



ECDC Weekly Policy Brief – 21 January 2021

Not for publication

## COVID-19 in EU/EEA

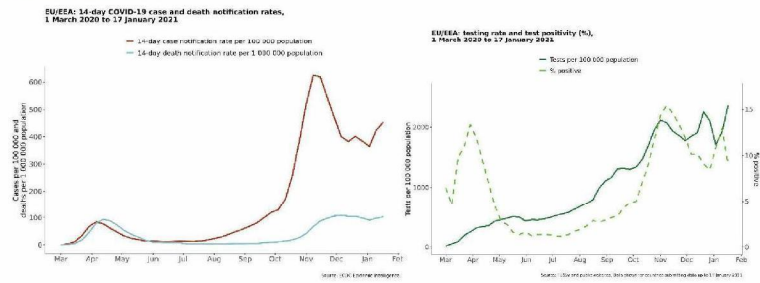
Reporting period: 11 - 17 January 2021

### Epidemiological summary

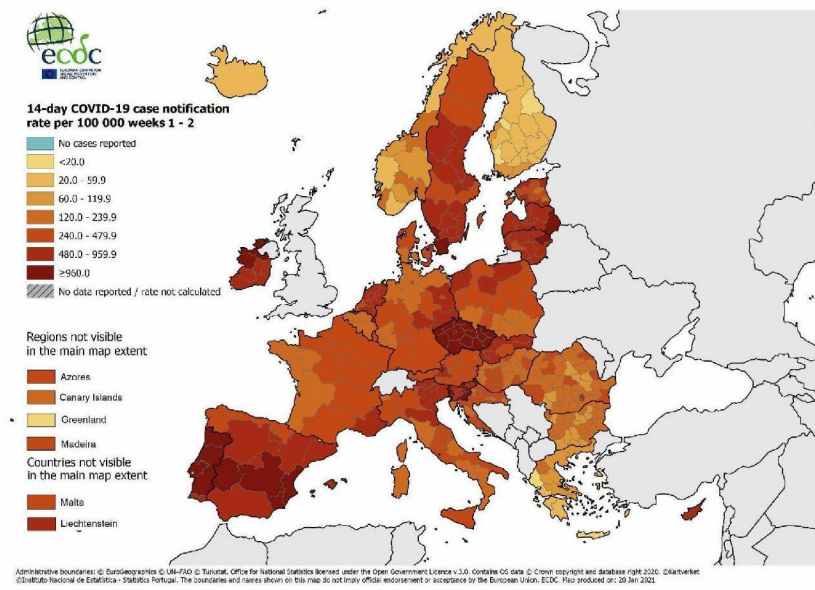
- During the reporting week, the **epidemiological situation was of serious concern in all EU/EEA countries**, with high or increasing case notification rates observed among older age groups and/or high or increasing death rates. Rates of hospital and ICU admissions, as well as the number of patients 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 30 countries with an epidemiological situation of serious concern, **increasing trends of cases were reported in 6 countries (France, Iceland, Ireland, Malta, Portugal and Spain)**, compared to 13 countries in the previous report. **Stable or decreasing trends** of reported cases were observed in **24 countries**, compared to 15 countries in the last report.
- **Increasing case rates among older age groups and increasing death rates** were reported in **11 countries** during the reporting week.
- Absolute values of these **indicators remain high**, even where they are stable or decreasing, suggesting that transmission remains widespread. Five countries (Cyprus, Ireland, Latvia, Malta and Portugal) continue to observe increases in hospital or ICU admissions and/or occupancy due to COVID-19. Considering the recent increase of cases, it is likely that hospital and ICU admissions will increase further in the coming weeks.
- **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 17 January 2021: 14-day COVID-19 case and death notification rates, testing rate and test positivity trends



