

COVID-19 in EU/EEA

Reporting period: 12 - 18 April 2021

Epidemiological summary

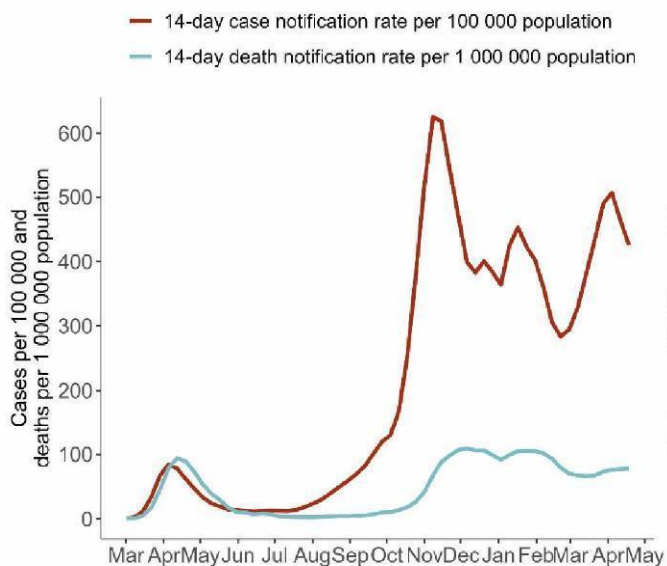
- During the reporting week, the **epidemiological situation was of serious concern in all EU/EEA countries except Denmark, Finland, Iceland, Liechtenstein and Portugal (stable)**, with high case notification rates among older age groups and/or high or increasing death rates. Rates of hospital and ICU admissions, as well as the number of patients per capita in hospital and ICU due to COVID-19, remain very high, although recent stable or decreasing trends for these indicators continue to be observed in several countries.
- Among the 25 countries with an epidemiological situation of serious concern, **increasing trends of cases were reported in 8 countries** (Croatia, Cyprus, Germany, Latvia, Lithuania, the Netherlands, Spain and Sweden) compared to 6 in last week's report.
- **Increasing case rates among older age groups were observed in two countries, with high rates** (above 60 per 100 000) in this age group **reported by 17 countries. Nine countries** reported **increasing death rates** and **eight countries** reported **increases in hospital or ICU admissions and/or occupancy** due to COVID-19.
- Variant **B.1.1.7 is now the dominant variant in EU/EEA countries**, with the median of the variant in all samples sequenced being **83.1% for B.1.1.7** among the 10 countries with the recommended level of 10% or 500 sequences reported per week in the period from 29 March to 11 April 2021. In addition, the median proportion in all samples sequenced in the same period was **0.8% for B.1.351** and **0.0% for P.1**.
- Absolute values of several **indicators remain high**, suggesting widespread and increasing transmission.
- **There is no indication that public health and physical distancing measures can be relaxed, even in countries with decreasing trends.**

Key COVID-19 trends in Europe

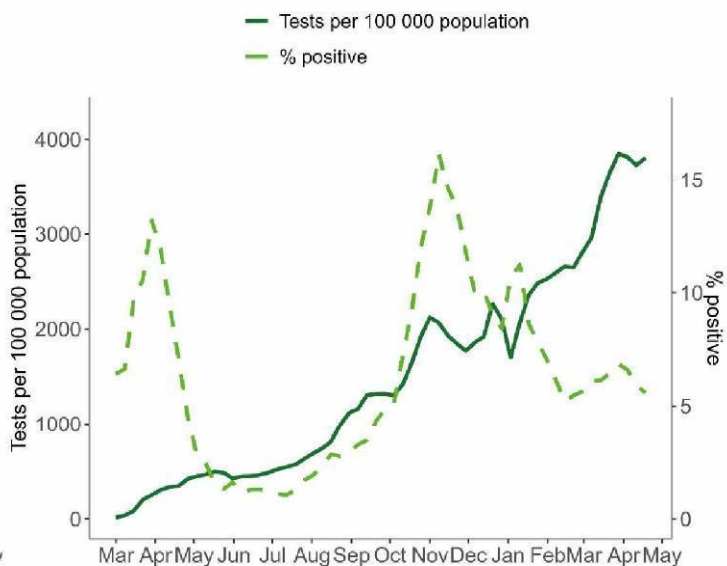
1 March 2020 to 18 April 2021: 14-day COVID-19 case and death notification rates, testing rate and test positivity trends

