
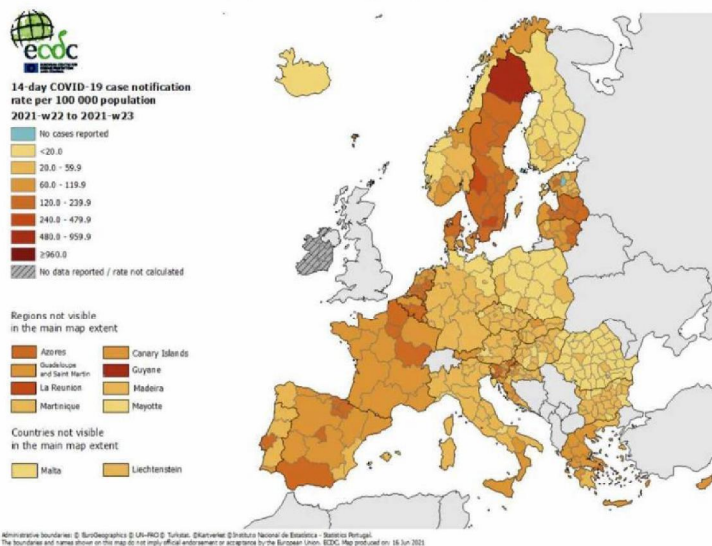
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COVID-19 Crisis¹



The **ISAA report** is produced by the **European Commission services** and the **European External Action Service**, based on available information and inputs from EU agencies (**European Centre for Disease Prevention and Control, European Medicine Agency**) and 27 countries² (**Belgium, Bulgaria, Czechia, Denmark, Germany, Estonia, Ireland, Spain, France, Croatia, Cyprus, Latvia, Lithuania, Luxembourg, Hungary, Malta, the Netherlands, Austria, Poland, Portugal, Romania, Slovenia, Slovakia, Finland, Sweden, Norway and Switzerland**).

ISAA lead: European Commission, Directorate-General for Health and Food Safety

¹ Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, EU/EEA, weeks 22-23 (2021) (Source: ECDC weekly surveillance reports). *Subnational data for Ireland is not available since week 2021-19 due to a disruption to HSE Ireland's IT system. Therefore, this data is not included in this week's dataset or represented in the maps.

² Member States contributions include inputs sent until the set deadline of Monday 21 June morning.





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KEY FIGURES AND FACTS [ECDC]

298 million doses of the COVID-19 vaccine have been administered in the EU/EEA.

The cumulative uptake of at least one dose among adults (18+) in the EU/EEA is 52.4%.

32 942 528 cases and 733 806 deaths have been reported in the EU/EEA in total.

The 14-day case notification rate for EU/EEA has been decreasing for 10 weeks.

Among the 15 countries with high case notification rates (at least 60 per 100 000 population), increases were observed in one country (Portugal).

Hospital and/or ICU occupancy and/or new admissions due to COVID-19 was high in six countries, but decreasing in most countries.

The 14-day COVID-19 death rate for the EU/EEA has been decreasing for seven weeks.

SARS-CoV-2 variant B.1.1.7 (Alpha) is the dominant variant in EU/EEA countries but variant B.1.617.2 (Delta) is rapidly increasing.

1. HIGHLIGHTS

Latest figures and trends for the EU/EEA [ECDC]

The 14-day case notification rate for the EU/ EEA has been decreasing for ten weeks, whilst the 14-day COVID-19 death rate has been decreasing for seven weeks. The Alpha variant continues to be the dominant strain, however the prevalence of the Delta (B.1.617.2) variant has increased rapidly in several EU and EEA countries. The Delta variant is more transmissible than the Alfa variant and preliminary data suggest reduced vaccine effectiveness in individuals having received only one vaccine dose. Therefore, the current epidemiological situation suggests that **maintaining public health and physical distancing measures**, as well as rapidly increasing full **vaccination uptake**, are essential to mitigate and delay the impact of the Delta variant. As of 16 June, 347 million vaccine doses have been distributed and 298 million doses have been administered in EU/EEA countries. This represents a cumulative uptake among adults (18+) in EU/EEA of at least one dose and full vaccination of 52.4% and of 29.6% respectively.

Main EU actions / initiatives and developments

Public Health [DG SANTE]

On 16 June, the **Health Security Committee** discussed the new European Centre for Disease Prevention and Control's (ECDC) Rapid Risk Assessment, the relaxation of non-pharmaceutical interventions (NPIs), heterologous vaccination and an update on the common list of rapid antigen tests (RATs).

On 18 June, the Court of First Instance of Brussels decided to grant interim measures in the case brought against AstraZeneca by the European Commission and the 27 EU Member States, on the grounds that AstraZeneca had committed serious misconduct ("faute lourde") and had deliberately breached its contract. A further hearing will take place in September.

Union Civil Protection Mechanism (UCPM) and rescEU [DG ECHO]

On 19 June, Austria's offer of 250,000 non-sterile medical face masks and 250 blankets were delivered to Fiji. On 19 June, Romania delivered 50 400 vaccine doses to Serbia. On 19 June, Namibia requested COVID-19 vaccines, PPE, rapid diagnostic tests, ventilators, medical oxygen, ventilators and medical staff.

Cyber-attacks [DG CNECT]

The minister in charge of the national vaccination programme in Poland, Michal Dworczyk, was the victim of a cyber-attack after his private email address was hacked. Some of his messages, including those about the introduction of COVID-19 restrictions in Poland, were later posted online, however their authenticity is not yet confirmed. Data breaches and ransomware still haunt hospitals and healthcare entities.





2. COVID-19 SITUATION UPDATE AND ANALYSIS [ECDC]

Since 31 December 2019 and as of week 2021-23, 176 702 468 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported worldwide, including 3 813 133 deaths. Updates and country-specific data can be found [here](#).

COVID-19 situation update

- **EU/EEA:** As of week 2021-23, **32 942 528 cases** and **733 806 deaths** have been reported in the EU/EEA. Country-specific data can be found [here](#).
- **Worldwide:** Distribution of COVID-19 deaths and cases by continent (in accordance with the applied case definitions in the affected countries) as of week 2021-23 can be found [here](#).

Surveillance of COVID-19 in EU/EEA, as of 17 June

Detailed epidemiological information on the EU/EEA laboratory-confirmed cases reported to The European Surveillance System (TESSy) is published in ECDC's weekly COVID-19 surveillance [report](#) and ECDC's weekly COVID-19 country [overviews](#).

Summary of the epidemiological situation in the EU/EEA as of week 2021-23, including variants of concern

- By the end of week 23, the 14-day case notification rate for the EU/EEA, based on data collected by ECDC from official national sources in 29 countries, was 72 (country range: 9–154) per 100 000 population. The rate has been decreasing for 10 weeks.
- Among the 15 countries with high case notification rates (at least 60 per 100 000 population), an increase was observed in one country (Portugal). Stable or decreasing trends in case rates of 1–12 weeks' duration were observed in 14 countries (Belgium, Cyprus, Denmark, Estonia, France, Greece, Ireland, Latvia, Lithuania, Luxembourg, the Netherlands, Norway, Slovenia and Spain).
- Hospital and/or ICU occupancy and/or new admissions due to COVID-19 were high (at least 25% of the peak level during the pandemic) or had increased compared with the previous week in six countries (Bulgaria, Cyprus, France, Germany, Latvia and Slovenia). However, in 20 countries, there were decreases in these indicators compared with the previous week.
- The 14-day COVID-19 death rate for the EU/EEA, based on data collected by ECDC from official national sources for 29 countries, was 18 (country range: 0.0–80.1) per million population. The rate has been decreasing for seven weeks.
- Based on data reported to The European Surveillance System (TESSy) from 29 countries for people over 65 years old, high levels (at least 60 per 100 000 population) or increases in the 14-day COVID-19 case notification rates compared with last week were observed in five countries (Latvia, Lithuania, Poland, Portugal and Slovenia).
- The Alpha variant (B.1.1.7) continues to be the dominant, accounting for 81.6% of all sequenced samples. However this figure has been falling in the past weeks. Other variants accounted for 2.4% (Delta/B.1.617.2), 0.7% (Gamma/P.1) and 0.4% (Beta/B.1.351).
- The proportion of variant Delta (B.1.617.2) has been increasing in several EU and EEA countries, reaching levels as high as 18.5% in Luxembourg, 12.2% in Spain and 6.1% in Belgium.
- The complete weekly surveillance report is available [here](#). Chapter 4 covers the variants of concern dashboard.





Trends in testing

- In reporting week 23 (7 June-13 June), the weekly testing rates (for 28 countries), varied from 761 to 63 471 tests per 100 000 population. Austria had the highest testing rate for the reporting period, followed by Denmark, Greece and Cyprus.
- Among 2 countries in which weekly test positivity was high (at least 3%), one country (Spain) had observed an increase in test positivity compared with the previous week. Test positivity remained stable, or had decreased, in one country (the Netherlands).

Vaccine deployment assessed through the Vaccine Tracker

- On 16 June, the latest [weekly report](#) on vaccine rollout in EU/EEA countries was published on the ECDC website, including data as of 13 June from 30 EU/EEA countries. Further information is available in the COVID-19 [vaccine tracker](#).
- As of 13 June, the estimated vaccine uptake of full vaccination (two doses) among adults (18 years and above) varied between 12.4% and 59.3% (median 29.6%) in EU/EEA countries.
- The estimated uptake of full vaccination (two doses) among adults aged 80+ varied between 12.1% and 100% (median 72.5%).
- The estimated uptake of full vaccination (two doses) among healthcare workers varied between 20.4% and 100% (median 71%).
- On 14 June, ECDC published its 5th Report: Overview of the implementation of COVID-19 vaccination strategies and deployment plans in the EU/EEA. Accessible [here](#).

3. RESPONSE MEASURES UNDERTAKEN BY THE EU

Vaccination [ECDC]

On 15 June, ECDC hosted a joint HSC/EU/EEA NITAG collaboration **webinar on the COVID-19 vaccination in previously infected individuals** from Various Member States, the UK and the US presented experience, evidence, policy and rationale. Evidence on duration of protection from previous infection as well as from one dose of COVID-19 vaccine in these individuals was discussed. In the EU/EEA, 14/28 countries recommend full vaccination schedule and 13/28 recommend one dose for previously infected. Iceland recommends no vaccination for those previously infected. The timing for providing a dose following infection, ascertainment of previous infection and recording of status continues to differ between countries. A more coordinated approach across EU/EEA could be considered.

Health Security Committee [DG SANTE]

On 16 June, the **Health Security Committee (HSC)** discussed the new European Centre for Disease Prevention and Control's **Rapid Risk Assessment**, which assessed the circulation of SARS-CoV-2, the variants of concern, non-pharmaceutical interventions and vaccine rollout in the EU/EEA. In light of the in light of the lowering incidence of rates across the European Union, Member States are lifting or changing their non-pharmaceutical interventions. The ECDC gave a summary on these changes, including stay at home and public gathering measures. The ECDC reminded Member States that no country situation is the same and that decisions to ease measures need to consider the local situation, the prevalence of variants of concern and the vaccination coverage.

Spain and the United Kingdom presented their work on **heterologous vaccination**, better known as mixing and matching of vaccines. Spain presented a summary of the results of their clinical trial for which the peer-reviewed study is now accepted for publication (preprint: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3854768). The United Kingdom presented three different studies that investigate the mixing and matching of vaccines, including COV-BOOST (<https://www.covboost.org.uk/home>); COM-COV (<https://comcovstudy.org.uk/home>); and





COMFLUCOV (<https://comfluov.blogs.bristol.ac.uk/>). The COMCOV trial is the most advanced and studies “mixing and matching” of vaccines. The COMBOOST study evaluates the COVID-19 vaccine platform combinations for administration of a third dose to people immunized with two doses. Lastly, the third study, COMFLUCOV, which is planned to take place later this year, will help establish the safety, reactogenicity and tolerability of COVID-19 vaccination administered concomitantly with the influenza vaccine.

On 10 June, the technical working group (TWG) on **COVID Diagnostic tests** met for the first time and on 15 June, the technical group agreed that five new RATs have been put forward for inclusion in the EU common list. During the next weeks, the TWG will further discuss and agree on additional criteria to consider for the RATs. During the HSC meeting, the additional five tests were agreed upon and the disclaimer stressing that the tests included in the list represent eligibility based on the information and data available at the moment and an addendum stressing which tests have been reviewed but not included was also agreed on.

