



COVID-19 in North Macedonia - Update 64

In North Macedonia, from Feb 26 to 10 July 2020, 22:00 CEST, there have been 7,777 confirmed cases of COVID-19 with 368 deaths.

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NORTH MACEDONIA COVID-19 EPI SITUATION

Over the last 7 days – Data as of 10 July 2020 22:00

- **Daily tests performed (% positive):** Total:9581 (1728 (11.9%), and daily : 1470 (11.4%), 1794 (9.1%), 1367 (8.8%), 894 (8.7%), 1032 (11.1%), 1296 (11.3%) on each day respectively since Saturday).
- **New cases:** 996 (205, 168, 163, 120, 78, 115 and 147 new cases registered on each day, respectively)
- **Recovered:** 1084 COVID-19 patients
- **Fatalities:** 40 new COVID-19 deaths in one week

Cumulative registered COVID-19 as of 10 July 22:00 – 7777 (Incidence rate: 388.85 per 100 000) – [see daily curve](#)

- **Tests performed:** 74 562 SARS-CoV-2 tests.
- **Patients recovered:** 3960 (51%) COVID-19 recovered patients.
- **Active cases:** 3449 (44.3%) COVID-19 active cases
- **Fatalities:** 368 COVID-19 fatalities (CFR 4.7%) registered.
- **Death Rate per 1 Million Population:** 173.7 per 1 000 000 population
- **Hospitalization:** 92 patients are hospitalized at the Clinic for Infectious Diseases of which 59 are on oxygen support and no patients are on respirator. 19 adult COVID-19 patients, 2 COVID-19 confirmed children and 1 suspect child are hospitalized in Kozle Hospital. 96 patients are hospitalized in 8 September Hospital of which 4 are on respirator. 41 patients are hospitalized in the Hospital in Bitola and 46 in Shtip. 112 patients (confirmed and suspect cases) are hospitalized at the infectious diseases department in Tetovo, Ohrid, Veles, Kumanovo, Prilep, Gostivar and Strumica.

Figure 1. North Macedonia – Daily confirmed COVID-19 cases and deaths and deaths by 10 July 2020

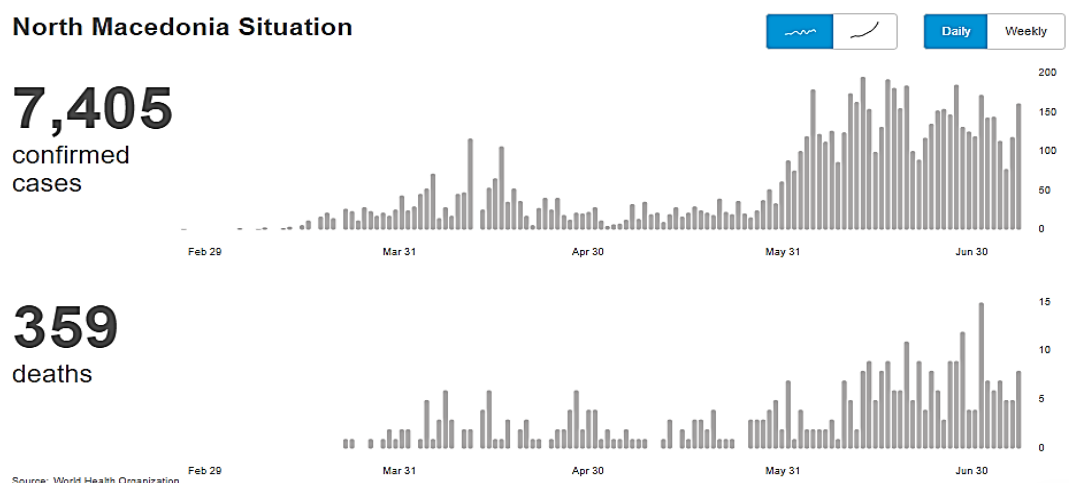
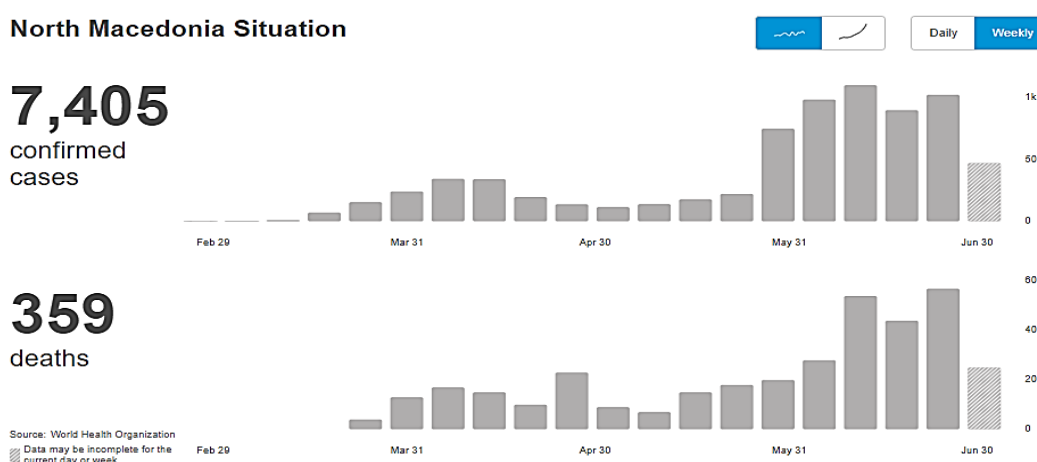


Figure 2. North Macedonia – Weekly confirmed cases and deaths by 10 July 2020



North Macedonia – COVID-19 incidence per 100,000 people, per city, as of 10 July 2020

All data can be accessed at www.iph.mk

COVID-19 cases are registered in **32 cities**. The most affected city is **Skopje with 3716 cases (48%)**.

The **highest cumulative incidence per 100,000 inhabitants** is registered in **Resen** (807.2 / 100,000), **Shtip** (799.3 / 100,000), **Skopje** (601.6 / 100,000), **Kumanovo** (582.4 / 100,000), **Debar** (493.6 / 100,000), **Struga** (442.1 / 100,000), **Sveti Nikole** (429,0 / 100,000), **Tetovo** (422.5 / 100,000), **Ohrid** (390.3 / 100,000) **Prilep** (305.3 / 100,000) and **Veles** (303,3 / 100,000) while an incident rate with over 150 patients per 100,000 inhabitants was registered in **Probishtip, Gostivar, Kochani and Makedonski Brod**. **69% of all deaths are registered in Skopje, Tetovo and Kumanovo**.

