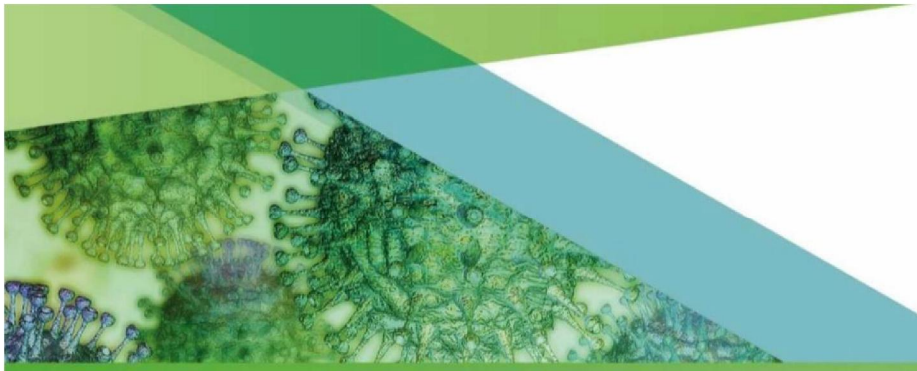


ECDC Weekly Policy Brief – 25 February 2022

Not for publication

COVID-19 in EU/ EEA

Reporting period: 14–20 February 2022

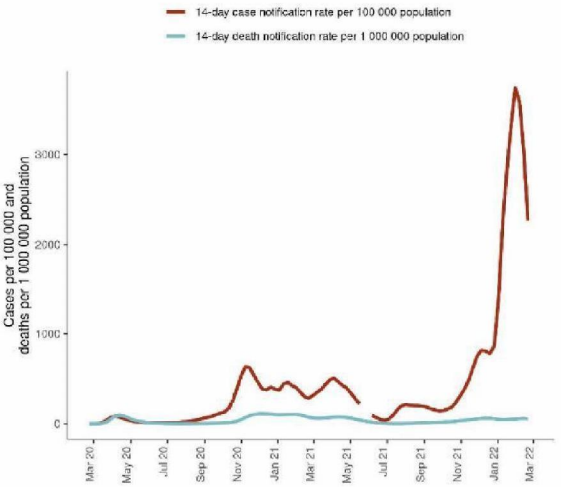
Summary

- As of 20 February 2022, the overall epidemiological situation in the EU/EEA was characterised by a high but sharply decreasing overall case notification rate (**2 265 per 100 000** population, a **25% decrease** since the previous week). Only three countries (Iceland, Latvia and Slovakia) reported an increase compared to the last week; among those only Slovakia is forecast to see continued rises in the next two weeks.
- Although the Omicron wave has peaked in most countries in terms of reported case rates, the **reliability and comparability of this indicator is threatened** by plans, including in most Nordic countries, to stop widespread free testing for COVID-19. Sweden, where this has already occurred, reported the lowest number of tests any EU/EEA country last week. A shift to testing only of cases of severe disease will limit countries' ability for early detection in the young, among whom the major epidemic waves to date have begun. ECDC urges countries to maintain systems of representative testing and reporting of symptomatic people in the general population sufficient to monitor transmission in all age groups in the coming months.
- The impact of the huge case loads due to Omicron continues to be seen in reported death rates. The EU/EEA rate was 56 deaths per million population, down 6.6% compared to the previous week, with **11 655 deaths reported** in the week to 20 February. Increasing trends in deaths are predicted for 15 countries in the next two weeks.
- A new trend is visible in some countries, for example, Austria, Denmark, Estonia and Finland, where increases in hospital admission are not followed by the same trend in ICU admissions. This was not commonly observed prior to the Omicron wave, and it is likely due to a higher proportion of incidental hospital admissions of Omicron cases, many of whom have been among the younger age groups.
- Of concern is that **transmission of Omicron continues to increase among older age groups**, despite the drop in overall case rates. In the reporting week, 10 countries observed increasing case rates among those aged 65 years and older. As Omicron spreads among older people, we may see a higher proportion of severe outcomes, compared to the currently observed reduced severity of Omicron infection.
- Denmark reported its highest ever values of cases among 65+ years, hospital admissions and mortality. Officials in the country report that many of the hospital admissions and deaths are among people with, not due to, COVID-19. The much lower ICU occupancy (23% of the pandemic peak) confirms this, although this indicator stopped falling two weeks ago. The high transmission among the elderly combined with lifting of measures may put additional pressure on hospitals in the coming weeks.
- The **Omicron variant of concern** continues to be dominant in the EU/EEA, with its BA.2 sub-lineage increasing in most countries. Of note, the UK has confirmed three small clusters of Omicron-Delta recombinant viruses; so far there is no indication of any further spread or concerning properties of these recombinant viruses.
- Uptake of the primary vaccination course against COVID-19 in the total population of the EU/EEA has reached **71.6%**. The uptake of a vaccine dose in addition to the primary series in the total population is **50.8%**, 2.5% higher than the previous week.
- More EU/EEA countries have recently moved to ease restrictions, including Austria, Bulgaria, Germany, Greece, Latvia, Malta and Portugal.
- A period of manageable COVID-19 impact in the population may follow the current Omicron wave. During this period countries should **focus on strengthening** their surveillance, healthcare systems, and overall pandemic preparedness; researchers and vaccine manufacturers should prioritise the development of **variant-independent vaccines** and of vaccines that are more protective against infection and confer a longer lasting immunity.