Union Civil Protection Mechanism (UCPM) & Rescue [DG ECHO]

Latest response activities

So far in 2021, the Emergency Response Coordination Centre (ERCC) has received 29 requests through the UCPM for personal protective or medical equipment, diagnostic tests, medical teams, medicines and vaccines. 22 of these requests have been responded to, partially or in full. As of 18 June 2021, there are 28 open requests including from 1 EU Member State (the Netherlands), 3 UCPM Participating States (Montenegro, North Macedonia and Serbia) and 22 third countries (Armenia, Bhutan, Bolivia, Brazil, Ecuador, Ethiopia, Fiji, Guatemala, Guinea, Haiti, India, Iraq, Kosovo*, Lebanon, Moldova, Namibia, Nepal, Papua New Guinea, Sudan, Suriname, Sri Lanka, Taiwan, Tunisia and Ukraine).

- [REDACTED] 5.1.2a
- On 14 June, **Ecuador** sent an updated request for assistance, including vaccines and medical supplies and equipment.
- On 15 June **Suriname** updated their request to include 700,000 vaccines, 40 medical staff, medicines, 5 ventilators and 100 oxygen concentrators.
- On 16 June, **Montenegro** updated their request with an additional 20,000 covid-19 vaccines.
- On 17 June, **Ireland's** offer of PPE and other essential respiratory equipment was delivered to Nepal.
- On 17 June, **Luxembourg** offered 6 refrigerators to Sudan. The offer has been accepted.
- On 18 June, **Haiti** requested rapid tests, oxygen delivery equipment, defibrillators, and FFP2 masks. On the same day, **France** offered 60.000 antigen tests and 1 million FFP2 masks.
- [REDACTED] 5.1.2a
- On 19 June, **Austria's** offer of 250,000 non-sterile medical face masks and 250 blankets were delivered to **Fiji**.
- On 19 June, **Romania** delivered 50 400 vaccine doses to Serbia.
- On 19 June, **Namibia** requested COVID-19 vaccines, PPE, rapid diagnostic tests, ventilators, medical oxygen, ventilators and medical staff.

Latest rescEU developments

On 16 June, **Sweden** registered 36 ventilators and [REDACTED] 5.1.2a On 17 June, **Denmark** registered 21,000,000 surgical masks.





Emergency Support Instrument (ESI)

A new invitation under the ESI Mobility Package to submit applications for support for transport of cargo of COVID-19 vaccination-related equipment and therapeutics was launched at an information session with Member States on 5 May. The new invitation focuses on support to future operations via the use of the Commission's transport broker, complemented by the availability of grants. The closing date for grant applications from Member State authorities is 30 June 2021. Funding for the transport of patients and medical personnel continues to be available. The Commission continues to process final payments for the 48 cargo actions under the previous cargo support offered in 2020, and seven grants for patients and medical personnel agreed under the ESI Mobility Package.

Task force for ramping up the production of vaccines: [DG GROW]

The Task Force, which also focuses part of its work on the production of therapeutics, is planning to organise a **new EU matchmaking event on the development and production of COVID19 therapeutics** on 12 and 13 July. The objectives of the event are to support the acceleration of the development and production of new or repurposed medicines for Covid-19 therapeutics, enhance the participation of EU companies in the therapeutics value chains, speed up connections between organisations and help in retro-planning strategy for production. Registration is open until 25 June.

4. PUBLIC HEALTH AND TESTING [MS INPUT]

Testing strategies

The current testing approached used by the Member States can be found in table 1.

Table 1 – Testing strategies

EU/EEA MS	Current approaches used by the MS with regards to testing – Who is being tested:
BE	All symptomatic people, except children under 6 unless they are severely ill or in contact with vulnerable people. Asymptomatic within certain groups or settings: outbreak clusters in collectivities; new residents in nursing homes; returning travellers who report risk behaviour; repetitive screening of nursing home staff. High risk contacts (except children under 6 years) are tested at the earliest 7 days after the last high-risk contact.
CZ	All symptomatic people, close contacts, and asymptomatic people. Also, obligatory self-testing has been introduced for employees and students.
DK	All patients with mild, moderate and severe symptoms of COVID-19; - all close contacts to patients with COVID-19 on day 4 and 6 post exposure; people arriving in DK from other countries, both residents and visitors; health care workers as a part of handling specific outbreak in Hospitals, nursing homes; people whom attend their jobs physically (not working from home) is advised to do a weekly test; all Danish citizens, who wish to be tested.
DE	Testing for the detection of SARS-CoV-2 infections in GER in accordance with the national test strategy is foreseen for: - Symptomatic individuals mild or severe respiratory symptoms; -Asymptomatic individuals after potential exposure (contacts or known outbreak in institution); -Asymptomatic individuals to prevent transmission in institutions with vulnerable populations; -Since 8/03/21 every citizen is entitled to at least one free RAT a week ("Bürgerstest"); -Regular preventive testing in educational facilities (RAT; sometimes pooled PCR-tests); -Regular preventive testing in companies (RAT) since 04/2021. RAT are part of the national testing strategy since October 2020. Since Mar 2021 self-tests are available and approved for use in schools, workplaces or private use. From June on, supervised self-testing will be included in the national testing strategy. It is mandatory to follow-up a positive RAT- or self-test result with a RT-PCR test while maintaining self-isolation and observing hygienic safety measures. Currently, available PCR test capacity in GER is around 2.4 million PCR tests / week for symptomatic, contacts and validation of RAT or self-tests. Since Jan 2021 variant-specific PCR-tests are carried out and expanded to detect virus variants of concern (VOC) of SARS-CoV-2.
EE	All symptomatic people. Asymptomatic within certain groups or settings (e.g. contact tracing, outbreak clusters, healthcare settings, specific professional groups, nursing homes). Asymptomatic people for epidemiological surveillance.
IE	All symptomatic referrals, asymptomatic people within certain groups or settings (outbreak clusters, healthcare settings, specific professional groups, nursing homes, quarantine sites), and close contacts. "Walk-in" test centres, located in areas of high disease prevalence, opened on 25/03/21. These allow for concerned citizens to receive free testing (without referral) to help identify positive asymptomatic cases earlier. The location of walk-in test centres is led by public health and targets areas with high transmission rates where intervention is required most. The locations can change each week. The national testing strategy is kept under review.
ES	The Spanish testing strategy can be found here . As a summary, all symptomatic persons are tested, close contacts are recommended to be tested by the end of the quarantine and if possible according to service capacity (depending on epi situation) also at first contact with the close contact. Screening is proposed for close environments (i.e. nursing homes), in areas with high incidence and as screening before hospitalization.

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FR	As far as national screening strategies are concerned, we are constantly adapting our strategy to the epidemiological situation, to the evolution of technical results and to the data of the different available tests. We perform more than 2 million tests on average every week (RT-PCR and RAT), and large-scale screening campaigns are organized locally. We have widely deployed antigenic tests and saliva RT-PCR tests are now deployed in schools in order to quickly break the transmission chains and allow schools to remain open. On March 16, the French National Authority for Health issued a favourable opinion on the use of self-tests by asymptomatic people over the age of 15. On May 9th, France launched a massive screening campaign, in the context of holiday weekends and to accompany the acceleration of the national vaccination campaign.
HR	- close contacts of COVID-19 cases who develop symptoms compatible with COVID-19 during quarantine - asymptomatic people within certain groups or settings (e.g. Healthcare workers and long term care facility employees in specific situations, outbreak clusters linked to schools, kindergartens, or student dormitories; before aerosol generating procedures etc.)
LV	Persons can sign up for Covid-19 PCR test without a doctor's referral if symptoms of the disease have occurred. Testing is performed according to the epidemiological indications in the affected establishments, as well as in cooperation with local authorities, if an outbreak of Covid-19 is suspected. Routine screening according to the priority risk groups.
LT	Testing people with symptoms, close contacts, outbreak clusters, all returning from COVID19 affected countries. From 27 March, testing for COVID-19 is mandatory for workers in certain areas either periodically every 7 to 10 days (e.g. personal health care, social care, educational services, pharmacist) or once before physical activity, beauty services and accommodation and et. areas). Prioritization of groups: priority is given for symptomatic cases and testing of contacts in outbreaks, related with health care / social care institutions and other workplaces.
LU	PCR diagnostic testing for those showing symptoms as well as large-scale testing aimed at identifying asymptomatic persons. The purpose of the Large Scale Testing is to monitor and control the situation by keeping the number of infections as low as possible. The strategy of the project is based on four axes: Testing vulnerable people and those at high risk of exposure; testing for monitoring and to discover clusters to prevent the spread of the virus by interrupting the chains of transmission; testing people entering the territory of the Grand Duchy (airport); testing to intervene in clusters to control an upsurge of infections. In addition, diagnostic tests, i.e. when the patient presents symptoms (such as coughing, headaches, etc.) will continue to be carried out. Self-tests are available and approved for use in schools, workplaces or private use. It is mandatory to follow-up a positive RAT- or self-test result with a RT-PCR test while maintaining self-isolation and observing hygienic safety measures.
MT	Symptomatic and asymptomatic persons and symptomatic close contacts and asymptomatic close contacts on their request. Other reasons for testing include screening (e.g. in long term care institutions) and prior to travel. Persons authorized to travel require mandatory PCR testing during quarantine as part of medical protocol.
NL	All symptomatic persons. Since 1 December, asymptomatic persons that have been identified as close contacts and close contacts that are being found through CoronaMelder (a contact tracing app) can get tested on the first and 5th day of quarantine. In case the test is negative, quarantine can be ended. Since 20 January all incoming travellers can get tested on the 5th day of quarantine. In case the test is negative, quarantine can be ended. We also test asymptomatic people in outbreak clusters such as in hospices of abattoirs. Since 19 April all teachers in primary and secondary education get use a self-test (antigen) twice a week for preventive testing. Since the beginning of April we've started pilots about testing for access.
AT	Symptomatic persons but prioritising specific groups (e.g. patients, elderly, vulnerable, HCW); all symptomatic people; asymptomatic persons within certain groups or settings (e.g. contact tracing, outbreak clusters, healthcare settings, specific professional groups, nursing homes); all asymptomatic people (mass testing); asymptomatic people for epidemiological surveillance; close contacts.
RO	All symptomatic people are tested. Asymptomatic within certain groups or settings (e.g. contact tracing, outbreak clusters, healthcare settings, specific professional groups, nursing homes).
SI	All symptomatic people, asymptomatic within certain groups or settings (e.g. contact tracing, outbreak clusters, healthcare settings, specific professional groups, nursing homes). Mass testing for the new coronavirus with HAGT tests takes place in various places throughout Slovenia. Testing is mandatory for employees in educational institutions. Weekly testing also mandatory for many service activities such as public transport, shops, grocery stores, etc.
SK	In less affected regions - voluntary testing of asymptomatic people is provided in mobile antigen centers.
FI	Testing is targeted to those with suspected covid-19 infection. Asymptomatic persons may be tested in the context of contact tracing and close contacts. Asymptomatic travellers to Finland are also tested in case a test has not been performed before arrival. Travelers are also recommended a second test 72 hours after arrival in order to shorten their self-quarantine.
SE	All symptomatic people Asymptomatic within certain groups or settings (e.g. contact tracing, outbreak clusters, healthcare settings, specific professional groups, nursing homes) Asymptomatic people for epidemiological surveillance
CH	Free and voluntary testing with PCR of symptomatic persons and asymptomatic persons (that received a notification by the proximity app, or for contacts in a cluster (esp. in nursing homes)). Free and voluntary testing of asymptomatic persons with a rapid antigen test or with a self-test.
NO	1) Everyone with acute respiratory tract infection or other symptoms of COVID-19; 2) Contact tracing: close contacts at the start and end of quarantine; in the case of outbreaks, widened testing of other contacts; people who have been notified by Smittestopp; 3) Arrival in Norway: mandatory testing at borders and Test 7 days (from the day after you left your home country) after arrival in Norway; 4) Other screening after infection control assessment: when moving in/being admitted to certain healthcare institutions; regular testing in certain situations; 5. Anyone who suspects that they have COVID-19.