### 17 January: current 14-day COVID-19 case notification rate per 100 000 population



## Epidemiological overview

- By 17 January 2021, the 14-day case notification rate for the EU/EEA was **453** (country range: 61–1 444) per 100 000 population, compared to 425 in the last report. The rate has been **increasing for two weeks**. Thirteen countries (Cyprus, Czechia, Estonia, Ireland, Latvia, Lithuania, Malta, the Netherlands, Portugal, Slovakia, Slovenia, Spain and Sweden) had notification rates higher than 500 per 100 000 population during the week of reporting, similarly to previous week.
- The 14-day COVID-19 death notification rate for the EU/EEA was **103.6** (country range: 0.0–390.8) per million population compared to **97.2** in the previous report. This represents **an increase of 6.6%**. Death notification rates above 50 per 1 000 000 population were reported by 24 countries, two more than in last week's report. Of these, 13 countries (Bulgaria, Croatia, Czechia, Germany, Hungary, Italy, Latvia, Liechtenstein, Lithuania, Poland, Portugal, Slovakia and Slovenia) had rates above 100 per 1 000 000 population.
- Testing rates in the EU/EEA as a whole have increased again after the decrease during the holiday period. Weekly testing rates for the reporting week were available for 28 countries and varied from 680 to 10 326 tests per 100 000 population. Denmark had the highest testing rate, followed by Austria, Luxembourg, Cyprus and Malta. Austria reported a large increase in testing data due to antigen tests reported on week 2. No testing data for the current week were available from Liechtenstein.
- Among 21 countries in which weekly test positivity was high (at least 3%), two countries (France and Spain) observed an increase in test positivity compared with the previous week. Test positivity remained stable or had decreased in 19 countries (Belgium, Bulgaria, Croatia, Czechia, Estonia, Germany, Hungary, Ireland, Italy, Latvia, Lithuania, Malta, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia and Sweden).
- Pooled ICU occupancy data from 20 countries show that there were 1.5 patients per 100 000 population in ICU due to COVID-19, which is **74%** of the peak ICU occupancy observed across these countries during the pandemic, compared to **78%** in the previous report.
- Pooled weekly ICU admissions based on data from 15 countries were 3.6 new admissions per 100 000 population, which is **42%** of the peak admissions rate to date, compared to 44% in the previous report.
- During the reporting week, all countries had an epidemiological situation of serious concern. Among these countries, **stable or decreasing trends in reported cases were observed in 24 countries, compared to 15 in the last report. Increases were present in six countries (France, Iceland, Ireland, Malta, Portugal and Spain).**
- Transmission remains high in most countries, despite decreasing trends in some indicators. Of concern is that an increasing number of countries have recently seen renewed increases following a period of decreasing trends. This serves as a reminder of the importance of **maintaining public health and physical distancing measures and that these measures should not be relaxed, even in countries with decreasing trends.**

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

## Hot topics

### Monitoring vaccine safety

Following the deployment of COVID-19 vaccines in the EU/EEA, the national regulatory agencies and the European Medicine Agency are monitoring and assessing reports of suspected adverse events following immunisation. Countries are regularly publishing their reports, for example the German Paul-Ehrlich-Institute, France's National Agency for the Safety of Medicines and Health Products (ANSM) and the Adverse Reaction Center Lareb in the Netherlands.

It is currently observed that with the new mRNA vaccines the risk of severe allergic reactions including anaphylaxis following vaccination is higher than with other vaccines (approximately 1 in 100 000 vaccinated), and vaccination routines must take this into consideration in order to rapidly address such events.

It is important to differentiate between what is expected (e.g. common known adverse events of a vaccine) versus what can constitute a safety signal that can impact vaccine recommendations. As COVID-19 vaccines start to be deployed at large scale, the occurrence of adverse events following immunisation is to be expected. EMA has developed what is called background-incidence rates for a number of entities including anaphylaxis to be used for the analysis observed vs expected.

### Recommendations on vaccination of highly frail and sick patients updated in Norway

Following an assessment of reported adverse events, the Norwegian Medicines Agency issued updated information on 14 January regarding the use of mRNA COVID-19 vaccines in elderly frail people, above 85 years of age. The Agency states that it cannot be ruled out that milder side effects including fever in the days after vaccination may lead to a more severe course and death in very frail patients. The Norwegian Public Health Authority issued the following recommendations: *"For those who still have very short remaining lifespans, the benefit of vaccine can be marginal or irrelevant. Therefore, for highly frail patients and terminally ill patients, a careful weighing of the benefit versus disadvantage of vaccination is recommended."*

### Vaccination certificates

A debate is currently taking place in the EU regarding the use of vaccine certificates, in particular in relation to the possibility that such certificates could be used to restore cross-border travel. At this stage, a vaccine certificate is a technical tool to document the information related to the vaccination. Vaccine documentation will allow, for example, to follow up which vaccine product has been administered to whom and when.

Given the current knowledge gaps regarding effect and impact of the new vaccines against COVID-19, the focus of the early phases of the vaccination campaigns is to reduce number of deaths and hospitalisation, as well as reduce the pressure on the health system. Therefore, at least in the first two phases of the vaccination, the vaccine certificate cannot be used as a so-called "vaccine passport" for travel purposes. It remains unclear if a fully vaccinated person could still be infected and transmit the disease while being asymptomatic. A vaccine certificate cannot replace the COVID-19 test required by the majority of the countries for travel purposes. The WHO IHR has also recently recommended to not use vaccination certificate for travelling purposes.

