

COVID-19: WHO European Region Operational Update

Epi Weeks 5–12 (1 February–27 March 2022)

Current global situation:

By the end of March, over 483 million confirmed cases and 6.1 million deaths due to COVID-19 were reported to WHO. Between the end of January and early March 2022, there was a decreasing trend in the number of new COVID-19 cases, which was followed by two weeks of an increase in cases. In the last week of March, the number of new cases declined by 14% as compared to the previous week, while the number of new weekly deaths increased by 43%. Across the six WHO regions, over 10 million new cases and over 45 000 new deaths were reported. All regions reported decreasing trends in the number of new weekly cases and four regions reported a decreasing trend in new weekly deaths. Please refer to the [WHO Weekly Epidemiological Updates](#) for further information.

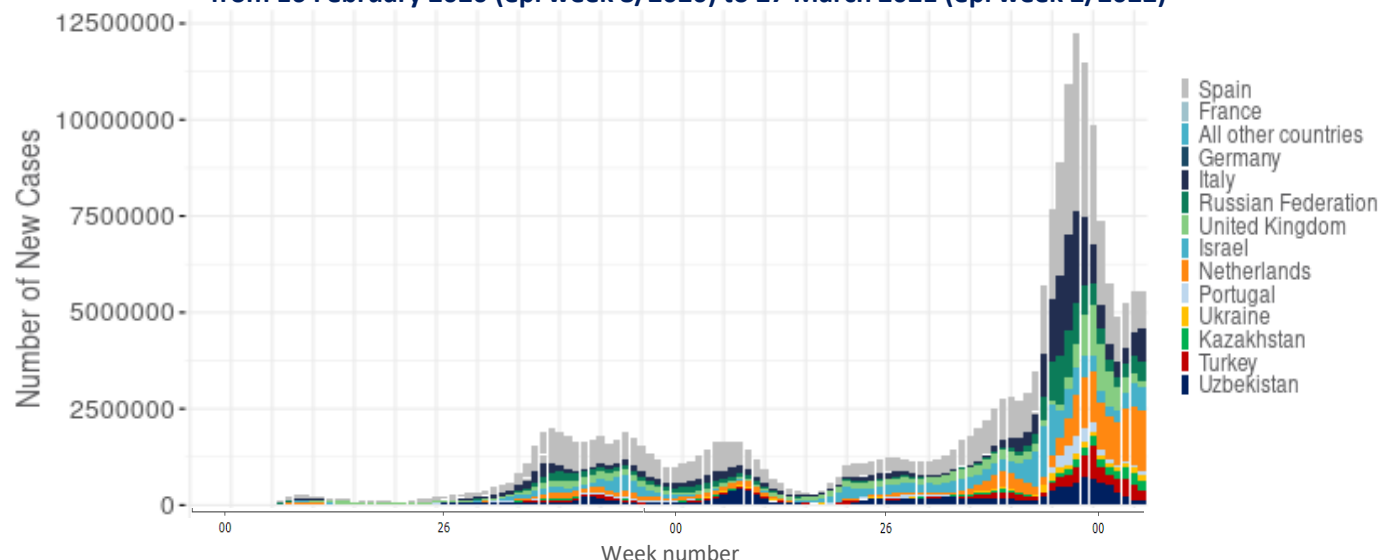
Current situation in the Region:

