
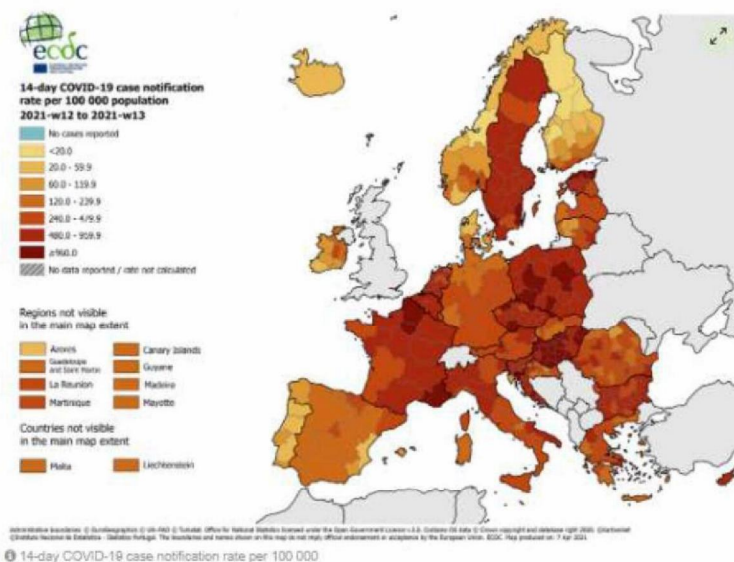
 <b>Integrated Situation Awareness and Analysis</b>  <b>Situation Report No 60</b>	
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*Limited*

## COVID-19 Crisis



Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, EU/EEA, weeks 12-13 (2021) (Source: ECDC weekly surveillance reports)

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**) and 26 countries<sup>1</sup> (**Belgium, Bulgaria, Czechia, Denmark, Germany, Estonia, Ireland, Greece, Spain, France, Croatia, Latvia, Lithuania, Luxembourg, Hungary, Malta, the Netherlands, Poland, Portugal, Romania, Slovakia, Finland, Sweden, Norway, Iceland and Switzerland**).

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

<sup>1</sup> Member States contributions include inputs sent until the set deadline of Monday 12 April morning.





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## Key figures and facts

**104 887 177 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 20.5%**

**29 383 481 cases and 662 034 deaths have been reported in the EU/EEA in total.**

**The 14-day case notification rate for EU/EEA has been decreasing for one week.**

**Increase in notification rates were observed in 9 countries.**

**Hospital and/or ICU occupancy and/or new admissions due to COVID-19 were high or had increased compared to the previous week in 26 countries.**

**The 14-day COVID-19 death rate for the EU/EEA has been stable for six weeks.**

## 1. HIGHLIGHTS

### Latest figures and trends for the EU/EEA

#### COVID-19 Vaccination in the EU/EEA

As of 20 April 2021, **104 887 177** doses have been administered in EU/EEA countries. This represents a cumulative uptake of at least one dose among adults (18+) in EU/EEA of **20.5%** and the cumulative uptake of full vaccination among adults (18+) in the EU/EEA is of **7.8%**. As of 20 April, a total of **127 625 227** doses have been distributed to EU/EEA countries.

### Latest figures and trends for the EU/EEA

Since 31 December 2019 and as of 11 April 2021 (end of week 14), **29 383 481 cases and 662 034 deaths** have been reported in the EU/EEA.

By the end of week 14, the **14-day case notification rate** has been **decreasing** for one week for the EU/EEA, based on data collected by the ECDC.

Among **29 countries with high case notification rates** (at least 60 per 100 000), **increases** were observed in **9 countries**, while **stable or decreasing** trends were observed in **20 countries**.

### Main EU actions / initiatives and developments

#### Public Health

On 14 April, the European Commission reached an agreement with **BioNTech-Pfizer** to speed up the delivery of vaccines. **50 million** additional doses, initially foreseen for the fourth quarter of 2021, will be delivered in the second quarter.

#### Transport

The traffic situation remained **stable** with either no waiting times or waiting times below 15 minutes at most Schengen borders. Waiting times at **EU-Western Balkans** border crossings were increasing, while traffic at Western Balkans internal borders remained stable. The difficult situation for many seafarers has remained unchanged.

Short-term **containership** market outlook remains positive, with support from firm box trade volumes, continued regional port congestion and logistical disruption (including from the recent Suez Canal blockage), against a backdrop of 'manageable' supply growth.

#### Union Civil Protection Mechanism (UCPM) and rescEU

On 13 April, Moldova updated its request for assistance with 30 medical doctors specialised in intensive care and anaesthesiology and an additional 150 000 vaccine doses. On 15 April, Romania offered 132 000 vaccines doses to Moldova. The assistance arrived in Chisinau on 17 April.





## 2. SITUATION ANALYSIS

### 2.1. Latest understanding of COVID-19 epidemiology, diagnostics and treatment [DG SANTE with ECDC, JRC, RTD, EMA]<sup>2</sup>

Since 31 December 2019 and as of week 2021-14, **136 508 474 cases** of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including **2 944 827 deaths**. Updates and country-specific data can be found [here](#).

#### EU/EEA:

As of week 2021-14, **29 383 481 cases** and **662 034 deaths** have been reported in the EU/EEA. Country-specific data can be found [here](#).

- **Figure 1:** Distribution of COVID-19 cases by continent (in accordance with the applied case definitions in the affected countries), as of week 14, 2021 ([Source](#)).
- **Figure 2:** Distribution of COVID-19 deaths worldwide, as of week 14, 2021 ([Source](#)).
- **Figure 3:** Distribution of laboratory-confirmed cases of COVID-19 in EU/EEA, as of week 14, 2021 ([Source](#)).
- **Figure 4:** 14-day COVID-19 case notification rate per 100 000 population, EU/EEA, week 14 2021 ([Source](#)).

#### Surveillance of COVID-19 in EU/EEA, as of 18 April

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](#).

#### Overall situation – EU/EEA

By the end of week 14 (week ending Sunday 11 April 2021), 12 countries in the European Union/European Economic Area (EU/EEA) had reported increasing case notification rates and/or test positivity. Case rates in older age groups had increased in three countries, eight countries reported increasing hospital or ICU admissions and/or occupancy due to COVID-19, and nine countries reported increasing death rates. The absolute values of the indicators remain high, suggesting that transmission is still widespread. It is possible that further increases in admissions to hospital, ICU and mortality will follow in the coming weeks in those countries that are currently observing increasing case notification rates.

#### Trends in reported cases and testing

- By the end of week 14, the 14-day case notification rate for the EU/EEA, based on data collected by ECDC from official national sources in 30 countries, was 464 (country range: 23-861) per 100 000 population. The rate has been decreasing for one week.

<sup>2</sup> Data included in the section are from the following sources:

- ECDC's epidemic intelligence (EI) data, last reported on 8 April 2021: officially reported numbers of new cases and deaths per country, collected weekly.
- Data on COVID-19 cases submitted weekly (Tuesdays COB) by Member States to The European Surveillance System (TESSy). Data included in this report were received and analysed as of 8 April 2021.





- Among the 29 countries with high case notification rates (at least 60 per 100 000 population), increases were observed in nine countries (Croatia, Cyprus, Denmark, Greece, Liechtenstein, Lithuania, Portugal, Spain and Sweden). Stable or decreasing trends in case rates of 1–5 weeks' duration were observed in 20 countries (Austria, Belgium, Bulgaria, Czechia, Estonia, Finland, France, Germany, Hungary, Ireland, Italy, Latvia, Luxembourg, Malta, the Netherlands, Norway, Poland, Romania, Slovakia and Slovenia).
- Based on data reported to The European Surveillance System (TESSy) from 23 countries for people over 65 years of age, 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 17 countries (Austria, Belgium, Cyprus, Czechia, Estonia, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Romania, Slovenia and Spain).
- Notification rates are dependent on several factors, one of which is the testing rate. Weekly testing rates for week 14, available for 29 countries, varied from 1 012 to 45 255 tests per 100 000 population. Denmark had the highest testing rate for week 14, followed by Cyprus, Austria, Czechia and Luxembourg.
- Among 19 countries in which weekly test positivity was high (at least 3%), four countries (Belgium, France, the Netherlands and Spain) had observed an increase in test positivity compared with the previous week. Test positivity remained stable or had decreased in 15 countries (Bulgaria, Croatia, Estonia, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Malta, Poland, Romania, Slovakia, Slovenia and Sweden).

#### Hospitalisation and ICU

- Pooled data from 24 countries for week 14 show that there were 14.2 patients per 100 000 population in hospital due to COVID-19. According to weekly hospital admissions data pooled from 19 countries, new admissions were 10.8 per 100 000 population.
- Pooled data from 18 countries for week 14 show that there were 2.4 patients per 100 000 population in ICU due to COVID-19. Pooled weekly ICU admissions based on data from 13 countries show that there were 3.6 new admissions per 100 000 population.
- 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 26 countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Romania, Slovakia, Slovenia and Sweden). No other increases have been observed, although data availability varies.

#### Mortality

- The 14-day COVID-19 death rate for the EU/EEA, based on data collected by ECDC from official national sources for 30 countries, was 76.6 (country range: 0.0–363.1) per million population. The rate has been stable for six weeks.
- Among 24 countries with high 14-day COVID-19 death rates (at least 10 per million), increases were observed in nine countries (Austria, Belgium, Bulgaria, Croatia, Cyprus,





Finland, Germany, Poland and Slovakia). Stable or decreasing trends in death rates of 1–3 weeks' duration were observed in 15 countries (Czechia, Estonia, France, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Romania, Slovenia and Spain).

#### **Variants of concern**

- Sequencing capacity varies greatly across the EU/EEA; nine EU/EEA countries (Belgium, Denmark, Estonia, France, Germany, Hungary, Iceland, 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 by 13 April 2021 or to TESSy by 11 April 2021 (data referring to the period from 22 March to 4 April 2021). During the same period, 11 countries sequenced and reported between 60 and 499 samples, while 10 countries sequenced and reported <60 samples or did not report data.
- Among the nine countries with the recommended level of 10% or 500 sequences reported per week in the period from 22 March to 4 April 2021, the median (range) of the variant in all samples sequenced in the period was 77.0% (0.1–100.0%) for B.1.1.7, 1.2% (0.0–18.7%) for B.1.351 and 0.0% (0.0–0.5%) for P.1

#### **Progress towards harmonising data collection and case metrics across the EU**

ECDC continues to follow up with Member States their sequencing and reporting on variants of concern. An increasing number of countries are reporting data on variant detection in TESSy. ECDC is also planning to discuss in a forthcoming ECOVID-Net network call the impact of self-testing on key indicators such as testing rates and test positivity rates.

## **2.2. Update on the development/repurposing of effective treatments and the development of vaccines**

### **Development/repurposing of effective treatments**

A phase 2 randomised [controlled trial](#) found that the inhaled corticosteroid budesonide when given to adults with mild COVID-19, reduced the likelihood of requiring urgent care, emergency consultation, or hospitalization.

### **Diagnostic and serological tests**

ECDC has launched an **External Quality Assessment of SARS-CoV-2 serology** for national COVID-19 laboratories to assess their serological assays. The submission of results has concluded, and data are being analysed. Member States will receive feedback by early May.

### **Development of vaccines and their use**

#### ***Vaccine products***

- The UK's Joint Committee on Vaccination and Immunisation (JCVI) issued [new advice](#) on 16 April on COVID-19 vaccination for pregnant women, advising that they should be offered the COVID-19 vaccine at the same time as the rest of the population, based on their age and clinical risk group. The statement mentions that real-world data from the United States has shown that around 90 000 pregnant women have been vaccinated, mainly with mRNA vaccines including Pfizer-BioNTech and Moderna, without any safety concerns being raised.





### **Vaccine safety**

- A further webinar was hosted on 15 April by the EU/EEA NITAG COLLABORATION on the reported thromboembolic events following the use of the COVID-19 Vaccine AstraZeneca (Vaxzevria). EMA informed that in line with a request from the EU's Commissioner for Health and Food Safety following a meeting of EU Health Ministers, the agency is undertaking a review of vaccination data and data on disease epidemiology (including infection rates, hospitalisations, morbidity and mortality). ECDC is contributing with data for this review. The review by EMA's human medicines committee (CHMP) will enable authorities to put the risks of Vaxzevria into the context of the benefits of ongoing vaccination campaigns. The Committee will also consider whether to update recommendations for a second dose of Vaxzevria in those who have already received the first dose. During this NITAG webinar, ECDC informed that it is undertaking a survey among EU/EEA countries on the usage of Vaxzevria (current recommendations, age restrictions and rationale, other restrictions and recommendations on 2<sup>nd</sup> dose).
- On 14 April Denmark [announced](#) that it will continue the vaccination programme against COVID-19 without the vaccine from AstraZeneca (Vaxzevria) due to the correlation between rare but severe cases of blood clots, bleeding and low platelet counts and the vaccine, coupled with the fact that the COVID-19 epidemic is currently under control in Denmark and that other vaccines are available.
- On 15 April, Norwegian health authorities [recommended](#) halting the further use of the AstraZeneca vaccine (Vaxzevria) in the country's immunisation programme. They estimate that this decision will cause a delay in the implementation of the immunisation programme, also taking into account the paused rollout of the Janssen vaccine.
- On 13 April the US FDA and US CDC [recommended](#) that the use of the Johnson & Johnson (Janssen) COVID-19 vaccine should be paused due to very rare cases of unusual blood clots that occurred following the use the vaccine, out of an abundance of caution. On the same day the vaccine manufacturer Johnson & Johnson [announced](#) the decision to proactively delay the rollout of the Janssen vaccine in the EU while investigations continue. EMA's safety committee (PRAC) [informed](#) that it is reviewing the very rare cases of unusual blood clots that occurred in the US following the use of the vaccine. It is investigating all the cases reported and will decide whether regulatory action is necessary. On 20 April, EMA's safety committee (PRAC) [concluded](#) that a warning about unusual blood clots with low blood platelets should be added to the product information for COVID-19 Vaccine Janssen.
- To further the understanding of a possible association of cases observed with thrombocytopenia and thrombosis following receipt of COVID-19 vaccines, the Brighton Collaboration [published](#) on 16 April a case finding definition. The purpose of this case finding definition is to identify individuals that could then be studied using a common study protocol and assessment.
- EMA publishes [monthly safety updates](#) for all authorised COVID-19 vaccines.
- On 16 April, the WHO Global Advisory Committee on Vaccine Safety (GACVS) issued a [statement](#) on the review of latest evidence of rare adverse blood coagulation events with AstraZeneca COVID-19 Vaccine (Vaxzevria and Covishield). It states that the biological mechanism for the Thrombosis with Thrombocytopenia Syndrome (TTS) is still being investigated. At this stage, a 'platform specific' mechanism related to the adenovirus-vectored vaccines is not certain but cannot be excluded. The statement also highlights that ongoing review of TTS cases and related research should include all vaccines using adenoviral vector platforms.





### ***Vaccine deployment assessed through the Vaccine Tracker***

- On 15 April 2021, the latest weekly report on vaccine rollout in EU/EEA countries was published on the ECDC website, including data as of 11 April 2021.
- According to this report, the estimated vaccine uptake of full vaccination (two doses) among adults (18 years and above) varied between 1.6% and 15.5% (median 7.4%) in EU/EEA countries.
- The estimated uptake of full vaccination (two doses) among adults aged 80+ varied between 0.9% and 97% (median 47.8%).
- The above figures are collected from the 30 reporting countries that had information available. Further information on the vaccine rollout in EU/EEA countries is available in the weekly [report](#) or the COVID-19 [vaccine tracker](#).

## **2.3. Response measures undertaken by the EU (both by Member States and the EU institutions and agencies):**

### **2.3.1. Public health**

#### **EU Vaccine Strategy**

On 14 April, the European Commission reached an agreement with BioNTech-Pfizer to speed up the delivery of vaccines. 50 million additional doses, initially foreseen for the fourth quarter of 2021, will be delivered in the second quarter, starting in April. To prepare for the future, the Commission also announced it was entering into a negotiation with BioNTech-Pfizer for a third contract that would foresee the delivery of 1.8 billion doses of vaccine over the period of 2021 to 2023.

#### **COVID-19 Vaccines for Western Balkans**

The European Commission and Austria announced on 20 April the conclusion of agreements for the delivery of COVID-19 vaccines for the Western Balkans. The 651 000 BioNTech-Pfizer doses are funded by the European Commission and will be shared with the facilitation of Austria. The first delivery to all the partners in the region is due in May, with regular tranches to continue until August

#### **Union Civil Protection Mechanism (UCPM) [DG ECHO]**

As of 16 April, there are 14 open requests through the UCPM for personal protective or medical equipment, diagnostic tests, medical teams, medicines, and vaccines, including from 1 EU Member State (the Netherlands), 3 UCPM Participating States (Serbia, Montenegro and North Macedonia) and 10 third countries (Iraq, Brazil, Armenia, Ecuador, Kosovo, Moldova, Lebanon, Bolivia, Sudan and Papua New Guinea).

On 12 April, Papua New Guinea updated its request for medical and personal protection equipment (PPE), an Emergency Medical Team (EMT), shelter, transport capacities, mobile hospitals, vaccines, antigen tests, PCR reagents and consumables, ventilators, disinfectants and isolation centres. On 9 April, France offered up to 30 flight hours to transport emergency medical items from Port-Moresby to hard-to-reach areas in Papua New Guinea.

On 12 April, Slovenia offered masks, hand sanitizer and disinfectant to Montenegro, North Macedonia and Serbia. The assistance arrived to Montenegro and Serbia on 15 April and is currently going through customs procedures in North Macedonia.

On 11 April, the Netherlands offered a mobile x-ray machine to Curacao, which was delivered on 12 April. On 12 and 13 April, the Netherlands offered 30 420 vaccine doses, ancillary equipment, and PPE to Aruba. Transport operations are ongoing.





On 13 April, Moldova updated its request for assistance with 30 medical doctors specialised in intensive care and anaesthesiology, and an additional 150 000 vaccine doses.

On 14 April, Spain offered medicines for COVID-19 treatment to Brazil. The offer has been accepted.

On 15 April, Romania offered 132 000 vaccine doses to Moldova. The assistance arrived in Chisinau on 17 April.

### **rescEU [DG ECHO]**

See ISAA 59 for latest update.

### **Emergency Support Instrument (ESI) [DG ECHO]**

The Commission continues to process final payments for the 48 cargo actions and six grants for patients and medical personnel agreed under the ESI Mobility Package. A new application for the transfer of patients from the Czech Republic received on 15 April is being reviewed. Two previous applications for transport and operational costs of medical teams are also being reviewed. Funding for the transport of patients and medical personnel continues to be available. <sup>3</sup>

### **Vaccine Accessories [DG GROW]**

Manufacturers report that the situation is stable. Major manufacturers have production sites in Europe, there is still import but the EU has substantial production; vials are also manufactured mainly in the EU so logistics wouldn't normally be an issue. On vials, shortages remain reported as sporadic.

