

Status, Trends and Recommendations

Covid-19: Stakeholders Update – Week 37

A nine pager

Global epidemiological situation

With nearly 4 million new cases reported globally in the past week (6-12 September), this represents the first substantial decline in weekly cases in more than two months (Figure 1). All regions reported declines in new cases as compared to the previous week.

The number of deaths reported globally in the past week also decreased as compared to previous week, with just over 62 000 new deaths. The African Region reported an increase in the number of weekly deaths (7%), while the South-East Asia Region reported the largest decrease (20%). The American and Eastern Mediterranean Regions reported slightly smaller decreases, 9% and 6% respectively, while the numbers of deaths reported in the European and the Western Pacific Regions were similar to last week. The cumulative number of cases reported globally is now over 224 million and the cumulative number of deaths is just over 4.6 million.

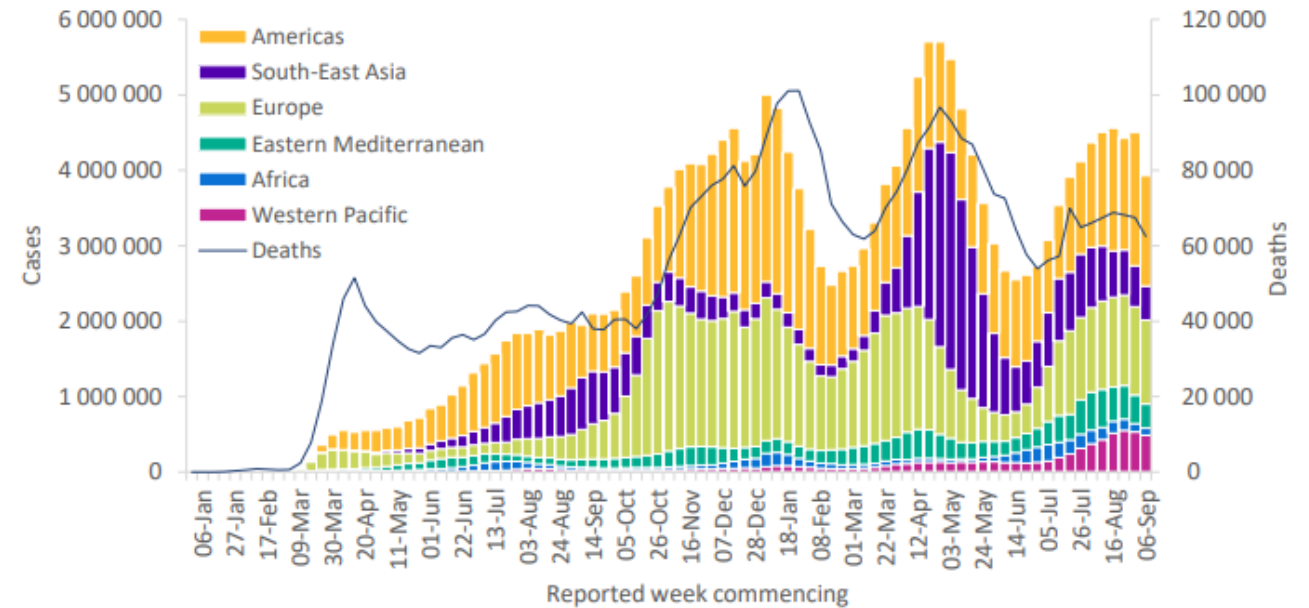
Table 1. Newly reported and cumulative COVID-19 cases and deaths, by WHO Region, as of 12 September 2021**

WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days *	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days *	Cumulative deaths (%)
Americas	1 462 450 (37%)	-17%	86 462 003 (39%)	23 689 (38%)	-9%	2 144 336 (46%)
Europe	1 113 722 (28%)	-5%	67 170 804 (30%)	14 117 (23%)	-2%	1 296 421 (28%)
South-East Asia	453 539 (12%)	-16%	42 115 869 (19%)	8 938 (14%)	-20%	661 928 (14%)
Eastern Mediterranean	319 572 (8%)	-15%	15 199 196 (7%)	6 358 (10%)	-6%	277 637 (6%)
Western Pacific	487 586 (12%)	-8%	7 418 755 (3%)	6 410 (10%)	2%	100 860 (2%)
Africa	94 352 (2%)	-15%	5 813 020 (3%)	3 034 (5%)	7%	140 010 (3%)
Global	3 931 221 (100%)	-13%	224 180 411 (100%)	62 546 (100%)	-7%	4 621 205 (100%)

*Percent change in the number of newly confirmed cases/deaths in past seven days, compared to seven days prior

**See Annex 2: Data, table and figure notes

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 12 September 2021**



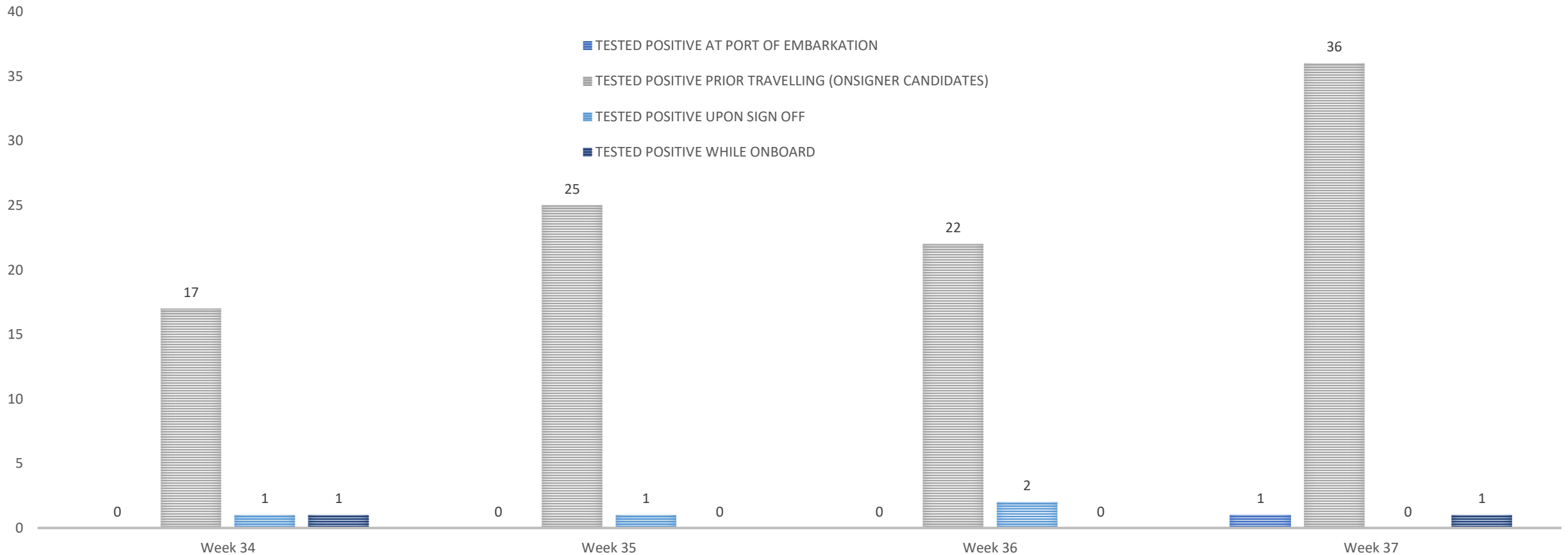
**See Annex 2: Data, table and figure notes

The regions reporting the highest weekly incidence rates per 100 000 population of cases and of deaths remain the same as in the previous week: the Region of the Americas (143 new cases per 100 000 population; 2.3 deaths per 100 000 population) and European Region (119.4 new cases per 100 000 population; 1.5 deaths per 100 000 population).