EU/EEA: 14-day COVID-19 case and death notification rates, 1 March 2020 to 18 April 2021

EU/EEA: testing rate and test positivity (%), 1 March 2020 to 18 April 2021



Source: ECDC Epidemic Intelligence

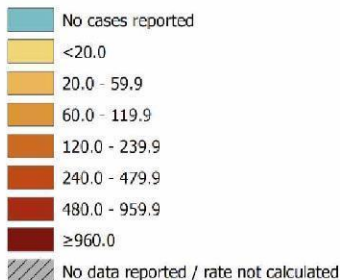


Source: TESSy and public websites. Data shown for countries submitting data up to 18 April 2021

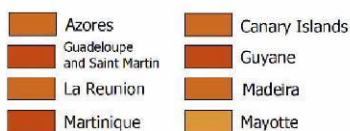
18 April 2021: current 14-day COVID-19 case notification rate per 100 000 population



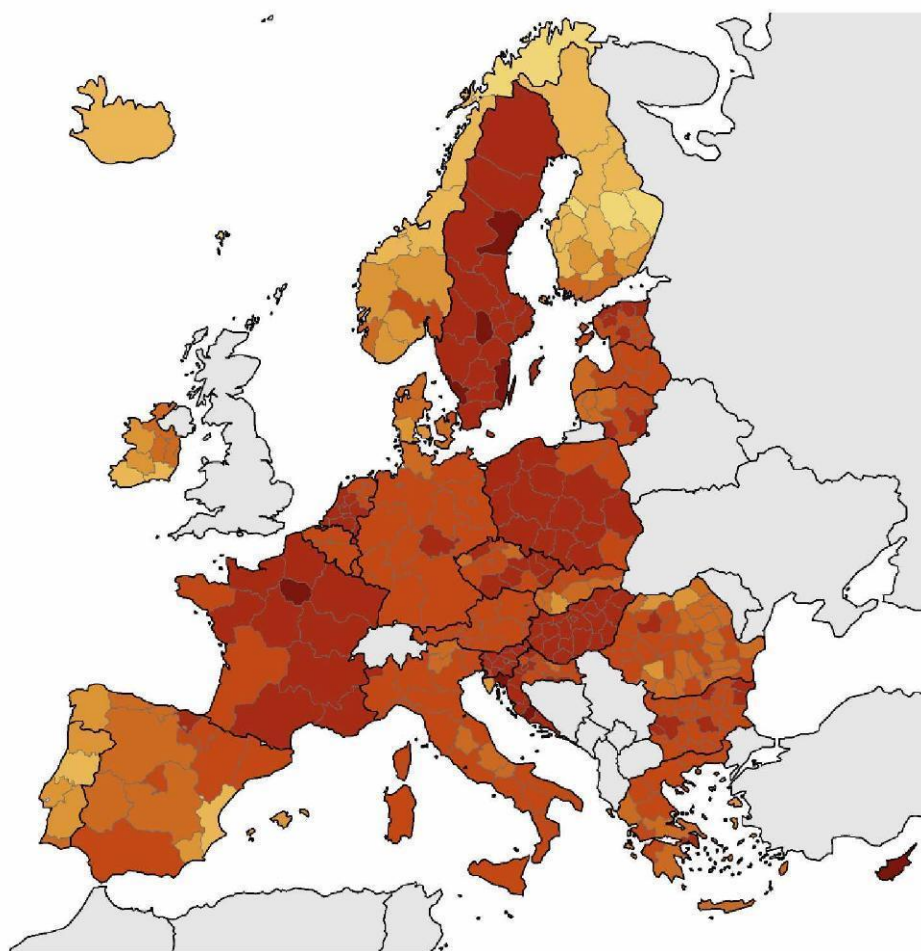
14-day COVID-19 case notification rate per 100 000 population 2021-w14 to 2021-w15



Regions not visible in the main map extent



Countries not visible in the main map extent



Administrative boundaries: © EuroGeographics © UN-FAO © Turkstat. Office for National Statistics licensed under the Open Government Licence v.3.0. Contains OS data © Crown copyright and database right 2020. © Kartverket © Instituto Nacional de Estadística - Statistics Portugal. The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. ECDC. Map produced on: 20 Apr 2021

