

RAPID RISK ASSESSMENT

Resurgence of reported cases of COVID-19 in the EU/EEA, the UK and EU candidate and potential candidate countries

2 July 2020

Summary

Since 31 December 2019 and as of 30 June 2020, 10 273 001 cases of coronavirus disease 2019 (COVID-19) have been reported worldwide, including 505 295 deaths. EU/EEA countries and the UK have reported 1 556 709 cases (15 % of all cases), including 176 800 deaths (35% of all deaths), while EU candidate and potential candidate countries reported 229 112 cases (2% of all cases), including 5 988 deaths (1% of all deaths).

The COVID-19 pandemic is posing an unprecedented threat to EU/EEA countries and the UK as well as countries worldwide, many of which have been experiencing widespread transmission of the virus in the community for several months. There is still community transmission reported in most EU/EEA countries, the UK and EU candidate and potential candidate countries. Additionally, some countries are reporting a resurgence of observed cases or large localised outbreaks.

The reasons behind this apparent increase in the number or resurgence of cases observed in these countries vary. The increase in the number of cases may reflect changes in case ascertainment (e.g. increasing testing, changes in the case definition) that does not necessarily indicate increased rates of transmission, or may reflect genuine increases in transmission (e.g. associated with the easing of non-pharmaceutical interventions (NPI), large localised outbreaks), or may be due to importation of cases. Some of the observed increases, particularly in countries with a small population, are associated with just a few additional new cases. Therefore, information must be interpreted with caution.

Risk assessment

In this risk assessment, ECDC is assessing the risks associated with these reported increases of incident cases in some countries.

Currently, the risk, determined by a combination of the probability of an event occurring and of its consequences (impact) to individuals or the population, is assessed as follows:

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⁶ July 2020 Erratum: ECDC incorrectly stated there was a 12% decrease in 14-day incidence of reported cases between 16 and 30 June. This appeared in two places in the document; the second paragraph of the Summary on page 1 and in the text of the Event Background on page 2. This has been corrected to an 8% increase in 14-day incidence of reported cases between 16 and 30 June in the Event Background on page 2 and has been removed from the Summary on page 1.

- The overall risk of COVID-19 in countries reporting an increase in incident COVID-19 cases and for which there is, or may shortly be, substantial ongoing community transmission and/or within which appropriate physical distancing measures are not taken, is currently considered **moderate** for the general population (very high probability of infection and low impact of disease) and **very high** for populations with defined factors associated with elevated risk for COVID-19 (very high probability of infection and very high impact of disease).
- Provided that the increases are not merely reflecting a change in the surveillance strategy or artefacts due to small number calculations; the overall risk of COVID-19 transmission further rising in these countries with observed increase of COVID-19 incidence is considered **high** (very high probability of further increase and moderate impact of a further increase) if no appropriate monitoring systems and capacities for extensive testing and contact tracing are in place, and if NPIs are eased when there is still ongoing community transmission.

Options for response

In order to respond to these risks, the following measures continue to be essential to maintain a reduced level of transmission and avoid resurgence:

- A robust monitoring framework to closely monitor the epidemiological situation, rapidly detect increased transmission, assess the impact of the interventions in place and avoid a resurgence of COVID-19.
- An expanded testing strategy aimed at comprehensive testing of all individuals displaying symptoms compatible with COVID-19, independent from their country of origin or residency.
- A framework for contact tracing, based on extensive testing, active case finding, early detection of cases, isolation of cases, quarantine and follow-up of contacts, possibly supported by electronic tools and applications.
- Prompt identification and investigation of clusters/outbreaks associated with specific settings, with implementation of tailored control and prevention measures to minimise onward spread to others in the setting and to the wider community.
- Long-term sustainable implementation of essential NPIs, irrespective of transmission rates, and the ability to amend strategies rapidly in response to indications of increased transmission, if appropriate, only restricting those to subnational areas.
- A strong risk communication strategy should remind citizens that the pandemic is not over.

National authorities should consider carefully analysing every increase in incidence to assess whether these are associated with genuine increases in transmission and whether these involve populations with defined factors associated with elevated risk for COVID-19, including the residents of long-term care facilities (LTCFs). Identifying possible outbreaks, other foci of transmission, or sustained community transmission due to the easing of the NPIs imposed in previous months is essential to control such increases in incidence and implement tailored control measures aimed at limiting population mobility and/or reducing exposure.

