

COVID-19 in EU/EEA

Reporting period: 1-7 August 2022

Summary

- The overall notification rate of COVID-19 cases in the EU/EEA remains high (632.9 per 100 000 population, 17% of the pandemic maximum) albeit with a continued decreasing trend (26% decrease compared to previous week) for the past three weeks. Among people aged 65 years and above, case rates are also declining but at a slower rate (749.7 cases per 100 000 population, corresponding to a 21% decrease compared to the previous week). The case notification rate in this age group remains high at 58% of pandemic maximum.
- Despite an **overall declining trend for the EU/EEA, some countries are still experiencing increases** in case rates driven by BA.4/BA.5. Four countries (Hungary, Latvia, Lithuania and Romania) have reported increases in the overall notification rate of COVID-19 cases for seven weeks or more. Six countries (Estonia, Hungary, Latvia, Lithuania, Romania and Slovakia) have reported increases in case rates among 65+ for six weeks or more. These increasing trends are observed in countries with lower vaccine coverage for both the primary course and booster doses compared to the EU/EEA average. Given the increase in cases, lower vaccination coverage may lead to a higher number of severe cases.
- The decreasing trend in sequencing volume continues, with only 11 countries reporting sequencing at levels considered to be adequate. Insufficient sequencing may prevent rapid detection and monitoring of existing and emerging variants.
- At the EU/EEA level, hospital and ICU admissions have decreased for the last two weeks while hospital and ICU occupancy indicators have been stable. At country level, of 28 countries with data on hospital or ICU admissions/occupancy, seven (Latvia, Slovenia, Sweden, Bulgaria, Cyprus, Poland and Malta) reported an increasing trend in at least one of these indicators compared with the previous week, which likely reflects a lag to earlier increases in case rates. Compared to maximum values observed during the pandemic, current levels of ICU indicators remain low.
- The EU/EEA death rate has decreased, with **12 deaths per million** reported this week. Five countries (Bulgaria, Croatia, Czechia, Denmark and Romania) reported recent increases in death rates. Of note, increases in deaths are generally delayed after increases in case rates and severity indicators. For countries that have already experienced the spread of BA.4/BA.5, the increase of cases over the past weeks, particularly among older age groups, has translated into increased overall death rates, albeit at lower levels than the respective country's pandemic maximum.
- At the EU/EEA level, **case notification and hospital admission are forecast to decrease, while death rates are forecast to remain stable in the coming weeks up to 28 August.**
- Data analysis indicates a decrease in cases or stable numbers in near future for most countries (reproductive number of 1 or below). Increases of cases in the general population are indicated in Hungary and Poland (reproductive number >1).
- As of 11 August 2022, the SARS-CoV-2 lineage BA.2.75 accounts for more than 30% of the sequenced viruses in India. BA.2.75 (classified as variant of interest by ECDC) has been detected at very low proportions in 9 EU/EEA countries.
- The uptake of the primary COVID-19 vaccination course in the total population has been plateauing for several months at 72.8%. The uptake of the first booster dose in the total population is 53.5%, showing an absolute percentage increase of +0.5% in the last month. As of 11 August, 19.8 million adults in the EU/EEA have received a second additional vaccine dose (24 countries reporting), with an average increase of about 800 000 doses per week in the last four weeks.
- Given the high case notification rate in the 65+ age group in the EU/EEA, second booster dose policies as per recent ECDC guidance should be considered. Sufficient testing and sequencing should be maintained to closely monitor the situation.

Recent developments

Symptoms and risk factors of post-COVID condition identified in recent research in the UK

A recent large population-based study from the UK published in Nature Medicine identifies 62 symptoms that are significantly associated with post-COVID condition ("long-COVID") in non-hospitalised individuals. Several sociodemographic and clinical risk factors were found to be significantly associated with the reporting of post-COVID condition symptoms when comparing individuals with a SARS-CoV-2 infection with individuals with no known previous SARS-CoV-2 infection: female sex, belonging to an ethnic minority, socioeconomic deprivation, smoking, obesity and a wide range of underlying conditions. The risk of reporting post-COVID condition symptoms was also found to be increased along a gradient of decreasing age.

