

**CRISIS MANAGEMENT AND DISASTER RESPONSE CENTRE  
OF EXCELLENCE**  
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# COVID-19

## PART 31/2021

### (11 - 24 FEB 2021)

*This report represents a summary of open source information, accumulated between 11 FEB and 24 FEB 2021, and was assembled 25 FEB 2021. All views and opinions expressed are solely those of the author, unless otherwise stated and do not necessarily represent the official position of the CMDR COE or any government and non-government organization or other group. The author does not bear responsibility for incomplete or incorrect facts cited or referred to herein. The majority of reference materials include official documents published by the World Health Organization, governmental pages, and online statistical databases.*

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## THE MOST IMPORTANT FACTS ABOUT COVID-19 VACCINES

There are two ways to build immunity, resistance of the body to viruses and bacteria that make us sick: through illness or through vaccines. Diseases, such as COVID-19, carry risk of complications and even death. This risk is particularly high in some vulnerable groups e.g., the elderly and people with chronic diseases, but severe complications are also possible among young people not suffering from serious illnesses. In a large percentage of cases, vaccines protect people from contracting the disease. Sometimes a person can get sick even after being vaccinated, but the symptoms are milder and recovery is faster. All already approved vaccines protect 100% from severe disease and death, i.e. if everyone were vaccinated, thousands of deaths and hospitalizations would be prevented. In addition, immunization reduces the risk of spreading the disease to the people we interact with. Therefore, when a critical mass of the population is immunized against an infectious disease, the possibility for the spread of that infection decreases. This is called "collective immunity". Recent studies have shown that the AstraZeneca vaccine reduces the transmission of the disease by 67% and the Pfizer vaccine by 89.4%. However, as there is still a risk that the vaccinated person will transmit the disease to others, experts advise everyone to follow anti-epidemic measures e.g., social distancing and wearing masks.

As already mentioned, the data from clinical trials and current experience confirm the safety of approved vaccines and show that they protect from severe disease and death. So far, with more than 200 million doses of vaccine administered worldwide, severe post-vaccination reactions have been reported at reasonably low levels and there are no deaths directly related to the vaccination. None of the vaccines can infect you with coronavirus, but it is possible that you have been a carrier of the virus without knowing it and would develop symptoms after immunization. The presence of antibodies against an infectious agent is not a contraindication to a vaccine against the same agent. Virus testing is also not recommended but before the administration of the vaccine, a medical examination has to be performed for presence of flu-like symptoms. However, such examination is not absolutely necessary for people without symptoms.

## ANTI-COVID-19 VACCINES: SIMILARITIES AND DIFFERENCES

In the European Union vaccine portfolio, there are 3 types of vaccines against COVID-19: RNA (Pfizer / BioNTech; "Moderna" "CureVac"), vector ("AstraZeneca"; "Sputnik-V", "Johnson & Johnson") and antigen ( Novavax; Sanofi). There is a 4<sup>th</sup> type of vaccines – the whole-viral vaccines. Such vaccine against COVID-19 is the Chinese made Sinovac, which is not yet

available for the EU citizens.

**The Ribonucleic acid (RNA) Vaccine** is the latest and most advanced technology among the vaccines. In it, genetic material from the virus is introduced into human cells and instructs them to start producing antigen, which triggers an immune response through both antibodies and T cells. The RNA or “messenger RNA” (mRNA) never enters the nucleus of the cell where our DNA (genetic material) is stored, i.e. this type of vaccine does not alter human DNA. When the body does not encounter the virus carrying the S protein, the immune system is ready to destroy it. Approved doses of vaccines of this type show a high efficacy of 95%, which means that only 5% of the vaccinated samples were later on infected with COVID-19. Their disadvantage is the necessity for low-temperature storage in special freezers. However, the latest study shows that the Pfizer vaccine remains stable even at higher temperatures than the recommended in its specifications.

**Vector vaccines** use another virus that sends instructions to human cells. In the case of vaccination against COVID-19, the carrier is the adenovirus, which causes the common cold. A weakened version of adenovirus, that contains genetic material of the SARS-CoV-2 spike protein, is introduced into the human body and elicits an immune response. If a person has developed immunity to the carrier virus, i.e. adenovirus, this may reduce the effectiveness of the vaccine. The reason is that if a person has been exposed to the virus before, the immune system can destroy it, before its payload is delivered. This could be a reason why AstraZeneca and other vector vaccines show lower efficacy in clinical trials in comparison with a RNA vaccine. Different ethnical and age groups may have different levels of immunity to adenovirus vectors. This is because different subtypes of particular virus circulate to different degrees in different parts of the world. In addition, with aging, people encounter more and more viruses<sup>1</sup>. However, vector-based vaccination has the potential to create a strong immune response that stimulates single antibody production and cellular immunity. Just like the RNA vaccines, they almost eliminate the risk of severe health disorders and death, in case that a vaccinated person is infected with COVID-19. Moreover, compared to RNA, vector vaccines are easy to spread and store. The latest studies indicate another advantage of the AstraZeneca vector vaccine over the Pfizer RNA vaccine: 28 to 34 days after receiving the AstraZeneca vaccine, there is a 94% efficacy against the need for hospitalization, i.e., against severe course of the disease, while Pfizer vaccine efficacy in that regard for the same period is 85%.

**Antigenic vaccines** are not injecting an entire virus to elicit an immune response. Instead,

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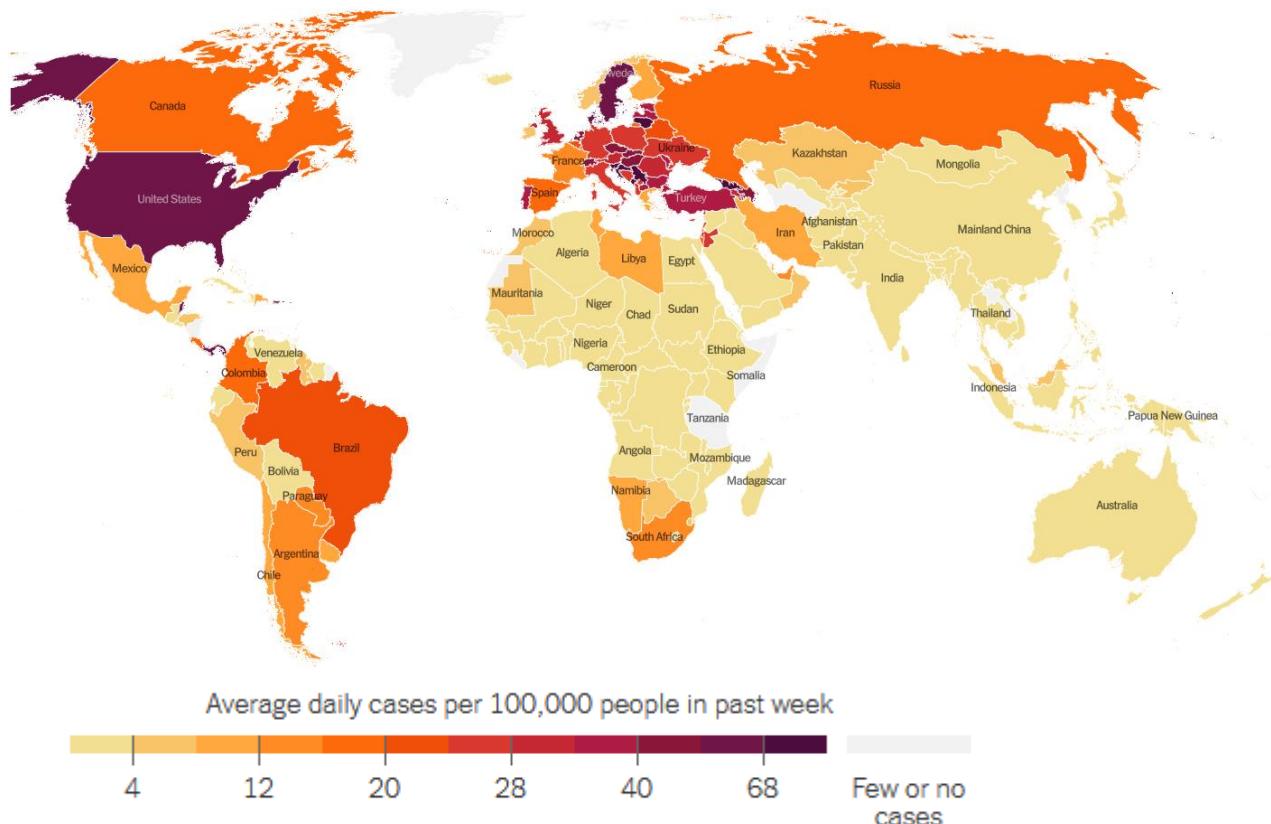
<sup>1</sup> The website of the World Alliance for Vaccines and Immunizations (Gavi) provides additional information on this topic.

they contain purified portions of the virus protein that are specially selected for their ability to stimulate immune cells. These proteins (antigens) or parts of coronavirus proteins are delivered directly into the body. The human immune system recognizes the coronavirus protein as intruder that should not be in the body and triggers immune response. Because these parts are unable to cause disease, this type of vaccines are considered very safe, but may cause a weaker immune response (antibodies only) and therefore need reinforcement. These vaccines are widely used e.g., against hepatitis B, diphtheria or tetanus. They are produced via a well-established technology and are suitable for people with impaired immune system. They are also relatively stable and easy for storage and transportation. On the negative side, the antigenic vaccines are more complex to manufacture and in many cases adjuvants and boosters may be needed. Also, determining the best antigenic combination for a good immune response requires more time.

**The technology for development of whole-viral vaccines** is the most tested technology so far. There are two sub-types of whole-viral vaccines. Inactivated vaccines contain viruses whose genetic material is damaged by heat, chemicals or radiation, so they cannot infect cells and multiply, but still trigger an immune response. Live attenuated vaccines use a weakened form of the virus that infects cells and multiplies in them, but should not cause disease. Both types have been tried and tested and are the basis for many existing vaccines - including those against yellow fever and measles (live attenuated vaccines), or seasonal flu and hepatitis A (inactivated vaccines). There are also bacterial attenuated vaccines, such as the BCG tuberculosis vaccine. The most important anti-COVID-19 vaccine of this type (inactivated subtype) is the Chinese Sinovac, which is already administered with only 1 dose. Among the advantages of the inactivated viral vaccines are the well-established technology, suitability for people with impaired immune system, the lack of living components, which eliminates the risk of disease, relative ease to manufacture and the stability. However, adjuvants are needed to strengthen (and for T cell immunity) and booster doses may also be needed. The live attenuated vaccines are also developed and produced by well-established and tested technology. They invoke a strong immune response that involves B and T cells. These vaccines are also relatively easy to manufacture. However, they are unsuitable for people with a suppressed immune system and can trigger disease in very rare cases. They are also sensitive to temperatures, so careful storage is required.