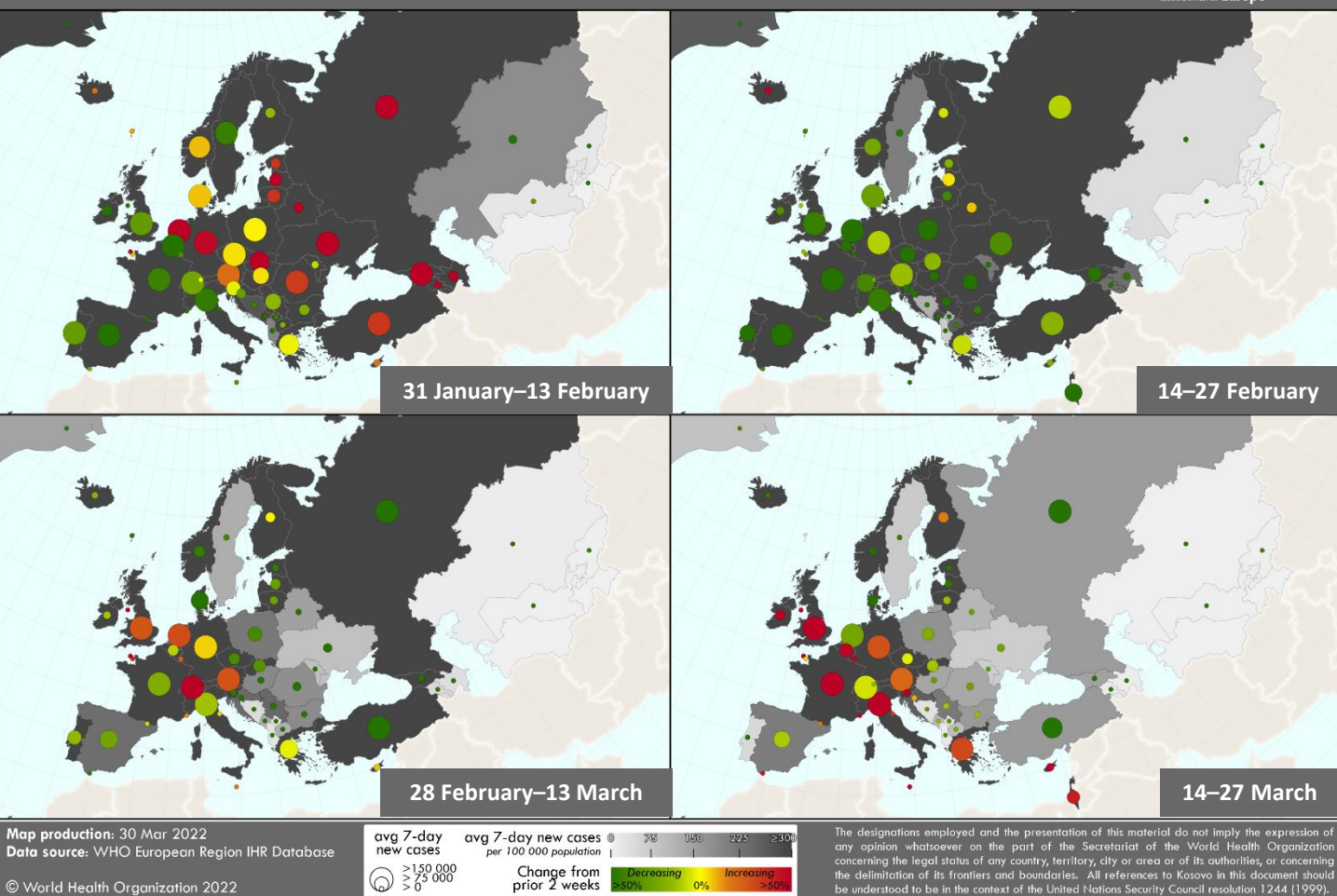
As of 31 March 2022, over 202.8 million cases of COVID-19 and 1.9 million deaths have been reported across the WHO/Europe Region. Between weeks 5 and 12, the European Region saw an average of 6.9 million new weekly cases and 20 700 weekly deaths. Between February and March, the weekly average of both deaths and cases decreased by around 38%. Regionwide COVID-19 deaths have decreased, with over 11 000 new deaths reported in the last week of March. Overall, cases have shown a decreasing trend, despite the Region reporting over 5 million new cases at the end of the reporting period. In several western European countries, increasing case incidence has been reported and can be attributed to the lifting of public health and social measures in the context of the continued spread of the SARS-CoV-2 Omicron variant of concern (VOC), including its BA.2 sublineage.

From week 5, hospitalizations in the Region have decreased significantly, stabilizing in week 12 at a hospitalization rate of about 5 per 100 000 population. During this period, intensive care unit (ICU) admissions also decreased slightly, remaining overall low with a rate of about 1 per 100 000 population in week 12.

