

COVID-19: WHO European Region Operational Update

Epi Weeks 9–13 (1–31 March 2021)

Current global situation:

As of 31 March, over 128 million confirmed cases and 2.7 million deaths due to COVID-19 have been reported to WHO. Globally, new cases rose each week throughout March, with just over 3.8 million new cases reported in week 12. In recent weeks, most WHO regions have been seeing an upward trajectory in new COVID-19 cases and deaths, except in the African Region. The European Region and the Region of the Americas continue to account for approximately 80% of all new and cumulative cases and deaths.

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

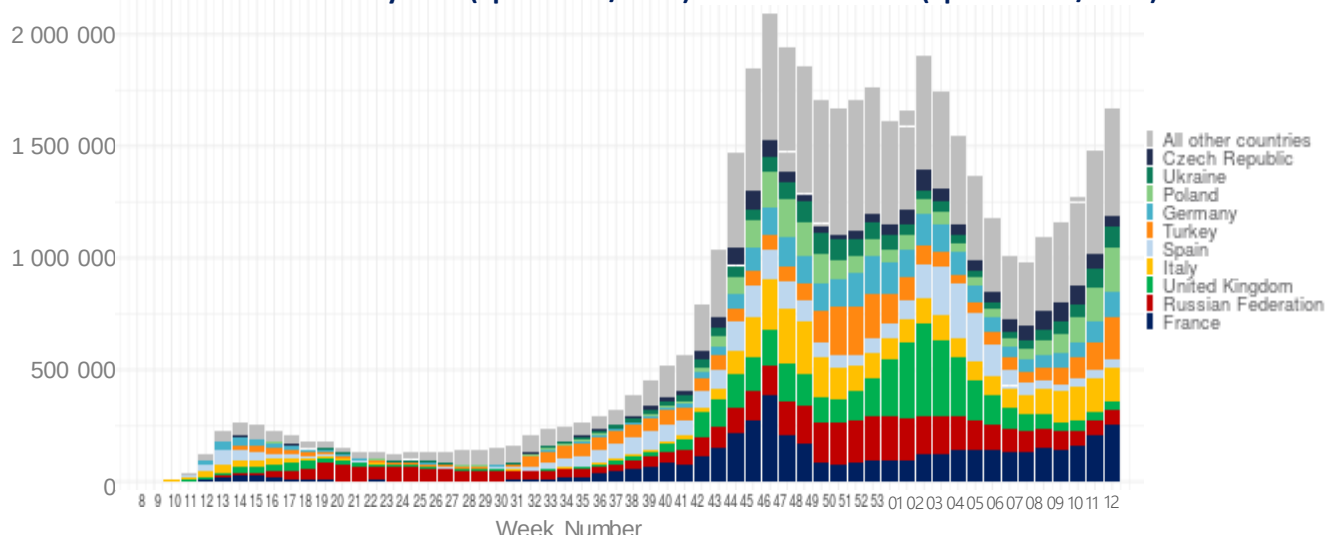
Current situation in the Region:

As of 31 March, close to 45 million cases of COVID-19 and 960 000 deaths have been reported across Europe. New cases in the Region have increased over the past five weeks and the resurgence has moved eastwards from western Europe to other parts of the Region, including several countries in Central Asia.

With transmission increasing in most European countries, new cases have increased in all age groups, except among those 80 years and older, among whom a continued decline in cases has been noted since the beginning of 2021 (week 2). The oldest age groups have also accounted for a decreasing proportion of the total number of COVID-19 deaths reported in Europe since week 5/2021, possibly reflecting an early impact of vaccination efforts, preventing disease and deaths in some of the most at-risk groups. However, deaths due to COVID-19 have increased consecutively in the last three weeks of the month, with just under 24 000 new deaths reported in week 12 – a 7% increase compared to the previous week.

Variants of concern (VOCs) continue to be reported in Europe, with VOC B.1.1.7 becoming the predominant circulating variant in the European Region and reported now across 50 of the countries and territories in the Region.

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 28 March 2021 (epi week 12/2021)



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

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

WHO routinely assesses if variants of SARS-CoV-2 result in any changes relevant to public health impact. As of March 2021, all three SARS-CoV-2 VOCs have been reported and are circulating in Europe.

SARS-CoV-2 VOC 202012/01 (B.1.1.7 lineage)

- detected in 50 European countries and territories;
- increased secondary attack rate (36–75%);
- possible increased risk of hospitalization, severity and mortality.