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20 countries reported currently using **rapid antigen tests (RAT)** (BE, CZ, DE, EE, IE, ES, FR, HR, LV, LT, LU, MT, NL, AT, RO, SI, SK, FI, CH, NO). Some countries specified their strategy as regards the **acceptance of antigen test results** as basis for public health measures:





Table 2 – Acceptance of antigen tests results

EU/EEA MS	If rapid antigen tests are used, are results accepted as basis for public health measures (e.g. quarantine, travel, etc.)?
BE	In symptomatic patients a negative result does not need to be confirmed, unless there are strong indications of a false negative result, based on clinical, epidemiological and biological indicators. In cluster investigations, a negative result in low-risk contacts has to be confirmed with a second Ag RDT after 2-4 days. In vulnerable people a negative result always needs to be confirmed with a PCR. For release from quarantine, Ag RDT are not accepted. A positive self-test in an asymptomatic person always requires confirmation by PCR before triggering contact tracing.
CZ	If the tested person has a positive test result and shows COVID-19 symptoms, appropriate quarantine measures are ordered. If the result of the antigen test is negative and the person still shows symptoms, or vice versa if the tested person is asymptomatic but the test result shows the presence of SARS-CoV-2 virus, the person is subsequently subjected to control testing carried out by RT-PCR method.
DK	Yes
DE	Negative test results are usually accepted – with some exceptions, e.g. symptomatic persons. Isolation or quarantine may already be pronounced on the basis of a positive RAT, usually followed by PCR confirmation. RAT can be used for de-isolation/monitoring during quarantine.
ES	A positive result is accepted as a confirmed case. A negative result with clear clinical symptoms has to be confirmed with a PCR.
IE	Rapid antigen tests are accepted in relevant settings (supported by appropriate clinical governance and operational arrangements) as a supplement to PCR testing. They may be used for specific indications in acute hospital settings, or as part of the response to outbreaks in the community setting in symptomatic vulnerable populations and their close contacts. Antigen tests are not accepted for travel-related testing.
EE	From 1 July, people will be allowed to visit Estonia for up to 24 hours without the obligation to self-isolate on the condition that the person has been tested for the coronavirus with a PCR test up to 72 hours before arrival in Estonia or an antigen RDT test 24 hours before arrival in Estonia and received a negative test result.
FR	Rapid antigen tests that indicate a result in less than half an hour can now be carried out in an individual screening situation by doctors, nurses, pharmacists. Nasal swabs are authorized since October 17th, including for symptomatic people. Positive antigen tests must then be reconfirmed by a PCR test. Since June 9th, negative RAT < 48h are accepted as a valid proof at the French borders for travellers coming from orange and red countries. For these travellers, RAT are also systematically performed upon arrival in France.
HR	Rapid test are used only in symptomatic patients within five days of the onset of symptoms. If the rapid antigen test is negative or has passed more than five days after the onset of symptoms, patients are retested by PCR test. Individuals who tested positive by RAT are subject to public health measures as are those tested by PCR tests.
LV	A positive Ag test result must be confirmed by a PCR test. Until the result of the confirmatory test, the person should follow all PH measures, including isolation and anti-epidemic measures.
LT	Yes. PCR tests are used for confirmation of cases, it serves as basis for public health measures application – isolation, contact tracing and quarantine. Rapid antigen tests are used for preventive testing and testing of students in schools. Upon receipt of a positive result, individuals may perform a confirmatory PCR test within 48 hours.
LU	Yes, but rapid antigen tests are not accepted when you are entering the country and have stayed before more than 14 days in high risk countries. A PCR test is also necessary to reduce quarantine period of this people. Positive rapid antigen test must be confirmed with a PCR test. All the details are published here: https://covid19.public.lu/en/travellers.html
MT	Yes for quarantine, not for travel.
NL	Yes. Antigen test results are accepted as basis for measures for symptomatic persons. For asymptomatic persons that have been identified as close contacts and persons that have been identified via contact tracing mobile applications need to be tested for the time being with a PCR test (on the 5th day of quarantine.) In case the test is negative, quarantine can be ended. It is expected that by the end of January the antigen test can also be used for asymptomatic persons that have been identified as close contacts.
AT	A positive antigen-test without an epidemiological link and for asymptomatic people must be confirmed by a PCR-test. A negative antigen-test is also accepted for public health measures, e.g. for ending quarantine for incoming travellers (after at least five days of quarantine).
RO	RT-PCR test is accepted as basis for public health measures.
SI	By testing for infection with the new coronavirus with rapid tests, we want to detect as much as possible all those infected people who do not have the characteristic signs of infection and would therefore unknowingly spread the infection to other healthy people in the vicinity. A positive HAGT must be confirmed by a PCR test.
FI	Antigen tests are used primary for screening purposes
CH	Yes. Mandatory notification of antigen tests have been introduced. All results (negative and positive) have to be notified. A positive test will trigger a contact tracing process.
NO	Yes, antigen tests are used and accepted as basis for quarantine. However, if a person have symptoms, are being exposed for Covid-19 or are entering Norway from abroad, a negative antigen test will not lead to exceptions to the quarantine rules. Provided sufficient testing capacity, both entry and infection quarantine can be terminated when there is a negative PCR test taken no earlier than seven days after arrival (for those entering the country), or seven days after the last close contact.

12 Countries reported currently using **antibody tests** (CZ, DE, ES, FR, HR, LV, LT, LU, NL, AT, FI, NO). Some countries (DE, FR, HR, AT, FI, NO) specified that use of antibody tests is for seroprevalence studies. Countries specified occasional use for clinical reasons, to clarify a diagnosis (DE, ES, FR, LV) or as evidence of recovery, in the context of vaccination (FR, NL). 4





Countries (DK, IE, MT, CH) specified that such tests are not currently in use.

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LT clarified that

their use is for an exception for isolation after contact with an infected person or an exception for preventive testing (the exception is valid for 60 days after a positive result).

Testing capacity

The majority of countries (BE, CZ, EE, ES, FR, HR, LV, LU, NL, AT, RO, SI, NO) **did not identify any particular issues with regard to testing capacity**. IE, LT, FI, identified issues with regards to testing capacity. In **IE**, during the third wave there was an escalation in referrals (+100%), positivity rates (from 5% to 27%), and the prevalence of the new variants. Measures were activated to prioritise available testing capacity and bring on new capacity. This enabled the service to meet demand far beyond the standing capacity and levels predicted. Shortages in laboratory staff were identified. Recruitment panels were maximised and new pathways for science graduates were developed beyond formal recognised courses. **LT** reported issues with laboratory staff and sampling professionals. After evaluating the training programs and taking into account the competencies acquired during the training programs, the provisions of Lithuanian medical norms are constantly expanded and the right to take nasal samples for assistant nurses, paramedics, emergency medical paramedics, biomedical technologists, and advanced practice pharmacists is additionally granted. In **MT**, all lab staff redeployed to work in molecular diagnostics. In **FI**, shortages of testing materials and staff were identified. Response measures include recruitment of staff, working in shifts, development of the testing process, implementing novel tools for testing and collaborating with public and private health service providers. In **CH**, while the supply chain has been rather stable for the past months and no dramatic shortage have been recorded, certain reagents and goods are still constrained. For instance rapid RT-PCR tests (<1h turnover time) are available to cover the utmost needs, but much more reagents are demanded in order to reach a comfortable situation. Laboratory plastics (such as pipette-tips for laboratory robots, conductive filter pipette-tips for robots) are also a much demanded good that needs further observation and possible supporting measures to increase production and delivery capacity worldwide. Within Switzerland, a proper situational awareness monitoring system has been put in place, that records in weekly interval the capacity and resources (stocks) of laboratories and also records the deliveries and delivery capacity of the main suppliers and tests (PCR & rapid antigen). Weekly, the industry union (SVDI) and the laboratory union (FAMH) meet for a situation-call with authorities to discuss the current situation and address problems and shortages early on, trying to find solutions together.

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Table 3 – Testing capacity per day

COVID-19 testing capacity per day	RT-PCR tests	rapid antigen tests (RATs)
1 000 – 5 000	MT, SI	MT
5 000 – 10 000	EE, HR,	FI
10 000 – 50 000	CZ, IE, LV, LT, LU, RO, FI, NO	FR, LV, LT, RO, SI, NO
50 000 – 100 000	BE, AT, CH	NL
100 000 – 500 000	DE, ES, FR, NL	CZ, ES
500 000 – 1 000 000		AT
More than 1 million		DE

Contact tracing

All the responding Member States (AT, BE, DE, DK, EE, FR, HR, IE, LV, LU, MT, NL, RO, SI, FI, SE), except from **CZ** and **LT** and as well as **NO**, but not **CH**, report having sufficient resources for extensive contact tracing linked with high scale testing. **DE** reports having increased human

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resources at federal level. There can be staff shortages at local level. **FR** reports currently strengthening its retrospective contact-tracing procedures, in order to better identify and control transmission chains in the context of the progressive lifting of national measures. **HR** has established a call centre where contact tracers, including volunteers, work in real time. **SI** reports that contact tracing capacity is limited. There is an ongoing upscaling/upgrading of human resources/IT infrastructure in the country. **IE** has a flexible contact tracing model which has been stress-tested. Some responding Member States (**SI**, **FI**) report about challenges in terms of contact-tracing, mostly due to limited human resources. **NL** reports about issues with contact-tracing at testing level (laboratory capacity, testing machines). **NO** has established a national team to help with outbreaks at local level.

Information on case management can be found in **Annex 3**.

5. TRAVEL, TESTING AND VARIANTS OF CONCERN [MS INPUT]

Travel restrictions - general

In case travellers are required **to carry a negative COVID-19 test result with them upon entry**, 7 EU/EEA Member States (BE, FR, IE, LV, MT, RO, CH) only accept a RT-PCR test result. In **ES**, from 7 June, a negative result from a NAAT test or a RAT conducted within 48 hours before arriving in Spain will be admitted. AT, CZ, DE, DK, EE, ES, FI, HR, LT, LU, NL, PT, SE, SI and NO accept both the negative test result of a RT-PCR or a rapid antigen test. **SE** also accepts LAMP-tests results.

AT, BE*, CZ, FI, FR, LV, LU, NL, RO and NO don't experience any problems **with the mutual recognition of COVID-19 test results of incoming travellers. BE, SI and NO reported problems with false certificates.** BE* indicated that the documents are relatively clear. However, due to the lack of uniformity (will be partially solved by the EU-Covid-19 certificate), misuse is more likely. **SI** elaborated that here have been cases of forged/fake COVID-19 test results reported, mainly from the Balkan countries. **IE** clarified that international passengers, with limited exemptions, arriving into Ireland from overseas are required to have a negative RT-PCR test result. **MT** mentioned that there are situations where it is not always clear what test has been carried out as there is no distinction between RT-PCR or an antigen test. **NL** indicated that a negative antibody test is not recognized for incoming travellers. **CH** observed that, despite the fact that all passengers entering Switzerland have to be in the possession of a negative test result, on average 120-150 passengers are diagnosed with Covid-19 within 3 days after arrival in Switzerland every month. There are several possibilities to explain this, one may be the quality of the tests used and fake test results cannot be excluded.

In 16 Member States (BE, CZ, DE, EE, ES, FI, FR, HR, HU, IE, LV, LT, LU, MT, PT, SI) and NO incoming travellers can be **tested upon arrival at the airport**. DE, EE, HU, LT, LU and SI offer a **voluntary RT-PCR test** and CZ, EE, FI, LU, MT and PT require a **mandatory RT-PCR test** upon arrival. CZ, ES, FI, FR, and NO require a **mandatory rapid antigen test**; in **ES** this only applies for travellers coming from high risk countries that don't have a negative result of a RT-PCR, TMA or LAMP test conducted within 72 hours before arrival in Spain. Also in **FR** passengers from red countries (with active circulation of variants of concern) systematically have to conduct a RAT upon arrival. See more information [online](#). In **MT** all passengers aged five years and over travelling to Malta are required to present a mandatory negative COVID-19 PCR test result and if not produced they are subject to mandatory PCR testing upon arrival against payment of administrative fees as stipulated in LN 229 and 230 of 2021. DE, HU, LT, LU, and SI offer a **voluntary rapid antigen test**. NL and RO do not provide tests upon arrival.





Following a negative test result – either carried upon arrival or as a result of testing at the airport – in AT, BE, CZ, DE, DK, EE, ES, FI, HR, HU, IE, LT, NL, RO, SI as well as in NO and CH **results in a shortening or cancellation of the self-quarantine period.**

16 EU Member States (AT, BE, CZ, DE, ES, FR, HR, HU, IE, LT, LU, LV, MT, PT, RO) as well as CH and NO **require incoming travellers to complete a passenger locator form (PLF).** AT, BE, CZ, DE, ES, HU, IE, LT, LU, LV, PT, RO as well as CH and NO use digital PLF. In **LT**, a digital PLF is used, and only in exceptional cases for the land conveyance operations the paper version can be used in case there is no internet connection. **LU** reported that only when you have stayed before more than 14 days in a high risk country. Persons concerned must notify their presence to the Health Inspection Department (by e-mail: contact-covid@ms.etat.lu or by telephone: 247-65533), which ensures a reinforced monitoring and tracing system. FR, MT and HR use paper based PLF. BE, IE, RO as well as CH allow both a paper and digital PLF. FI, NL and SI generally don't require incoming travellers to complete a PLF. **SI** added that national PLF (EnterSlovenia) is voluntary, not mandatory. New euPLF system is being implemented and is scheduled to be in effect by the end of June 2021. New PLF system is considered to be mandatory for airport and port entries.