ECDC does not consider travel restrictions within and to the Schengen area as an efficient way to reduce transmission within the EU since community transmission is already taking place in the EU/EEA and data from The European Surveillance System (TESSy) show that, in June 2020, only 3% of confirmed cases were likely infected in a country different from the reporting country.

Event background

As of 30 June 2020, 10 273 001 cases of coronavirus disease 2019 (COVID-19) have been reported worldwide, including 505 295 deaths. EU/EEA countries and the UK reported 1 556 709 cases (15% of all cases), including 176 800 deaths (35% of all deaths), while EU candidate and potential candidate countries reported 229 112 cases (2% of all cases), including 5 988 deaths (1% of all deaths) (Annex 1). The 14-day incidence of reported cases in the EU/EEA, UK and candidate and potential candidate countries increased by 8% between 16 and 30 June (from 15.3 to 16.4 cases per 100 000, corresponding to an additional 7 174 additional cases per 14-day period). A concise overview of the epidemiological situation of the COVID-19 pandemic by country in the EU/EEA and the UK is published in the ECDC's weekly COVID-19 country overview report: https://covid19-country-overviews.ecdc.europa.eu/#europe [1].

Overall situation in the EU/EEA

Based on data available to ECDC as of 30 June 2020, 29 out of 31 countries (EU/EEA countries and the UK) reached peak 14-day incidence of reported COVID-19 cases between 10 and 91 days ago (the average 14-day incidence of reported cases for the EU/EEA and the UK was, as of 30 June, 82% lower than at its peak on 8 April 2020). Two countries, Bulgaria and Sweden, had peak 14-day incidence of reported cases one and five days ago, respectively, and their rates are within 10% of the highest rates observed (Annexes 2 and 3).

As of 30 June, Bulgaria, Croatia, Czechia, Luxembourg, Poland, Portugal, Romania, Sweden and the United Kingdom had 14-day incidence of reported cases greater than 10 per 100 000. Among these, five countries reported increases in 14-day incidence of reported cases of 10% or greater compared to the incidence of reported cases for the 14 days up to 16 June (Figure 1): Bulgaria (51%), Croatia (5 122%), Czechia (127%), Luxembourg (229%) and Romania (44%).

The 14-day incidence of reported deaths are at low levels in most EU/EEA countries. Only two countries with 14day incidence of reported deaths above 0.5 per 100 000 reported an increase of over 10%, compared to the reported incidence for the 14 days up to 16 June: Bulgaria (0.6 per 100 000, increase: 14%) and Romania (1 per 100 000, increase: 25%). The highest 14-day incidence of reported deaths in Bulgaria was reported on 28 June (Annexes 2 and 4).

The reasons behind the increases in reported cases in these countries are varied. In some countries, the increases may reflect increases in testing (Annex 2). Indeed, testing rates in Luxembourg have increased rapidly over the past weeks and weekly positivity rates remain very low (Annex 2). In contrast, testing rates in Czechia and Romania have remained stable and there is an indication of an increase in test positivity rate over time.

A number of outbreaks in specific settings have been reported recently by countries, which might also contribute locally to increasing rates. Notably, a number of outbreaks have been reported in meat processing centres (Germany, Ireland and the Netherlands [1-3]) and mines (Czechia, Poland and Sweden [4-6]).

Of the 54 882 COVID-19 cases reported by EU/EEA countries to TESSy between 1 and 30 June, the importation status was known for 22 916 cases (36%). Of these, 97% were infected in the reporting country, whereas 3% were likely infected in another country.

Overall situation in EU candidate and potential candidate countries

As of 30 June 2020, all EU candidate and potential candidate countries were observing increases in 14-day incidence of reported cases compared to the incidence of reported cases for the 14 days up to 16 June (Figure 1, Annexes 2 and 3). The increases range from 2% in North Macedonia to over 100% in Bosnia and Herzegovina and Montenegro. The 14-day incidence of reported cases are at or close to the highest levels observed so far in Albania, Bosnia and Herzegovina, Kosovo and North Macedonia.