The highest numbers of new cases were reported from the United States of America (1 034 836 new cases; 20% decrease), the United Kingdom (256 051 new cases; 5% increase), India (248 248 new cases; 15% decrease), the Islamic Republic of Iran (172 030 new cases; 17% decrease), and Turkey (158 236 new cases; 6% increase).

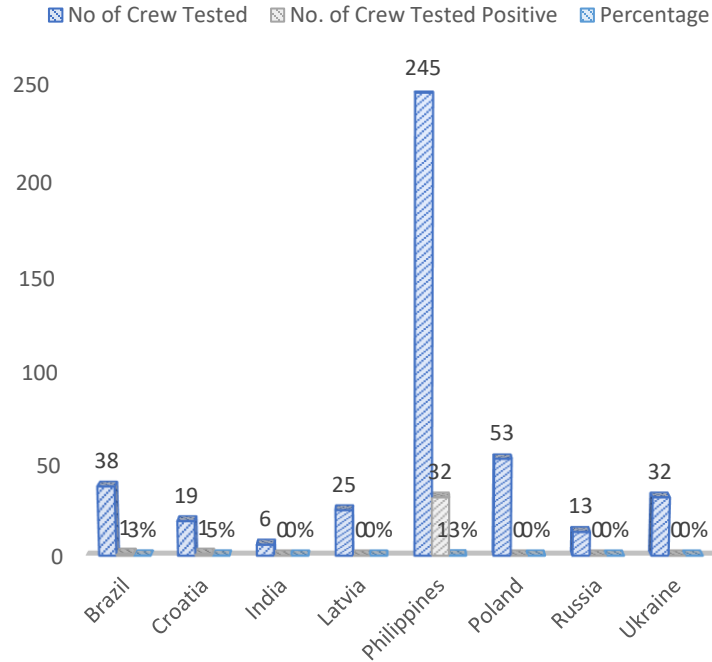
Globally, cases of the Alpha variant have been reported in 193 countries, territories or areas (hereafter countries; no new country added since last week), while 142 countries (one new country since last week) have reported cases of the Beta variant; and 96 countries (four new countries since last week) have reported cases of the Gamma variant. For the Delta variant, since it was first reported in October 2020, it has been reported in 180 (six new countries since last week) countries across all six WHO regions as of 14 September.