## In focus

### **First update of Rapid Risk Assessment on risk related to spread of new SARS-CoV-2 variants of concern in the EU/EEA**

On 21 January, ECDC publishes the 1<sup>st</sup> update on risk related to spread of new SARS-CoV-2 variants of concern in the EU/EEA, with new data on detections of these variants in the EU. Due to their increased transmissibility, the risk of introduction and community spread of these variants of concern are assessed as very high in the EU. In terms of impact on vaccine effectiveness, assessment of VOC 202012/01 suggests that cross-immunity is present meaning that the current COVID-19 vaccines are likely to be effective. Investigations for the other variants of concern are still on-going.

Countries in the EU/EEA should expect increased numbers of COVID-19 cases due to the gradual spread and possible dominance of the variants with increased transmissibility, the rate and scale of which is likely to depend on the level of application and compliance with NPIs.

The key message of the RRA for Member States is to prepare for a rapid escalation of the stringency of response measures to safeguard healthcare capacity and to accelerate vaccination campaigns, in order to protect those most at risk and reduce the burden on health systems.

### **Rapid assessment of laboratory capacities related to COVID-19**

On 18 January, ECDC published technical report on the "rapid assessment of laboratory practices and needs related to COVID-19". The EU/EEA Member States have increased their laboratory capacity tremendously over the past 11 months. The majority of the Member States reported sufficient testing capacity until March 2021. Rapid antigen detection tests (RADT) are included in the testing strategies of many countries, in order to reduce pressure on RT-PCR testing. Some Member States have already included RADT in their case definition. The main bottlenecks, such as shortages of laboratory consumables and human resources, as well as sample storing facilities, continue to exist and may affect the overall laboratory response to COVID-19.

### **Monitoring vaccination deployment in the EU/EEA Member States**

ECDC has set up a monitoring system to collect information on COVID-19 vaccine deployment (number of doses distributed to each country and number of individuals receiving the vaccine). The data call was launched on 15 January for countries to report on a twice-weekly basis. Data for the EU/EEA will be available on the ECDC website as a weekly report and as part of the COVID-19 dashboard. This monitoring will provide an overview of country efforts and progress in the roll-out of COVID-19 vaccines, as well as allow to identify possible shortcomings in the deployment.

### Updates on non-pharmaceutical interventions in Member States

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

As of 20 January 2021, the following mobility restrictions are recorded and active:

- Six nationally enforced "stay-at-home" orders (legally enforced) in Austria, Cyprus, Czechia, Greece, Ireland, and Lithuania.
- Two national "stay-at-home" recommendations (not legally enforced) are currently active in Norway and the Netherlands.
- Curfews ("partial" stay-at-home orders) are currently active in Belgium, France, Germany, Hungary, Italy, Latvia, Luxembourg, Romania, Slovakia, Slovenia and Spain.

As of 20 January 2021, the following closures of educational institutions have been recorded and remain active according to our database:

- At the national level, day-cares and nurseries are closed in Germany, Ireland, and Slovenia. Primary schools have been closed in Germany, Lithuania, Latvia, Slovakia, and Poland.
- Secondary schools are closed, at the national level, in Germany, Norway and Slovakia. Higher education institutions remain closed in Ireland, Lithuania, Romania, Poland, and Slovakia.
- Workplaces have been strongly urged, or forced to transition, to teleworking at the national level in Croatia, Denmark, Estonia, Finland, Germany, Lithuania, the Netherlands, Portugal, and Spain.

Visualisations of a set of NPIs for each country: [Weekly COVID-19 Country Overview](#)

### Response measures database available online

In partnership with the European Commission's Joint Research Centre (JRC), the preliminary version of the database with data on non-pharmaceutical interventions by MS is now available online. This includes currently active measures which have been introduced since 1 September 2020. A full version containing all records since 1 January 2020 is forthcoming.

Access to database: <https://www.ecdc.europa.eu/en/publications-data/response-measures-database-rmd>

### Recent and upcoming ECDC publications on COVID-19

- Rapid Risk Assessment on Risk of spread of SARS-CoV-2 variant of concern 202012/01 in the EU/EEA, 29 December
- 1<sup>st</sup> update, Sequencing of SARS-CoV-2 technical guidance, 18 January
- ECDC rapid assessment of laboratory capacities related to COVID-19 (laboratory survey report), 18 January
- Rapid Risk Assessment - Risk related to spread of new SARS-CoV-2 variants of concern in the EU/EEA – first update, 21 January
- Update, EU/EEA deployment and vaccination plans for COVID-19 vaccines, 27 January
- 1<sup>st</sup> update, Guidelines for COVID-19 Testing and quarantine, of air travellers, Addendum to the Aviation Health Safety Protocol, February
- Detection and characterisation capability and capacity for SARS-CoV-2 variants (laboratory survey report), end January / early February