Key COVID-19 trends in Europe

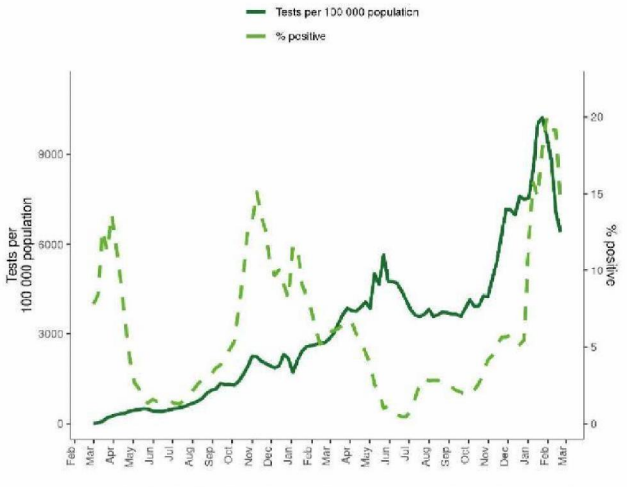
1 March 2020 to 20 February 2022: 14-day COVID-19 case and death notification rates, testing rate and test positivity trends

EU/EEA: 14-day COVID-19 case notification rate, 1 March 2020 to 20 February 2022



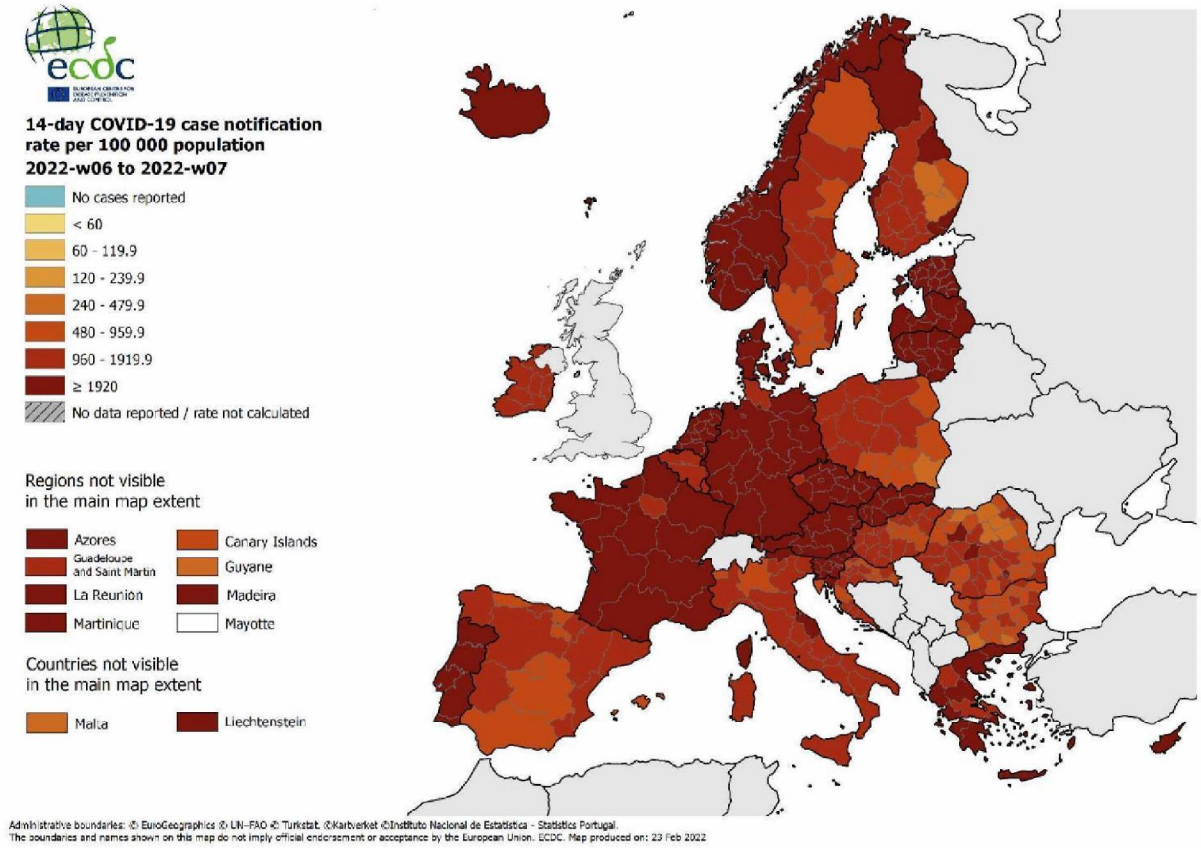
Source: Epidemic intelligence national data and TESSy COVID-19