SARS-CoV-2 VOC 501Y.V2 (B.1.351 lineage)

- detected in 33 European countries and territories;
- 1.5 times more transmissible;
- possible increased risk of in-hospital mortality by 20%;
- decreased neutralization capacity, suggesting potential increased risk of reinfection.

SARS-CoV-2 VOC P.1 (B.1.1.28.1 lineage)

- detected in 19 European countries and territories and mostly detected in travellers;
- increased transmission;
- decreased neutralization capacity, reported reinfection.

Further information can be found [here](#).

In Focus

Training on conducting assays for single nucleotide polymorphisms (SNPs) to detect SARS-CoV-2 variants of concern

22 February–18 March 2021

WHO is supporting laboratories to conduct whole genome sequencing of SARS-CoV-2 samples and transfer more accessible technologies to rapidly identify the circulation of VOCs. SNP assays allow the detection of single nucleotide changes within the SARS-CoV-2 genome, such as the N501Y mutation, present in all three circulating VOCs, making it a reliable indicator for their detection. This method is quick and can be performed on samples that have tested positive for SARS-CoV-2 using polymerase chain reaction (PCR).

The Regional Office is supporting countries to increase the detection capacity for VOCs by providing training on performing SNP assays for the detection of VOCs, programming of real-time PCR instruments and helping with the interpretation of results in Bosnia and Herzegovina, Republic of Moldova, Kyrgyzstan and Ukraine. Further training is planned to support countries in detecting and containing the spread of VOCs.

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 196 missions and deployments to 23 countries and territories in the Region

 **163**

In-country technical support missions

16

Rapid support teams


3

Virtual country missions


4

Intra-action review mission


33 

Operational partner deployments

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



603 640

Laboratory tests (PCR)



409 000

Antigen rapid diagnostic tests (RDTs)



870 488

Laboratory supplies

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



819 Ventilators



4 647 Oxygen concentrators



612 540 Goggles



1 891 800 Face shields



2 891 800 Gowns



6 363 450 Respirators



16 729 600 Gloves



66 399 200

Masks

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

In Focus

COVID-19 Operational Support and Logistics Mission to the western Balkans

15–23 March 2021

Between 15 and 23 March 2021, health emergency logistics experts from the WHO Regional Office for Europe conducted a mission to support several countries in the western Balkans. The aim of the mission was to conduct rapid assessments in procurement, logistics, customs clearance and human resource capacities in Serbia, Montenegro and North Macedonia to identify potential capacity gaps and to develop recommendations to improve end-to-end emergency supply chain processes.

Throughout the mission, the team worked to understand importation requirements and establish a fast-track procedure to clear all humanitarian cargos.

Handover ceremony of WHO-donated supplies with Dr Jihane Tawilah, WHO Representative to North Macedonia



Target 1: 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 March 2021:



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

In week 9, the WHO Country Office in Kazakhstan provided technical support to health authorities for the development and adoption of an integrated health workforce tool for planning and projecting the involved medical workforce in the COVID-19 response.

In week 10, the WHO Country Office in Montenegro held a consultation with the Ministry of Health on expanding the working group for rehabilitation and capacity-building at the primary health care (PHC) level. The capacity-building training sessions, facilitated by WHO, took place from 22 February to 4 March.



In total, 133 PHC workers took part in the training sessions, which focused on the management of COVID-19 cases at the community level.

WHO continues to work with national authorities to strengthen COVID-19 IPC capacity and practices across the Region.

In week 11, the WHO Country Office in Georgia completed joint IPC capacity and readiness assessments with the Ministry of Health in 41 hospitals across the country. The assessment team visited a selected number of former COVID-19-designated clinics, now called "hybrid facilities".

These multi-profile hospitals also provide services to patients who will be diagnosed as COVID-19 positive while treated in the facility.



WHO donates 1000 SNP assays to the National Virology Laboratory in Uzbekistan

In Focus

WHO team of experts deploy to support laboratory system strengthening and reform in Uzbekistan

22 March–7 April 2021

Well-functioning, sustainable laboratory services are essential components of the public health response to COVID-19. At the Regional Office, [the Better Labs for Better Health initiative \(BLBH\)](#) has been working to provide sustainable improvements to the quality of all laboratories testing for health, including for SARS-CoV-2.