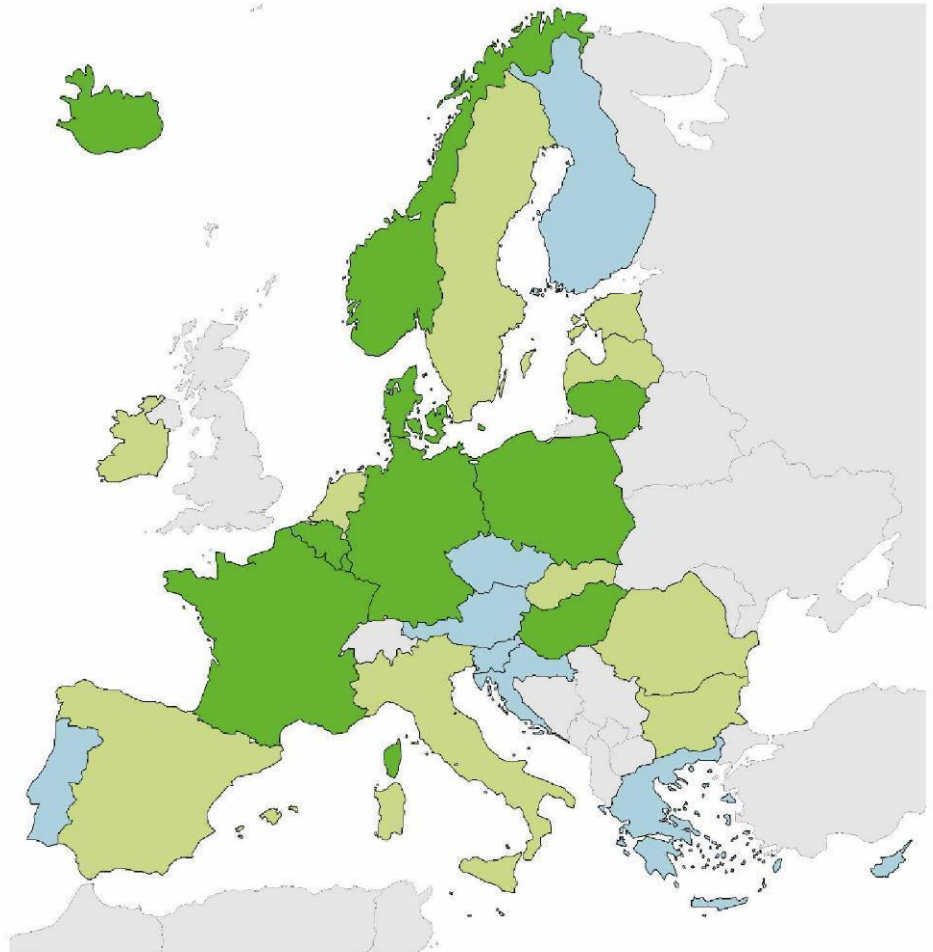


Number of samples sequenced during weeks 2021-w13 to 2021-w14

- <60
- 60 - 499
- ≥500 or ≥10% of total positive samples

Countries not visible in the main map extent

- Malta
- Liechtenstein
- Luxembourg



Source: GISAID EpiCoV™ and ECDC TESSy data. Administrative boundaries: © EuroGeographics
The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. ECDC. Map produced on: 21 Apr 2021

Epidemiological overview

Case and death rates

- By 18 April 2021, the 14-day case notification rate for the EU/EEA was **426** (country range: 29-962) per 100 000 population, compared to **464** in the last report. The rate has been **decreasing for two weeks**. Ten countries (Croatia, Cyprus, Estonia, France, Hungary, Lithuania, the Netherlands, Poland, Slovenia and Sweden) had notification rates higher than 500 per 100 000 population during the week of reporting, compared to 11 as in the previous report.
- The 14-day COVID-19 death rate for the EU/EEA was **77.6** (country range: 0.0–353.4) per million population, compared to 76.6 in the previous report, and has been **stable but not decreasing for seven weeks**. Death rates above 50 per 1 000 000 population were reported by 15 countries, compared to 12 in last week's report. Of these, nine countries (Bulgaria, Croatia, Czechia, Estonia, Greece, Hungary, Poland, Romania and Slovakia) had death rates above 100 per 1 000 000 population.

Hospitalisation and ICU admissions

- Pooled data from 24 countries for week 15 show that there were 13.4 patients per 100 000 population in hospital due to COVID-19. According to weekly hospital admissions data pooled from 18 countries, new admissions were 9.7 per 100 000 population.
- Pooled data from 18 countries for week 15 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 15 countries show that there were 3.3 new admissions per 100 000 population.