There are no active cases in 4 municipalities – **Radovish, Vinica, Delchevo and Berovo**.

- New cases are registered continually since Week 11 in 2020.
- **The highest number of new cases in a single day (n=205) was reported on 10 July 2020.**
- The highest number of cases is registered in Week 25 (n=1035).

☹️ % Change of 14-day Cumulative Death Incidence is **●1 %**

☹️ % Change of 14-day Cumulative COVID-19 Case Incidence is **● -4 %**

☹️ Effective Reproduction Number - **1 (0.9 – 1.1) Clusters phase**

Past 14-day incidence per 100,000 population: **94.5**

Past 7-day incidence per 100,000 population: **44.6**

NORTH MACEDONIA COVID-19 HEALTH RESPONSE – in past 7 days

Case Management

- **A COVID-19 patient with brain inflammation caused by SARS-CoV-2 has recovered** in the 8 September Hospital. This is the sixth known case in the world where COVID-19 has caused such clinical manifestation.

Health Workers

- Two anesthesiologists left the 8 September Hospital to work in private hospitals and two doctors from KARIL – Clinic for anesthesia, resuscitation and intensive care are to replace them through the rotation of health workers system.

Public Health Measures

- **The Government Adopted the protocol for operation of the Day Care Centers for Children and Adults with Disabilities.**
- **Persons who will test positive to COVID-19 or placed in self-isolation after 8 July, will not be able to register to vote.** 742 COVID-19 patients and people in self-isolation 9,465 homebound, frail and people with chronic illness have registered at the State Election Commission (SEC) to vote in the upcoming parliamentary elections. 120 health works have asked to be exempted from the electoral boards organized to assist with the voting of these groups of people.
- **The regulation that allowed citizens with children under the age of 10 to stay and work from is officially annulled** since the school year 2019/2020 is officially over. The original decision was adopted back in March 2020, when schools and kindergarten all over the country were closed due to the outbreak of COVID-19.

Simulation for COVID-19 safety during election

- **The State Election Commission (SEC) called on everyone involved in the election process to abide by health measures, guidelines and protocols.** The election observers were invited to monitor the simulation, including OSCE/ODIHR, representatives of the Ministry of Health, of embassies and of political parties, and was attended by Health Minister. The simulation covered the entire election process, starting from the arrival of the citizens at the polling station with the mandatory wearing of a masks, waiting, entering, disinfection, identification, and voting.

Borders and Travel

- **As of 9 July 2020, citizens of Republic of Serbia, Republic of Kosovo, Montenegro and Bosnia and Herzegovina upon entry at the border crossing on the territory of the Republic of North Macedonia, will be required to submit a medical certificate with a negative test result of RT PCR SARS-CoV-2, done within 72 hours before entering the Macedonian territory and to submit a completed personal statement data on the place of residence and the period of stay.**

NORTH MACEDONIA COVID-19 SOCIOECONOMIC IMPACT AND RESPONSE

- So far over 55,000 employers used the measure for subsidization of salaries for the months April, May and June and the measure covered over 319,000 employees, which received from the state around 4.4 billion denars. The Public Revenue Office has also approved over 2,000 requests for coverage of social insurance for the employees, while 973 applications were received for suspension of the obligation for payment of profit taxes.
- **The usage of payment cards in the March 2020 has increased by 113 %, compared to the same period in 2019,** a research of the “VISA” company reveals. According to this research, North Macedonia is absolute leader in the West Balkan region when it comes to the use of payment cards, with over 68 % of the citizens using these cards, whereas in Albania only 10 % of the citizens use payment cards. Of the citizens not using the payment cards, 38 % said that their respective banks did not provide them with such opportunity, while 9 % are not aware at all that payment cards exist and can be used for paying for products and services. 18 % are concerned about their security and the security of their money, which is why they do not want to use payment cards.
- The Management of Housing and Business Premises is **to reduce the lease prices for objects like restaurants,**

cafés and other catering businesses up to 20 % or even 30 %, in order to reduce the impact caused by the COVID-19 pandemic.

- According to the Federation of Trade Unions of Macedonia (SSM) **the consumer basket of an average family of four in Macedonia for June 2020 amounts 33,487 denars, or 800 denars more than in May.** This means that if one family's only incomes are two minimum salaries of 14,500 denars, they would not be able to make it to the end of the month without major deprivation of certain products. According to SSM, an average family in June needed 14,366 denars for food products, 10,422 denars on housing, 8,000 on communal expenses, 2,200 denars for house appliances, 2,330 denar for hygiene products, 2,447 denars for transport, 2,144 denars for shoes and footwear and around 1,000 denars for visit of cultural events.
- According to date from World's Top Exports, **the import of medications in North Macedonia was estimated at 152.5 million dollars in 2019, while the export of medications amounted 103.7 million dollars.** This ranks North Macedonia as the 115 th greatest importer of medication in the world in 2019. If compared to 2018, the import of medications in Macedonia increased by 0.04 %. The total import of medications in the entire world is estimated at 421.5 billion dollars, and the top 5 greatest importers are the US, Germany, Belgium, China and Switzerland.
- In the period between 10 March and 30 June, **197 cases of violations of employment rights were registered, which affected 2,723 workers. More than 60 percent of applications were regarding female workers.** The most critical were the first six weeks after the declaration of the state of emergency, when 145 of the total number of registered violations were reported. Employers immediately began mass layoffs, or cancellations of their employment contracts, according to the Helsinki Committee for Human Rights.
- **Companies Duna and Green IT have created technological solutions that can assist in the dealing with the COVID-19 pandemic in both the public and private sectors.** The solutions are designed to raise public awareness about the social responsibility by rewarding the adherence to the precautionary measures.
- According to the website of the Employment Agency of Macedonia (AVRM), **at the moment there are 4,747 vacant job positions throughout the country.** Of these, 2,713 are in Skopje, 361 in Tetovo, 298 in Vinica, 168 in Strumica and 156 in Bitola. Ohrid and Kocani have somewhat above 100 vacant job positions, while Negotino, Veles, Gevgelija, Kavadarci, Prilep, Delcevo and Stip have above 50. There is only one vacant job position in Debar, Kratovo and Sveti Nikole, while there are no vacant positions in Valandovo and Krusevo.
- According to the preliminary data of the State Statistical Office, **the total value of exported goods from Macedonia in the period January-May 2020 amounted to 120.7 billion denars, a 25.2% decrease compared to the same period last year.** The value of imported goods in the same period was 169.3 billion denars, or 20.6 % less than the same period last year. The trade deficit in the period January-May 2020 was 48.6 billion denars. Import coverage by export in the period January-May 2020 was 71.3 %. The external trade by products shows that in the exports the most significant products are supported catalysts with precious metal or precious metal compounds as the active substance, ignition wiring sets and other wiring sets of a kind used in vehicles, aircraft or ships, parts of the seats of subgroup 821.1 and motor vehicles for the transport of 10 or more persons, including the driver, with compression-ignition internal combustion engine (diesel or semi-diesel). In the imports, the most significant products are the platinum and platinum alloys, unwrought or in powder form, petroleum oils and oils obtained from bituminous minerals (other than crude), flat-rolled products of iron or non-alloy steel, not clad, plated or coated and other metals of the platinum group and alloys thereof, unwrought or in powder form. In the period January-May 2020, according to the total external trade volume, the most important trade partners of Macedonia were Germany, Great Britain, Serbia, Greece and Bulgaria.
- According to the State Statistical Office data, the **Consumer Price Index and Retail Price Index in June 2020 in comparison with the previous month were 100.8. An increase in the Consumer Price Index in June 2020, in comparison with the previous month,** was registered in fresh or chilled fruit by 13.6 %, fresh or chilled vegetables other than potatoes and other tubers by 6.2 %, dry fruits and nuts by 3.5 %, beers by 0.9 %, bread and cereals by 0.6 %, sugar, jam, honey, chocolate and confectionery, food products, wine by 0.3 %. In June 2020, there was also an increase in the indices of liquid fuels for household by 18.6 %, liquid fuels and lubricants for personal transport equipment by 9.7 %, other services in respect of personal transport equipment by 1.9 %, bicycles by 1 %, electric appliances for personal care by 0.8 %, services for maintenance and repair of the dwelling, major household appliances, pharmaceutical products by 0.5 %, small electric