EU/EEA: testing rate and test positivity (%), 1 March 2020 to 20 February 2022

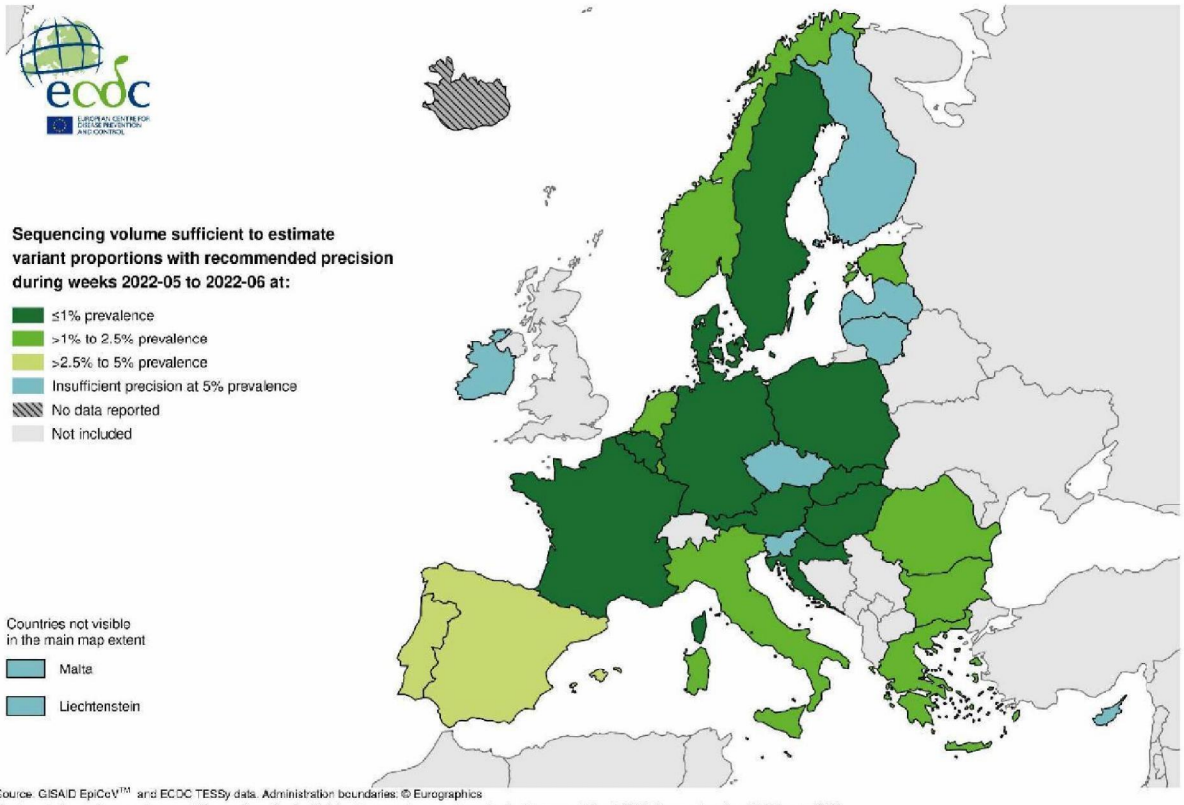


Source: TESSy and public websites. Data shown for countries submitting data up to 20 February 2022

20 February2022: current 14-day COVID-19 case notification rate per 100 000 population



Sequencing volume for estimating variant proportions by country, 31 January – 14 February 2022, using data submitted to TESSy and to the GISAID EpiCoV database



Sequencing capacity varies greatly across the EU/EEA. ECDC uses data reported to the GISAID EpiCoV database or to TESSy to estimate the distribution of variants in countries reporting an adequate average weekly volume (adequate for detection of a variant at 5% prevalence or lower; levels 1a-c below) of SARS-CoV-2-positive cases sequenced. Due to reporting delays in many countries, the two-week window excludes the most recent week.

Sequencing volume in the reporting period	Countries
1a. Precision at 1% or lower prevalence	Austria, Belgium, Croatia, Denmark, France, Germany, Hungary, Poland, Slovakia and Sweden
1b. Precision at >1% to 2.5% prevalence	Bulgaria, Estonia, Greece, Italy, Luxembourg, Netherlands, Norway and Romania
1c. Precision at >2.5% to 5% prevalence	Portugal and Spain
2. Insufficient precision at >5% prevalence	Cyprus, Czechia, Finland, Ireland, Latvia, Liechtenstein, Lithuania, Malta and Slovenia
No data	Iceland

Epidemiological overview of COVID-19 in EU/EEA

Key epidemiological indicators for the EU/EEA

Indicator	Previous week	Reporting week	Change (%)	Proportion of pandemic maximum (%)
Tests per 100 000 people	7 077	6 415	-9.4	63
14-day case notification rate per 100 000	3 036	2 265	-25	60
Test positivity (%)	19	14	-26	13
14-day case rate per 100 000 (65+ yrs)	1 228	1 060	-14	83
Hospital admissions per 100 000	61	53	-12	53
Hospital occupancy per 100 000	87	80	-8.9	80
ICU admissions per 100 000	36	30	-16	30
ICU occupancy per 100 000	56	52	-7.1	52
14-day death rate per million	59	56	-6.6	49

Key indicators by EU/EEA country

Summary of epidemiological indicators: current value as of 20 February 2022

	Tests per 100k	14-day case rate per 100k	Test positivity (%)	14-day case rate per 100k (65+ years)	Hospital admissions per 100k	Hospital occupancy per 100k	ICU admissions per 100k	ICU occupancy per 100k	14-day death rate per million
EU/EEA	6 415	2 265	14.2	1 060	53.1	79.6	30.2	52.4	55.6
Austria	69 839	4 142	2.5	1 800		52.8		27.9	31.2
Belgium	2 626	1 417	20.4	1 050	31.0	45.1		23.9	50.6
Bulgaria	2 441	1 052	18.3			54.7		74.7	183
Croatia	3 952	1 415	14.5	952					167
Cyprus	40 134	3 636	4.1	1 612	46.2	58.5	45.2	24.9	61.9
Czechia	4 856	2 485	20.5	1 200	50.0	43.0	24.1	12.9	68.2
Denmark	19 468	9 875	22.1	5 627	100	100		23.3	74.0
Estonia	5 008	5 808	59.0	2 181	100.0	83.6	28.1	28.3	74.5
Finland	1 920	1 379	33.6	289		97.8		39.4	25.3
France	3 621	2 270	23.7	1 372	56.1	91.2	34.4	44.6	62.4
Germany	2 886	2 951	48.2	904				42.6	19.8
Greece	61 215	2 320	1.9	947	63.5		44.4		108
Hungary	1 502	1 117	29.0	829		42.2			126
Iceland	11 971	8 557	39.8	3 263	100	63.8			27.5
Ireland	2 246	1 132	19.0	792	57.3	31.8	37.3	27.7	38.1
Italy	5 781	1 146	7.1	606	19.0				70.7
Latvia	7 936	7 121	44.5	2 591	89.7	83.3	31.3		124
Liechtenstein	3 541	3 670	44.4	1 129	35.7				51.6
Lithuania	3 974	7 250	47.9	3 096					70.9
Luxembourg	2 439	1 530	23.7	751	15.1	22.2		19.6	20.8
Malta	3 019	271	4.1	309	28.8	37.2		13.2	19.4
Netherlands	5 185	6 922	38.6	1 631	37.0	48.6	13.0	12.6	8.7
Norway	2 952	4 434	62.9	430	100	100	41.6		15.3
Poland	1 781	990	22.0			52.8			85.0
Portugal	5 506	2 527	17.5	1 372		31.2		15.2	57.6
Romania	2 156	1 224	22.0	1 097		53.5		60.8	67.3
Slovakia	7 376	4 746	30.3	1 826		71.1		41.0	51.1
Slovenia	26 255	3 803	5.1	2 132	63.3	56.9	38.5	42.5	109
Spain	1 632	785	17.6	589	8.2	35.5	4.1	28.9	32.7
Sweden	1 386	819	15.5	565		64.1	16.5	15.5	35.5