A matchmaking event "Towards COVID-19 vaccines upscale production" was organised on 29 March (94 meetings among 70 developers and manufacturing companies) and 31 March (287 meetings among **292 companies including suppliers**). **In total 352 participants from 292 companies from 26 Member States. 380 meetings of around 120 hours** were held during matchmaking event, while further follow-ups are possible from the total of 1 507 meeting requests.

### **Personal Protective Equipment (PPE) [DG GROW]**

No shortages are being reported for FFP masks or gloves for the moment. The demand for gloves is expected to continue to be strong, and at the same time the delivery time is improving.

### **Resources shortfalls [MS INPUT]**

A few countries reported facing **shortages of medical items**. In **DE**, shortages of medical gloves, overalls, protective visors are expected. **ES** is so far not facing any shortage of medical items. Only a signal of a potential shortage has been flagged for pipette nozzles but Spain is working on solving it. **FR** observes tension in sterilization micro filters that could pose problems for injectable drugs. Tension also exists in examination gloves, surgical gowns, ECMO consoles and plastic circuits associated with ECMO. There is always tension in high dosage curare (Atracurium and Cisatracurium). In **LV**, despite no shortages, medical gloves in national storage are at lowest availability. **MT** is experiencing shortages in 23G or 25G needles and gloves (Large) and gowns due to delays in manufacturing and transportation/logistics. **RO** reports

<sup>3</sup> The Commission published a Q&A and additional information regarding the ESI Mobility Package on the DG ECHO [website](#).





shortages in ventilators/respirators. In **NO**, there is a good overview and control over access to infection control equipment to the specialist health service. The national stockpile is built up in according to plan. Continuous assessments are made of the need to make further orders for infection control equipment. It is made a separate analysis of access to different sizes of gloves and some agreements will be reversed for delivery of more gloves in size XL at the expense of deliveries of gloves in size S. **NO** is facing shortages for pipette tips for use in the laboratories.

Many countries are conducting **national procurement procedures** for specific items (**Table 1, below**). **NO** also informed that the national procurement of respirators is almost completed; the national procurement of PPE for distribution to municipalities is ended; the national procurement of PPE for the national emergency stockpile is ongoing. **NO** is building up national stockpiles for critical pharmaceutical used in the specialized- and primary care together with the wholesalers and the health sector. National procurement procedures are used for COVID-19 testing kits and reagents.

**Table 1 – Planned/conducted national procurement procedures**

National procurement procedures are conducted / planned for following items:	EU/EEA Member States
Ventilators	5 MS: DE, HR, MT, RO, NO
Personal Protective Equipment	11 MS: BE, DK, DE, ES, LV, LT, MT, RO, FI, IS, NO
COVID-19 testing kits	11 MS: DK, DE, ES, HR, LT, LU, MT, RO, FI, IS, NO
Laboratory reagents	6 MS: HR, LT, MT, RO, FI, IS
Medicines	4 MS: ES, LT, MT, NO
Disinfectants	2 MS: DK, RO
Vaccination equipment	4 MS: DE, MT, RO, IS
Vaccination equipment	4 MS: DE, MT, RO, IS

Other:

**LV:** surgical masks, respirators, coveralls, gloves, visors, goggles, as well as pulse oximeter, Ag tests

Three countries (FR, LV, LT) **expect shortages of medical gloves in the next month**, while the majority do not (BE, CZ, DK, DE, ES, HR, MT, NL, RO, SE, CH, IS, NO). Regarding shortages of medical gloves in the **next three months**, five countries (DE, FR, LV, LT, MT) reporting these are expected, but not the remaining countries (BE, CZ, DK, ES, HR, NL, RO, CH, IS NO). Countries expecting shortages have quantified them as follows: In **DE**, the extent of expected shortages is currently being assessed. In **LV**, according to the national requirements for the establishment of medical reserves (for 2 months), the shortage of gloves is ~ 10 million. According to the current technical specification, which meets the standard requirements for medical needs, it is not possible to choose such gloves. Traders offer, but in the opinion of the responsible authority - they do not meet the requirements of the standards. The problem is with non-sterile, non-powdered gloves (no problem with sterile, non-powdered gloves). In **LT**, there is currently a shortage of 12 million medical gloves. **MT** indicated that shortages will depend on erratic consumption being faced due to external hubs being opened for vaccination, affecting mainly the Large size and gowns.

As regards **measures taken/considered in case of expected shortages**, **DE** answered national procurement procedures. **FR** indicated use of low-dose drugs to substitute for lack of high-dose drugs. In **LV**, new procurements are constantly being re-announced. Planned measures - it is necessary to review the existing requirements (this can be done by the health sector). The intention is to conclude a general agreement with the tenderers and we will carry out a negotiation procedure. **LT** is planning/ conducting national procurement procedures for medical gloves. **MT** had 12 cycles cancelled due to various reasons. Malta opened up the technical specifications and is now testing the market by using a Dynamic purchase model due





to issues with raw materials and high fluctuations in price. Specs were opened for gowns and needles.

### Testing strategies [MS INPUT]

**Table 2 – 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	Testing of all symptomatic people, close contacts, and asymptomatic people.
DK	The testing strategy in DK is testing of the following groups: - 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 who attend their jobs physically (not working from home) are 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 Germany is foreseen for: -Symptomatic individuals mild or severe respiratory symptoms -Asymptomatic individuals after exposure (contacts) -Asymptomatic individuals to prevent transmission in risk areas -Since 8/03/21 every citizen is entitled to at least one free RAT a week RAT are part of the national testing strategy since 10/2020 primarily used for screening purposes of asymptomatic individuals and quick differential diagnosis, with focus on healthcare settings and nursing homes. Since 12/2020 preventive rapid antigen testing is possible in schools/kindergarten, since 02/ 2020 in critical infrastructure too. Since 03/2021 self-tests are available and approved for use in schools/workplaces/private use. Observed by a trained person the use of self-tests is considered for "Bürgertests". 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 is around 2.2 million PCR tests/week for symptomatic, contacts and validation of RAT or self-tests. Since 01/2021 variant-specific PCR-tests are carried out and expanded to detect virus variants of concern (VOC) of SARS-CoV-2. In addition, sequencing capacities have been expanded with the aim to analyse full genomes of at least 5% of positive SARS-CoV-2 samples, in case of low-incidences, the aim is to sequence 10% of positive samples.
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.
ES	The Spanish testing strategy can be found <a href="#">here</a> . 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. Routine screening is proposed for HCW, residents and workers in nursing homes.
FR	Targeted groups: Symptomatic but prioritising specific groups (e.g. patients, elderly, vulnerable, HCW) Asymptomatic within certain groups or settings (e.g. contact tracing, outbreak clusters, healthcare settings, specific professional groups, nursing homes) RT-PCR and RAT fully deployed + from 01/03 on, PCR saliva tests deployed in schools and from 15/03 on, rapid antigenic tests with nasal samples and antigenic self-tests with nasal samples are authorized and reimbursed for medical use. These tests are preferred for people older than 15 who find nasopharyngeal swabbing difficult or who wish to visit a relative. From 12/04, self-test will be deployed in drugstores for person older than 15 who are not symptomatic and not contact cases. For symptomatic cases and contact person, antigenic and RT-PCR tests are to be favoured.
HR	Testing strategy includes the following categories: - all people with symptoms compatible with COVID-19 - 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	A person can sign up for Covid-19 PCR test without a doctor 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 Coronavirus testing (COVID-19) is mandatory for workers in certain areas either periodically every 7 to 10 days (eg. personal health care; social care; educational services; pharmacist) or once before starting activities (eg. culture and art, physical activity, beauty services and accommodation and et. areas).
LU	Luxembourg has adopted a testing strategy, composed of 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.
HU	The Government Decree 509/2020. (XI. 19.) on the coronavirus regulates screening of certain special groups, including those working in educational institutions, teachers. The secondment is carried out in cooperation with 6 universities and local government offices. A student participating in medical and health science training may be assigned to perform the





	examination and may receive salary for the duration of the secondment, based on (completely tax free) student employment contract.
<b>MT</b>	Testing (PCR and Rapid Antigen Testing) is offered to 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.
<b>NL</b>	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.
<b>RO</b>	All symptomatic people are tested. Asymptomatic within certain groups or settings (e.g. contact tracing, outbreak clusters, healthcare settings, specific professional groups, nursing homes).
<b>FI</b>	Testing is targeted to those with suspected covid-19 infection. Asymptomatic persons might 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. Travellers are also recommended a second test 72 hours after arrival in order to shorten their self-quarantine.
<b>SE</b>	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
<b>IS</b>	Anyone who asks to be tested is tested. People are urged to request a test if they have any symptoms related to Covid-19. All persons who have been in contact with an infected person are tested and quarantined and then tested again after 5 days before they are released from quarantine.
<b>CH</b>	Voluntary testing of asymptomatic persons that received a notification by the proximity app (day 5 after exposure). Asymptomatic testing in contacts in a cluster (esp. in nursing homes) can be initiated by the cantonal authorities.
<b>NO</b>	According to the Norwegian testing strategy, the following should be tested: 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.

18 countries reported currently using **rapid antigen tests (RAT)** (BE, CZ, DK, DE, EE, ES, FR, HR, LV, LT, LU, MT, NL, PT, RO, FI, CH, NO).

- In **BE**, as of recently, Ag tests can be offered by employers to their employees for repetitive screening. They can also be used for testing low-risk contacts in outbreak clusters in school or for testing low-risk contacts in outbreak clusters in companies. Since 06/04, rapid antigen tests for self-use have been authorized in Belgium. They should not replace other testing indications but are rather seen as an additional measure (“gesture of courtesy towards the society”).
- In **CZ**, RATs are used for testing of asymptomatic people. Negative RAT result is obligatory for students and employees to allow them going to school/work.
- In **FR** - 22/02: HAS recommends RT-PCR tests with salivary samples in schools; 15/03: HAS recommends rapid antigenic tests with nasal samples and antigenic self-tests with nasal samples. They are particularly used in caregivers and for people who have had symptoms for less than four days. Positive results must be followed by a RT-PCR screening test to search for variants.
- In **LT**, methods of testing for COVID-19 disease (coronavirus infection) including rapid antigen tests are approved by the Order of the Minister of Health (4th January 2020, No V-2797).
- In **CH**, from 2 November 2020 onwards, it is possible to use, in addition to the PCR tests currently in use, rapid antigenic tests to determine whether a person is infected with COVID-19.
- In **NO**, the rapid test that is now in use is the antigen rapid test from Abbott. The rapid tests are intended as a supplement to the ordinary laboratory analysis with PCR.





Some countries specified their strategy as regards the **acceptance of antigen test results** as basis for public health measures:

**Table 3 – 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	Only in case of observed antigen-test (RAT or selftest) the results can be used for public measure e.g. to allow the entrance into shops and hair stylists or to reduce 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	Antigen tests are not accepted for travel related testing.
FR	Rapid antigenic 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. An order published in the Official Journal on 17 October 2020 authorizes these nasal swabs, including for people with symptoms of Covid-19 infection. Positive antigen tests must then be reconfirmed by a PCR test.
HR	Yes. 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.
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 test may be used when it is ensured that: - tests for persons with symptoms of COVID-19 disease (coronavirus infection) shall be performed no later than 5 days after the onset of symptoms; - tests for persons with confirmed or suspected contact with COVID-19 disease (coronavirus infection) no later than 7 days after exposure; when the results of rapid antigen tests are evaluated and interpreted by a healthcare professional; the sensitivity of rapid antigen tests must be at least 90%. Compared to PCR tests, samples with a cycle threshold of less than 25 have a specificity of at least 99%; rapid antigen tests are used for prophylactic testing in identified groups of prophylactically tested individuals (employees of medical institutions, care institutions, teachers, police officers, pharmacists, etc.). During periodic prophylactic testing, the test is performed every 7-10 days.
LU	No, a positive rapid antigen test has to be confirmed by a PCR test.
MT	Yes for quarantine, but not for travel.
NL	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.
PT	Yes. Although RT-PCR confirmation is needed.
RO	Only RT-PCR is considered as basis for public health measures.
FI	Antigen tests are used primary for screening purposes and are complimentary to PCR tests.
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, EE, ES, FR, HR, LV, LU, FI, SE, IS, NO):

- In **DE**, antibody tests are used in particular for seroprevalence studies. Regarding implementation of specific public health measures, they are still not recommended.





- In **ES**, they are mainly used for diagnostic of symptomatic persons within the first 5 days after onset or for screening in situations/persons with high probability of infection. Also used for testing at borders in airports according to the border control regulations.
- **FR** uses antibody tests to confirm that a person is infected, if he or she has symptoms but an initial RT-PCR test has been negative. The serological tests will then be used to complete the diagnosis; A posteriori, when the person no longer has symptoms and has never been tested positive by RT-PCR, to confirm or not that he or she has indeed been infected by the virus and thus avoid possible future complications.
- **HR** uses antibody tests for seroprevalence studies.
- In **FI**, serological tests are used in research contexts.
- In **LV**, they are used to clarify diagnosis; to distinguish an inactive infection – when the patient is no longer infectious.
- **SE** is using antibody tests if conducted in accordance with national guidelines.
- **SI** is using antibody tests for specific public health care measures.
- **NO** use antibody-tests for individual assessments and sero-prevalence studies. We have not introduced an immunity passport or similar.

Four countries (DK, MT, NL, CH) specified that such tests are not currently used.

The **current testing Turn Around Time** (the time between the test request and the receipt of test results by the health professional) is variable, sometimes within one country, ranging between less than 24h (CZ, DK, DE, EE, EL, ES, LU, MT, PT, IS, NO, IS, CH), less than 48h (BE, DE, IE, FR, HR, LT, MT, NL, RO, FI, SE, CH) and more than 48h (LV, MT).

#### Travel restrictions – general [MS INPUT]

All reporting Member States (BE, CZ, DE, DK, EE, EL, ES, FI, FR, HU, IE, LV, LT, LU, MT, NL, PL, RO, SE) as well as IS and NO **apply restrictions to travellers** departing from or entering into their territory from another EU Member State or EEA country. Regarding third-country nationals coming from outside the EU/EEA, all reporting Member States have indicated that they also apply restrictions. CH, IS and NO also apply restrictions for third-country nationals coming from outside the EU/EEA

Regarding the **specific measures implemented for travellers**, the majority of Member States (BE, CZ, DE, DK, EL, ES, FR, IE, LT, LU, LV, MT, NL, PL, RO, SE) as well as CH, IS and NO **require a medical certificate or a negative COVID-19 test result upon entry**. A medical certificate or negative RT PCR test result is not required in HU and FI. Moreover, most Member States ( BE, CZ, DE, DK, EL, ES, FI, FR, HU, IE, LV, LT, MT, NL, PL, RO, ) as well as CH, IS and NO **require people entering their territory to self-quarantine**. This is not required in LU and SE.

In case travellers are required **to carry a negative COVID-19 test result with them upon entry**, 8 Member States (BE, EE, EL, ES, FR, IE, LV, MT, PT, RO) as well as CH and IS only accept a RT-PCR test result. In ES, in addition to RT-PCR, a negative TMA/LAMP test conducted within 72 hours before arriving in Spain is also admitted. CZ, DE, DK, HR, LT, LU, NL, FI, SE and NO accept both the negative test result of a RT-PCR or a rapid antigen test. SE also accepts LAMP-tests results.

CZ, DK, FR, LV, PT, RO and FI, don't experience any problems **with the mutual recognition of COVID-19 test results of incoming travellers**. El noted that problems have occurred with COVID-19 test results of some incoming travellers from third countries. HR indicated that there are some problems regarding the identification of passengers with their test results due to lack





of personal data (e.g. date of birth) on the attached test result certificates. 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 informed that a negative antibody test is not recognized for incoming travellers. NO noted that according to the Norwegian Directorate of Health, a large number of travellers' test certificates are false. IS mentioned that certificates presented by travellers at the border regarding testing or vaccinations are not in the required languages (Icelandic, Danish, Norwegian, Swedish or English).

In 14 Member States (BE, CZ, DK, EE, ES, FI, FR, HR, HU, LV, LT, LU, MT, PT), IS and NO incoming travellers can be **tested upon arrival at the airport**. On March 1st, a Coronavirus testing facility at Vilnius Airport in Lithuania. Similar testing sites are scheduled to open at Kaunas and Palanga airports in April. Test types that are made available include: Antigen test in 20 min, antigen test in 2 hours and PCR test in 24-36 hrs, PCR test in 1.5-3 hrs. BE and FI offer a **voluntary RT-PCR test** (BE only for residents) and CZ, EE, FI, PT, IS and NO require a **mandatory RT-PCR test** upon arrival. CZ, EE, ES, DK, FR, LU, FI 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. In FR, Decree 2020-1310 (29/10/20) imposes that passengers older than 11 years travelling by air or sea from foreign countries shall present the result of a RT-PCR (or equivalent) test carried out less than 72 hours before the travel, which does not conclude to a covid-19 contamination. However they can also be subject to a random test upon arrival (agreement by the passenger to conduct such test upon arrival is mandatory for boarding). MT offers a **voluntary rapid antigen test** at the airport. HR also offers voluntary rapid antigen testing by one airport in Croatia, other airports do not perform testing, so far. DE, NL, RO and CH do not provide tests upon arrival. LV reported that travellers who have been in a country that is not an EU or EEA member state, Switzerland or the United Kingdom during the last 14 days must have a repeated test at their own expense immediately upon arrival in Latvia. There is a permanent E.Gulbis laboratory patient reception point at Riga Airport, offering travellers to perform tests: Covid-19 polymerase chain reaction (PCR) swabs from the nose and throat, PCR tests in saliva, antigen or rapid test.

**Following a negative test result – either carried upon arrival or as a result of testing at the airport** – in BE, CZ, DK, DE, EE, ES, HR, HU, IE, NL, FI as well as CH and NO **results in a shortening or cancellation of the self-quarantine period**. Since 8 February, persons entering Switzerland from a country or region with a high risk of infection have to present a negative PCR test less than 72 hours old and then be quarantined for ten days as was the case until now. However, they are allowed to leave quarantine after seven days by doing a rapid antigenic test or PCR test provided that the test result is negative. This is not the case in EL, FR, LV, MT and IS. Further details provided are the same as reported in previous ISAA reports.

15 EU Member States (BE, CZ, DE, EL, ES, FR, HR, HU, IE, LT, LV, MT, RO) as well as CH, IS and NO **require incoming travellers to complete a passenger locator form (PLF)**. BE, CZ, DE, IE, EL, HU, LV, LT, ES, RO as well as IS, 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. FR, HR and MT as well as CH use paper based PLF. BE, IE and RO allow both a paper and digital PLF. DK, FI, LU, NL, PT and SE don't require incoming travellers to complete a PLF.

#### **Travel restrictions – new variants of concern [MS INPUT]**

The following countries recommend **avoiding non-essential travel, in particular to areas with a significantly higher incident of new SARS-CoV-2 variants**: BE, CZ, DE, DK, EE, ES, FR, HR, IE, LV, MT, NL, PT, FI, RO, IS and NO. From 11 February to 6 April, entry to Latvia from the European Union Member States and the European Economic Area Member States, the Swiss





Confederation, and the United Kingdom through international passenger carrier services or by a private vehicle is permitted only for urgent and essential reasons such as: work, training, studies, family reunion, in order to receive medical services, transit, accompanying a minor, return to one's permanent place of residence, attending a funeral. FI indicated that it is recommended to avoid all travel to South Africa and Brazil.

