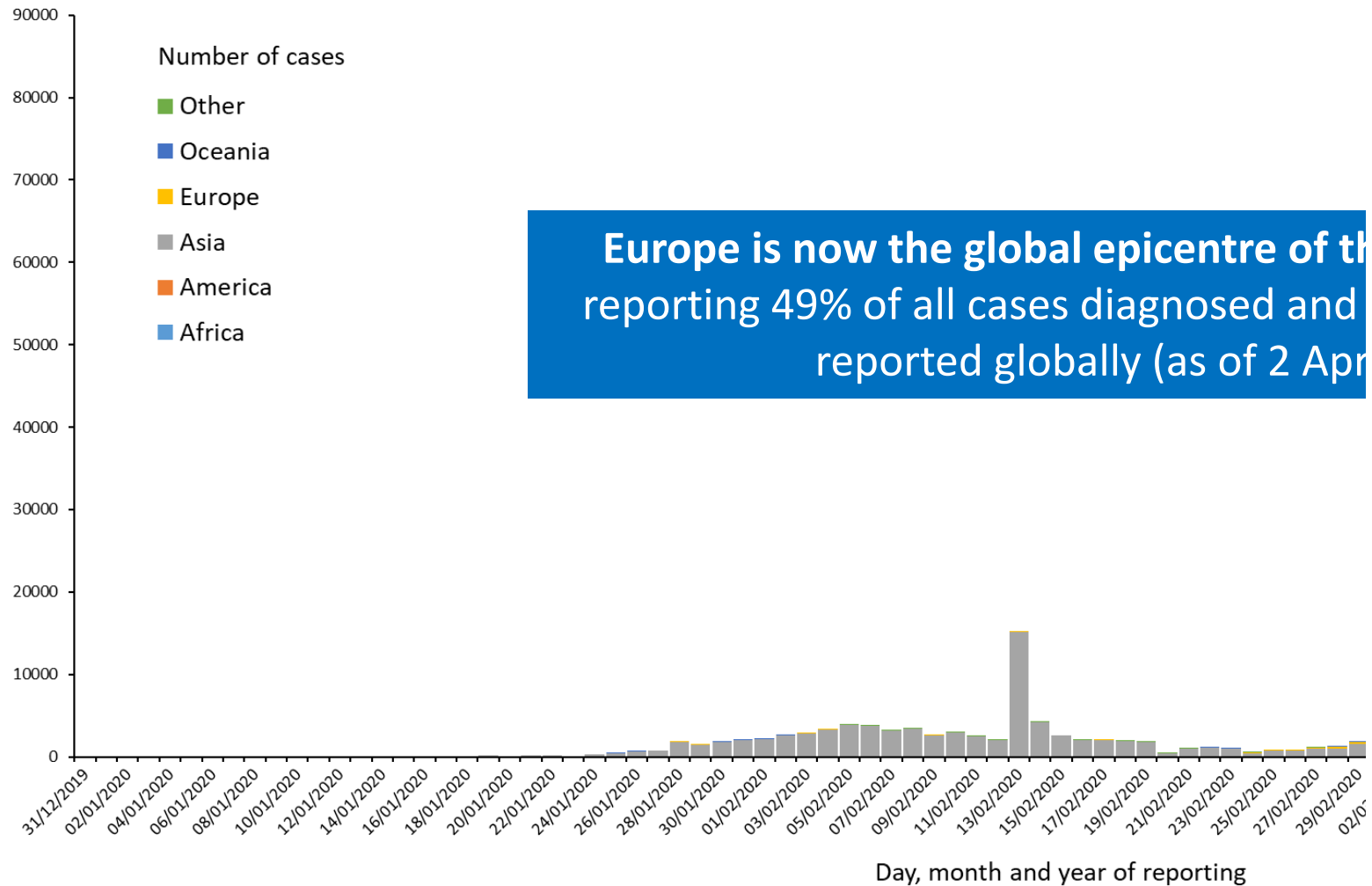


# COVID-19 Pandemic: Epidemiological Data and Latest Risk Assessment

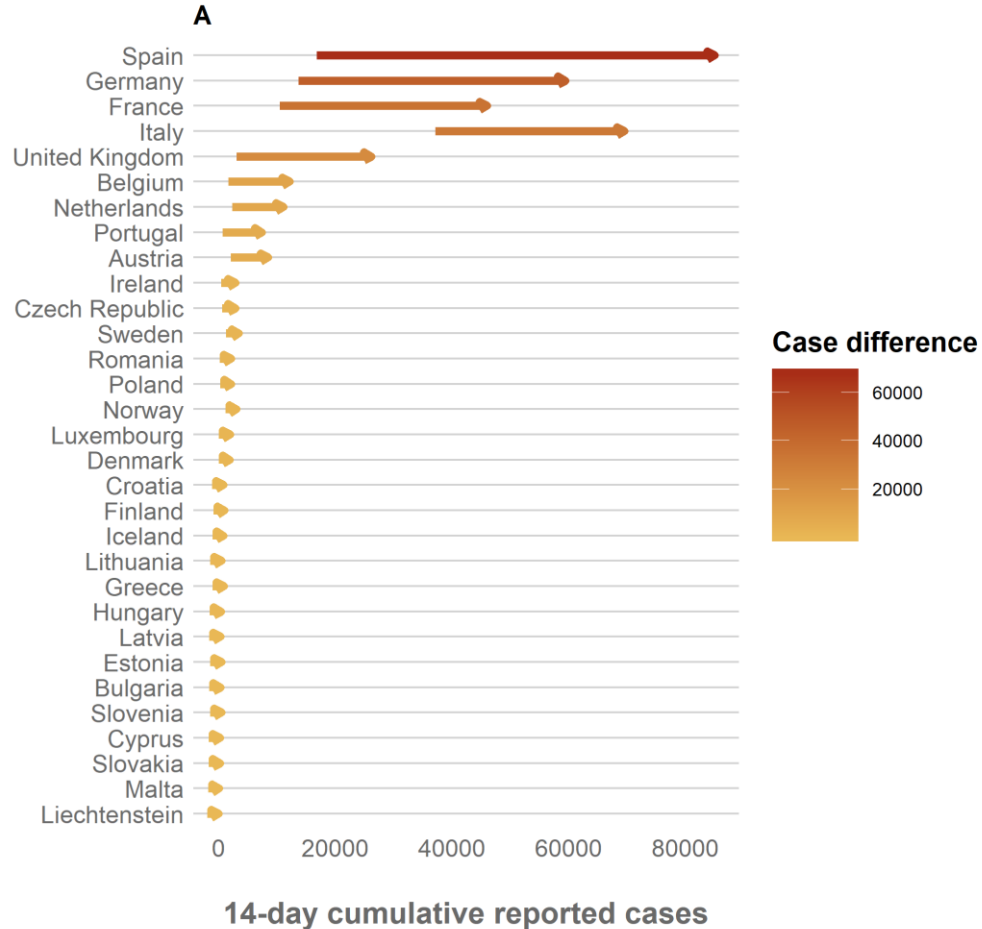
Anastasia Pharris, ECDC  
Health Policy Platform Webinar, 3 April 2020

# Distribution of COVID-19 cases\*, 2 April 2020



\* in accordance with the applied case definitions in the affected countries by continent

