

Epi Weeks 48/2021–4/2022 (1 December 2021–31 January 2022)

## Current global situation:

By the end of January, over 370 million confirmed cases and 5.6 million deaths due to COVID-19 were reported to WHO. Since mid-December, the number of new cases reported globally started to increase rapidly, reaching peak levels by 24 January with more than 22 million new cases. By late January, the Western Pacific Region recorded the greatest increase in incidence (37%), followed by the Eastern Mediterranean (24%) and the European (7%) regions. The number of new deaths also continued to increase globally throughout January with more than 59 000 deaths reported in the last week.

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

## Current situation in the Region:

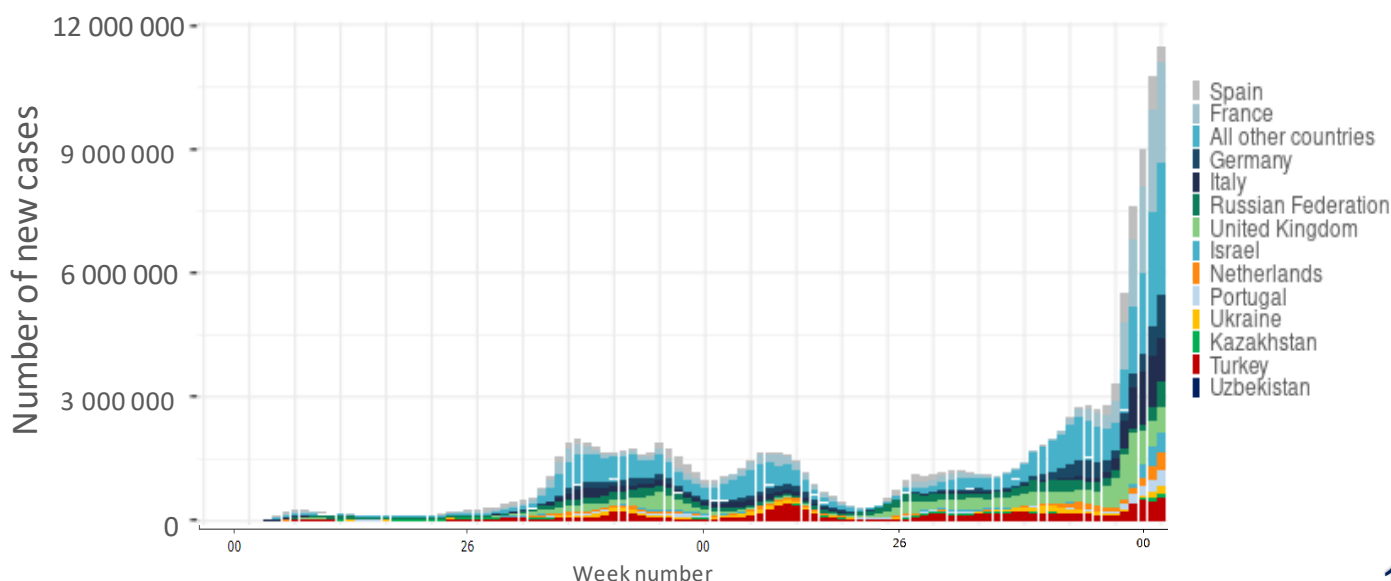
As of 31 January 2022, more than 143 million cases of COVID-19 and 1.7 million deaths have been reported across Europe. Since mid-December 2021, the number of new cases has continued to rise, with the Region reporting over 12 million new cases in the last week of January, a 7% increase compared to the previous week. From late January, 23 countries (38%) reported an increase in new cases of more than 20% compared to the previous week.