household appliances, hairdressing salons and personal grooming establishments by 0.4 %, jewelry, clocks and watches by 0.3 %, other medical products by 0.2 %. A decrease in the Consumer Price Index in June 2020, in comparison with the previous month, was registered in spirits by 0.6 %, meat, eggs by 0.5 %, cheese and curd, oils and fats, mineral waters, soft drinks, fruit and vegetable juices by 0.4 %, whole milk by 0.2 %. In June there was also a decrease of the indices of information processing equipment by 5.7 %, gas for households by 4.2 %, motor cars by 1.5 %, gardens, plants and flowers by 0.8 %, pets and related products by 0.5 %, materials for the maintenance and repair of the dwelling, equipment for sport, camping and open-air recreation by 0.2 %. The Consumer Price Index in June 2020 in comparison with June 2019, increased by 1.7 %, while Retail Price Index increased by 0.2 %.

SUPPORT TO WESTERN BALKAN COVID-19 EMERGENCY

- The EU and the European Bank for Reconstruction and Development (EBRD) will increase the financial support for development of small and medium enterprises (SMEs) in the Western Balkans. EBRD is to provide up to 70 million euros of new credit lines for SMEs in North Macedonia, Albania, Bosnia and Herzegovina, Kosovo, Montenegro and Serbia. EU will also provide on its behalf 15 million euros, mostly for procurement of modern equipment and application of new technologies in Western Balkan SMEs.

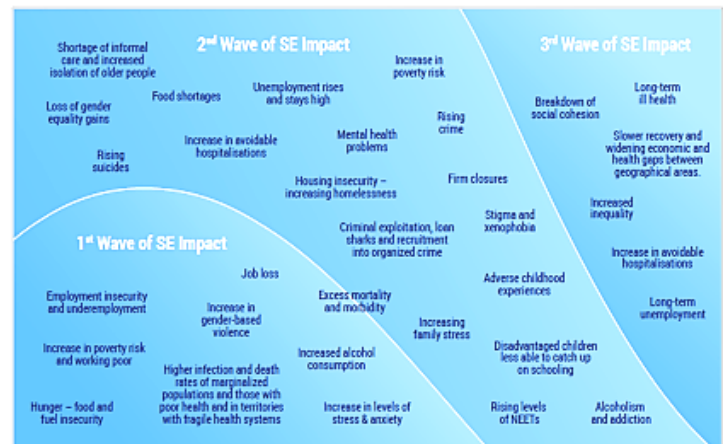
HIGHLIGHTS OF WHO NORTH MACEDONIA ACTION IN COVID-19 TIMES – Last week actions

- **Epidemic and Health Emergency Operation Center for North Macedonia at the Institute of Public Health under Minister of Health leadership:** WHO worked closely with MOH for refurbishing and equipping a dedicated space for **real time epidemiological monitoring of outbreaks** at the Institute of Public Health. This is part of the USAID emergency funds entrusted to WHO earlier in the outbreak for strengthening North Macedonia capacity in COVID-19 Response. This center is the first and so far, unique structure in MOH among other MOH in Western Balkan countries. Official Launching of the center is planned for after the election.
- **WHO contributes to the recently established National Commission on Mental Health**, appointed by the Minister of Health and led by Dr Stojan Bajraktarov, for preparing two plans: the National mental health plan for response to COVID-19 crisis and the national Mental Health strategy for the next 10 years. The first meeting took place Monday 1st June, and discussed all aspects related to the planning and implementation process of activities regarding mental health in the country. WHO works to guide the process using a typical “Mental health and psychosocial support (MHPSS) response framework” https://www.who.int/mental_health/emergencies/en/ – starting with the broad, population-based actions for everyone’s benefit (MH promotion and literacy) and then moving through the levels of psychosocial support at community level (especially vulnerable groups) before considering more specialized services and associated opportunities for reform and innovation (digitalization, community mental health centres. etc.)
- **WHO initiative on Advancing Health Equity Through the Social Determinants of Health Under COVID-19:** WHO in North Macedonia briefly shared on Wednesday 8 July the experience and emerging findings from North Macedonia using the **ONE HEALTH SE Impact & Mitigation Assessment Tool**. The presentation was well received and there was wide interest from other regions to share the One Health tool and exchange of learning between countries. WHO is planning to convert the ONE HEALTH assessment tool into an interactive online version. This will make it easier to use and to produce impact and progress reports now and trends over time. The tool if well maintained by North Macedonia can be a **dashboard for monitoring all of government response, relating policy decisions to impact indicators through time and establishing trends, encouraging multisectoral engagement in real time and effectively**. See below preliminary findings (work in progress)

The purpose of the EURO 'ONE HEALTH' Social and Economic Impact and Mitigation Assessment Tool

Guide UN Health First Teams through data collection and analysis of

1. The social and economic (SE) impact of COVID-19 and its containment measures on health and well-being
2. The mitigation measures to build back better (i.e. to protect and promote health and prevent widening of health vulnerabilities in the population).
3. How and where to integrate the assessment of health impacts and related mitigation measures in the other 4 UNDS pillars.