## OVERAL SITUATION ON THE WORLD

COVID-19 cases are close to 113-million mark globally during last two weeks, with USA, India, Brazil, Russia and UK still occupying top five worst affected countries on the world respectively. Number of deaths is close to 2,5 million with USA, Brazil, Mexico, India, and UK among top five countries on the world.



In the past week, the African Region reported over 66 400 cases and 2000 deaths, a 2% and 20% decrease respectively compared to the previous week. This is the fifth consecutive week the Region reported decreases in both new cases and deaths. The highest numbers of new cases were reported in South Africa (12 304 new cases; 20.7 new cases per 100 000 population; a 25% decrease), Mozambique (6380 new cases; 20.4 new cases per 100 000; a 42% increase) and Ethiopia (6153 new cases; 5.4 new cases per 100 000; a 45% increase). Over 1 million new cases and over 34 300 new deaths were reported in the Region of the Americas this week, a 19% and 23% decrease respectively compared to the previous week. The highest numbers of new cases were reported from the United States of America (480 467 new cases; 145.2 new cases per 100 000 population; a 29% decrease), Brazil (316 221 new cases; 148.8 new cases per 100 000; a 1% decrease) and Mexico (51 537 new cases; 40 new cases per 100 000; a 22% decrease).

In the past week, the Eastern Mediterranean Region reported over 181 000 new cases, a

7% increase compared to last week. The region reported just over 2400 new deaths, a 3% decrease. The three countries reporting the highest numbers of new cases this week were the Islamic Republic of Iran (55 208 new cases; 65.7 new cases per 100 000 population; a 7% increase), Iraq (23 122 new cases; 57.5 new cases per 100 000; a 63% increase) and the United Arab Emirates (22 570 new cases; 228.2 new cases per 100 000; a 2% increase).

The European Region reported over 939 000 new cases and over 24 000 new deaths, a decrease of 7% and 19% respectively when compared to the previous week. The three countries reporting the highest numbers of new cases were France (131 179 new cases; 201 new cases per 100 000; a 3% increase), the Russian Federation (92 843 new cases; 63.6 new cases per 100 000; an 11% decrease), and Italy (84 977 new cases; 140.5 new cases per 100 000; a 1% decrease).

In the past week, the South-East Asia Region reported over 157 000 new cases, an increase of 2% compared to last week. The region reported over 2100 new deaths, a 6% decrease. The three countries reporting the highest numbers of new cases were India (86 711 new cases; 6.3 new cases per 100 000; a 10% increase), Indonesia (60 650 new cases; 22.2 new cases per 100 000; a 5% decrease), and Sri Lanka (4628 new cases; 21.6 new cases per 100 000; a 26% decrease).

The Western Pacific Region reported just under 45 000 new cases the past week, a 9% decrease compared to the previous week. The region reported 1200 new deaths, a 6% increase. The three countries reporting the highest numbers of new cases in the region this week were Malaysia (18 467 new cases; 57.1 new cases per 100 000; a 20% decrease), the Philippines (12 033 new cases; 11.0 new cases per 100 000; a 2% increase), and Japan (10 035 new cases; 7.9 new cases per 100 000; a 9% decrease).

Strategic Advisory Group of Experts on Immunization (SAGE) was able to issued policy recommendations for each of three vaccines reviewed to date (Pfizer-BioNTech, Moderna and AstraZeneca), because of the publication of appropriate data by the vaccine developers and on the basis that the vaccine was in the process of acquiring Emergency Use Listing (EUL) from WHO or a marketing authorization from a stringent regulatory authority, such as the European Medicines Agency. For all three vaccines SAGE concluded that the known and potential benefits outweigh the known and potential risks. The high efficacy of each of the products was acknowledged, despite insufficient data on if and how these vaccines influence virus transmission, although it is likely, there will be some level of protection against transmission. These vaccines will have a beneficial effect on the high rate of severe disease and mortality caused by SARS-CoV-2 infection, a key objective of vaccination. More work is needed to

understand if this is the case for all circulating variants of concern. Based on current data for each of these three vaccines, a regimen of 2 full doses of the same vaccine is recommended, injected intramuscularly in the upper arm. This means the dosage cannot be reduced, or interchanged (i.e., if the first dose is Pfizer-BioNTech vaccine, the second should not be Moderna or AstraZeneca vaccines). Furthermore, each vaccine has a different minimum interval time between doses: a second dose of the Pfizer-BioNTech vaccine can be administered after three weeks; the Moderna vaccine requires a minimum interval of four weeks, which can be extended to six weeks; and the AstraZeneca vaccine requires an interval of no less than eight weeks, which can be extended to twelve.

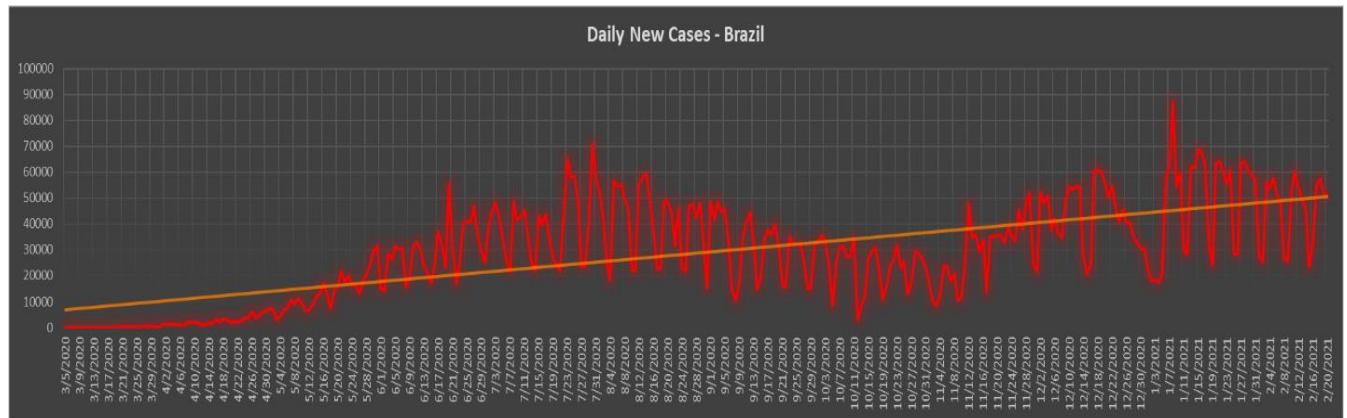
### WHO CAN BE VACCINATED WITH WHICH VACCINE AGAINST COVID-19

SAGE INTERIM RECOMMENDATION	Pfizer-BioNTech BNT162b2 vaccine	Moderna mRNA-1273 vaccine	Oxford University – Astra Zeneca AZD1222 vaccine
Minimum age requirement	16 years	18 years	18 years
Maximum age requirement	none	none	none
Ok for pregnant women?	Yes, if in high priority group and ok'd by health care provider.	Yes, if in high priority group and ok'd by health care provider.	Yes, if in high priority group and ok'd by health care provider.
Ok for breastfeeding mothers?	Yes, if in high priority group.	Yes, if in high priority group.	Yes, if in high priority group.
Ok for people with compromised immune systems?	yes	yes	yes
Ok for people living with HIV?	yes	yes	yes
Ok for people previously infected with SARS-CoV-2 (confirmed by PCR test)?	Yes, though that person may elect to delay vaccination up to 6 months from the time of infection.	Yes, though that person may elect to delay vaccination up to 6 months from the time of infection.	Yes, though that person may elect to delay vaccination up to 6 months from the time of infection.
Ok for people with a history of severe allergic reaction (anaphylaxis)?	no	no	No, if anaphylactic reaction was linked to any component of the vaccine.

## MONITORING

### 1. BRAZIL

Brazil was the 3<sup>rd</sup> country in the world to breach 10 million COVID-19 cases, with infections picking up speed in recent weeks as a new variant spreads amid a shortage of vaccines.



While encouraging signs in the fight against the COVID-19 pandemic are emerging globally, Brazil is battling a resurgence of the virus, which has been made worse by year-end gatherings and a new strain found in the Northern city of Manaus. For most of this year, the country has reported over 50,000 new infections a day, about double the rate for October and November. Deaths have hovered above 1,000 a day.