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 27 March 2021 (epi week 2/2022)





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

Since the first reporting of the Omicron variant in November 2021, more than 2.4 million sequences have been deposited in the Global Initiative on Sharing Avian Influenza Data (GISAID). Omicron has largely replaced all other variants and now accounts for over 99.8% of submitted sequences globally. Omicron has a number of descendant lineages, including BA.1, BA.1.1, BA.2 and BA.3. During the course of March 2022, BA.2 became the predominant variant, with 251 645 sequences (85.96%) reported. During the same period, 125 485 BA.1.1 sequences (8.98%), 54 724 BA.1 sequences (4.26%) and 70 BA.3 sequences (<0.1%) have been also uploaded to GISAID.

WHO has been notified of several recombinant variants, either recombination between Delta and BA.1 variants, or BA.1 and BA.2 variants. The same monitoring and assessment process is applied to these recombinants as for any other emerging variant, after verification and exclusion of potential contamination or coinfection.

Two Delta and Omicron recombinants and one BA.1 x BA.2 recombinant have now been given Pango lineage designations XD, XE and XF. None of the preliminary available evidence indicates that these recombinant variants are associated with higher transmissibility or more severe outcomes. WHO continues to monitor recombinant variants, alongside other SARS-CoV-2 variants, and will provide updates as further evidence becomes available.

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 months of February and March saw a trend in relaxation of both domestic public health and social measures (PHSM) and international travel measures, resulting in March 2022 having the lowest PHSM severity index average at the regional level since the measures were first implemented.

As of 31 March 2022, 23 Member States have removed a majority or all of their PHSM, and four additional countries have announced plans to do the same.

After lifting measures, basic infection prevention and control (IPC) recommendations and a risk-based approach to the use of masks often remain in place.

Masks

Between 1 February and 31 March 2022, policy requirements for universal masks have decreased from 15 to two Member States (Cyprus and Turkmenistan) implementing this level of stringency, while the number of Member States recommending individuals to wear a mask with no mandatory requirement imposed has increased from four to 13. As of 31 March 2022, 16 Member States have removed mask requirements for the general population and require masks to be worn only in health and social care settings and/or on public transport.

Businesses

Between 1 February and 31 March 2022, the number of countries requiring closure of some businesses has dropped from 20 to six. Only one country (Turkmenistan) limits opening to only essential businesses. However, 42 countries still have adaptive measures or recommendations in place, such as the possibility of working from home, though business operations are approaching the pre-pandemic state.

Gatherings

Between 1 February and 31 March 2022, Member States have largely started relaxing or completely lifting measures that limit gatherings. At the beginning of February 2022, only two Member States had no gathering restrictions whereas at the end of March 2022, 18 Member States had lifted gathering restrictions. Further, capacity limits at gatherings have also been relaxed in many Member States, including gatherings of over 1000 people now taking place in 25 Member States when such gatherings were only allowed by 16 Member States on 1 February 2022. Currently, only one Member State restricts gatherings to 10 people or fewer.

International travel

Thirty-two countries have eased some international travel measures, including testing, quarantine requirements and entry bans since the beginning of February 2022. By 31 March 2022, 12 countries had removed all COVID-19-related international travel restrictions. In addition, 12 countries no longer require or accept a negative COVID-19 test either before departure, on arrival or as a follow-up test, while 20 countries no longer require quarantine on arrival for any international traveller.

WHO/Europe PHSM severity index average



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.**

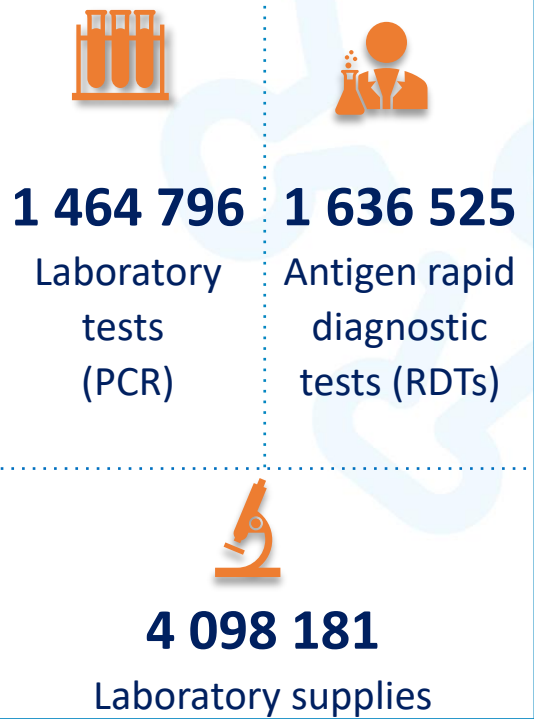
Key figures: Responding to COVID-19 in the WHO European Region