Level of current value, coloured by class breaks used for the composite epidemiological score: 1 (lowest), 2, 3, 4 (highest), Not applicable

The overall epidemiological assessment for each country, based on the above indicators, is available in Annex 1.

Detailed data on EU/EEA countries are available online in ECDC weekly country overview.

Outbreaks in long-term care facilities (LTCFs)

- Comparing the reporting week to the preceding four weeks, the number of COVID-19 cases as well as COVID-19 deaths in long-term care facilities have increased in five countries (Austria, Belgium, Lithuania, Luxembourg and the Netherlands) of the 11 countries (Austria, Belgium, Croatia, France, Ireland, Lithuania, Luxembourg, the Netherlands, Slovenia, Spain and Sweden) that report this data to TESSy.

Variants of concern

- The following variants are currently listed as **of concern for EU/EEA: B.1.351** (Beta, first detected in South Africa); **P.1** (Gamma, first detected in Brazil), **B.1.617.2** (Delta, first detected in India) and **B.1.1.529** (Omicron, first detected in Botswana).
- The median (range) proportion of the variants of concern in the period of 24 January to 6 February 2022 was 98.9% (55.5–100.0%) for B.1.1.529 (Omicron) and 0.9% (0.0–23.5%, 1 722 detections) for B.1.617.2 (Delta).

Omicron (B.1.1.529)

- Among **Omicron cases** with known outcomes, 2.19% were hospitalised, 0.32% required ICU admission/respiratory support and 0.23% died, compared to 4.29% hospitalised, 0.79% requiring ICU/respiratory support and 0.72% deaths among Delta cases reported since 14 November 2021.
- The **BA.2 sub-lineage** of Omicron shows increasing trends in most countries in the EU/EEA with sufficient sequencing reporting. For countries with highest proportions, the BA.2 Omicron sub-lineage accounted for 95% in Denmark, 72% in Sweden, 61% in Norway and 36% in Belgium of all sequenced viruses (GISAID EpiCov data as of 22 February).
- In particular, **BA.2 is the dominant** Omicron sub-lineage in Austria, Denmark, Sweden and Norway. Preliminary evidence suggests that this switch is driven by the increased transmissibility of BA.2 compared to BA.1. No data are available yet to indicate any difference in severity, vaccine effectiveness or risk for reinfection in regard to BA.2 compared to BA.1.
- The **BA.3 sub-lineage** of Omicron continues to be a rare sub-lineage with a low number of sequences reported world-wide (in total 496 sequences deposited). The latest data indicate circulation of BA.3 in Poland at around 1% of the total sequences in the first five weeks of 2022. There is currently no evidence that indicates any change in transmissibility, severity, vaccine effectiveness or risk of reinfections for BA.3 compared to BA.1.

Variants of interest

- Currently, there are no variants included in the list of variants of interest.

Variants under monitoring

- The list of variants under monitoring currently includes **1 variant, B.1.640**.

The lists of variants of concern, variants of interest and variants under monitoring in the EU/EEA are reassessed on a weekly basis. The latest assessment was done on 24 February 2022 and no changes were made to the variant lists.

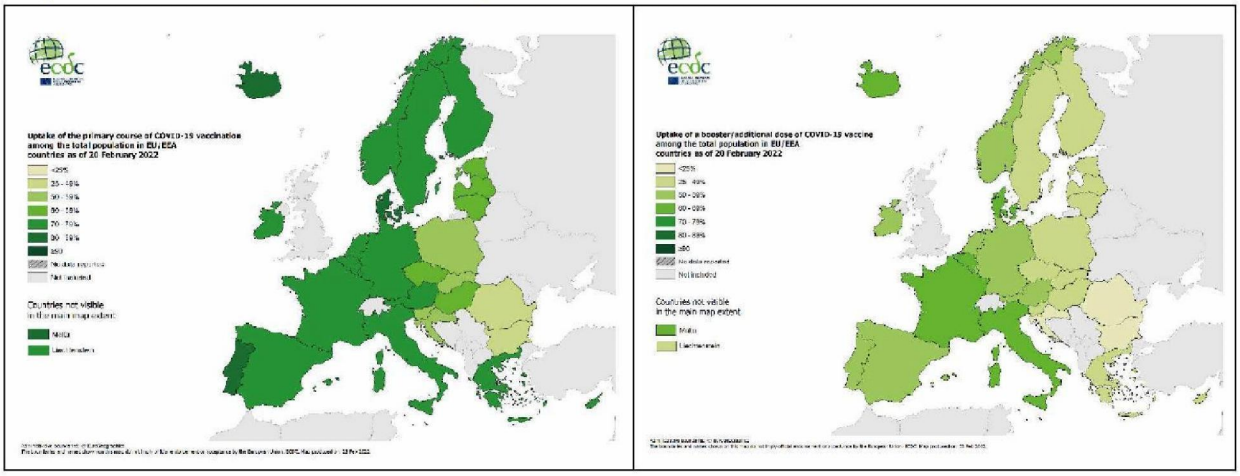
A full table with detailed information on current variants of concern, of interest and under monitoring in the EU/EEA is available in Annex 2.