IE, LT, RO and CH have **specific quarantine measures** and CZ, DE, ES and HR **have specific testing measures** in place for travellers coming from areas with significantly higher incidence of new SARS-CoV-2 variants. EL, NL and NO have **both specific testing as well as quarantine measures** implemented for these travellers. AT has a special regulation in place for commuters from high-incidence areas.

8 Member States (BE, CZ, FI, IE, LT, LV, MT, NL) have **increased their sequencing efforts of samples taken from incoming travellers from areas with significantly higher incidence of new SARS-CoV-2 variants**. In FR, no systematic confirmation by sequencing is required. In NO, sequencing efforts of samples taken from incoming travellers have not increased so far. In IS, all positive tests have been sequenced since the beginning of the pandemic.

### Laboratory capacity [MS INPUT]

With regards to laboratory capacity, **the number of tests that can be performed per day remains variable between countries and may be partially dependent on the number of laboratories able to test for COVID-19**. The current reported daily testing capability varies approximately between 3 000-5 000 (MT, IS), 9000-13 000 (HR, LV, LT), 20 000-35 000 (LU, CZ, RO, FI, NO), 60 000 (BE), 145 000 (NL), 200 000 (DK), > 1.200.000 (ES), >2 200 000 (DE)

Regarding **anti-gen tests capacity per day** differs among the countries;: 400 (MT), 4000 (FI), 10 000 – 30 000 (NL, RO), 50 000 (LT), 200 000 – 300 000 (CZ, DK, > 3 000 000 (FR). The capacity in BE, DE and LV remain unknown.

The majority of countries (BE, CZ, DE, DK, ES, HR, LV, LT, LU, RO, IS) **did not identify any particular issues with regard to testing capacity**.

- **NL** has experienced issues in scaling up the testing capacity and shortages in certain materials. The main solution was to contract foreign laboratories that could perform much larger volumes of tests per day. At the beginning, multiple machines were also bought, which needed different materials in order to prevent shortage. Unfortunately it wasn't possible to completely prevent shortages.
- **FI** identified shortages of testing materials and staff. 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.
- **FR** observes tensions in plastic consumables, especially filter cones and swabs.
- **NO** is facing shortages for pipette tips for use in the laboratories.

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

### Vaccination strategies [MS INPUT]

As of 19 April, 24 EU/EEA countries have provided information regarding the developed strategies or plans for the deployment of the COVID-19 vaccines at the national level: BE, CZ, DK, DE, EE, EL, ES, FI, FR, IE, HR, LV, LT, LU, MT, NL, PL, PT, RO, SK, SE, CH, IS, NO (number of respondents varies per question).





### **COVID-19 vaccines that are currently deployed**

Overview of COVID-19 vaccines in use (BNT162b2/Comimaty BioNTech/Pfizer, mRNA-1273/COVID-19-Impfstoff Moderna, AstraZeneca Oxford AZD1222), date of first administration of the COVID-19 vaccine (n=15). Replies are similar to ISAA no 56 except for:

- **DK:** AstraZeneca – on hold for 5 weeks due to investigations on possible side effects
- **ES:** AstraZeneca - Vaccination with this vaccine was put on hold since 16 of March due to the adverse events which are being investigated and has been restarted since 24 of March.
- **FR:** Following suspicions of serious side effects, France suspended administrating the AstraZeneca vaccine from 15 to 19 March. Vaccination with AstraZeneca resumed on 19 March
- **LT:** We received a shipment of Janssen vaccine but still waiting for the recommendation from manufacturer due to further consumption.
- **PL:** Johnson & Johnson - 15.04.2021

**Table 5 - The current vaccination phase in EU/EEA countries (n=19)**

Current vaccination phase	EU/EEA Countries
Phase 1	6 MS: CZ*, BE*, DE*, NL*, SE*, CH
Phase 2	7 MS: DE*, ES, HR, NL*, PT, SE*, CH
Phase 3	5 MS: NL*, PL, RO*, FI*, SE*
Phase 4	5 MS: IE, LV, LU*, MT, NO
Other	3 MS: DK (phase 7-8), SK (phase 8), IS (groups 2, 3, 5 and 6)

\*Country provided an explanation regarding the prioritised vaccination groups/phases.

**BE\*:** There are three phases: Phase 1A started on January 5 and involves nursing homes (residents and staff), completed by all health care staff (hospitals and first line healthcare workers), health care collectivities and police intervention units. Phase 1B began in March and includes people aged 65 and older and those aged 18 and older at risk (due to underlying comorbidities). Phase 2 for May or June will involve the adult population over 18 years of age without registered comorbidities. On 16 April 2021, phase 1B is still ongoing.

**CZ\*:** 1B

**DE\*:** 1st and 2nd phase (as of 25 March 2021).

**LT\*:** Health care workers and patients/staff of long term care facilities who wanted to get vaccinated have already received both doses of the vaccine. Vaccination of other priority groups is in process. We have already offered first dose for ones working in pre-primary and primary elementary education facilities. Currently we are vaccinated elderly and patients with chronic diseases. It is also planned to vaccinate workers who have contact with other at work in large companies.

**LU\*:** In phase 4.

The following groups of people will be vaccinated:

Phase 4a: People who are moderately vulnerable because of their age

People aged 65 to 69 (starting with the oldest)

Phase 4b: People who are moderately vulnerable due to pre-existing health conditions

People with one of the following factors:

Diabetes with or without insulin, with cardio-neurovascular complications

Complicated arterial hypertension with sequelae resulting from a stroke or associated heart disease

Neuromuscular disease with clinical repercussions

It has been started to send out the invitations for phase 5. Further details can be found [here](#).

**NL\*:** Phase 1 – 3 are now running in parallel (see the phases below). In phase 1: vaccination of people of 60 years of age and older is still ongoing. In phase 2: people with high-risk medical conditions are vaccinated.

**RO\*:** Third phase which started on 15th of March 2021.

**FI\*:** 3 out of 4.

**SE\*:** Most regions are finalizing phase 2 and starting phase 3 (total of 4 phases). Still some vaccinations in phase 1 ongoing, mainly health care staff.





**Table 6 - Overview of priority groups currently being vaccinated in EU/EEA countries (n=23)**

Country	Elderly	Elderly in LTCF	Adults with comorbidities	Health-care workers	Social care workers	Other risk groups/ comments
BE	Yes		Yes			Other groups. Please specify: - Phase 1B started in March and includes people aged 65 and older and those aged 18 and older at risk. The vaccination strategy recommends to vaccinate old people by decreasing age categories. In most regions, the category 70-75 is currently invited to be vaccinated, in others younger people with comorbidities are already invited
CZ	Yes	Yes	Yes	Yes	Yes	Other essential workers critical to societal infrastructure, Adults in different age groups (include age ranges)
DK	Yes		Yes	Yes	Yes	Socially vulnerable groups Adults in different age groups
DE	Yes	Yes		Yes		
EE	Yes	Yes	Yes	Yes	Yes	Other essential workers critical to societal infrastructure
IE	Yes	Yes	Yes	Yes	Yes	70+ Aged 16-69 and at very high risk of severe COVID-19 disease - conditions: Cancer, Chronic kidney disease, Chronic neurological disease or condition, Chronic respiratory disease, Uncontrolled diabetes, Severe immunocompromised, Inherited metabolic diseases, Down Syndrome, Obesity BMI >40 Kg/m2, Sickle cell disease.
ES	Yes	Yes	Yes	Yes	Yes	Other essential workers critical to societal infrastructure Other groups. Please specify: - Elderly 60 years old or over.
FR	Yes (75+)	Yes	Yes	Yes (HCW at risk are prioritised)	Yes	People aged 50 years old+ and social and health care workers at risk are prioritised. Persons with specific serious comorbidity. people from 50 to 64 years old range with comorbidities. People from 18 to 49 yrs old suffering from high risk illnesses.
HR	Yes	Yes	Yes			Elderly based on age range - in order: 1. persons aged 80 and over, 2. persons 75 -79 years, 3. persons 70-74 years, 4. persons 65 - 69 years Adults with underlying health conditions - age range < 65, with chronic diseases Other groups - Emergency services (Red Cross, mountain service, police, firefighters ...) and citizens in the area affected by the earthquake.
LV	Yes (60+)	Yes	Yes	Yes		Other staff working in medical treatment institutions, adults 60+, Key government officials, Staff working in long-term care facilities, Adults who are living with children with chronic health conditions, Adults providing care for persons with serious health conditions; Teachers and employees of pre-school, special education institutions and of grades 1-5, teachers of other grades, who return to work on site on the basis of a regional epidemiological approach.
LT	Yes	Yes	Yes	Yes	Yes	Educational institutions workers. Elderly over 65. Patients with chronic diseases.
LU	Yes	Yes	Yes	Yes		Adults in different age groups
MT	Yes (50+)		Yes			Other essential workers critical to societal infrastructure
NL	Yes	Yes	Yes	Yes	Yes	The following groups with high medical risk (16+ years of age): Down syndrome Morbid obesity (BMI>40) - people with an intellectual disability living in institutions - inpatient mental health care - hematological malignancy in past 5 years - (pre)dialyses patients - organ transplant patients - primair immunodeficiency
PL	Yes	Yes	Yes	Yes	Yes	Other essential workers critical to societal infrastructure (please specify), Socially vulnerable groups, Adults in different age groups (include age ranges)
PT			Yes			Other essential workers critical to societal infrastructure Adults in different age groups
RO	Yes	Yes	Yes	Yes	Yes	Other essential workers critical to societal infrastructure Adults in different age groups
SK	Yes	Yes	Yes	Yes	Yes	Other essential workers critical to societal infrastructure Adults in different age groups
FI	Yes (70+)	Yes	Yes	Yes	Yes	Elderly over 70 years of age. Election officers of the 2021 municipal elections.
SE	Yes	Yes		Yes		Adults in different age groups
IS	Yes		Yes	Yes		Persons above the age of 60 living at home (working downwards from the oldest, 97% of those over 90 years of age and 95% of people aged 80-89 years old have been vaccinated), health care workers, staff in care homes..
NO	Yes (75+)		Yes	Yes		Elderly people 65 years or older and certain groups of health care personnel, and persons between 18 and 64 years of age with diseases / conditions with a high risk of a serious course.
CH	Yes >65		Yes	Yes		Care personnel of people at high risk





### Priority groups that have been fully vaccinated [MS INPUT]

14 countries responded to the question which priority groups have now been fully vaccinated. 5 EU/EEA countries (CZ, HR\*, LV, PL, RO) reported that none of the priority groups have been fully vaccinated. **RO** explained that there are no fully vaccinated groups because the vaccination is optional not mandatory. 9 EU/ EEA countries (DK, ES, LT, MT, NL, FI, SE, IS, NO) reported that they have one or more fully vaccinated priority groups. In **DK** the following groups are almost fully covered: residents in nursing homes, residents above 80 years of age, residents in social cares facilities, a large portion of health care workers and adults with severe comorbidity. **ES** indicated that elderly in long-term care facilities are practically vaccinated. In **HR\*** 72,4% of Healthcare workers are vaccinated as of 14 April 2021. **LT** reported that the group of healthcare workers are completely vaccinated. After increasing the vaccination process in Lithuania, at least one vaccine dose received 19.5% of population. 53% of people over the 65 years old were vaccinated. In **MT** all healthcare workers and those on the frontline, all those in elderly homes, as well as residents and workers, persons with chronic illness who's state of health puts them particularly at risk, those persons aged 60+, essential workers and staff in educational sectors and child-care centres are fully vaccinated. **FI** indicated that elderly and personnel in LTCF, critical social and health care staff belong to the groups, which are fully vaccinated. In **SE** people in retirement homes (included in phase 1) almost completed: 93 % first dose, 88 % second dose. Additionally, people with in home care (included in phase 1) almost completed. **IS** reported that vaccination of Group 1 (health care workers in COVID-wards, ICU and Emergency rooms) and Group 4 (first responders) are completed. In **NO** Groups 1 -3 are fully vaccinated.

Additional information on vaccination plans is available in **Annex 10**.

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

Many of the responding Member States, as well as IS and NO, but not CH, report having identified broader impact on health care services. **CZ** reports that there has indeed been such an impact but that the situation now improves and that patients are now again being admitted to planned healthcare. **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 outpatient healthcare is provided without interruption but that inpatient services are temporarily restricted in all hospitals. 54 % of available COVID-19 beds are occupied. **NL** estimates that 1.4 million referrals for special medical care has been missed. **NO** reports that operations are being reduced in hospitals with many COVID-19 admissions.

### Approach to ensure capacities in non-COVID-19 related healthcare services [MS INPUT]

Many of the responding Member States have had to make particular efforts to ensure capacities in non-COVID-19 related healthcare, e.g. by monitoring capacities in the different areas of healthcare (**AT**) involving additional staff (**CZ**), or making use of telemedicine (**FR**, **HR**). Many countries have also had to postpone/suspend non-COVID-19 related healthcare in order to care for COVID-19 patients (**BE**, **DK**, **FI**, **FR**, **LV**, **MT**, **RO**, **SE**), but in general, efforts are made so that critical non-COVID-19 related healthcare is still delivered.

### Disruptions of/delays in childhood vaccination programmes [MS INPUT]

The majority of the responding Member States, as well as IS 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. **NO** reports some delays concerning the HPV and MMR vaccines in 2020, but this has now improved.

### Contact tracing [MS INPUT]

All the responding Member States, except from CZ and LT and as well as IS and NO, but not CH, report having sufficient resources for extensive contact tracing linked with high scale testing. In **DE** federal states have increased human resources for health authorities. Teams of containment scouts are deployed if local and federal authorities indicate a need for support. Furthermore, support by specialized contact tracing teams of the RKI, the Bundeswehr and from a medical student program can be made available. However, there are reports of staff shortages and difficulties to keep up with contact tracing activities on local level. HR also employs students and volunteers to perform contact tracing. **MT** indicated that with significant increase in local transmission there is currently a delay in contact tracing in MT and action has been taken to increase HR through redeployment of health care workers including those requiring shielding, recruiting of new staff and call for volunteers. **NL** reports that contact tracing capacity for the past week has been 7 900 fulltime equivalents. **FR** reports recruiting more people to help local authorities, with the goal to reach a number of 60 000 daily telephone calls made. **IS** reports that every case is followed upon by a team consisting of certified nurses and police detectives. **NO** reports having established a National Infection Tracing Team to help deal with local outbreaks.

Less than half of the reporting Member States, as well as CH and NO, report having witnessed issues in the context of contact tracing, primarily in terms of limited human resources. **IE** reports about start-up challenges and challenges around contact-tracing in the context of the third wave. **NL** reports about bottlenecks concerning the analysis of data, due to an insufficient number of infectious disease doctors. **MT** has stepped up contact tracing by increasing resources, staff and volunteers through re-deployment and recruitment. **FI** expressed issues with human resources. **NO** find contact-tracing around local outbreaks demanding and labour-intensive.

### 2.3.2. Borders and mobility [DG MOVE]

The traffic situation remained stable with either no waiting times or waiting times below 15 minutes at most Schengen borders. Major bottlenecks continue to be at RO-BG (3-4 hours average waiting time to RO, 1-3 hours to BG) and RO-HU borders (60-90 minutes average waiting time towards HU) and in Kulata-Promachonas (BG-EL, both directions with heavy traffic, more severe towards EL where waiting time was over 120 minutes). This increase is partially due to the deviation that some North Macedonian drivers do in order to avoid testing and waiting in Evzoni/EL. Gornji Macelj (HR/SI) BCP had increased waiting time of over 100 minutes on average (after several months of a relatively calm traffic situation). Italy reported that no testing is carried out anymore on Brenner pass, given that Germany suspended such requirement, and the traffic is back to normal by now. Consequently, no rerouting towards Tarvisio is advised by IT authorities. There have been no changes in country categorisation by Germany last week.

#### External borders:

At Evzoni (GR-North Macedonian border crossing), the enhanced opening hours of this border crossing point and the exclusion of transport workers from the daily quota have already helped to alleviate the situation. However testing is still carried out and at certain times this has generated a queue of 500 lorries and passenger cars waiting for the test (resulting in hours of waiting time). There are 1-2 hours waiting time at Polish-Belarus and Polish-Ukrainian borders





outbound. Average waiting time at border crossing points EU ↔ CH is between 60-90' (slight increase vis-à-vis previous weeks).

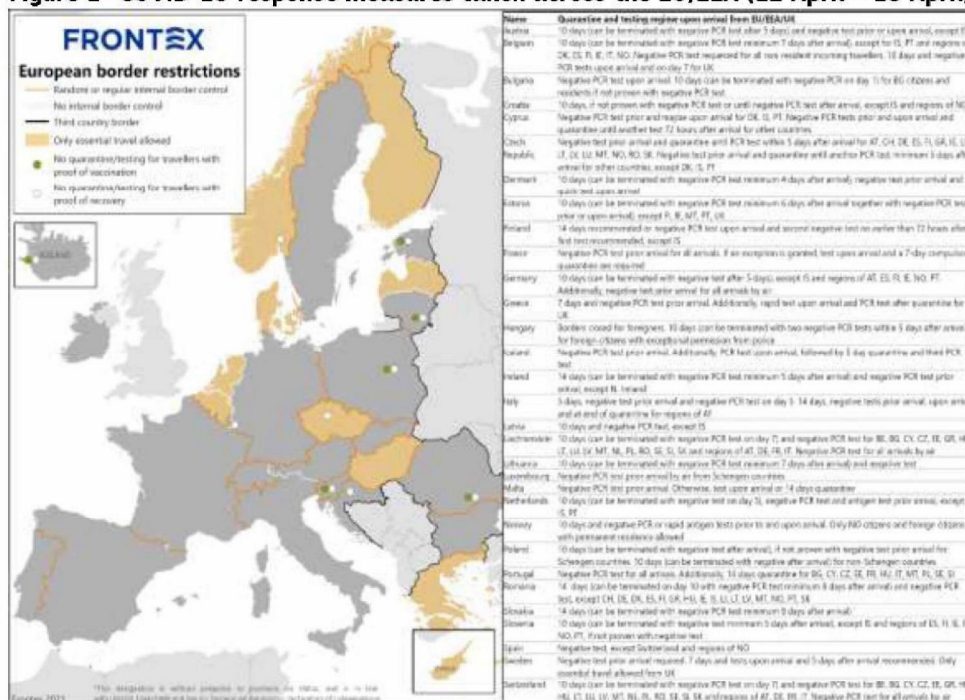
With the sole exception of Kakavija/Ktismata (ALB-EL) waiting times at EU-Western Balkans border crossings were increasing. In Horgos/Roszke and Batrovci/Bajakovo the increase was sharp on SRB-HUN and SRB-HR directions, respectively, with worst figures ever recorded and road hauliers unofficial reporting of waiting times exceeding 24 hours (HU authorities reported that this was due to after-Easter traffic). Traffic at Western Balkans internal borders remained stable.