WHO has conducted 373 missions and deployments to 25 countries and territories in the Region*

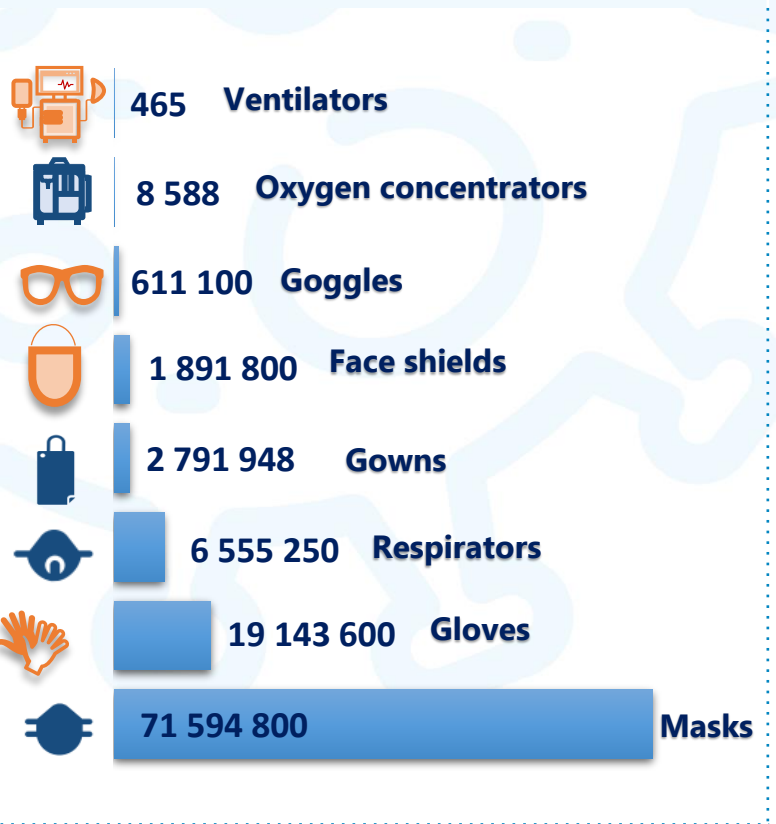


For additional information on missions and deployments, please see the WHO/Europe COVID-19 Country Support Dashboard for [Missions and Deployments](#).

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



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



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

For additional information on essential supplies delivered, please see the WHO/Europe COVID-19 Country Support Dashboard for [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 week 12 in Azerbaijan, a technical meeting was conducted with WHO experts to discuss activities on IPC in the country and align activities from different projects and funds with the country's roadmap. With the support of WHO, the Ministry of Health established a national working group on IPC and appointed a technical focal point, which is a big milestone for the country. In the upcoming months, the WHO Country Office will support the working group to develop the national IPC strategy and programme.

→ In week 10 in Turkmenistan, the WHO Country Office conducted an online workshop with the WHO/Europe Regional Office for specialists from points of entry (PoEs). The internal assessment included three designated PoEs: the international airport in Ashgabat, international seaport in Turkmenbashi and cross-boarding PoE in Farap.



→ In week 12 in Albania, the WHO Country Office performed IPC training activities such as training of IPC focal points. Electronic certificates were provided to all participants. Following the training, an action plan was developed to provide training for IPC focal points as well as other personnel.

→ As of week 10, the WHO Country Office in Kazakhstan has continued to support the implementation of an international prospective observational research study to define oxygen use modalities in patients hospitalized with COVID-19 in Karaganda city (in three hospitals), together with Karaganda Medical University. Overall, a total of 153 patients have been enrolled.