The 14-day incidence of reported deaths is increasing in some EU candidate and potential candidate countries (Annexes 2 and 4). As of 30 June, three countries with 14-day incidence of reported deaths above 5 per 1 000 000 reported an increase of over 30% compared to 16 June: Albania (rate: 7 per 1 000 000, increase: 425%), Kosovo (rate: 8 per 1 000 000, increase: 275%) and North Macedonia (rate: 5 per 1 000 000, increase: 62%). North Macedonia reported its highest 14-day incidence of reported deaths on 29 June. Large increases in 14-day incidence of reported cases and reported deaths may be due to rapid increases from initially low rates.

The overall picture in EU candidate and potential candidate countries is mixed. Some of the countries reporting increases in cases have also increased testing rates and have stable positivity rates. This pattern suggests that the increases could be linked to increased testing (e.g. Serbia and possibly Turkey). However, other candidate countries have reported increased cases, increased positivity rates and stable testing rates, indicating increased transmission (Bosnia and Herzegovina, Kosovo and Montenegro) (Annex 2). These patterns are reflected in the trends in reported deaths, which are stable in those countries having stable positivity rates, but have started increasing in countries reporting increasing positivity rates. Among these countries, it appears likely that increasing community transmission is associated with the easing of NPIs and, in some instances, amplified by local outbreaks related to specific working environments.

Figure 1. Change in reported COVID-19 cases (A) and 14-day incidence of reported COVID-19 cases/100 000 population (B) in EU/EEA countries, the UK and candidate and potential candidate countries from 16 June to 30 June 2020, ordered by magnitude of change.



Note: the vertical dashed line in Panel B represents the EU/EEA and UK average 14-day incidence of reported cases on 27 June (14 per 100 000 persons).

Kosovo: This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

Disease background

Disease characteristics

On 31 December 2019, a cluster of pneumonia cases of unknown aetiology was reported in Wuhan, Hubei Province, China. On 9 January 2020, China CDC reported a novel coronavirus as the causative agent of this outbreak, coronavirus disease 2019 (COVID-19). Since then COVID-19 has become a pandemic that has affected all continents.

For more information and latest evidence on coronaviruses, epidemiology, transmission, clinical characteristics, diagnostic testing and screening, immune response, immunity, vaccine and treatment and transmission in different settings, please visit the page on COVID-19 disease background on ECDC's website: https://www.ecdc.europa.eu/en/2019-ncov-background-disease.

Disease surveillance for COVID-19 in the EU

Detailed epidemiological information on the EU/EEA and the UK laboratory-confirmed cases reported to The European Surveillance System (TESSy) is published in ECDC's weekly COVID-19 surveillance report: <u>https://covid19-surveillancereport.ecdc.europa.eu/</u>.

Time distribution of 14-day incidence of reported COVID-19 for selected countries and the EU/EEA and the UK is published weekly: <u>https://www.ecdc.europa.eu/en/all-topics-z/covid-19/14-day-incidence</u>.

ECDC risk assessment

This assessment is based on information available to ECDC at the time of publication and unless otherwise stated, the assessment of risk refers to the current level of risk that existed at the time of writing. It follows the ECDC rapid risk assessment methodology, with relevant adaptations [8]. The overall risk is determined by a combination of risk of the probability of an event occurring and of its consequences (impact) to individuals or the population.

Risk assessment questions

- As of 30 June 2020, what is the risk of COVID-19 in the EU/EEA/UK and EU candidate and potential candidate countries reporting an increase in incident COVID-19 cases?
- What is the risk of further rises of COVID-19 cases in the EU/EEA, the UK and EU candidate and potential
 candidate countries that have recently reported an increase in incident COVID-19 cases?

As of 30 June 2020, what is the risk of COVID-19 in the EU/EEA/UK and EU candidate and potential candidate countries reporting an increase in incident COVID-19 cases?

In areas of the EU/EEA/UK and EU candidate and potential candidate countries where COVID-19 incidence is increasing:

- The overall risk of COVID-19 is **moderate** for the general population in countries for which there is, or may shortly be, substantial ongoing community transmission and/or appropriate physical distancing measures are not taken (based on a very high probability of infection and a low impact of disease).
- The overall risk of COVID-19 is **very high** for populations with defined factors associated with elevated risk for COVID-19 in countries for which there is, or may shortly be, substantial ongoing community transmission and/or appropriate physical distancing measures are not taken (based on a very high probability of infection and a very high impact of disease).