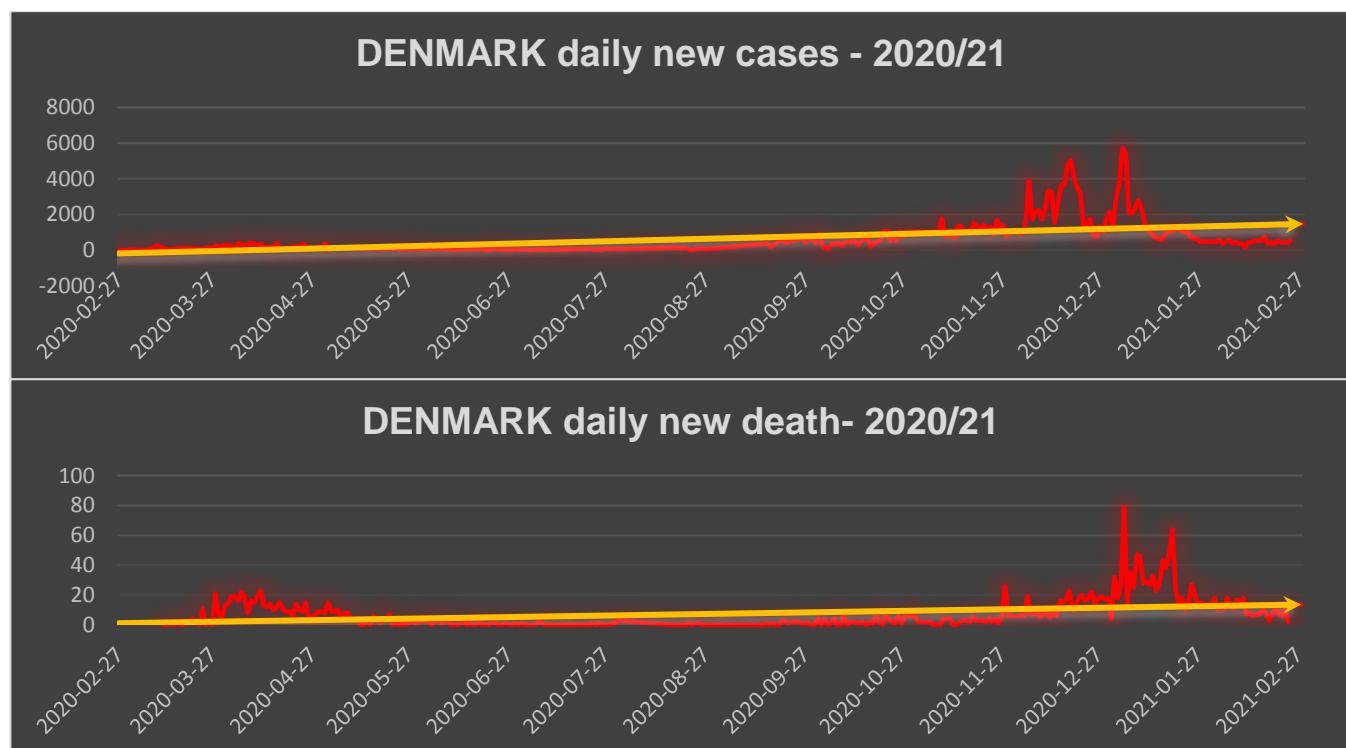


The new wave has added to the strain on the public health care system, already suffering from decades of underinvestment, and led state governors to increase pressure on President Jair Bolsonaro's administration to aid hospitals and buy more vaccines. The severity of the crisis was on display in January as Manaus, nestled deep in the Amazon rainforest, declared a state of emergency and began to airlift patients to other states after the local health care system collapsed. The country was expected to do better vaccinating than it did containing the disease, because Brazil's public health care system knows the challenge of mass vaccination drives. It carries out several campaigns each year with about 20 types of shots offered through 35,000

outposts nationwide. But the country was late to start, kicking off its campaign in mid-January with just 6 million shots on hand after approving formulations from Sinovac Biotech and AstraZeneca. Both have agreements to be locally produced, but manufacturing suffered delays as a key ingredient took longer than expected to arrive from China.

## 2. DENMARK

First in the world, Denmark's government has confirmed that a coronavirus passport will be launched in simple form by the end of February. The coronavirus digital passport is document proving that you have been vaccinated against COVID-19 and will initially be available to business travelers. It has been decided to implement a COVID-19 vaccination passport in a very short time frame. The solution will be based on the existing national infrastructure and the national vaccination database and the aim is to have a more complete technological solution in three to four months. The Danish government hopes the passport can be the first step to returning to normality and helping to ease public life restrictions. Denmark is still hard hit by the corona pandemic but there are parts of Danish society that need to move forward, and a business community that needs to be able to travel. In the meantime, it must be discussed how the COVID-19 pass can be used in practice. It will likely be an extra passport that you will be able to have on your mobile phone, which documents that you have been vaccinated.

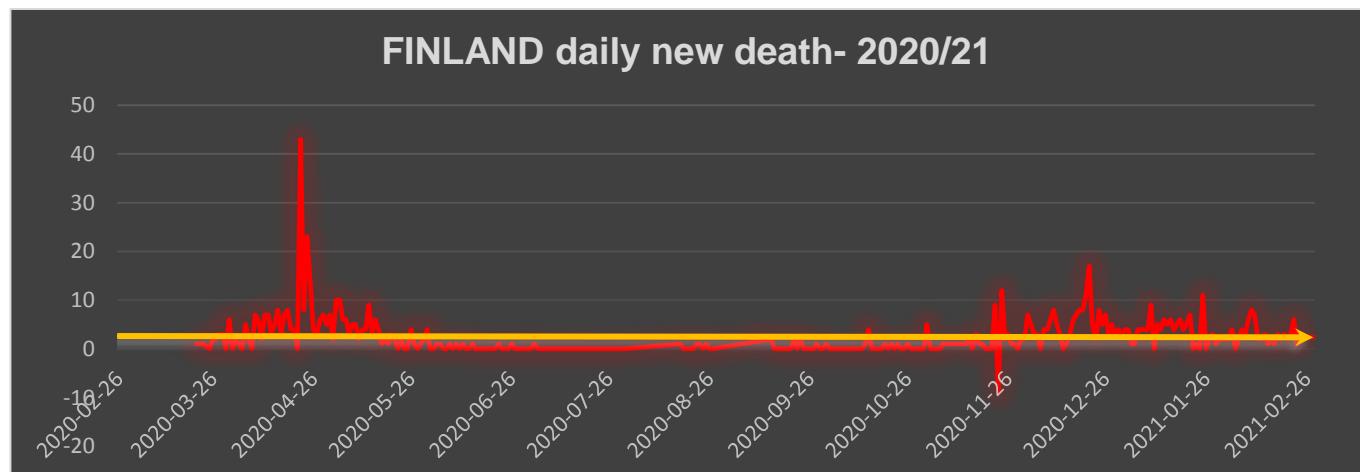


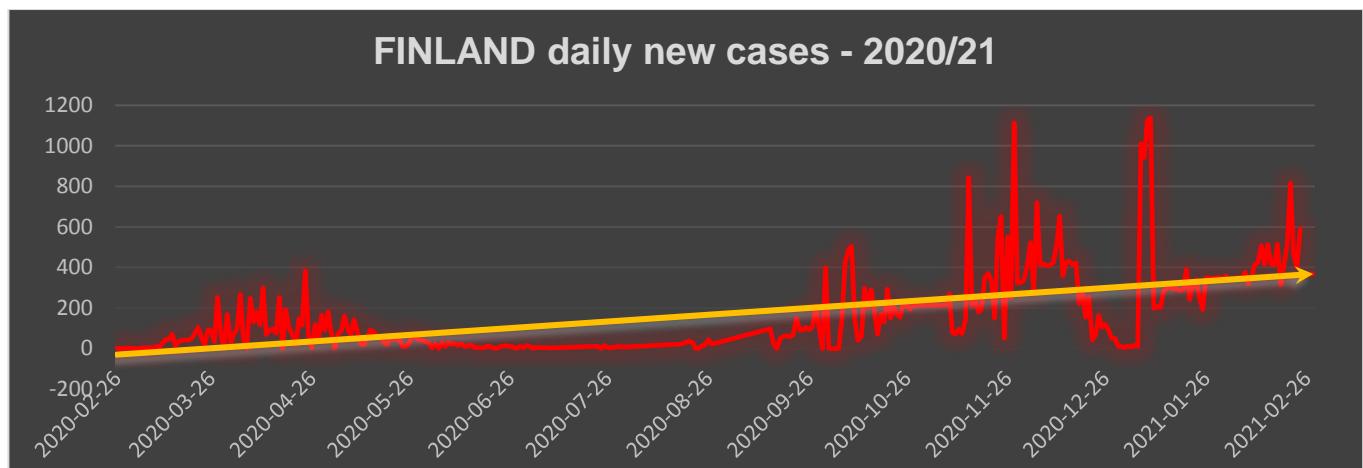
Period	Total cases	new cases	Total deaths	New deaths	Total Recovered	New recovered	Active Cases	Cases / 1M	Critical
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26.12	143572	67378	1143	13	107204	46163	39320	26477	102
26.01	195948	52376	2030	887	182420	75216	11498	33761	119
24.02	209079	13131	2345	315	200715	18295	6019	36014	47
Trend 26.12- 24.02		-39245		-572		-56921	-5479	2253	-72

### 3. FINLAND

The Ministry of Social Affairs and Health has found a solution that makes mandatory testing possible also from a constitutional perspective. Finland has to stick with the restrictions precisely because the situation can deteriorate very quickly. It is considered disappointing the slower-than-anticipated pace of vaccinations but the mass vaccinations should commence gradually as more vaccine shipments arrive in the country. In accordance with private clinics information many people want to jump the vaccine queues. Finland is vaccinating residents in order of priority with elderly individuals and healthcare workers first in line to receive the jab. However, Finland's national coronavirus vaccination campaign doesn't include shortcuts. Many individuals seeking a private vaccine have said they want to get inoculated for travel purposes. Private providers are, however, playing a role in mass vaccinations. In some areas of the country public healthcare clinics and private providers will work together to get the job done. Healthcare providers expect the pace of vaccinations to accelerate this spring as the Ministry of Social Affairs and Health has said drug manufacturers will ramp up vaccine deliveries in March.





Period	Total cases	new cases	Total deaths	New deaths	Total Recovered	New recovered	Active Cases	Cases / 1M	Critical
26.12	33910	10967	533	142	29000	12200	9618	6256	30
26.01	43120	9210	655	122	31000	2000	11465	7775	21
24.02	55122	12002	737	82	40000	9000	14385	9938	35
Trend 26.12- 24.02		2792		-40		7000	2920	2163	14

#### 4. FRANCE

The cases of contamination in France went up a little, attesting to an increasing circulation of the virus. At the hospital, the situation is still worrying, especially in Île-de-France. Nearly one in two patients has developed a Covid with the British strain. In the Mediterranean city of Nice, the virus was circulating faster due to the spread of the variant that was first identified in Britain. France may need to impose new local restrictions to deal with a worsening Covid-19 situation as it scrambles to avoid a new national lockdown, a government spokesman said Wednesday. Infections have reached worrying levels in several parts of the country. The warning comes only days after the French Riviera was ordered into lockdown for the coming two weekends to contain Covid-19 which has been spreading faster in the tourist hotspot than elsewhere in France, and border controls were tightened. Similar moves could become necessary elsewhere because of a worsening situation that requires rapid and strong measures. There are expectations that the northern coastal city of Dunkirk might be next on the list for fresh restrictions after the infection rate there went over 900 for 100,000 people, close to nine times the national average<sup>2</sup>.

From this Monday, a test campaign has begun for children who have resumed lessons

<sup>2</sup> <https://www.france24.com/en/europe/20210224-france-considers-new-local-lockdowns-to-stem-worsening-covid-19-situation>

(zone A). Between "50,000 to 80,000 saliva tests" must be performed this week. The government is giving itself a few more days to decide on the national strategy: should there be containment measures or more restrictions<sup>3</sup>.

As of Feb. 19, France had offered the first dose of coronavirus vaccine to 2,535,436 people, while 1,132,918 have completed the two shots. Vaccination against Covid-19 should be able to take place in companies from the end of February, starting with 50-64 year olds with comorbidities. They will be vaccinated as part of their occupational health service. In accordance with the "recommendations of the health authorities", only the AstraZeneca vaccine can be injected for the moment in the context of occupational medicine<sup>4</sup>.