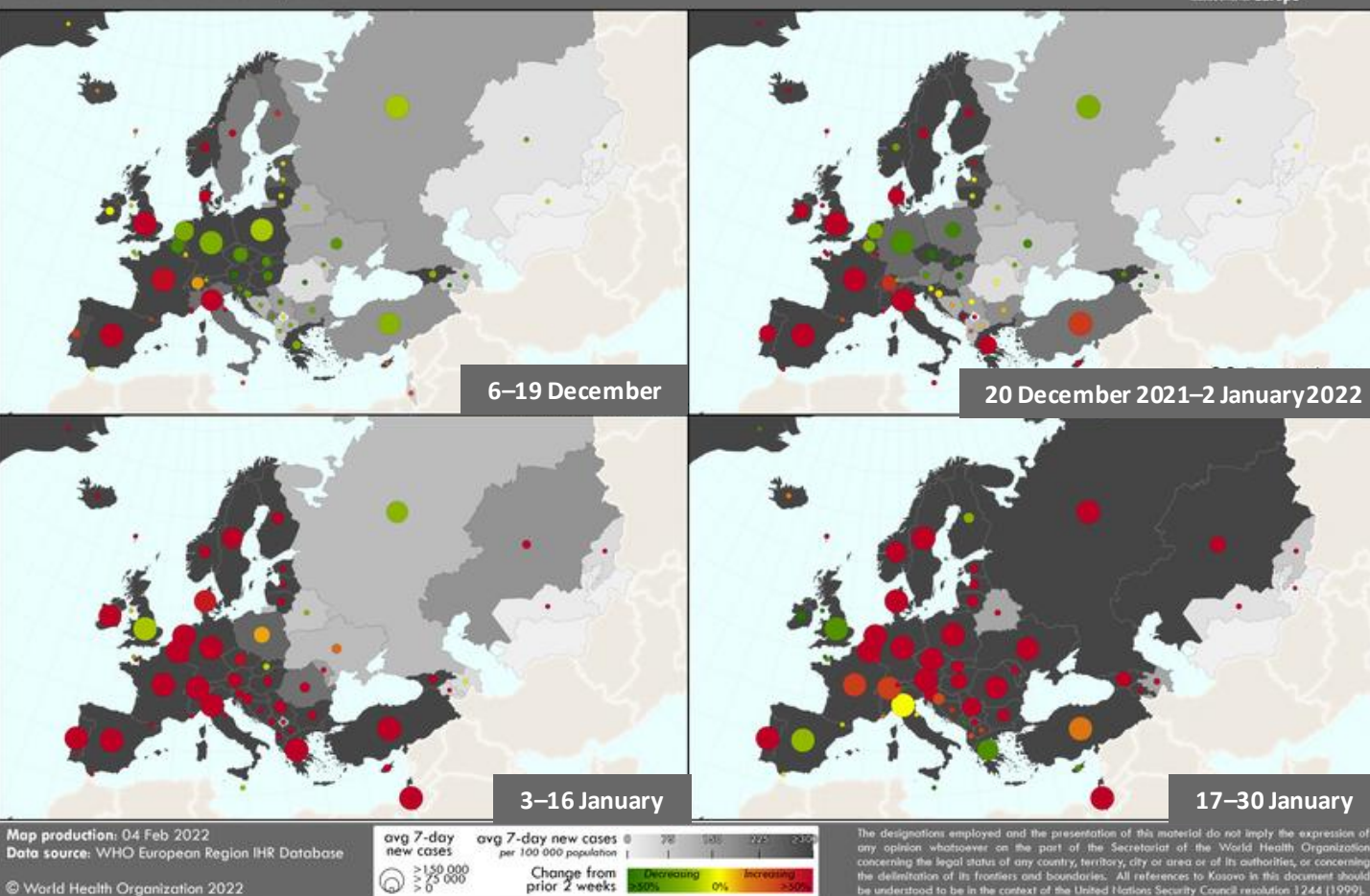
Increasing trends can largely be attributed to countries that are contributing the highest burden of cases linked to the continued rapid spread of the SARS-CoV-2 Omicron variant of concern (VOC).