These assessments are based on the following considerations:

Some of the EU candidate and potential candidate countries are observing increases in the number of reported cases (Figure 1). Most EU/EEA countries and the UK continue reporting community transmission, with cases being part of undocumented chains of transmission. As of 30 June, 16 countries had decreasing 14-day incidence of reported cases compared to the previous two weeks, with 14 cases per 100 000 population being the average of 14-day incidence of reported cases in the EU/EEA countries and the UK. The low level of transmission in most EU/EEA countries and the UK appears associated, at least temporally, with the NPIs implemented to slow transmission and decrease opportunity of infection at population level, which have recently been or are being lifted in most countries. The 14-day incidence of reported COVID-19 cases is a measure of the prevalence of active cases in the population. Even if almost all countries in the EU/EEA and the UK seem to have passed a peak, SARS-CoV-2 still circulates at community level and upsurges in transmission are possible. Therefore, in areas of the EU/EEA/UK and EU candidate and potential candidate countries where COVID-19 incidence is increasing, and/or there is, or may shortly be, substantial ongoing community transmission and appropriate NPIs are not taken, the probability of infection with COVID-19 is currently assessed as **very high**.

Analysis of TESSy data show that persons over 65 years of age and/or with underlying health conditions when infected with COVID-19 are at increased risk of severe illness and death compared to younger individuals [9]. Most hospitalisations and deaths are among the oldest age groups. Older males are particularly affected, being more likely than females of the same age to be hospitalised, require intensive care unit (ICU)/respiratory support, or die. Long-term care facilities, which commonly house the elderly and the frail, have been heavily affected by COVID-19. In these facilities, the disease may spread rapidly upon introduction, causing high morbidity in residents, commonly with a case fatality of over 25%. Long-term care facilities were the focus of over half of fatal COVID-19 cases in several EU/EEA countries and the UK [8,9].

Strict NPIs implemented in most countries have been associated with a decrease in the number of reported cases, but the contributory effect of each single intervention within the overall bundle of interventions is still unclear, and the stricter measures (particularly the stay-at-home orders and the school closures) proved highly disruptive for society. Once infected, no specific treatment for COVID-19 exists, however early supportive therapy, if healthcare capacity for this exists, can improve outcomes. In summary, the impact of COVID-19, if acquired, is assessed as **low** for the general population and as **very high** for the elderly and individuals with defined risk factors.

What is the risk of further rises of COVID-19 cases in the EU/EEA, the UK and EU candidate and potential candidate countries that have recently reported an increase in incident COVID-19 cases?

The risk of COVID-19 transmission further rising in the EU/EEA, the UK and EU candidate and potential candidate countries that have recently reported an increase in incident COVID-19 cases that is unlikely to be explained by a change in case ascertainment is **high** if no appropriate monitoring systems and capacities for extensive testing and contact tracing are in place and measures are eased when there is still ongoing community transmission (based on a very high probability of further increase and a moderate impact of a further increase).

This assessment is based on the following considerations:

Community transmission is still occurring in the EU/EEA, the UK and EU candidate and potential candidate countries. The latest information available from sero-epidemiological studies suggests that the adaptive immunity of populations is slowly increasing in some countries or regions but remains low overall in Europe [12]. Further increases are therefore likely, particularly if a strong monitoring framework is not in place to detect, characterise and respond to any upsurge in incidence, if robust testing and tracing systems are not in place and if physical distancing and other NPIs are eased too rapidly.

For those countries that have recently observed an increase in reported cases, the rapid analysis of surveillance and contact tracing data, and investigation of events associated with an upsurge of cases is essential to clarify whether these increases are associated with changes in surveillance strategies (e.g. increased testing), or with real increases in transmission, which could be associated with localised clusters of cases or widespread transmission, and which will require rapid implementation of control and prevention measures. Apart from case-based surveillance, data from sentinel primary care surveillance, hospital-based surveillance, PCR-based prevalence studies and sero-epidemiological investigations should be leveraged as described in the ECDC COVID-19 surveillance strategy, in order to give a clear picture of the evolving epidemiology and inform control measures [13]. Identifying the localities and transmission settings responsible for any increases in incidence is also essential to tailor the response rapidly and efficiently and limit the population being subjected to high-impact NPIs.

