)

Published 9 July 2021

[WHO technical consultation on oxygen access scale-up for COVID-19](#)

Published 14 July 2021

[Guidance on conducting vaccine effectiveness evaluations in the setting of new SARS-CoV-2 variants](#)

Published 23 July 2021

[Training on handling, storing and transporting Pfizer BioNTech COVID-19 Vaccine COMIRNATY](#)

Published 4 August 2021

### **Guidance for the European Region:**

[Factsheet for health workers: Sinovac–CoronaVac COVID-19 vaccine](#)

Published July 2021



*\*Corrigenda:*

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

**WHO has conducted 262 missions and deployments to 22 countries and territories in the Region\***



*These corrections have been incorporated into the electronic file on 19 October 2021.*