On 22 March, a team of experts from the Regional Office were deployed to Uzbekistan to assist in the current reform of the laboratory system. With a focus on new models of health service delivery, laboratory financing tools are being piloted in the Syr Darya region and are being further developed for Karakalpakstan. The mission team:

- supported the assessment and costing of the laboratory reform;
- provided mentoring support to identified laboratories for implementation and coaching on quality management systems (QMS) to national mentors;
- discussed the proposal for a modern centralized laboratory within a new hospital.

In addition, the WHO laboratory experts supported virology laboratories involved in SARS-CoV2 testing to improve their quality management knowledge. In week 11, a donation of 1000 SNP assays was given to the National Virology Laboratory and training was provided for the detection of existing VOCs.

Target 2: Detect, protect and treat patients with COVID-19



In Focus

Belgian and Danish emergency medical teams deploy to support patients in Slovakia

12 March–2 April 2021

In January 2021, Slovakia reported high hospitalization rates for COVID-19 patients. Following high levels of transmission, the government made a request for foreign assistance to the European Union and WHO. In response, clinicians from the WHO-classified emergency medical team (EMT) from Belgian First Aid and Support (B-FAST) and the Danish Emergency Management Agency (DEMA) deployed together to Slovakia. The missions are being facilitated by the Emergency Response Coordination Centre (ERCC) at the European Commission (EC)'s European Civil Protection and Humanitarian Aid Operations (DG ECHO) and are run in close coordination with WHO. The team, comprising 4 medical doctors, 7 nurses and a team leader, arrived in Slovakia on 12 March to help support hands-on clinical care in hospitals and intensive care units (ICUs).

On 18 March, the WHO Country Office Representative (WR) visited the University Hospital to recognize the work of the team and their collaboration with Slovak colleagues. As the situation in the hospital begins to stabilize, possible exit strategies and handover from the Belgian and Danish teams are now being prepared together with the Ministry of Health and WHO.

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

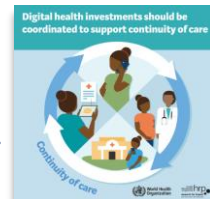
Between 3 and 5 March, experts from the WHO Country Office in Tajikistan and a laboratory expert from the Regional Office deployed to the country for 2 weeks conducted a field mission to the Sughd Region. During the mission:

- ➔ meetings were held with the Sughd Oblast Health Authority on the COVID-19 situation and service delivery;
- ➔ visits were conducted to 2 COVID-19-designated hospitals and 2 PHC facilities;
- ➔ a training session on COVID-19 electronic data management surveillance was held with designated epidemiologists;
- ➔ assessments were performed of 3 laboratories in the Oblast conducting SARS-CoV-2 testing – results were shared with the Ministry of Health and Social Protection of the Population.

In Albania, the WHO Country Office is working with national health authorities to strengthen the electronic health system for COVID-19. As part of this work:

- ➔ the laboratory information management system of the Institute of Public Health has been established, facilitating the electronic exchange of COVID-19 laboratory results between national stakeholders;
- ➔ the PHC e-referral system is being enhanced to allow for data related to rapid diagnostic tests (RDTs) and vaccination against COVID-19. In week 9, the electronic system was established in 48 rapid test centres and vaccination points.

A training of trainers (ToT) was held by WHO in Azerbaijan from 22 to 28 March, with support from the Ministry of Health of Turkey and experts from the Ege University, Faculty of Medicine. Twenty-two health-care workers refreshed their capacities in surveillance and contact tracing, IPC systems and maintaining essential health services. Field visits to health facilities in Izmir, Bornova and Konak complemented the ToT, demonstrating ways to deliver patient-centred care for COVID-19.



Target 3: 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 5 March, the WHO Country Office in Ukraine held an online workshop with 97 participants on risk assessment, including factors affecting risk characterization, risk control strategies and other topics of risk assessment.

On 12 March, experts from the WHO Regional Office for Europe and the WHO Country Office in Turkmenistan held a webinar with national stakeholders.



In addition to updates on international travel, three checklists to be used for assessments at points of entry were introduced to support health specialists in conducting future assessments.

In Georgia, experts from the WHO Country Office conducted a training session for 50 religious leaders in Batumi, Khobi and Poti on COVID-19 risks, prevention and vaccination in week 12.

WHO continues to support laboratories involved in SARS-CoV-2 testing to improve their capacity to detect VOCs.