In a recent survey in the UK, post-COVID condition was reported in just over four percent of triple-vaccinated individuals who experienced breakthrough infections from Omicron BA.1 or BA.2 and in five percent of triple-vaccinated individuals who experienced a breakthrough infection with Delta. Authors of the study note that these findings may not necessarily apply to reinfected individuals or those who may be exposed to new infections with any future variants.

Differences in ascertainment of post-COVID condition cases across studies are common as the case definition is based on reported symptoms and may include a different number of symptoms. Significant differences in the reported figures across studies, location and over time may also depend on study design, population immunity, exposure to specific variants and previous infections, among other factors.

References:

- <https://www.nature.com/articles/s41591-022-01909-w>
- <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/selfreportedlongcovidafterinfectionwiththeomicronvariant/18july2022>

Comparative vaccine effectiveness against Omicron BA.5 and BA.2 investigated in a study from Portugal

A pre-print in the Lancet investigated COVID-19 vaccine effectiveness in preventing infections, hospitalisations and deaths with the SARS-CoV-2 Omicron sub-lineages BA.5 and BA.2 in Portugal, comparing those having received a booster dose with those having received the primary course only.

Using electronic health records and laboratory surveillance data, the study found that the SARS-CoV-2 Omicron BA.5 lineage was associated with higher odds of previous infection compared with Omicron BA.2, suggesting a reduction in the protection conferred by the previous infection against BA.5 compared to BA.2. There was no evidence of reduced vaccine effectiveness against infection from either the primary vaccination or booster dose against BA.5 infection compared with BA.2. Although less effective compared with BA.2, COVID-19 booster vaccination still offered substantial protection against severe outcomes following BA.5 infection.

Reference: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4180482

Epidemiology: Trends and projections

- The overall notification rate of COVID-19 cases in the EU/EEA remains high (632.9 per 100 000 population, 17% of pandemic maximum) albeit with a continued decreasing trend (26% decrease compared to previous week) for the past three weeks. Among people aged 65 years and above, case rates are also declining albeit at a slower rate (749.7 cases per 100 000 population, corresponding to a 21% decrease compared to the previous week) and case notification rate in this age group remains high at 58.4% of pandemic maximum.
- Despite an overall declining trend for the EU/EEA, the epidemiologic situation remains heterogeneous, with some countries still experiencing marked increases in case rates driven by BA.4/BA.5. Four countries (Hungary, Latvia, Lithuania and Romania) have reported increases in the overall notification rate of COVID-19 cases for seven weeks or more. Six countries (Estonia, Hungary, Latvia, Lithuania, Romania and Slovakia) have reported increases in case rates among people aged 65 years and above for six weeks or more. These increasing trends in case rates are observed in countries with lower vaccine coverage for both the primary course and booster vaccination doses compared to the EU/EEA average. Given the increase in cases due to the spread of BA.4/BA.5, lower vaccination coverage may lead to a higher number of severe cases.
- At the EU/EEA level, for the last two weeks hospital and ICU admissions have decreased while hospital and ICU occupancy indicators have been stable. At country level, of 28 countries with data on hospital or ICU admissions/occupancy, seven (Latvia, Slovenia, Sweden, Bulgaria, Cyprus, Poland and Malta) reported an increasing trend in at least one of these indicators compared with the previous week, which likely reflects a lag to earlier increases in case rates. Overall, hospital indicators remain at 36% of the pandemic maximum, with the highest value being 59% for hospital admissions in Greece. Compared to maximum values during the pandemic, current levels of ICU indicators remain low for the majority of countries, with highest value being 17% for ICU occupancy in Finland.
- The EU/EEA death rate has decreased, with 12 deaths per million reported this week. Five countries (Bulgaria, Croatia, Czechia, Denmark and Romania) reported increases in death rates in recent weeks.
- As testing strategies have substantially diverged among countries, the interpretation and comparison of indicators has become increasingly challenging, requiring more country specific analysis and contextualisation. At the same time, the robustness and reliability of forecasts based on data dependent on testing policies will be affected by this evolving scenario.
- As reported previously, ECDC considers case rates among people aged 65+ years to be the most reliable indicator of disease transmission in the current context, and ICU occupancy and ICU admissions are the most reliable indicators of severity. Importantly, lags and delays in reporting, as well as varying and low levels of reporting by different countries affect the quality of these indicators. Therefore, consistent monitoring of these indicators is essential to quickly implement measures, such as booster dose campaigns when deemed necessary, rather than deciding on booster administration based on a seasonal pattern.