Preliminary findings – North Macedonia

Health Impact

63% of all deaths are men, 72% of deaths are in people over 60 years old, 80% of cases resulting in death have comorbidities

- Largest number of cases: people over 60 years old (22.3%)
- Highest age-specific incidence: 50-59 years age group
- Cases among health workers: 539 (9.0%) – 299 (55%) recovered, one death registered

25% reported having postponed medical examinations due to COVID-19

- All interventions for patients with chronic conditions that could be delayed have been postponed

BI Survey: approx. 50% experienced a very strong feeling of fear when thinking of COVID-19

- Greatest fears reported: concern of losing a loved one, unemployment, small companies running out of business and recession

Early Social and Economic Impacts

- 11,904 have lost jobs from 11 March - 31 May 2020
- 5.1% decrease in the number of workers in industry from May 2019-20
- 53% reported family income decline since COVID-19 began
- Approx. 2,000 new applications for guaranteed minimum income / social welfare to the Ministry of Labor and Social Policy
- Approx. 70% of citizens accepted the offer to postpone payments on bank loans.

82% of those who lost livelihood had secondary education or less, of which 25% had primary or no years in education

Largest loss of employment, 35% is in the Manufacturing sector . Women represent 80% of the workforce in the textile and apparel manufacturing

- WHO North Macedonia will showcase North Macedonia and WHO work in response to COVID-19 in forthcoming edition of WHO document on country success stories on COVID-19 response. North Macedonia will contribute with short country success stories including the Socioeconomic impact/ mitigation assessment.
- North Macedonia Health Technology Assessment (HTA) plans underway with support from WHO to support North Macedonia for capacity building in establishing and implementation of a national programme of the HTA and activating a decision-making process through networking nationally, and across the Balkan region. This activity becomes even more significant during COVID-19 situation as a plethora of falsified, suboptimal and substandard quality medical technologies and medicines are available on the international market. It is also a necessity for introduction of health innovations and part of EU accession acquis. The National Plan will ensure a multi-institutional and multi-sectoral collaboration, and provide mechanisms for: updating of clinical guidelines and protocols; reviewing the national legal framework and endorsing appropriate regulatory framework on HTA, compatible with EU practices; conduct a mapping of institutions involved in potential HTA activities; defining the remit of the HTA national body and creating the conditions for systematic application of HTA as a tool for support in decision making. As the MOH is now establish an integrated

transparent Health information system and engaging in digitalization and ehealth, HTA will provide a relevant and effective framework for improving the country's drug and technology utilization monitoring e-systems and developing HTA models at the clinical level regarding healthcare quality.

- WHO continues its **weekly capacity building activities** with the participation of North Macedonia professionals:
 - WHO Regional Office organized a **webinar on contact tracing for COVID-19** on 9 July and the following topics were discussed:
 - recent work on contact tracing for COVID-19 in Europe.
 - **North Macedonia experience, with contact tracing for COVID-19**
 - Q&A and exchange of experience between countries
 - **WHO Regional Office for Europe and ECDC organized the weekly laboratory workshop** to discuss questions related to the COVID-19 virus laboratory work and to exchange information. This week's topic was "the SARS-CoV-2 molecular point of care diagnostics landscape and attended by Macedonian Lab professionals.
- **Risk Communication**
 - WHO collaborated past week with the office of the First Lady for launching a **new media campaign lead by the first lady** for proper wear and disposal of fabric and medical masks and to be followed by handwashing info. The infographics and media spots are diffused through social media and other audiovisual means and can be accessed here : [YouTube](#); [Facebook](#) ; [Instagram](#)



- **WHO is the technical lead and participant** in two UN working groups established under the **UNCT communication group** and both held the initial meetings during this week:
 - Barrier analysis Group (BAG) and messaging and Risk communication and community engagement (RCCE), monitoring and evaluation (UNICEF, UNDP, UNFPA, WHO)
 - Influencers Mapping Group – IMG: on Influencers mapping (IMG) and advocacy and media liaising (UNHCR, UN Women, IOM, ILO, WHO)

Group leads will be UNICEF and UNHCR, respectively.
- **[New] WHO webinar series on COVID-19 Risk Communication and Community Engagement (RCCE) started.** The first webinar in this new series took place Wednesday 8 July and was about Managing Uncertainty through RCCE and Coordination. The Webinars were advertised all the press officers in the Government and the ministries of Interior, Foreign Affairs and Defense, the Army, as well as press officers in other communication national teams.

Complex RCCE challenges abound: from motivating people to maintain protective behaviours and observe physical distancing, to answering questions around a possible vaccine and tracking public risk perception and trust in response authorities.

[Mandatory registration is open here](#) .

This brand-new webinar series includes sessions led by WHO headquarters as well as Region-specific episodes, to offer a combination of the best global expertise and the most relevant, specific science and tips. As always, all sessions will be action-oriented, practical, highly interactive, and tailored to audience needs. Subsequent episodes (*Agenda and timings subject to change – registration details will be shared ahead of time*) will include the following key topics

- Friday 17 July: **Gathering risk perception and testing messages: a practical guidance**
 - Wednesday 22 July: **Influencing Risk Perception through RCCE**
 - Friday 31 July: **Using data to support and sustain COVID-19 behaviour change in Ireland**
 - Wednesday 5 August: **Creating New Norms and Sustaining Behaviour Change**
 - Friday 14 August: **Creating messages to encourage protective behaviours**
- **Supplies and Equipment:** WHO has organized supply lists for MOH and that are needed for 4 institutions dealing with COVID-19 to be submitted with by the MOH to partners for funding through the secretariat for Europe Accession.

EUROPE COVID-19 SITUATION AS OF 10 JULY 2020; WWW.COVID19.WHO.INT

EPI Situation

Over the past 7 days, cumulative cases across the Region **increased 5% to 2,877,387 cases** (from 2,746,384 cases on 3 July) and cumulative deaths **increased by 1.6% to 202,434 deaths** (from 199,068 deaths on 3 July).