## 5. GERMANY

As of 24 February 2021, Germany has the 10<sup>th</sup> most coronavirus confirmed cases worldwide, as the same two weeks ago. As of the same date the total numbers are: over 2 million (2,390,928) confirmed cases, 67,903 COVID-19 related deaths with a fatality rate of 2,84% while approximately 2,198,000 people have recovered from their virus infection. In the past 14 days, there have been 102,383 newly registered virus infections throughout Germany, around 30% decrease compared to the previous two weeks (with 146,880). On 18 December, daily reported cases reached the maximum since the start of the pandemic with 33,777 new cases and furthermore on 14 January a daily record of 1244 deaths. The cumulative nationwide incidence over the past 7 days was 61.0 cases (while 76.0 two weeks ago) per 100,000 inhabitants. The 7-day incidence of people ≥60 years is currently 46.0 cases/100,000 population (from 60.0 two weeks ago). On February 22, 3,060 COVID-19 patients were in intensive care (from 3,957 two weeks ago). On 14 Feb 2021 the December 2020 lockdown measures along with all additional restrictions from January 2021 has been extended until March 07).

The first doses of the BioNTech-Pfizer coronavirus vaccine arrived in Germany's 16 states on December 26, a day before the country begins a large-scale immunization program. As of 22th Feb 2021, 3,312,351 German citizens, around 3.95% of total population, had been vaccinated with the 1<sup>st</sup> dose (see figure 3) and 1,756,478, around 2.10% of total population, had been vaccinated with the 2nd dose, which phase began on January 17 (see figure 4).

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<sup>3</sup> <https://www.linternaute.com/actualite/guide-vie-quotidienne/2462477-direct-coronavirus-en-france-semaine-de-verite-en-ile-de-france-des-durcissements-a-l-horizon/>

<sup>4</sup> <https://www.lefigaro.fr/societes/covid-19-la-vaccination-en-entreprise-possible-sans-doute-fin-fevrier-20210222>

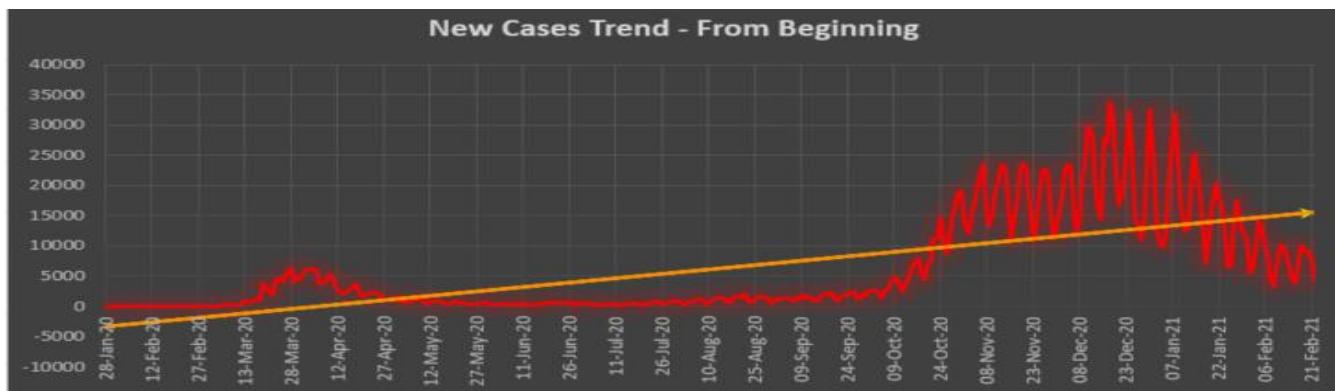


Figure 1: COVID-19 confirmed cases in Germany (22/02/2021)

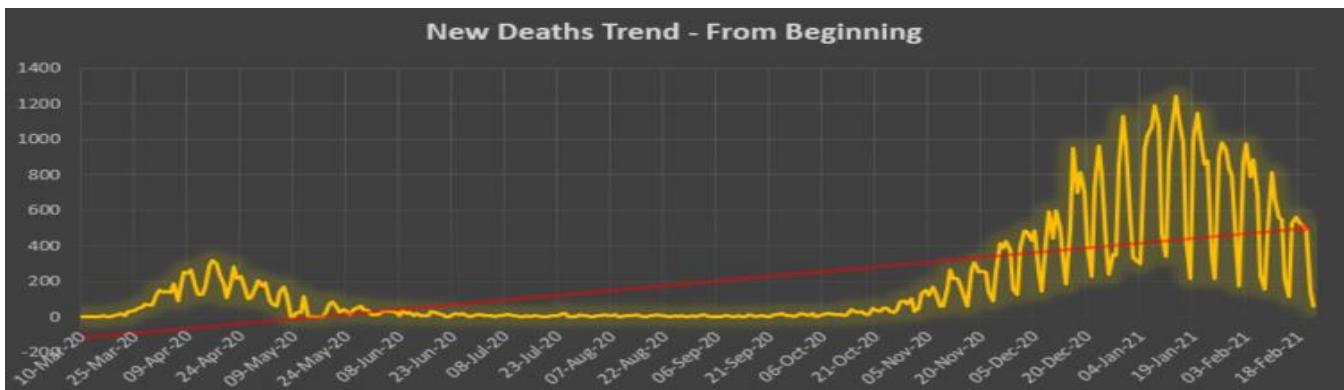


Figure 2: COVID-19 deaths in Germany (22/02/2021)

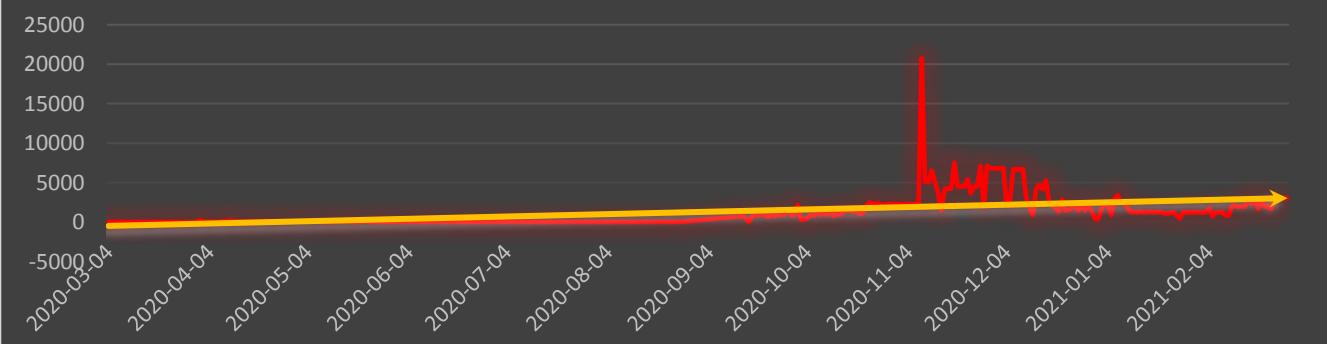
## 6. HUNGARY

On Friday, 12 Feb 2021, Hungary began injecting citizens with Russia's Sputnik V vaccine, becoming the first country in the European Union to administer a coronavirus inoculation that has yet to be tested and approved by the bloc's regulators. With Hungary's economy suffering and a national election looming next year, embracing such vaccines is part of the government's strategy to go "all in" on fighting the coronavirus after a series of missteps allowed it to spread in Hungary. The decision of the Hungary's prime minister, to move forward with the ambitious vaccination plan comes after the European Union's own response to vaccine distribution has lagged behind the United States, Israel, and Britain. But his embrace of vaccines that have yet to get E.U. approval — Sputnik V, as well as a Chinese one made by Sinopharm that is expected to be rolled out in the near future — have also provided an opportunity to score political points. Critics argue that by moving forward with vaccines that have not been approved in the European Union, Hungary is undermining the bloc's joint vaccination program, which coordinates orders and distribution. If a member state wants to conclude contracts with companies not covered by our vaccine strategy, they have a right to do that but Hungary would also be liable for using the unapproved vaccines. This is different from the European Medicines Agency authorization,

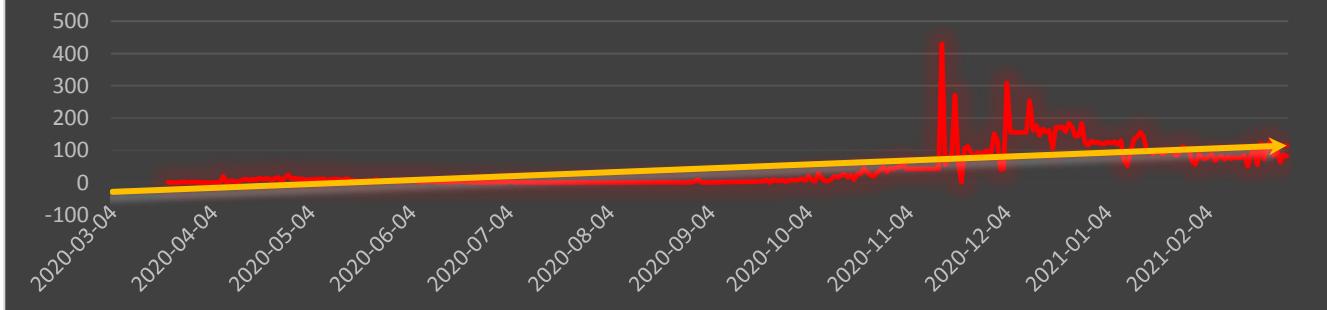
where liability remains with the manufacturer. If Hungary starts using the Chinese vaccine, which will happen soon, then by Easter the country can vaccinate every person who has registered for vaccination so far. According to the authorities, the increasing proportion of Hungarians receiving COVID-19 shots should be enough to prevent the need for new pandemic restrictions in Hungary, despite recent increases in the number of confirmed cases and deaths.