Current trends in epidemiological indicators for EU/EEA

Indicator	Previous week	Reporting week	Change compared to previous week (%)	Number of countries with increasing trend	Percentage of pandemic maximum
Tests per 100 000 people	1 652	1 370	-17	0	13.4
14-day case notification rate per 100 000	859	633	-26	6	16.6
Test positivity (%)	19.7	16.3	-17	4	14.2
14-day case rate per 100 000 (65+ years)	952	750	-21	6	58.4
Hospital admissions per 100 000	8.7	6.3	-28	2	26.2
Hospital occupancy per 100 000	17.6	16.3	-7	2	36.8
ICU admissions per 100 000	0.6	0.5	-21	1	11.1
ICU occupancy per 100 000	1.3	1.2	-7.2	2	19.2
14-day death rate per million	16.5	12	-27	5	9.8

Key indicators by EU/EEA country

Summary of epidemiological indicators: current value as of 7 August 2022

	Tests per 100k	14-day case rate per 100k	Test positivity (%)	14-day case rate per 100k (65+ years)	Hospital admissions per 100k	Hospital occupancy per 100k	ICU admissions per 100k	ICU occupancy per 100k	14-day death rate per million
EU/EEA	1 370	633	16.3	750	6.3	16.3	0.5	1.2	12.0
Austria	7 039	1 111	7.0			15.7		0.9	16.1
Belgium	648	397	25.4	470	6.9	15.1		1.0	11.8
Bulgaria	613	322	24.7			15.1		0.8	14.7
Croatia	945	389	17.2	496					45.6
Cyprus	9 108	1 860	5.9	1 719	0.4	7.9		0.8	6.7
Czechia	505	290	26.9	426	11.1	11.4	0.7	0.4	16.1
Denmark	812	267	16.0	378		7.7		0.3	15.4
Estonia	648	336	26.0	376	7.9	9.9	0.1	0.3	10.5
Finland	580	579	47.7	363		12.8		0.2	14.8
France	1 497	831	21.8	1 337	8.2	28.4	0.9	1.7	17.7
Germany		1 022		668				1.6	6.1
Greece	6 822	1 672	10.9	1 664	22.0		0.4		67.3
Hungary	315	410	59.1	501					13.7
Iceland	504	580	43.2	642		9.4		0.3	0.0
Ireland	419	142	13.6	182	8.2	8.0	0.2	0.2	2.6
Italy	2 663	942	12.3	1 042	4.2				6.8
Latvia	1 506	993	34.1	747	10.7		0.3	0.2	18.5
Liechtenstein	609	655	47.9	714	0.0				25.6
Lithuania	536	523	51.3	449		4.7			1.8
Luxembourg	995	711	27.7	632		2.5		0.3	4.7
Malta	1 208	199	6.7	236	2.5			0.8	19.4
Netherlands	198	229	48.7	254	2.3	4.8	0.1	0.2	2.3
Norway	127	63.5	14.0	148	2.8		0.2		5.0
Poland	178	120	36.5			6.3			4.4
Portugal	815	411	23.5	489	0.0				12.6
Romania	844	548	30.9	645		22.5		1.4	12.0
Slovakia	611	279	21.1	486		10.1		0.7	3.3
Slovenia	1 808	1 025	26.7	935	5.7	6.7	0.6	0.8	20.4
Spain	382	153	15.8	375	4.4	15.3	0.1	0.9	15.4
Sweden	223	115	27.0	180			0.5	0.2	7.2