Testing and sequencing

- Testing rates in the EU/EEA as a whole have been stable for the last four weeks. Weekly testing rates for week 14, available for 29 countries, varied from 1 073 to 47 173 tests per 100 000 population. Denmark had the highest testing rate for week 15, followed by Cyprus, Austria, Czechia and Luxembourg.
- Among 17 countries in which weekly test positivity was high (at least 3%), two countries (Croatia and Germany) had observed an increase in test positivity compared with the previous week. Test positivity remained stable or had decreased in 15 countries (Belgium, Bulgaria, Estonia, France, Hungary, Italy, Latvia, Lithuania, Malta, the Netherlands, Poland, Romania, Slovakia, Spain and Sweden).
- Sequencing capacity varies greatly across the EU/EEA; 10 EU/EEA countries (Belgium, Denmark, France, Germany, Hungary, Iceland, Lithuania, Luxembourg, Norway and Poland) met the recommended level of 10% or 500 sequences of SARS-CoV-2-positive cases sequenced and reported to the GISAID EpiCoV database by 20 April 2021 or to TESSy by 18 April 2021 (data referring to the period from 29 March to 11 April 2021). During the same period, 10 countries sequenced and reported between 60 and 499 samples, while 10 countries sequenced and reported <60 samples or did not report data.

Variants of concern

- Among the 10 countries with the recommended level of 10% or 500 sequences reported per week in the period from 29 March to 11 April 2021, the median (range) of the variant in all samples sequenced in the period was 83.1% (17.9–96.8%) for B.1.1.7, 0.8% (0.0–14.4%) for B.1.351 and 0.0% (0.0–0.9%) for P.1.
- Variant B.1.1.7 is the dominant variant in EU/EEA countries. Community transmission and outbreaks due to B.1.351 are reported, although some cases are also linked to travel. The P.1 variant is still sporadic in the EU/EEA and most cases remain linked to travel, however community transmission is ongoing in some countries.

Situation and trends in EU/EEA countries

- During the reporting week, all countries had an epidemiological situation of serious concern except Denmark, Finland, Iceland, Liechtenstein and Portugal (stable situation).
- Transmission remains high and is increasing in several countries, and despite stable or decreasing trends in some indicators, many countries continue to observe **new increases** in numbers of cases. In several countries this has been also reflected in hospitalisations, ICU admissions and deaths. This underlines the importance of **maintaining public health and physical distancing measures**.

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

Hot topics

Investigations on potential adverse events following vaccination with Vaxzevria and Janssen

On 15 April, Norwegian health authorities recommended halting the further use of **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 16 April, the WHO Global Advisory Committee on Vaccine Safety issued a statement on the review of latest evidence of rare adverse blood coagulation events with AstraZeneca COVID-19 Vaccine. 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 cannot be excluded. The statement also highlights that ongoing review of TTS cases and related research should include all vaccines using adenoviral vector platforms.

On 20 April, EMA's safety committee PRAC issued its conclusion on the investigation of very rare cases of unusual blood clots with low blood platelets that occurred in people who received **Janssen's COVID-19 vaccine** in the United States. EMA concluded there is a possible link. A warning should be added to the product information and the events should be listed as very rare side effects of the vaccine. The PRAC notes that cases reviewed were very similar to the cases that occurred with Vaxzevria. It also assesses that the overall benefits of COVID-19 Vaccine Janssen in preventing COVID-19 outweigh the risks of side effects. Following EMA's review, the vaccine manufacturer Johnson & Johnson announced it will resume shipment of the vaccine in the EU, Norway and Iceland, after having paused it on 13 April.

In the US, the CDC and FDA had recommended pausing the use of Johnson & Johnson's Janssen COVID-19 Vaccine while investigations were ongoing on the reports of blood clotting disorder. The US Advisory Committee on Immunization Practices (ACIP) is expected to reconvene on 23 April for further evaluation of this vaccine.

UK recommends COVID-19 vaccination for pregnant women

The UK's Joint Committee on Vaccination and Immunisation (JCVI) issued new advice on 16 April on COVID-19 vaccination for pregnant women: 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 data from the United States that around 90,000 pregnant women have been vaccinated, mainly with mRNA vaccines Pfizer-BioNTech and Moderna, with no safety concerns raised.