In week 9, laboratory experts from the WHO Health Emergencies Hub Office in Kyrgyzstan conducted training on PCR testing and laboratory costing for national laboratory staff in Kyrgyzstan and Kazakhstan.

To complement this, WHO experts from the WHO Country Office in Kazakhstan conducted mentorship visits to clinical laboratories in order to further build capacities of local laboratories.



Between 15 and 25 March, two WHO laboratory experts were deployed to Bosnia and Herzegovina to conduct on-the-job training sessions on sequencing of SARs-COV-2 variants and related data analysis. Training was held with national experts from national labs in Sarajevo and Banja Luka.



COVID-19 tests delivered by WHO in Armenia

In Focus

WHO expert deploys to Armenia to support and strengthen surveillance and contact tracing for the COVID-19 response

5–31 March 2021

In early March, a WHO technical expert from the Regional Office for Europe was deployed to Armenia for a 4-week mission in order to support the national authorities in the areas of surveillance and epidemiology.

Over the course of the mission, several consultations were held with representatives from the National Center for Disease Control (NCDC), Ministry of Health and ARMED – the local e-health system provider – in order to support the investigation of suspected reinfections and the redesign of the national COVID-19 dashboard. In addition, the WHO expert supported the analysis of daily surveillance data; development of an algorithm for the selection of SARs-CoV-2 samples for sequencing and a methodology for reinfection surveillance; and reviewed the current contact-tracing strategy in place.

A post-introduction review was also performed of the use of rapid diagnostic tests (RDTs) for SARS-CoV-2 in Armenia. In week 11, the effectiveness of the use of RDTs in remote areas and for triage in hospitals was analysed using the case-based data provided to the Ministry of Health. Positive results and recommendations for improvement were then submitted to the national health authorities.

Target 4: Innovate and learn



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Dr Venko Filipce, Minister of Health of North Macedonia and Dr Jihane Tawilah, WHO Representative to North Macedonia

In Focus

Monitoring the socioeconomic impact of COVID-19: a new tool piloted in North Macedonia

22 March 2021

North Macedonia is the first country in the WHO European Region to test a tool that monitors and evaluates the socioeconomic impact of COVID-19. The tool, developed by the WHO Venice Office for Investment for Health and Development, is designed to support ministries of health across the Region in formulating post-COVID-19 recovery plans.

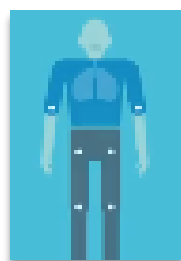
WHO is continuing to assist North Macedonia in monitoring and shaping its public health response and, in addition to the new tool, findings from the national COVID-19 Social and Economic Impact and Mitigation Assessment Report were recently discussed with over 60 representatives from the government, international agencies and partners, as well as civil society. The dialogue focused primarily on the effects of the COVID-19 pandemic and measures to contain it.

According to the report, restrictive measures put in place to slow down the spread of the virus have mostly affected younger people in North Macedonia. This and other issues were raised during the cross-sectoral discussion to focus attention and underpin policy-making for inclusive and sustainable recovery from COVID-19. Building back better will require the health system to work with other sectors on critical public health interventions. Data derived from the new WHO monitoring tool will be integrated into the national recovery plan in North Macedonia, including the socioeconomic recovery framework.

WHO continues to employ innovative methods to ensure continuous learning and improvement in the response to COVID-19.

On 19 March, the first [joint COVID-19 weekly surveillance bulletin](#) was released by the Regional Office and the European Centre for Disease Prevention and Control. Published on a weekly basis, the bulletin brings together both surveillance and vaccination data on COVID-19 in all countries and territories from across the Region, presenting data reported by countries for the week prior. New country-centred visualizations are also available [here](#).

WHO is working to further our understanding of COVID-19 and what is described as Long COVID.



On 19 March, the WHO Regional Director for Europe convened the chief medical officers of all 53 countries in the Region to set out a regional strategy for an integrated and harmonized research agenda on Long COVID.

To further raise awareness and ensure that policy responses consider the complexity of Long COVID, the European Observatory on Health Systems and Policies in collaboration with WHO published a policy brief, [In the wake of the pandemic: preparing for Long COVID](#) in March and a [video gallery on rehabilitation self-management after COVID-19](#).