Travel restrictions – new variants of concern [MS INPUT]

The following countries recommend **avoiding non-essential travel, in particular to areas with a significantly higher incidence of new SARS-CoV-2 variants:** AT, BE, CZ, DE, ES, FI, FR, HR, IE, LT, LV, MT, NL, PT, RO, SI as well as, NO and CH.

AT, IE, LU, PT, RO and NO have **specific quarantine measures** and ES and DR **have specific testing measures** in place for travellers coming from areas with significantly higher incidence of new SARS-CoV-2 variants. BE, CZ, DE, FR, HR, LT, LU, NL, as well as CH and NO have **both specific testing as well as quarantine measures** implemented for these travellers.

14 Member States (BE, CZ, DE, EE, ES, FI, FR, IE, LT, LU, LV, MT, NL, RO) have **increased their sequencing efforts of samples taken from incoming travellers from areas with significantly higher incidence of new SARS-CoV-2 variants.** BE, ES and LV have increased sequencing efforts of samples taken from incoming travellers from areas with significantly higher incidence of new SARS-CoV-2 based on the PLF declarations. **FI** reported that all covid-19-positive samples from travellers arriving to certain border crossings are sequenced.

The following countries **sequence** more than 10% or at least 500 samples of the SARS-CoV-2 positive samples per week: AT, BE, DK, FI, IE, LT, LV, MT, NL, SE, as well as CH and NO. ES, DE, FR and HR sequence between 5-10% or between 250-500 samples per week, and CZ and RO sequences between 1-5% or 50-250 samples per week.

6. COVID-19 CERTIFICATES

Issuing vaccination Certificates [MS INPUT]

18 responding EU/EEA countries (AT, BE, CZ, DE, DK, EE, ES, FI, FR, HR, IE, LT, LU, LV, MT, RO, NO, CH) answered that their country is planning to issue official vaccination certificates. NL and SI mentioned that the possible use of a vaccination certificate is currently under discussion. 17 countries (AT, BE, CZ, DE, DK, EE, ES, FI, FR, HR, LT, LU, LV, MT, RO, CH, NO) indicated that the certificate is planned for medical use and for secondary use such as travel.





7. COVID-19 VACCINATION STRATEGIES [MS INPUT]

7.1 Vaccination strategies

As of 21 June, 22 EU/EEA countries have provided information regarding the developed strategies or plans for the deployment of the vaccines at the national level: AT, BE, CZ, DE, DK, EE, ES, FI, FR, HR, IE, LT, LU, LV, MT, NL, PL, RO, SE, SI, NO, CH (number of respondents varies per question).

Vaccines that are currently deployed

All responding 13 countries (BE, DE, DK, ES, FI, FR, LT, LU, LV, MT, NL, RO, SE) are using the vaccines authorized by EMA.

Vaccination open for everyone

Vaccination has now opened up for any adult individuals irrespective of their age, underlying condition or priority group in CZ, DE, EE, HR, LU, LT, LV, MT, NL, RO, SI and CH. In LU and NL anyone over 18 years can now get vaccinated. In CZ, EE and CH anyone over 16 years can now get vaccinated. DE, HR, LT, LV MT, RO and SI anyone over 12 years can now get vaccinated. AT, BE, DK, ES, FI, IE, LU and SE are still in the prioritisation stage and only offering vaccines to priority groups.

COVID-19 vaccines for pregnant women

12 of the responding countries (BE, CZ, ES, FI, IE, LT, LU, NL, RO, SE, SI, CH) recommending COVID-19 vaccines for pregnant women, but only with certain vaccine products. AT, DE, DK, MT and NO do not recommend that pregnant women get vaccinated.

Vaccine dose scheduling (3rd dose for two dose schedule, 2nd dose for one dose schedule)

The majority of countries (AT, BE, CZ, DE, FI, HR, LT, LU, RO, SE, SI) replied that they do not recommend a third dose of vaccine (for vaccines given in a two-dose schedule) or a second dose of vaccine (for the vaccine in a single dose schedule). In DK, ES, IE, MT, NL and NO this is currently under discussion.

Heterologous combination of vaccine doses

Based on the received replies, most countries (AT, BE, CZ, EE, HR, IE, LT, LU, MT, RO SE, SI and CH) do not administer a heterologous combination of vaccine doses (mix and match) (e.g. Vaxzevria first dose followed by Comirnaty for second dose). In NL this is currently under discussion. DK, ES and NO are administering a heterologous combination of vaccine doses.

Vaccine products for particular age groups or target groups

Out of 18 EU/EEA responding countries, 6 countries (AT, DK, HR, LT, RO and NO) responded that they are currently not recommending any particular vaccine products for age groups or target groups, but follow the EMA summary of product characteristics (SmPC) for all vaccines. 12 countries (BE, CZ, DE, EE, ES, FI, IE, LU, MT, NL, SE and SI) indicated that some vaccines are restricted to specific age groups and/or individuals with specific contraindications.

Timing between the first and second dose of authorised vaccines

8 countries (ES, LT, LV, MT, RO, SI, SE and CH) have not extended the timing between the first and second dose of authorised vaccines and have been giving the complete course of the doses to the priority groups within the current time schedule outlined in the EMA product information for each EU authorised vaccine. 13 countries (AT, BE, CZ, DE, DK, EE, FI, HR, IE, LU, NL, SE and NO) did extended their timing.





Vaccination to individuals previously infected with SARS-CoV-2

All of the responding EU/EEA countries (21: AT, BE, CZ, DE, DK, EE, ES, FI, FR, HR, IE, LT, LU, LV, MT, NL, RO, SE, SI, CH, NO) indicated that they do recommend vaccination to those individuals who have been previously infected with SARS-CoV-2. Out of these 21 countries 12 countries (AT, DE, EE, ES, FR, HR, IE, LU, NL, SI, CH, NO) emphasized that that they specifically recommend one dose for vaccines that have a two-dose regime.

Recommended time between infection and vaccination

11 EU/ EEA countries (AT, DE, EE, ES, HR, LU, LV, NL, SI, CH, NO) responded to this question. DE, EE, ES, LU, SI and CH indicated that they offer one dose of vaccine to people infected with SARS-CoV-2 6 months after infection. HR, LV, as well as CH* and NO indicated that they offer one dose of vaccine to people infected with SARS-CoV-2 3 months after infection. **CH** added that they recommend the vaccine after 3 month to those individuals with high risk. **AT** reported that the offer vaccination after 6 to 8 months.

Record of vaccination status of previously infected individuals

7 EU/EEA countries (AT, DE, ES, HR, NL, SI and NO) provided information regarding the record of vaccination status of previously infected individuals. **AT, ES** and **SI** reported that vaccinated people are recorded as receiving 1/1 dose. **DE, HR, NL** and **NO** indicated that vaccinated people are recorded as receiving a single dose – 1/2 dose.

Change in the public health objective of the vaccination strategy in light of the circulation of the new variants of concern

The majority of the responding EU/EEA countries (13: BE, CZ, ES, FI, HR, IE, LU, LV, NL, RO, SE, SI, CH) made no changes to the public health objective of the vaccination campaign in light of the circulation of the new variants of concern (the UK variant and the South Africa variant). **AT, DE, MT** and **NO** mentioned to have made changes to the health objective of the vaccination campaigns in relation to the new variants of concern.

Vaccinating adolescents aged 12 -18 years

16 EU/EEA countries (AT, CZ, DE, DK, ES, FI, HR, IE, LT, LU, MT, NL, RO, SI, SE, NO) reported they are **vaccinating adolescents aged 12-18 years**. 6 countries (FI, HR, IE, NL, SE and NO) indicated they are only vaccinating adolescents 12-18 years of age **with risk factors**. **BE** reported this is still under discussion. 10 Member States (AT, CZ, ES, FI, HR, LT, LU, MT, RO, SI) are following **EMA recommendations** to vaccinate adolescents. DE, DK, IE, LU, NL, SE, and NO have **national recommendations**. In AT, DE, ES, LT, MT, RO, SE **vaccination of adolescents has started**. In CZ, FI, LU vaccination of adolescents will happen over the summer and in DK over the autumn. In IE, NL, and NO this is still under discussion.

Challenges related to vaccine supply [MS input]

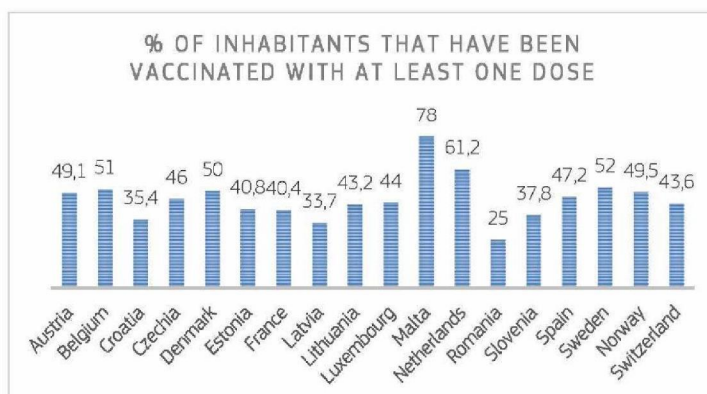
8 countries (AT, BE, ES, FI, IE, LU, LV, SE) answered that they are facing challenges around vaccine supply. 13 countries (CZ, DE, DK, EE, FR, HR, FR, LT, MT, NL, RO, SI, NO) responded that they do not face challenges related to vaccine supply.

Challenges related to vaccine supply [DG GROW]

Dialogue with industry also confirms that there are currently no shortages experienced as regards vaccine accessories such as syringes and needles in the short term, the same applies to vials.

COVID-19 vaccination roll-out overview





EU/EEA Member States	% of inhabitants not yet vaccinated but willing to get vaccinated	% of inhabitants not yet vaccinated and uncertain if willing to get vaccinated	% of inhabitants not yet vaccinated and not willing to get vaccinated
Austria	30.8%	14%	6%
Finland	55%		
France	15%	10%	10%
Netherlands	25.8%		13%
Spain	40.8%	10%	2%
Iceland	25%	5%	5%

7.2 Vaccination strategies – broader impact [MS INPUT]

Broader impact on healthcare services, e.g. in terms of delay in the provision of non-COVID-19 related healthcare services

Many of the responding Member States (FR, IE, LV, LT, MT, NL, SI, FI, SE) as well as **NO**, but not **CH**, report having identified broader impact on health care services. **FR** reports about delays in cancer diagnoses and challenges for patients with chronic diseases cancelling appointments for fear of being infected. There are also issues around psychiatric services. Cancers and chronic illness are the most affected non-COVID-19 related healthcare services. **LV** reports that outpatient healthcare is provided without interruption but that inpatient services are temporarily restricted in all hospitals. 36 % of available COVID-19 beds are occupied. **MT** reports about minimal impact, procedures now getting back to normal. **SL** reports that the impact on healthcare services was particularly strong during spring 2021. In **ES**, the matter is under evaluation. **NO** has had to reduce planned operations in areas with many hospital admissions due to COVID-19.

Approach to ensure capacities in non-COVID-19 related healthcare services

Many of the responding Member States (CZ, DK, ES, FR, FI, LV, MT, PL) have had to make particular efforts to ensure capacities in non-COVID-19 related healthcare, e.g. by involving additional staff (**CZ, PL**), or making use of telemedicine (**FR, MT**). Many countries have also had to postpone/suspend non-COVID-19 related healthcare in order to care for COVID-19 patients (**FR, LV, SE**), but in general, efforts are made so that critical non-COVID-19 related healthcare is still delivered. **IE** is planning the delivery of the outstanding vaccinations in the schools-based immunisation programme. **LT** reports that the aim is to ensure availability of all healthcare services in high quality for patients on time, **ES** reports having plans and protocols aimed at increasing or adapting capacities to ensure the provision of non-COVID-19 related





services. In **NO**, the plan is to gradually re-introduce non-COVID-19 healthcare services while still preparing for a possible escalation of COVID-19 spread.

Disruptions of/delays in childhood vaccination programmes

Many of the responding Member States (CZ, DK, HR, MT, RO, SE) report no disruptions of/delays in childhood vaccination programmes. **FI** reports that childhood vaccination coverage decreased during spring 2020 but has improved since. For the same period, **FR** reports about disruptions in the vaccination of infants 3-18 months, not being vaccinated against diphtheria, tetanus, poliomyelitis, pertussis, Haemophilus influenzae type b meningitis and hepatitis B. In **IE**, the childhood immunisation programmes have continued to be delivered, through GPs, during the pandemic. **LT** reports that in 2020 fewer infants/children than in 2019 were vaccinated in line with the country's vaccination programme against tuberculosis, hepatitis B, measles, mumps & rubella. LT also reports that in 2020 7 000 infants/children and adolescents remained unvaccinated against whooping cough, diphtheria, tetanus, polio and Haemophilus type B infection and that the incidence of pertussis was 2.5 times higher in 2020 than in 2019. **SI** reports about some delays in spring 2021. In **ES**, the matter is under evaluation. **NO** reports some delays concerning HPV vaccination in 2020, but this has now improved. The country indicates that the coverage rate for one dose of the MMR vaccines is 97% for its 2-year-old children.

