



ECDC Weekly Policy Brief – 25 March 2021

Not for publication

# COVID-19 in EU/EEA

Reporting period: 15 - 21 March 2021

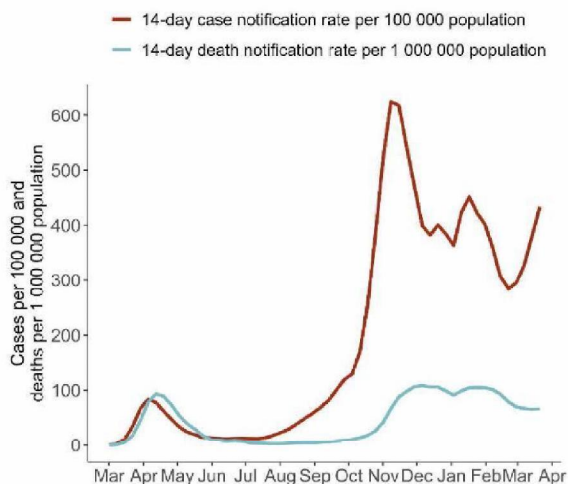
## Epidemiological summary

- During the reporting week, the **epidemiological situation was of serious concern in all EU/EEA countries except Denmark, Iceland, Liechtenstein (stable) and Finland (of concern)**, with high or increasing case notification rates among older age groups and/or high or increasing death rates. Rates of hospital and ICU admissions, as well as the number of patients per capita in hospital and ICU due to COVID-19, remain very high, although recent stable or decreasing trends for these indicators continue to be observed in several countries.
- Among the 26 countries with an epidemiological situation of serious concern, **increasing trends of cases were reported in 19 countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Estonia, France, Germany, Greece, Hungary, Italy, Lithuania, Luxembourg, the Netherlands, Norway, Poland, Romania, Slovenia and Sweden)**, the same number as in the previous report. **Stable or decreasing trends** of reported cases were observed **in seven countries**, compared to seven countries in the last report.
- **Increasing case rates among older age groups or increasing death rates were reported in 13 countries** (Austria, Belgium, Bulgaria, Croatia, Cyprus, Germany, Greece, Hungary, Italy, the Netherlands, Norway, Poland and Romania) during the reporting week. **Fourteen countries** (Austria, Belgium, Bulgaria, Croatia, France, Hungary, Ireland, Italy, Latvia, Lithuania, Norway, Poland, Romania and Slovenia) reported **increases in hospital or ICU admissions and/or occupancy** due to COVID-19.
- Absolute values of several **indicators remain high**, and the case notification rate has been **increasing for four weeks**, suggesting widespread and increasing transmission.
- **There is no indication that public health and physical distancing measures can be relaxed, even in countries with decreasing trends.**

## Key COVID-19 trends in Europe

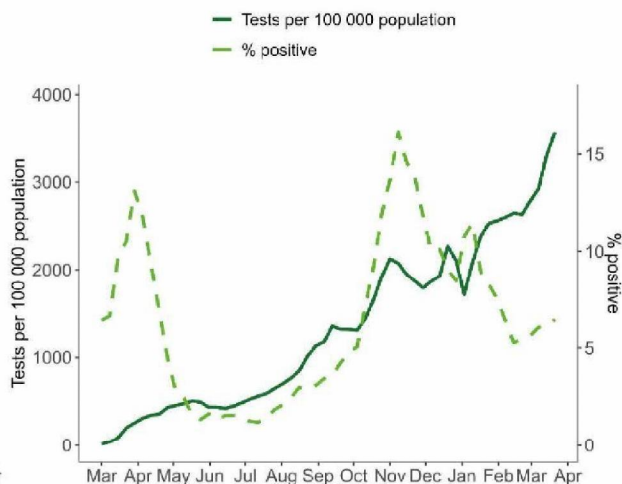
1 March 2020 to 21 March 2021: 14-day COVID-19 case and death notification rates, testing rate and test positivity trends

EU/EEA: 14-day COVID-19 case and death notification rates, 1 March 2020 to 21 March 2021