Increased attention to B.1.617, variant of interest first detected in India

The variant B.1.617 was first detected in India in samples from December 2020 and has received attention in the media during the past week. There is some indication that the variant may be driving the increase in cases seen in India in recent weeks, but there is still significant uncertainties associated with this hypothesis, mainly due to the relatively low number of sequences available and unclear representativeness of the sampling underlying those sequences.

There is currently no direct evidence of any concerning properties of the variant, such as increased risk for reinfections, vaccine breakthrough infections, increased transmissibility, or increased severity of the disease. The mutation profile of the variant does indicate that a significant reduction in neutralisation by antibodies is to be expected. Further studies will quantify this reduction and will assess whether this leads to an increased risk for reinfection and vaccine breakthrough infection.

Within the EU/EEA, the variant B.1.617 has so far been detected in Denmark and Norway (source: media reports), and Ireland, Germany, Italy, and Belgium (ordered from earliest detection, source: GISAID EpiCoV). It has also been reported in GISAID EpiCoV by the United Kingdom and several other countries worldwide.

In focus

Key figures on the vaccine rollout in the EU/EEA as of 18 April 2021

Total doses distributed and administered

- Total number of vaccine doses distributed by manufacturers to EU/EEA countries: **133 832 150** (29 countries reporting, Malta missing)
- Median number of vaccine doses distributed by manufacturers to EU/EEA countries per hundred inhabitants: **35.9** (range: 16.9–64.6) (29 countries reporting; Malta missing)
- Total number of vaccine doses administered: **115 837 012** (30 countries reporting)

Cumulative vaccine uptake in adults

- Cumulative uptake of first vaccine dose among adults aged 18 years and above: **median of 23.3%** (range: 8.8–40.4 %) (30 countries reporting)
- Cumulative uptake of full vaccination among adults aged 18 years and above: **median of 8.4%** (range: 1.7–20 %) (30 countries reporting)

Cumulative vaccine uptake in target groups

- Cumulative uptake of the first vaccine dose among persons aged 80 years and above: **median of 75.6 %** (range: 8.3–99.8 %) (25 countries reporting)

(Missing countries: Cyprus, Germany, Liechtenstein, Netherlands, Romania)

- Cumulative uptake of full vaccination among persons aged 80 years and above: **median of 50.3 %** (range: 1.1–97.6 %) (25 countries reporting)

(Missing countries: Cyprus, Germany, Liechtenstein, Netherlands, Romania)

- Cumulative uptake of the first vaccine dose among healthcare workers: **median of 70.9 %** (range: 19.7–100 %) (15 countries reporting)

(Missing countries: Austria, Belgium, Cyprus, Finland, Germany, Iceland, Italy, Liechtenstein, Lithuania, Malta, Netherlands, Norway, Poland, Portugal, Slovakia)

- Cumulative uptake of full vaccination among healthcare workers: **median of 51.3 %** (range: 15.4–100%) (15 countries reporting)

(Missing countries: Austria, Belgium, Cyprus, Finland, Germany, Iceland, Italy, Liechtenstein, Lithuania, Malta, Netherlands, Norway, Poland, Portugal, Slovakia)

Launch of the ECDC-EMA Joint Advisory Board on vaccine safety and effectiveness monitoring studies

On Monday 26 April ECDC and EMA will convene the first meeting of the Joint Advisory Board of the collaboration established by both agencies to develop post-marketing studies on the safety and effectiveness of vaccines. The role of the Board will be to provide consultative advice on methodological and operational aspects of the studies. Studies will be centrally coordinated and funded by the two agencies, with ECDC being primarily responsible for effectiveness monitoring and EMA for the monitoring of safety.

The collaboration addresses the Commission Communication on “Preparedness for COVID-19 vaccination strategies and vaccine deployment” from 15 October 2020. The collaboration focuses on COVID-19 vaccines, the main priority right now, with a possibility of assessing an expansion to cover other priority vaccines as well, as needed.

