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European Centre for Disease Prevention and Control

Rapid risk assessment: Coronavirus disease 2019 (COVID-19) pandemic: increased transmission in the EU/EEA and the UK – eighth update

Risk assessment

8 Apr 2020

Since 31 December 2019 and as of 7 April 2020, over 1.3 million (1 316 988) cases of COVID-19 have been reported worldwide, and more than 70 000 (74 066) deaths. Half of these cases (608 500) have been reported from the EU/EEA countries and the UK, and over 50 000 (51 059) of them have died.

Executive summary

Overall, large increases in COVID-19 cases and deaths continue to be reported from the EU/EEA countries and the UK. In addition, in recent weeks, the European all-cause mortality monitoring system showed all-cause excess mortality above the expected rate in Belgium, France, Italy, Malta, Spain, Switzerland and the United Kingdom, mainly in the age group of 65 years and above.

Recently, in a few EU/EEA countries, the number of new cases and new deaths reported daily appears to have decreased slightly. However, many EU/EEA countries are currently only testing severe or hospitalised cases, therefore these trends should be interpreted with caution. Despite early evidence from Italy and Austria that the number of cases and deaths are declining, there is currently no indication at EU/EEA level that the peak of the epidemic has been reached.

Based on data from EU/EEA countries, 32% of the diagnosed cases have required hospitalisation and 2.4% have had severe illness requiring respiratory support and/or ventilation. The crude fatality rate was 1.5% among diagnosed cases and 11% among hospitalised cases. The likelihood of hospitalisation, severe illness and death increases in persons over 65 years of age and those with defined risk factors including hypertension, diabetes, cardiovascular disease, chronic respiratory disease, compromised immune status, cancer and obesity.

Strain on health and social care systems and healthcare workers continues, with shortages reported in laboratory and testing capacity, personal protective equipment and healthcare capacity (including ICU ventilator and healthcare workforce capacity). In several EU/EEA countries with available data, between 9% and 26% of all diagnosed COVID-19 cases are in healthcare workers. There are also increasing

reports of COVID-19 outbreaks in nursing homes across Europe, highlighting the vulnerability of the elderly in long-term care settings and the importance of infection control measures to protect vulnerable populations.

In the present situation, where continuous spread of the virus can be expected, the assessment is

- that the risk of severe disease associated with COVID-19 in the EU/EEA and UK is currently considered moderate for the general population and very high for populations with defined risk factors associated with elevated risk;
- that the risk of increasing community transmission of COVID-19 in the EU/EEA and the UK in the coming weeks is moderate if mitigation measures are in place, and very high if insufficient mitigation measures are in place;
- that the risk of health and social care system capacity in the EU/EEA and the UK being exceeded in the coming weeks is considered high with mitigation measures in place and very high if insufficient mitigation measures are in place.

Over the past few weeks, EU/EEA countries and the UK have implemented a range of measures to reduce further transmission of the virus, focussing in particular on physical distancing to decrease the burden on healthcare services, protect populations at risk of severe disease and reduce excess mortality. There is evidence from countries in Asia that were affected early in the pandemic, which is supported by modelling studies, and preliminary signs from Italy and Austria, that a combination of stringent measures can achieve meaningful reductions in transmission.

In the current situation, a strong focus should remain on comprehensive testing and surveillance strategies (including contact tracing), community measures (including physical distancing), strengthening of healthcare systems and informing the public and health community. The promotion of mental wellbeing among people living under physical distancing measures is necessary to ensure that populations have the resilience to maintain adherence to these measures.

Stringent physical distancing measures are highly disruptive to society, both economically and socially. There is therefore significant interest in defining a sound approach to de-escalation. However, unless the incidence of infections is reduced to a very low level in a given setting, transmission will continue until a population protection threshold is reached. Current estimates suggest that no EU/EEA country is close to achieving the necessary population protection threshold, meaning that sustained transmission of the virus is to be expected if current interventions are lifted too quickly. In the absence of a vaccine, physical distancing measures of some kind will therefore need to remain in place for at least some months, in order to ensure that demand for healthcare does not exceed availability.