Source: ECDC Epidemic Intelligence

EU/EEA: testing rate and test positivity (%), 1 March 2020 to 21 March 2021

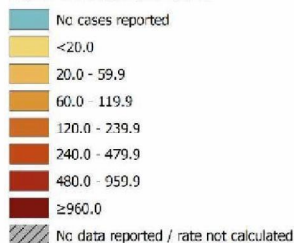


Source: TESSy and public websites. Data shown for countries submitting data up to 21 March 2021

### 21 March 2021: current 14-day COVID-19 case notification rate per 100 000 population



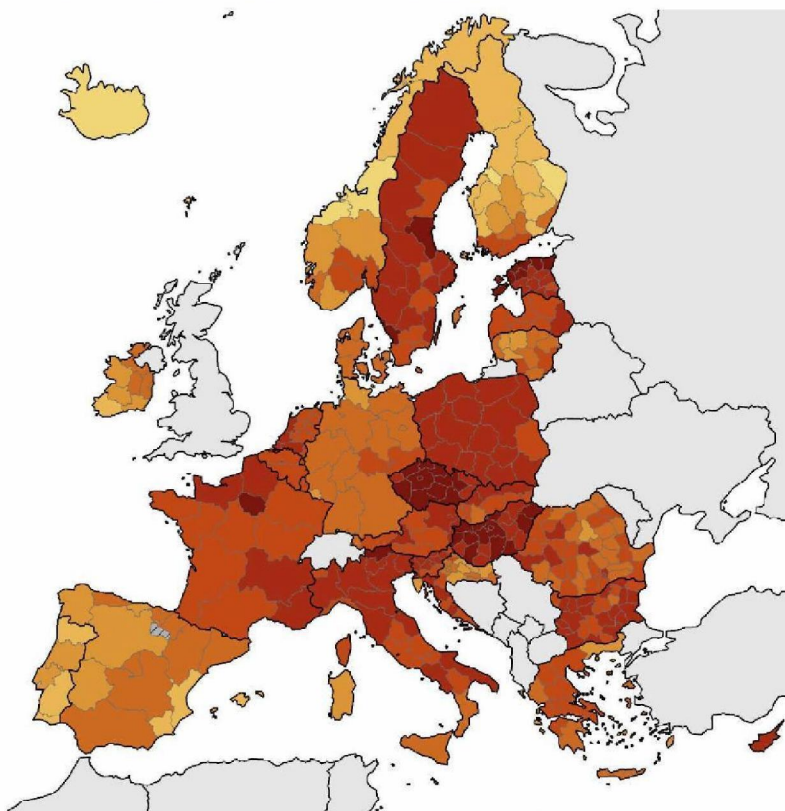
14-day COVID-19 case notification rate per 100 000 population 2021-w10 to 2021-w11



Regions not visible in the main map extent



Countries not visible in the main map extent

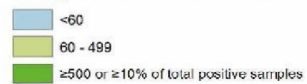


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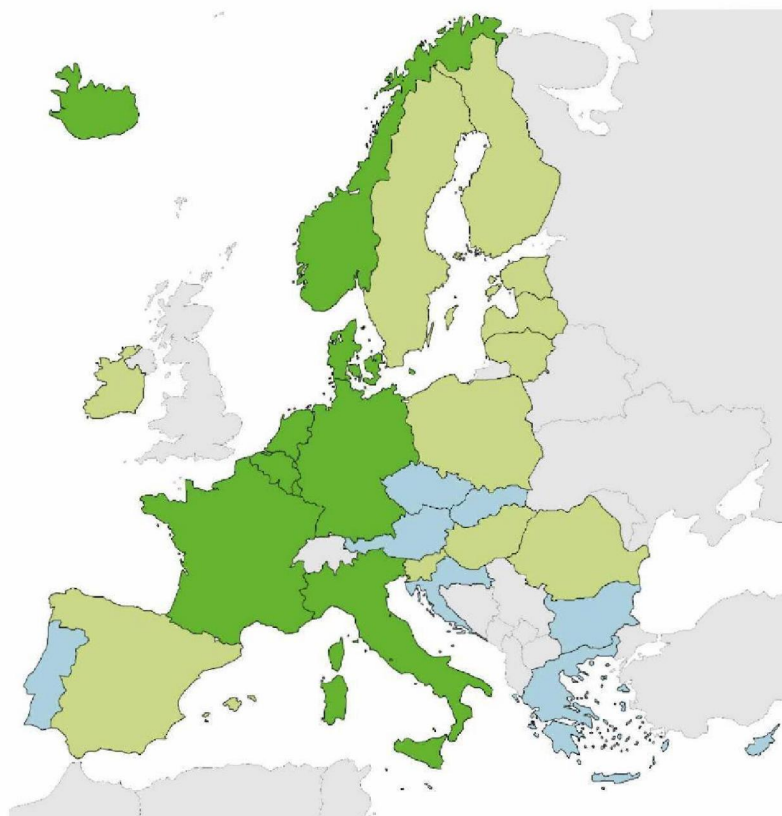
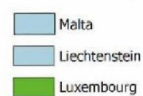
Weekly sequencing volume by country, 1 March to 14 March 2021, using data submitted to TESSy or the GISAID EpiCOV database by 23 March 2021