**Difficulties with transport of goods [MS INPUT]**

11 countries (BE, BG, CZ, DE, FI, HU, LV, LU, SE, CH and NO) reported no difficulties with internal or external border restriction concerning the transport of goods. 3 reported some difficulties (FR, MT and IS). FR mentioned some difficulties with clearance of goods at the Swiss border, depending on the number of available control staff members on Swiss side to deal with the full flows of goods.

**2.3.3. Broader social measures to reduce transmission [DG HOME]**

**Figure 1 -COVID-19 response measures taken across the EU/EEA (12 April – 19 April)**



- **Austria** has agreed criteria with 12 other European countries for a "Green Pass" which should allow international travel and tourism. The aim is to implement it quickly and as uniformly as possible at a European level.
- **Belgium** will allow restaurants and cafes to reopen outdoor eating and drinking areas on 8 May, after six months of COVID-19 restriction.
- **Bulgaria:** The government will make a decision after 26 April about whether to extend the COVID-19 epidemic declaration beyond the end of this month.





- **Cyprus:** Relaxations of the measures in place against the spread of COVID-19 will likely only concern the number of people allowed in churches at the same time during Easter. A decree is expected to be issued which will release all those who have been vaccinated from the obligation to conduct a weekly rapid test for employees.
- **Denmark** will allow people from countries in the European Union and Schengen Area to enter the country from May if they have been vaccinated against COVID-19.
- **Estonia:** Restrictions could be eased in May if downward trend continues. Estonia seeks to restore labour migration with Finland which has been suspended since January due to the pandemic. Many hospitals have either completely or partially closed their coronavirus wards.
- **France** will order a strict 10-day quarantine for all travellers coming from Brazil starting 24 April, in a bid to prevent the spread of a coronavirus variant first found in the South American country.
- **Germany:** The Cabinet members approved legal changes to grant the federal government more power to enforce coronavirus regulations in German states.
- **Greece:** The country will take a first step towards reopening its tourism industry by dropping quarantine rules for travellers from more than 30 nations under certain conditions.
- **Italy:** A series of new rules and the supply of new doses will boost Italy's vaccination campaign, allowing the government to lift restrictions starting from May. Italy's state-run railways will operate high-speed trains between Rome and Milan from 16 April. A negative test result will be required for passengers and staff to board the non-stop 'Frecciarossa' service. Italy's authorities have introduced a new 'COVID-free islands' vaccination plan that aims to vaccinate all residents of holiday islands in order to help the tourism sector.
- **Lithuania** agreed to roll out national digital COVID-19 immunity certificates by early May to allow people to bypass certain restrictions. Lithuania announced that citizens of Argentina, Chile, and Puerto Rico will be subject to stricter isolation requirements from 19 April when entering Lithuania as the latter has placed these territories on the list of countries that are profoundly affected by the coronavirus pandemic.
- **Luxembourg:** COVID-19 measures will be extended until 15 May, after which some restrictions may be loosened or lifted. As of 19 April, students and staff will receive one rapid test per week to be taken home.
- **Malta** has started bilateral talks with the UK on a COVID-19 vaccine digital certificate that will allow travel between both countries. The health authorities plan to allow restaurants to reopen by mid-May but bars will remain closed.
- **Netherlands:** The government announced that the night-time curfew and other restrictions would remain until at least 28 April, as daily infections rose to a two-week high.
- **Norway** will start to unwind some restrictions related to the COVID-19 pandemic and allow more people to gather in private homes and at events from 16 April.
- **Poland:** The government announced it will prolong most coronavirus restrictions until 25 April. However, kindergartens and nurseries will reopen from 19 April. Outdoor sport facilities will also be allowed to reopen under certain restrictions. Poles in their late 40s





and 50s have been given the green light to sign up for COVID-19 shots as the country moves to the next stage of its inoculation campaign.

- **Portugal:** Most Portuguese regions will enter the third phase of easing the COVID-19 lockdown this week, but stricter rules will stay in place in municipalities where transmission rates remain high.
- **Romania's** Ministry of Health has drawn up an order introducing new criteria for quarantining localities. The level of COVID-19 testing becomes the main factor, along with the incidence rate, its dynamics and level, and occupancy rate of hospital beds and intensive care beds.
- **Slovenia** enters the red tier of coronavirus restrictions under an overhauled traffic light system on 19 April after an eleven-day circuit breaker lockdown has ended. The night curfew is gone after nearly six months and schools are once again open. Hospitality establishments in eight of the country's twelve regions will be allowed to serve guests at outdoor tables from 7 am to 7 pm for a week starting from 19 April.
- **Spain** will not require coronavirus tests or quarantines for travellers arriving with vaccination passports. Spain and Portugal have again prolonged their border controls, this time until at least 3 May.
- **Sweden** announces new guidelines for people who have had the COVID-19 vaccine. One of the country's most densely populated regions has declared a "personal lockdown" as the country saw its daily rate of coronavirus cases soar.

#### 2.3.4. Sector specific response

##### Energy [DG ENER]

See ISAA 59 for latest update.

##### Support to Small and Medium enterprises [MS INPUT]

Information on Support to Small and Medium enterprises is available in **Annex 5**.

##### Shipping and maritime [DG MOVE]

The difficult situation of many **seafarers** has remained unchanged.

According to Clarkson's latest report, short-term **containership** market outlook remains positive, with support from firm box trade volumes (projected increase of 5.7% across 2021) and continued regional port congestion (still difficult situation in terms of availability of containers) and logistical disruption (including from the recent Suez Canal blockage), against a backdrop of 'manageable' supply growth (4.0% in 2021).

##### Aviation / Maritime [MS INPUT]

Specific response in aviation and maritime sector are available in **Annex 4**.

#### 2.3.5. External aspects

##### EURCA EAST [DG EEAS]

The Eastern Partnership region saw some signs of a slowdown in the spread of the epidemic with a decrease of 10% in new cases at regional level compared to the previous week (to around 133 600). Ukraine and Moldova saw the most important decrease with 13.3% and 23.7% respectively. The only exception to this trend was Georgia with a worrying 52.5%





increase in new cases. There is almost no change in the number of deaths at the regional level (3 454 versus 3 434 last week). Only Ukraine and Armenia recorded an increase with 3.4% and 11.7% respectively. Moldova registered the most significant decrease. (-27.4%).

In Russia, as of 19 April, the total number of infected has reached 4 710 690 cases and the number of deaths amounts to 105 928. As of 14 April, approximately 15 million people have been vaccinated in Russia (6-7% with the first dose only, 4% with both). Kremlin Spokesperson Peskov recently admitted that the demand for a vaccine against COVID-19 in Russia is currently low (hoping that it will gradually increase). The audit on Good Clinical Practices carried out by the European Medicines Agency (EMA) started on 10 April and will last until 27 April.

#### **EURCA WEST [DG EEAS]**

Infection rates remain at a high-level in the Western Balkans, in particular in Bosnia and Herzegovina, North Macedonia and Montenegro, and still rising for the latter. Turkey is witnessing a steep increase. In Iceland, Norway and the UK, infections' levels are very low.

In the UK, cases and hospitalisations continued to fall in the past week, while the trend in deaths have flattened out and rose slightly. COVID-19 cases in the UK were about 14 times lower than on average in the EU. On 12 April, England moved to step 2 of the roadmap as planned, entailing reopening of non-essential retail, hairdresser and gyms, as well as outdoor hospitality, including pub gardens. New rules for international travel using a three-tier traffic light system announced, but with the key details still to be set (which countries will be on red or amber lists). The UK's vaccine rollout continues to be on track according to the government, although the pace of 1st doses have slowed while the deployment of 2nd doses has accelerated in the last weeks. Johnson & Johnson's vaccine approval is postponed in the UK, amid fears of blood clotting following a warning from the US FDA. Meanwhile, The Moderna vaccine is being deployed in the UK.

In Iceland, the infection rate is decreasing with 9.6% of the population fully vaccinated, and some domestic restrictions have been eased. The situation in Switzerland remains fragile but not exploding, with rates slightly increasing. The infection rate in Liechtenstein keeps increasing. In Norway, the overall trend shows an improvement of the situation, nationwide and in Oslo, and there has been an easing of national measures.

The situation in the Western Balkans is generally improving and several countries have relaxed restricted measures. Vaccinations continue, ranging from 10 000 (Kosovo) to 2.95 million (Serbia) in total. Serbia is 12th globally regarding vaccine doses administered per million citizens and 1st in Europe regarding the number of those fully vaccinated per 1 million inhabitants (17% of the population).

While Turkey reached new record numbers in terms of both positive cases and deaths since the start of the pandemic, a countrywide partial locked-down entered into force on 14/04 for two weeks initially. The Health Ministry reported 19 518 519 vaccines administered. So far, 11 774 295 citizens received the first doses and 7 744 224 the second. The vaccination plan continues with both Sinovac and Pfizer/BioNTech vaccines as Turkey aims to finalise the vaccination of citizens aged over 40 by the end of June.

#### **MENA [DG EEAS]**

The number of new COVID-19 infections in the MENA region has experienced an increasing trend in most of the countries except Israel, the United Arab Emirates, Jordan, Lebanon and Libya over the last week. The month of Ramadan, which started on 13 April, is faced with concern that the pandemic could worsen in the region; approach will vary across the region, some countries will keep mosques open for prayers (Egypt), some will intensify measures (Iraq, Iran, Kuwait, Saudi Arabia), others will prolong the lockdown (Oman) or has warned against family gatherings. The vaccination progress and needs continue to vary greatly in the MENA region, with Israel and the United Arab Emirates being still a big step ahead. The United Arab





Emirates has donated vaccines and medical aid to Syria, hence all countries in the region has received vaccine supplies. No new COVAX deliveries arrived to MENA this week.

**More information on MENA countries including Iran is in Annex 7.**

#### **AFRICA [DG EEAS]**

Global trend of the last 4 weeks confirmed with a low plateau reached, without substantial decrease nor new wave. New cases are essentially from Burundi, Madagascar, Mali (significant increase of new cases since last reporting: +33%), Seychelles. Situation improved in the rest of West Africa, Mauritius and is stable in Nigeria and South Africa.

Highest priority given to vaccination with worsening difficulties to get new deliveries. High level international AU conference last week for production on the Continent has been high in the news with international pledge to increase significantly local capacities. EU present and committed to mobilise its resources. In parallel, COVAX scheme looking for additional funding.

#### **AMERICA [DG EEAS]**

In the last week alone, more than 1.3 million people have become infected with COVID-19 in the Americas, and nearly 36 000 died as a result of the virus. Since the pandemic began, 57 million cases have been reported in the Americas, with more than 1.3 million deaths.

South America continues to be the epicentre of the pandemic. The recent spike in cases in the Amazon is also seen in neighbouring states, and today Brazil, Colombia, Venezuela, Peru, and some areas of Bolivia are seeing a sharp rise in COVID cases. After appearance of new variants in the Guyanas, cases have accelerated in French Guiana and Guyana. Further south, Paraguay, Uruguay, Argentina, and Chile are all seeing a rise in infections.

In the Caribbean, Cuba, Puerto Rico and smaller islands like Curacao, Bermuda and Aruba are reporting a rise in new cases.

In North America, infections continue to increase in Canada. Hospitals across the country are reporting a jump in hospitalisations among populations under 60, raising concerns about the capacity of health systems to withstand the expected rise in cases following the spread of P.1 and B.1.1.7 variants.

#### **ASIA-PACIFIC [DG EEAS]**

Within Asia and the Pacific, the situation varies significantly from country to country. Bangladesh, India, Pakistan and the Philippines reported a significantly higher number of new detected cases and of fatalities in the last week (ending 11 April) than in the previous week.

Last week, the number of new cases detected in South-East Asia rose by 63% (to around 966 000) while also the number of weekly fatalities increased sharply (to around 3 300). In both cases, the increase reflects almost exclusively the worsening situation in India.

In the Western Pacific Region the number of new cases rose by 6% (to around 112 000 – the highest number since the beginning of the pandemic) while the number of fatalities tripled to around 1 600, the latter almost exclusively due to the situation in the Philippines.

According to reporting from EU Delegations, vaccinations have now started in all countries in Asia and the Pacific except DPRK, Samoa and Vanuatu.

In the continuity of its vaccine diplomacy, China has pursued the promotion of its distribution scheme to developing countries (such as Cambodia) in response to the “shocking vaccination gap” with richer countries. DW reported on China’s influence through vaccines in Sri Lanka as the country received donated doses of the Sinopharm vaccine, welcomed by the Sri Lankan Foreign Secretary Jayanath Colombage in an interview for CGTN. Indonesia’s government also expressed its satisfaction with the Chinese vaccine and underlined its effectiveness.





### 2.3.6. Threats undermining EU response

#### Disinformation [MS INPUT]

The majority of responding countries have witnessed increased and organised disinformation activities in the media or online. Lithuania noted that there have been decreasing numbers of disinformation activities, but stronger attempts to use this situation in regard of Russian geopolitical interests. See the previous ISAA reports for further details and information submitted by other countries.

#### Cyber-security [DG CNECT]

The general outlook of the past week remains stable with the majority of observed incidents concerning known threat vectors.

In MS Exchange related evolutions, Microsoft has announced that they have released patches for four (4) new and previously unknown vulnerabilities impacting MS Exchange Server 2013, 2016 and 2019. In the same topic, it has been revealed that the FBI has removed web shells from affected Exchange Servers of private entities/users without their consent, although a court authorization was obtained by FBI prior to these actions.

Other identified incidents in the EU cyber ecosystem include:

- Dutch supermarkets run out of cheese after a ransomware attack against conditioned warehousing and transportation provider Bakker Logistiek.
- French homeschooling system "Ma classe à la maison" was hit and crashed on April 12th. According to OSINT sources, attacks were originated by infrastructures located in Russia and China.
- The European Commission confirmed that 6 out of 14 EU agencies running the SolarWinds Orion monitoring software were hit by SolarWinds attacks. The statement followed a relative MEP question and a response by CERT-EU.
- BRATA Android malware has been observed targeting users of financial entities in Spain via fake app security scanners in Google Play.

#### Cyber-attacks [MS INPUT]

6 EU Member States (BE, ES, FI, LV, LT, PL) as well as IS and NO noted cyber-attacks in the context of COVID-19. On the other hand, 8 EU Member States (CZ, DE, EE, FR, LU, MT, NL, SI) and CH did not identify any major or serious cyber-attacks in the context of the COVID-19 situation with a significant disruption or impact. Details provided are the same as those reported in the previous ISAA reports.

### 2.3.7. Coordination of measures [MS INPUT]

**Overall information** on measures are presented in the [Re-Open EU website](#).

As in the previous reports, regarding **issues that occurred due to differences in the timing or extent of de-escalation / re-escalation measures** taken across the EU/EEA, most responding countries are not reporting particular issues. Details provided are the same as those reported in the previous ISAA reports.

When asked about problems faced with **enforcement of or adherence to control measures**, DK, EL, HR, FI, LU and NL did not report any major problems. In contrast, CZ, ES, LV, LT, MT, IS and NO did report problems related to an increased number of tourists, repeated mass gatherings, opening hours, social distancing, personal protection, mask wearing. **ES** noted that some measures proposed for the control of opening hours for night life facilities were





discarded by the Regional High Courts. **LV** reported that because of reopening of some shops and shopping centres, it's difficult to predict how the society will comply with the epidemiological requirements of distancing, using face masks, taking into account the number of people in shops (25 square meters per person). **LT** reported problems especially concerning wearing of facemasks. **MT** pointed out that inspections have been stepped up and a number of establishments and individuals fined for issues related to social distancing, numbers of people in organised events and wearing of masks. **IS** indicated that some people did not adhere to quarantine rules after entering the country. **NO** mentioned that studies have shown that more than half of the respondents state that they have not complied with the quarantine or isolation they have been imposed at least once. Findings in the Norwegian Directorate of Health's weekly population survey show that 59 per cent of all respondents support the measures that have been put in place. This is the lowest measured so far. 35 per cent in the youngest age group (16-24 years) support measures.

Concerning **contingency plans for next waves**, (BE, CZ, DE, IE, ES, FR, LV, LT, LU, MT, NL, FI, SE, IS and NO) have plans. Details provided are the same as those reported in the previous ISAA reports except from the following comments: **CZ**, mentioned effective 12 April plan for resuming school attendance prioritizes pre-school year classes in kindergartens and the first five grades of elementary schools which rotate a week of regular instruction at school and a week of online lessons. Face-to-face instruction is open to 1st grade pupils in a school in which the number of 1st grade pupils does not exceed 75. Depending on the development of the epidemiological situation, all the schools can be closed in respective regions or districts. In **MT**, all educational institutions had reverted to online learning from 15 March 2021 until their staggered reopening on 12 April 2021, starting with childcare centres, kindergarten centres and primary schools. On 14 April middle schools (Form 1 and Form 2) reopened. Secondary schools (Form 3 to Form 5) will reopen on Friday 16th April. All postsecondary school learning will for the time being remain online. Malta will continue to operate virtual primary, middle and secondary schools for vulnerable students. In **NO**, the Norwegian health authorities have provided guidelines for several areas, such as transport, businesses, schools and kindergartens and sports.

Regarding Member States' **strategy for a next wave**, responses are available in **Annex 9**.

Regarding **gaps in preparedness**, **CZ**, **LV** and **SE** have noted gaps in preparedness. FI, FR, LU, MT, NL, IS and NO reported to not witness any gaps in preparedness. Details provided are the same as those reported in the previous ISAA reports.

Regarding **needs for guidance**, only IE, LT and NO noted a need for guidance. Details provided are the same as those reported in the previous ISAA reports.





### 3. MAIN DATA SECTION AND ANNEXES

#### Annex 1. List of selected sources

More information:

[https://ec.europa.eu/health/coronavirus\\_en](https://ec.europa.eu/health/coronavirus_en)

[https://ec.europa.eu/echo/what/civil-protection/emergency-response-coordination-centre-ercc\\_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
UCPM	Union Civil Protection Mechanism	SK	Slovakia
		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





### Annex 3. Case management

Country	N° of intensive care units AVAILABLE for COVID-19 patients	N° of intensive care beds that can be set-up as surge capacity	Percentage of Intensive Care Units currently occupied with COVID-19 patients
Belgium	phase 1 with 987 ICU beds for COVID19 patients. phase 2 with 2019 ICU beds for COVID19 patients	Belgium planned to create 820 surge ICU beds. In the first wave Belgium increased substantially the number of ICU-beds for COVID-19 patients, which was sufficient at the first top of the crisis (2386 at the top of the crisis). If necessary, extra efforts would have been possible. Hospitals have first reduced the number of COVID-19 beds as a result of the positive evolution of the pandemic figures, but now we are of course going back and increase the number of COVID-19 ICU-beds.	On 14/04, 941 ICU beds were occupied by confirmed and suspected COVID-19 patients. This is 46,6 % (941/2019) of the ICU beds reserved for COVID-19 patients in phase 2 of the surge capacity plan.
Croatia	390		46%
Czech Republic	965 beds are currently considered as unoccupied and available for COVID-19 patients (It can be changed according to the situation). The figures include beds equipped with ventilator or high flow nasal oxygen.	There are currently other 445 ICU beds unoccupied. The figures include beds equipped with ventilators or high flow nasal oxygen.	25.7 % of ICU beds are currently occupied with COVID-19 patients. The figures include beds equipped with ventilators or high flow nasal oxygen.
Denmark	There is a total number of 465 intensive care units in the country. The total number of ICU-beds can be expanded if the need arises	It is possible to escalate the capacity to a surge capacity of minimum 300 intensive care units for COVID-19 patients in incremental steps.	Approx. 8 %
Estonia	77 specific COVID-19 ICU's.		
Finland	Ca. 25 units	Double (+ 100 %) to the normal capacity	NA
France	There are around 12 000 beds available.	N/A	On April 15th, 5 940 beds of Intensive Care Units are occupied with COVID-19 patients but no percentage is available.
Germany	The nation-wide registry (full coverage) reports a total of 23,901 ICU beds (2,944non-occupied, 20,957 occupied) with high care facilities (including mechanical ventilation) as of 15 April 2021. However, an unknown part of these are needed for the treatment of newly admitted non-COVID-19 patients. As of now, we are not able to answer this question.	The daily 7 day extra capacity of ICU beds (reserve) can be found under <a href="https://www.intensivregister.de/#/aktuelle-lage/reports">https://www.intensivregister.de/#/aktuelle-lage/reports</a> As of 15 April 2021: 10,278 extra beds can be made available for adults, see <a href="#">link</a> .	As of 15 April 2021, a total of 4,679 COVID-19 patients are being treated in Germany in ICU beds.