OSM MANNING - WHEN TESTED POSITIVE PER WEEK

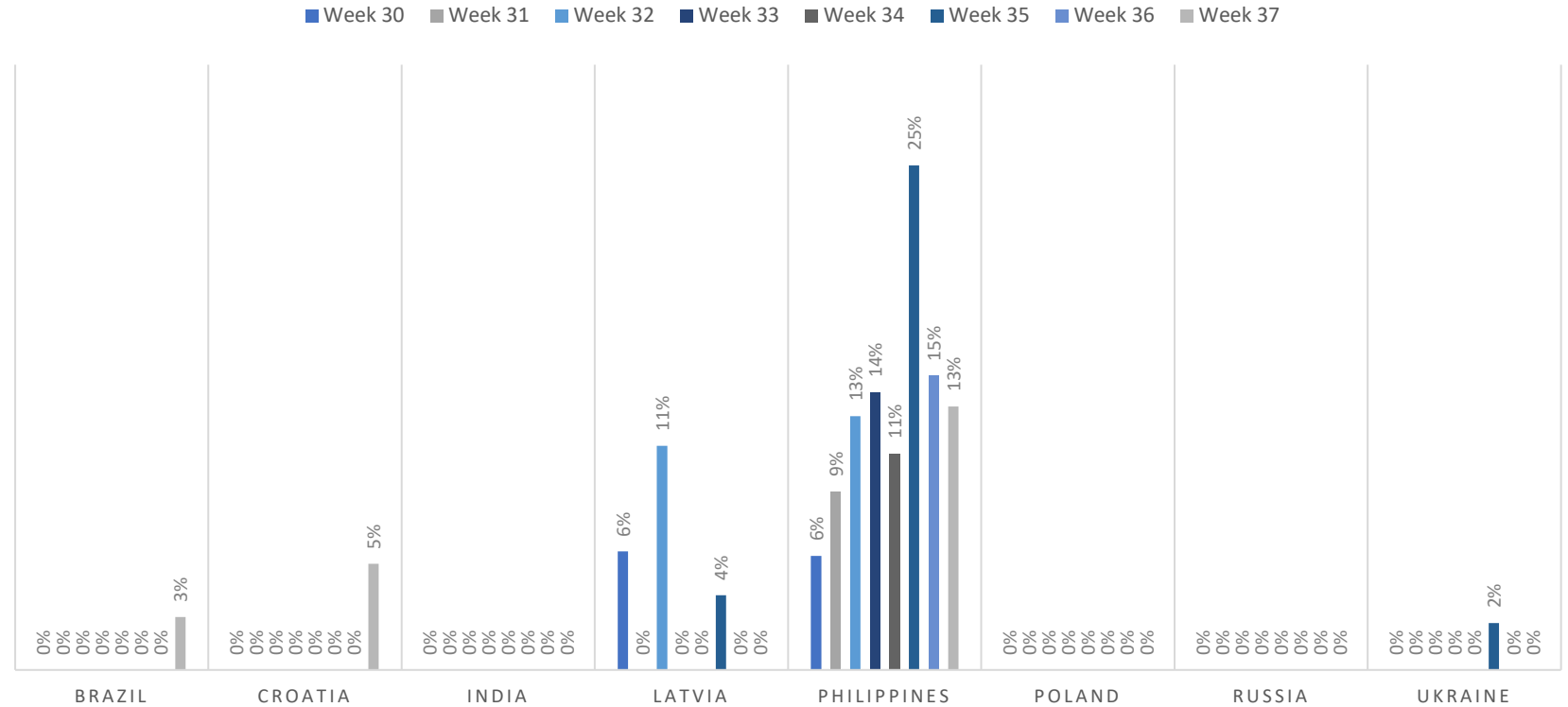


Comment: In week 37 we have a decrease of total figures compared to the week before. Of the 38 cases seen during this week 37 have occurred prior boarding (the ones before climbing up the gangway or even before travelling) what regarding virus avoidance onboard has been the goal. One person was tested positive while onboard but this case occurred where OSM provides the manning only (no DOC holder) hence for this seafarer OSM has no influence on procedures and instructions onboard. Anyway OSM is getting in contact with owners for rendering support also for this colleague.