**Number of samples sequenced during weeks 2021-w09 to 2021-w10**



**Countries not visible in the main map extent**



Source: GISAID EpiCoV™ and ECDC TESSy data. Administrative boundaries: © EuroGeographics  
The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. ECDC. Map produced on: 25 Mar 2021

## Epidemiological overview

- By 21 March 2021, the 14-day case notification rate for the EU/EEA was **434** (country range: 15–1 521) per 100 000 population, compared to **381** in the last report. The rate has been **increasing for four weeks**. Eleven countries (Bulgaria, Cyprus, Czechia, Estonia, France, Hungary, Italy, Malta, Poland, Slovenia and Sweden) had notification rates higher than 500 per 100 000 population during the week of reporting, an increase from eight countries in the previous report.
- The 14-day COVID-19 death rate for the EU/EEA was **66.8** (country range: 0.0–273.8) per million population, compared to 65.7 in the previous report and **remains stable** overall. Death rates above 50 per 1 000 000 population were reported by 14 countries, compared to 16 in last week's report. Of these, five countries (Bulgaria, Czechia, Hungary, Poland and Slovakia) had death rates above 100 per 1 000 000 population.
- Testing rates in the EU/EEA as a whole have continued to increase since the start of the year. Weekly testing rates for the reporting week were available for 29 countries and varied from 1 142 to 36 927 tests per 100 000 population. Cyprus had the highest testing rate for this week, followed by Denmark, Austria, Luxembourg and Slovenia.
- Among 21 countries with high weekly test positivity (at least 3%), seven countries (Bulgaria, Croatia, Germany, Hungary, Poland, Romania and Sweden) observed an increase in test positivity compared with the previous week. Test positivity remained stable or had decreased in 14 countries (Belgium, Czechia, Estonia, Finland, France, Greece, Ireland, Italy, Latvia, Lithuania, Malta, the Netherlands, Slovakia and Spain).
- Pooled hospital occupancy data from 23 countries showed that there were **11.2 patients per 100 000 population in hospital** due to COVID-19, compared to 11.3 in the previous report. Pooled weekly hospital admissions based on data from 22 countries showed 12.6 new admissions per 100 000 population.
- Pooled ICU occupancy data from 18 countries showed that there were **1.9 patients per 100 000 population in ICU** due to COVID-19, compared to 2.2 in the previous report. Pooled weekly ICU admissions based on data from 13 countries were four admissions per 100 000 population.
- During the reporting week, all countries except Denmark, Finland, Iceland and Liechtenstein had an epidemiological situation of serious concern. Among these countries, stable or decreasing trends in reported cases were observed in seven countries, compared to nine in the last report. Increases were observed in 19 countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Estonia, France, Germany, Greece, Hungary, Italy, Lithuania, Luxembourg, the Netherlands, Norway, Poland, Romania, Slovenia and Sweden), the same number as last week's report.
- Sequencing capacity varies greatly across the EU/EEA; nine EU/EEA countries (Belgium, Denmark, France, Germany, Hungary, Iceland, Italy, Luxembourg and Norway) met the recommended level of 10% or 500 sequences of SARS-CoV-2-positive cases sequenced and reported to the GISAID EpiCoV database and TESSy by 23 March 2021, for the period from 1 March to 14 March 2021. During the same period, 12 countries sequenced and reported between 60 and 499 samples, while nine countries sequenced and reported <60 samples or did not report data.
- Among nine countries with the recommended level of 10% or 500 sequences reported per week in the same period, the median (range) of the variant in all samples sequenced in the period was 65.8% (25.1–100.0%) for B.1.1.7, 2.0% (0.0–16.6%) for B.1.351 and 0.1% (0.0–3.2%) for P.1.
- Variant B.1.1.7 is now the dominant variant in EU/EEA countries. Community transmission and outbreaks due to B.1.351 are reported, although some cases are also linked to travel. P.1 is still sporadic in the EU/EEA and most cases remain linked to travel, however community transmission is ongoing in some countries.
- Transmission remains high and is increasing in several countries, and despite stable or decreasing trends in some indicators, many countries continue to observe, or have started to observe, **new increases** in numbers of cases. In several countries this is also reflected in hospitalisations, ICU admissions and deaths. This underlines the importance of **maintaining public health and physical distancing measures**.