Level of current value, coloured by class breaks defined per indicator:

- 14-day case notification rate per 100k: <40, 40-100, 100-300, 300 or higher

- Test positivity (%): <2%, 2-4%, 4-10%, 10% or higher

- 14-day case rate per 100k (65+ years): <20, 20-50, 50-150, 150 or higher

- Hospital or ICU admissions per 100k (as % of historical country peak rate): <10%, 10-25%, 25-50%, 50% or higher

- Hospital or ICU occupancy per 100k (as % of historical country peak rate): <25%, 25-50%, 50-75%, 75% or higher

- 14-day death rate per million: <20, 20-40, 40-100, 100 or higher

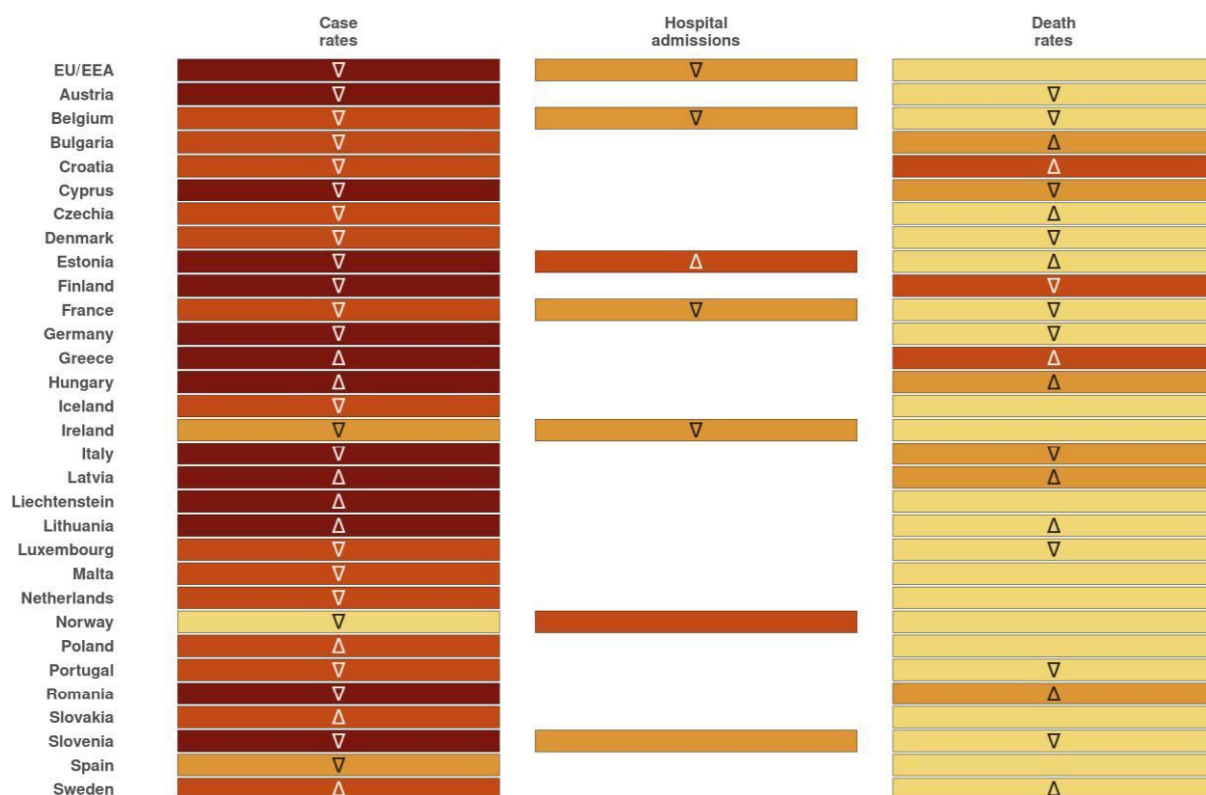
1 (lowest) 2 3 4 (highest) Not applicable

For detailed information on epidemiological indicators, see [ECDC weekly country overview](#).