- Globally over 12 million confirmed COVID-19 cases and nearly 550,000 deaths have been reported to the WHO - it is estimated that the European Region will reach 3 million confirmed cases within the next week.
- The situation in the Region continues to be stable with the overall number of cases reported declining by 57% since week 14 and the overall number of deaths declining by 87% in the same time period – although vigilance is warranted as a growing number of countries in the Region continue to report localized outbreaks and increasing trends in new cases

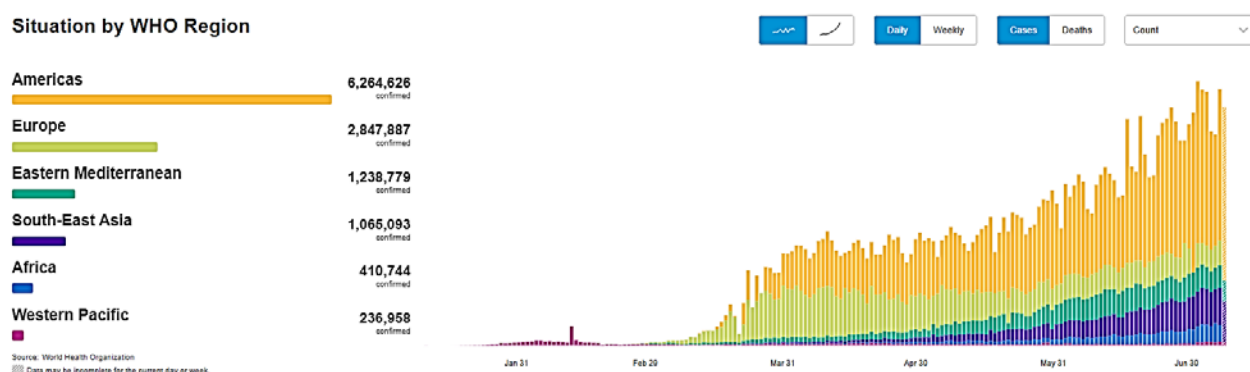
24 of 55 countries have shown an increase in the number of new cases greater than 10% in the past two weeks including:

- **>100%** - **Montenegro** (572%), **Luxembourg** (474%), **Croatia** (299%), **Slovenia** (288%), **Kazakhstan** (167%), **Switzerland** (238%), **Israel** (227%), **Serbia** (213%), **Kyrgyzstan** (153%), **Latvia** (153%), **Slovakia** (148%), **Bosnia and Herzegovina** (138%), **Austria** (153%), **Iceland** (126%), **Czech Republic** (108%)
- **40-99%** - **Uzbekistan** (87%), **Kosovo** [1] (76%), **Bulgaria** (71%), **France** (51%), **Greece** (51%), **Estonia** (42%)
- **<40%** - **Romania** (34%), **Azerbaijan** (28%), **Spain** (20%), **Albania** (18%), **Hungary** (15%)

Socio/Political/Economic

- On 15 July, Norway will lift travel restrictions to and from more than 20 European countries, including France, Germany and Britain as well as some provinces of Sweden.
- In Week 28, WHO EURO shipped over 1 ton (or 6.8 cbm) of essential supplies to Georgia, Ukraine, and Moldova
- The COVID-19 pandemic is having an impact on countries migration control policies with several countries in the Region reducing detention orders and/or releasing detainees.
- On 07 July, IOM released a report urging Germany to use its six-month tenure to promote a safe, coordinated and inclusive resumption of international human mobility as a means to economic and social recovery from the COVID-19 pandemic.
- As part of the ACT Accelerator, Gavi, CEPI, and WHO together with multinational and developing country vaccine manufacturers are developing the COVAX (vaccine) Facility - providing governments with the opportunity to benefit from COVID-19 candidate vaccines using a range of technology platforms. North Macedonia submitted its Expression of Interest to join the COVAX facility on 10 July 2020.

Figure 3: Daily Epi curve of confirmed COVID-19, by date of report and WHO region through 10 July 2020 for all WHO Regions



Situation in numbers (by WHO Region)

Total (new cases in last 24 hours)

Globally	12 102 328 cases (228 102)	551 046 deaths (5 565)
Africa	428 051 cases (17 307)	7 733 deaths (174)
Americas	6 264 626 cases (138 824)	276 370 deaths (3 764)
Eastern Mediterranean	1 238 779 cases (16 709)	29 690 deaths (563)
Europe	2 868 080 cases (20 193)	202 341 deaths (488)
South-East Asia	1 065 093 cases (32 926)	27 382 deaths (574)
Western Pacific	236 958 cases (2 143)	7 517 deaths (2)

*Remember to check the European Region Situation Dashboards available in both [ENGLISH](#) and [RUSSIAN](#) for the latest, verified information on the COVID-19 situation in the Region.

**Access a Mobile Friendly Version of the European Region COVID-19 Situation Dashboard [HERE](#)

SURVEILLANCE DATA for THE WEEK 29 June – 5 July 2020 (Epi week 27)

- **11 countries had a crude incidence of ≥35 per 100,000:** Armenia, Azerbaijan, Bosnia and Herzegovina, Israel, Kazakhstan, Kyrgyzstan, Luxembourg, Montenegro, **North Macedonia**, Republic of Moldova and Sweden. The crude incidence continues to vary across the region with a range from 0.4 per 100,000 population in Latvia to 134 per 100,000 population in Armenia
- The proportion of reported cases that died **increased from 2.5% in Week 26 to 3% in Week 27**
- **Case-based data reported to WHO as of Week 27:**
 - 72% of the cases were reported from the Russian Federation (42%), Kazakhstan (17%), Turkey (8%) and Sweden (6%).
 - 53% of the deaths reported were from the Russian Federation (33%) and the United Kingdom (20%)
 - 21% of all reported infections with information available were in health care workers
 - 76% of all ICU admissions were in persons aged 50-79 years, with 70% of all ICU admissions in men

REFUGEE AND MIGRANT HEALTH IN THE CONTEXT OF COVID-19 as of 10 July 2020

- On 02 July, the Health Minister of Turkey reported on a seroprevalence survey that had been conducted, noting a total of 132,000 people tested. **The positivity rate for persons tested for COVID-19 with PCR tests is 2.4 per 1,000 and the positivity rate for those tested with antibody tests is 8.1 per 1,000.** Refugees and migrants were not excluded from sampling, although no specific conclusions have been made for these groups. During the previous week, **no confirmed cases in removal centres were reported** by the Directorate General of Migration

Management.