A full table with all indicators and the assessment for each country is available in the annex.

## Hot topics

### EMA and WHO release statements on the COVID-19 Vaccine AstraZeneca

EMA's safety committee, PRAC, concluded its preliminary review of a signal of blood clots in people vaccinated with COVID-19 Vaccine AstraZeneca at its extraordinary meeting of 18 March 2021. The Committee confirmed that:

- the benefits of the vaccine in combating the still widespread threat of COVID-19 (which itself results in clotting problems and may be fatal) continue to outweigh the risk of side effects;
- the vaccine is not associated with an increase in the overall risk of blood clots (thromboembolic events) in those who receive it;
- there is no evidence of a problem related to specific batches of the vaccine or to particular manufacturing sites;
- however, the vaccine may be associated with very rare cases of blood clots associated with thrombocytopenia, i.e. low levels of blood platelets (elements in the blood that help it to clot) with or without bleeding, including rare cases of clots in the vessels draining blood from the brain, cerebral venous sinus thrombosis (CVST).

Blood clots associated with thrombocytopenia have been rare among the vaccinated. Around 20 million people in the UK and EU/EEA had received the vaccine as of March 16 and EMA had reviewed only 7 cases of blood clots in multiple blood vessels (disseminated intravascular coagulation, DIC) and 18 cases of CVST. A causal link with the vaccine is not proven, but is possible and deserves further analysis.

The overall number of thromboembolic events reported after vaccination, both in studies before licensing and in reports after rollout of vaccination campaigns (469 reports, of those 191 from the EU/EEA, the rest from the UK and India), was lower than that expected in the general population. This allows the PRAC to confirm that there is no increase in overall risk of blood clots. However, some concerns remain in regards to younger patients and the rare cases of DIC and CVST.

The Committee's experts looked in detail at records of DIC and CVST reported from Member States, 9 of which resulted in death. Most of these occurred in people under 55 and the majority were women. It was calculated that less than 1 reported case of DIC might have been expected by 16 March among people under 50 within 14 days of receiving the vaccine, whereas 5 cases were reported. Similarly, on average 1.35 cases of CVST might have been expected among this age group whereas by the same cut-off date there had been 12. No imbalance was noted in the older population that received the vaccine.

As a next step, EMA is planning to call for an expert meeting to evaluate the reports and the biological plausibility.

WHO Global Advisory Committee on Vaccine Safety (GACVS) issued its statement on March 19, 2021, highlighting the positive risk-benefit profile of the vaccine, acknowledging the presence of rare thromboembolic events with no causal relationship to vaccination established at this time, recommending continued monitoring of safety and reporting of suspected adverse events.

The GACVS subcommittee also stated that they support the European Medicines Agency's plans to further investigate and monitor these events.

### Resuming vaccination with COVID-19 Vaccine AstraZeneca in many EU/EEA countries

Many EU/EEA countries such as France, Germany, Italy and Spain have resumed use of the COVID-19 Vaccine AstraZeneca while the Nordic countries are waiting for further investigations that have been initiated.

### Study shows no increased risk of SARS-CoV-2 infection in adults living with young children

A large cohort study of over 300 000 adults living in households with healthcare workers in Scotland found that the risk of COVID-19 requiring hospitalisation was reduced in adults living with children, compared to healthcare worker households with no children. The study supports that adults sharing a household with young children remained at no increased risk of COVID-19 during August–October 2020 when schools were reopened and community transmission of SARS-CoV-2 was occurring.