COVID-19 vaccine rollout in the EU/EEA

Key figures per population group as of 20 February 2022

Population group	Uptake of primary course[1]	Uptake of booster/ additional doses[2]	Number of countries reporting
Total population	**71.6 %**	**50.8 %**	**30**
Adults (18+)	**82.8 %**	**61.4 %**	**30**
Persons aged 60+	**91.3 %**	**81.6 %**	**29**
Healthcare workers	**90.0 %**	**42.9 %**	**17** (primary course) **13** (booster/additional doses)
Residents of long-term care facilities	**83.4 %**	**54.9 %**	**13** (primary course) **10** (booster/additional doses)

Uptake of primary and booster/additional vaccination among total population in EU/EEA countries as of 20 February 2022



More detailed information on the vaccine rollout and country-specific disclaimers on the data may be found in the ECDC Vaccine Tracker.

[1] Uptake of the primary course shows the cumulative uptake of the primary vaccination course based on the dosing schedule authorised in the EU/EEA.

[2] Uptake of booster/additional doses shows the cumulative uptake of vaccine doses administered in addition to the primary course. It includes booster doses as well as additional doses that are administered as an extension of the primary course, for example, in certain immunocompromised individuals.

Hot topics and recent developments

EU/EEA countries proceed to gradually relax non-pharmaceutical interventions

On 16 February 2022, the **German government** announced the lifting of most COVID-19 restrictions in three steps by 20 March. From 16 February, restrictions on private gatherings for vaccinated and recovered individuals are lifted. Restrictions for retail will also be lifted, except for the requirement to wear a mask. From 4 March, the 3G rule (recovered, vaccinated or tested) will apply in restaurants and accommodations, and maximum capacity numbers at large events will be increased. From 20 March, the majority of remaining restrictions will be lifted. Masks will still be required to be worn indoors.

Reference: https://www.bundesregierung.de/breg-de/themen/coronavirus/corona-mpk-bund-laender-2005752

On 16 February 2022, the **Austrian government** announced that the majority of COVID-19 restrictions will be lifted by 5 March 2022. From 19 February, the 3G (recovered, vaccinated or tested) rule will apply in areas where the 2G rule previously applied. From 5 March, the majority of remaining restrictions will be lifted. This will include the removal of the curfew, the removal of restrictions at events and the relaxation of the requirement to wear masks.

Reference: https://www.bundeskanzleramt.gv.at/bundeskanzleramt/nachrichten-der-bundesregierung/2022/02/bundeskanzler-nehammer-wir-holen-uns-die-freiheit-wieder-die-uns-das-virus-genommen-hat.html

On 16 February 2022, the **Greek Ministry of Health** announced the easing of COVID-19 restrictions from 19 February 2022. This will include the removal of the bans on standing entertainment and school trips, the increase of maximum capacity at sports events to 50% and the reduction of teleworking in the private and public sector from 50% to 20%.

Reference: https://www.moh.gov.gr/articles/ministry/grafeio-typoy/press-releases/10161-dhlwsh-ypoyrgoy-ygeias-thanoy-pleyrh-gia-nea-metra

On 16 February 2022, a three-step plan by the **Ministry of Health in Latvia** took effect regarding COVID-19 restrictions in the country. From 16 February, reduced restrictions have been implemented, including the participation of children in events, lifting quarantine measures of contacts in kindergartens and lifting the limit of working hours of shops. From 1 March, general safety measures and the requirement of certificates for services will be lifted, however, certificate requirements will remain for public events and indoor places. From 1 April, all safety measures will be lifted, maintaining only recommendations for the use of face masks.

Reference: https://www.mk.gov.lv/en/article/government-supports-gradual-reduction-safety-measures

On 17 February 2022, the **Portuguese government** announced the lifting of most COVID-19 restrictions in the country, including lifting quarantine for risk contacts, the recommendation for teleworking, capacity limits in commercial establishments, and the requirement of digital certificates or negative tests. The requirements for a negative test for accessing care homes and hospitalised patients and the use of face masks remain.

Reference: https://covid19estamoson.gov.pt/levantamento-de-restricoes-covid-19/

On 17 February 2022, **Malta** announced that it will be lifting restrictions over the coming weeks. Until 7 March, this will include a reduction in quarantine to five days for fully vaccinated primary contacts from different households. From 7 March, quarantine will no longer be required for fully vaccinated primary contacts; those who test positive for COVID-19 and are fully vaccinated will only be required to quarantine for seven days. From 14 March, masks will no longer be required in public places, and will only be mandatory indoors and at mass gatherings.

Reference: https://www.visitmalta.com/en/info/new-covid-19-updates/

On 21 February 2022, media sources quoting **Bulgarian authorities** informed of plans to lift COVID-19 restrictions in the country. According to the media, the restrictions will be lifted in three phases. The first phase starts on 24 February, allowing owners of public venues to grant access to customers without the need for COVID-19 certificates.

Reference: https://www.reuters.com/business/healthcare-pharmaceuticals/bulgaria-ease-coronavirus-restrictions-cases-drop-2022-02-21/

Hot topics and recent developments, continued

A second booster dose recommended for various groups in a number of EU/EEA countries

EU/EEA countries are issuing varied recommendations on a fourth dose (a second booster) of the COVID-19 vaccine.

Updated vaccine recommendations issued by **Germany** on 17 February state that a second booster dose with an mRNA vaccine is recommended for persons with a high risk of severe disease (70 years of age and older, those living in nursing homes and the immunocompromised). These groups can get the second booster dose 3 months after having received the first booster. In addition, persons at high risk of exposure who provide care to vulnerable people are also recommended a second booster, 6 months after having received the first booster. This includes staff in medical institutions and in nursing homes, in particular those in direct contact with patients.