# Increased reported COVID-19 cases and incidence in the EU/EEA and the UK, 23 March-3 April



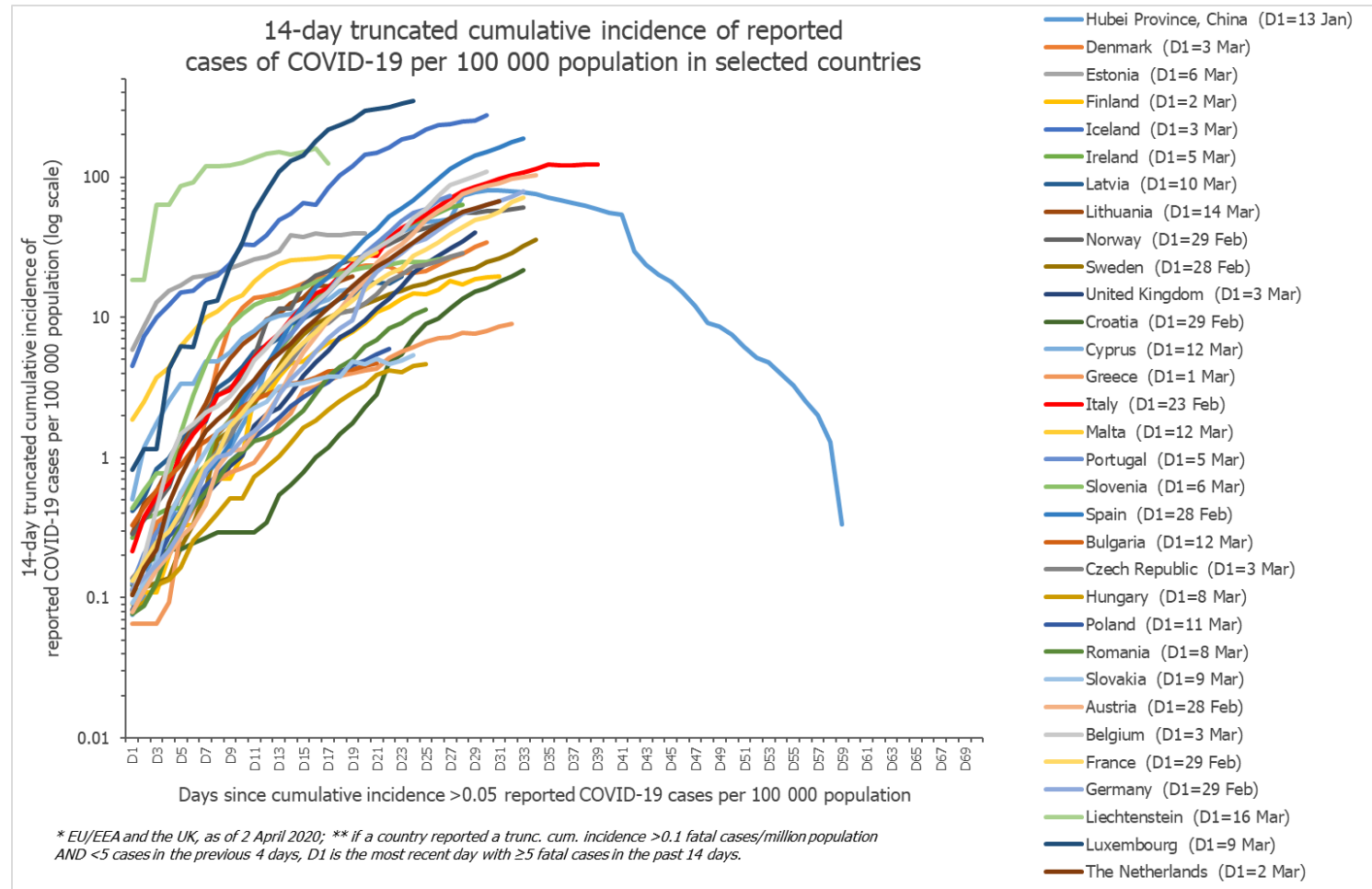
In the last 2 weeks

+ 296 000 cases  
+ 24 000 deaths

# COVID-19 incidence in EU/EEA and the UK, as of 2 April 2020