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Ireland	As of 14th April, 285 adult critical care beds were open and staffed, with the number of beds open on any given day subject to fluctuation as a result of a variety of factors, including staff available and other operational considerations.	The number of beds available for surge capacity fluctuates as a result of a variety of factors, including available staffing and the level of care being delivered in other areas of the hospital. However, it is considered that surge capacity of approximately 350 beds is possible while maintaining clinical risk at an acceptable level.	As of 14th April, 48 confirmed COVID-19 patients are being treated in critical care units. This represents 16.8% of the 285 beds currently open and staffed.
Latvia	Total number of ICU beds for Covid-19 patients are 172.	0	52% of the ICU beds for Covid-19 patients
Lithuania	Oxygenation beds: total 1394(occupied-944); ICU beds for COVID-19 patients: total 207(occupied - 126); ICU beds with artificial lung ventilation (ALV): total - 205(occupied -67);High-flow beds: total-109(occupied - 53); EKMO bed -4(occupied 2)		61% ICU beds; 68% (oxygenation); 33%(ALV); 49%( High-flow); 50% (EKMO)
Luxembourg	100 intensive care units are available.	Each hospital has dedicated a care unit or part of it to the treatment of COVID-19 patients in the normal care units and in the national infectious diseases department. It can be extended if needed.	31%
Malta	4 in Malta and 1 in Gozo	An additional 85 beds including Gozo (total of 125 ITU beds and 120 ventilators)	22.5% of the beds are occupied with COVID-19 patients (9 patients in 40 beds)
Netherlands	There is no maximum capacity, it depends on how many doctors and nurses are available.	There is no absolute maximum capacity, it depends on how many doctors and nurses are available.	64,58% (784 ICU) of ICU are currently occupied with COVID-19 patients (15 april).
Romania	1711		1492 intensive care beds are currently occupied with patients confirmed with COVID -19. 59 intensive care beds are currently occupied with suspects COVID 19 in percentage 90.6%.
Slovakia			38,04%
Spain	9,558 (6,600 before pandemic)	Spain can double the initial capacity at national level if necessary	21.1% of the Intensive Care Units are currently occupied with COVID-19 patients
Sweden		Depends on national needs, which are most likely to be met.	
Iceland	35	There is no shortage of beds.	0% on 16.04.2021
Norway	600	600-800	8.5%
Switzerland	485 ICU are available, i.e. ICU not occupied by non-COVID-19 patients (data as of 16.04.2021)		48% of ICU available for COVID-19 patients are occupied with COVID-19 patients, which corresponds to 25.1% of all ICU in the country (data as of 16.04.2021)

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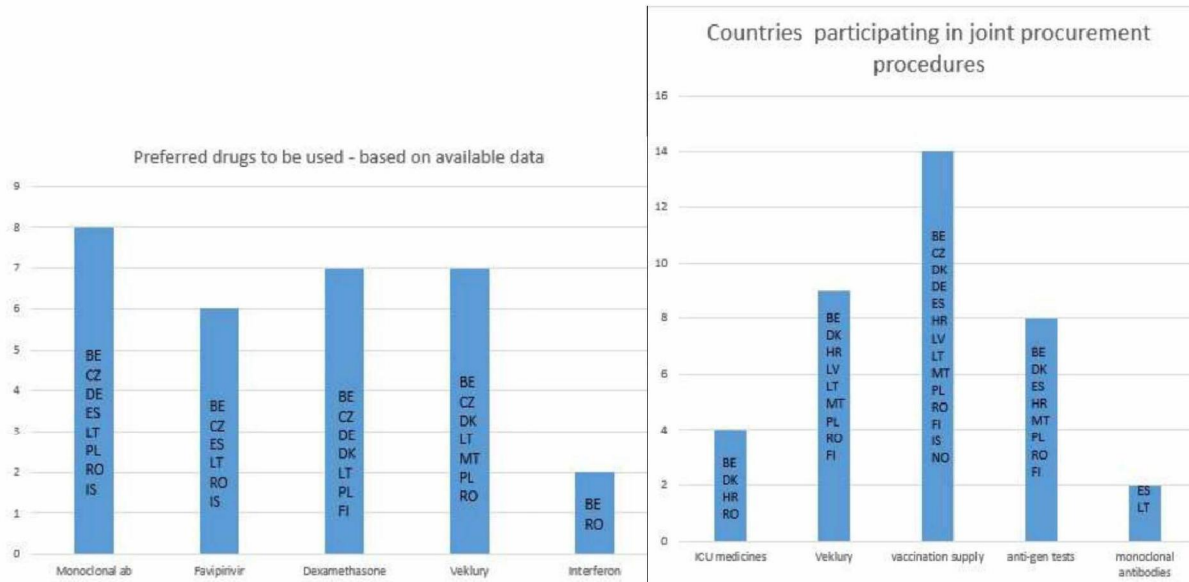
Country	What is your country's strategy to isolation/quarantine of contacts/cases after the lifting of measures?
Belgium	All people coming back from Red zones in EU-regions or from third countries (not on white list) have the obligation to stay at home (isolation) for 7 days. People with symptoms or anybody who had contact with infected people are recommended to stay at home until the results of their tests. After the end of isolation/quarantine, care personnel must still wear a surgical oral mask when returning to work until the symptoms have completely disappeared AND at least 14 days after the onset of the symptoms.
Croatia	Contacts are quarantined for 10 days. Persons working in social care institutions and those who are immunosuppressed working in health care institutions are required to take a PCR test on the 10th day of quarantine, before returning to work. Cases are isolated for 10 days. Asymptomatic cases and mild cases are isolated for 10 days, unless they are confirmed or highly suspected to be infected by B.1.351 Variant of Concern (VOC). In that case they are quarantined for 14 days. Severe cases are isolated for 20 days.
Czech Republic	Positive cases are being isolated, people who have been in contact with them are being quarantined for 14 days. A robust system of contact tracing has been put in place to effectively and timely isolate contacts of positive cases. Also to speed the process up, laboratories will now be able to contact persons with positive results to isolate them. People who will be informed about positive test results are able to use the web form to help public health offices.
Denmark	All symptomatic cases of COVID-19, that do not need hospitalization are requested to self-isolate until 48 hours after end of symptoms. In case, a person can not self-isolate in their own home, a isolation facility is offered by the authorities. Close contacts are requested to self-isolate until test result is ready. Asymptomatic cases are requested to self-isolate until 7 days after being tested.
Estonia	COVID-19 patients are prohibited from leaving their place of residence or permanent place of stay from the time of diagnosis until recovery. Such persons may leave their place of residence or permanent place of stay only on the order of a health care professional or a police officer or in the event of an emergency that puts the person's life or health at risk. The requirement to remain in quarantine for 10 days applies to persons living with the patient, permanently staying in the same place of residence as them, and to other persons who have otherwise had close contact with the person. A person diagnosed with COVID-19 will no longer be required to stay in quarantine if a physician declares the person not contagious. As an exception, a person who has had close contact with a person diagnosed with COVID-19 may leave their home for grocery shopping or getting everyday essentials near their place of residence or place of stay if they do not have any symptoms of illness. A person who has had close contact with a person diagnosed with COVID-19 may also go outdoors if they do not have any symptoms of illness and if they completely avoid contact with other persons.
Finland	Finland implements a hybrid strategy: "test - trace - isolate - treat". Contact tracing has been enhanced with resourcing, enhanced coordination, training and implementation of a mobile application. Special attention is being paid on health security on borders.
France	The aim is to test as many people as possible and then isolate them so that they do not contaminate other people. Confirmed cases of COVID-19 must isolate themselves for 10 days. Close contacts of COVID-19 confirmed cases must isolate themselves for 7 days. If they test negative at day 7, they can stop their quarantine. If they test positive, they have to quarantine for 7 additional days (14 days in total). confirmed cases: o asymptomatic: isolation for a period of 7 days from the date of test collection. o symptomatic: isolation for 7 days from date of onset of symptoms Exemptions to this rule may be considered for health professionals whose activities may not be delayed or suspended. Moreover, in accordance with the Decree 2020-1310, a measure of quarantine is applicable only for persons who travelled in a high virus circulation area –determined by the Ministry of Health– within the last 4 week before its arrival. The Prefect territorially competent prescribes the quarantine or the isolation the individuals concerned. The persons concerned can decide if they prefer being placed in quarantine at their residential address or at an accommodation provided for the purpose.
Germany	Regulations will remain as they are, meaning that contacts of category I are subjected to a 14-day quarantine and cases are isolated for at least 10 days after symptom onset and at least 2 days after resolution of symptoms.
Ireland	People are asked to self-isolate if: -they have symptoms of coronavirus -they are waiting for a test appointment and test results -they have had a positive test result for coronavirus -they have any cold or flu-like symptoms, such as a fever (high temperature - 38 degrees Celsius or above), a cough - this can be any kind of cough, not just dry, loss or change to your sense of smell or taste. People can stop self-isolating if they have no fever for 5 days and it has been 10 days since they first developed symptoms. People are asked to restrict their movements for 14 days if they are being tested as a close contact of a confirmed case of coronavirus and don't have any symptoms or if they live with someone who has symptoms of coronavirus but feel well. If you develop symptoms of COVID-19 you need to self-isolate (stay in your room) and phone your GP for further advice.
Latvia	Symptomatic Covid-19 cases are isolated for 10 day from the onset of Covid-19 and without any symptoms for at least 3 days. Symptomatic cases from high-risk professions – 21 days and without symptoms for at least 3 days OR 2 consecutive negative tests. Asymptomatic cases are isolated for 7 days, cases from high-risk professions – 14 day. High-risk contacts are asked to self-quarantine for 14 days following their last exposure
Lithuania	Isolation of contacts/cases will be continued after the lifting of measures.





Luxembourg	Isolation applies to people who have been confirmed as being infected by COVID-19. During this period of confinement, all contact should be avoided with other people and a surgical mask must be worn whenever anyone else is present. Quarantine applies to people who have had high-risk contact with a person with a confirmed infection, i.e. face-to-face contact for more than 15 minutes, unprotected physical contact, etc. These people must stay at home for 7 days counting from the day of the contact with the infected person. If necessary, the Health Inspectorate (Inspection sanitaire) will provide them with a certificate of incapacity for work. During this period, all unprotected contact with other people must be avoided. From the 6th day onwards, they will be asked to be tested for COVID-19 at a laboratory of their choice, using the prescription that has been sent to them. If the result is negative, the quarantine requirement is automatically lifted. During the 7 days following the quarantine, they must self-monitor and wear a mask when in contact with other people. If any symptoms appear, they must immediately be tested again and placed in isolation. Further information can be found <a href="#">here</a> .
Malta	In discussion in view of increased vaccine coverage
Romania	According to the provision of Law 136/2020 for every person that it is coming from high risk countries ( countries list updated weekly) or are contacts of confirmed COVID 19 cases is recommended one of the following measures : - quarantine - in dedicated spaces or at personal home (or other declared location) - isolation - at home or hospital depending of the doctor recommendation, in correlation with medical condition and acceptance of the measure by the patient. Measures: - quarantine - in dedicated spaces or at personal home (or other declared location) - isolation - at home or hospital depending of the doctor recommendation, in correlation with medical condition and acceptance of the measure by the patient.
Spain	Current isolation and quarantine indications are not dependent on lifting of other control measures. Mild cases are isolated during 10 days if they do not present symptoms in the last three. Contacts are under quarantine for ten days.
Iceland	Identified (confirmed by RT PCR testing) cases are isolated at home, or in hospital if needed. Contacts are placed in quarantine at home. Contact tracing team traces all contacts of cases.
Norway	People with a confirmed infection of SARS CoV-2 must stay in isolation in their own home or other suitable place of residence. All close contacts to a confirmed infected person, in addition to household members and those who have cared for the infected without PPE, are required to quarantine. Persons who had close contact with a confirmed case of covid-19 infection 48 hours or less before the first symptoms, must remain in quarantine for ten days after the contact took place. Provided sufficient testing capacity, infection quarantine can be terminated when there is a negative PCR test taken no earlier than seven days after the last close contact.
Switzerland	Classical contact tracing: isolation of all positive cases. Quarantine for 10 days of all close contacts (contact within 2 days of onset of symptoms, <1.5 meters, more than 15 minutes)





10 out of 15 countries that responded to this question (BE, CZ, DK, DE, ES, LT, MT, PL, RO, IS) are planning unlicensed treatment and five are not (HR, LV, NL, CH, NO). The chart shows the preferred drug/ingredient countries are using/planning to use.

### Annex 4. Measures in the aviation and maritime sector

Details provided are the same as those reported in the previous ISAA report.





## Annex 5. Support to SMEs

Details provided are the same as those reported in the previous ISAA59 report, except from the following changes:

- To support SMEs, has your country implemented **financial guarantees for businesses**?

**HR:** The Government of the Republic of Croatia has adopted the Decision on the implementation of a temporary emergency measure to assist small dairies with business problems caused by COVID-19. For this kind of aid government has granted budget of 330 000 €. The Croatian Government has also adopted the support programme to primary agricultural producers in the plant production and livestock sector in 2020. Total budget of provided financial support to micro-enterprises is 7 002 246 €.

- To support SMEs, has your country implemented **grants and financial transfers** to businesses including wage subsidies?

**DK:** The compensation scheme for companies' fixed costs enables companies to be compensated for their documented fixed costs, i.e. rent, interest rate expenditures and irredeemable contracts with expenditures in a period (e.g. leasing) if they experience large declines in revenues. The wage compensation scheme includes wage compensation for companies that face having to fire at least 30 per cent of their employees or more than 50 employees. There's also provided compensation to small businesses

**MT-** Yes Please specify: - On 9 April Government launched two schemes falling under the Tourism Recovery Plan, totalling €6.5 million. €3.5 million shall be allocated towards the 'Free Individual Travel' scheme, benefiting over 35,000 tourist arrivals while another scheme shall target travel operators. These schemes are expected to generate €50 million in the local economy

- To support SMEs, what new (in the last month) national measures have been implemented with regards to **loans**?

**HR:** The Ministry of Agriculture is implementing measure 21 'Extraordinary temporary support to farmers and SMEs that are particularly affected by the crisis caused by the disease COVID19' under the Rural Development Programme of the Republic of Croatia for the period 2014-2020. It is an extraordinary and temporary measure of one-off financial assistance, cofinanced from EAFRD funds, intended for those farmers and small and medium-sized enterprises engaged in processing, marketing and development of agricultural products, which were most affected by the pandemic. The total allocation of the measure amounts to 47 million EUR. The aim of the measure is to mitigate the consequences of the COVID-19 pandemic and ensure the liquidity of farmers and SMEs. The maximum amount of support is EUR 7 000 per farmer and EUR 50 000 per SME. In agriculture the main objective of measures implemented or planned is to avoid reduced production and possible disruption in food supply. The lesson learnt from the crisis is the importance of a high level of selfsufficiency at the national level, which is an objective likely to be pursued in the long run.

**DK:** Companies with income tax payments in April 2021 and May 2021 can apply to have the payment paid back as an interest-free loan. Medium-sized companies with VAT payments in June 2021 can apply to have the payment paid back as an interest-free loan

- To support SMEs, what new (in the last month) national measures have been implemented with regards to **administrative burden reduction / simplification, e.g. tax deferrals**?

**HR:** The final deadline for filing corporate (profit) tax return has been prolonged from 30 April 2021 to 30 June 2021. When establishing tax deductible expenditures for 2020, due to the occurrence of exceptional circumstances and the interruption of the tourist season, the provisions of special regulation on profit taxation under which the amount of gained profits is determined for the purpose of establishing tax deductible expenditures based on the use of vessels, apartments and vacation houses, do not apply. The period of exemption from VAT on importation of goods used for combating COVID-19 pandemic has been prolonged until 30 April 2021.

**DK:** none

- To support SMEs, what new (in the last month) national measures have been implemented with regards to **equity-support measures, especially for start-ups and scale-ups**?

**CZ:** Investment programme IPO Fond for SMEs entering the public stock market (for SMEs only). Programme COVID – Exhibitions aims to support undertakings active in the sectors of exhibitions, fairs, conferences and business events that have suffered significant losses as a result of the COVID-19 crisis. Aid intensity is 60% of the uncovered fixed costs incurred during the eligible period March-October 2020 (40% for undertakings in which state or municipalities have its share). The applicant can receive a maximum of 20 million CZK. Undertakings have to prove their eligibility on the basis of turnover decline of at least 30% during the eligible period compared to a period before the COVID-19 outbreak. Applications may be submitted from 6 April to 31 May 2021. General Programme COVID - Uncovered costs intends to cover part of the uncovered fixed costs and thus help entrepreneurs who are at a loss due to the coronavirus pandemic regardless of the sector. Alongside with the new COVID – 2021 will replace existing programmes. Support will compensate 60% of uncovered fixed costs incurred during the eligible period January-March 2021 (40% for undertakings in which state or municipalities have its share). The applicant can receive a maximum of 40 million CZK. Undertakings have to prove their eligibility on the basis of turnover decline of at least 50% during the eligible period compared to a period before the COVID-19 outbreak. Applications may be submitted from 19 April to 19 July 2021.

**DK:** none

**LU:** All the measures taken to counter the downturn are available on the following [platform](#).





- To what extent the above measures also apply for businesses more broadly and/or **larger companies**?