Period	Total cases	new cases	Total deaths	New deaths	Total Recovered	New recovered	Active Cases	Cases / 1M	Critical
26.12	313337	117712	8900	4735	130557	83719	176081	32734	477
26.01	360877	47540	12113	3213	244681	114124	104083	37411	263
24.02	410129	49252	14552	2439	313450	68769	82127	42525	407
Trend 26.12-24.02		1712		-774		-45355	-21956	5114	144

HUNGARY daily new cases - 2020/21

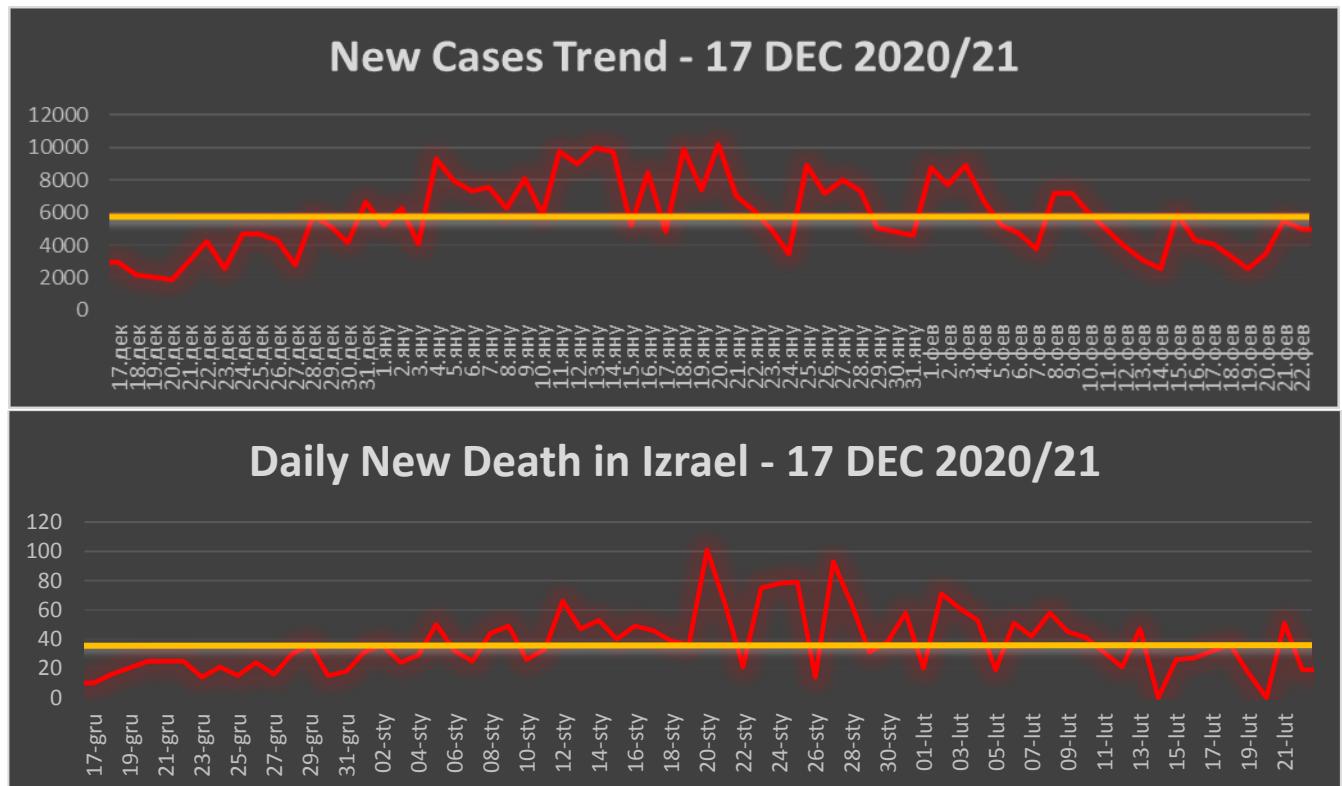


HUNGARY daily new death - 2020/21



## 7. ISRAEL

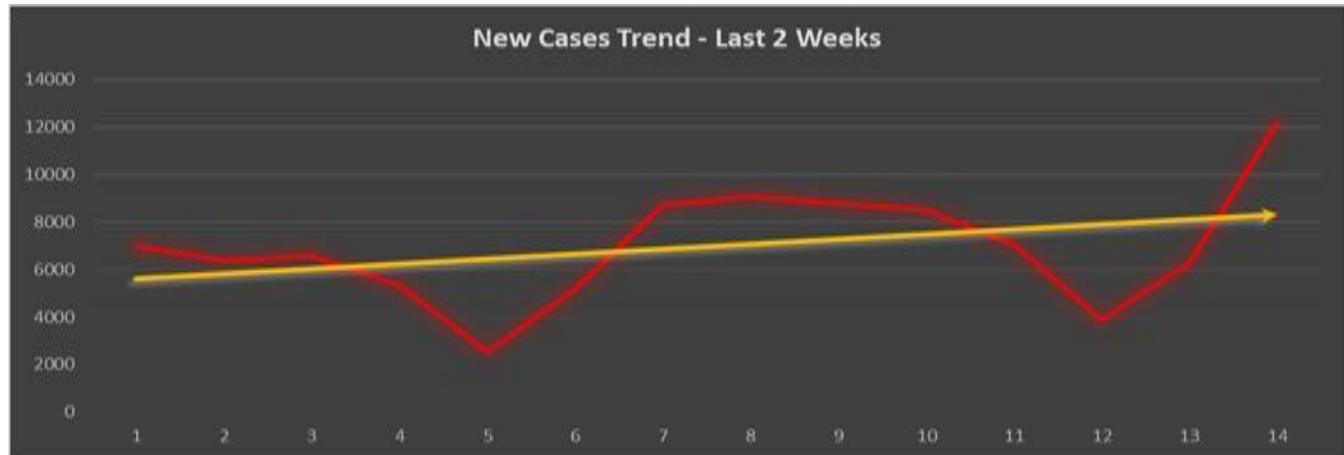
The number of infected in the country reached a total of 39781 currently infected cases of coronavirus and 5596 deaths (low death rate 0.87). Israel remains 26 in the world in this indicator. The share of the recovered is approximately 99.13 percent of the total number of infected. Daily new cases on 23 FEB – 4574.



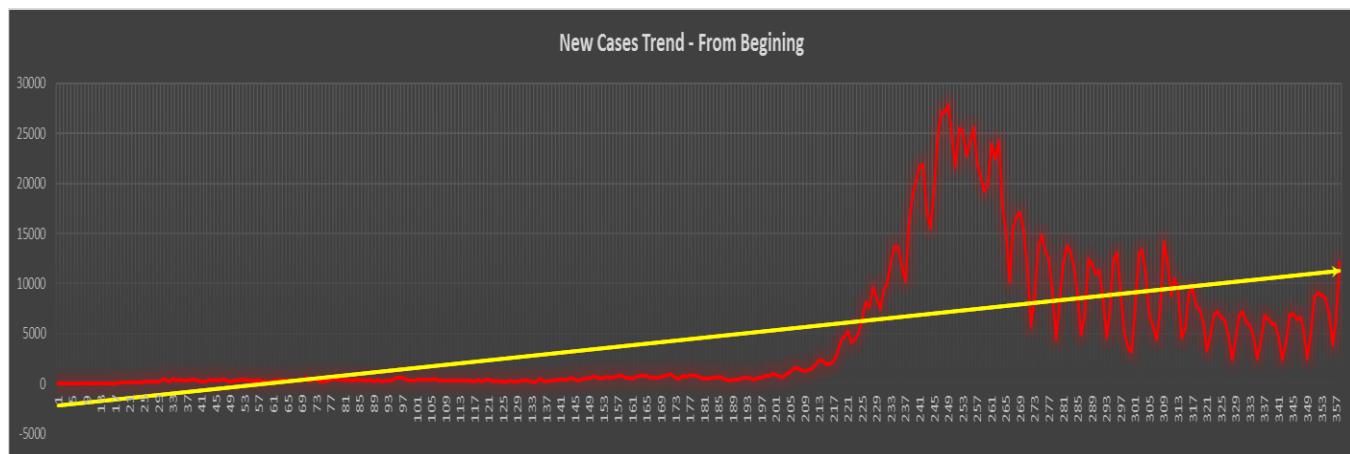
Israel lifted many of its coronavirus restrictions and started reopening its economy Sunday. Most grade school and high school classes have reopened after a nearly two-month closure, along with museums, libraries, malls and markets. Some restrictions on the number of people in attendance remain in place. The entire education system is expected to return to normal operations early March. Gyms, pools, cinemas and restaurants are opening back up for people who have received two doses of the coronavirus vaccine. Israel unveiled its plan to allow the vaccinated to attend cultural events, fly abroad and go to restaurants and health clubs by using a “green badge” app on Saturday ahead of the reopening of the economy. 82 per cent of the population have been vaccinated. Nearly 3 million have gotten the second shot. The first dose of the Pfizer-BioNTech vaccine is 85 per cent effective against COVID-19 infection between two and four weeks after inoculation, according to a study published in the Lancet medical journal. The survey was carried out on healthcare workers at the largest hospital in Israel. Israeli studies have found the Pfizer vaccine to be 95 per cent effective one week after a second jab, while the Lancet report focused on more than 9,000 medical staff at Sheba hospital near Tel Aviv. The researchers said further study was needed on asymptomatic transmission among people fully vaccinated because they are less likely to be tested for COVID-19.

## 8. POLAND

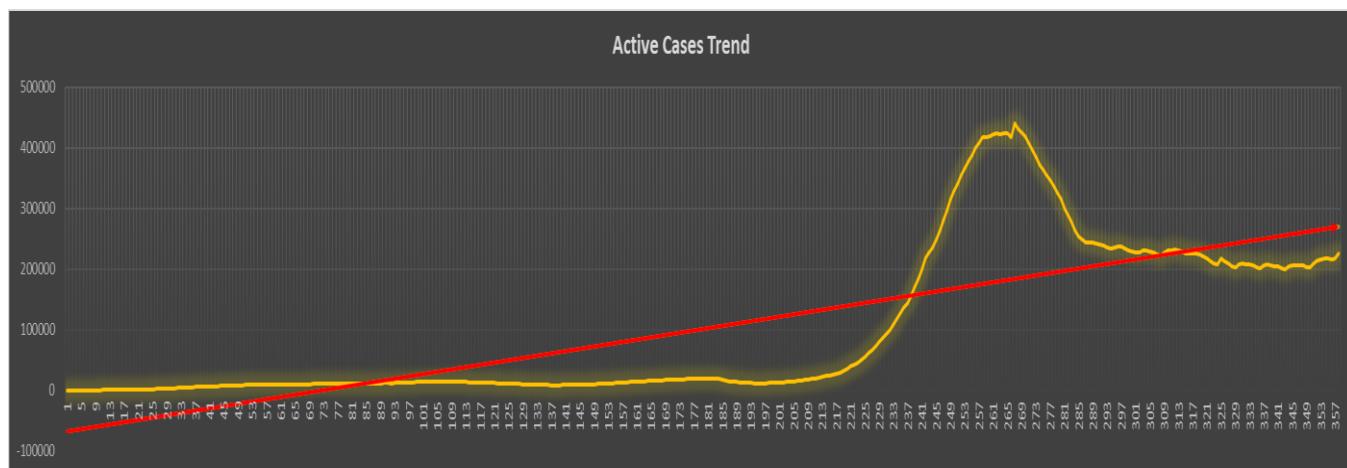
From the beginning of pandemic number of infected people has grown and reached 1 660 989 (+ 97 466 during last two weeks), disease trend rate showing slow decreasing tendency comparing to previous period. Currently average number of infected is 6 962 (recently 5 295) people a day during last four weeks, which placed Poland on 7th place in Europe and 14th on the world.