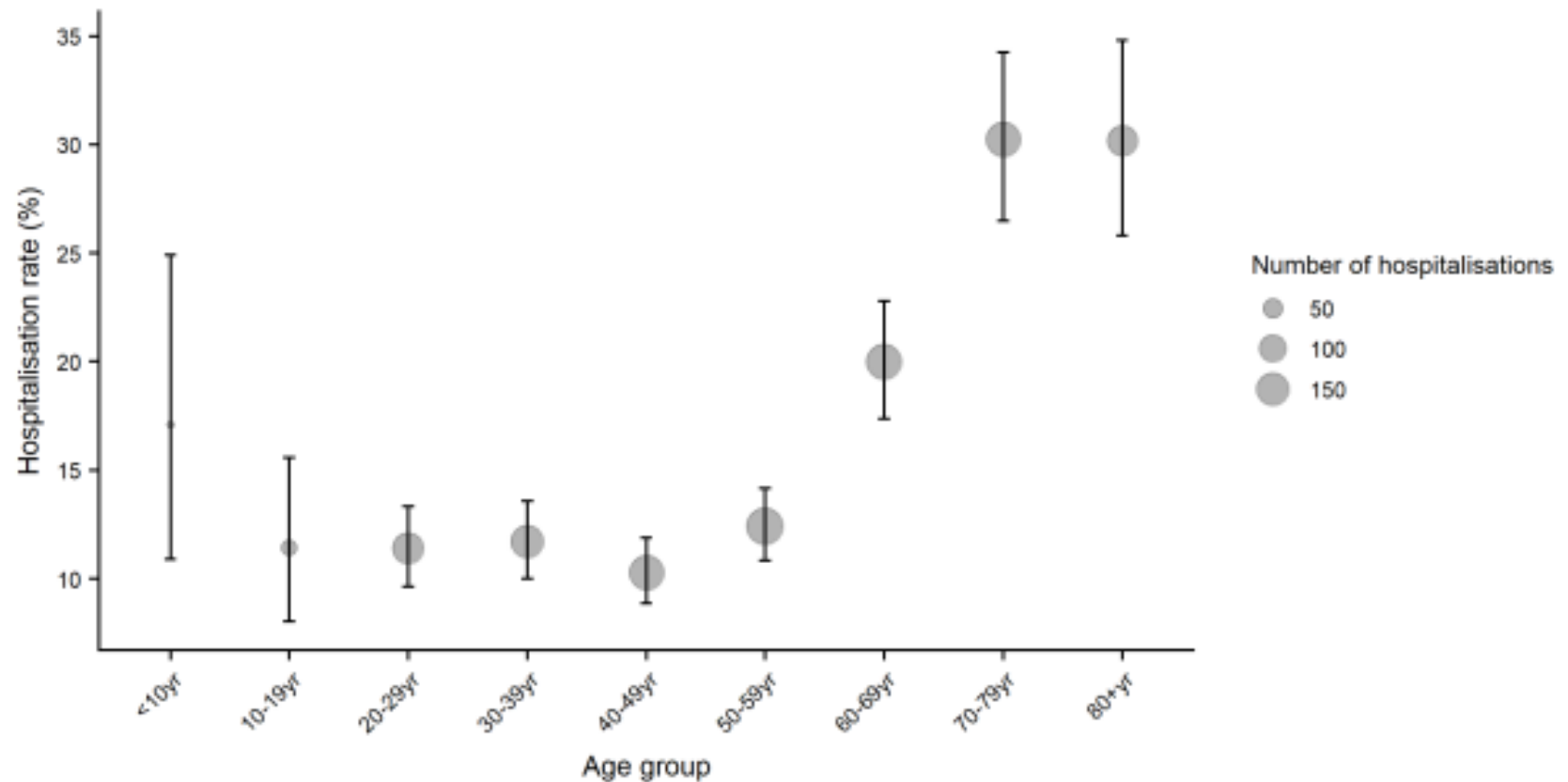
- If no action is taken, the entire EU/EEA and the UK is predicted to reach a rate of new infections similar to the peak experienced in Hubei-province by early April
- Some EU/EEA countries have passed this scenario.