Although cases have increased significantly, Regionwide COVID-19 deaths have seen a smaller increase. During the months of December 2021–January 2022, the European Region reported a decrease and then a stabilization at high levels with 21 000–23 000 weekly deaths throughout January. These 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 31 January 2021 (epi week 4/2022)**





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

Following the detection of Omicron in the WHO European Region in late November 2021, it has been circulating widely, resulting in overall increased transmission. Rapidly spreading across the European Region, Omicron has been reported in 52 countries/territories as of 31 January, quickly replacing the Delta VOC in many countries. Omicron now accounts for 54.1% (0.0–95.1%) of sequences that have been reported in the Region and Delta 42.6% (4.8–100%), with several countries in the European Region having already reached clear dominance of Omicron – particularly in the western part of the Region. As of late January, Omicron had spread in the Balkans, South Caucasus and Central Asia, where it is quickly becoming dominant in several countries.

Based on the currently available evidence, the overall risk related to the Omicron variant remains very high. Compared to other variants, Omicron has shown an increased ability to spread within the community, leading to a rapid increase in the number of new cases in multiple countries where it has replaced other variants, including Delta. Despite this, there appears to be a lower risk of severe disease and death following Omicron infection as compared to the other variants. However, due to the very high numbers of cases, many countries have seen a significant increase in the incidence of hospitalization, putting pressure on health-care systems. The Omicron variant has a significant growth advantage, a higher secondary attack rate and a higher observed reproduction number as compared to the Delta variant and, as a result, it is rapidly replacing the latter globally. It is thought that this transmission advantage is largely due to Omicron's ability to evade immunity following infection and/or vaccination.

See [WHO/Europe and ECDC Surveillance Bulletin](#).