Projection of epidemiological indicators for EU/EEA for the coming three weeks

At the EU/EEA level, case notification and hospital admissions are forecast to decrease in the coming weeks up to 28 August, while death rates are forecast to remain stable. In this period, decreases are forecast for cases in 22 countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Iceland, Ireland, Italy, Luxembourg, Malta, Netherlands, Norway, Portugal, Romania, Slovenia and Spain), and for hospital admissions in three countries (Belgium, France and Ireland). Cases are forecast to increase in eight countries (Greece, Hungary, Latvia, Liechtenstein, Lithuania, Poland, Slovakia and Sweden), and hospital admissions are forecast to increase in one country (Estonia). Deaths are forecast to increase in ten countries (Bulgaria, Croatia, Czechia, Estonia, Greece, Hungary, Latvia, Lithuania, Romania and Sweden).

Projected 3-week trend (increasing Δ , decreasing ∇ or stable) compared to the current week and value of indicator (fill colour) as of 28 August 2022



Projected value of indicator as of 28 August 2022:

- Weekly case rate per 100 000 population: <20, 20-50, 50-150, 150+
- Weekly hospital admissions as % historical maximum: <10, 10-25, 25-50, 50+
- Weekly death rate per million population: <10, 10-20, 20-50, 50+

1 (lowest) 2 3 4 (highest)

Note: forecasts of hospital admissions are only shown for countries for which historical observed data are published on the European COVID-19 Forecast Hub: <https://covid19forecasthub.eu/visualisation.html>

SARS-CoV-2 variants

- Between 18 and 31 July 2022, 11 countries (Austria, Belgium, Denmark, Finland, France, Germany, Italy, Luxembourg, the Netherlands, Romania and Sweden) reported an adequate average weekly sequencing volume, 15 countries reported insufficient sequencing volume, and four did not report any data.
- Among the 11 countries with an adequate sequencing volume between 18 and 31 July 2022, the estimated distribution of variants of concern and of interest was 97.3% (88.8–99.9% from 11 countries) for BA.4/BA.5, 1.8% (0.8–3.1% from ten countries) for BA.2, 1.3% (0.3–1.5% from six countries) for BA.2+L452X, 0.2% (0.0–0.7%, 296 detections from four countries) for BA.1 and 0.0% (0.0–0.1%, 13 detections from two countries) for BA.2.75.

Changes to ECDC classification of variants

Since the last update on 29 July and as of 11 August 2022, two changes were made to the ECDC listing of variants of concern, variants of interest, variants under monitoring and de-escalated variants:

- the Omicron sub-lineage **BA.1, previously classified as variant of concern, was de-escalated** due to a very low level of circulation worldwide, and the consistent decreasing trend in the number of detections observed in the last three months.
- the Omicron sub-lineage **BA.3, previously classified as variant under monitoring, was de-escalated** due to very low level of circulation worldwide. The last detections in the EU/EEA date back to June 2022.