**CZ:** yes

## Annex 6. Epidemiological data

COUNTRY	Nationally estimated R0	National estimated relative contribution of reduction of reproduction R and/or Contact rate by measures	% of symptomatic vs asymptomatic	% of symptomatic requiring hospitalization	% of hospitalized requiring intensive / critical care
Belgium	0,950 (14/04/2021)			The daily average number of cases (symptomatic and asymptomatic) in last 7 days (consolidated data) is 3436 and daily average of hospitalisations for the last 7 days is 241,6. This correlates to 7 % hospitalisations in ALL cases. We do not have information specifically for symptomatics.	On 14/04/2021, 3049 hospital beds were occupied by laboratory-confirmed COVID-19 patients including 941 intensive care unit beds
Croatia	1,14		17.3% asymptomatic	15.7%	9%
Czech Republic	The basic reproduction number (by 7th March 2020) was estimated as 2.64. Up-to-date estimates (possibly higher due to new variants of concern) of basic reproduction numbers are difficult to obtain due to the complex nature of population data.	Implementation of social distance measures and measure prohibiting all persons from moving and staying in any place outside their home without respiratory protective equipment were considered as an effective contribution to the reduction of reproduction number during the first wave (basic reproduction number was estimated as 2.64, effective reproduction number following social distance measures was 0.7 in April 2020). Change in efficiency in the presence of new variants of concern is uncertain.	According to the preliminary results of the Czech Prevalence Study (data collected in Spring 2020, between 23/4 and 1/5), the proportion of asymptomatic patients was estimated between approximately 20 and 50 %.	7.9 % (cumulative)	21.8 % (cumulative)
Denmark	No precise indication but R0 is assumed to be between 2-4.	The effect of different measures are not known due to implementation and lift of restrictions simultaneously.	No data	For the whole epidemic the number of confirmed cases have been 240.330 cases and approx. 13.800 hospitalizations, meaning 5,8 % so far have required admission.	Approx 20% of the patients admitted for or with Covid-19 have required intensive / critical care.

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Estonia	0,8.		For the week 15 - 93% symptomatic and 7% asymptomatic.	For the week 15 - 2,34%.	As of 18.04.2021 - 8,69%
Finland	0,75–0,95 (90% confidence interval)	Not available (NA)	Not available (NA)	Not available (NA)	21 % (situation on 16 Apr 2021)
France	On April 16th, the nationally estimated basic reproduction number is around 0,98.	N/A	During week 14, symptomatic cases represented 52% of the positive cases	We do not know the % of symptomatic requiring hospitalization but we know that in the week 14, 30 729 persons were being hospitalized.(15.04.2021)	On April 15th, among the 30 729 hospitalized patients, 5 940 (19,3%) are in intensive care or critical care units.
Germany	R= 1.18 (as of 15 April 2021) ((95% prediction interval:1.05-1.29), based on notification data and nowcasting (7-day-smoothed value) (data as of 15 April 2021)	Unknown.	Not known with certainty; symptoms were reported for more than 80% of notified cases (with information on clinical symptoms available) (as of 13 April 2021). Symptoms might occur later and may not have been captured in the database.	Altogether hospitalization was reported in about 10% of all notified COVID-19 cases with information available (about 75% of all cases) (as of 13 April 2021). In week14, 2021, the percentage of hospitalizations was 5%. Underreporting is expected because hospitalization might occur at a later stage of the disease and may not have been captured in the database.	In calendar week14, 3,985 cases were reported as hospitalized (as of 13 April 2021). Of the 3,247 hospitalized cases with information regarding intensive care in week14, about 8% (252) were reported to be in intensive care.
Ireland	Estimated to be between 0.7-1.0 as of 15/04/2021.		Data not available at this time.	13,848 of the 240,936 confirmed cases to date to 10/04/2021 have been hospitalized ( <a href="#">more information</a> ).	In the last 14 days to 15/04/2021, 16 patients of the 227 have required critical care. Since the start of the pandemic to 10/04/2021, 1,456 of the 13,848 hospitalized patients have required critical care (further info can be found <a href="#">here</a> ).
Latvia	For week 14: 0.83-1.21	NA	For week 14/2021, symptomatic cases – 88,5 % (at the time of reporting of cases)	For week 14/2021 5.6 % of symptomatic requiring hospitalization	For week 14/2021, of all hospitalized cases 11.9 % required intensive care
Lithuania				7,33%	12%
Luxembourg	Taux de reproduction RT effectif : 0,96 (semaine du 5 au 11 avril) Taux de positivité : 2,32%	not available	Currently not available; a cross-sectional study is carried out by Luxembourg's Institute of health under Professor Rejko Krüger that aims to provide comprehensive information on the prevalence, dynamics and penetrance of the infection within the Luxembourg population by systematically	not available	Hospitalizations: 104 Intensive care : 30 28,8% (week 15)

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			testing three categories of asymptomatic or mildly symptomatic individuals using clinical, epidemiological, psychological and biological assessments. More information is available <a href="#">here</a> .		
Malta	Due to the early implementation of measures early on in the course of the epidemic, there is no reason to believe that $R_0$ should theoretically be any different from that measured in any other country	$R_t$ currently $R_t = 1$	55.6% asymptomatic 44.4% symptomatic	approximately 10.7%	15.75%
Netherlands	$R(t) = 0.97$ based on data from march 29th	Unknown	It is problematic to differentiate between symptomatic and asymptomatic patients in The Netherlands. Not all (a)symptomatic patients are recorded or tested.	27385 hospitalizations out of 1364025 confirmed COVID cases = 2% (april 13)	784 IC patients out of 2499 hospitalized patients = 31,4% (april 14)
Poland	Effective reproduction number - $R_t$ as of 13.04.2021 is estimated at 0,864. 95% CI: [0,811; 0,917]).	Unavailable.	84.3% symptomatic 1375477/1631532 Data come from the case-based surveillance extracted on 15.04.2021	11.9% of symptomatic requiring hospitalization (49559 / 417375 valid answers) Data come from the case-based surveillance extracted on 15.04.2021	16.7% of hospitalized requiring assisted ventilation (2895/ 17353 valid answers). Data come from the case-based surveillance extracted on 15.04.2021
Romania	0.95 (0.93-0.99)		The general observed trend of patients who are hospitalized has been 88% symptomatic and 12% asymptomatic.	Admission and discharge of patients is performed according to the criteria of case severity and the presence / absence of risk factors for COVID-19. All symptomatic cases are recommended to be hospitalized.	10.3%
Slovakia	If some question is not answered in this questionnaire, then for Slovakia data is not available, or question was answered in previous questionnaire and situation remain unchanged.				9,72%
Spain	1.06 This is the current estimated $R_e$ (2021/04/01). $R_0$ at the beginning of the outbreak was estimated as 2.9	The contribution of specific measures is not available and given that several measures were implemented at the same time, from communication and restriction to confinement it is difficult to estimate independent effect.	A seroprevalence study carried out in november, including 51,409 randomly selected individuals, estimated 3.3 (3.0%-3.7%) asymptomatic cases. The % of asymptomatic cases since 11th of May is 36.0%.	The proportion of hospitalization in symptomatic patients since 11th of May is 7.3% The identification of mild cases in previous periods was biased and thus % of hospitalised is also biased during the high transmission period. Hospitalization also varies with	The proportion of hospitalized patients requiring intensive / critical care since 11th of May is 9.3%.

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				age.	
Sweden		Not known.	Not known. Current testing strategi includes to increase testing to include everyone with symptoms of covid-19.	n/a	
Iceland	R not calculated, few cases		A study in Iceland indicates that over 40% of infected persons are asymptomatic.	As of 16.04.2021 5,3% of all syptomatic patients have required hospitalization.	As of 16.04.2021 16,0% of hospitalized patients have required intensive/critical care.
Norway	The Norwegian Institute of Public Health has calculated the reproduction number to be 0.80	The Norwegian Institute of Public Health has estimated that, with few or inefficient measures against the spread of infection, R would have been approx. 3. This would mean that the relative contribution of reproduction equals approx. 2.2	The Norwegian health authorities has through mathematical modelling estimated that approx. 40% of the infected are asymptomatic.	The Norwegian health authorities has through mathematical modelling estimated that approx. 40% of the infected are asymptomatic.	As of April 16th, a total of 3 936 persons with Covid-19 have been hospitalized. This is 3.7 % of the 106 223 proven symptomatic.
Switzerland	R of 1.14 (1.01 - 1.28) at the 06.04.2021 ( <a href="#">link</a> )				9.2% or higher (data as of 16.04.2021 at 8:00 a.m.)

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COUNTRY	Infection fatality rate	Prevalence of symptomatic cases	Attack rate	% of immunity achieved	Criteria for exit strategy
Belgium	So far only absolute numbers are reported.	All patients with symptoms (incl. mild symptoms) are tested by the GP (or referred to a testing centre). Patients must stay at home until they receive the results of the test. Patients with severe symptoms will be referred to the hospital for further treatment. Patients with mild symptoms are in confinement at home		The seroprevalence in blood donors remains stable at 5% (17/09/2020), and in health care workers it also remains stable 8%	We rely on various indicators such as cumulative 14-day incidence, trend, positive rate, R, hospitalization occupation to evaluate the situation but we have not set thresholds to decide whether the measures can be lifted.
Croatia	2.1%	3105 per 1 000 000 population		~ 25 %	
Czech Republic	1.77 % (cumulative naive estimate)	82,862 per 10.65 millions of inhabitants	1,597,103 per 10.65 millions of inhabitants	The first results of the dedicated study (data collected after the first wave in Spring 2020, between 23/4 and 1/5) shown a rather modest % of antibody prevalence, < 4 % in areas with the	





				highest cumulative COVID-19 incidence. Up to date results not available.	
Denmark	Of the 240.330 cases, 1 % (2449) have died within 30 days of infection.	No data	No data	No data	The above mentioned parameters are all taken into account along with other parameters such as changes of behavior, demographic prevalence of COVID-19 etc.
Estonia	As of 18.04.2021 – 0,92%	Prevalence of symptomatic cases is 93 per 100 cases.	For the week 15 – 265,1 (per 100 000 person).	15,3%	
Finland	The case fatality rate since the beginning of the epidemic is 1,1%.	Not available (NA)	The 7 day incidence was 45 per 100 000 inhabitants during 5–11 Apr 2021 and the 14 day incidence was 104 cases per 100 000 inhabitants during 29 Mar–11 Apr 2021.	Seroprevalence studies are on-going.	No specific thresholds for above-mentioned parameters have been set but instead a combination of selected indicators is evaluated.
France	Given the available data, it is currently impossible to estimate the infection fatality rate during the last weeks. Nonetheless, according to Santé Publique France, on April 15th, 100 102 COVID-19 deaths were reported. More data is available <a href="#">here</a> .	N/A	N/A	N/A	N/A
Germany	2,6% of notified cases were reported to have died (based on data up to 15 April 2021).	Not known with certainty, as this information is not systematically recorded and with underestimation, as not the entire population is tested. Based on data up to 13 April 2021 clinical data were available for 69% of notified Covid-19 cases. Common symptoms are cough (41%), fever (26%), sore throat (22%), and rhinorrhea (30%). Pneumonia was reported in 1% of cases.	Unknown.	Unknown on the national level. Serological studies on-going.	General criteria for reversing distancing measures are the following. The current incidence, a decreasing trend, trend of intensive case bed occupancy, $R_0$ under 1.0, compliance of population with persistent distancing measures, test capacity, public health capacity for contact tracing, health care capacity in relation to the number of current and expected cases, social and economic factors. According to an agreement between the German chancellor and the head of the federal states measures to mitigate COVID-19 were re-escalated to a national partial shut-down; e.g. closure of all restauration, cultural events, hotels for tourist accommodation, distance learning for schoolchildren and call on population to reduce their contacts.
Ireland	Case fatality ratio since the start of the	Prevalence on symptomatic/asymptomatic basis is not	Cumulative incidence – 5059,7 per 100,000	The proportion of people between 12 and 69 years of age with coronavirus	The number, location and dispersion, and characteristics of cases and clusters.

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	pandemic to 10/04/2021 – 1.9% Case fatality ratio in the 14 days to 15/04/2021 – 0.05%	available at this time. 14-Day incidence – 122.58 cases per 100,000 population to 15/04/2021.	population to 10/04/2021. 14-Day incidence – 122.58 cases per 100,000 population to 15/04/2021. Cumulative attack rate – 5.05% of population have had a confirmed case of COVID-19.	antibodies among the population living in Ireland was estimated at 1.7% ( <a href="#">link</a> ).	including the extent of secondary/tertiary spread. 2. 14-day and 7-day cumulative incidence, 5 day rolling average of cases by county and nationally. 3. Indicators of viral transmission (including the number of cases, positivity rate(s) and reproduction number) 4. Incidence, protective and outbreak management capacity in at risk settings and vulnerable groups 5. The capacity and performance of the programme of sampling, testing, contact tracing and disease surveillance 6. The capacity and resilience of the health service in terms of a. Hospital occupancy and new admissions b. Critical care occupancy and new admissions 7. Numbers of deaths 8. Other measures including infection prevention and control data and uptake of seasonal flu vaccine and the international situation. These criteria will be considered collectively, in context and along with WHO and ECDC <a href="#">guidance to guide recommendations</a> .
Latvia	2.1 % of all confirmed cases (at 2021/04/11)	NA	Incidence rate of confirmed cases for week 14/2021 – 183.6 per 100 000 of the population	Unknown	Epidemiology: Cumulative incidence, positivity rate of testing, transmission classification, clusters, clinical severity. Resources: received calls and completed visits by state emergency medical service (ambulance service), hospital resources – IC beds, total amount of beds, isolation beds, availability of PPE
Lithuania	1,61%	0,06 prevalence of confirmed cases	8382 / 100 000	N/A	
Luxembourg	active infections: 3.126 (11 April) healed persons: 59.982 fatalities: 772 infection fatality rate: 1,21 %	There is currently no source that can estimate the prevalence of symptomatic cases; a cross-sectional study is carried out by Luxembourg's Institute of health under Professor Rejko Krüger that aims to provide comprehensive information on the prevalence, dynamics and penetrance of the infection within the Luxembourg population by systematically testing three categories of asymptomatic or mildly symptomatic individuals using clinical, epidemiological, psychological	The 7-day incidence rate is 202 cases per 100,000 residents, respectively 449 cases per 100,000 inhabitants over the course of 14 days.		The above mentioned parameters are all taken into account along with other parameters such as changes of behavior, demographic prevalence of COVID-19...

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		and biological assessments. More information is available <a href="#">here</a> .			
Malta	1.36%	Approximately 26,680 per million population	approximately 50,094 per million population	Not available	Public Health Criteria for Malta's transition strategy includes a mean $R_t < 1$ &/or no upwards trend of new cases with unknown contacts for the establishment of safe corridors for travel with countries fulfilling the following criteria: <ul style="list-style-type: none"> <li>o Testing rate not less than 280 tests per 1000000 population over the previous 14 days</li> <li>o New cases detected over the previous 14 days per 100,000 population does not exceed 35 ; standardized on MT testing rate)</li> <li>o EUROMOMO.eu Excess mortality &lt;3 z-scores for past 4 weeks (where available) Stable or negative growth rate in the incidence rate over the previous 14 days.</li> </ul>
Netherlands	The Dutch Institute for Public Health & the Environment (RIVM) currently estimates the IFR at about 1,2%	This is not known because denominator is not known.	This is not known because denominator is not known.	Unknown	The Dutch government applies 4 risk levels: cautious, worrisome, serious, very serious. The risk level of a region depends on the number of positive tests and hospital admissions (including IC).
Poland	CFR rate (14.04.2021): 2.3% (59 930/ 2 621 116)	Unavailable	Unavailable		
Romania	2.53 % (total number of deaths over total number of cases up to April 15, 2021). Fatality for the last 14 days (April 2 to April 15) was 2.49 % (new deaths over total number of cases in the last 14 days).	The prevalence of all notified cases (symptomatic or not) reached 5255.37/100,000 (cases notified up to 15th of April).	Not known, because denominator is not known. The incidence for the last 14 days (2nd to 15th of April 2021) reached 316.17/100,000 inhabitants.	Preliminary results of the sero-prevalence study show that about 4 - 5% of the population has developed anti-SARS-CoV-2 antibodies.	
Spain	The infection fatality is 2.3% (PCR confirmed and notified cases) for the whole epidemic. Infection fatality since 11th of May is 1.5% (PCR confirmed and notified cases) Infection fatality according to results from the seroprevalence study would be 0.83% (CI: 0.78%-0.89%)		The 14-day cumulative incidence of diagnosed cases is 202,7 per 100,000 inhabitants. The 7-day cumulative incidence of diagnosed cases is 107,2 per 100,000 inhabitants.	The seroprevalence study gives a total estimation of 9.9% (9.4-10.4% immunity in Spanish population)	Among the above mentioned parameters: $R_e$ below 1 and number of cases, 14-day cumulative incidence of diagnosed cases in population with 65 or more years old, % of Intensive Care.
Sweden		n/a	n/a		n/a

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Iceland	0,46% as of 16.04.21	1,60%		Due to an increase in the number of COVID-19 cases in March tighter restrictions on gatherings were put into place at 00:00 hours on 25.03.2021. Some of these restrictions were lifted at 00:00 hours on 15.04.2021.	Iceland
Norway	As of April 16th, 708 persons have died from Covid-19. This represents 0,67 % of all cases detected. The Norwegian Institute of Public Health estimates the infection fatality risk to be 0.3% of those infected, but lethality is highly age dependent.	Prevalence studies show that antibodies are identified in approximately 1.4 % of those examined.	2 % of the Norwegian population has proven infected. However, the Norwegian Institute of Public Health estimate an attack rate of 3.5 %.	Testing of antibodies against SARS-CoV-2 in random samples in the population started in week 18. More than 9 500 people have been tested so far, and antibodies have been detected in 1.4 % of them.	keeping it under control (in phase 1 or 2). This indicates that the measures will gradually and controlled be reduced when R is below 1. As of January 4th, stricter measures has been introduced in order to stop the increase in R, and, subsequently reduce R.
Switzerland	1.6% of laboratory confirmed cases (data as of 16.04.2021 at 8:00 a.m.) (this may be an under- or an overestimation as on the one hand not all infected get tested and on the other hand some of the cases may still die.)		7315 laboratory confirmed cases per 100'000 inhabitants (data as of 16.04.2021 at 8:00 a.m.). Since 2.11.2020 the incidence includes cases confirmed by rapid antigenic tests as well as PCR tests.		

**Annex 7. COVID-19 in MENA countries and IRAN [EAS]**

In the Maghreb, sharp rise in cases, hospitalisations and deaths continues in TUN. Number of cases continues to rise for the sixth consecutive week in MOR. A slight increase in infection cases has been noted in ALG (worrying trend despite low numbers) and the partial lockdowns have been prolonged for another 15 days. While the number of new cases in LBY shows a decreasing trend. In the Levant, the increasing trend is noted for almost all Levant countries except ISR, JOR and LEB. The decrease of cases in JOR, who eases some COVID-19 restrictions for the Ramadan, has to be weighed against the considerable decline of testing. In LEB the number of decreased by 20% compared to the previous period. Infections have increased in EGY, which prepares its public hospitals for the imminent third wave. The number of infections continues to escalate in Gaza, while in the West Bank the numbers are decreasing slowly. In SYR the infection rates have increased since mid-February. In the Gulf region, infection rates have alarmingly increased in all countries except the UAE. Covid-19 cases in YEM continue to be largely underreported.