Now number of new cases is under trend line, however is fluctuating around 7 000 per day.



Number of active cases trend line is on the same level like previously , and now is close to 227 000 cases.



Number of tests done so far is 9 656 731 / + 628 627 from last report. Reported number of people cured from coronavirus so far – 1 391 981 / +72 346 from last report. 42 786 (+3 083) people died so far.

### NATIONAL VACCINATION PROGRAM

Logistic Data			
	Number of delivered doses	<b>3 696 110</b>	
	Doses delivered to vaccination points	<b>3 067 110</b>	<b>82.98%</b>
	Doses in reserve medical storage	<b>629 000</b>	<b>17.02%</b>
	Utilized doses	<b>4 342</b>	<b>0.12%</b>

Vaccination			
	Number of vaccinations done	<b>2 832 659</b>	
	Vaccinated with first dose	<b>1 876 880</b>	
	Vaccinated with two doses	<b>955 779</b>	

National vaccination program is continued, focusing now on schoolteacher and people over 65 years old. Next foreseen faze will cover those from medical staff who was not vaccinated yet and uniformed services. As of now **7,48%** took 1st dose and **2,52%** took 2nd dose from entire population, which placed Poland on 7th place among NATO countries.

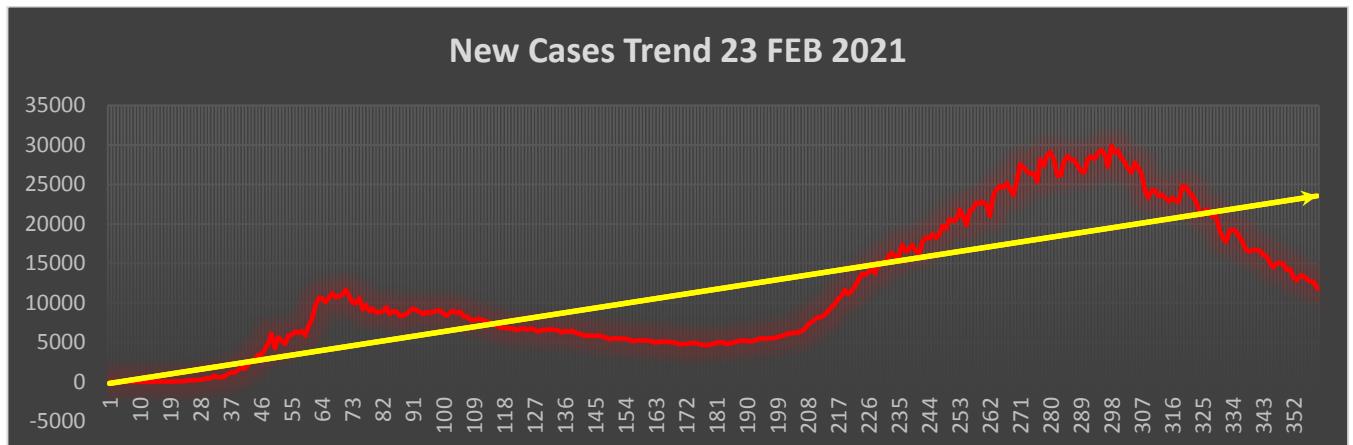
## 9. RUSSIA

As of 23 February 2021, the number of people infected with coronavirus in Russia per day increased by 11 823, this is at least number of new cases since 8 October 2020. The total number of infected has reached 4.1 mln, the federal operational headquarters for the fight against the new disease. In relative terms, the increase in new cases, according to the headquarters, was 0.3%. In particular, 913 cases of infection were detected per day in St. Petersburg, 732 in the Moscow region, 409 in the Nizhny Novgorod region, 309 in the Rostov region, 302 in the Voronezh region. Currently, 365,762 people continuing treatment in Russia from COVID-19. The number of confirmed COVID-19 cases in Moscow increased by 1,198. This is the first time since September 24 that this number of new cases was registered. In total, 970,755 cases have been identified in the capital since the beginning of the pandemic, the federal anti-crisis center said. The increase in new cases, according to the headquarters, was 0.12%. Since the beginning of the pandemic, 887 637 people have gotten better. Currently, 68,287 there are people are ill in the capital. Russia has documented 12,956 recoveries from COVID-19 on 23 February 2021, with the overall number of recoveries reaching 3,739,344. The share of recovered patients reaches 89.3% of the total number of registered cases. In particular, 1,723 patients were discharged per day after recovery in St. Petersburg, 502 in the Moscow region, 482 in the Penza region, 351 in the Nizhny Novgorod region, 314 in the Rostov region. Russia's coronavirus death toll reached 84,047 patients. The average mortality rate rose to 2.01%, according to the crisis center. In particular, 41 deaths were recorded per day in St. Petersburg, 33 in the Moscow region, 20 in the Voronezh region, 16 in the Krasnodar region, 11 in both the Tula region and the Krasnoyarsk region.

Russia has granted approval to its third COVID-19 vaccine for domestic use, with large-scale clinical trials yet to begin. Produced by the Chumakov Centre, CoviVac is a whole-virion vaccine, which derives from inactivated coronavirus, Reuters reported. The vaccine shot, transported and stored at 2-8°C, is administered as two doses given 14 days apart. Tested for safety on 200 individuals aged 18 to 60 years, the vaccine showed no side-effects. So far, Russia has approved two COVID-19 vaccines, Gamaleya Institute-developed Sputnik V vaccine and a vaccine developed by the Vector Institute in Novosibirsk. Russian authorities don't regularly release data on vaccination rates, but the number who have gotten at least the first shot appears to be somewhere between 2 million and 3.2 million. Last week, deputy director of the Gamaleya Center that developed Sputnik V, said 2.2 million Russians, or less than 2%, had received their first dose of the two-shot vaccine and more than 1.7 million had gotten both shots. An analysis of regional media reports by Associate Press found that some 3.2 million had gotten

their first shot as of last week.

Mexico received its first batch of Russia's COVID-19 Sputnik V vaccine, with 200 thousand doses arriving late Monday night. Mexico President Andrés Manuel López Obrador struck a deal with the Russian leader a few weeks ago to purchase 24 million doses of the Sputnik vaccine to immunize 12 million people. Mexico joins other Latin American countries, including Argentina, Bolivia and Venezuela, in approving the use of the Russian vaccine. Mexico is also expecting deliveries of vaccines from Pfizer-BioNTech and AstraZeneca.

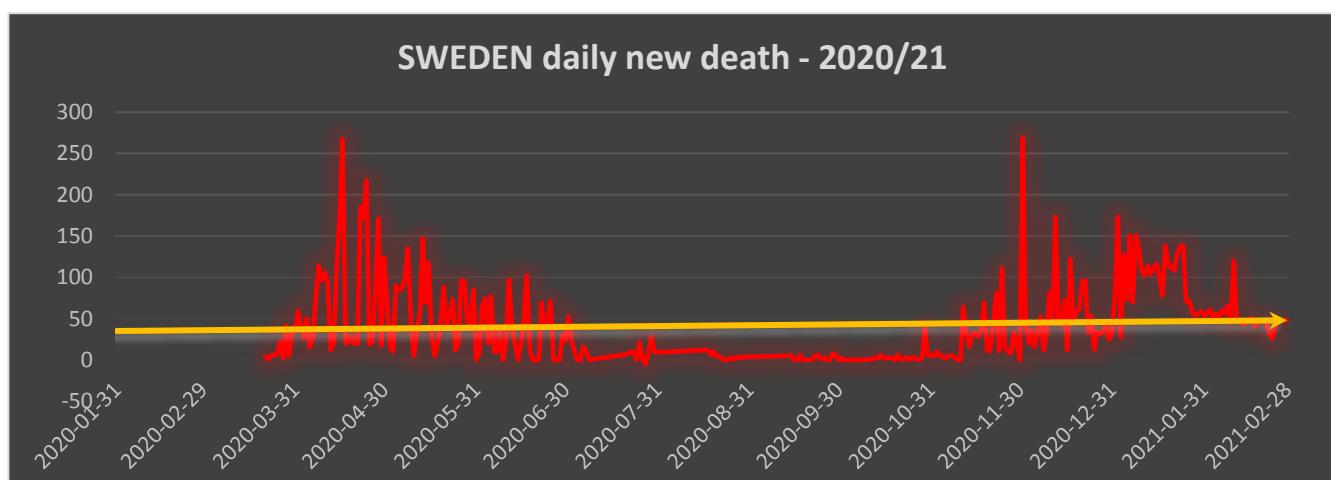
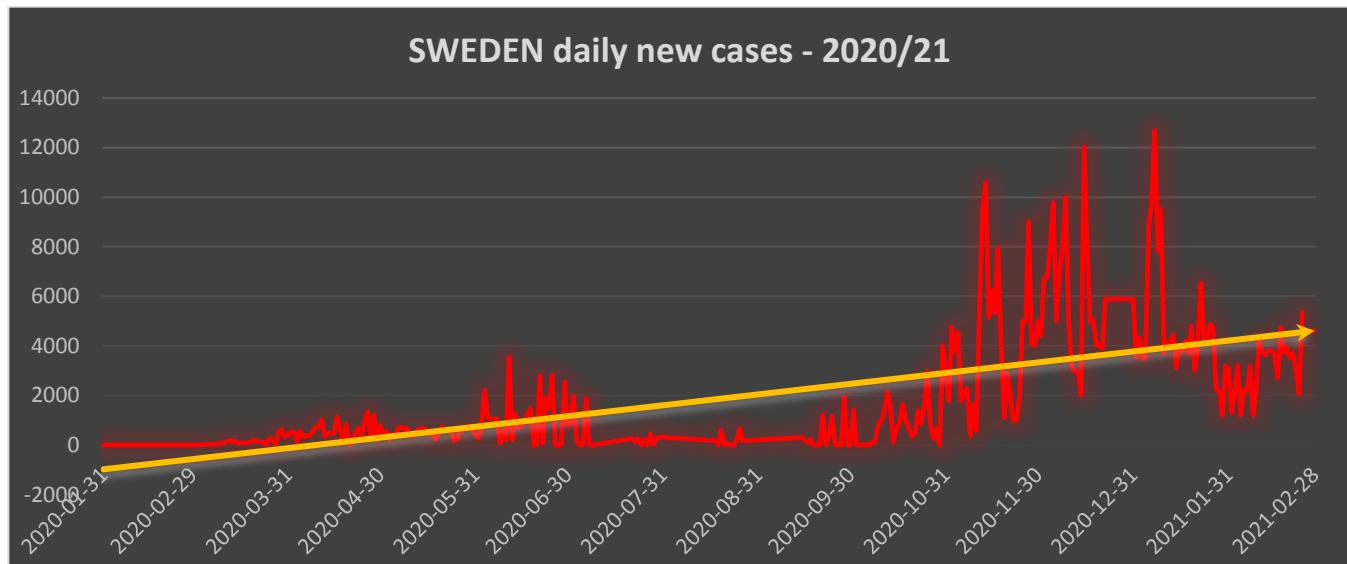