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

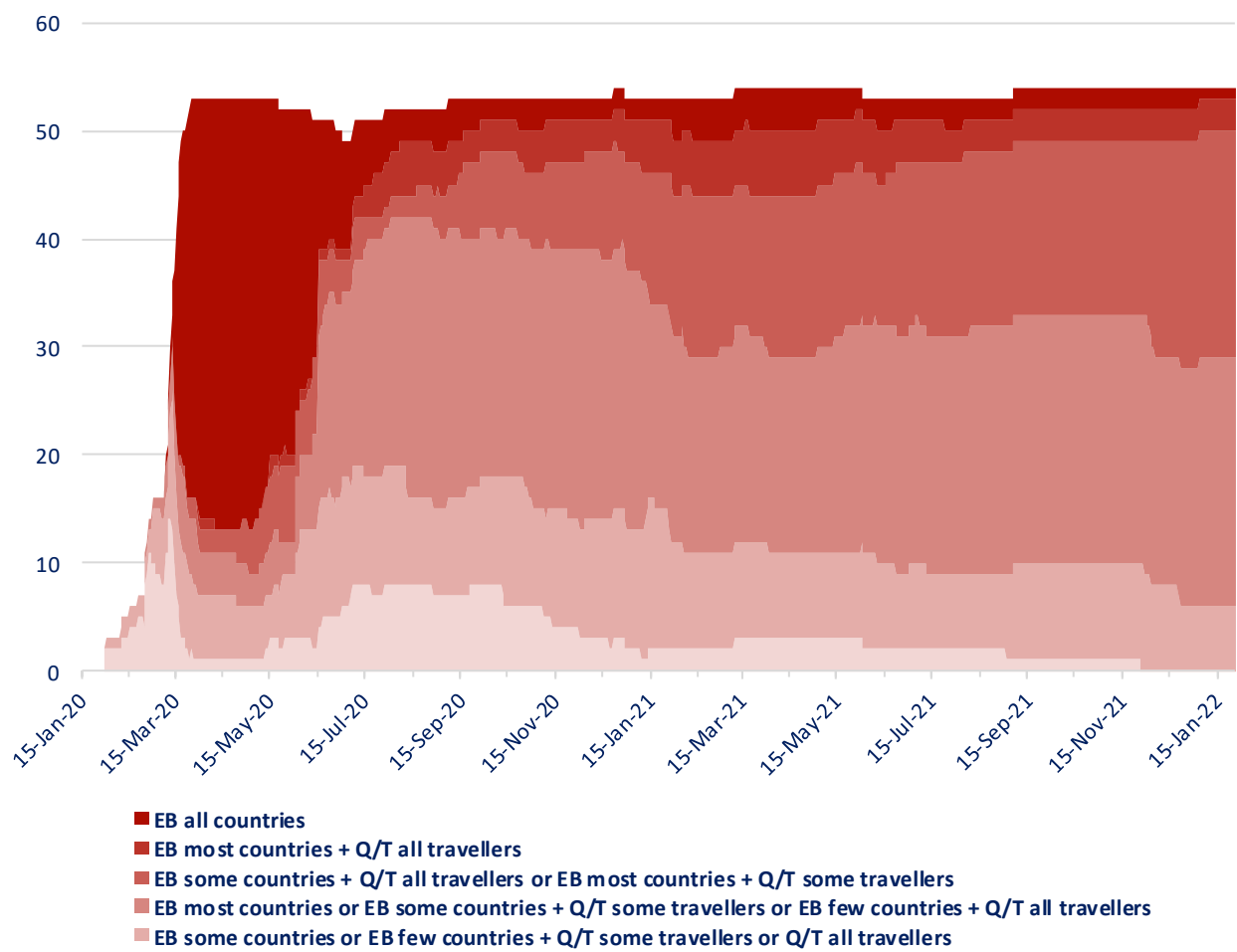


# Emergency public health measures taken across the Region:

The emergence of new SARS-CoV-2 VOCs such as Omicron, detected in November 2021, have brought additional challenges to Member States in controlling COVID-19 at their international borders. By early December 2021, 43 WHO/Europe Member States had officially announced the introduction of international travel measures comprising flight bans, additional testing (T) and/or quarantine (Q) measures against travellers returning from specific countries, including Angola, Botswana, Eswatini, Lesotho, Malawi, Madagascar, Mozambique, Namibia, South Africa, Tanzania, Zambia and Zimbabwe. At the European Union (EU) level, the European Commission proposed that Member States activate the "emergency brake" (EB) on travel from countries in southern Africa and other countries affected to limit the spread of the new variant.

The rapid spread of the Omicron VOC in December 2021 and January 2022 also prompted countries to implement international travel measures targeting travellers from all countries. By late January 2022, eight countries had implemented additional testing requirements for all persons arriving in the country, with very few exemptions. However, a few countries have begun deliberations on the usefulness of some international travel measures as part of their overall national risk mitigation strategy. By the end of January 2022, Norway lifted the requirement for entry quarantine for travellers, Finland removed internal border controls, Denmark removed stricter pre-entry testing requirement for all travellers, the United Kingdom lifted testing requirements for fully vaccinated travellers, and Uzbekistan removed the requirement for rapid antigen testing for all arrivals at all points of entry.

International travel restrictions



# 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 349 missions and deployments to 25 countries and territories in the Region\*



**309**

In-country technical support missions

**16**

Rapid support teams



**3**

Virtual country missions



**7**

Intra-action review missions



**40**



Operational partner deployments

For additional information on missions and deployments, please see the WHO/Europe COVID-19 Country Support Dashboard for [Missions and Deployments](#).

WHO has sent laboratory test kits and supplies to 31 countries and territories in the Region\*



**1 464 796**

Laboratory tests (PCR)



**1 286 550**

Antigen rapid diagnostic tests (RDTs)



**1 111 701**

Laboratory supplies

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



**814 Ventilators**



**8 288 Oxygen concentrators**



**611 100 Goggles**



**1 891 800 Face shields**



**2 791 948 Gowns**



**6 555 250 Respirators**



**19 143 600 Gloves**



**68 020 800**

**Masks**

\* 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 [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.

→ In Georgia, in week 49, the WHO Country Office completed Infection Prevention and Control (IPC) capacity and readiness assessments in 84 ambulatory and outpatient health-care settings. An epidemiological assessment and a detailed report will be developed for all facilities to highlight general findings, gaps and recommendations common to all settings, as well as specific issues for each facility.

→ In the Republic of Moldova, from 17 to 22 January 2022, a WHO technical support mission took place for the rapid review of the functions of the Public Health Emergency Operating Centre (PHEOC). During the mission, discussions covered the functions of the national and regional PHEOCs as well as mechanisms promoting data exchange and coordination with the General Inspectorate for Emergency Situations (GIES) of the Ministry of Interior.