Plans for de-escalation should therefore ensure that appropriate capacities and safeguards, based on public health principles underscored by scientific evidence, are in place to mitigate the risk of an overwhelming recurrence of increased transmission and the risk to vulnerable members of the population. Considerations for de-escalation should take into account the fact that the reported new infections on any given day reflect the measures that were in place around one week earlier, while the deaths reported on any given day reflect the epidemiological situation and measures in place two to three weeks earlier. This time lag complicates assessment of the impact of measures, and it may present a particular challenge when communicating to the public about the need to sustain the current restrictions and measures.

Based on the available evidence, it is currently too early to start lifting all community and physical distancing measures in the EU/EEA and the UK. Before considering the lifting of any measures, Member States should ensure enhanced population and hospital-based testing and surveillance systems are in place to inform and monitor escalation/de-escalation strategies and assess the epidemiological consequences.

Solidarity and coordination between Member States will remain essential in the de-escalation phase in order to increase the effect of measures taken and minimise the risk of infection 'spill-over' between countries if they de-escalate at different rates and in different ways.

What is new in this update?

- Updated data on the epidemiological situation in the EU/EEA and the UK.
- Updated data on disease and case severity from Europe.
- Current risk of severe disease associated with COVID-19 in the EU/EEA and UK for the general population and for those with defined risk factors associated with elevated risk.
- Risk of further increases in community transmission of COVID-19 in the EU/EEA and the UK in the coming weeks, with or without mitigation measures in place.
- Risk of health and social care systems capacity being exceeded in the EU/EEA and the UK in the coming weeks, with or without mitigation measures in place.
- Response measures in place in the EU/EEA and the UK.
- Considerations regarding surveillance and testing strategies, including updated contact tracing options.
- Considerations regarding de-escalation of measures.

Download

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[Coronavirus disease 2019 \(COVID-19\) in the EU/EEA and the UK – eighth update \(https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-rapid-risk-assessment-coronavirus-disease-2019-eighth-update-8-april-2020.pdf\) - EN - \[PDF-995.18 KB\]](https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-rapid-risk-assessment-coronavirus-disease-2019-eighth-update-8-april-2020.pdf)

Read more

(/en/publications-data/covid-19-guidance-discharge-and-ending-isolation)
Publication

Guidance for discharge and ending isolation in the context of widespread community transmission of COVID-19 – first update >

Technical report - 8 Apr 2020

(/en/publications-data/using-face-masks-community-reducing-covid-19-transmission)
Publication

Using face masks in the community - Reducing COVID-19 transmission from potentially asymptomatic or pre-symptomatic people through the use of face masks >

Technical report - 8 Apr 2020


[Coronavirus \(/en/search?f%5B0%5D=diseases%3A2943\)](#) |
 [COVID-19 \(/en/search?f%5B0%5D=diseases%3A2942\)](#) |
 [EU/EEA \(/en/search?f%5B0%5D=geo%3A539\)](#) |
 [Public health threat \(/en/search?f%5B0%5D=public_health_areas%3A1583\)](#) |
 [Scientific advice \(/en/search?f%5B0%5D=public_health_areas%3A1592\)](#) |
 [Travellers' health \(/en/search?f%5B0%5D=public_health_areas%3A1634\)](#) |
 [United Kingdom \(/en/search?f%5B0%5D=geo%3A1106\)](#)

More on this topic

COVID-19

At the end of December 2019, Chinese public health authorities reported several cases of acute respiratory syndrome in Wuhan City, Hubei province, China. The disease is now referred to as coronavirus disease 2019 (COVID-19), and the causative virus is called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

Read more [▶](#)

(/en/covid-19-pandemic)

Situation update for the EU/EEA and the UK, as of 23 April 2020

Regularly updated information on COVID-19 reported in the EU/EEA and the UK.

Read more [▶](#)

(/en/cases-2019-ncov-eueea)

Situation update worldwide, as of 23 April 2020

Latest information on the geographical distribution of COVID-19 cases globally, updated daily.

Read more [➤](#)

[\(/en/geographical-distribution-2019-ncov-cases\)](/en/geographical-distribution-2019-ncov-cases)

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