Therefore, the probability of COVID-19 transmission further rising in the EU/EEA, the UK and EU candidate and potential candidate countries that have recently observed an increase in COVID-19 incidence that is unlikely to be explained by changes in case ascertainment is assessed as **very high** if comprehensive monitoring systems and capacities for extensive testing and contact tracing are not in place and NPIs are eased too rapidly.

Increases in COVID-19 incidence associated with increased transmission will likely lead to increasing morbidity and mortality, particularly if individuals at increased risk of a severe outcome are not properly shielded. Such an increase, if not rapidly investigated and controlled, may place healthcare systems under stress, as was seen in March and April 2020 in several EU/EEA countries and the UK. However, a set of NPIs are now known to be effective in stopping and reversing increasing trends within a period of about two to three weeks [14]. Based on all these considerations, the impact of rising COVID-19 incidence is assessed as **moderate**.

Options for response

The COVID-19 pandemic has posed an unprecedented threat to EU/EEA countries and the UK as well as countries worldwide, many of which have been experiencing widespread transmission of the virus in the community for several months. The absence of an effective treatment or vaccine, combined with an exponential growth in infections from late February, led EU/EEA, EU candidate and potential candidates countries and the UK to implement stringent NPIs (e.g. 'stay-at-home' policies, cancellation of mass gatherings, closure of educational institutions, work places and public spaces, etc.) [14,15]. This approach has collectively reduced transmission (Annex 2 and 3).

On an economic and social level, these measures were highly disruptive to society and all European countries have initiated their relaxation. As of 8 June, ECDC's projected incidence of COVID-19 averaged over the population of the EU/EEA and the UK until 7 July 2020 anticipated that the lifting of control measures that has already taken place may result in an increase in SARS-CoV-2 transmission. An upsurge in cases was therefore expected to occur in the EU/EEA and in the UK, with significant differences between and within countries [14].

As increases are to be expected, at this stage, the following measures continue to be essential to maintain a reduced level of transmission and avoid or limit resurgences:

- **A robust monitoring framework** to closely monitor the epidemiological situation, rapidly detect increased transmission, assess the impact of the interventions in place and avoid a resurgence of COVID-19 [16].
- An expanded testing strategy aimed at comprehensive testing of all individuals displaying symptoms compatible with COVID-19, independent from their country of origin or residency.
- A framework for contact tracing, based on extensive testing, active case finding, early detection of cases, isolation of cases, quarantine and follow-up of contacts, possibly supported by electronic tools and applications.
- Prompt identification and investigation of clusters/outbreaks associated with specific settings
 with implementation of tailored control and prevention measures to minimise onward spread to others in the
 setting and to the wider community.
- Long-term sustainable implementation of essential NPIs, irrespective of transmission rates, and the ability to amend strategies rapidly in response to indications of increased transmission, if appropriate only restricting those to subnational areas.
- A strong risk communication strategy should remind citizens that the pandemic is far from over.

Attention should be paid to closely monitor the epidemiological situation and the impact of interventions in place by means of a robust monitoring framework and a strong testing strategy to avoid a resurgence of COVID-19. Special attention should also be paid to surveillance indicators at the local level to swiftly identify hotspots of transmission or localised outbreaks, which could be a catalyst for potential community transmission.

Particular attention should also be paid to populations with defined factors associated with elevated risk for COVID-19 and close monitoring of LTCFs should be in place to rapidly detect transmission in these settings and implement prompt measures.

Increases in incidence should be thoroughly analysed to identify whether these are due to genuine increases in transmission. If so, it is essential to identify the geographical areas affected by the increase. National authorities also need to be prepared to adapt the response measures at subnational level as the level of transmission may vary considerably between different areas or settings even in the same country. In addition to intensive testing and contact tracing, NPIs aimed at limiting population mobility (e.g. teleworking, closing public spaces, reducing public transport, stay-at-home recommendations) and at reducing exposure (e.g. implementing physical distance between individuals, using face masks) should be considered to control rapidly transmission upsurges.

ECDC does not consider travel restrictions within and to the Schengen area as an efficient way to reduce transmission within the EU since community transmission is already ongoing in the EU/EEA, and TESSy data show that, in June 2020, only 3% of confirmed cases were likely infected in a country different from the reporting country. In this phase of the epidemic, imported cases are likely to represent a negligible minority of the cases reported in EU/EEA countries and the UK, whatever the incidence in the country of origin is.