Omicron sub-lineage BA.2.75

- As of 11 August 2022, the following BA.2.75 detections were reported within the EU/EEA according to GISAID EpiCoV data: Austria (15), Denmark (19), France (6), Germany (6), Italy (2), Luxembourg (4), Netherlands (1), Slovakia (1) and Slovenia (1). No significant increasing trend in the proportion of this SARS-CoV-2 variant has been observed in the EU/EEA countries so far. This variant has been also detected in 18 countries outside of the EU/EEA.
- In India, the country where BA.2.75 was first detected, this variant accounts for more than 30% of the SARS-CoV-2 sequenced viruses.
- A recent preprint (<https://www.biorxiv.org/content/10.1101/2022.08.07.503115v1>) indicates that BA.2.75 is associated with significant reduction in neutralising activity by BA.2 and BA.5 convalescent sera. Further, BA.2.75 may have fusogenic activity that is similar to BA.5, which could lead to slightly increased infection severity compared to BA.2, while still much lower compared to Delta. These results are however performed mainly in animal models and with a low number of samples. Further studies are needed to fully assess the properties of BA.2.75.
- No solid scientific evidence on the transmissibility, disease severity or immune escape of BA.2.75 is currently available.

XAK recombinant lineage

- XAK is likely a recombinant between Omicron sub-lineages BA.1 and BA.2 that has also acquired further mutations. The variant was first detected in Germany (first sample collection on 2 June 2022).
- The variant has Spike RBD changes similar to BA.2.75. This mutation profile might be associated with a change in the antigenic properties of the virus, which could lead to a new surge in COVID-19 cases.
- As of 11 August 2022, XAK has been detected at low levels in Germany (70), Austria (7), Croatia (1), Denmark (1), Slovakia (1) and Spain (1). Outside of the EU/EEA, this variant has been detected in Malaysia (1), the United States (1) and the UK (1), according to submissions to the GISAID EpiCoV database.
- No solid scientific evidence on the transmissibility, disease severity or immune escape of XAK is currently available.

Variants of concern, of interest and under monitoring in the EU/EEA are reassessed on a weekly basis and the latest lists are available on ECDC website: <https://www.ecdc.europa.eu/en/covid-19/variants-concern>

COVID-19 vaccination rollout in the EU/EEA

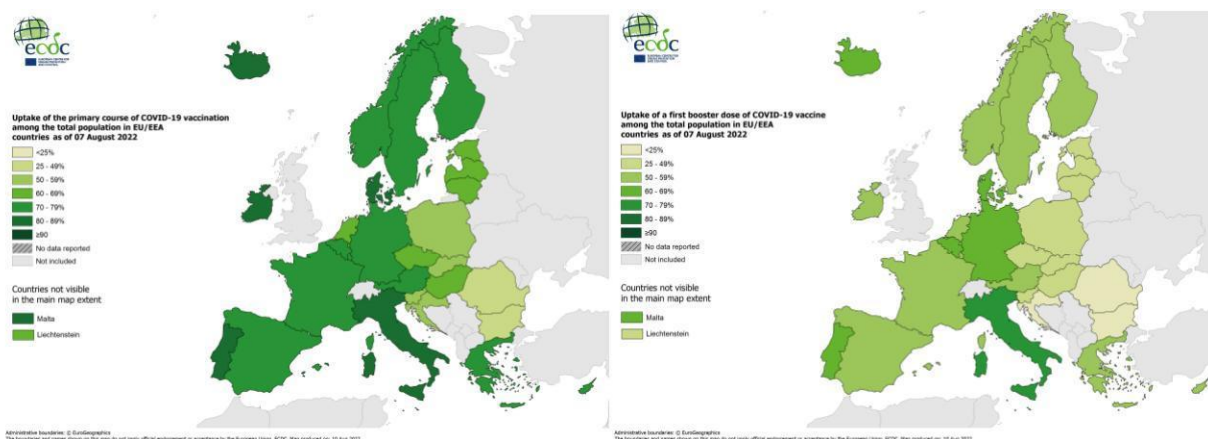
Key figures per population group as of 7 August 2022