# Severity of COVID-19 in the EU/EEA

- Overall, 30% of cases hospitalised (higher in <10 and  $\geq 60$  years)
- Severe illness in 4% of cases

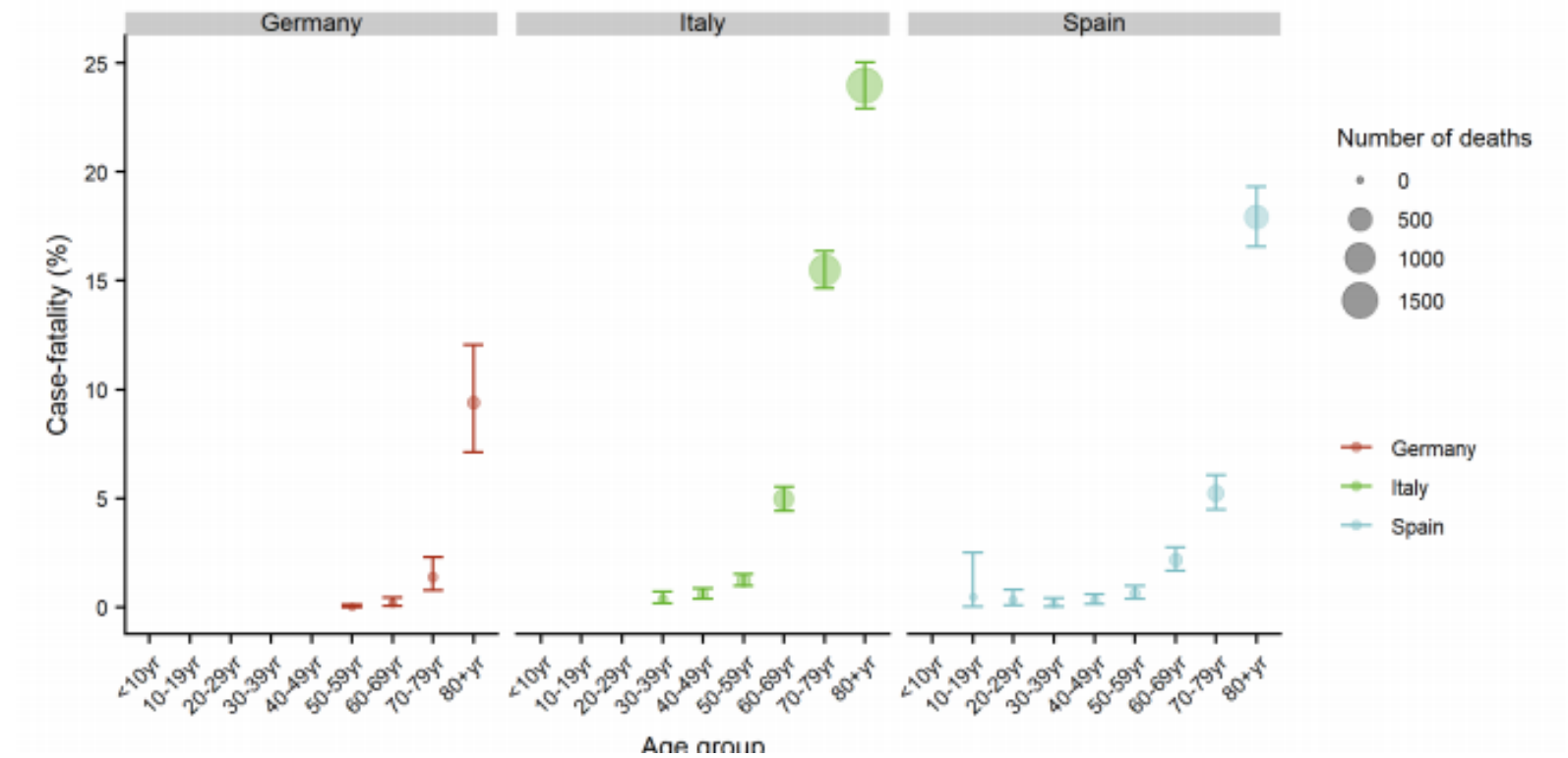
**Figure 3. Age-specific hospitalisation rates among all cases, data from 14 countries in TESSy with >50% completeness for hospitalisation and >50 cases, 24 March 2020**