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



Dr Nazira Artykova, WHO Representative to Kyrgyzstan with Dr Hans Kluge, WHO Regional Director for Europe

In week 12, the WHO Regional Director for Europe travelled to Kyrgyzstan. Over the course of the three-day in-country visit, he met with the Minister of Health and the President of Kyrgyzstan to discuss the current COVID-19 situation and response and recovery priorities. 7

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 24 March, the WHO Country Office in North Macedonia organized a roundtable on older people and access to integrated and person-centred health care, bringing together representatives of the government, international and UN partners, professional associations, patients and civil society organizations.



Based on the findings from the recently published WHO [report](#), participants discussed opportunities for strengthening health care for older people in the country.

In Romania, the WHO Country Office developed a photo story on COVID-19 vaccination of homeless persons following an on-site mission to a social care centre in Bucharest where people were being vaccinated by a mobile vaccination team in week 11. A second field visit took place to further document community outreach for vaccination carried out by Carusel, a nongovernmental organization and close partner of the WHO Country Office in Romania.

WHO is using health in the context of the pandemic as a bridge to peace in conflict-affected areas across the Region.

In Ukraine, WHO interpeace experts launched several Joint Health and Peace Programme design workshops.



Three workshops were held on 15 and 22 March, which aimed to engage in a collective analysis of how the health-care system contributes to or is affected by mistrust and conflict between the people and health institutions and how it drives peace, trust and resilience in Ukraine.



In Focus

Handover of the RRML key to the Greek National Organization of Public Health Coordinator

26 February–1 March 2021

On 4 October 2020, the European Mobile Lab, a type II rapid response mobile lab (RRML) run by the Bernhard Nocht Institute of Tropical Medicine (BNITM) in Germany, was deployed by the Global Outbreak Alert and Response Network (GOARN) to Lesbos for an initial three-month period to support health providers at the Reception and Identification Centre (RIC) at Kara Tepe for COVID-19 PCR diagnostics and supportive analysis.

To facilitate transition, continuity and sustainability of the laboratory's services, the deployment of the laboratory was extended for two months to ensure handover of the lab to the National Organization of Public Health (EODY). During this period, the BNITM facilitated the training of lab technicians to ensure a smooth capacity transfer as part of the RRML exit strategy – jointly developed by BNITM, WHO and EODY.

From 26 to 28 February 2021, the WHO Greece Country Office's Migration and Health Officer travelled to Lesbos to officiate and oversee the handover process of the RRML. A donation of goods and consumables was also included in the transition, and goods were transported to EODY storage facilities in the RIC at Kara Tepe. On 1 March, the lab began operating under the leadership of EODY, with the trained lab technicians.

Accelerating equitable access to vaccines:



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

In **Ukraine**, from 25 February to 4 March, the WHO Country Office, in collaboration with the Ministry of Health, the Public Health Center and State Experts' Center, organized and delivered three 3-day training sessions for regional trainers on COVID-19 vaccination.



The trainers will further support regions in scaling up vaccination services, including mobile and outreach teams and fixed vaccination points.

In **Uzbekistan**, the WHO Country Office supported the Ministry of Health in conducting an orientation meeting for introduction of the COVID-19 vaccine. In week 9, an in-person ToT was conducted with 50 trainees.

Beginning on 23 March, with support of the WHO Country Office in **North Macedonia**, doctors and nurses from the University Clinical Center in Skopje and Health Institutes led face-to-face training sessions on how to administer COVID-19 vaccination for 1300 health workers in the context of the roll-out of COVID-19 vaccines.

WHO also supports the implementation of vaccine effectiveness studies among key populations across the Region.

In Georgia, vaccine effectiveness studies are to be carried out among health-care workers. To support planning and implementation of the studies, a WHO expert in epidemiology was deployed by the Regional Office for a two-week mission from 13 to 27 March.