- The uptake of the primary vaccination course against COVID-19 in the total population of the EU/EEA has reached 72.8%, and has been plateauing now for several months.
- The uptake of the first booster dose in the total population is 53.5%, showing an absolute percentage increase of +0.5% in the last month.
- The highest increase in the median values of the cumulative uptake of the first booster dose was seen among persons aged 80 years and above, which increased by +0.8% within the last four weeks, following by age group 18-24 years, which increased by +0.5% within the last four weeks. The median cumulative uptake in these age groups reached 84.1% and 39.9% respectively (data for all age groups available in Vaccine Tracker).
- As of 11 August, 19.8 million adults in the EU/EEA have received a second additional vaccine dose following the primary vaccination course (24 countries reporting), with an average increase of about 800 000 second additional doses per week in the last four weeks. The median uptake of a second additional dose among individuals aged 60 years and older is 13.7% (range: <0.1 – 61.1%, 24 countries reporting), with an average absolute increase of +0.63% per week in the last four weeks.

More detailed information on the vaccine rollout and country-specific disclaimers on the data may be found in the [ECDC Vaccine Tracker](#).

Population group	Uptake of primary course ¹	Uptake of first booster ²	Countries reporting	Uptake of second booster ³	Countries reporting
Total population	72.8 %	53.5 %	30	5.9 %	24
Adults (18+)	83.5 %	64.5 %	30	7.2 %	24
Persons aged 60+	90.7 %	83.6 %	30	13.7 %	24
Adolescents aged 15-17	71.3 %	4.5 %	19		
Children and adolescents 10-14	37.4 %	0.9%	18		

Uptake of primary vaccination and first booster among total population in EU/EEA countries as of 7 August



¹ Cumulative uptake of the primary vaccination course based on the dosing schedule authorised in the EU/EEA.

² For surveillance purposes, this refers to the first additional dose of COVID-19 vaccine administered after the standard primary course. Therefore, the count and uptake estimates may include both first booster doses administered to immunocompetent persons and additional primary course doses administered to immunocompromised individuals.

³ For surveillance purposes, this refers to the second additional dose of COVID-19 vaccine administered after the standard primary course. Therefore, the count and uptake estimates may include both second booster doses administered to immunocompetent persons and second additional doses administered to immunocompromised individuals after a standard primary course.

See Appendix 1 for COVID-19 vaccine uptake by each EU/EEA country (vaccine tracker data).

ECDC in focus

Key resources:

- [ECDC weekly country overview](#): more extensive coverage of the data upon which this policy brief is based
- [ECDC COVID-19 situation dashboard](#): weekly overview for EU/EEA and the world
- [ECDC vaccine tracker](#)

Recent publications:

- 18 July, [Operational considerations for respiratory virus surveillance in Europe](#)
- 18 July, [Preliminary public health considerations for COVID-19 vaccination strategies in the second half of 2022](#)
- 29 July, [ECDC expert consultation on knowledge and research gaps related to the COVID-19 public health response](#)
- 2 August, [2nd update of Methods for the detection and characterisation of SARS-CoV-2 variants](#)

Upcoming publications:

- Generic protocol for COVID-19 vaccine effectiveness cohort studies during outbreaks in long-term care facilities (and other closed settings) in the EU/EEA
- Long-term qualitative scenarios on the COVID-19 pandemic

Annex 1. Uptake of COVID-19 vaccines among adults and total population as of 11 August 2022