# Case fatality of COVID-19 in the EU/EEA

- Robust estimates lacking
- Overall, 5.4% of those reported to TESSy reported to have died
- Age-specific crude mortality increased with age from  $\geq 60$  years

**Figure 4. Age-specific crude case-fatality (deaths/all cases) in Germany (TESSy data up to 24 March 2020), Italy (country report with data up to 19 March 2020) and Spain (country report with data up to 22 March 2020)**





# ECDC Rapid Risk Assessment on COVID-19, 7th update



The risk of severe disease associated with COVID-19 infection in the EU/EEA and the UK is considered

- **Moderate** for the general population
- **Very high** for older adults and individuals with chronic underlying conditions

RAPID RISK ASSESSMENT

**Coronavirus disease 2019 (COVID-19) pandemic: increased transmission in the EU/EEA and the UK – seventh update**

25 March 2020

### Summary

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).

As of 25 March 2020, more than 416 916 cases of COVID-19 were reported worldwide by more than 150 countries. An increasing proportion of global cases are from EU/EEA countries and the UK. As of 25 March, 204 930 cases and 11 810 deaths have been reported in the EU/EEA and the UK. The number of reported COVID-19 cases is rapidly increasing in all EU/EEA countries and the UK, and the notification rate is increasing at similar trajectory as was observed in Hubei province in late January/early February and in Italy in late February/early March.

Clinical presentations of COVID-19 range from no symptoms (asymptomatic) to severe pneumonia; severe disease can lead to death. In EU/EEA countries with available data, 30% of diagnosed COVID-19 cases were hospitalised and 4% had severe illness. Hospitalisation rates were higher for those aged 60 years and above. Estimates of crude case-fatality for Germany, Italy and Spain showed that both the risk and absolute numbers of deaths rapidly increased with age for those aged 60 years and above in each country. Among hospitalised cases, severe illness was reported in 15% of cases, and death occurred in 12% of these cases, with higher case-fatality rates in older adults.

In the present situation where COVID-19 is rapidly spreading in Europe, the current assessment is:

- The risk of severe disease associated with COVID-19 for people in the EU/EEA and the UK is currently considered moderate for the general population and very high for older adults and individuals with chronic underlying conditions.
- The risk of occurrence of widespread national community transmission of COVID-19 in the EU/EEA and the UK in the coming weeks is moderate if effective mitigation measures are in place and very high if insufficient mitigation measures are in place.
- The risk of healthcare system capacity being exceeded in the EU/EEA and the UK in the coming weeks is considered high.