For more details on these measures, consult ECDC's tenth update of the risk assessment on the coronavirus disease 2019 (COVID-19) in the EU/EEA and the UK published on 11 June 2020 and available from: https://www.ecdc.europa.eu/en/publications-data/rapid-risk-assessment-coronavirus-disease-2019-covid-19-pandemic-tenth-update.

Limitations

This assessment is undertaken based on information known to ECDC at the time of publication.

- There are still important gaps and uncertainties in the available epidemiological and clinical information on COVID-19 (e.g. efficiency of different modes of transmission, proportion of mild and asymptomatic cases, transmission during incubation and recovery period, effectiveness of treatment regimes, risk factors for severe illness other than age and effective preventive measures).
- Information on testing strategies for some EU countries and candidate or potential candidate countries were not available at the time of the production of this assessment.
- It is also important to consider that the lag-time between infection, symptoms, diagnosis, disease notification, death, and death notification should be factored into the analysis, and may be subject to several biases including changes in testing and reporting over time. This means that the effects of introducing any measure will not be seen until weeks after its full implementation, and its impact will continue to be observed for weeks after the measure will have been lifted.
- Assessing the impact of specific measures is complex and challenging. Measures are being lifted in the context
 of a general societal re-opening that is taking place in a variety of forms across countries (and across regions
 within each country). The factors for consideration in assessing the impact of relaxation of measures include
 number of, type of, and compliance with other measures still in place; changes in individual behaviour related
 to physical distancing; differences and changes in population immunity; demographic aspects; cultural,
 societal and economic aspects; regional differences; and changes in testing and reporting.

• The 14-day incidence of reported cases and trends are based on data collected from various sources and are affected by the testing strategy, laboratory capacity, effectiveness of surveillance systems and publicly available reports. As all of these factors can differ greatly between countries, ECDC does not recommend using notification rates to directly compare countries. Particular caution is needed when interpreting reported rates from areas with small populations where small changes in numbers of reported cases can have a big impact on the notification rate.

Given these limitations, ECDC will revise the current risk assessment as soon as more information becomes available.

Source and date of request

ECDC internal decision, 26 June 2020.

Consulted experts

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Serbia: Goran Stevanovic (Clinic for infectious and tropical diseases, Clinical Centre of Serbia);

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World Health Organization (WHO): Richard Pebody (WHO Regional Office for Europe).

All experts have submitted declarations of interest, and a review of these declarations did not reveal any conflict of interest.

Disclaimer

ECDC issues this risk assessment document based on an internal decision and in accordance with Article 10 of Decision No 1082/13/EC and Article 7(1) of Regulation (EC) No 851/2004 establishing a European centre for disease prevention and control (ECDC). In the framework of ECDC's mandate, the specific purpose of an ECDC risk assessment is to present different options on a certain matter. The responsibility on the choice of which option to pursue and which actions to take, including the adoption of mandatory rules or guidelines, lies exclusively with the EU/EEA Member States. In its activities, ECDC strives to ensure its independence, high scientific quality, transparency and efficiency.

This report was written with the coordination and assistance of an Internal Response Team at the European Centre for Disease Prevention and Control. All data published in this risk assessment are correct to the best of our knowledge at the time of publication. Maps and figures published do not represent a statement on the part of ECDC or its partners on the legal or border status of the countries and territories shown.

¹ This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

Annex 1. Distribution of COVID-19 cumulative cases, deaths and 14 day incidence of reported cases, EU/EEA, UK and EU candidate and potential candidate countries, as of 30 June 2020