In Focus

Civil society and health authorities discuss how to promote the use of preventive measures

25 March 2022

The global COVID-19 pandemic has demonstrated that community engagement is at the core of an emergency response, fostering public acceptance and uptake of preventive measures. Communities have rallied to support vulnerable people with services and supplies, facilitate contact tracing and vaccination, and disseminate information. Community-led partnerships are key to gaining and transferring knowledge and making the most of community resources for preventing, preparing for, responding to and recovering from emergencies now and in the future.

On 25 March, WHO convened civil society organizations (CSOs) and the Ministry of Health and Social Welfare of the Republika Srpska – one of the two entities of Bosnia and Herzegovina – to set the system and skills to engage vulnerable groups on COVID-19 preventive measures and vaccination. Thirty participants, including people living with disabilities, Roma, youth, and the Red Cross Society of Bosnia and Herzegovina discussed barriers and solutions to community engagement.

During the workshop, the first of its kind in the European Region, CSO leaders were able to share insights on the barriers communities have faced during the pandemic, such as physical barriers to vaccination for rural communities and persons living with disabilities; the need for information in an understandable format; and misinformation about vaccination.

The WHO Bosnia and Herzegovina Country Office will use the conclusions of this pilot to strengthen risk communication and community engagement for future emergencies in Bosnia and Herzegovina and support sustainable structures for engagement with communities. This is part of WHO's paradigmatic shift to respond to community needs and implement a bottom-up approach to responding to an emergency. **5**

Detect, protect and treat patients with COVID-19

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In Focus

WHO increases medical oxygen generation capacity to manage COVID-19 and other health needs in northwest Syria

24 March 2022

Under the whole-of-Syria approach, WHO and its health partners provide cross-border health services to populations in northern Syria from Gaziantep, Turkey, under the framework of the United Nations Security Council Resolution 2393 and its extensions. WHO's COVID response in northwest Syria has been focused on prevention, surveillance, response and vaccination. As part of this, WHO directly supports ICUs and COVID-19 hospitals with essential medicines and supplies for delivery of quality care.

On 24 March, a high-capacity mobile oxygen generator was shipped into northern Syria to serve a network of 17 hospitals in northern and western Aleppo with a catchment population of 1.7 million. During the COVID-19 pandemic, when COVID-19 cases rose quickly or when safe oxygen supplies were temporarily disrupted in Syria, health partners have had to look for new solutions to access oxygen as one of the most critical interventions for patients with severe disease. To date, WHO and local health partners have relied on an existing fixed oxygen generator and on the provision of liquid oxygen cylinders to meet the increased demand but this has not been sufficient or sustainable. Watan, one of WHO's implementing partners in northwest Syria, will pilot the use of the mobile generator to increase both the overall medical oxygen generation capacity in northwest Syria and enhance agility of the oxygen supply system to fill acute supply gaps at different times, in different locations.

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.

- ➔ On 15 March, in Azerbaijan, an international scientific conference on modern approaches to the comprehensive diagnosis of SARS-CoV-2 was held at the Military Hospital of the Ministry of National Security of Azerbaijan. The WHO Country Office participated in the event and presented the WHO activities related to COVID-19 testing, including assessments of the laboratory network capacity, improvement of quality management systems and biosafety in Azerbaijan.
- ➔ In week 11 in Turkmenistan, the WHO Country Office provided training to 23 health-care workers on evidence-based medicine and the provision of quality medical care.
- ➔ In week 10 in Georgia, WHO continued to assist in provisioning supportive supervision at ICUs to observe current practices and provide recommendations for improvement. The plan is to assess 50 ICUs at COVID treating clinics. In parallel, the WHO Country Office completed the development of standard operating procedures for clinical management, specifically of acute respiratory distress syndrome in the context of COVID-19.
- ➔ From 28 February to 4 March, in Azerbaijan, the WHO Country Office hosted a mission on procurement and supply management of medicines. The aim was to build the capacity of national systems to respond to the increasing demand for medicines and health products and transition from donor aid. A particular focus was placed on the areas of forecasting and planning, warehousing and stock management.
- ➔ In week 8, in the Republic of Moldova, a training session was held on IPC for managers of long-term care facilities (LTCF).