PCR-TEST POSITIVITY RATE BY NATIONALITY



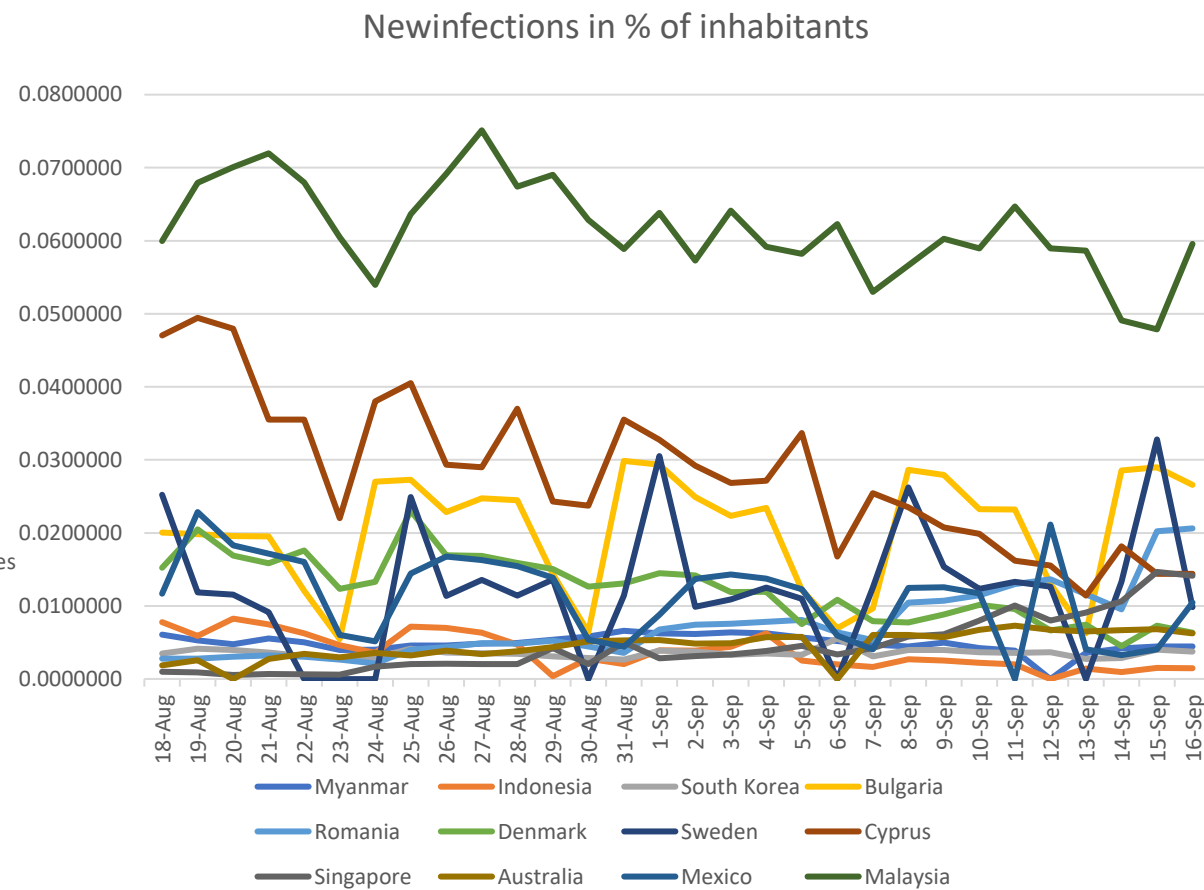