### Study shows low efficacy of the AstraZeneca vaccine against mild and moderate COVID-19 in South Africa

Tested in 18 to 65-year olds in South Africa, the COVID-19 Vaccine AstraZeneca offered only limited protection from mild or moderate disease with a vaccine efficacy of 10% (95% CI -76.8 to 54.8) against the B.1.351 variant.

## In focus

### Key figures on the vaccine rollout in the EU/EEA as of 21 March 2021

#### Doses distributed and administered

- Total number of vaccine doses distributed by manufacturers: **71 297 602**

*(29 countries reporting: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden)*

- Number of vaccine doses distributed by manufacturers per hundred inhabitants: **median of 20.3** (range: 9.9–31.8)

*(29 countries reporting: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden)*

- Total number of vaccine doses administered: **59 718 011** *(all 30 countries reporting)*

#### Vaccine uptake in adults *(all 30 countries reporting)*

- Cumulative uptake of first vaccine dose among adults aged 18 years and above: **median of 11.3%** (range: 5.2–21.5%)
- Cumulative uptake of full vaccination among adults aged 18 years and above: **median of 4.9%** (range: 1.2–9.5%)

#### Vaccine uptake in target groups

- Cumulative uptake of the first vaccine dose among persons aged 80 years and above: **median of 57.7%** (range: 4.3–97.7%)

*(24 countries reporting: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Norway, Poland, Portugal, Slovenia, Sweden)*

- Cumulative uptake of full vaccination among persons aged 80 years and above: **median of 24.6%** (range: <0.1%–68.8%)

*(24 countries reporting: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Norway, Poland, Portugal, Slovenia, Sweden)*

- Cumulative uptake of the first vaccine dose among healthcare workers: **median of 60.6%** (range: 16.7–100%)

*(10 countries reporting: Bulgaria, Croatia, Czechia, France, Greece, Hungary, Luxembourg, Romania, Slovenia, Spain)*

- Cumulative uptake of full vaccination among healthcare workers: **median of 47%** (range: 13–99.3%)

*(10 countries reporting: Bulgaria, Croatia, Czechia, France, Greece, Hungary, Luxembourg, Romania, Slovenia, Spain)*

### Updates on non-pharmaceutical interventions in Member States as of 23 March 2021

ECDC collects information on non-pharmaceutical interventions (NPIs) implemented in EU/EEA countries in response to the COVID-19 pandemic. The database is updated every second week.

As of 23 March 2021, the following **mobility restrictions** are recorded and active:

- Six nationally enforced "stay-at-home" orders (legally enforced) in Cyprus, Czechia, Greece, Ireland, Lithuania and Portugal. Regional and local enforced "stay-at-home" orders in Italy. There are no changes since the last update, two weeks ago.
- National "stay-at-home" recommendations (not legally enforced) are currently active in the Netherlands. Regional "stay-at-home" recommendations are active in Spain. There are no changes since the last update, two weeks ago.
- Curfews ("partial" stay-at-home orders) are currently active in Austria, Belgium, France, Germany, Greece, Hungary, Italy, Luxembourg, the Netherlands, Romania, Slovakia, Slovenia and Spain. Regional curfews are currently active in France. There are no changes since the last update, two weeks ago.

As of 23 March 2021, the following **closures of educational institutions** have been recorded and remain active according to our database:

- At the national level, day-cares and nurseries are fully closed in Bulgaria, Czechia, Greece and Hungary, and partially closed in Estonia, Germany, Ireland and Latvia. Regional and local day-cares closures in Italy.
- At the national level, primary schools are fully closed in Bulgaria, Czechia, Estonia, Greece, Hungary and Poland. Primary schools are partially closed at the national level in Germany, Latvia and Slovakia, and, at the regional or local level, in Cyprus, Finland, Italy and Lithuania.
- Secondary schools are fully closed, at the national level, in Bulgaria, Czechia, Estonia, Greece, Hungary, Latvia, Poland, Portugal and Sweden. Secondary schools are partially closed at the national level in Austria, Cyprus, Denmark, Germany, Ireland, the Netherlands, Romania and Slovakia. Secondary schools are also closed at the regional or local level in Belgium, Denmark, Finland, Italy and Lithuania.
- At the national level, higher education institutions remain fully or partially closed in Austria, Belgium, Bulgaria, Cyprus, Czechia, Denmark, Estonia, France, Greece, Hungary, Ireland, Latvia, Lithuania, the Netherlands, Norway, Poland, Portugal, Romania and Slovakia. At the regional level, higher education institutions remain fully or partially closed in Denmark, Finland, Italy and Spain.