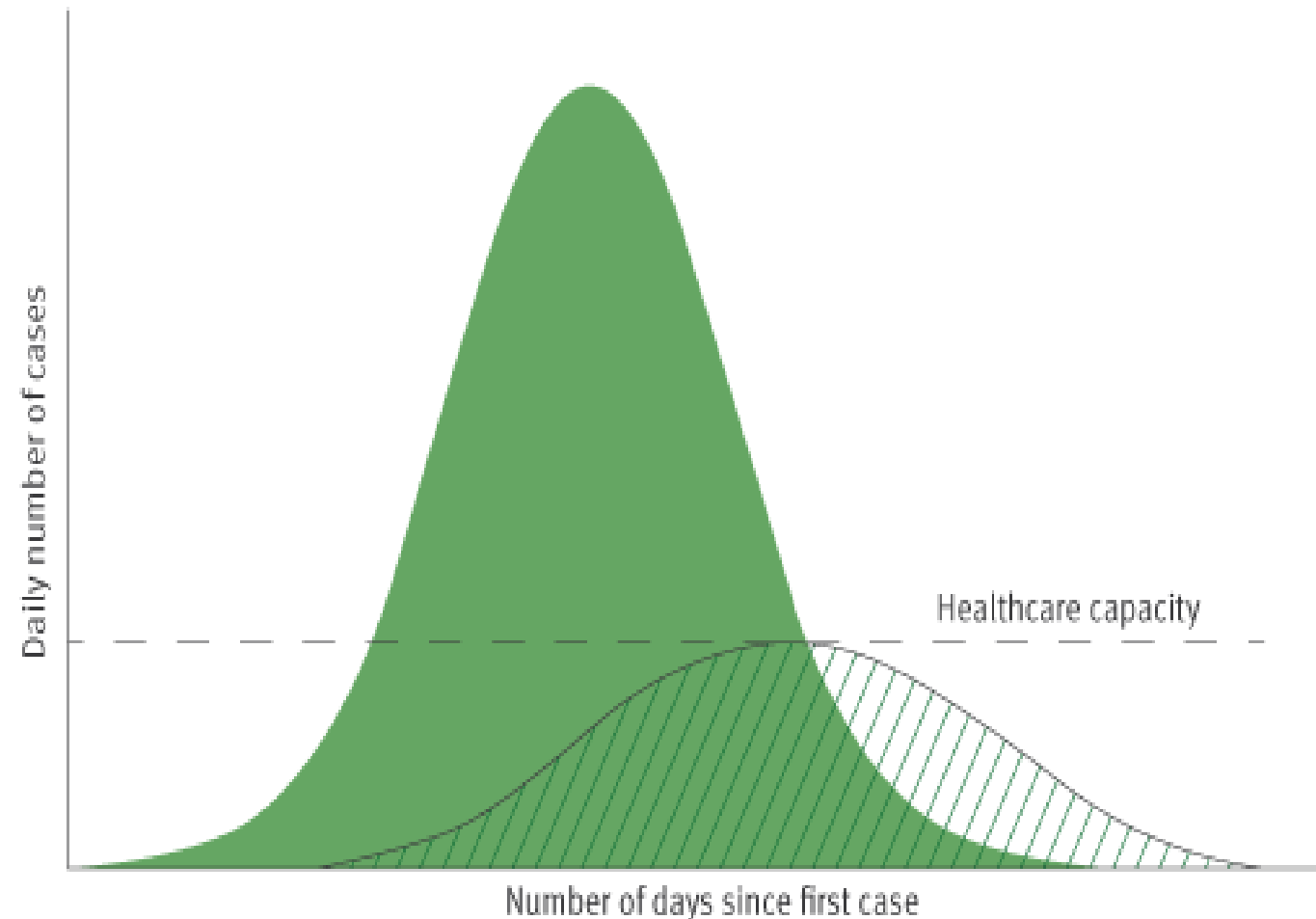
Measures taken at this stage should ultimately aim at protecting the most vulnerable population groups from severe illness and fatal outcome by reducing transmission in the general population and enabling the reinforcement of healthcare systems. Given the current epidemiology and risk assessment, and the expected developments in the next days to few weeks, the following public health measures to reduce further spread and mitigate the impact of the pandemic should be applied in EU/EEA countries:

Suggested citation: Coronavirus disease 2019 (COVID-19) pandemic: increased transmission in the EU/EEA and the UK – seventh update, 25 March 2020. Stockholm: ECDC; 2020.

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# Measures to mitigate the impact of the pandemic

- Community and social distancing measures
- Measures in health care facilities
- Robust testing and surveillance strategies

