Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

(ie, >1 day) in serial intervals among the samples studied, which had an exclusion criteria applied to ensure consistency. In turn, this lends support to the hypothesis that the recent rapid growth is potentially driven by an increase in the average number of secondary cases generated by a case infected with the B.1.617.2 variant. Studies with proper control of confounding factors are thus crucial to tease out the key epidemiological factors that facilitate the increased transmissibility of the B.1.617.2 variant. These factors include, but are not limited to, the viral load and shedding dynamics in individuals infected with the B.1.617.2 variant of SARS-CoV-2, the exposure settings, and the vaccination status of infected individuals. Without signs of lowered disease severity for the B.1.617.2 variant, contact tracing and testing around COVID-19 cases, along with vaccination and non-pharmaceutical interventions, continue to remain key SARS-CoV-2 outbreak control measures in the short term.

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See **Online** for appendix

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Towards a European strategy to address the COVID-19 pandemic

Reduction of COVID-19 incidence across Europe in the early spring months of 2021 led to substantial relaxation of restrictions in summer, despite the emergence and spread of the more transmissible SARS-CoV-2 delta variant. As expected, this relaxation led to a renewed increase in incidence. How should Europe act, what strategies should it adopt, and what specific risks should it consider moving forward?[1] These questions become even more pressing, since emerging data indicates the delta variant is more infectious and partially evades immune response. Europe needs a coherent and effective strategy before schools fully reopen and the transmission of SARS-CoV-2 further increases due to seasonality in autumn.

Two opposing strategies are considered: either continue to rapidly lift restrictions, assuming the combination of past natural exposure and current vaccination coverage would allow a high incidence to continue, without overburdening health-care systems; or lift restrictions at the pace of vaccination progress with the core aim to keep incidence low, given this effectively and efficiently controls the pandemic via test-trace-isolate (TTI) programmes.[2,3]

Given immunisation levels as of August, 2021, the first strategy can lead to an incidence of several hundred cases per million per day, whereas the second strategy would require an incidence of well below one hundred cases per million per day. Such a discrepancy of incidence poses considerable friction to European cooperation, economy, and society: high incidence in one country puts the low-incidence strategy in a neighbouring country at risk. Because of this conflict of interest, some countries impose testing and quarantine requirements, hampering international exchange. Thus, either strategy can only work effectively if European countries stop acting as if they could fight the pandemic on their own.

The EU's Digital Covid Certificate (EU DCC) has been introduced to facilitate cross-border travel. However, no vaccine is completely effective at preventing virus transmission. Therefore, the implementation of the EU DCC must be accompanied by systematic evaluation of its contribution to the spread of present and future variants of concern (VOCs).[4] The development of a European strategy for testing travellers and commuters is therefore warranted.[5]

The advantages of low incidence are known and include: (1) less mortality, morbidity, and long COVID; (2) solidarity with those not yet protected; (3) lower risk of new VOCs emerging and spreading; (4) increased feasibility of comprehensive TTI; (5) less workforce in quarantine and isolation, including those in health care; and (6) ensuring schools and childcare remain open during the coming autumn-winter season.[6] In contrast, a high incidence might still overwhelm hospitals and intensive care units in some countries, as estimated in the appendix.

Given the clear benefits of low incidence, the insufficient vaccination coverage in many European countries, uncertainties regarding child vaccination, and the time required for full immunisation of adolescents, we recommend that all European countries act together to achieve low incidence, at least until everyone has had the opportunity to get vaccinated. A high incidence in one country challenges the pandemic response for others, in Europe and across the world. Maintaining low incidence is an act of solidarity and becomes easier with the advantage of increasing vaccination coverage.

To improve measure effectiveness, three further challenges must be overcome: (1) vaccination availability, access, and hesitancy; (2) the widespread misconception that freedom would be maximised when ignoring high incidence as it has been recognised that low incidence facilitates containment and safeguards the freedom of all, including the most vulnerable; and (3) the lack of a coherent pandemic response and communication strategy. In terms of the latter challenge, perceived risk, motivation, and health literacy are important predictors of health-seeking behaviour and adherence to measures. Public trust must be maintained through timely, consistent, and persistent communications, including systematically developed counterspeech for misinformation.

The pandemic is yet to be overcome, but an end is conceivable. Restrictions can be lifted when high vaccination coverage is reached, and if vaccines remain highly effective against VOCs. However, until then, the goal should be to minimise economic and societal costs for Europe and for the world. Maintaining and communicating a clear strategy is key, and pan-European coordination and common goals across countries are more important than ever.

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Indonesia's second wave crisis: medical doctors' political role is needed more than ever

Indonesia is facing its worst crisis in the COVID-19 pandemic as various parties named it the new epicentre of the pandemic. In mid-July, WHO

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