In Focus

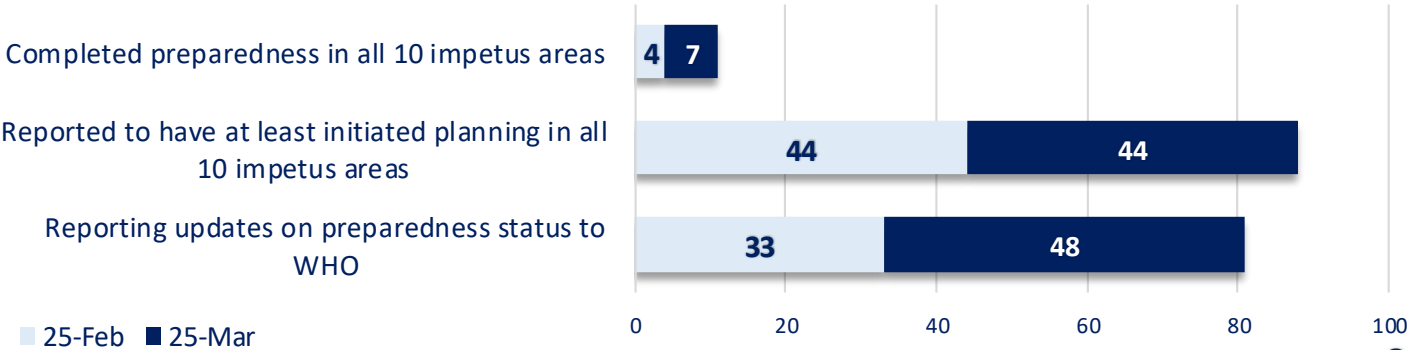
The Republic of Moldova was the first country in the Region to receive the COVID-19 vaccine through the COVAX facility

4 March 2021

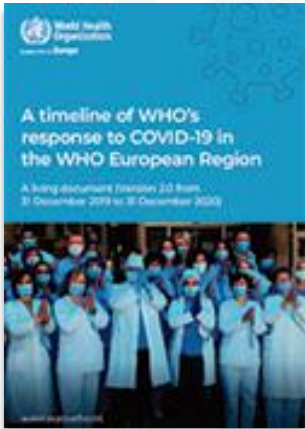
On 4 March 2021, the Republic of Moldova received a further 14 400 doses of the AstraZeneca vaccine via the COVAX facility, as part of a first wave of arrivals, which will continue in the coming weeks, aiming to vaccinate 20% of the population.

From 25 February to 5 March, and in anticipation of the arrival of the COVAX shipment, the WHO Country Office in the Republic of Moldova carried out a series of training sessions and exercises with health-care workers. The training allowed health-care workers to familiarize themselves with immunization service delivery and COVID-19 immunization specific to the AstraZeneca vaccine. In addition, training sessions for the National Agency for Public Health were conducted by the WHO Regional Office for Europe on surveillance and response to adverse events following immunization (AEFI). Please read more about the COVAX delivery in Moldova [here](#) and about the [delivery of vaccines through the COVAX Facility](#).

Monitoring preparedness for COVID-19 vaccine deployment among European countries/territories



Further developing the COVID-19 knowledge base:



24 January 2021 marked 1 year since the first cases of COVID-19 were detected in the WHO European Region. The [1-year timeline of WHO/Europe's response to COVID-19](#) highlights the key events that unfolded as the Regional Office addressed the challenges of this pandemic and ultimately saved lives. It also serves as a starting point to improve our preparedness for, and response to, emergency health events in the future, and to build back better.

This “[living timeline](#)” of WHO’s response to COVID-19 in the European Region looks back in time, providing an opportunity for analysis and identifying lessons learned to guide our work in the future.

Highlighting lessons learned throughout 2020 for future success

- **First**, the COVID-19 pandemic illustrated gaps in many countries’ preparedness and response investments. This underlines the need to rethink and plan on how to make health systems more resilient to emergencies.
- **Second**, strategic planning, based on the assessment of strengths and weaknesses and on the hazards a country is prone to, is key to an effective response, including public health emergency operations centres, command-and-control operational systems, and innovative approaches to testing, treatment, transmission control, vaccination and communication.
- **Third**, COVID-19 has clearly demonstrated that a coherent, whole-of-government and whole-of-society response is vital for effective response management. This ensures that policy-making is coordinated, consistent, inclusive and reflects the evolving needs of all population groups.

New WHO technical guidance published in March 2021

Cohort study to measure COVID-19 vaccine effectiveness among health workers in the WHO European Region

Many critical questions remain about the effectiveness of COVID-19 vaccines in real-world settings. These questions can be answered only in post-introduction vaccine effectiveness studies.