In addition, an intersectoral Tabletop exercise (TTX) was conducted during this period. The TTX workshop helped to test the coordination between the regional PHEOCs and the functions of the National Agency of Public Health (NAPH)'s central PHEOC. During the exercise, 43 managers and heads of the PHEOC units from 10 regional centres for public health participated as well as representatives from GIES.



Based on the mission findings and TTX, overall coordination and communication during public health emergencies will be improved. PHEOC functions will also be revised and updated following the WHO recommendations.



### In Focus

WHO/Europe celebrating the Civil Society Organization (CSO) Initiative: building community readiness, response and resilience to emergencies

*December 2021*

During 2021, WHO/Europe piloted a new bottom-up approach, in collaboration with governments, to give communities a say in plans that affect their lives and to ensure that they are involved in decision-making processes in preparedness for emergency situations. The CSO Initiative has engaged 11 CSOs in the WHO European Region during the pandemic, both to build trust and cooperation between vulnerable communities and health authorities, and to encourage take-up of COVID-19 vaccines and other preventive measures.

Experience has shown that gaining the trust and active support of communities is key to controlling outbreaks and epidemics, with communities much more likely to support epidemic response strategies when they have been involved in their co-creation. Thanks to the Initiative, around 2.4 million affected and at-risk people were reached in eight Member States, covering a broad spectrum of society, including women at risk of domestic violence, disabled children, religious leaders, older people, refugees and migrants, and Roma communities.

With the CSO Initiative pilot phase having ended in December 2021, WHO/Europe convened a regional network of CSOs to establish a permanent dialogue with civil society and to facilitate the sharing of knowledge, best practices and skills for emergency preparedness and response. Read more [here](#).

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



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**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 the Republic of Moldova, in week 3, a WHO field mission was held from 17 to 21 January 2022 to support an Emergency and Critical Care Facility assessment to strengthen functions and institutional capacities as part of the health system. The Emergency and Critical Care Facility implemented best practices as part of the case management.



In Ukraine, in week 48, the WHO Country Office conducted trauma training for health-care professionals in six hospitals located in the eastern conflict area. In addition, oxygen pipes were installed in Severodonetsk city hospital.



In Albania, in week 48, the WHO Country Office supported the Institute of Public Health (IPH) in Tirana through cooperation with the IPH in Skopje, North Macedonia to train its laboratory staff in SARS-CoV-2 diagnostics, research methods and antimicrobial resistance diagnostics. Four laboratory staff of IPH were trained in the IPH in Skopje.



In Georgia, in week 3, the WHO Country Office with support of the Ministry of Health started an IPC assessment of 34 COVID-19 designated clinics. The Ministry selected 34 medical facilities for evaluation, which had more than 500 cases and high mortality rates. The evaluation of these facilities was completed in January. The process included identifying gaps and making recommendations on the ground to correct them immediately.

### In Focus

**WHO/Europe laboratory system strengthening mission to Kazakhstan**

*25 November–15 December 2021*

In Kazakhstan, from 24 November to 15 December 2021, as part of a broader laboratory mission, a laboratory assessment was conducted in several different COVID-19 and high-threat pathogen (HTP) laboratories in three regions of the country (Almaty, Nur-Sultan and Taraz). The assessment helped evaluate laboratory capacity using a pathogen-based questionnaire providing in-depth analysis of their expertise in diagnostic capabilities, quality assurance, laboratory network involvement specifically regarding HTPs as well as identifying their gaps and needs. The information collected will be the basis for the development of an action plan corresponding to the country-specific needs.

In addition to the HTP laboratory assessment, the Global Laboratory Leadership Programme (GLLP) has been ongoing in Kazakhstan since early 2020 to provide specialized training for laboratory experts in the areas of leadership and management. A total of 15 laboratory experts in the GLLP have now finalized the two areas of the competency-based learning programme. This consisted in completing over 700 hours of on-the-job assignments, including face-to-face sessions on biosafety, biosecurity and quality management systems.