Strategies to target 'hard-to-reach' populations for COVID-19 vaccination

8 Member States (AT, CZ, DK, ES, HR, NL, SI, SE) are using social media campaigns to target hard-to-reach populations for vaccination with the COVID-19 vaccine. Some Member States (DK, ES, HR, NL, SE) are doing outreach via mediators.

Population groups being targeted	EU/EEA Member States
Low socio-economic strata	DE, DK, ES, HR, SE
Migrants	DE, DK, ES
Specific ethnic groups	ES, HR, SE

8. BORDERS AND MOBILITY

Green Lanes [DG MOVE]

Greece extended the existing measures vis-à-vis North Macedonia until 26 June. On 16 June, COREPER approved the **addition of Albania, North Macedonia and Serbia to Annex I of the Council Recommendation 2020/912**. This means that once the forthcoming Council meeting adopts the text, residents of these countries should not be affected by temporary external borders restriction on non-essential travel into the EU. There have been no other relevant changes reported for the past week.

The majority of the border crossing points at **Schengen borders remained stable** with either no waiting times or waiting times below 15 minutes. The overall **average waiting time at the internal EU borders has stabilised at 16 minutes**, passing the Green Lanes threshold. There is no particular event (e.g. introduction of new COVID-19 measures) that would require special attention and could be considered as reason for the result. Most of the RO-BG border crossing points in both directions had again long average waiting times (towards RO 4 hours on average and 100 minutes towards BG). The RO-HU borders continued to stay below 60 minutes. The border crossing time at Kulata-Promachoras (BG→EL) is 2 hours on average (same as a week ago). The same border crossing point towards Bulgaria has shown worsening trend and reached 2 hours average waiting time. Gornji Macelj-Kozminci (HR→SI) had days with up to 2 hours of average waiting times last week.





At **external EU borders**, the average waiting time at Polish-Belarus border crossing points was 4 hours towards Belarus and 90 minutes towards PL. Hungarian-Ukrainian border towards Ukraine was over 2 hours. Average waiting time at EU-CH border crossing points towards CH stayed below 60 minutes. **None of these waiting times are related to the COVID-19 crisis**, but are due to customs checks.

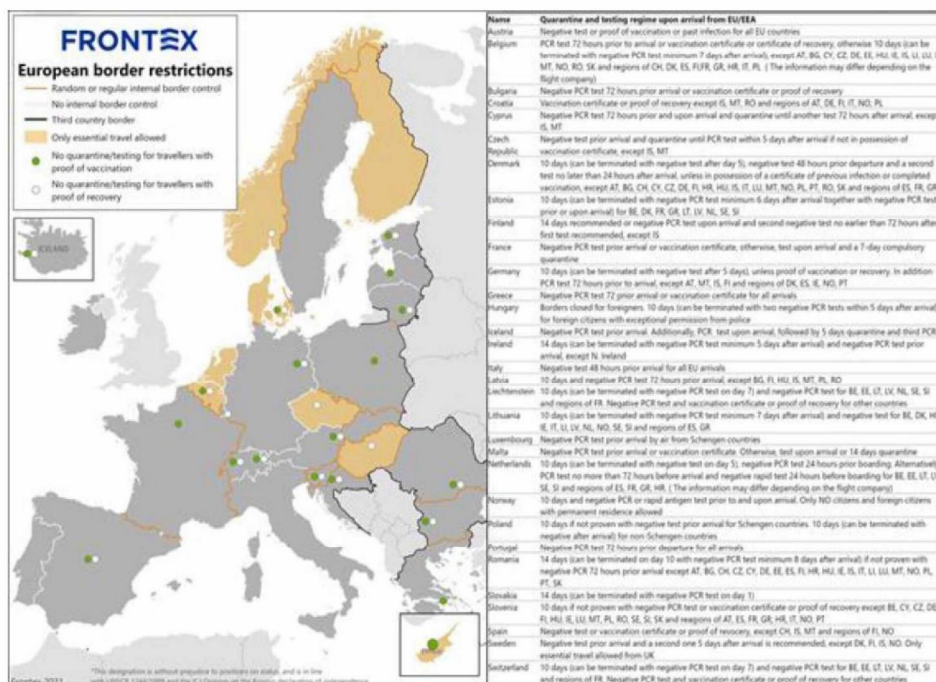
At **EU-Western Balkans** borders, no significant change has been registered vis-à-vis the previous week. Traffic remained stable at Western Balkans internal borders.

Difficulties with transport of goods [MS INPUT]

13 countries (BE, BG, CZ, DE, EE, FR, HR, HU, LU, LV, SE, NO and CH) reported no difficulties with internal or external border restriction concerning the transport of goods. Two countries (**MT and FR**) reported difficulties. FR specified that since measures regarding the road freight were lifted at the end of January 2021, no difficulties were reported since then.

External borders [DG HOME]

COVID-19 response measures taken across the EU/EEA (14 June - 21 June)



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- **Austria:** The government has announced further relaxations of the COVID-19 measures starting in July. No more mandatory closing time for restaurants, i.e. night clubs can reopen by 1 July. The curfew will be lifted, and the obligatory FFP2 masks will be replaced by a normal mouth-nose protection in most public areas.
- **Belgium:** Bars and restaurants have reopened. Masks are no longer required in outdoor spaces but remain mandatory in indoor spaces such as stores and places of worship.
- **Bulgaria** has started operating a travel pass for fully vaccinated travellers or those who can prove they have had - and recovered from - COVID-19. Wearing a face mask is mandatory in all indoor public spaces and all outdoor spaces where it is not possible to maintain a social distance of at least 1.5 metres.





- **Cyprus:** Travellers from Poland and Romania will be exempted from the testing and self-isolation requirement when entering Cyprus, as the countries moved from the orange category to the green one. There is a curfew in place which restricts movement between 09:00pm and 05:00am and face masks are required in all public spaces.
- **Denmark:** Fully vaccinated tourists can now travel to Denmark. Restaurants can serve customers indoors if they have been vaccinated or can show a negative test result. Masks are not required outdoors, except on public transport during rush hour and for standing passengers.
- **Estonia:** Authorities have decided to impose a ten-day restriction on freedom of movement for arrivals from Andorra, Belgium, the Netherlands, Greece, Latvia, Lithuania, France, Sweden, Slovenia, and Denmark.
- **Finland:** From 21 June, the country will loosen its border control restrictions. More specifically, it will allow travellers from the EU and Schengen area to enter the country via all modes of transport, providing that they meet the necessary criteria.
- **France:** As of 20 June, there will no longer be a curfew and mask-wearing will not be compulsory outdoors except in certain situations, such as in stadiums or when there are large crowds. It will remain mandatory to wear a mask in indoor public spaces, including shops.
- **Germany** could soon begin easing rules on mask-wearing as the country enjoys a drop in COVID-19 infections. On 1 July, most pandemic travel warnings are expected to lift.
- **Greece:** Beaches are open, but people must socially distance. Restaurants and bars can stay open until midnight. A curfew is in place for all hospitality from 12:30am to 05:00am. There are plans to declare 80 islands safe by the end of June.
- **Ireland:** People arriving from the UK who are not vaccinated will have to self-isolate for ten days under a plan approved by Cabinet.
- **Italy** has designated six more regions - Emilia Romagna, Piedmont, Puglia, Lombardy, Lazio and Trento - as white zones. This means these areas can now drop most COVID-19 restrictions. A nightly curfew is in place in all yellow regions from 11:00pm to 05:00am. Between 7 and 20 June, curfew is from midnight to 05:00am. Curfew ends on 21 June. Mask wearing remains compulsory in public places.
- **Latvia:** The ban on non-essential travel and the requirement to pass a COVID-19 test and self-isolate when entering the country will be lifted if an individual can present a digital COVID-19 certificate confirming the completion of vaccination or recovery from the disease.
- **Lithuania:** From 17 June, the government has decided to lift the curbs on opening hours for bars, cafes, night clubs and other catering and entertainment establishments.
- **Malta** is operating by a traffic light system which will determine which restrictions travellers will be subject to when they arrive. Malta has decided to reopen its borders to U.S. travellers from 40 states from 17 June.
- **Poland:** As of 13 June, more people will be allowed in churches, at trade fairs, concerts and hotels. The list of countries whose citizens can fly to Poland will be extended from 19 June.
- **Portugal:** Teleworking is no longer mandatory in the majority of mainland Portugal, except in the municipalities that have incidence rates of COVID-19 higher than the limits defined by the government. Residents of the Lisbon region will not be allowed to leave the area at weekends, the government said on 17 June.
- **Romania:** Only essential travel is allowed for people coming from non-EU/EEA countries, which includes the UK. A curfew is in place between 10:00pm and 05:00am, during which time you will need to prove your reason for travelling. Hotels, guesthouses, and other tourist accommodation are open and subject to COVID-19 restrictions.





- **Slovenia** will allow a state of emergency declared over the COVID-19 pandemic, to expire on 15 June, lifting most remaining restrictions.
- **Spain** has reopened to tourists, providing they can prove they have been vaccinated against COVID-19. Obligatory use of masks outdoors will end on 26 June.
- **Sweden**: UK and non-EU/EEA arrivals are no longer banned, but do require a test upon entry, and on day five after arrival. Self-isolation is also required for a week after entry.

9. SECTOR SPECIFIC RESPONSE

Security of energy supply [DG ENER]

Following the publication of the **good practices to address pandemic risks in the energy sector** [SWD(2020) 104 final], DG ENER continues to monitor the possible impacts of COVID-19 on energy security (critical operations, maintenance, supply chains, markets and investments) through the **relevant expert groups**, namely the ECG (electricity), GCG (gas), OCG (oil), ENSREG (nuclear safety) and EUOAG (offshore). In general, Member States, authorities and operators reported no immediate difficulty to ensure security of supply, but remain vigilant. The recently published **Summer Outlooks 2021** show no major concerns for the upcoming summer in the electricity and gas sectors. An update on the impact of the pandemic in the electricity sector was discussed in the **ECG meeting on 18 June**. ENTSOE-E informed about the current situation, highlighting that maintenance works go ahead without delays and that electricity operators maintain the strict rules for pandemic in their control centres. Member States did not report any major difficulties to ensure electricity supply.

Shipping and maritime [DG MOVE]

Alphaliner's latest forecast shows a potential 5.8% increase in worldwide container port throughput this year, up from initial forecasts of 2.7% made in January 2020. According to Clarksons' latest report, another new record high in the container spot freight market as congestion and disruption in and around ports in southern China helped drive SCFI comprehensive index up 3% w-o-w.

Waterborne transport [MS INPUT]

Of the reporting countries, 3 countries (BE, FR, LV) reported to **vaccinate seafarers** or have plans to do so. **BE** report to have vaccinated about - +- 2000 Belgium seafarers. **FR** indicated to have vaccinated only seafarers affiliated with the social security of seafarers, therefore residing at least in France, can access to vaccination. Since 31 May, regardless of their age, seafarers have access to vaccination. FR does not have precise estimates insofar as the profession is not a criterion required for vaccination. BG, DK and NO mentioned not to specifically vaccinate seafarers or have plans to do so.

3 Member States (BG, DK, FR) are currently **restricting entry for seafarers** from South Asia (India, Pakistan, Bangladesh, Sri Lanka). **BG** does not restrict entry for seafarers who are BG citizens and/or have a permanent and long-term residence in the territory of the Republic of Bulgaria. **DK** is restricting entry from all countries/regions that are labelled yellow, orange or red based on objective criteria and the current epidemiological situation in the countries/regions. **FR** reported that only crew changes are taking place in La Réunion, which concern sailors coming from a country red listed, are not authorized. Prefectural decree n°2021-888/CAB/PBA of 10 May, prescribing the measures necessary to limit the circulation of COVID in the department of La Réunion. 8 countries (BE, FI, HU, IE, PT, RO, SI, NO) indicated that there are no extra restrictions placed on seafarers from South Asia entering their country.





Information on aviation can be found in **Annex 4**.