Recent and upcoming ECDC publications on COVID-19

- Reinfection with SARS-CoV-2: implementation of a surveillance case definition within the EU/EEA, 8 April
- Interim guidance on the benefits of full vaccination against COVID-19 for transmission and implications for non-pharmaceutical interventions, 21 April
- Sampling protocol for genomic surveillance guidance, 26 April
- Considerations for the use of saliva as sample material for COVID-19 testing in the EU/EEA, 28 April
- ECDC/OSHA report on the use of rapid antigen test at the workplace, 3 May
- COVID-19 vaccination and SoHO donation, 6 May
- COVID-19 vaccination in individuals after the administration of a first dose of Vaxzevria – current evidence, options for vaccination and impact on vaccination programs, 4 May
- Strategies for the surveillance of COVID-19, update, 18 May

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

Annex:

Criteria for epidemiological assessment

Epidemiological situation is 'concerning'

Countries with at least two of the following:

1. High ($\geq 60/100\ 000$) or sustained increase¹ (≥ 1 week) in 14-day case notification rates
2. High ($\geq 3\%$) or sustained increase (≥ 1 week) in test positivity
3. High ($\geq 60/100\ 000$) or sustained increase (≥ 1 week) in 14-day case notification rates in the older age groups (65+yr)
4. High ($\geq 10/1\ 000\ 000$) or sustained increase (≥ 1 week) in 14-day death notification rates

Epidemiological situation is 'of serious concern'

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

Epidemiological situation 'stable'

Countries not meeting the criteria described above for 'concerning'

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

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

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

Key indicators and weekly trends per country as of 18 April 2021, EU/EEA

Country	Assessment	Case rate		Death rate		Positivity (%)		Testing rate		65+yr		Hospital admissions		Hospital occupancy		ICU admissions		ICU occupancy	
		Value	Trends	Value	Trends	Value	Trends	Value	Trends	Value	Trends	Value	Trends	Value	Trends	Value	Trends	Value	Trends
Austria	Of serious concern	391.5		51.8		0.8		24,334		218.6				18.2				6.5	
Belgium	Of serious concern	419.5		48.6		8.7		2,426		273.1		14.3		26.5				8.1	
Bulgaria	Of serious concern	480.2		231		15.8		1,306						139.2				11.5	
Croatia	Of serious concern	690.9		127.6		21.4		1,760				39.9		49.2					
Cyprus	Of serious concern	962.4		33.8		1.2		45,711		312		19		28.1		3		4.1	
Czechia	Of serious concern	457.2		137.9		1.9		10,574		345.9		70.6		44		15.9		9.5	
Estonia	Of serious concern	602		112.9		9.4		2,677		476.6		21.3		37.7		3		4.4	
France	Of serious concern	693.8		60.7		9.9		3,476				19		45.8		4.4		8.8	
Germany	Of serious concern	312.4		36		12.9		1,323		159.6		2.8						5.7	
Greece	Of serious concern	371.9		100.9		2.3		8,199		264.1						3.7			
Hungary	Of serious concern	648.3		353.4		15.3		1,873		531.2				100.3					
Ireland	Of serious concern	108		23.8		2.5		2,061				2		3.9		0.4		1	
Italy	Of serious concern	338.5		98.9		4.9		3,420		210.9		7.3		48.6				5.8	
Latvia	Of serious concern	378.9		64		3.9		5,051		275.7				31.2		6.8			
Lithuania	Of serious concern	501.8		55.5		6.1		4,337		270		12		34.9		2.6			
Luxembourg	Of serious concern	414.1		55.9		2.2		9,641		190.6				18.8				5.3	
Malta	Of serious concern	145.2		19.4		3.4		2,095		121									
Netherlands	Of serious concern	593.8		17.7		9.8		3,127		293.5		8.9		9.8		2.2		4.6	
Norway	Of serious concern	164.6		6.1		2.2		3,277		39.5		3.1		4.6		0.5			
Poland	Of serious concern	650.4		187.8		19.6		1,459		52.5				87.3					
Romania	Of serious concern	274.6		113.4		10.9		1,074		350								7.8	
Slovakia	Of serious concern	195.4		197.5		7.7		1,165						36.3					
Slovenia	Of serious concern	567.2		43.9		2.9		9,218		364.1		20.5		30		3.6		7.2	
Spain	Of serious concern	247.2		27.9		6.9		1,771		129.9		2.1				0.1			
Sweden	Of serious concern	796.5		12.4		13.5		2,951						20.6		2.2		3.8	
Denmark	Stable	164.5		5		0.2		47,173		36.9		3.2		3.3				0.7	
Finland	Stable	82.3		8.1		1.9		1,884		19.9				3.4				0.7	
Iceland	Stable	28.6		0		0.6		2,814		5.7		0.3		0.7		0.3			
Liechtenstein	Stable	358.7		0															
Portugal	Stable	75		5.9						40.2		0.4		4.3				1.1	