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.

→ Following a WHO assessment in Azerbaijan aimed at supporting activities for the improvement of quality management systems and biosafety, WHO conducted an assessment of six laboratories involved in COVID-19 testing. In week 8, a laboratory expert visited the central and district health facilities as well as laboratories performing polymerase chain reaction (PCR) in Baku and Quba districts to strengthen laboratory capacities. The visit also helped to provide support for the detection and prevention measures for SARS-CoV-2.

→ In week 11, WHO Country Office in Serbia, with support from the World Health Emergencies Hub, conducted a two-day training on quality management systems in laboratories. In addition, WHO/Europe distributed 1400 test kits for rapid detection of the Omicron SARS CoV-2 variant to three main national laboratories.

→ In Kazakhstan, the WHO Country Office conducted a training session on waste management for 20 laboratory specialists from public health and clinical laboratories involved in COVID-19 diagnostics from 14 to 15 March. An additional training was conducted in biosafety and biosecurity from 16 to 18 March.

→ From 23 to 26 March, a biosafety and biosecurity training was held in Bukhara, Uzbekistan for national mentors across Central Asia. A total of 35 participants attended the training with national mentors from Kyrgyzstan, Tajikistan and Uzbekistan.



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In Focus

Training of national mentors and laboratory experts on verification and validation of examination procedures in Bishkek, Kyrgyzstan

14–15 February 2022

External support provided by WHO has proven useful in the implementation of a quality management system (QMS) through regular mentoring. To further support countries in developing and enhancing their existing QMS and all-hazard preparedness, WHO/Europe continues to train laboratory experts and national mentors. This helps to ensure the reliability, timeliness and clinical validity of results, and detection of newly emerged variants in the context of SARS-CoV-2.

From 14 to 15 February 2022, training was provided for national mentors on diagnostic assay validation and verification. The objective was to introduce laboratory requirements for validation and verification of examination procedures and provide expert advice in improving QMS to ensure proper diagnostic services provided by COVID-19 laboratories.

During the training, an overview of the validation and verification process was discussed and demonstrated via theoretical and practical sessions. The training was attended by a total of 60 laboratory experts and provided a 14% increase in knowledge and understanding of diagnostic assay validation and verification procedures compared to the pre-test results. WHO/Europe will continue to provide support and training to laboratory experts as part of the strategic plan in the coming months.



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In Focus

Subregional training on intra- and after-action review (IAR/AAR) for COVID-19

24–25 February 2022

The COVID-19 pandemic has demonstrated the need for documenting lessons learned from the response in order to improve ongoing responses and ultimately be better prepared for future emergencies. To strengthen preparedness and response capacities in the western Balkans, a two-day training on intra- and after-action review (IAR/AAR) management was held in Belgrade, Serbia on 24–25 February 2022.

The training aimed to introduce participants to WHO's established IAR/AAR methodology as a tool for countries to evaluate their COVID-19 response and other public health emergencies and events, as well as share lessons learned. The training also aimed to equip participants to support the planning, development and implementation of these components, and in future they will be expected to design and run IARs/AARs in their respective countries/areas.

The IAR/AAR management course was attended by representatives of the local national health authorities and emergency and preparedness experts from Albania, Bosnia and Herzegovina, Kosovo¹, Montenegro, North Macedonia and Serbia. Nearly 25 participants from key national and local institutions participated in working group discussions as well as simulation exercises. The training was also attended by Health Emergencies Technical Officers from the WHO country/field offices in the western Balkans.

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

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



In week 9 in Georgia, an assessment was conducted to strengthen the electronic immunization registry for routine immunization, under the supervision and guidance of the WHO Country Office for Georgia, and the Vaccine Preventable Diseases unit in the WHO Regional Office for Europe.



From 9 to 11 March, a 3-day workshop was conducted in Azerbaijan on data analysis and information management for emergency response under the Emergency Response Information Management System (ERIMS) initiative. There were 23 participants from the Ministry of Health and State Agency for Compulsory Health Insurance. All those who completed training received certificates. The workshop aimed to refresh and enhance existing knowledge in ERIMS for the attendees; and contribute to strengthening/enhancing the existing information management system for emergency monitoring and reporting.