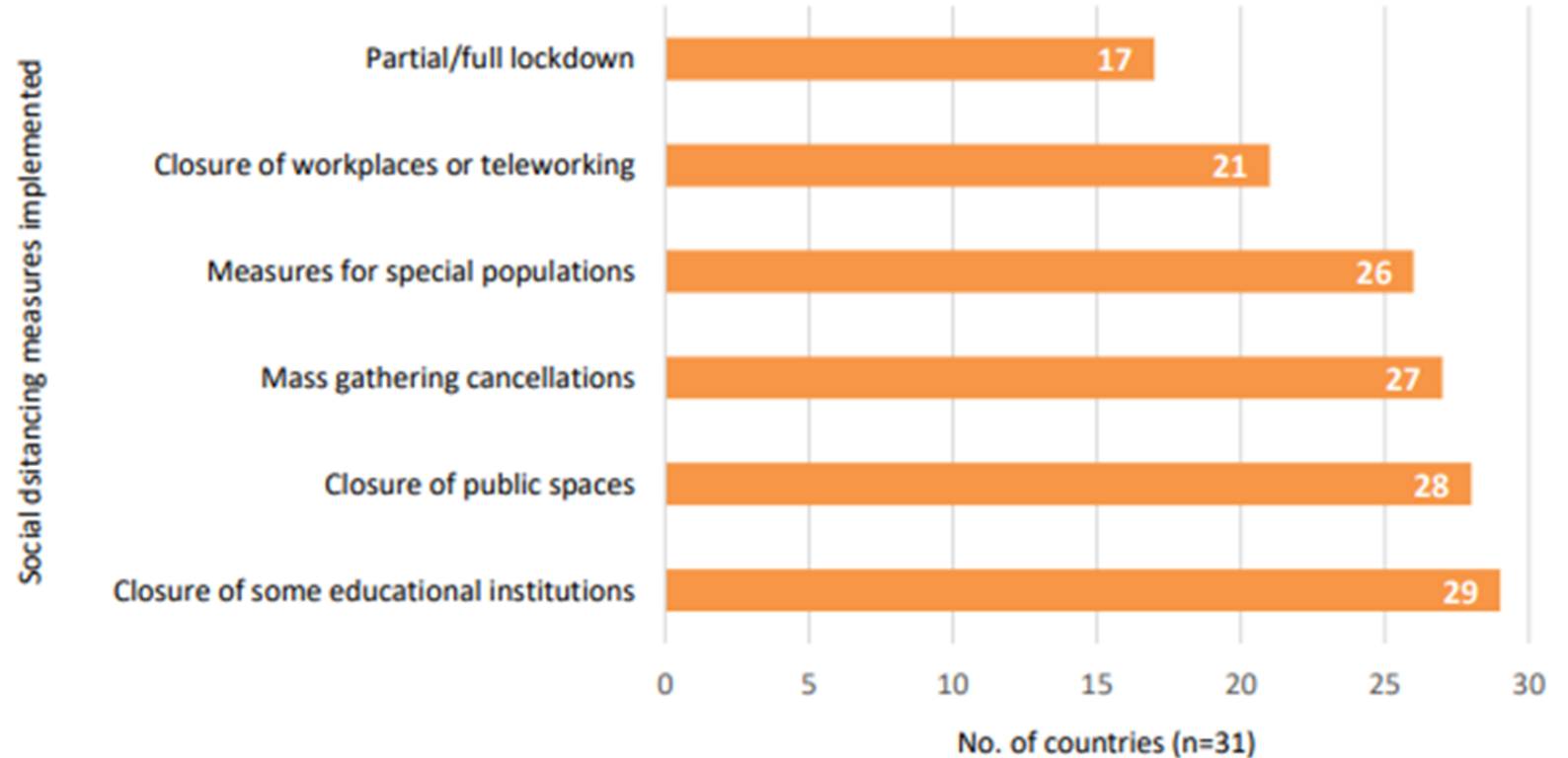




# Community and social distancing measures

Nr of countries in the EU/EEA and the UK that have implemented social distancing measures (n=31), as of 24 March

- Community infection control (respiratory etiquette, hand hygiene, masks for infected individuals)
- Layered application of social distancing measures



# Measures in health care facilities



- Recommend mild cases self-manage at home
- Enact surge capacity plans for hospital and intensive care
- IPC in long-term care facilities
- Protection of health workers, PPE
- Cohorting of hospitalised cases
- Rationale use of PPE in case of shortages

# Robust testing and surveillance to detect cases and elucidate transmission patterns



- Capacity laboratory testing at high levels is essential
- In case of shortages in testing capacity, priority to the testing of vulnerable patients, healthcare workers and patients requiring hospitalisation.
- Validation of selected rapid/point-of-care tests
- Sentinel syndromic and virological surveillance of ARI/ILI together with surveillance of hospitalised cases, can help to define triggers for escalation/de-escalation of mitigation measures.
- Contact tracing should continue during all stages of the epidemic as long as resources allow.

# Acknowledgements



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