A few countries recommend a second booster **for specific groups**: Hungary, as per providers' decision, Iceland for those with underlying conditions and for immunocompromised persons, Sweden for those 80 years of age and above, residents of care homes and people in home care.

A number of other countries recommend a fourth dose to **immunocompromised persons only** (among them Denmark, Finland, Italy, Luxembourg and Poland).

Reference for Germany: Epidemiologisches Bulletin 7/2022 (rki.de)
Other sources of information: NITAG meeting organised by ECDC on 18 February

Emerging evidence on effectiveness of vaccination against long COVID

A rapid evidence briefing published on 12 February by the UK Health Security Agency looked into the effectiveness of vaccination against long COVID and found evidence that vaccinated people who are subsequently infected with COVID-19 are less likely to report symptoms of long COVID compared to unvaccinated people, in the short term (4 weeks after infection), medium term (12 to 20 weeks after infection) and long term (6 months after infection). Additionally, there was evidence that unvaccinated people with long COVID who were subsequently vaccinated reported fewer long-COVID symptoms than those who remained unvaccinated.

According to the briefing, there is a risk of bias across all studies used to make this conclusion, due to differences in people who were vaccinated and unvaccinated, the measurement of outcomes, and in the selection of participants.

Reference: opac-retrieve-file.pl (koha-ptfs.co.uk)

SARS-CoV-2 recombinants: no association with outbreaks, resurgence of cases or increased severity observed

Three small clusters of SARS-CoV-2 sequences showing signs of recombination between Delta and Omicron (BA.1) have been verified as recombinants by the UK.

A small number of additional clusters with suspected recombination between Delta and Omicron as well as between Omicron lineages BA.1 and BA.2 have been identified by several countries including Australia, Denmark, Finland, France, Netherlands and USA. All of these recombinants are currently under verification.

None of these detections of recombinants have been associated with outbreaks, a resurgence of cases, or with a change in the severity of infection compared to Omicron. The latest detected sequences belonging to the recombinant virus clusters reported by the UK are from mid-January, indicating that they may no longer be circulating. Nonetheless, they highlight the importance of continued representative genomic surveillance to detect the emergence of new SARS-CoV-2 variants.

References:
https://github.com/cov-lineages/pango-designation/issues/441
https://github.com/cov-lineages/pango-designation/issues/422
https://github.com/cov-lineages/pango-designation/issues/447
https://github.com/cov-lineages/pango-designation/issues/437

In focus

ECDC publishes Work Programme 2022 of the EU Initiative on Health Security

Throughout the COVID-19 pandemic ECDC has been in continuous dialogue with its partners in the European neighbourhood, strengthening their capacity to respond to the ongoing pandemic as well as other public health events with technical guidance and knowledge transfer.

In 2022 ECDC will continue to work closely with its partners and is offering them a comprehensive programme delivered by ECDC with the funding from DG NEAR. The newly published Work Programme has been developed in dialogue with partner countries and includes the following main activities:

- Workshop on Emergency Operation Centres and protocols for public health emergencies
- Training courses on Epidemic Intelligence and Rapid Risk Assessment
- Workshop exploring aspects of recovery planning
- Regional workshop on entry/exit screening: science and practice
- Community preparedness case studies
- Workshop on Risk Communication

The programme remains flexible and can be adapted to specific capacity building requests from our partners.

Work Programme 2022 of the EU Initiative on Health Security

Recent and upcoming ECDC publications on COVID-19

Recent releases:

- RRA, on further emergence and potential impact of the SARS-CoV-2 Omicron variant of concern in the EU/EEA, 19th update, 27 January
- Update, Guidance on ending of isolation period for people with COVID-19, 28 January
- Overview of the implementation of COVID-19 vaccination strategies and deployment plans in the EU/EEA, update, 31 January
- Considerations for use of face masks in the community in the context of the Omicron variant of concern, 7 February
- COVID-19 vaccine effectiveness in adolescents aged 12-17 years and interim public health considerations for administration of a booster dose, 8 February
- Considerations for the use of antibody tests for SARS-COV-2 – First Update, 10 February
- Technical report, Evaluation of the SARS-CoV-2 testing policy in Belgium from June to December 2021, 14 February

Upcoming:

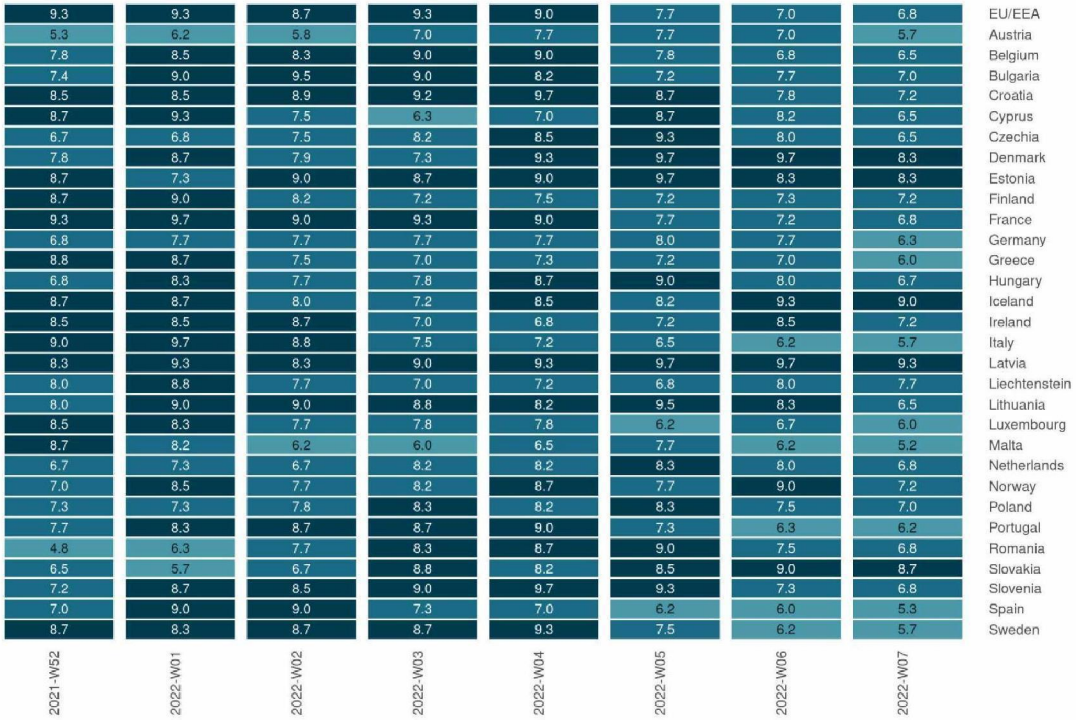
- Update of ECDC protocol 'Data collection on COVID-19 outbreaks in closed settings: long-term care facilities'
- Report on 2nd joint ESPID webinar "Multisystem Inflammatory Syndrome (MIS) COVID-19 in Children"
- Analysis of COVID-19 vaccine effectiveness against Severe Acute Respiratory Infection due to laboratory-confirmed SARS-CoV-2 among individuals aged 30 years and older, ECDC multi-country study, second update