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On 28 March 2022, the WHO Regional Director for Europe travelled to Kazakhstan and met with the Minister of Health and visited a polyclinic in Issyk in the Almaty Region. During the visit, the first ever primary health care platform was demonstrated. This platform offers experts, managers and decision-makers from other countries the opportunity to experience effective primary health care first-hand, meet the health professionals delivering the care, and local decision-makers who made it happen.

Leaving no one behind:

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

→ In week 8, the WHO Country Office in Serbia, in cooperation with leading mental health clinics, supported and promoted online and phone services for mental health and COVID-19, targeting different population groups.

→ In week 11 in Armenia, the WHO Country Office conducted a “Rehabilitation after COVID-19” webinar. The target audience included those from the primary health care sphere, family doctors, rehabilitation staff, nurses and others, with approximately 200 participants overall. The aim was to improve rehabilitation of COVID-19 patients through capacity-building on and awareness-raising of rehabilitation for health-care professionals.



Gathering in February 2022, for its eighth meeting, the Technical Advisory Group (TAG) on schooling during COVID-19 made eight [new recommendations](#) for countries to ensure safe schooling during times when COVID-19 community transmission is high. Schools should adopt evidence-based public health measures; promote the participation of all children, including those from vulnerable groups; and adopt a “health-promoting school” concept, meaning that schools should constantly strengthen their capacity to provide healthy settings for living, learning and working. These recommendations replace and update the previous ones issued in June 2021.



In Focus

WHO/Europe rapidly escalates support to address urgent health needs of populations affected by the conflict in Ukraine and in surrounding countries

2 March 2021

Eight years of protracted conflict in eastern Ukraine escalated when the Russian Federation recognized the two nongovernment-controlled areas (NGCAs) in Luhansk and Donetsk, followed by a significant armed offensive mounted across the rest of Ukraine.

An estimated 12 million people are in need of humanitarian assistance, of which 6 million are targeted for health assistance. Ukrainian authorities have reported over 2000 civilian deaths associated with the conflict since the escalation.

This large armed conflict and refugee crisis is occurring at an unprecedented time, during the COVID-19 pandemic, which had already intensified needs and highlighted health system deficits. During late February, Ukraine was seeing a decline in COVID-19 incidence rates while hospitalization rates remained high. As of 20 February 2022, Ukraine has the sixth lowest rate of vaccine uptake in the WHO European Region, with 34% uptake of a complete vaccine series. As refugees from Ukraine arrive in neighbouring countries and are received in centres along the border, the risk of spread of COVID-19 and other disease outbreaks is of concern due to their susceptibility to disease and the overcrowded conditions people on the move may face.

In response, WHO has rapidly adapted and increased planned support to Ukraine, including through the shipment of oxygen, trauma and COVID-19 supplies. WHO has also deployed three advance teams to assess immediate needs and scale up WHO's response in Poland, the Republic of Moldova and Romania.

Accelerating equitable access to vaccines:



In Focus

WHO supports the acceleration of COVID-19 vaccination roll-out in Georgia

5–12 February 2022

Among Member States of the WHO European Region, Georgia is one of the countries with low COVID-19 vaccination coverage; only 28% of its population has completed their vaccine dose series. WHO/Europe has provided substantive technical support to COVID-19 vaccine roll-out, which includes the development of the national deployment and vaccination plan, support with required cold-chain equipment, supporting information and risk communication work based on the behavioural insight surveys conducted, and mass vaccination-associated waste management.

From 5 to 12 February 2022, a country mission was undertaken by the WHO Regional Office for Europe in close cooperation with the WHO Country Office in Georgia and Health Emergencies Programme South Caucasus Hub. The main objective of the mission was to identify specific areas of support in Georgia to help the country progress towards the global vaccination target of 70% by mid-2022.