Support to Small and Medium-sized Enterprises (SMEs) [MS Input]

15 EU/EEA Member States (BE, BG, CZ, DK, ES, FI, FR, IE, LV, LT, LU, MT, NL, CH, NO) have implemented grants and financial transfers to businesses. **BE** at federal level has bridging loans. In the region of Flanders, it has extension of the PMV/z guarantee for amounts up to €1.5 million and has protection mechanisms to support entrepreneurs. **BE** has protection mechanisms to support entrepreneurs and from April to September 2021 gives aid to very hard-hit companies. Brussels has extended the duration and the amount of the rent loan. **BG** supports SMEs in the bus transportation sector, SME's affected by the lock-down, and small enterprises with an annual turnover of over BGN 500 000. **DK** has compensation for companies' fixed costs if they experience large declines in revenues; wage compensation for companies having to fire min 30% or more than 50 employees and compensations to small businesses up to 23.000 DKK per month. **ES** has made changes in temporary employment adjustment schemes that are in place until 30 September 2021 to avoid outright dismissal by promoting the suspension of employment of reductions in working time. A package has been approved to support the most affected sectors, channelled by regions, to support credit restructuring processes of debt banked by public guarantees and to recapitalize medium-sized companies. **FR** has a solidarity fund open through a menu of options to all administratively closed companies and sectors most affected by the crisis. Other sectors can benefit from a monthly compensation of up to €1500. A new aid is added to the solidarity fund from January onwards, up to 70% of the uncovered fixed costs of administratively closed companies or companies in sectors S1 and S1 bis to be covered, subject to conditions. **LT** has subsidies for affected companies, and most affected companies, it has direct COVID-19 loans, subsidies to affected self-employed, a marketplace tax refund, compensation of COVID-19 tests for employees, loans for agriculture/fishery operators and additional guarantees provided by the state. **LV** has a support programme to promote employment in COVID-19 crisis affected tourism sector companies, support to tax payers and wage subsidies, support to idle time for taxpayer, aid to companies to ensure the flow of working capital, support to shopping centres and support to sport centres. In **MT**, there is a free individual travel scheme, a tour operator scheme and **MT** is issuing a second wave of government vouchers. In **NO**, SMEs and other businesses get 80% of their regular costs covered by the state if they can document a need. **NO** has a wage support scheme in which companies receive support per temporarily laid-off employee they take back. On 30 March, the **NO** government announced that it would allocate an additional NOK 750 million to enterprises in municipalities, which are particularly hard hit by infection control measures. **CH** reports having extensions and simplifications for short-time working compensation, emergency funding for culture and sports organizations, compensation for reduced exports promotion activities and support for cases of hardship.

Information on socio-economic aspects can be found in **Annex 5**.

10. THREATS UNDERMINING COVID-19 RESPONSE

Cyber-security [DG CNECT]

Identified incidents in the health sector during the last week are the following:

1. [PL] Poland Target of 'Unprecedented' Cyber Attacks

Last week, the minister in charge of the national vaccination programme, Michal Dworczyk, was the victim of a cyber-attack after his private email address was hacked. Some of his messages, including those about the introduction of COVID-19 restrictions in Poland, were later posted on the Telegram app, however their authenticity is not yet confirmed. The scale of the attacks 'is





larger and targets not only Minister Dworczyk, members of the cabinet of ministers or the conservative-nationalist Conservative-Nationalist Party (PiS), but also an extensive group of people'. The leaked emails were allegedly stolen through a private account the politician set up on one of the popular Polish portals. The leak is believed to have occurred at the end of last year and many indications suggest Dworczyk had fallen victim to a phishing attack.

2. [US],[SA] Healthcare entities in Saudi Arabia, Illinois, and Mississippi fall prey to Xing Team

DataBreaches.net reports on a relatively unknown group that has been hitting the healthcare sector, 'Xing Team'. Like other groups, Xing maintains a dedicated leak site. Currently on that leak site are three large data dumps from three different medical/healthcare entities – two in the U.S., and one in Saudi Arabia. Xing Team claims to have acquired patient data, employee data, and financial reports from GlobeMed Saudi, a healthcare benefits management firm.

3. [CA] Humber River Hospital hit by ransomware variant, prompt response prevented encryption and exfiltration

Humber River Hospital in Toronto was hit with a ransomware attack in the early hours of the morning of 14 June. Their response was organized, immediate, and reportedly very effective. It is important to know that no confidential information was released. However, a variety of clinics have been cancelled and signs have been posted around the hospital to this effect.

4. [US] Over a billion records belonging to CVS Health exposed online

On 10 June researchers revealed the discovery of an online database belonging to CVS Health. The database was not password-protected and had no form of authentication in place to prevent unauthorized entry. Upon examination of the database, the team found over one billion records that were connected to the US healthcare and pharmaceutical giant, which owns brands including CVS Pharmacy and Aetna. The leaked database could be used in targeted phishing by cross-referencing some of the emails also logged in the system - likely through accidental search bar submission - or for cross-referencing other actions. Competitors, too, may have been interested in the search query data generated and stored in the system.

11. EXTERNAL ASPECTS [EEAS]

AFRICA

The number of cases continues to increase on the continent with a 29% increase in the period 7 – 14 June, as compared to the previous week. According to the Africa Centres for Disease Control and Prevention, 15 countries are now seeing the third wave. It is particularly aggressive in the **southern African region**, where health systems are under extreme pressure. The demand for oxygen supplies is rising steeply, some countries already suffering from severe shortages. The **vaccination campaigns** in Africa have started to stall, with a drop from around 900,000 shots administered per day to 500,000.

AMERICA

Last week there were over 1.1 million new COVID-19 cases and 31,000 new deaths reported in the Americas. For the last few weeks, four of the five countries with the highest weekly death counts in the world have continued to be in the region. **Mexico** has reported a slight uptick in cases driven mostly by both the Baja California region and the Yucatan region over the past 2 weeks, while COVID-19 cases and hospitalizations are slowing in the **U.S.** and **Canada**. Cuba and the Dominican Republic continue to drive most new cases in the **Caribbean**, while Trinidad and Tobago is still reporting high death rates. In **Central America**, infections over the past 2 weeks are on the rise in parts of Belize, while case incidence in Guatemala and Panama has risen over the past week. Costa Rica and Honduras are starting to see a decline in cases. **Further south**, recent surges in COVID infections are filling hospitals in Bolivia, Chile, and





Uruguay mostly with younger patients between 25 and 40 years of age. In the Brazilian city of Sao Paulo, 80% of ICU beds are occupied by COVID patients. Colombia's COVID situation is now at its highest point nationally, with very high occupancy of ICU beds in large metropolitan cities. Today, less than one in ten people in Latin America and the Caribbean have been fully **vaccinated** against COVID, yet this region of more than 600 million people has mounting cases, full hospitals, and rapidly circulating variants. Yet while vaccines have been slow to arrive, uptake has not. Just this past weekend, over 140,000 people were vaccinated in the Brazilian city of Manaus. Throughout Latin America and the Caribbean, people are eager for a chance to get vaccinated.

ASIAPAC

Afghanistan, China & India reported significantly higher number of **new fatalities**, while Japan, Malaysia & Pakistan reported significantly lower number of deaths. Afghanistan & Mongolia reported a significant higher number of **new detected cases**, while India, Japan, Malaysia & Pakistan reported significantly lower number of cases. Last week, the number of new cases detected in **South-East Asia** decreased by some 27% (to round 760,000+), while the weekly fatalities increased by some 12% (to around 26,000+). Both trends are largely due to developments in **India**. In the **Western Pacific Region** the number of new cases decreased by some 10% (around 125,000), while the number of fatalities remained more or less stable (less than 2,500) mostly due to positive developments in Japan, Malaysia, and the Philippines. According to reporting from EU Delegations, **vaccinations** have now started in all countries in Asia and the Pacific except DPRK (Kiribati and Niue started last week).

EURCA EAST

The trend of steady decrease in new cases continued at regional level with an average of -19% (to around 17 100) with the exception of Armenia (+4,8%) and Georgia (+1%). The most impressive decrease has been registered in Ukraine (-38,2%) and Azerbaijan (-29,4%). The number of fatalities showed further signs of slowdown in all EaP countries with a regional average of -27,3%. The most significant decrease was registered in Armenia (-46,8%) and Ukraine (-32,3%).

Further details related to the **Russian Federation** can be found in **Annex 6**.

EURCA WEST

Cases in the UK (79 per 100k) were again higher than on average in the EU (27 per 100k). The government announced that the fourth and final step of the roadmap out of lockdown would be delayed by 4 weeks (to 19 July). In other Western European countries, rates are falling. The situation in the Western Balkans continues to improve and several countries further eased restrictions measures, e.g. North Macedonia lifting its curfew. In Turkey, the situation is stable. In the **UK**, COVID-19 cases and hospitalisations rose further, while deaths were stable in the past week. People aged 65 and above made up 27% of hospital admissions in England, their lowest share since the beginning of the pandemic. Only a handful of relaxations will go ahead on 21 June. More areas where the **Delta variant** is spreading have been issued with additional local guidance. The UK's vaccine rollout continues to be on track with 63% of the population having received a 1st dose and 46% their 2nd dose. However, supply shortages of the Pfizer vaccine have forced the NHS to slow down its rollout. The effectiveness of vaccines against hospitalisation with Delta variant was found to be very high. At the same time, the risk of hospitalisation from the Delta variant is thought to be twice as high as from the Alpha variant. Vaccines are to become mandatory for care home staff. G7 leaders in Cornwall announced a commitment to providing at least one billion coronavirus vaccine doses to the rest of the world, including 100m from the UK. In **Iceland**, the infection rate has slightly decreased, and 40,6% of the population fully vaccinated with further restrictions easing since 15 July. The trend of infections in **Switzerland** continues to decline, and 27,4% of the population is now

22 (32)

LIMITE





fully vaccinated. The infection rate in **Liechtenstein** has kept decreasing during last week. The trend of infections in **Norway** is falling, with 25,32% of the population fully vaccinated, and Oslo has eased its restrictions from 16 June. In the **Western Balkans**, the vaccination campaigns are also proceeding. On 15/6, mass vaccination started in Kosovo. In addition to continued delivery of EU-funded vaccine doses throughout the region, Montenegro received a donation from Croatia and North Macedonia from Greece. Another shipment of 25,000 directly procured Sputnik V doses was delivered to Republika Srpska. On 16/06, the Health Minister reported that **Turkey** registered 6,221 coronavirus infections with an increase of 4,5% compared to the previous day. The total number of cases/patients reported is 5,348,249. Turkey has administered over 37 million doses of COVID-19 vaccines since mid-January, so that more than 24 Million people of its 82 Million. Population got their first dose while 14 Million are fully vaccinated. IYI Party leader Meral Aksener wants to propose the Turkish-origin co-founders of German biotechnology company BioNTech for the Nobel Prize for leading vaccine development against COVID-19. Germany intends to lift its travel warning for Turkey.

Vaccination and Epidemiological data from Western Balkans, Turkey, Eastern Partnership, and Southern Neighbourhood can be found in **Annex 7**.

MENA

In the **MENA region**, Algeria, Tunisia, Oman, Kuwait and the United Arab Emirates experienced an increasing trend in daily infections over the last week; low testing and underreporting make it very difficult to assess the epidemiological situation in Syria, Libya and Yemen. In the **Maghreb**, the increasing trend in daily new infections and hospitalisations persists in Algeria and the pressure on the healthcare system is worrying in Tunisia, where the numbers of daily infections and daily deaths are still high. In the **Levant**, a decreasing trend has been noted. In the **Gulf region**, an overall increasing number, where Oman has more than tripled in one month. In regard **vaccination**, Israel and United Arab Emirates continue to lead and vaccination campaign advances at a different pace in the rest of region. In addition to issues with vaccine supplies, the vaccine hesitancy is a challenge in the region. There were no COVAX deliveries last week.

Further details related to **MENA** can be found in **Annex 8**.