Publication dates for all upcoming ECDC reports are preliminary and subject to change.

Annex 1: Weekly assessment of key indicators and weekly trends by level of concern, 20 September 2021 to 20 February 2022, EU/EEA

Weekly COVID-19 epidemiological category by country, week 52 2021 to week 7 2022

Composite score (1-10) based on value and trend of five indicators. Categories are derived from score quintiles.



Method for assessment in brief

The weekly epidemiological assessment is based on a scoring system that takes into account the following indicators and their current trends (stable, increasing, decreasing):

- 14-day case notification rates per 100k among people aged 65+ years
- 14-day COVID-19 death rate per million
- COVID-19 hospital/ICU indicator, current value as a proportion of the peak value in the country to date (%)
- 14-day COVID-19 case notification rate per 100k (all ages)
- Test positivity (%) from all national reported tests and cases

The scores are used to assess the weekly epidemiological situation in each country using the following categories:

- Epidemiological situation of very low concern: 1 to <2.8
- Epidemiological situation of low concern: 2.8 to <4.6
- Epidemiological situation of moderate concern: 4.6 to <6.4
- Epidemiological situation of high concern: 6.4 to <8.2
- Epidemiological situation of very high concern: 8.2 to 10

Annex 2: Variants of concern, variants of interest and variants under monitoring in EU/EEA, as of 24 February 2022

ECDC regularly assesses new evidence on variants detected through epidemic intelligence, rules-based genomic variant screening, or other scientific sources.

Variants of concern

For variants of concern, clear evidence is available indicating a significant impact on transmissibility, severity and/or immunity that is likely to have an impact on the epidemiological situation in the EU/EEA. For the immunity category, the evidence is annotated to indicate whether it is measured using laboratory methods (neutralisation) or in terms of vaccine effectiveness (escape).

WHO label	Lineage + additional mutations	Country first detected (community)	Year and month first detected	Impact on transmissibility	Impact on immunity	Impact on severity	Transmission in EU/EEA
Beta	**B.1.351**	South Africa	September 2020	Increased (v)	Increased (v)	Increased (v)	Community
Gamma	**P.1**	Brazil	December 2020	Increased (v)	Increased (v)	Increased (v)	Community
Delta	**B.1.617.2**	India	December 2020	Increased (v)	Increased (v)	Increased (v)	Community
Omicron	**B.1.1.529**	South Africa and Botswana	November 2021	Increased (v)	Increased (v)	Reduced (v)	Dominant

Variants of interest

For variants of interest, preliminary or uncertain evidence implies a significant impact on transmissibility, severity and/or immunity that may have an impact on the epidemiological situation in the EU/EEA. There are currently no variants of interest.

Variants under monitoring

There is some indication that additional variants could have concerning properties, but the evidence is weak or has not yet been assessed. Variants under monitoring are present in at least one outbreak detected in a community within the EU/EEA, or there is evidence of community transmission of the variant elsewhere in the world.

WHO label	Lineage + additional mutations	Country first detected (community)	Year and month first detected	Impact on transmissibility	Impact on immunity	Impact on severity	Transmission in EU/EEA (a)
N/A	**B.1.640**	Republic of the Congo	September 2021	No evidence	No evidence	No evidence	Detected

(a) No assessment of transmission is available for variants in the monitoring category, only detected/not detected.
(v) Indicates that evidence is derived from the variant itself.

Annex 3: SARS-CoV-2 variants in third countries as of 24 February 2022

This information was generated on 22 February 2022 using information from GISAID EpiCoV database on variants that ECDC monitors in third countries.
The table includes sequence data from samples collected within the last 30 days since 23 January 2022.
Note that these data are not necessarily representative for the current situation in the countries for several reasons:

- The underlying sampling strategy is unknown
- Sequencing introduces a reporting delay of at least 1 week and usually 2-3 weeks
- Parts of the data may come from screening of incoming travellers
- Selection of data for reporting may be incomplete or biased