Workplaces have been strongly urged, or forced, to transition to **teleworking** at the national level in Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden.

A repository with all NPIs implemented in each EU/EEA country from 1 January 2020 is publicly made available by ECDC and JRC at: <https://covid-statistics.jrc.ec.europa.eu/RMeasures>.

**Limited evidence available on whether previous infection or vaccination prevent SARS-CoV-2 transmission in susceptible contacts, as per upcoming report by ECDC**

To understand the available scientific evidence on the extent that previous SARS-CoV-2 infection or COVID-19 vaccination prevents onward transmission from infected individuals to susceptible contacts, ECDC conducted a review of existing literature.

Evidence from studies specifically designed to assess the impact of previous infection on the risk of transmission is currently lacking. There is evidence that reinfection remains a rare event and results from cohort studies confirm the protective effect of previous SARS-CoV-2 infection ranges from 83% to 100% from day 14 following initial infection for a follow-up period of five to seven months. Protection against reinfection is lower in individuals aged 65 years and older.

Direct evidence of the impact of vaccination on the risk of transmission is available from just one study, a large register-based household transmission study from Scotland, suggesting that **vaccination of a household member reduces the risk of infection in susceptible household members by at least 30%**. There is evidence that vaccination significantly reduces viral load, and symptomatic or asymptomatic infections, in vaccinated individuals, although the vaccine efficacy varies by vaccine product and target group. Given this, the total number of infections is expected to decrease significantly in settings with increasing vaccination coverage. Follow-up periods for vaccinated persons are not yet sufficiently long enough to draw conclusions on the duration of protection against infection long-term.

The studies included in the review were carried out before the emergence of SARS-CoV-2 variants of concern and there is limited preliminary evidence that immunity induced against previously circulating SARS-CoV-2 variants may not have the same potency or duration against the so far identified variants of concern, in particular for the B.1.351 and P.1 variants.

## Recent and upcoming ECDC publications on COVID-19

- COVID-19 quarantine and testing guidance for travellers, 12 March
- Stress test on logistical aspects of COVID-19 vaccination deployment plans with the Western Balkan partners: final report, 18 March
- Considerations on the use of self-tests for COVID-19 in the EU/EEA, 17 March
- Concept of framework for tuning non-pharmaceutical interventions, 17 March
- Risk for SARS-CoV-2 transmission from infected individuals with documented previous infection or vaccination, technical report, 29 March
- Overview of the implementation of COVID-19 vaccination strategies and vaccine deployment plans in the EU/EEA, 29-31 March
- COVID-19 vaccination rollout in the EU/EEA: challenges and good practices, 29-31 March
- Risk of SARS-CoV-2 transmission from vaccinated individuals, 31 March
- Reinfection with SARS-CoV-2: implementation of a surveillance case definition within the EU/EEA, April
- Genomic surveillance guidance, April
- Technical report on framework for tuning NPIs, April

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

## Annex:

### Criteria for epidemiological assessment

#### Epidemiological situation is 'concerning'

Countries with at least two of the following:

1. High ( $\geq 60/100\ 000$ ) or sustained increase<sup>1</sup> ( $\geq 1$  week) in 14-day case notification rates
2. High ( $\geq 3\%$ ) or sustained increase ( $\geq 1$  week) in test positivity
3. High ( $\geq 60/100\ 000$ ) or sustained increase ( $\geq 1$  week) in 14-day case notification rates in the older age groups (65+yr)
4. High ( $\geq 10/1\ 000\ 000$ ) or sustained increase ( $\geq 1$  week) in 14-day death notification rates

#### Epidemiological situation is 'of serious concern'

Countries whose epidemiological situation is 'concerning' and which meet at least one of criteria 3-4.