## 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 Armenia, in week 49, the WHO Country Office supported and joined the Emergency Medical Teams (EMTs) working group established by the Ministry of Health to finalize the documents for registering EMTs for global classification, and next steps as per the workplan agreed.

➔ In Albania, in week 48, the WHO Country Office conducted a National Health Care Operator (HCO) rapid training needs assessment to identify priority areas for training on contact tracing. Based on the assessment, a training programme has been developed to strengthen the knowledge of HCO staff on surveillance, disease investigation, testing and care.

➔ In Uzbekistan in weeks 48–51, the WHO Country Office continued conducting a series of IPC training sessions for health-care providers and managers in every region of the country. A series of 3-day training sessions have been carried out, which began in epi week 36.

➔ In Georgia, in week 48, the WHO Country Office trained 700 ambulance doctors (in Kakheti, Shida Kartli and Kvemo Kartli, Imereti, Adjara and Tbilisi) to further avoid excess hospitalization of mild and moderate COVID-19 cases.

➔ In Serbia in week 51, the WHO Country Office supported the Institute of Public Health in the southwestern region in maintaining adequate contact tracing by deploying additional staff to support the process.



### In Focus

Intercountry National Mentors' Workshop supporting the development of standard operating procedures for COVID-19

20–21 December 2021

National mentors have been an asset within the country and have helped to increase country laboratory capacity. During the pandemic, WHO/Europe continued to scale up the in-country programmes. As a result, many countries were able to rely on their national laboratory experts to implement quality management systems in COVID-19 laboratories. Within the programme, annual mentor meetings were organized to help the pool of experts exchange their experiences and knowledge.

To further this process, a workshop was organized in Istanbul, Turkey from 20 to 21 December 2021 to elaborate and establish a handbook on standard operating procedures (SOPs) for COVID-19 laboratories. The workshop brought together 28 laboratory experts from Kyrgyzstan, Tajikistan, Uzbekistan, Kazakhstan and Ukraine as well as from the WHO/Europe Regional Office and World Health Emergencies (WHE) Programme Balkans Hub. These experts supported the development of an essential set of SOPs on the pre-analytical, analytical and post-analytical phases of the laboratory process, quality management and biosafety. The handbook will compile the SOPs from these five areas and will serve as a template for SARS-CoV-2 diagnostics for Russian-speaking countries in the Region.







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### In Focus

**“Data for action”: WHO/Europe pilots enhanced Emergency Response Information Management System (ERIMS) with Azerbaijan**

*27 November–5 December 2021*

The continuous availability of comprehensive and standardized emergency information allows for better response monitoring and knowledge management at the national level, in addition to increased capability to report data internationally. Using the updated Support Tool to Strengthen Health Information Systems and respective annex modules, the WHO Regional Office for Europe is developing an additional module specifically focused on ERIMS.

WHO/Europe, with the agreement of the national authorities, deployed a team of six experts to Azerbaijan to pilot the ERIMS module. ERIMS brings together key indicators related to epidemiology (cases, deaths), health system information (bed occupancy, service delivery, access to care, laboratory), and public health information (vaccination, risk communication and community engagement, public health and social measures).

The objective of the team was to test the adequacy and suitability of the checklist for the assessment of emergency response management systems. As part of the mission, the team visited various health facilities, including hospitals, polyclinics, epidemiological centres, at both the national and regional levels, the Ministry of Health and the Management Union of Medical Territorial Units (TABIB) under the State mandatory health insurance in Azerbaijan. Based on this pilot, the mission findings and recommendations will be provided on how to further strengthen the ERIMS.

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

➔ In Azerbaijan in week 52, as part of the European Union (EU)-funded Solidarity for Health Initiative and COVID-19 Vaccination Support projects, WHO Azerbaijan presented the results of the seventh wave of the COVID-19 Behavioural Insights Survey (BIS) to national health partners, international development organizations, NGOs and patient associations. The survey will help decision-makers tailor COVID-19 response strategies, identify key areas to focus on and select messages to communicate for encouraging collective behaviour change.

➔ In Albania, in week 49, the WHO Country Office worked to support the country's External Assistance Management Information System (EAMIS).