Country	Cases	Deaths	14-day incidence of reported cases per 100 000 population
Austria	17 666	703	6.8
Belgium	61 427	9 747	9.9
Bulgaria	4 831	223	21.3
Croatia	2 725	107	11.6
Cyprus	996	19	1.3
Czechia	11 805	348	16.3
Denmark	12 751	605	9.2
Estonia	1 987	69	1.0
Finland	7 209	328	1.8
France	164 260	29 813	10.3
Germany	194 259	8 973	8.9
Greece	3 390	191	2.4
Hungary	4 145	585	0.7
Iceland	1 840	10	8.4
Ireland	2 5462	1 735	2.9
Italy	240 436	34 744	5.2
Latvia	1 117	30	1.0
Liechtenstein	83	1	0.0
Lithuania	1 816	78	1.5
Luxembourg	4 256	110	30.0
Malta	670	9	4.1
Netherlands	50 223	6 107	8.3
Norway	8 855	249	4.2
Poland	34 154	1 444	11.5
Portugal	41 912	1 568	47.4
Romania	26 582	1 634	22.8
Slovakia	1 665	28	2.1
Slovenia	1 585	111	4.3
Spain	248 970	28 346	9.9
Sweden	67 667	5 310	149.4
United Kingdom	311 965	43 575	22.7
Albania	2 466	58	30.6
Bosnia and Herzegovina	4 343	183	39.5
Kosovo ²	2 677	49	66.2
Montenegro	501	11	28.1
North Macedonia	6 224	298	99.5
Serbia	14 288	274	27.6
Turkey	198 613	5 115	22.9

² * This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

Annex 2. 14-day incidence of reported cases and deaths, EU/EEA, UK and EU candidate and potential candidate countries

The overview of the notifications rates, testing and NPIs by country in the EU/EEA and the UK is published in the ECDC's weekly COVID-19 country overviews report: <u>https://covid19-country-overviews.ecdc.europa.eu/#europe</u>[1]





















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Annex 3. 14-day incidence of reported COVID-19 cases as of 30 June 2020

The time distribution of 14-day incidence of reported COVID-19 for selected countries and the EU/EEA and the UK is published weekly: https://www.ecdc.europa.eu/en/all-topics-z/covid-19/14-day-incidence [17]

a. 14-day incidence of reported COVID-19 cases in Northern Europe^a, as of 30 June 2020



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b. 14-day incidence of reported COVID-19 cases in Southern Europe^a, as of 30 June 2020



c. 14-day incidence of reported COVID-19 cases in Eastern Europe^a, as of 30 June 2020



d. 14-day incidence of reported COVID-19 cases in Western Europe^a, as of 30 June 2020



e. 14-day incidence of reported COVID-19 cases in the Western Balkan

countries and Turkey, as of 30 June 2020



^a Assignment of countries to the United Nations geoscheme regions of Europe does not imply any assumption regarding political or other affiliation of countries or territories (<u>https://unstats.un.org/unsd/methodology/m49</u>). * This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo

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Declaration of Independence. If a country reported a cumulative incidence >0.05 cases/100 000 AND <5 cases in the previous 4 days D1: Day 1 is the most recent day with \geq 5 cases in the past 14 days.

Annex 4. Cumulative incidence of reported fatal COVID-19 cases, as of 30 June 2020

The time distribution of 14-day incidence of reported COVID-19 for selected countries and the EU/EEA and the UK is published weekly: https://www.ecdc.europa.eu/en/all-topics-z/covid-19/14-day-incidence [17]

a. Cumulative incidence of reported fatal COVID-19 cases in Northern Europe^a, as of 30 June 2020



b. Cumulative incidence of reported fatal COVID-19 cases in Southern Europe^a, as of 30 June 2020







d. Cumulative incidence of reported fatal COVID-19 cases in Western Europe^a, as of 30 June 2020







Key:

^a Assignment of countries to the United Nations geoscheme regions of Europe does not imply any assumption regarding political or other affiliation of countries or territories (<u>https://unstats.un.org/unsd/methodology/m49</u>).

* This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

If a country reported a cumulative incidence ≥ 0.1 fatal cases/million population AND <5 fatal cases in the previous 4 days D1: Day 1 is the most recent day with ≥ 5 fatal cases in the past 14 days.

Annex 5. ECDC publications on COVID-19 (1 February 2020–1 July 2020)

- <u>COVID-19 Aviation Health Safety Protocol: Guidance for the management of airline passengers in relation to the COVID-19 pandemic. 1 July 2020.</u>
- <u>Heating, ventilation and air-conditioning systems in the context of COVID-19. 22 June 2020.</u>
- <u>Monitoring and evaluation framework for COVID-19 response activities in the EU/EEA and the UK. 17 June</u> 2020.
- <u>Guidance on infection prevention and control of COVID-19 in migrant and refugee reception and detention</u> centres in the EU/EEA and the UK. 15 June 2020.
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