- The Migration Ministry in Greece is implementing a **registry of assistant rapporteurs to accelerate the issuing of asylum decisions**, and thus working to decongest accommodation sites. Decongestion is important to reduce the risk of COVID-19 outbreaks in the camps.
- The previous week in Serbia has seen **an increase in new arrivals of refugees and migrants, with up to 300 people arriving per day**. Many pushbacks from the Hungarian, Romanian and Bosnian borders have been recorded. NGOs report that many are staying in informal locations or sleeping rough, which puts them at increased risk for contracting COVID-19 and prevents them accessing health care, which is available free of charge in official reception centres.
- The **Global Detention Project, COVID-19 Global Immigration Detention Platform, has surveyed countries on how they are responding to the COVID-19 pandemic in their migration control policies**. Responses from several countries are now available - Austria, Estonia, Slovenia, and Sweden responded that there are no moratoriums on new immigration detention orders. Other countries that had previously responded similarly include Bulgaria, Finland, Luxembourg, Netherlands, Portugal and Switzerland. Several countries however, indicated that **detention orders had been reduced and/or detainees had been released**.
- **UNHCR** highlights practical recommendations and good practices to address [protection concerns](#) in the context of the pandemic, drawing on evolving State practice in Europe and beyond. Last week, UNHCR [called on](#) the EU to continue to preserve access to asylum during the pandemic as well as in the long-term.

WHAT IS [NEW] @WHO?

WHO has reported more than 200,000 new positive cases per day for the past three days. It took less than a week for the total global cases to go from 10 million to 11 million.

DG's Opening remarks at the media briefing on COVID-19 - 10 July can be accessed in full [Here](#).

Dr. Tedros' key messages [this week](#) focused on:

- WHO Director-General Dr Tedros acknowledged how civil society has played a critical role in responding to this pandemic by [highlighting the needs of the most vulnerable, fighting for an equitable response, and holding decision-makers to account, in his address to a webinar](#) on “civil society engagement in COVID-19 response at national and local levels”.
- WHO launched the **Access Initiative for Quitting Tobacco**, which aims to help the world's 1.3 billion tobacco users quit during the COVID-19 pandemic.
- Only aggressive action combined with national unity and global solidarity can turn this pandemic around.
- For all the challenges that COVID-19 has caused, it has also shown the way forward for other challenges that threaten humanity. The **crisis of growing antimicrobial resistance is a slow motion tsunami**, where despite the rise in resistant infections, the research and development of new antibiotics has not caught up. **The AMR Action Fund** aims to tackle this by strengthening and accelerating the research and development of antibiotics through game-changing investments into biotechnology companies around the world.
- Where there has been **progress in reducing deaths, countries have implemented targeted actions toward the most vulnerable groups**, for example those people living in long-term care facilities.
- **WHO experts will be traveling to China** this weekend to prepare scientific plans with their Chinese counterparts for identifying the zoonotic source of the disease. The mission objective is to advance the understanding of animal hosts for COVID-19 and ascertain how the disease jumped between animals and humans.
- **A new WHO survey showed access to HIV medicines has been significantly curtailed as a result of the pandemic**. The disruptions in access to life-saving commodities and services come at a critical moment as progress in the global response to HIV stalls. To beat the COVID-19 pandemic and ensure that essential health services for diseases like HIV continue.

[New] – A WHO news release was recently published on the announcement of an **Independent evaluation of global COVID-19 response** (available [Here](#)). WHO Director-General today announced the initiation of the Independent Panel for Pandemic Preparedness and Response (IPPR) to evaluate the world's response to the COVID-19 pandemic. In remarks to WHO Member States, Director-General Tedros Adhanom Ghebreyesus said the Panel will be co-chaired by

former Prime Minister of New Zealand Helen Clark and former President of Liberia Ellen Johnson Sirleaf. Prime Minister Clark went on to lead the United Nations Development Programme and President Sirleaf is a recipient of the Nobel Peace Prize.

EUROPE WHO RD's Statement – Sign up to be part of a new culture of health, an economy of well-being – 7 July can be accessed in full [Here](#). **Dr. Kluge's** key messages focused on:

- **With summer upon us**, more socializing and travel and the return to school and workplaces will increase the risk of a COVID-19 resurgence in the weeks ahead. Additionally, an influenza season is approaching. Vaccinating people at high risk from influenza, and health-care workers, will go some way to reducing the burden on health systems that must also provide care to COVID-19 patients.
- **Stay firm and stay focused:** In the 6 months we have been fighting this virus, the cornerstone of the public health response has remained clear – to **find, isolate, test and care for every person with COVID-19 or suspected of having it, and trace and quarantine every contact**.
- **The virus has not gone away:** It will exploit any crack in our defences. The localized surges we have seen across the Region are a clear indication that people's behaviour determines how COVID-19 behaves.
- **Building a better future:** This pandemic has compounded the inequalities and divisions that are paralysing our societies and preventing progress on sustainable development. We must foster a more effective, integrated approach to health and well-being where health and economic recovery go hand in hand – a so-called economy of well-being. Health is not pitched against economy: no health means no economy.
- In September, the new European Programme of Work – the EPW – will go to the 53 Member States of the WHO European Region for endorsement. **The 70th session of the WHO Regional Committee for Europe will take place virtually, in shortened form, on 14–15 September.**

Long term planning

WHO encourages Member States to invest in and build longer-term health emergency preparedness during the COVID-19 pandemic. To support this goal, [WHO has published HERE guidance that maps COVID-19 preparedness and response actions; locates relevant supporting WHO resources; and advocates for the conscious and effective allocation of COVID-19 funds to also meet countries' longer-term needs.](#)

Infection Prevention and Control

- **New** – A scientific brief on [Transmission of SARS-CoV-2: implications for infection prevention precautions was recently published \(available Here\)](#). And explained below in [Subject in Focus](#). This document is an update to the scientific brief published on 29 March 2020 entitled “Modes of transmission of virus causing COVID-19: implications for infection prevention and control (IPC) precaution recommendations” and includes new scientific evidence available on transmission of SARS-CoV-2, the virus that causes COVID-19.
- A [Q&A on How is COVID-19 transmitted](#), was also published and is available [Here](#).

Surveillance

- The WHO EUROPE [weekly COVID-19 epidemiological report](#) is now available on the WHO website. It can be accessed [Here](#), as well as from the COVID-19 outbreak homepage. This summary can be downloaded as a PDF file using Chrome or Firefox (via the menu in the right corner).