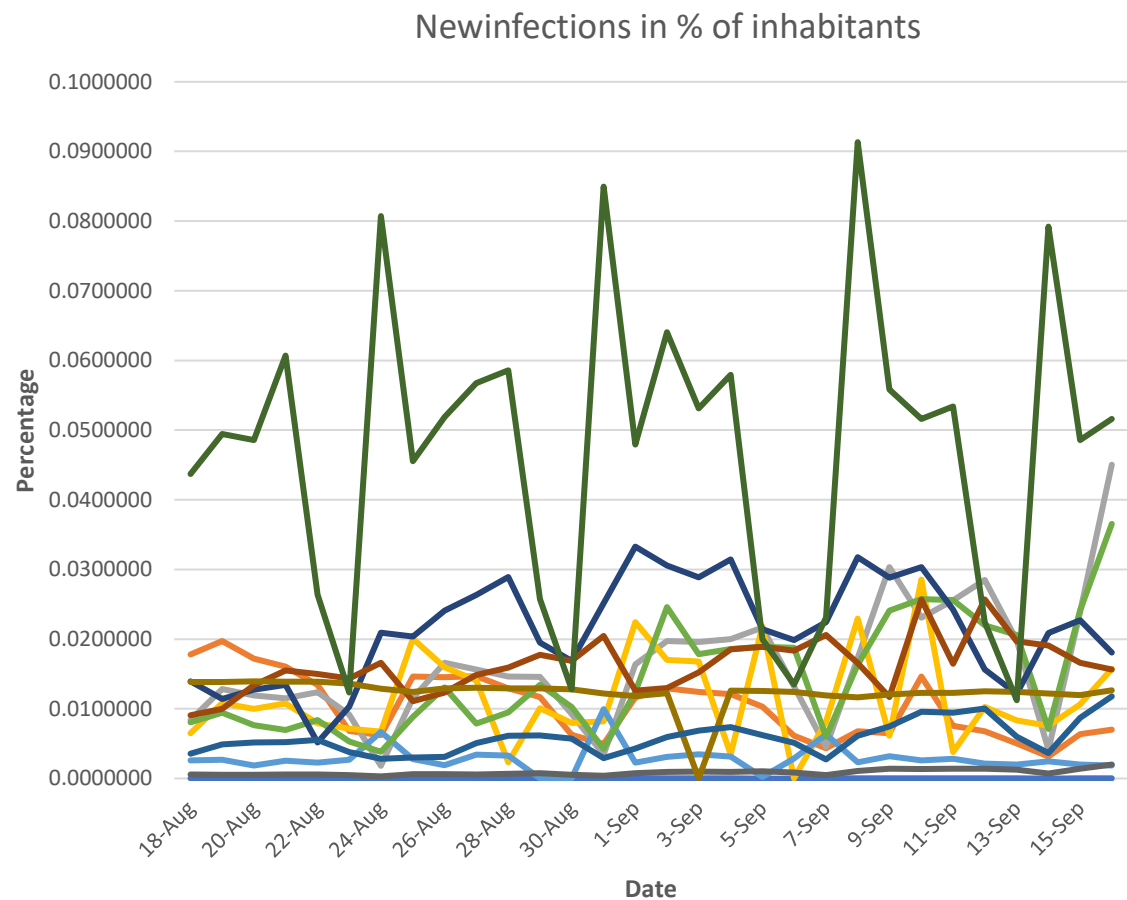
PCR-TEST POSITIVITY RATE BY NATIONALITY PER WEEK