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12. MAIN DATA SECTION AND ANNEXES

Annex 1. List of selected sources

More information:

https://ec.europa.eu/health/coronavirus_en

https://ec.europa.eu/echo/what/civil-protection/emergency-response-coordination-centre-ercc_en

<https://www.ecdc.europa.eu/en/covid-19>

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

<https://reopen.europa.eu/>

Annex 2. Abbreviations

Contributions to this report are marked as follows:

ECDC	European Centre for Disease Prevention and Control	WHO	World Health Organization
ECHO	Directorate-General for European Civil Protection and Humanitarian Aid Operations	MS	Member State
EEAS	European External Action Service	BE	Belgium
EMA	European Medicines Agency	EL	Greece
ERCC	Emergency Response Coordination Centre	LT	Lithuania
EU/EEA	European Union/ European Economic Area	PT	Portugal
IPCR	Integrated Political Crisis Response	BG	Bulgaria
ISAA	Integrated Situational Awareness and Analysis	ES	Spain
HOME	Directorate-General for Migration and Home Affairs	LU	Luxemburg
HSC	Health Security Committee	RO	Romania
MOVE	Directorate-General for Mobility and Transport	CZ	Czechia
NEAR	Directorate-General for Neighbourhood and Enlargement Negotiations	FR	France
PLF	Passenger Locator Form	HU	Hungary
PPE	Personal Protective Equipment	SI	Slovenia
RTD	Directorate-General for Research and Innovation	DK	Denmark
ENER	Directorate-General for Energy	HR	Croatia
SARS	Severe Acute Respiratory Syndrome	MT	Malta
TAXUD	Directorate-General for Taxation and Customs Union	SK	Slovakia
UCPM	Union Civil Protection Mechanism	DE	Germany
		IT	Italy
		NL	Netherlands
		FI	Finland
		EE	Estonia
		CY	Cyprus
		AT	Austria
		SE	Sweden
		IE	Ireland
		LV	Latvia
		PL	Poland
		IS	Iceland
		NO	Norway
		LI	Liechtenstein
		CH	Switzerland
		UK	United Kingdom
		US	United States

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Annex 3. Case management [MS INPUT]

EU/EEA countries	N° of intensive care units AVAILABLE for COVID-19 patients	Percentage (%) of intensive care units (currently OCCUPIED with COVID-19 patients	N° of intensive care beds that can be set-up as surge capacity
Austria	654	4%	177
Belgium	2019	12%	820
Croatia	390	3.4%	
Czech Republic	890	0.5%	759
Denmark	441	5%	300
Estonia	17		
Finland	25		180
France	10000	35.6%	15147
Germany	23250	5.4%	10202
Ireland	303	5.6%	
Latvia	142	31%	0
Lithuania	138	27%	167
Luxembourg	100	2%	
Malta	5	0	125
Netherlands		27.84%	
Spain	9416	9.1%	13200
Sweden	496	25%	
Norway	600	3.2%	700
Switzerland	353	8.2%	

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Annex 4. Measures in the aviation [MS INPUT]

EU/EEA countries	Do you provide aviation sector access to short time work scheme; salary support scheme; temporary unemployment scheme?	Do you provide loans or loan guarantees to the aviation sector?	What other support or aid is available to aviation sector?
Belgium	Yes	Yes	-
Bulgaria	Yes - Passengers' air transport is included in the prescribed conditions and procedures for payment of compensations to employers with view to maintain the number of their employees during the COVID-19 emergency (as per Council of Ministers Decree No 55 of 30.03.2020).	No	Passengers' air transport is included in the prescribed conditions and procedures for payment of compensations to employers with view to maintain the number of their employees during the COVID-19 emergency (as per Council of Ministers Decree No 55 of 30.03.2020).
Croatia	Yes, a horizontal salary support scheme exist in the Republic of Croatia, applicability conditions apply.	Yes	Only what is provided for in the EC's temporary framework for state aid measures to support the economy in the current covid-19 outbreak and what the national financial framework allows.
Cyprus	Yes, a Ministry of Labour & Social Insurance short term salary support scheme is in effect (the government funds 60% of a worker's salary)	Yes, a loan of € 22.2million to Hermes Airports Ltd, the operator of Cyprus' Airports, has been granted, as a measure undertaken by the Cyprus Government to remedy the serious disturbance in the economy due to the outbreak of the pandemic.	An incentive Scheme, fully funded by the Republic of Cyprus, addressed to all airlines has been implemented with the aim of re- establishing the connectivity of the island. The duration of the scheme is June 2020-June 2021. The maximum amount approved to be offered is € 6.3 million.
Czech Republic	No	Yes	Overall economic relief programmes are available to the aviation sector. Moreover aeronautical charges deferrals and regulatory flexibility are also available.
Denmark	Yes, businesses which in relation to COVID-19 are faced with layoffs of minimum 30% of its employees or more than 50 employees, will be entitled to a compensation of 75% of its employees' salaries (max 30,000 DKK). For workers paid by the hour the company may receive up to 90% compensation, (max 30,000 DKK). The scheme applies to the business sector in general and is in force until August 29, 2020 and again from December 9 2020.	Yes, businesses, including the aviation sector, can apply for loans and guarantees	Temporary compensation scheme for companies' fixed costs: The share of fixed costs that can be compensated is 80% (if the decrease in turnover is between 80-100%), 50% (if the decrease in turnover is between 60-80%), or 25% (if the decrease in turnover is between 35-60%). Postponement of payment deadlines for certain taxes, VAT and labour market contributions. Government support for the recapitalization of SAS.
France	Yes-It is not specific to aviation, it applies as for other sectors (package designed by the Ministry of Social affairs).	-	France notified a deferral payment scheme of certain aeronautical taxes to compensate damages suffered by airlines due to the coronavirus. The Commission approved the scheme on 31.3.20. Additionally by Decision of 5 April 2021 authorising a recapitalisation of Air France for an amount of €3.5 billion (a large part of which results from the conversion of the shareholders' loan already authorised by the Commission): the capital increase (between €400 and 500 million) will be subsidised in priority by the State.





Germany	Employees of the aviation sector also have access to short time work scheme; salary support scheme; temporary unemployment scheme.	Yes, Government assistance to airlines.	-
Ireland	Yes, the Employment Wage Subsidy Scheme (EWSS). For more information can be found here .	No	Under EU State aid rules, the European Commission approved a €26 million Irish aid scheme to compensate Irish airport operators for the losses caused by the coronavirus outbreak and by the travel restrictions imposed by Ireland to limit the spread of the coronavirus. The aid consists of three measures: (i) a damage compensation measure under Article 107(2)(b) of the Treaty on the Functioning of the European Union (TFEU); (ii) an aid measure to support eligible airport operators up to a maximum of €1.8 million per beneficiary under Section 3.1 of the Temporary Framework on State Aid; and (iii) an aid measure to support the uncovered fixed costs of eligible companies under Section 3.12 of the same Framework. It is intended that all aid will take the form of direct grants. The damages measure, which will be open to operators of Irish airports that handled more than 1 million passengers in 2019, will compensate eligible companies for a portion of the net losses suffered during the period 1 April and 30 June 2020. The Commission found that this measure will only provide compensation for damage directly linked to the coronavirus outbreak and is fully proportionate as the compensation envisaged will not exceed what is necessary to make good the damage. With regard to the other two measures, the Commission found that they are in line with the conditions set out in the State aid Temporary Framework.
Latvia	No	No	By the decision of the European Commission SA56943 (2020/N) of 3 July 2020 in case of "COVID-19: recapitalization of airBaltic", the European Commission has decided not to raise any objections to the aid to airBaltic by increasing its share capital by EUR 250 000 000. JSC "Latvijas gaisa satiksme" received EUR 6 million as increase of the share capital. By the decision of the European Commission SA57756 (2021/N) of 8 March 2021 in the case "Latvia COVID-19: Recapitalisation of Riga International Airport", the European Commission has decided not to raise any objections to capital injection aid in the form of a capital increase of EUR 35.23 million, and the dividend waiver aid in the form of waived dividend payment for the 2019 financial year, for an amount of EUR 4.51 million
Luxembourg	Yes	Yes	-
Malta	No	No	-
Romania	No	Yes	State aids as grants for airport operators
Switzerland	Yes- The operators in the sector have the same access to short time work scheme as any other sector.	Yes	-
Norway	Yes. The aviation sector has the same access to various employment related schemes as other sectors.	Yes	On 29 January, the government presented a proposition with new measures for Norwegian aviation. For 2021, the measures amount to well over NOK 7 billion, and for 2020 and 2021. in total, the measures amount to more than NOK 21 billion.

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Annex 5. Socio-economic impact [MS INPUT]

EU/EEA MS	Activities in place to monitor / model economic/social impacts
Belgium	BE established an Economic Risk Management Group (ERMG) to monitor, assess and analyse the economic impact of the pandemic. Under the ERMG auspices, the National Bank of Belgium (NBB) in partnership with several sectoral and regional employer federations, has been conducting on a regular basis a survey among firms and self-employed in order to map the impact of the Covid-19-crisis as accurately as possible. Since August 2020, the survey has been conducted on a monthly basis. Additionally, in cooperation with Microsoft, web-based surveys have been launched to track the financial repercussions among (different types of) households and the changes in their consumption behaviour. Also, a joint macro scenario was published by the NBB and Federal Planning Bureau on April 8 2020. In early June 2020, this was superseded by fully-fledged (separate) macroeconomic projections published by both institutions. All relevant information is shared with the Belgian government
Czechia	The Czech Statistical Office continues to publish regular outputs, especially in the form of News releases (such as data on construction, industry, foreign trade, employment etc.). Our Ministry of Labour and Social Affairs also examined the social impacts through the number and type of benefits paid, for example, nursing allowance paid in relation to closed schools. The increase in the number of benefits paid coincides with waves of the pandemic
Denmark	The development on the labour market has been closely monitored through daily data on the number of: Unemployed (claims for unemployment benefit and cash benefit); Job adverts; Large-scale dismissals; Short time work schemes; This information has been applied both when introducing and phasing out business support and job retention schemes. In parallel with phasing out the support schemes, The Danish government is very focused on investing in upgrading outdated education of unskilled and skilled workers. Social impacts have been monitored by three partnerships with relevant stakeholders from the public and private sector as well as civil society, cultural institutions etc. The three partnerships each focus on one of three key groups: Socially excluded adults; Disadvantaged children and young people; Children and adults with physical or mental disabilities. The main purpose of the partnerships is to identify the challenges that these particular groups face during the current COVID-19 situation as well as to help identify possible solutions. The partnerships have been established as part of a broad political agreement. The Minister of Social Affairs and the Interior as well as the parties behind the political agreement monitor the work of the three partnerships.
France	FR economic activity is closely monitored, both by the national statistical institute and by the government. The work to prepare the exit strategy includes taking into account the economic consequences of the various existing schemes, so that it penalizes economic activity as little as possible. However, modelling the economic effects of fine-grained decontamination strategies is complex, and this work should be understood as a decision support tool
Germany	Economic and social impacts of Covid-19 crisis are permanently monitored and assessed in different way, i.e. internal ad hoc analysis, surveys commissioned by the Federal Ministry for Economic Affairs and Energy, reporting to international institutions (OECD, IMF, EC), economic forecasts of the Federal Government etc. This information is considered for pandemic containment measures and exit strategy.
Ireland	All socio-economic impacts are being monitored in the context of the Resilience and Recovery 2020-2021 plan. The Economic Recovery Plan 2021 was launched on 1 June.
Latvia	Timely and reliable data and information has been needed for policymakers to monitor/model and mitigate the negative economic and social impacts of the crisis induced by COVID-19. Official statistics, as well as alternative (new) data sources have been used to monitor and analyse the impacts of COVID-19 and to design policy responses (actions, support instruments etc.). For example, to analyse the economic impact of COVID-19 in specific sectors, surveys of businesses/entrepreneurs have been implemented. The strategy of Latvia to overcome the economic crisis of Covid-19 (approved by the government on 26 May, 2020) has been designed by the Ministry of Economics in collaboration with social partners and other stakeholder
Lithuania	Bank of Lithuania. Monitoring - daily and monthly (if available) data is used to monitor economic activity. Impact analysis - macroeconomic modelling and sectoral multipliers evaluation
Luxembourg	The "Economic Committee (Comité de conjuncture)" is a special body that monitors the economic climate. There has also been groups that has been created to fight against the crisis: - Interdepartmental Working Group on Deconfinement Strategy - Ad hoc group to accompany the measures decided in the fight against Covid-19.
Malta	The National Statistics Office has been monitoring macroeconomic impact. It is also conducting a survey in collaboration with the MFH in order to monitor, amongst others, social impact of the COVID-19 pandemic
Netherlands	A dashboard with socio- and macro economic indicators that also monitors the socioeconomic emergency measures was developed. This dashboard is updated on a regular basis and functions as a source of information for the Dutch government. The Dutch support package which aims to retain jobs and prevent closure of companies, is dependent on economic and health-dependent circumstances. If circumstances change, economic policy will adapt to these new outcomes. Furthermore, an additional social package was formed to accompany the possibility of phasing out direct support by increasing efforts aimed at training, reintegration, poverty and debt relief, and youth unemployment.
Slovenia	The Ministry of Labor, Family and Social Affairs monitors: - the number of beneficiaries and amount of social transfers for labour market measures (waiting for work, part-time), analysis and forecasting of trends; - the number of beneficiaries and amounts of social transfers for social measures - preparation of monthly reports on social transfers - monitoring of social trends





Spain	Adoption of several measures with the overarching objective of supporting households, workers and firms, as well as the most vulnerable. These include the provision of liquidity to corporations, in the form of public guarantees, loans and deferral of debt instruments and utility charges payments; fiscal support through tax deferrals of different kind; temporary unemployment protection schemes to the workforce of sectors affected by this shock, together with waivers of Social Security contributions; and targeted support measures to self-employed. There are other measures in place to provide social support to families, especially the most vulnerable, including deferrals of taxes, mortgage payments, rents and utility charges; increase of social expenditure, such as meal grants; or measures to protect customers. Additionally Spain has approved a minimum income scheme that will benefit 2,3 million individuals and more than 850,000 households, and will eradicate extreme poverty and foster social and labour market inclusion. Additionally, sectoral measures have also been put forward in the automotive and tourism sector, among others
Norway	In addition to Statistics Norway's monitoring of the Norwegian economy, an independent expert group appointed by the Government has delivered a report with analysis of the socio-economic consequences of the measures undertaken and a government-appointed working group has prepared an interim report on the financial consequences of covid-19 for the municipal sector.
Switzerland	Monitoring of high frequency data (transport activities, energy consumption, etc.), calculation of an index weekly economic impact.