EAMIS is important for the effective management, development, financing, implementation and promotion of resource mobilization to ensure accountability and transparency. The WHO Country Office also designated focal points to further support the Ministry of Finances and Economy (MoFE) and the government.

➔ In Uzbekistan, in December 2021, a series of public dialogues titled “COVID-19 Vaccination: Myth vs Reality” took place across the 12 regions of the country. In addition to the public-level dialogues, multimedia materials have been produced, including 50 000 leaflets and 27 000 posters with facts about vaccines and vaccination.

➔ The WHO Health Emergencies Balkans Hub conducted its third Annual Review Meeting in Sarajevo, Bosnia and Herzegovina on 16–17 December 2021. The aim was to share and discuss key achievements, challenges and lessons learned in the past two years and the operational plan for 2022.



## Leaving no one behind:

**WHO continues to work with national authorities to tailor their responses specifically to high-risk groups and vulnerable populations.**

➔ In Greece, in weeks 1–3 of 2022, the WHO Country Office supported a Ministry of Health working group to coordinate a strategy for vaccination of refugees and migrants, together with partners.

➔ In the Republic of Moldova, in week 48, a workshop was conducted on IPC and emergency preparedness and response in long-term care facilities (LTCFs) with 27 managers of LTCFs.

### International Migrants Day – 18 December 2021

Refugees and migrants contribute in countless ways to their host and home communities. This is particularly visible in the COVID-19 response, with many migrants working on the frontlines. At the same time, the COVID-19 pandemic has hit many refugees and migrants harder than the rest of the population.

On the occasion of International Migrants Day 2021, WHO/Europe highlighted that all efforts to provide universal health coverage need to include refugees and migrants, regardless of their status. Access to health must be safeguarded as a fundamental human right for everyone, including refugees and migrants. For this reason, WHO/Europe is inviting health ministers from the WHO European Region as well as the African and Eastern Mediterranean regions to a high-level summit in March 2022 to find a common way forward and mobilize political commitment on the health of refugees and migrants.



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### In Focus

Donation of bicycles and helmets to community health workers from vulnerable communities

*18 January 2022*

On 18 January, 135 bikes and helmets arrived in Gorj County in Romania to professionals providing health services and care to vulnerable communities. Overall, more than 1800 bicycles and helmets have reached community health-care and health medics from vulnerable communities, a donation from the WHO Country Office in Romania.

“Community medical nurses and health mediators are the first chain of the community's connection to the health, administrative, social or education system. They are people of the field, who are in constant contact with the community they are part of and work in,” said Andreea Popescu, national officer of the WHO Office in Romania.

Mirela Cidoiu, a health mediator for over seven years, said that the bike will help her to reach places faster when called. Together with community health-care colleagues, she monitors community health, prioritizing the most vulnerable groups, providing home health-care services as well as administrative support, enabling access to vulnerable people in health, education and social protection services.

This donation was completed with the support of the WHO Regional Office for Europe, the Ministry of Health and the County Public Health Directorate and funded through the German COVID-19 grant. The donation has to continue investments in professionals who provide essential health services in the community and work on the front lines against COVID-19. Read more [here](#).



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# Accelerating equitable access to vaccines:



WHE Balkan Hub Coordinator handing over vaccination cold chain equipment to the State Secretary in the Ministry of Health of the Republic of Serbia

## In Focus

Vaccination cold chain equipment provided to Serbia

28 December 2021

On 28 December, WHO handed over 46 specialized refrigerators for storing vaccines to the Ministry of Health of the Republic of Serbia. The refrigerators include real-time monitoring and temperature recording. Built-in electronic modules will allow data sharing with the monitoring centre, supporting national efforts to renew the cold chain infrastructure to maintain the established vaccination process in Serbia. Equipment will be used for the distribution and storage of vaccines for not only COVID-19 vaccines but also for routine immunization.

This significant donation will be used by the National Institute for Public Health, National Vaccination Centre “Torlak”, and all vaccination storage points in the country. The total value of the donated cold chain equipment is more than US\$ 278 000.