The mission looked at best practices in and achievements of the country to date and identified the challenges impeding vaccination progress. Targeted recommendations were made ranging from improvements to the overall COVID-19 vaccination governance structure and enabling efficient coordination and collaboration among stakeholders, to intensifying effective communication with an emphasis on high-risk population groups and remote areas. In addition, suggestions focused on vaccinating or providing a booster dose to older adults as well as addressing vaccine-related concerns of health-care workers and those involved in the delivery of vaccines through primary health care structures in the country.

WHO continues to work to accelerate vaccine deployment by providing supplies and streamlining the COVID-19 vaccination process.



In week 10 in Serbia, the WHO Country Office provided technical assistance and coordination on reporting in the joint WHO–European Centre for Disease Control and Prevention platform (TESSy) on vaccination process and progress. The authorities have taken the first steps to start regularly reporting to the TESSy platform.



In week 10 in Georgia, as part of a cold chain assessment, 255 refrigerators were checked at 120 vaccination points for the quality of installation of equipment. The WHO Country Office in Georgia is supporting the National Center for Disease Control in the introduction of COVID-19 pandemic vaccines and has procured 300 refrigerators and thermometers for the cold chain system.

The WHO Regional Office for Europe continues to support Member States in integrating COVID-19 as part of their routine immunization programmes.

- From 26 to 27 March, vaccine experts deployed to Serbia to attend a national meeting on the COVID-19 pandemic and the overall vaccination response within the country.
- From 28 March to 1 April, vaccine experts deployed to Georgia to perform an assessment of the national electronic immunization registry for routine immunization and COVID-19 vaccination.

On 14 March 2022, the European Technical Advisory Group of Experts on Immunization (ETAGE) met to update its [recommendations for Member States](#) of the WHO European Region on prioritization and use of COVID-19 vaccines.



Recommendations are based on a review of the available evidence on vaccine effectiveness, the status of COVID-19 vaccination in the Region, and global guidance from the Strategic Advisory Group of Experts on Immunization (SAGE).

Further developing the COVID-19 knowledge base:

The new WHO/Europe report titled “[One hundred weeks of emergency response, one hundred million COVID-19 cases: working towards better COVID-19 outcomes in the WHO European Region](#)” showcases the achievements of WHO/Europe’s COVID-19 Incident Management Support Team (IMST) – the mechanism activated to deal with emergency situations – from its establishment in early 2020, as the first cases of COVID-19 were being detected in the European Region, to 2022. It also includes insights into the work of the operational teams during this time as they supported some of the Region’s Member States in dealing with the challenges of a global pandemic.

The report details the IMST’s work and the impact of its COVID-19 responses across various functions, including surveillance, PHSM, risk communication and community engagement (RCCE), clinical and health interventions, essential health services, vaccines and operations, showing how each of these pillars contributed to meeting the needs of countries in three key areas:

- strategic, by providing continuously updated guidelines and technical recommendations, combined with capacity-building activities such as webinars and training sessions;
- technical, by providing global and regional expertise, channelling financial resources and delivering essential supplies where they are most needed; and
- operational, by providing continuous country-specific support through on-the-ground deployments and missions staffed by technical experts, and through technical assistance delivered remotely.



New WHO technical guidance published in February–March 2022

Risk communication and community engagement for COVID-19 vaccination: implementation tool

A new [Risk Communication and Community engagement implementation tool for COVID-19 vaccination](#) was recently published. The introduction of COVID-19 vaccines happens in the context of the overall pandemic response, often including staff that has not worked in immunization before. This implementation tool serves as a bridge between (RCCE) principles and evidence-based vaccine acceptance and uptake initiatives.

Clear understanding of RCCE approaches can foster coordination and collaboration between experts in RCCE, external relations and vaccine science at every level of the response, including in preparing for adverse events following immunization (AEFI).

Guidance for the European Region:

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

Published January 2022

Global guidance:

[Use of SARS-CoV-2 antigen-detection rapid diagnostic tests for COVID-19 self-testing](#)

Published 9 March 2022

[Infection prevention and control in the context of coronavirus disease \(COVID-19\)](#)

Published 7 March 2022

[Contact tracing and quarantine in the context of the Omicron SARS-CoV-2 variant](#)

Published 17 February 2022

[Public health surveillance for COVID-19](#)

Published 14 February 2022