This [guidance document](#) outlines the methods of a prospective one-year cohort study of hospital-based health-care workers to evaluate the effectiveness of the COVID-19 vaccine in preventing laboratory-confirmed SARS-CoV-2 infection. Health-care workers should be enrolled ideally prior to or simultaneously with the implementation of the COVID-19 vaccination campaign, after the study protocol is approved by the local ethical review committee. All health-care workers eligible to be vaccinated with COVID-19 vaccine can be enrolled in the study, including those who intend to get vaccinated, those who don’t plan on getting vaccinated, and those who are not sure whether or not they will be vaccinated

Guidance for the European Region:

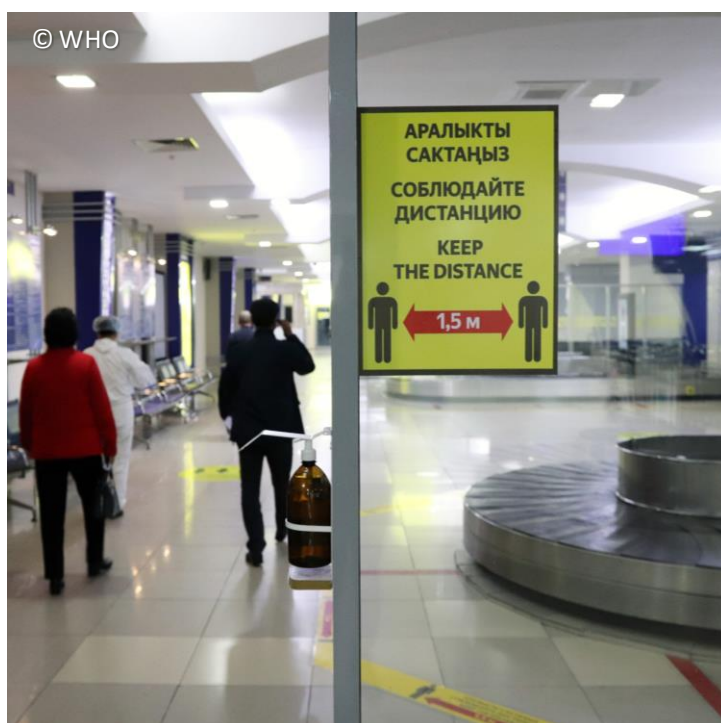
[Methods for the detection and identification of SARS-CoV-2 variants](#)
Published March 2021
[Factsheet for health workers: Moderna COVID-19 \(mRNA-1273\) vaccine](#)
Published March 2021

Global guidance:

[Health worker communication for COVID-19 vaccination flow diagram](#)
Published 1 March 2021
[Monitoring COVID-19 vaccination: considerations for the collection and use of vaccination data](#)
Published 3 March 2021

[How to monitor and report COVID-19 vaccine side-effects](#)
Published 15 March 2021

Emergency public health measures taken across the Region:



Use of signs at points of entry, Manas International Airport in Kyrgyzstan

Restrictions to international travel:

All 55 States Parties to the International Health Regulations (IHR) (2005) in the WHO European Region have implemented some type of additional health measure that significantly interferes with international traffic, as defined under Article 43 of the IHR.

Where and when travellers have been allowed entry, certain categories of travellers have increasingly been subject to entry requirements such as the necessary provision of COVID-19 test results (52 Member States) and/or quarantine at state facilities, hotels or at home (52 Member States).

Use of vaccination certificates for international travel in the context of COVID-19:

Since the beginning of the pandemic, there have been discussions on the role vaccination could play in easing public and social health measures, including international travel measures.

By 25 March 2021, as a result of the availability and use of vaccines in Member States, vaccination certificates have been introduced as an additional option to testing and/or quarantine measures in 13 Member States, while 6 Member States have indicated future use of vaccination certificates to resume international travel, in addition to other aspects of cultural life.

At the European Union (EU) level, on 17 March 2021, the EU Commission introduced a legislative framework for the implementation of a digital green certificate, which covers three different types of COVID-19 certificates – a vaccination certificate, a test certificate and a certificate of recovery. The Initiative will waive restrictions to free movement such as testing or quarantine requirements, put in place in a Member State on public health grounds.

Currently, it is [WHO's position](#) that national authorities and conveyance operators should not introduce requirements of proof of COVID-19 vaccination for international travel as a condition for departure or entry, since there are still critical **unknowns regarding the efficacy of vaccination in reducing transmission, and the concern that due to the limited availability of vaccines**, preferential vaccination of travellers could result in inadequate supplies for priority populations.

Please refer to the [WHO Regional Office for Europe's Public Health and Social Measures Dashboard](#) as well as the [COVID-19 Health Systems Response Monitor \(HSRM\)](#) for additional information.

COVID-19 heatmap of the WHO European Region:

New cases by ISO week