Country/territory	BA.1	BA.2	BA.3	B.1.617.2	B.1.351	P.1	B.1.640	Unassigned[3]	Other[4]	Number of sequences
WHO label	Omicron	Omicron	Omicron	Delta	Beta	Gamma				
Anguilla	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1
Argentina	98.1%	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%	1.3%	0.0%	158
Australia	90.4%	7.2%	0.0%	0.7%	0.0%	0.0%	0.0%	1.6%	0.0%	2256
Bangladesh	13.1%	73.8%	0.0%	0.0%	0.0%	0.0%	0.0%	13.1%	0.0%	61
Belize	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	23
Bonaire	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	30
Bosnia and Herzegovina	87.0%	13.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	23
Botswana	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1
Brazil	98.7%	0.3%	0.0%	0.3%	0.0%	0.0%	0.0%	0.7%	0.0%	2371
Burkina Faso	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	1
Cambodia	29.2%	67.9%	0.0%	2.5%	0.0%	0.0%	0.0%	0.4%	0.0%	240
Canada	83.5%	15.2%	0.0%	1.2%	0.0%	0.0%	0.0%	0.1%	0.1%	1828
Chile	95.5%	1.0%	0.0%	0.7%	0.0%	0.0%	0.0%	2.8%	0.0%	598
Colombia	96.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.6%	0.0%	28
Costa Rica	98.0%	2.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	99
Curacao	92.9%	3.6%	0.0%	3.6%	0.0%	0.0%	0.0%	0.0%	0.0%	28
Dominican Republic	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6

[3] Unassigned: Sequences for which no variant assignment is available.
[4] Other: Variants currently not classified as VOC, VOI or VUM by ECDC.

Country/territory	BA.1	BA.2	BA.3	B.1.617.2	B.1.351	P.1	B.1.640	Unassigned[3]	Other[4]	Number of sequences
WHO label	Omicron	Omicron	Omicron	Delta	Beta	Gamma				
Ecuador	98.2%	0.0%	0.0%	1.8%	0.0%	0.0%	0.0%	0.0%	0.0%	111
French Guiana	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	43
Georgia	36.5%	60.6%	0.0%	2.9%	0.0%	0.0%	0.0%	0.0%	0.0%	241
Guadeloupe	97.3%	0.0%	0.0%	2.7%	0.0%	0.0%	0.0%	0.0%	0.0%	37
Guam	20.0%	80.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10
Hong Kong	3.4%	85.5%	0.0%	10.3%	0.0%	0.0%	0.0%	0.7%	0.0%	145
India	4.5%	79.5%	0.0%	0.4%	0.0%	0.0%	0.0%	15.0%	0.5%	2278
Indonesia	89.3%	8.5%	0.0%	0.5%	0.0%	0.0%	0.0%	1.7%	0.0%	1164
Iran	8.3%	8.3%	0.0%	0.0%	0.0%	0.0%	0.0%	83.3%	0.0%	24
Israel	85.5%	9.0%	0.0%	0.1%	0.0%	0.0%	0.0%	5.3%	0.0%	5231
Japan	97.6%	1.9%	0.0%	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	208
Malaysia	94.3%	3.4%	0.0%	2.3%	0.0%	0.0%	0.0%	0.0%	0.0%	87
Maldives	58.6%	37.9%	0.0%	3.4%	0.0%	0.0%	0.0%	0.0%	0.0%	29
Martinique	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	46
Mauritius	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	14
Mayotte	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2
Mexico	99.0%	0.4%	0.0%	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%	1672
Moldova	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6
Montenegro	0.0%	66.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	3
Nepal	0.0%	66.7%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	0.0%	3
New Zealand	66.2%	24.1%	0.0%	9.5%	0.0%	0.0%	0.0%	0.2%	0.0%	402
North Macedonia	50.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2
Pakistan	16.7%	83.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	12
Paraguay	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	14
Peru	98.3%	1.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	242
Philippines	0.0%	98.7%	0.0%	0.0%	0.0%	0.0%	0.0%	1.3%	0.0%	76

Country/territory	BA.1	BA.2	BA.3	B.1.617.2	B.1.351	P.1	B.1.640	Unassigned[3]	Other[4]	Number of sequences
WHO label	Omicron	Omicron	Omicron	Delta	Beta	Gamma				
Puerto Rico	99.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	182
Reunion	91.2%	7.3%	0.0%	1.6%	0.0%	0.0%	0.0%	0.0%	0.0%	385
Russia	94.4%	5.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	18
Saint Martin	83.3%	16.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	12
Senegal	69.2%	15.4%	0.0%	0.0%	0.0%	0.0%	0.0%	15.4%	0.0%	26
Singapore	48.4%	50.9%	0.0%	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%	607
Sint Maarten	97.0%	0.0%	0.0%	3.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33
South Africa	35.3%	61.8%	0.6%	0.6%	0.0%	0.0%	0.0%	1.7%	0.0%	173
South Korea	82.6%	7.2%	0.0%	10.1%	0.0%	0.0%	0.0%	0.0%	0.0%	138
Sri Lanka	27.7%	67.4%	0.0%	0.4%	0.0%	0.0%	0.0%	4.5%	0.0%	264
Switzerland	91.5%	7.2%	0.0%	1.0%	0.0%	0.0%	0.0%	0.3%	0.0%	5058
Syria	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6
Thailand	79.8%	17.8%	0.0%	2.2%	0.0%	0.0%	0.0%	0.1%	0.0%	712
Trinidad and Tobago	45.5%	0.0%	0.0%	18.2%	0.0%	0.0%	0.0%	36.4%	0.0%	11
Turkey	96.5%	1.8%	0.0%	1.4%	0.0%	0.0%	0.0%	0.3%	0.0%	910
USA	98.0%	1.3%	0.0%	0.4%	0.0%	0.0%	0.0%	0.2%	0.1%	92031
Ukraine	57.1%	28.6%	0.0%	0.0%	0.0%	0.0%	0.0%	14.3%	0.0%	7
United Kingdom	84.1%	15.3%	0.0%	0.1%	0.0%	0.0%	0.0%	0.2%	0.4%	149236
Vietnam	37.9%	24.1%	0.0%	37.9%	0.0%	0.0%	0.0%	0.0%	0.0%	29
Zambia	83.3%	16.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6

[3] Unassigned: Sequences for which no variant assignment is available.
[4] Other: Variants currently not classified as VOC, VOI or VUM by ECDC.