Annex 6. Russian Federation – COVID-19 developments and trends [EEAS]

Key epidemiological data and developments that may have a significant impact on the epidemic evolution

- As of **17/6**, the number of detected new cases of coronavirus infection over the past 24 hours amounted to **14 057**. The total number of infected has reached **5 264 047 cases**. The number of deaths amounts to 127 992, with 416 deaths in the last 24 hours. In **Moscow**, a total of 1 260 089 cases have been recorded (6 195 more in one day). **4 839 705** patients in total have recovered (11 205 over the last 24 hours). Over 143,9 million tests have been conducted across the country. **Key data on vaccinations:** as of 17/6 – more than 19 million people vaccinated with at least one dose (13.3%); more than 14 million – fully (**10.2%**).
- Third wave hits Russia, Moscow remains the epicentre. The main concern is the capacity of capital's healthcare system** – in particular, hospital bed occupancy with daily hospitalisation rates in between 1500 – 1800. On 16 June, authorities warned that at this pace, hospital beds will be filled in 2-3 weeks. The chief doctor of Moscow's main COVID-19 hospital reported **unprecedented numbers of patients in emergency care**; he spoke in favour of imposing compulsory vaccinations. He also said that **hospital patients were not responding to treatments that were previously effective, indicating that mutated COVID-19 strains were present in the capital**. Same day, Moscow Mayor Sobyenin announced **mandatory vaccination for service sector workers (businesses operating in the hospitality, education, healthcare and entertainment sectors will be required to ensure 60% of their workforce is vaccinated)**. Sobyenin reported that 17 000 beds have been deployed in the capital, and soon their number will exceed 20 000, adding that "the possibilities are not limitless, we are **very close to introducing tougher restrictions**". Previously, President Putin insisted that vaccinations should not be compulsory and boasted of Russia's economy entering into a post-crisis recovery period (which was largely due to absence of lockdowns). It is expected that there will be substantial demand for fake vaccination certifications; cases have been reported already.
- "Moscow" strain:** A new "Moscow variant" of the virus has been identified in Russia, scientists from Russia's Gamaleya Institute are evaluating the vaccination's efficacy against this new strain. **Sobyenin informed that the original Wuhan strain is practically absent in Moscow, a new mutation is circulating, which is "more aggressive, harder to recover from, spreads faster and hits harder on a person's immunity"**. Several experts say this is hardly surprising – with such low percentage of people vaccinated, it is a "fertile soil" for the virus to spread and mutate further. Reportedly, the Russian Sputnik V COVID-19 vaccine is more effective against the **Indian strain (Delta strain)** than any other vaccine (with published results). **Authorities say that the spread of the Delta variant across Russia has "seriously increased" in the last two weeks**, some claim it accounts for ~60% of cases.

Political and security impact of the epidemic

- Sputnik V:** As of 17/6, Sputnik V is registered in **67 countries**.

Socio-economic impact of the epidemic

- Russia's Economy Hits Pre-Coronavirus Size**, says Central Bank (CB). As Russia's largest cities are reintroducing coronavirus restrictions, economy hits recovery milestone. Russia's economy has become one of the first in the world to reach its pre-coronavirus size, according to CB's Nabiullina. Russia's economy contracted by 3% in 2020, knocked by a six-week nationwide lockdown, prolonged closures of service industries and cuts in oil production in a bid to stabilize prices. Economists say Russia's economy suffered significantly less than others, in part due to the small size of the Russian service economy, which has been hit hardest by the pandemic, and the large role of state in the economy, which has cushioned the economic fallout. It has also bounced back strongly during the first months of 2021, with no significant coronavirus-related restrictions in force and many large companies reporting record profits. The onset of the third wave of infections, however, could yet disrupt the

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recovery, Moscow workers are currently on a week-long paid vacation, designed to keep them out of offices and off public transport networks in order to act as a circuit breaker, with cases having risen dramatically in recent days. Restaurants, cafes and bars are forced to close at 11 pm and companies must ensure at least 30% of their non-vaccinated staff are at home.

New Team Europe response initiatives, events with an important consular and/or duty of care impact, major disinformation incidents

Consular protection:

On 15 June, **President Putin** signed a decree on temporary measures regulating the legal status of foreigners in Russia during COVID-19:

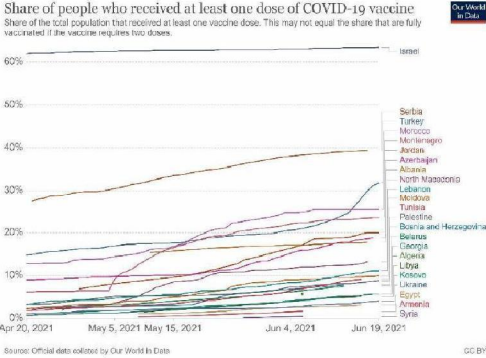
- valid work permits of highly qualified specialists who have stayed outside of Russia for more than 6 months will not be cancelled;
- temporary and permanent residence permits, work permits, all visa types and migration cards of foreigners will be extended until 30 September 2021, provided that the foreign nationals apply to the Ministry of Internal Affairs to regularise their legal status;
- employers or service providers may apply for issuance or renewal of work permits to foreigners regardless to the declared purpose of visit to Russia.

UEFA 2020 championship in Saint Petersburg

- As of 14 June, visitors of the fan zones are required to wear masks.
- As of 17 June, the sale of food (except for drinks) will be prohibited in the fan zones.

Annex 7. New Vaccination and Epidemiological data from Western Balkans, Turkey, Eastern Partnership, Southern Neighbourhood [DG NEAR]

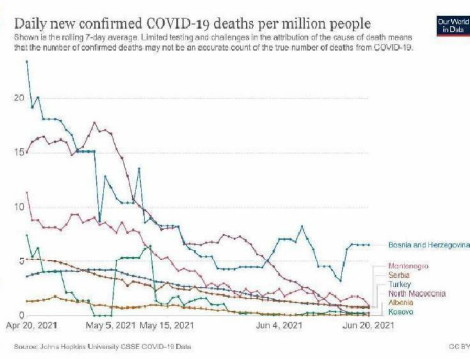
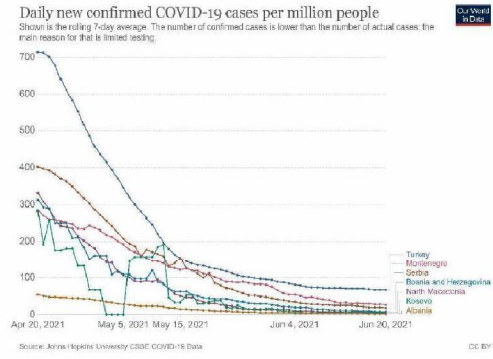
Vaccinations in NEAR countries (20 April - 20 June 2021)



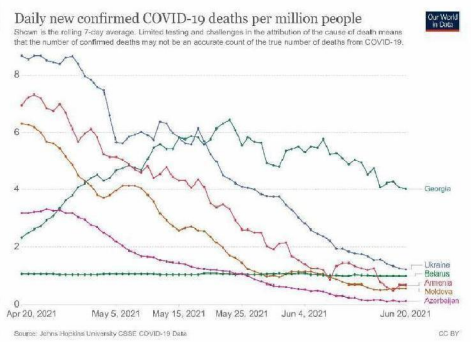
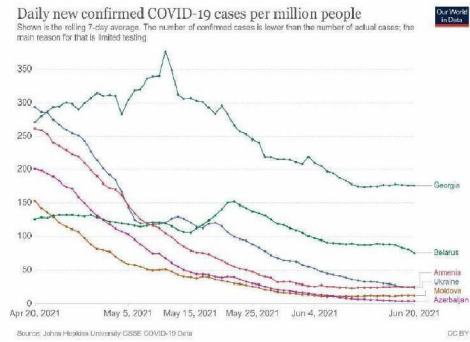
Western Balkans + Turkey: Daily new cases and deaths (20 April - 20 June 2021)

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Eastern Partnership: Daily new cases and deaths (20 April - 20 June 2021)

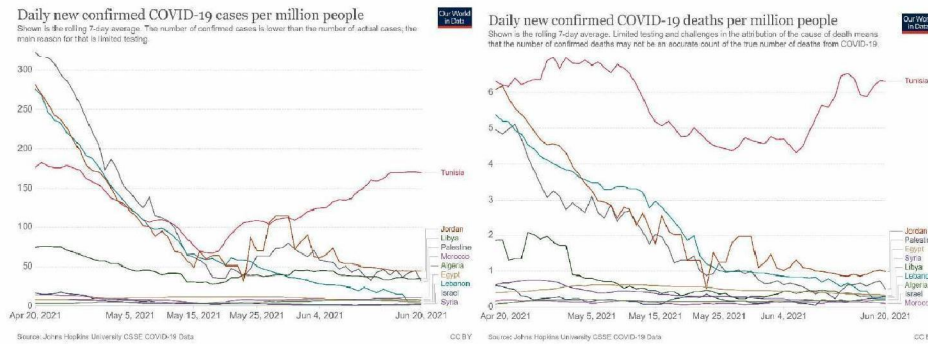


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Southern Neighbourhood: Daily new cases and deaths (20 April - 20 June 2021)



Annex 8. MENA [EEAS]

In the **Maghreb**, the increasing trend in daily new infections and hospitalisations persists in ALG (hospitals in bigger cities' reaching maximum capacity). The pressure on the healthcare system is worrying also in TUN where the numbers of daily infections are still very high (close to the previous peak in early May), and the daily deaths are on the rise (TUN is the country in Africa and in MENA region with the highest number of deaths per M/habitants). The number of infections is stable in MOR (where doctors warn of a potential third wave as a consequence of easing restrictions, reopening of the borders and possible spread of less vaccine-resistant new variants) and is decreasing in LBY. In the **Levant**, the decreasing trend is noted for the whole region, most notably in ISR as a result of the impressive vaccination campaign which made ISR one of the first countries in the world to fully reopen following the COVID-19 pandemic. In EGY daily infections declined by 50% over the last 2 weeks and the numbers are going down also for JOR, LEB, PAL and SYR (low testing and underreporting to be noted). In the Gulf region, the number of daily infections in OMN has more than tripled in one month and the trend is on the rise also in KWT, UAE (Abu Dhabi will be the first city in the world to use anti-COVID medication Sotrovimab, to supplement the vaccination campaign), and (slightly) in IRQ. Numbers kept fluctuating in KSA. The decreasing trend has been noted for BAH, QAT, IRN. Data for YEM remain unavailable. In regard **vaccination**, a wide gap persists between ISR and UAE (global vaccination leaders) and the rest of the region. Some Gulf countries, in particular BAH and QAT are progressing very rapidly while IRQ, IRN and OMN are lagging behind. MOR and JOR managed to advance well. LEB and PAL are progressing moderately while EGY and LBY (which secured vaccines for substantial percentage of the population) are progressing slowly. TUN has speed up its vaccination campaign while the situation in ALG, SYR and YEM is of particular concern, as they are mostly dependent on COVAX.

IRAN. As of 20 June, Iran's Health Ministry confirmed 8,161 new COVID-19 infections and 111 deaths over the past 24 hours. The number of total coronavirus cases in the country has so far reached 3,095,135 with the death toll standing at 82,965. President Rouhani said at a meeting of the National Task Force for Fighting Coronavirus (NTFFC) that two Iranian vaccines had received emergency use authorisation and would be added to the roster of vaccines used in Iran. So far, 4,384,451 people have received the first dose of the COVID vaccine, 919,557 people have received the second dose. 22 cities are red, 175 are orange, and 251 are yellow zones.

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