

[ECDC launches new weekly COVID-19 surveillance report](#)

Trends in notification rates and deaths

Based on data available to ECDC on 20 May 2020, 29 out of 31 countries (EU/EEA countries and the UK) showed consistently decreasing trends in COVID-19 14-day case notification rates compared to peaks that were observed 13–49 days earlier. The average rate for the EU/EEA and the UK was 68% lower than at the peak on 9 April 2020. There have been slight recent increases in 14-day notification rates in two countries.

Many countries are facing challenges in collecting and submitting reliable syndromic and virological data from primary care sentinel surveillance for COVID-19 using the systems established for influenza. All countries that reported data observed decreasing trends in SARS-CoV-2 positivity among individuals with respiratory symptoms.

The number of countries reporting moderate to extremely high excess all-cause mortality to [EuroMOMO](#) is decreasing. All-cause excess mortality is an objective measure of the pandemic's impact, particularly during periods when competing drivers of excess mortality (influenza and high/low temperatures) are largely absent.

Risk of severe outcome

We estimate that overall 35% of COVID-19 cases to date in the EU/EEA and the UK were hospitalised. Among hospitalised patients, 9% required ICU and/or respiratory support and 21% died, although there is considerable variation between countries.

The latest pooled analysis of data from countries participating in the [EuroMOMO](#) network showed all-cause excess mortality primarily affecting people aged 65 years and above, but also those aged 15–64 years.

The risk of hospitalisation increased rapidly with age (from 30 years of age); the risk of death increased from 60 years of age. Hospitalised cases aged 70 years and above were less likely to be admitted to ICU or to receive mechanical respiratory support. Older males were particularly affected, being more likely than females of the same age to be hospitalised, require ICU/respiratory support, and die. The sex-difference in these severe outcomes increased with age.

Limitations

COVID-19 surveillance data reported so far by the EU/EEA and the UK provide relevant information for public health policymakers. However, further improvements are needed to reliably estimate indicators such as intensity,

geographical spread, severity and impact of the disease. These can be obtained by establishing or strengthening population-based surveillance systems.

The numbers of reported cases and deaths can be influenced by testing policies, the way in which deaths are defined, and the settings included in death reporting. All these factors can affect within-country trends and make it difficult to directly compare countries.