Positivity Rate:

For the respective week we have calculated the whole number of tested OSM seafarers and compared it with the number of positive results. If there was a multiple testing of a person, it was counted as one with respective outcome. We have pictured it by showing the different local percentages. E.g. Croatia had 1 positive case out of 19 tested which equals to 5%.

Covid-19: Newinfection ratio

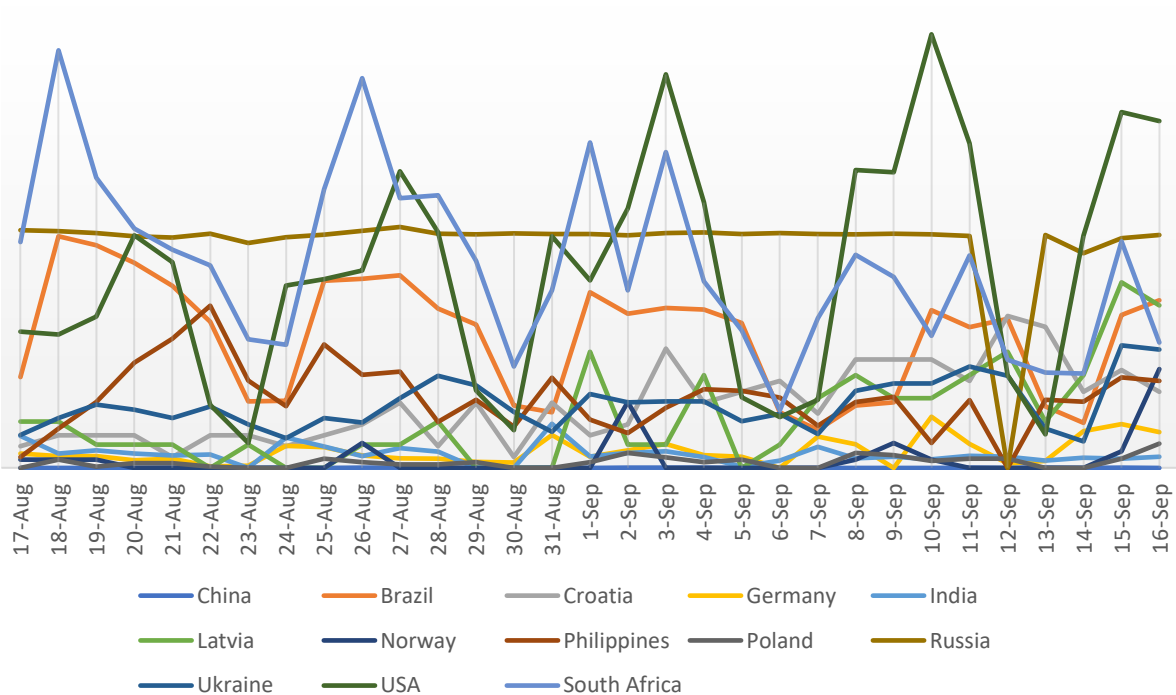


Looking at the home countries of our seafarers we want to give an overview about trends and threats. In order to have a comparable base the number of daily newinfections has been put in relation to the number of inhabitants – resulting in a percentage figure. It has to be considered that infection figures are also increasing in case a country decides to go for a higher testing frequency due to the extremely high dark figure of infections without symptoms. We see in the graphs that following trend: Russia and apparently USA seem to be stable while we have increasing figures at Latvia, Malaysia, Bulgaria and Croatia - suffering from newinfections.

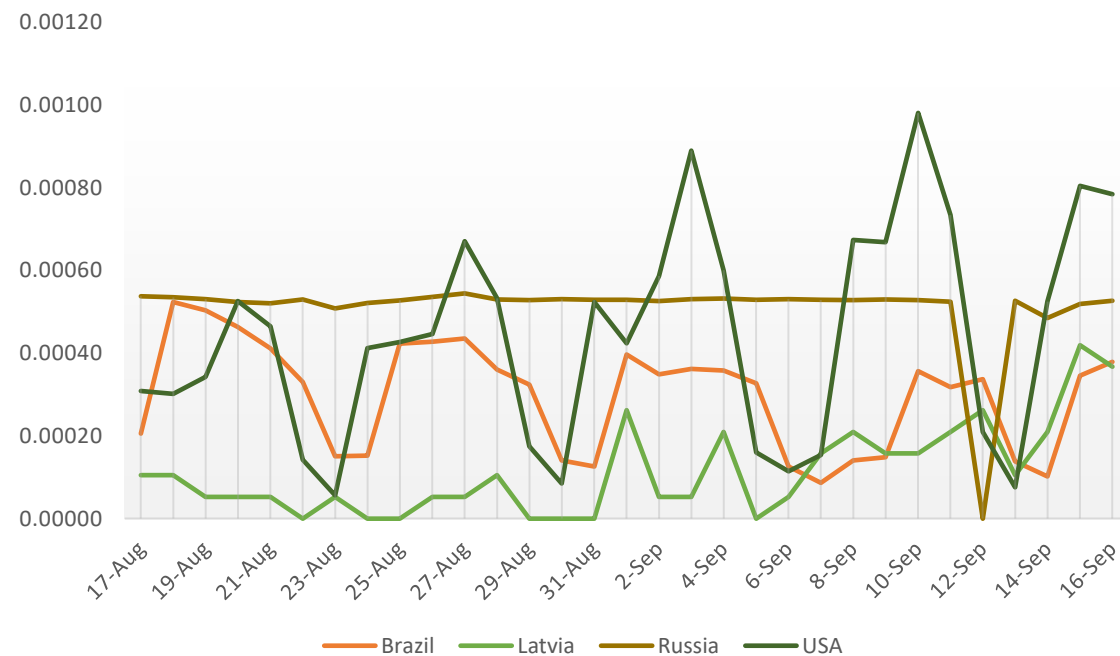
Sources: [Wikipedia](#) [The New York Times](#) [JHU CSSE COVID-19 Data](#) [Europäisches Zentrum für die Prävention und die Kontrolle von Krankheiten](#)