The vaccination progress and needs continue to vary greatly in the MENA region, with ISR and the UAE being still a big step ahead. Maghreb: after two and a half months since the launch of the impressive national vaccination campaign in MOR, its pace slowed down markedly as the vaccine stock continues to decline sharply. As the production of Sputnik V in ALG is set to start in September (to produce 40 M doses per year) the CEO of Soidal, the pharmaceutical group in charge of production, has announced that training of staff will begin shortly. In LBY the vaccination campaign started on 10 April with the vaccination of government members (broadcasted on TV). After over a month since the first doses arrived to TUN, the vaccination rhythm remains slow. Levant: roughly 83% of all eligible residents of ISR have already received at least one dose of the vaccine, and 77% have received both doses (respectively 58% and 54% of the entire population). Registration for vaccination has continued to increase in JOR while the widespread vaccine hesitancy persists in LEB. Vaccination campaign progresses slowly also in EGY where still too few doses are available. EGY is interested in receiving EU support for local manufacturing of vaccines, while cooperation is underway with CHN to localise vaccine production for both EGY and African markets. Since the rollout of the COVAX-programme (01 March) 3,1% of the PA population have got





their first dose in the West Bank and Gaza and further 144 000 AZ doses are expected from COVAX by the end of April. Gulf countries are pursuing their vaccination campaign with, besides the leading UAE (91% vaccinated with one dose), most rapid progress noted for BAH (33% vaccinated with at least one dose), QAT (27% of total population vaccinated with at least one dose, 15% with both), KWT (20% of total population vaccinated; diplomats and dependents started receiving vaccinations this week) and KSA. The internationally recognised government in YEM announced (11 April) that the health facilities under the control of the de-facto Houthi authorities will receive 10 000 doses of the Astra-Zeneca vaccine (once the preparations are finalized with the WHO and UNICEF). In May 2021, YEM is set to receive additional 1.5 M doses of the COVID-19 vaccine (out of the 12 M doses through the COVAX in 2021).

**IRAN.** Iran continues to register record numbers of the new daily infections, as daily death numbers have also experienced a dramatic rise over the last week. As of 18 April, Iran's Health Ministry confirmed 21 644 new COVID-19 infections and 405 deaths over the past 24 hours. Iran's National Task Force for Fighting Coronavirus has called the recent fourth wave of cases "unprecedented" since the start of the pandemic.

The Health Ministry announced on April 14 that they have administrated 462 600 vaccine doses since the beginning of the national inoculation program. Iran's ambassador to Moscow announced Iran signed a contract with Russia to purchase 60 million doses of Sputnik V Covid vaccines. Iran will receive the vaccines by the end of the year. The purchase will cover the vaccination of 30 million people.

## Annex 8. COVID-19 in EURCA EAST [EEAS]

### COVID-19 DEVELOPMENTS AND TRENDS - RUSSIAN FEDERATION 02/04 to 09/04

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

As of **16 April**, the number of detected new cases of coronavirus infection over the past 24 hours amounted to **8 944**. The total number of infected has reached 4 675 153 cases. The number of deaths amounts to **104 390**, with 398 deaths in the last 24 hours. In Moscow, a total of 1 056 223 cases have been recorded (2 455 more in one day, a sharp increase compared to last week's figures which stood at 1 700-1 800). 4 301 448 patients in total have recovered (10 225 over the last 24 hours). Over 125.1 million tests have been conducted across the country.

Moscow mayor Sobyenin announced that **more than 1 million residents of Moscow** had received the first shot of a coronavirus vaccine. More than 820 000 residents have been fully vaccinated. Starting from 13 April, Moscow authorities will offer an **at-home vaccination option** for residents with reduced mobility; at least 120,000 people are expected to receive the vaccine through the initiative delivered by 66 mobile teams of social workers.

**Variants in Russia:** New strains are already being detected in Russia's regions: e.g. on 14 April Rostov has registered **9 cases of the British strain, none of the patients have been travelling abroad**. Previously the authorities have announced that **49 unspecified mutations** are currently detected on the Russian territory.

**Mass vaccination:** as of 14 April, approximately **15 million people** have been vaccinated in Russia (6-7% with the first dose only, 4% with both). The Russian Defense Ministry informs that more than 400 000 Russian military personnel have been fully vaccinated against the coronavirus and approximately 600 000 have received the first vaccine dose. President Putin has also received the second jab on 14 April; his vaccination comes several months after widespread immunization against COVID-19 started in Russia — a delay that led some critics to argue that it was contributing to the already existing **hesitation by the general public**. Kremlin Spokesperson Peskov recently admitted that the demand for a vaccine against COVID-19 in Russia is **currently low** (hoping that it will gradually increase). Duma deputy speaker Zhukov said that the governmental commission on legislative activities has approved a bill that includes vaccination against coronavirus in the **national immunization schedule – meaning that it might become compulsory for certain categories of workers (doctors, teachers, and social workers)**.

**Third wave:** Experts increasingly highlight that the current dynamics of the spread of coronavirus in Russia is similar to that in European countries at the beginning of the third wave. Several epidemiologists conclude that **all "prerequisites" are there**, including people being too relaxed about the existing anti-COVID measures and restrictions. Some insist that it is still possible to slow down the upcoming wave by a change in testing strategy and increase of the monitoring of contacts.





On 14 April, Rospotrebnadzor **tightened rules** for Russian returning to the country from abroad: all Russians returning to Russia from abroad **by any means of transport** will be **required to take a PCR test** for the coronavirus within **three days after arrival and self-isolate while waiting for the results**. The new rules come into force on 15 April. Previously, the requirement applied only to arrivals at airports.

Russia announced that it will ban **flights to and from Turkey and Tanzania** from April 15 until June 1 because of rising numbers of COVID-19 cases in both countries.

The Russian Ministry of Health has issued a permit to conduct clinical trials **of another coronavirus vaccine, "EpiVacCorona-N"**, developed by the Novosibirsk State Research Center of Virology and Biotechnology "Vector". The vaccine is an updated version of "EpiVacCorona", which has already been approved for use and is being distributed in Russia alongside the *Sputnik V* vaccine. The clinical trials will start in April and are expected to end by October 2021.

According to the Minister of Health, Mikhail Murashko, the Saint Petersburg-based Smorodintsev Research Institute of Influenza (a World Health Organization National Influenza Center) is developing **another COVID-19 vaccine**; it is made on the basis of an **attenuated influenza virus** and is designed for intranasal use.

#### Political and security impact of the epidemic

**Sputnik V**: As of 16 April, Sputnik V is registered in **60 countries, India being the latest**. Deputy FM Alexander Grushko pointed out that additionally, about **60 countries worldwide have expressed interest** in the Russian vaccine. On 14 April, Moscow announced the start of production of *Sputnik V* in **Serbia**, the first European country outside Russia and Belarus to begin manufacturing the jab. Renaud Museller, President of France's south-eastern Provence-Alpes-Côte d'Azur region placed a **pre-order of 500 000 doses** of Russia's *Sputnik V* vaccine. The developer of Russia's *Sputnik V* insists that the jab **did not cause blood clots**.

The audit on **Good Clinical Practices** carried out by the **European Medicines Agency (EMA)** started on 10 April and will last until 27 April. The first 3.5 days were devoted to a first clinical investigator (Municipal Hospital 68) where all data were scrutinised in detail. The inspectors spotted some deficiencies, none of which serious enough to put in question the validity of the corresponding Clinical trial. The Russian side allocated a lot of resources to facilitate this mission. From 14 April, the team was complemented by a fifth inspector from WHO, meaning that it is now officially a **joint EMA-WHO mission**. It was decided to add **two additional elements** to the audit programme: the company which designed the **statistical approach located in St Petersburg** and the **telemedicine center** involved in the collection of data from the patients, particularly adverse effects, using a smartphone application.

#### Socio-economic impact of the pandemic

Russia's economy continued to **rebound from its pandemic-induced recession** in the fourth quarter of 2020, easing its contraction as President Vladimir Putin opted against imposing a second national lockdown. Compared to a year ago, GDP declined 1.8% , contrary to the forecasted drop of 2.2%. The full-year contraction was revised to 3% from 3.1%.The economy of the world's largest energy exporter contracted less than that of many of its peers last year **as Russia imposed lighter COVID-19 restrictions** following an initial lockdown. The fact that the service sector's share of output is relatively small played a role too. Inflation, sparked by rising global food prices and the rouble's weakness, accelerated further amid a recovery in consumption, prompting the Bank of Russia last month to raise interest rates for the first time since 2018, with further hikes likely.

The Ministry of Economic Development and Trade will lower the **forecast for Russia's GDP growth** for 2021 from the current **3.3%** due to a smaller economic decline in 2020 than expected. Performance in the first quarter should be on par with the last three months of 2020. After a surprisingly small contraction in 2020, the recovery is broadening, fuelled by slowing outbreaks, progress in vaccinations and higher oil prices. **Output could return to the pre-virus peak by the fourth quarter**.

Russia's government is winding down pandemic support measures while also planning to boost infrastructure spending this year, including by tapping its \$182 billion wealth fund. Finance Minister Anton Siluanov said money from the fund could start flowing in the first half of this year, totalling 1 trillion roubles (\$1.3 billion) over 3 years, or about 1% of Russia's total output. At current oil prices, the economy may expand around 2.5% this year. Spending from the wealth fund will lift the economic indicators, but will not bring Russia to a new level of growth. It will be a short-lived impact.

The rouble's weakness and the surge in inflation are putting **further pressure on Russians' deteriorating living standards**. Real disposable income is still about 10% below levels reached before Russia's 2014 annexation of Crimea that triggered international sanctions. The government has **resorted to price controls** on certain food staples to try to rein in inflation, which rose in February at the fastest pace since 2016. Consumer-price growth reached 5.8% as of 15 March.





### Consular protection

On 31 March, the Russian Government added **Germany** to the list of countries from which **non-essential travellers** can freely enter Russia. The visa sections of the Russian consulates in Germany have reopened and started issuing Russian visas (as of 12 April). This is a unilateral move by the Russian authorities, which has not been reciprocated by Germany.

## Annex 9. Strategy for next wave

Details provided are the same as those reported in the previous ISAA reports except for HR. **HR** will continuously work on public introduction on measures and affects of COVID. Our strategy has aimed to enhance all public facilities with information, guidelines, PPE, and disinfections. Also, we enhanced testing to wider groups of people. We are aware of the importance of preparing the health care system for a possible second wave, strengthening the capacity of health care and contact tracing institutions, involving the population in the response to Covid-19 and regularly reassessing people considered to be at risk. We started to strengthen of electronic systems for tracking, and working on other measures focused on prevention. It is in preparation specific testing protocols for care and health care facilities and other settings identified with risk, as well as wide testing of all symptomatic patients, etc

## Annex 10. Vaccination strategies

### Adjustments made to the original priority groups during the roll-out of the vaccine

18 EU/EEA countries responded to the question if any adjustments were made to the original vaccine priority groups during the roll-out of the vaccine. 4 EU/EEA countries (BE, HR, LV, NO\*) are sticking to their original vaccination roll-out plan. However, 14 countries (CZ, DK, IE, ES, FR, LT, MT, NL, PL, RO, FI, SE, CH, IS) reported to have made adjustments in the priority groups during the roll-out of the vaccines. **CZ** mentioned that considering that the mRNA vaccines have been registered among first, they have updated the strategy (having in mind the logistics and cold temperature chain) to focus more on healthcare providers than initially planned. **DK** reported that AstraZeneca-vaccine has been suspended since 14/04/21 due to possible side effects. In **IE** the number of priority groups have been reduced and a simplified, age based allocation (10 year bands) has been introduced for the final group. **ES** indicated that changes are due to the current situation with the AZ vaccine. **FR** included additional groups like home care workers, firefighters, people with serious comorbidities. **NL** explained that due to COVID-19 care being jeopardy, acute COVID care staff has been vaccinated in hospitals and so have General Practitioners. Next to that NL defined extra high risk groups with a medical indication. **PL** explained that adjustment are made according to current needs. **RO** included workers in the educational system to the category essential workers. **SE** is putting a larger emphasis on prioritisation by age. Prioritisation also updated to include socioeconomic factors and specification of other risk factors/groups. **CH** reported, that guidelines have been drawn up, specifying which groups of healthcare professionals are to be vaccinated at the same time as especially vulnerable people (priority group 1). Furthermore, the list of underlying health conditions has been updated. **IS** indicated that Group 4, first responders, have been vaccinated along with group 2. Part of this group has been vaccinated with doses that would otherwise have gone to waste because of no-shows at vaccination sites. **NO\*** indicated that on 9 March, NIPH announced that more vaccine doses will go to particularly infected areas. NIPH is also introducing a new distribution key for vaccines to the municipalities based on the number of people over the age of 18.

### Vaccination policy

#### Timing between the first and second dose of authorised vaccines

Out of 22 EU/EEA responding countries, 6 countries (FR, LV, LT, MT, CH, IS) have not extended the timing between the first and second dose of authorised vaccines. 3 Countries (DK, DE, ES) indicated that this is currently under discussion. 13 countries (BE, CZ, EE, IE, HR, LU, NL, PL, PT, RO, FI, SE, NO) did extended their timing. Some countries provided the following additional information on the product name and the recommended timing:

**BE:** Extended the timing between 1st and 2nd dose of Comirnaty from 21 to 35 days. This was decided on the made on 10 March 2021 so did not concern priority of group 1A.

**CZ:** Pfizer (Comirnaty) and Moderna - the timing has been extended up to 42 days.

**DE:** Delay until 42 days (Moderna and BioNTech), delay until 12 weeks (Astra Zeneca)

**EE:** AstraZeneca vaccine 12 weeks, Pfizer/BioNTech vaccine 6 weeks.

**IE:** Dose 2 Comirnaty (Pfizer) at 28 days but SmPC says 21 days Dose 2 AstraZeneca at 12 weeks but SmPC says 4-12 weeks.

**HR:** Comirnaty - second dose after 6 weeks Astra Zeneca - second dose after 12 weeks





**LT:** The second dose of AstraZeneca vaccine is recommended in 12 weeks after the first dose although for some populations groups (f. e. educational institutions workers) according individual situation this period could be shortened. Now we are discussing about the possibility to extend timing between two Pfizer vaccine doses.

**PL:** AstraZeneca: around 12 weeks, no longer than 84 days Moderna / Comirnaty: around 6 weeks, no longer than 42 days

**RO:** In special cases, it is recommended that administering the second dose of Comirnaty can be postponed up to 42 days and up to 35 days for the Moderna vaccine.

**FI:** The interval between the 1st and the 2nd dose is recommended to be extended to 12 weeks for all covid-19-vaccines currently used in Finland (Comirnaty, Moderna, Vaxzevria).

**SE:** Recommended dose interval for Pfizer/Moderna is 6 weeks (since mid-March) and 9-11 weeks for Astra Zeneca (since end of February)

**NO:** NIPH recommends a minimum 6 week interval between the 1st and 2nd dose of BioNTech / Pfizer and Moderna, and a minimum 9 week interval for AstraZeneca.

#### **Amount of doses from COVID-19 vaccine vials**

Almost all of the 20 EU/EEA responding countries (16 MS: BE, CZ, DK, DE, ES, LV, LT, LU, MT, NL, PT, RO, FI, CH, IS, NO) are using additional doses from COVID-19 vaccine vials. 4 EU/EEA countries (HR, PL, FI, SE) do not use additional doses from COVID-19 vaccine vials.

Regarding the question which vaccine products and how many doses are extracted, countries answered:

**CZ:** Comirnaty (up to 6 doses per vial)

**LV:** which vaccine products and how many doses you are extracting - AstraZeneca 11 doses, Comirnaty - 6 doses

**MT:** Yes with all three - 1 extra dose from each if possible

**RO:** Comirnaty - 6th dose Moderna- 10th Dose AstraZeneca - 10th Dose

**NO:** Norway does extract an additional sixth dose from the 5-dose vial of the Pfizer COVID-19 vaccine Comirnaty.

#### **Change in vaccination guidelines related to suspected adverse events following immunisation**

Out of 19 EU/EEA responding countries, 9 countries (BE, CZ, DE, IE, HR, LT, MT, PL, CH) did not change their vaccination guidelines regarding suspected adverse events following immunisation. DK, ES, FR, LV, NL, RO, FI, SE, IS and NO (10) indicated there have been made changes in the vaccination guidelines. **DK** underlined that AstraZeneca-vaccine has been suspended since 14/04/21 due to possible side effects. **ES** reported that the use of AstraZeneca is recommended of people aged 60 years and over and not recommended for persons below this age. In **FR** the timing between two injections will be extended to 42 days for ARNm vaccines from April 14<sup>th</sup>. **LV** indicated that risk-benefit balance for elderly and terminally ill patient has to be considered before vaccination. Due to the situation with AstraZeneca and EMA decisions, the guidelines are disseminated to general practitioners and health care institutions. **NL** indicated that there are restrictions of the administration of AstraZeneca: the vaccine is given to people over the age of 60. **RO** emphasised that people who developed vein thrombosis after AstraZeneca vaccine will not receive the second dose. In **FI** (from 29 March) and **SE** reported that Astra Zeneca's vaccine is now recommended only to those 65 years or older. **SE** additionally mentioned that Janssens vaccine suspended until more information from EMA regarding adverse events is provided. **IS** reported that on 11 March the Directorate of Health, the Chief Epidemiologist and the Icelandic Medicines Agency halted vaccinations with AstraZeneca temporarily awaiting clarifications of side effects. On 25 March vaccination with AstraZeneca was resumed in the over 70 years age group. **NO** explained that for very frail patients (e.g. equivalent to Clinical Frailty Scale 8 or higher) and terminally ill patients, NIPH recommends a careful balancing of benefit versus disadvantage of vaccination.

#### **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 (15 MS: BE, CZ, DK, IE, HR, FR\*, LV, LT, NL, PL, RO, FI, SE, CH, IS) 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). 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. **DE** indicated that the Coronavirus Vaccination Ordinance of 10 March, 2021 (CoronalmpfV) introduced the possibility of deviating from the order of eligibility specified therein in order to prevent dynamic spread of the coronavirus SARS-CoV-2 from highly contaminated border regions and in or from high-incidence areas in Germany. **ES** reported that this is currently under discussion. **FR** did not made changes, but sent additional doses to regions most exposed to the virus. In **MT** different cohorts are being called for vaccinations in parallel in light of the new variants of concern. **NO** mentioned that on 9 March, NIPH announced that more vaccine doses will go to particularly infected areas.