This donation is part of wider efforts that WHO has been providing for immunization. Since November 2021, WHO has donated various information technology (IT) equipment, including 55 laptops, 55 printers and a server that will be used as an electronic platform for registration and monitoring of the COVID-19 vaccination process, and establishing the electronic vaccination register for the regular immunization programme in Serbia. Laptops and printers were distributed to institutes of public health and primary health-care centres at the vaccination points.

Since the beginning of the COVID-19 pandemic, WHO has supported national health authorities in Serbia with the provision of medical equipment, laboratory consumables and personal protective equipment (PPE) valued at over US\$ 4.7 million.

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

In Azerbaijan, in week 50, the WHO Country Office supported capacity-building activities in the framework of the EU-funded COVID-19 vaccination support project. In total, 1845 health-care workers (HCWs) participated in COVID-19 vaccine courses, of which 1174 were vaccinators. A national group of trainers plans to train HCWs throughout the country on COVID-19 vaccines.

Overall, over 2500 doctors and nurses are expected to be trained and acquire information regarding the safety and effectiveness of vaccines. The goal is to increase the demand for vaccination by improving the knowledge of the HCWs, who are one of the most trusted sources of information in the country.

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

To demonstrate the importance of vaccines in the fight against COVID-19, a technical mission was organized in Armenia from 7 to 21 December 2021 in collaboration with the Armenian Ministry of Health to provide timely evidence about the impact of COVID-19 vaccination activities.



Working closely with the National Center for Disease Control (NCDC) and the National Digital Health System (ArMed), medical record data on COVID-19 health outcomes were compared with patients' vaccination status to estimate the reduced risk of infection, severe disease and death among individuals, and other key health measurements such as duration of protection.

# Further developing the COVID-19 knowledge base:

New evidence compiled by WHO and the World Bank shows that the COVID-19 pandemic is likely to halt two decades of global progress towards universal health coverage. The organizations also reveal that even before the pandemic, more than half a billion people were pushed or further pushed into extreme poverty because of the need to pay for health services out of their own pockets. The pandemic is expected to make the situation worse. The findings are contained in two complementary reports launched on Universal Health Coverage Day 2021. They highlight the devastating impact of the COVID-19 pandemic on people’s ability to obtain health care and pay for it.

The first publication, “[Tracking universal health coverage: 2021 global monitoring report](#)”, monitors trends in the coverage of essential health services and financial hardship, while “[Global monitoring report on financial protection in health 2021](#)” looks at financial protection before and during COVID-19.

While service coverage has improved in the past 20 years, the proportion of people facing financial hardship due to out-of-pocket health spending has increased. With rising poverty and shrinking incomes resulting from the current global economic recession and health systems struggling to provide continuity of health services, the COVID-19 pandemic is likely to halt the progress made towards universal health coverage, particularly among disadvantaged populations.



## New WHO technical guidance published in December 2021–January 2022

### Enhancing response to Omicron SARS-CoV-2 variant

A [technical brief](#) was developed to further support Member States in understanding and responding to the new Omicron VOC. The overall threat posed by Omicron largely depends on four key questions: (i) how transmissible the variant is; (ii) how well vaccines and prior infection protect against infection, transmission, clinical disease and death; (iii) how virulent the variant is compared to other variants; and (iv) how populations understand these dynamics, perceive risk and follow control measures, including public health and social measures (PHSM).

Based on the currently available evidence, the overall risk related to Omicron remains very high. Omicron has a significant growth advantage over Delta, leading to rapid spread in the community with higher incidence rates than previously seen in this pandemic.

### Guidance for the European Region

[Update: Methods for the detection and characterization of SARS-CoV-2 variants](#)

Published January 2022

[Schooling in the time of COVID-19 – resource pack](#)

Published December 2021

### Global guidance

[WHO recommendations on mask use by health workers, in light of the Omicron variant of concern: WHO interim guidelines](#)

Published 22 December 2021

[COVID-19 infection prevention and control living guideline: mask use in community settings](#)

Published 22 December 2021

[Updated: End-to-end integration of SARS-CoV-2 and influenza sentinel surveillance](#)

Published 31 January 2022