EU/EEA country	Reporting week	Total population - Uptake at least one dose (%)	Total population - Uptake primary course (%)	Total population - Uptake first booster (%)	Adults (18+) - Uptake at least 1 dose (%)	Adults (18+) - Uptake primary course (%)	Adults (18+) - Uptake first booster(%)
Austria	2022-W31	77.10%	74.70%	59.20%	86.10%	83.70%	69.40%
Belgium	2022-W32	79.90%	79.10%	62.20%	90.70%	89.90%	76.20%
Bulgaria	2022-W31	30.30%	29.90%	11.40%	36.10%	35.60%	13.70%
Croatia	2022-W32	57.40%	55.60%	22.50%	68.20%	66.10%	27.10%
Cyprus	2022-W30	74.40%	73.20%	53.90%	86.80%	85.50%	66.50%
Czechia	2022-W31	65.10%	64.30%	40.00%	75.40%	74.50%	48.40%
Denmark	2022-W30	82.60%	82.00%	62.50%	91.90%	92.00%	77.80%
Estonia	2022-W31	63.40%	62.60%	35.50%	73.60%	73.10%	43.60%
Finland	2022-W32	82.00%	78.60%	54.50%	91.00%	88.70%	66.80%
France	2022-W31	80.60%	78.40%	59.90%	93.90%	92.10%	74.50%
Germany	2022-W31	77.90%	77.90%	61.90%	93.30%	93.40%	74.20%
Greece	2022-W31	74.00%	72.40%	54.70%	84.00%	82.40%	66.00%
Hungary	2022-W31	65.30%	63.10%	39.60%	73.70%	71.40%	47.30%
Iceland	2022-W30	83.20%	80.70%	68.30%	92.20%	91.30%	86.20%
Ireland	2022-W32	80.80%	80.00%	59.70%	94.70%	94.10%	75.70%
Italy	2022-W31	85.10%	80.20%	71.50%	92.50%	87.50%	82.20%
Latvia	2022-W31	68.80%	67.10%	28.30%	79.50%	78.00%	34.80%
Liechtenstein	2022-W31	68.40%	67.60%	48.00%	77.80%	77.10%	56.90%
Lithuania	2022-W31	69.90%	68.10%	32.00%	81.10%	79.20%	38.90%
Luxemburg	2022-W32	74.00%	72.90%	57.70%	82.90%	82.10%	67.80%
Malta	2022-W29	87.20%	86.10%	68.00%	94.70%	93.90%	80.90%
Netherlands	2022-W31	73.20%	68.50%	53.80%	84.00%	79.20%	66.00%
Norway	2022-W31	80.50%	75.20%	55.20%	93.40%	91.40%	69.60%
Poland	2022-W32	60.40%	59.60%	32.30%	67.30%	66.70%	38.70%
Portugal	2022-W31	94.60%	86.50%	66.60%	100.00%	94.60%	79.80%
Romania	2022-W31	42.60%	42.30%	9.10%	50.90%	50.60%	11.20%
Slovakia	2022-W28	51.70%	50.80%	30.30%	61.20%	60.20%	37.20%
Slovenia	2022-W31	58.60%	57.10%	30.90%	68.70%	67.10%	37.50%
Spain	2022-W31	87.00%	79.00%	54.50%	93.10%	85.90%	65.80%
Sweden	2022-W31	72.90%	71.30%	53.00%	88.90%	87.10%	67.00%
EU/EEA overall*	2022-W31	75.4%	72.8%	53.5%	85.9%	83.5%	64.5%
EU overall**	2022-W31	75.3%	72.7%	53.5%	85.8%	83.4%	64.4%

*pooled for 30 countries reporting

**pooled for 27 countries reporting

Disclaimers and notes: <https://gap.ecdc.europa.eu/public/extensions/COVID-19/vaccine-tracker.html#notes-tab>

Annex 2: Disclaimers

DISCLAIMER: GENERAL

Given the nature of a policy brief and the speed at which it is produced, the interpretations and conclusions should be considered preliminary. Final interpretations and conclusions can be found in ECDC Threat Assessment Briefs and Rapid Risk Assessments.

DISCLAIMER: PROJECTIONS

The public ECDC country overview reports use a 2-week projection that is considered more reliable. The 3-week projections provided in the Policy brief may differ in their interpretation.

DISCLAIMER: SEQUENCING

Sequencing capacity varies greatly across the EU/EEA. ECDC uses data reported to the GISAID EpiCoV database and The European Surveillance System (TESSy) to estimate the distribution of variants in countries reporting an adequate average weekly volume of SARS-CoV-2-positive cases sequenced (to estimate the proportion with sufficient precision for a variant prevalence of 5% or lower). Due to reporting delays in many countries, a two-week window is used, excluding the most recent week.