#### **Vaccine products for particular age groups or target groups**

Out of 20 EU/EEA responding countries, 9 countries (CZ, DK, DE, HR, LV, LT, RO, CH, NO) responded that they are currently not recommending any vaccine products for particular age groups or target groups. 11 Countries (BE, EE, IE, ES, FR, MT, NL, PL, FI, SE, IS) indicated that they are recommending certain vaccine products for particular age groups or target groups: In **BE** Astra Zeneca started 12 February 2021, indicated initially in ≤ 55y olds. On 2 March 2021, indication was expanded to all age groups. Change in use/recommendation of AstraZeneca in the context of TTS signal no longer be used in 18 to 55 y olds. This position is considered temporary, with a re-evaluation planned within 4 weeks. For **EE** the Committee of Experts recommends that in the coming weeks AstraZeneca be used in particular to vaccinate people over 60 years of age (including). **IE** recommends that mRNA vaccines (Pfizer BioNTech and Moderna approved in Ireland) should be used for the over 70's where practicable and timely. Vaxzevria COVID-19 vaccine AstraZeneca is not recommended for those aged under 60 years including those with medical conditions with very high or high risk of severe COVID-19 disease. **ES** explained that AstraZeneca is





used for individuals up to 60 years of age. **FR** mentioned that AZ is recommended to people aged between 55 and 74 years old. Above only ARNm vaccine can be used. **MT** explained that AstraZeneca is being used for 18-70 year olds. **IS** indicated that Oxford/AstraZeneca is not used on people over the age of 65. **NL** explained that due to the very rare blood clot cases following immunisation, the AstraZeneca-vaccine is given to people over the age of 60. **FI** and **SE** reported that AstraZeneca covid-19-vaccine is recommended only to persons over 65 years of age. In **IS** Oxford/AstraZeneca is used on people over the age of 70.

#### **Vaccination to individuals previously infected with SARS-CoV-2**

The majority of the responding EU/EEA countries (18 MS: BE, CZ, DK, EE, IE, ES, FR, HR, LV, LT, MT, NL, PL, RO, FI, SE, CH\*, NO) indicated that they do recommend vaccination to those individuals who have been previously infected with SARS-CoV-2. Out of these 18 EU/EEA countries 6 countries (EE, ES, FR, NL, CH, NO) emphasized that they specifically recommended one dose for vaccines that have a two-dose regime. **CH** underlined that they recommend vaccination for those who were previously infected, except people who are immunosuppressed. **IS** answered that they do not recommend vaccination to those individuals who have been previously infected with SARS-CoV-2. **PT** indicated that this question is currently under discussion.

Regarding the question for which vaccine products the country offers one dose in case only one dose of vaccine is offered to those previously infected, **BE** underlined that 2 doses are still recommended for all vaccines in use. **FR** indicated that all vaccines are offered. In **ES**, to people under 65 years previously infected, only one dose of vaccine will be administered, six months after infection with the recommended vaccine according to each population group. In **NL** AstraZeneca, Moderna and Pfizer are offered in this scenario. **CH** is recommending Cominaty and Moderna. **NO** responded that they have implemented one dose to those previously vaccinated regardless of vaccine product.

3 EU/EEA countries (ES, NL, RO) have a target group where only one dose or no doses are recommended.

**ES** and **NL** recommend only one dose or no doses to those people infected in the last six months. **RO** indicated that concerning the AstraZeneca vaccine, people who developed vein thrombosis.

The question on how much time should pass after the infection in order to get vaccinated was answered as followed: **HR** recommends to get vaccinated within three to six months after infection. **NO** recommends to wait three months after recovery. **ES**, **NL** and **CH** indicated that they offer one dose of vaccine to people infected with SARS-CoV-2 in the last 6 months. **CH** adds that they recommend vaccination after 3 months to those people, who have a high risk (priority group 1). **RO** recommends vaccination after 30 days of infection with SARS-CoV-2.

Regarding the question on how documentation of previous infections are verified

**ES** answered that in people between 18-65 years, we are verifying documentation of previous infection by means of a proof of a laboratory test which confirms infection or integrated health information systems. **NL** indicated that they do not request documentation for verification. **RO** reported that they have an integrated health information system. **NO** and **CH** replied that people must have a laboratory test, which confirms the infection. Norway has a national registry for all positive lab tests.

Concerning the question how long documentation of previous infections are verified, 5 EU/EEA countries answered. **ES** indicated that they have documentation for those people previously infected for the people between 18-65 years old. **RO** reported that they have an integrated health information system. **NO** reported that they must have a laboratory test, which confirms the infection. Norway has a national registry for all positive lab tests. **NL** underlined that they do not request documentation of verification.

3 countries shared their view on how they record vaccination status on those who were infected previously and got offered one dose.

**ES** and **NL** record those people as an individual receiving both a single dose of the vaccine and the full course of the vaccine (e.g. two doses). **ES** underlined that these individuals with one dose are recorded as fully vaccinated. **NO** indicated that they are recorded as individuals receiving a single dose of the vaccine. The HCP giving the vaccine to individuals previously infected with covid-19 can in addition to register 1 vaccine dose, register/make a note in the journal that a second dose is contraindicated.

#### **Vaccination Certificates and possible future uses**

Out of 20 EU/EEA responding countries, 14 countries (CZ, DK, EL, FR, HR, LT, MT, NL, PL, PT, RO, FI, SE, IS) answered that their country is planning to issue official vaccination certificates. 10 countries (BE, DE, EE, IE, EL, ES, LV, NL, FI, CH) mentioned that the possible use of a vaccination certificate is currently under discussion. 11 countries (DK, EL, HR, LT, MT, NL, PL, PT, FI, SE, IS) indicated that the certificate is planned for medical use and for secondary use such as travel. **CZ** and **RO** underlined that the use of the certificate is for medical use only. **IE** underlined that ongoing careful consideration is being given to the possible use of vaccination certificates based on scientific evidence. **EL** is underlined that they especially discuss the use of the vaccination certificate related to travels and tourism. **NL** is currently developing a vaccination certificate to facilitate international travel. There is discussion about future use within the Netherlands for national policies, however first more scientific data is necessary about the effect of vaccination on transmission of the virus. In **FI** the certificates are primarily to be used for travelling according to the EC digital green certificate. **RO** reported that they have already started issuing official vaccination certificates. **NO** indicated that Norwegian health authorities are in the process of mapping the need for and possible solutions for establishing an international vaccine passport. If this becomes relevant, the government will consider whether it should be introduced in Norway. In that case, we will return with information on how the certificates are to be issued and what rights they give.

#### **Vaccination eligibility for individuals/target groups outside of your country**

Out of 14 responding EU/EEA countries (BE, CZ, DK, ES, HR, LV, LT, MT, NL, PL, RO, FI, SE, CH), 7 countries (BE, NL, RO, FI, SE, CH, NO) answered that they do offer vaccination to certain individuals/ target groups outside of their country. **DK**, **ES**, **HR**, **LV**, **LT**, **MT** and **PL** responded that this is not the case for their country. **BE** specified that for Belgian nationals living abroad, vaccination will be possible in Belgium, particularly for those living in a country where non EMA-approved vaccines are being used or having no access to Covid-19 vaccines (following same general priority order of the vaccine campaign). **NL** reported





that transnational worker are eligible of vaccination. **FI** indicated that this applies to persons living in Finland permanently or in long-term are recommended to be given covid-19 vaccines despite of not having citizenship or residency in Finland. These persons include for example EU citizens and third country residents. Vaccines are given in the general order of prioritization. **SE** specified that this applies to diplomatic staff with families and missionaries. Certain Swedish citizens living abroad can get offered vaccination in Sweden. **CH** specified that this applies to Cross-border commuters who have taken out mandatory health insurance in Switzerland can be vaccinated in Switzerland in accordance with the vaccination recommendations. The costs will be covered by their mandatory basic health insurance, the Swiss federal government and the cantons. Cross-border commuters who are not insured in Switzerland but who are exposed to a risk of infection in the course of their job (for example health personnel who have patient contact, and carers in retirement and care homes) can likewise be vaccinated in Switzerland free of charge. **NO** indicated that health care workers working over longer periods of time in Norway will be offered vaccination even if they are residents in other countries

#### **Vaccination of individuals under 18 years of age**

Out of 18 EU/EEA countries, 9 countries (IE, ES, LV, LT, PL, PT, CH, IS, NO) answered they do not vaccinate individuals under 18 years of age. BE, CZ, DK, HR, MT, NL, RO, FI and SE responded that they do offer vaccination for individuals under age. In **BE** young health care students (16-18 years) were vaccinated with Pfizer vaccine. In **HR, RO** and **FI** individuals between 16 and 18 years of age are offered Comirnaty. HR additionally explained that Comirnaty is the only registered vaccine for this age group and only those individuals between 16 and 18 years, who are HCW or have chronic diseases are considered for vaccination. **DK** responded that depending on comorbidity, all residents from age 16 are offered to be vaccinated. Also, **MT** indicated that vulnerable people from age 16 are being offered vaccination. In NL 16 and 17-year-olds within specified high-risk groups for COVID-19 are now invited for vaccination (using the Pfizer-vaccine). **SE** indicated that people under age of 18 that after an individual medical assessment are recommended to be vaccinated, will be offered vaccine.

#### **Challenges related to vaccine supply**

Out of 15 responding EU/EEA countries, the majority (14 MS: BE, CZ, IE, ES, HR, LV, LT, LU, MT, NL, PL, FI, SE, IS, NO) answered that they are facing challenges around vaccine supply. Only **RO** responded that they do not face challenges related to vaccine supply.

#### **Impact on vaccination roll-out due to issues with vaccine supply**

Out of 13 responding EU/EEA countries (BE, CZ, IE, ES, HR, LV, LT, MT, NL, PL, FI, SE IS), 7 countries (ES, LV, LT, MT, NL, PL, SE) responded that the need to make adaptations to priority groups had impact on vaccination roll-out. **IE, LV, LT** and **SE** additionally indicated that suspension of the vaccination campaign in different regions has impacted the vaccination roll-out. Some countries made additional comments: **BE**: Need to adapt the timeline.

**CZ**: Interval between the two doses has been prolonged.

**IE**: Current recommendation for AZ to be administered to over 60s only. Suspension of Janssen to have implications however suspension announced prior to Janssen vaccine being used in vaccine roll out program in IE. Late confirmation of shipments into the country and forecasts only 2 weeks to 6 weeks in advance is a challenge for planning. Last minute alterations to delivery quantities (usually negative) and schedules create significant logistical problems.

**HR**: The transit from one phase to another is slower than expected.

**LV**: Uncertain schedules for vaccines deliveries to the vaccination cabinets.

**FI**: The capacity to vaccinate is larger than the availability of vaccines.

**IS**: Previously published vaccination plans are revised as new information on vaccination delivery schedules is received.





### Challenges related to the roll-out of COVID-19 vaccines

#### COVID-19 vaccine roll-out challenges (n=10)

Challenge	EU Member States
Wastage of doses	SE
Shipping and transshipment (e.g. from distribution hubs to vaccination delivery sites, such as vaccination centres)	SE
Vaccinating outside of target groups to avoid wasting doses	IE, LV,
Managing vaccines with different requirements (regarding adapting logistics, storage and/or administration)	LV, PL
Necessity to train additional staff such as GPs and pharmacists	LV, PL
Willingness of staff to vaccinate	LV
Shortages of equipment needed for vaccination, such as syringes, including shortage of low dead-end space syringes/needles	LV, LT, MT
Availability of vaccination sites in order to cover the population eligible for vaccination	LV
The organisation logistics and the running of vaccination centres	LV
Locating alternative vaccination sites for future mass vaccination	LV
Reaching hard to reach populations (such as in rural areas)	LV
Access of vaccination to vulnerable population groups	ES, LV
Identifying and contacting target groups for vaccination	LV
Inefficient booking systems for scheduling people for vaccinations	LV
Lack of capacity to ensure vaccination time slots are filled and back up plans for those that don't turn up	LV, RO
Data from all vaccination centres do not reach you within the agreed timeframe	LV, PL
Data missing on key variables such as vaccine product, dose number, date dose administered	BE
Incomplete reporting, but distributed at random in the national territory	BE, LV
Incomplete data for some specific population groups	PL
Communication with different population groups	LV, LT, FI
Communicating about prioritisation of population groups and the rationale behind the choices	LV, PL
Communicating adaptations made to vaccination strategies	ES, LT, NL
Vaccine acceptance among those groups eligible for vaccination	BE, LV, LT, FI

#### Other challenges:

- BE:**
- Uncertain supply with numerous delays, identification of individuals at-risk (most issues resolved now).
  - Adequate workforce supply during the whole vaccination campaign is a point of attention and strategies are already studied to ensure that sufficient workers will be recruited for next months.
  - Above the classical invitations, reserve lists were created to complete the daily schedules and avoiding the waste of doses due to no-shows
  - Data missing of vaccine dose number: needs to be calculated based on date of administration, which in case of incomplete reporting can lead to errors
  - Quality of data: errors in Lot number that requires manual reporting

**DE:** Slowing of vaccination campaign in certain areas.

- ES:**
- So far, no challenges in this issues (vaccination delivery sites). Only the vaccination in dependents with high disabilities is more difficult.
  - To debug data in real time.

**FI:** Vaccine-hesitancy against Vaxzevria has emerged.

**SE:** Some single incidences where vaccine has been transported in the wrong temperature. Not a common issues. Some wastage of doses, not a major problem, due to late no shows.

**NO:** Delays in previously announced vaccine supply deliveries and suspension of use of vaccines due to reported side effects have caused delays in the national vaccination plan.





**Measures or solutions to mitigate issues around vaccine roll-out**

**FR:** We have put in place a pedagogical communication.

**HR:** Croatia has established a digital platform that allows all citizens to apply for vaccination with regard to the priority group and place of residence in order to reduce the pressure on GPs who are the main providers of mass vaccination.

**ES:** Wide coordination and communication between key actors involved.

**LV:** Mass vaccination centres have been established in cooperation with municipalities to ensure faster and effective vaccine roll-out. The system of waiting lists has also been optimized. 8 mass vaccination centres were opened in Easter holidays for speeding up vaccination coverage in target groups. Vaccination campaign "2 million reasons to be vaccinated" has started. The campaign is a follow-up of the public awareness initiatives that have been done so far. On 10 April, two mass vaccination centres were opened for all people belonging to one of the priority groups (like a pilot-project) without a special invitation; it was organized via a live queue principle.

**LT:** The choice of vaccine is allowed if a person does not want to be vaccinated with Vaxzeviria vaccine.

**NL:** The recent reports of severe thrombotic adverse events associated with the use of the AstraZeneca-vaccine, raised concerns. We provide additional information on this issue as it becomes available.

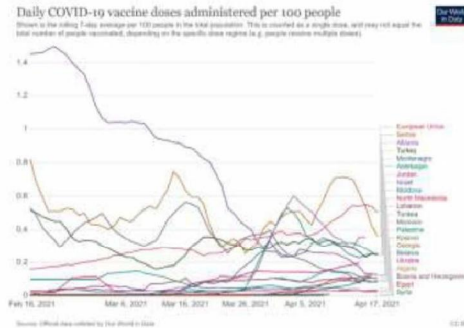
**Vaccination for citizens from other EU countries**

All of the 17 responding EU/EEA countries (BE, CZ, DK, ES, FR, HR, LV, LT, LU, NL, PL, RO, FI, SE, CH, IS, NO) answered that citizens from other EU countries can get vaccinated in their country, 13 countries (BE, CZ, DK, HR, LV, LT, LU, PL, RO, FI, SE, CH, NO) responded that this applies to individuals who are long-term residents. **BE, CZ, DK, ES, LV, LU, PL, RO** and **SE** indicated that this applies to individuals who are in the national social security / health insurance scheme (e.g. through work). **NL** additionally mentioned that Everyone living in the Netherlands, including expats and internationals, is eligible for the COVID-19 vaccination. **PL** indicated that this applies to foreigners with the right of residence.

In **IS** anyone who is working, studying or residing in Iceland, permanently or temporarily coinciding with the vaccination campaign/pandemic, will be vaccinated if they wish to be according to the schedule determined by the Ministry of Health, available here: <https://www.covid.is/covid-19-vaccine>.

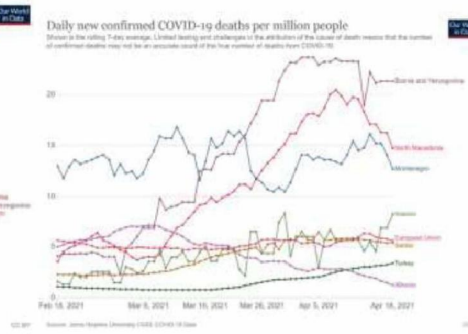
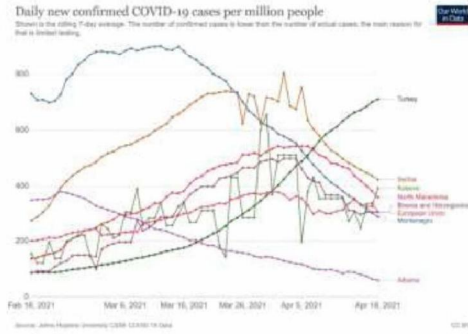
**Annex 11. New Vaccination and Epidemiological data from Western Balkans, Turkey, Eastern Partnership, Southern Neighbourhood**

Vaccinations in selected NEAR countries (where ongoing - Armenia and Libya not listed) (18 Feb – 17 April 2021)

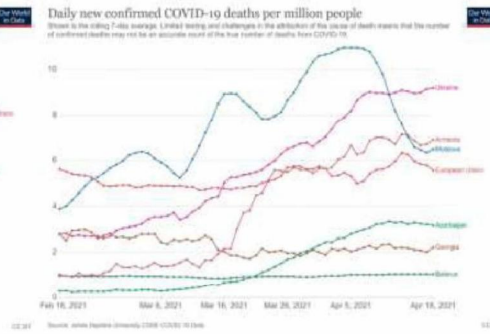
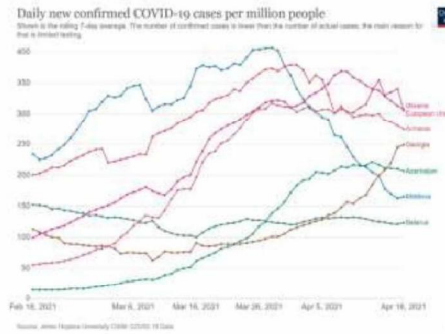




Western Balkans + Turkey: Daily new cases and deaths (18 February – 18 April 2021)



Eastern Partnership: Daily new cases and deaths (18 February – 18 April 2021)

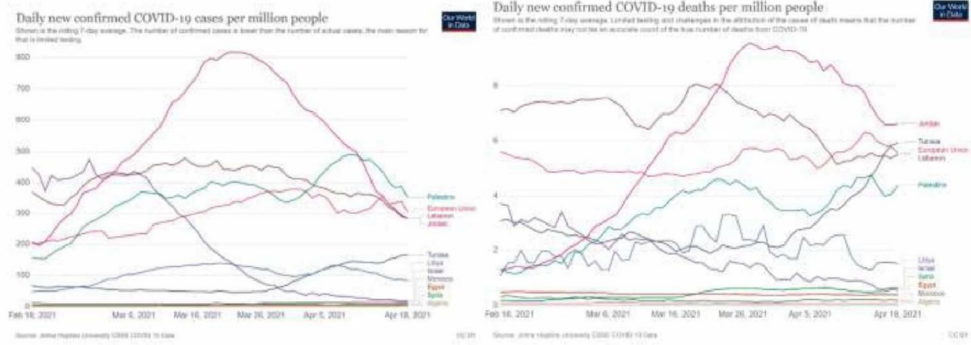


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Southern Neighbourhood: Daily new cases and deaths (18 February – 18 April 2021)



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