## 10. SWEDEN

At the beginning of the COVID-19 pandemic, Sweden's government took an alternative route to battle the virus. Instead of lockdown, closing schools and social spaces, they relied on citizens' common sense and willingness to follow social distancing rules. Sweden's death rate from COVID-19 is now higher than its closest neighbors. The biggest rise was seen in the working population, aged between 18 and 49. Meanwhile, vaccine deliveries were 77 percent lower than expected at the start of the month. Sweden has taken several new measures recently. In response to a new strain of the virus first identified in the UK, it closed its borders with Norway and Denmark. The King then asked Swedes to wear face masks in public for the first time, such as on public transport – although unlike in many other European countries, people are not generally legally required to wear them.

This week, Sweden's Social Minister warned of an approaching "third wave" of the coronavirus, and the government proposed new measures which would shut down much of the economy for the first time. The list of businesses which face mandatory closure are recognizable a year into the pandemic: shops, hairdressers, gyms, and restaurants are top of the list. Anyone breaking the rules – if they are implemented – could be fined \$240. The new measures have not yet been put into force, but the powers to do so are now there, and Prime Minister warned that travel restrictions may soon be ordered, too. So far, bus and train operators have been

asked to only sell 50 percent capacity on long-distance journeys. But some businesses in the winter tourism sector have lobbied to stay open as they offer exercise – and apply social distancing rules.

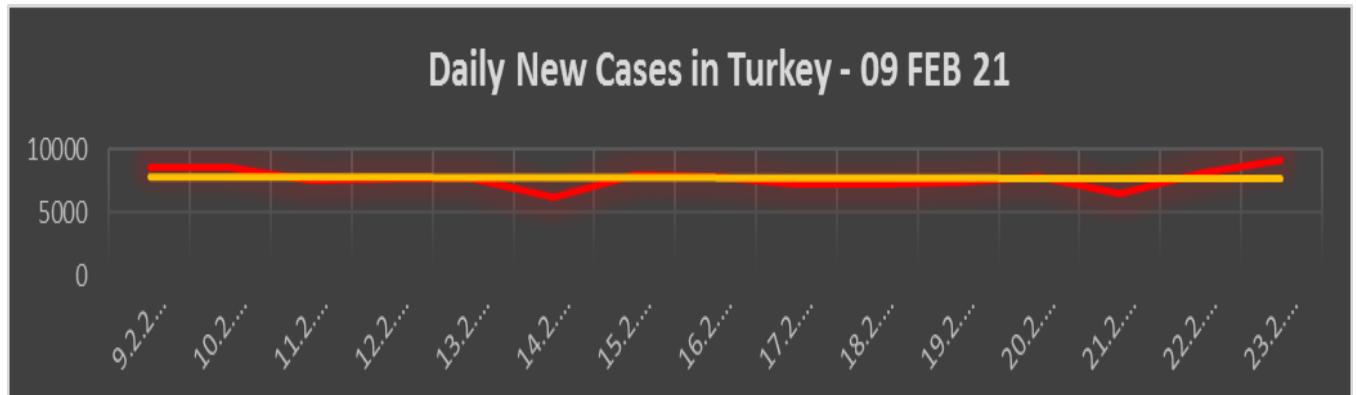


Period	Total cases	new cases	Total deaths	New deaths	Cases / 1M	Critical
26.12	396570	175515	8282	1662	38188	296
26.01	561052	164482	11284	3002	54562	281
24.02	647470	86418	12793	1509	63852	223
Trend 26.12-24.02		-78064		-1493	9290	-58

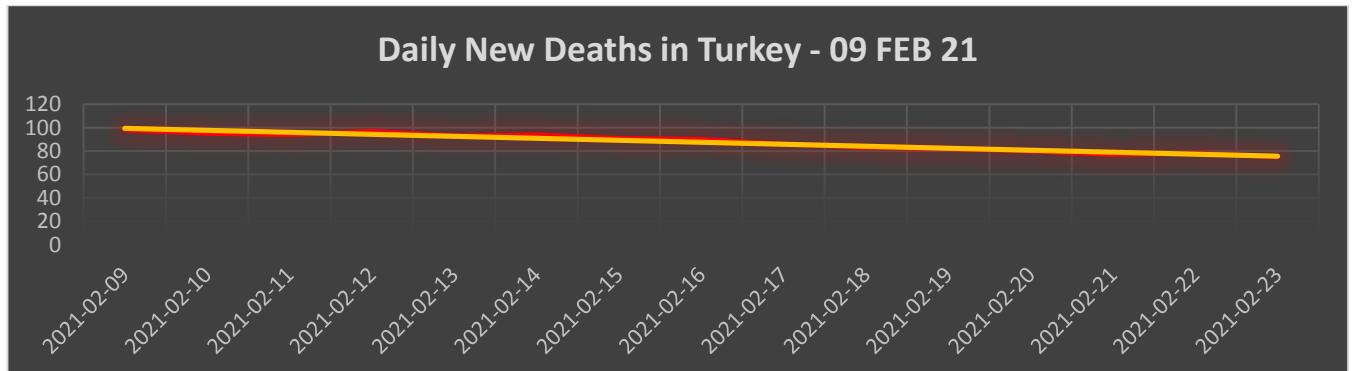
## 11. TURKEY

In Turkey the daily new cases have dropped to below 9 000 during the last two weeks, compared to 33 000 in December. Vaccination continues at full speed. More than 2.8 million

people received the vaccine. Health care workers started receiving their second dose of vaccine, the population aged 65 or above received their first shots. After the vaccination of senior citizens, the country moves to soldiers, police officers, teachers and people working in sectors critical for daily life. Color-coding will be in force as of March 1. Blue provinces will be those where the number of cases is between zero and 11 per 100,000 people, Yellow from 11-35 and orange from 35-100. Provinces with more than 100 cases per 100,000 people will be in red. Once every two weeks, the restrictions are subject to revision based on the infection.



Now number of new cases is showing increasing tendency, a daily level around 8 104.



The number of daily new deaths trend line continues to going slightly down, approximately 80 daily, and now is close to 28 213, in general, is align with the overall trend line. Turkey has suspended direct flights from Brazil, Denmark, South Africa, and the UK.

COVID-19 control measures for land and sea travel continue. Passengers arriving in Turkey will be required to complete an information form and checked for symptoms. Anyone, who suspected of having COVID-19, will be transported to a hospital for examination or a dormitory for self-isolation. If an individual on a particular aircraft/vehicle/vessel is found to have COVID-19, the information forms completed upon arrival will identify others who have been in contact with them. Those individuals will then be subject to 14-day isolation/quarantine. However, short-notice changes, especially temporary closures of land borders, are possible. All

travelers from all points of departure to Turkey must have a negative PCR test undertaken within 72 hours before departure. The wearing of masks is mandatory at all times outside the home throughout Turkey. It includes, but is not limited to, all public places, including streets, side streets, parks, gardens, picnic areas, markets, and public transportation Metro, buses, taxis, and ferries. Curfews imposed on weekends. These restrictions do not apply to those visiting for tourism.

Turkey has launched a 21 point stimulus package (Economic Stability Shield) worth USD 15.4 billion to tackle the coronavirus pandemic. In addition, Turkey has pledged a “series of measures” relating to Fiscal Policy, comprising tax breaks and deferrals, along with credit guarantees and delays in loan repayments.

## 12. USA

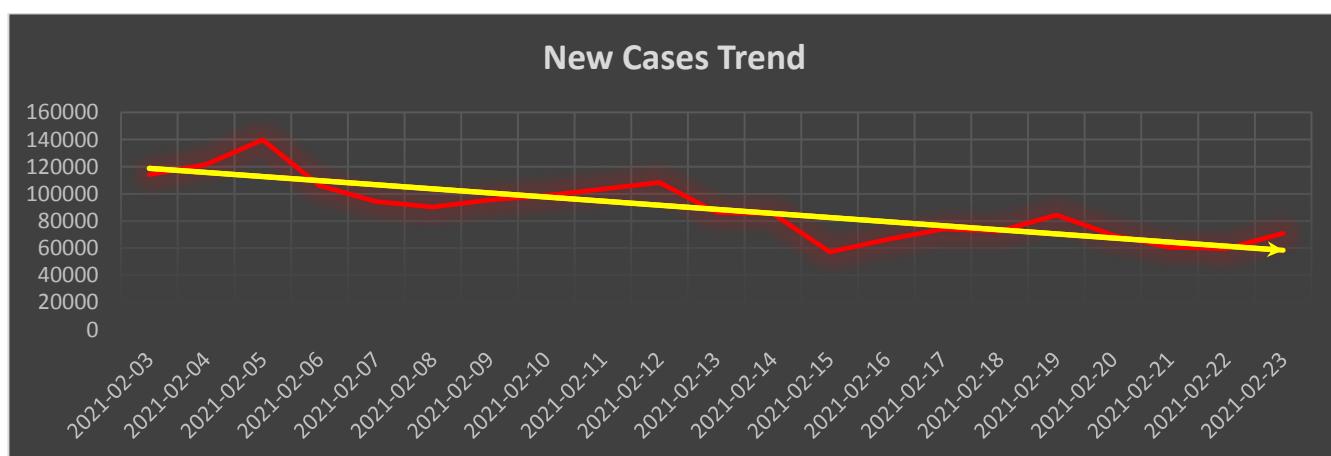
The U.S. has nearly a quarter of the world's cases and a fifth of all deaths. More Americans have died from COVID-19 than during World War II. COVID-19 became the third leading cause of death in the U.S. in 2020, behind heart disease and cancer. U.S. life expectancy dropped from 78.8 years in 2019 to 77.8 years in the first half of 2020.