#### Epidemiological situation 'stable'

Countries not meeting the criteria described above for 'concerning'

*Additionally, data on ICU and hospital admissions or occupancy due to COVID-19 are considered but not formally used as part of the assessment. The following provisional thresholds have been used in the table below, but these are subject to change as they are undergoing internal review within ECDC:*

- *High ( $\geq 25\%$  of the peak value during the pandemic) or sustained increase ( $\geq 1$  week) in the rate of weekly hospital admissions due to COVID-19; and/or the 7-day mean hospital occupancy due to COVID-19*
- *High ( $\geq 25\%$  of the peak value during the pandemic) or sustained increase ( $\geq 1$  week) in the rate of weekly ICU admissions due to COVID-19; and/or the 7-day mean ICU occupancy due to COVID-19*

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<sup>1</sup> Definitions of increases for each indicator can be found in <https://covid19-country-overviews.ecdc.europa.eu/>

**Key indicators and weekly trends per country as of 21 March 2021, EU/EEA**

Country	Assessment	Case rate		Death rate		Positivity (%)		Testing rate		65+yr		Hospital admissions		Hospital occupancy		ICU admissions		ICU occupancy			
		Value	Trends	Value	Trends	Value	Trends	Value	Trends	Value	Trends	Value	Trends	Value	Trends	Value	Trends	Value	Trends		
Austria	Of serious concern	447.6		33.5		1.1		22,372		243.6				16.3						4.4	
Belgium	Of serious concern	439.8		30.6		7.1		3,590		264.4		12.6		18.6						4.7	
Bulgaria	Of serious concern	620.2		202.1		22.9		1,561						112.5						9	
Croatia	Of serious concern	275.5		43.6		12.9		1,265				17.5		22.3							
Cyprus	Of serious concern	601.3		11.3		0.8		36,927		323.7		15.9						1.9			
Czechia	Of serious concern	1328.2		273.8		6.3		9,655		972.2		131.5		83		27.6				18.8	
Estonia	Of serious concern	1520.8		97.8		20.1		3,858		1016.2		41.7		52.4		4.3				5.1	
France	Of serious concern	562		55		8.1		3,859				15.8		37.9		3.5				6.4	
Germany	Of serious concern	194.8		33.4		6.8		1,626		108.1		2.2								3.5	
Greece	Of serious concern	298.6		65.7		6		2,479		222.9		30.9						3.1			
Hungary	Of serious concern	1145.7		252.1		26.8		2,159		862.5				104.3							
Ireland	Of serious concern	148.7		33.2		3.9		1,973		87.4		1.5		7		0.5				1.7	
Italy	Of serious concern	517.9		86.5		6.8		3,802		330.3		12.2		50.1						5.6	
Latvia	Of serious concern	371		68.7		4.1		4,595		286.7		22						5.6			
Lithuania	Of serious concern	247.3		53.7		6.7		1,984		197.9		10.3		26.7		1.8					
Luxembourg	Of serious concern	442.4		89.4		2.4		10,142		252.2				19.2						3.4	
Malta	Of serious concern	586.3		75.8		5.6		4,521		549.2		8									
Netherlands	Of serious concern	481.4		24.6		7.6		3,396		253.2		8.3		8.3		1.8				3.3	
Norway	Of serious concern	223.5		3.2		2.6		4,573		57.7		4		4.3		0.8					
Poland	Of serious concern	716.7		106.6		29.9		1,372		135.4		0.2		58.1							
Portugal	Of serious concern	71.1		21.3		1.2		2,579		61.4		0.8		8.2						1.9	
Romania	Of serious concern	363.7		67.5		17.3		1,142		358.2										6.6	
Slovakia	Of serious concern	466.9		216.8		16.8		1,236						63.3							
Slovenia	Of serious concern	507.5		42.9		2.7		9,971		330.9		15.6		22.1		2.5				4.1	
Spain	Of serious concern	143.3		44.5		4.9		1,455		76.1		1.7		17.7		0.1				4.4	
Sweden	Of serious concern	597.1		13.7		12.2		2,622		220				15.5		1.4				2.6	
Finland	Of concern	172.9		6.2		3.3		2,629		42.6				4.9						0.9	
Denmark	Stable	189.1		3.6		0.3		32,776		59.4		2.9		3.3						0.7	
Iceland	Stable	15.1		0		0.5		1,940		7.6		0.8		0.5							
Liechtenstein	Stable	111		0																	