Country preparedness

- A WHO news story on the [WHO/Europe expert team reaching Turkmenistan to support the country's COVID-19 response](#) was recently published (available [Here](#)). A WHO mission of 5 public health experts and epidemiologists arrived today in Ashgabat, Turkmenistan, at the request of the Turkmen Government. The team will be working closely with health authorities to assess the risks and develop the response mechanisms required to tackle COVID-19.
- Interim guidance was recently published on [Investing in and building longer-term health emergency preparedness during the COVID-19 pandemic](#) (available [Here](#)). This document is to help Member States build on actions taken during the COVID-19 pandemic to improve national medium- to long-term preparedness for future threats. It maps COVID-19 preparedness and response actions to the building of sustainable International Health

Regulations (2005) core capacities; locates relevant supporting WHO resources that are not specific to the pandemic; and advocates for the conscious and effective allocation of COVID-19 funds to also meet countries' longer-term needs

Risk Communication

- The **Healthy Buddy** is available [HERE](#) and accessible through a simple text. There is a lot of misinformation and myths about the new coronavirus (COVID-19 virus) circulating on the Internet and in social media. Misinformation is one of the biggest challenges in fighting COVID-19. This is why it's important get your information and advice from trusted sources. For more detailed info [HERE](#)
- [WHO partnered with Facebook and Praekelt.org](#) to provide COVID-19 information in Free Basics and Discover, in a mobile-friendly format. This will **enable some of the most vulnerable people to access health information** without any data charges, in more than 50 countries.

Training

[OpenWHO.org](#), WHO's health emergencies online learning platform, has published courses on thirteen COVID-19 topics with more than 3.7 million enrollments. In the meantime, the [WHO Academy](#), which aims to build one of the world's largest and most innovative digital learning platforms, is [holding a survey from 8 to 29 July](#).

COVID-19 Case management and Solidarity Trial

WHO informs that it will discontinue the Solidarity Trial's [hydroxychloroquine and lopinavir/ritonavir](#) arms. The Solidarity Trial's International Steering Committee recommended to discontinue these trials in response to interim trial results that show that hydroxychloroquine and lopinavir/ritonavir produce little or no reduction in the mortality of hospitalized COVID-19 patients when compared to standard of care.

Essential Services

The Nurturing Care advocacy group, hosted by [UNICEF](#) and [WHO](#), has produced [joint messages](#) to help partners call attention to the essential services and actions that are required to ensure that all children have access to nurturing care during the pandemic. These messages are part of a comprehensive [Nurturing Care Advocacy Toolkit](#) that includes case studies, quote and fact cards, stories from the field, and country early childhood development profiles.

Journal Articles

- An article was recently published regarding [Persistent Symptoms in Patients After Acute COVID-19](#) (available [Here](#)). Common symptoms include cough, fever, dyspnea, musculoskeletal symptoms (myalgia, joint pain, fatigue), gastrointestinal symptoms, and anosmia/dysgeusia. However, information is lacking on symptoms that persist after recovery. The study assessed persistent symptoms in patients who were discharged from the hospital after recovery from COVID-19.
- An article published in the New England Journal of Medicine examines the [Spread of SARS-CoV-2 in the Icelandic Population](#) (available [Here](#)). During the current worldwide pandemic, coronavirus disease 2019 (Covid-19) was first diagnosed in Iceland at the end of February. However, data are limited on how SARS-CoV-2, the virus that causes Covid-19, enters and spreads in a population.

SUBJECT IN FOCUS TRANSMISSION OF SARS-COV-2: IMPLICATIONS FOR INFECTION PREVENTION PRECAUTIONS

On 9 July 2020, WHO updated the [scientific brief on transmission of SARS-CoV-2](#), the virus that causes COVID-19. This replaces a previous version of the scientific brief, published on 29 March 2020.

As the spread of the virus continues to intensify around the world, we are gaining more knowledge as to how and when the virus is able to spread between people. This is important in order to continuously ensure that the most effective measures to suppress transmission of the virus and prevent associated illness and death are used.

Below, we provide the key points of the brief. The [full scientific brief](#) and a [Q&A](#) are available online.

Key points of the brief

Main findings

- Understanding how, when and in what types of settings SARS-CoV-2 spreads between people is critical to develop effective public health and infection prevention measures to break chains of transmission.
- Current evidence suggests that transmission of SARS-CoV-2 occurs primarily between people through direct, indirect, or close contact with infected people through infected secretions such as saliva and respiratory secretions, or through their respiratory droplets, which are expelled when an infected person coughs, sneezes, talks or sings.
- Airborne transmission of the virus can occur in health care settings where specific medical procedures, called aerosol generating procedures, generate very small droplets called aerosols. Some outbreak reports related to indoor crowded spaces have suggested the possibility of aerosol transmission, combined with droplet transmission, for example, during choir practice, in restaurants or in fitness classes.
- Respiratory droplets from infected individuals can also land on objects, creating fomites (contaminated surfaces). As environmental contamination has been documented by many reports, it is likely that people can also be infected by touching these surfaces and touching their eyes, nose or mouth before cleaning their hands.
- Based on what we currently know, transmission of COVID-19 is primarily occurring from people when they have symptoms, and can also occur just before they develop symptoms, when they are in close proximity to others for prolonged periods of time. While someone who never develops symptoms can also pass the virus to others, it is still not clear to what extent this occurs and more research is needed in this area.
- Urgent high-quality research is needed to elucidate: the relative importance of different transmission routes; the role of airborne transmission in the absence of aerosol generating procedures; the dose of virus required for transmission to occur; the settings and risk factors for superspreading events; and the extent of asymptomatic and pre-symptomatic transmission.

How to prevent transmission

The over-arching aim of the [Strategic Preparedness and Response Plan](#) for COVID-19 is to control COVID-19 by suppressing transmission of the virus and preventing associated illness and death. To the best of our understanding, the virus is primarily spread through contact and respiratory droplets. Under some circumstances airborne transmission may occur (such as when aerosol generating procedures are conducted in healthcare settings or potentially, in indoor crowded poorly ventilated settings elsewhere).

More studies are urgently needed to investigate such instances and assess their actual significance for transmission of COVID-19.

To prevent transmission, WHO recommends a comprehensive set of measures including:

- Identify suspect cases as quickly as possible, test, and isolate all cases (infected people) in appropriate facilities;
- Identify and quarantine all close contacts of infected people and test those who develop symptoms so that they can be isolated if they are infected and require care;
- Use fabric [masks](#) in specific situations, for example, in public places where there is community transmission and where other prevention measures, such as physical distancing, are not possible;
- Use of contact and droplet precautions by health workers caring for suspected and confirmed COVID-19 patients, and use of airborne precautions when aerosol generating procedures are performed;
- Continuous use of a medical mask by health workers and caregivers working in all clinical areas, during all routine activities throughout the entire shift;
- **At all times, practice frequent hand hygiene, physical distancing when possible, and respiratory etiquette; avoid crowded places, close-contact settings and confined and enclosed spaces with poor ventilation; wear fabric masks when in closed, over-crowded spaces to protect others; and ensure good environmental ventilation in all closed.**

SUBJECT IN FOCUS: DEVELOPING TRANS-DISCIPLINARY SCIENCE: INFODEMOLOGY, THE SCIENCE BEHIND INFODEMIC MANAGEMENT

“We’re not just fighting an epidemic; we’re fighting an infodemic.”