As of Feb 24 morning, more than 28,897,718 people in the United States have been infected with the coronavirus resulting in more than 514,996 deaths, the most of any country and the eighth-highest per capita. There has been a five-week downward trend in cases. Cases have fallen more than 40 percent over the last two weeks and more than 70 percent since the January peak. Even with these declines, however, the 69,165 cases reported on February 17 remains higher than what was seen during either of the first two peaks in the pandemic. The numbers of new hospital admissions of patients with confirmed COVID-19 have decreased from the national peak of 18,006 admissions on January 5, 2021 to 6,841 admissions on February 16 (a 62% decrease). The average number of daily admissions fell by 21.8% compared to the previous week. Deaths fell for a second week in a row, down 1.8% last week to 21,787. Nationally, 5.7% of COVID-19 tests came back positive for the virus, the lowest level since 25Oct 2020. The progress against the virus, however, is threatened by several new variants, experts said, adding that face masks and social distancing measures were still very much needed. About 4% of cases in the country are related to a more contagious variant first detected in the United Kingdom. At least three new variants of the novel coronavirus are circulating in the United States, including the UK variant B.1.1.7 that is 30% to 40% more contagious, according to researchers. As the seven-day average of newly confirmed COVID-19 cases in the U.S. dramatically declines, down about 66% from a month ago, some experts suggest it's possible for the USA to approach herd

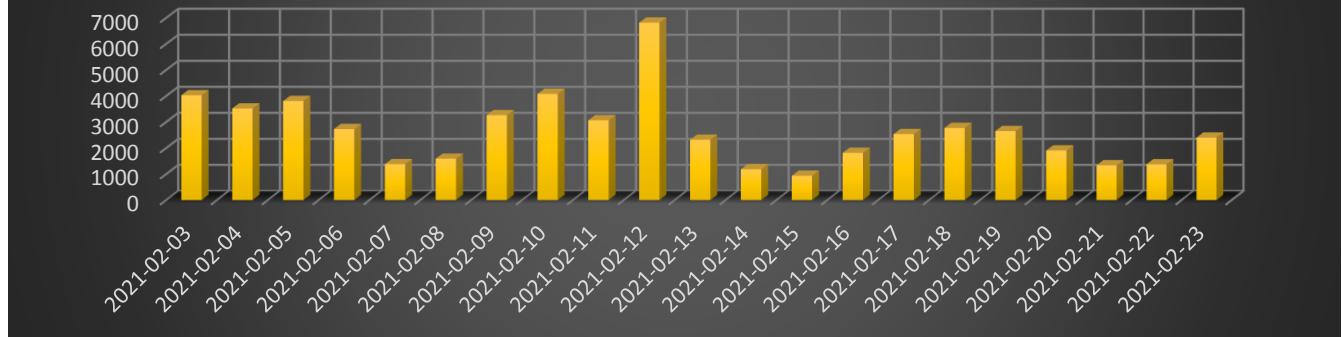
immunity. This statement is based on a study by the University of Columbia, according to which the number of active cases of COVID-19 in the United States may be 10 times higher than the number confirmed by testing. The study suggests that by the end of January, more than a third of the US population was already infected with the coronavirus.

The Centers for Disease Control and Prevention (CDC) has released a detailed guide to safely reopen America's schools, some of which have been closed for in-person learning for nearly a year because of the COVID-19 pandemic. The plan is centered on five key "mitigation strategies" to reduce COVID-19 transmission in schools: universal masking, physical distancing, hand washing, facility cleaning and improved ventilation, and contact tracing in combination with isolation of positive cases and quarantine of their contacts.

The US has now ordered 600 million total doses of anti-COVID-19 vaccines — enough to vaccinate 300 million Americans. That gives the country enough doses for all of its adult population: about 255 million people. The pace of vaccinations continues to increase under the Biden administration. New data from the White House shows the U.S. is administering about 1.7 million doses per day, and as of Feb 19, more than 59 million doses had been administered since vaccination efforts began in the U.S. on Dec. 14. About 12 percent of people in the country have received at least one vaccine dose, and about 5 percent are fully vaccinated. After weather-related delays, federal officials have said they hope for the pace of vaccination to rebound soon. Many states offer exceptions to broader rules, for example allowing bars to operate if they also serve food. Nearly all states limit capacity or require social distancing measures for businesses that are allowed to open.



## COVID-19 USA - Deaths Progress



One year after the first officially reported case of COVID-19, the United States is the most devastated country in the world and faces a relentless number of deaths and a mutating virus. Despite recent progress, the United States remains the most affected country, with more than 28 million infections and more than half a million deaths. As the virus continues to circulate widely within the United States and thousands of new cases are still being identified each day true normalcy remains a distant vision.

### 13. EUROPEAN UNION

The Commission will establish a new bio-defense plan called HERA Incubator to tackle short to medium-term threats and simultaneously prepare for the future by serving as the blueprint for the EU's long-term preparedness for health emergencies. The HERA Incubator will bring together research, biotech companies, manufacturers, regulators and public authorities to focus on rapid detection and characterization of variants, swift adaptation of vaccines, setting up a European Clinical Trials Network, and enable the up-scaling of production. President von der Leyen said, "Together, we will work on identifying new variants quicker, adapt existing vaccines, organize clinical trials, share data, fast track regulatory approval and upscale mass production of new vaccines." EU doubled contribution to COVAX to €1 billion to ensure safe and effective vaccines. It also announced an additional €500 million for the COVAX Facility, doubling its contribution to date for the global initiative secure fair and equitable access to safe and effective COVID-19 vaccines. The additional contribution brings the total amount to €1 billion. Announcing the new contribution at the G7 virtual summit, President von der Leyen said: "Last year, as part of our Coronavirus Global Response, we committed to ensuring universal access to vaccines everywhere on Earth, for everyone who would need them. COVAX is best placed to help us reach this goal. This is why we decided to double the European Commission's contribution to COVAX, to €1 billion."

#### **14. UPDATE OF NATO CONTRIBUTION TO COVID-19 PANDEMIC.**

NATO with the Euro-Atlantic Disaster Response Coordination Centre (EADRCC), stands ready to assist in the coordination of any offers being considered in support of the stricken nations. At this moment, nine (9) allied and nine (9) partner nations have requested international assistance through the EADRCC. In chronological order of requesting, these are: Ukraine, Spain, Montenegro, Albania, The Republic of North Macedonia, The Republic of Moldova, Bosnia and Herzegovina, Georgia, Colombia, Slovenia, Afghanistan, Mongolia, Bulgaria, Tunisia, Iraq, Slovak Republic and Czech Republic. 15 requests for International assistance are active right now, since Spain, Italy, Bulgaria, Montenegro and Slovenia have retrieved their respected requests. It is proven that the majority of Member States have difficulties to react, since each of them needs the same materials and equipment. In addition, the Republic of Moldova, the Republic of North Macedonia and Georgia, issued a second request for international assistance while Ukraine and Czech Republic have update their requests.

NATO wasn't prepared enough for this pandemic and under the light of a second wave of COVID-19 infection, actions have been taken IOT provide in both Political and Military domains, realistic and flexible operations plans and directives (for example better organization and coordination of the available airlift capabilities of the Alliance thought out member states). The negative effect of the pandemic in the Nations GDP, might also force the majority of the Allies to be extremely reluctant to assign their limited financial budget to upgrade national defense capabilities and maintain costly procurement programs, according to NATO obligations. As an outcome, the Alliance will have to find "smart" ways to adjust defense capability requirements towards traditional security threats (nuclear, conventional, cyber and hybrid) and new challenges that arise from climate change, pandemics and mass migration.

NATO's response to the COVID-19 pandemic thus far has shown that the Alliance can play a positive supporting role in helping not only the member states, to respond to health emergencies. Across the Alliance, more than half a million troops have supported the response to date, setting up almost 100 field hospitals and airlifting hundreds of tons of critical supplies around the world. The lessons learned until now of COVID-19 also cites that pandemics pose a risk to the health and safety of service members and their families, while posing a challenge to maintaining the desirable level of military readiness.

This pandemic crisis it is a unique opportunity to enhance further the solidarity between the alliance and the cooperation and coordination with other organizations such as EU and UN. NATO should demonstrate coherence and support in the current crisis by putting in place political and military measures, to ensure the long-term health of the alliance.

NATO took under serious consideration the Alliance scientific community (a network of more than 6.000 experts and scientists), in the decision making process, regarding the proper understanding of virus/pandemic dynamics and the resilience building for the armed forces and local societies.

NATO pays significant attention to counter any disinformation and fake news from any state or non-state actor, especially during the pandemic period when the risk of harming the Alliance and the relevant communities is higher by undermining vital public health messages. It is obvious that the common strategy should be updated accordingly in order to be able coordinate efficiently all the key players in the information domain (international organizations, national and local governments, private companies, civil society and independent media).

## **15. CONCLUSIONS:**

- 1.** The number of confirmed COVID-19 cases across the planet has surpassed 113 million, more than 2.5 million deaths and almost 21,8 million active cases.
- 2.** Transmission is still widespread in the world even though most countries are experiencing stable or decreasing case rates. However, absolute numbers remain high, with increasing case rates among older age groups and increasing death rates in several countries.
- 3.** Around one third of countries are seeing increases in hospital or ICU admissions and/or occupancy due to COVID-19. This serves as a reminder of the importance of maintaining public health and physical distancing measures and that these measures should not be relaxed, even in countries with decreasing trends.
- 4.** Daily cases have now started to rise in most European countries, with Spain and France in lead. The UK and Russia have seen the highest numbers in recent weeks, with Spain and France not far behind. Lockdown restrictions have been tightened in many of the worst-affected countries.
- 5.** Several coronavirus vaccines have now been approved for use, either by individual countries or by international organizations, such as the European Union and the World Health Organization (WHO).
- 6.** The vaccination programs are progressing in most of the countries around the world. However, the vaccination speed differs significantly due to different reasons, e.g., availability of vaccines, levels of vaccination hesitancy, proper planning and organization by the authorities, etc.
- 7.** Some countries have secured more vaccine doses than their populations need, while other lower-income countries are relying on a global plan known as COVAX, which is seeking to ensure everyone in the world has access to a vaccine.

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