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

## Annex: Criteria for epidemiological assessment

### Epidemiological situation is 'concerning'

Countries with at least two of the following:

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

### Epidemiological situation is 'of serious concern'

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

### Epidemiological situation 'stable'

Countries not meeting the criteria described above for 'concerning'

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

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

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

## Key indicators and weekly trends per country as of 17 January 2021, EU/EEA

Indicators shown: 14-day COVID-19 case notification rate per 100 000 population, 14-day COVID-19 death rate per 1 000 000 population, test positivity, testing rate per 100 000 population, age-specific case notification rate per 100 000 population for the age groups 65 years or older, weekly hospital and ICU admissions due to COVID-19 per 100 000 population, 7-day mean hospital and ICU occupancy due to COVID-19.

Notes: The Sparkline shows the evolution of the epidemic in each country in terms of the indicators shown since the beginning of March 2020. The colour of the entire Sparkline denotes the current trend in the indicator, based on a comparison of its most recent value with that seven days earlier.

- Red – sustained increasing trend;
- Grey – stable or decreasing trend;

Values in the column next to the Sparkline are the current value for the indicator. If no data are available for the current week then the value from the previous week is shown. If no data are available for the last two weeks then the value is left blank. Values that are considered high for the indicator, according to the criteria listed above, are shown in red.

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
Austria	Of serious concern	299.6		85.9		1.3		10,292		318.4				20				4	
Belgium	Of serious concern	248.3		62.6		4.6		2,627		264.1		7		16.7		21.9		3.1	
Bulgaria	Of serious concern	125.2		115		6.9		680						54.1				5.1	
Croatia	Of serious concern	298.6		143		12.3		975		482.6		23.8		47.2					
Cyprus	Of serious concern	570.2		44.5		2.5		7,284		442.9		12.8		22.9		1.9		4.2	
Czechia	Of serious concern	1362.8		223.4		15.6		3,351		1313.4		106.4		66.1		18.5		10.6	
Denmark	Of serious concern	364.9		74.2		1.2		10,326		255		11.5		14.5				2.3	
Estonia	Of serious concern	590.5		61.9		11.3		2,355		615.6		22.5		30.7		2.2		3.3	
Finland	Of serious concern	61.9		10.1		2.9		1,094		25.1				2.9				0.5	
France	Of serious concern	380.9		78.3		6.6		2,839				13.9		37.2		2.1		4	
Germany	Of serious concern	319.4		145.3		9.9		1,458		358.3		2.8						6.1	
Greece	Of serious concern	79.3		47.7		2		1,804		64.2						1			
Hungary	Of serious concern	244.1		146.5		8.1		1,136		328.5				48.2					
Iceland	Of serious concern	60.5		0		1.3		3,117		11.8		0.3		5.4				0	
Ireland	Of serious concern	1444.4		71.2		15.7		3,263		1180.6		18.2		36.2		1.2		3.6	
Italy	Of serious concern	374.1		113.4		8		2,179		275.9		6.4		42.7				4.3	
Latvia	Of serious concern	685.8		155.2		8.5		3,752		655.6		42.1		60.8		7.9			
Liechtenstein	Of serious concern	450.8		390.8															
Lithuania	Of serious concern	716		185.7		11.3		2,393		631.1		18.9		71.1		3.5			
Luxembourg	Of serious concern	314.9		74.9		1.7		8,352		156.2				14.6				3.4	
Malta	Of serious concern	509		38.5		5.2		4,715		369.9		9.7							
Netherlands	Of serious concern	555.4		83.6		11.7		1,922		490.1		7.8		10.5		1.4		4	
Norway	Of serious concern	148.9		13.5		1.9		3,190		53.8		1.7		2.9		0.3			
Poland	Of serious concern	305.4		111.8		11.4		1,123		147.8				42.9					
Portugal	Of serious concern	1215.2		178.3		18.3		3,574		1074.6		5.4		42.7				5.9	
Romania	Of serious concern	281.9		66.5		12.8		882		288.8		43.6						5.6	
Slovakia	Of serious concern	665.7		184.4		21.2		1,328		755.2				56.5					
Slovenia	Of serious concern	1133		230.7		15.2		3,076		1029.4		35.9		59.2		5.1		9.4	
Spain	Of serious concern	804.5		57.3		16.7		2,872		563		6.6		32.8		0.3		5.1	
Sweden	Of serious concern	669		63.2		14		2,028		410.1				26		1.4		3.5	