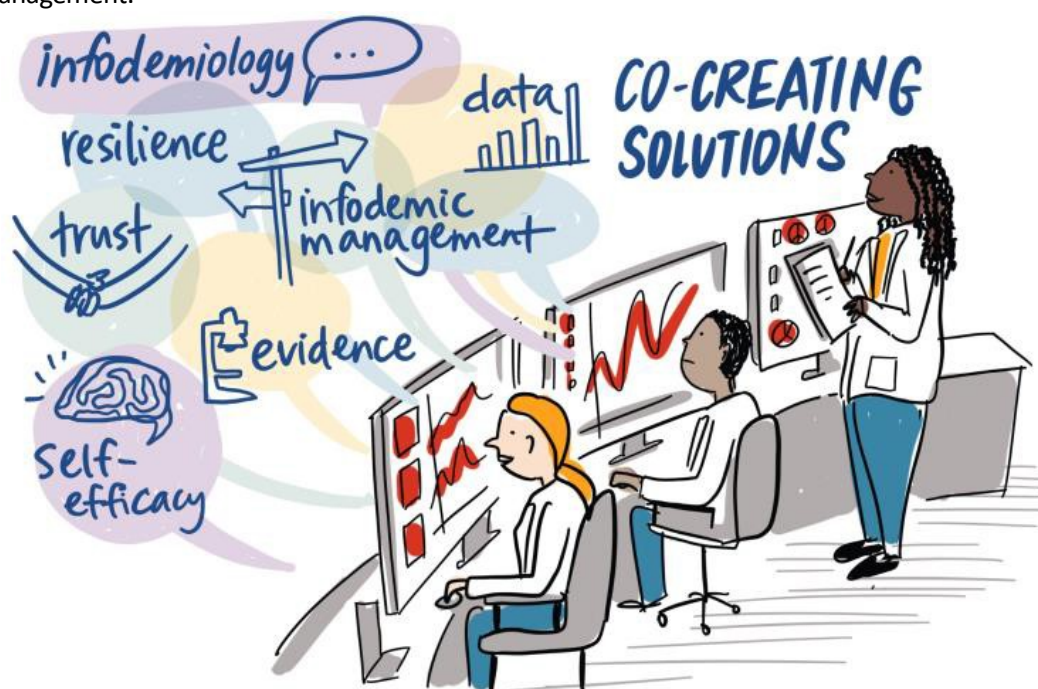


Addressing the infodemic, that is, an over-abundance of information on COVID-19 is a crucially important part of responding to the pandemic.

The WHO Information Network for Epidemics (EPI-WIN) held [a two-day, online global consultation](#) to crowdsource ideas on infodemic management from an interdisciplinary group of experts and over 1 300 participants. [The meeting produced a WHO framework for managing the COVID-19 infodemic and 50 action points](#), and is conducting throughout 29 June – end July a follow-up wide public and scientific remote consultation to explore science and evidence for new infodemic interventions, gathering insights and approaches from as wide a range of relevant disciplines as possible. The consultation will end with a public webinar on 21 July at which the findings of these discussions will be presented ([register for the public webinar here](#)).

The public meeting generated record-breaking attendance: there were 7 862 total connections to the videoconferencing platform on which it was held, with a further 3 300 views of the parallel livestream of the event — over 11 000 connections in total. [11 of the talks are available online](#), along with the [programme and graphic summaries](#) of talks.

People joined the meeting from all around the world: in the online polls and Q&A sessions held in parallel with the talks, there were participants from every WHO region and 158 different countries and territories. There was broad professional representation as well, with respondents spread across a wide range of sectors — such participation was encouraging, given how many of the speakers emphasised the crucial importance of a multidisciplinary approach to infodemic response. At the end of the pre-conference, poll results suggested that the consultation had increased listeners’ knowledge of infodemic management.



LEARNING SESSIONS FOR THIS WEEK

WHO Regional Office for Europe and ECDC organize a **weekly laboratory workshop to discuss questions related to the COVID-19 virus laboratory work** and to exchange information, each Monday, at 12:00 (noon) CET. Access the workshop [Here](#). Meeting ID: 990 5009 6405, Password: **LABWRK20!**

Agenda for Monday, 13 July 2020, 12:00 CET: SARS-CoV-2 Seroprevalence: Serological Testing Strategies, *Benjamin Meyer, Ph.D., Center for Vaccinology, University of Geneva, Switzerland*, followed by Questions and answers

The IASC's Peer-2-Peer project has an upcoming webinar on **IASC Light Guidance on Collective Outcomes: Humanitarian-Development-Peace Collaboration in the Context of Protracted Crises**. The webinar is scheduled to take place on **Wednesday, 15 July at 15:00 – 16:30 Geneva time**. In this webinar we will look at how humanitarian leadership in the field and at global level can apply this guidance and better use collective outcomes to foster closer humanitarian-development-peace collaboration at country level and strengthen humanitarian response. Register for the webinar [Here](#). For help logging on to the webinar, see the login guide [here](#).

[Coronavirus disease \(COVID-19\) updates](#)

WHO Director-General Virtual press briefings with simultaneous translation in all UN languages planned for Monday and Thursday each week. Can be followed on WHO web Page streaming

[Continuing learning and schooling for refugees: Ensuring refugee students are able to learn at home and return to school after COVID-19 - Jul 13, 2020, 4:00 - 5:30 PM PMT](#)

UNHCR and UNESCO, and co-hosts Canada and the United Kingdom, are convening a high-level roundtable discussion on ensuring learning and schooling continues during the COVID-19 pandemic and beyond for refugees.

Watch the event live [HERE](#) ; WEBCAST [HERE](#)

The Regional Office for Europe has launched a **new podcast service entitled: [Health in Europe - HERE](#)**. WHO works with thousands of inspiring individuals and groups, and this podcast series highlights their stories and how they might impact your day-to-day life.

Weekly global GOARN consultation on CONTACT TRACING (taking place on Wednesdays at 1pm CET):

Please register for the call by completing the online form via zoom

https://who-e.zoom.us/meeting/register/tJMIcO-vpzwuHtQ5_3KNXQ5eTIOwurSZQm_8.

After registering, you will receive a confirmation email containing information about joining the meeting. All participants must enter full name and institution acronym when joining the zoom meeting

Receive the latest COVID-19 content, guidance and must-know information from WHO. [Sign up](#) for a weekly digital update.