Covid-19: Fatality ratio I

Daily fatality development in % of inhabitants - overview



Daily fatality development in % of inhabitants - focus



We are observing that the level of new infections is not any longer a suitable “fever thermometer” for the situation of this pandemic – at least not as the only one. This particularly is the case in countries with a high percentage of vaccinated inhabitants. In most of these countries people have been vaccinated already who are the most vulnerable, like the ones having health issues or elderly people. In turn if infections are occurring then it will more affect people who –in average- are younger and/or less sick. Accordingly infections there (only in the mentioned countries of high vaccination ratios!) are leading less likely to hospitalization or even fatalities. Consequently if an increasing number of fatalities has to be noted then most likely

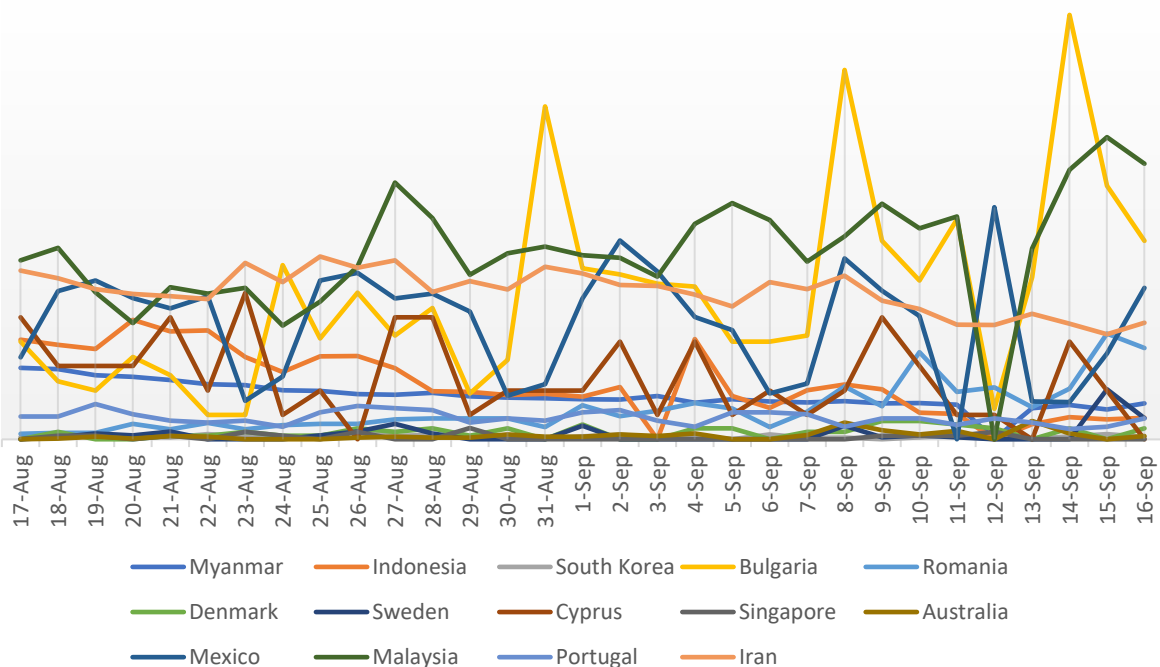
Sources: [Wikipedia](#)[The New York Times](#)[JHU CSSE COVID-19 Data](#)[Europäisches Zentrum für die Prävention und die Kontrolle von Krankheiten](#)

Covid-19: Fatality ratio II

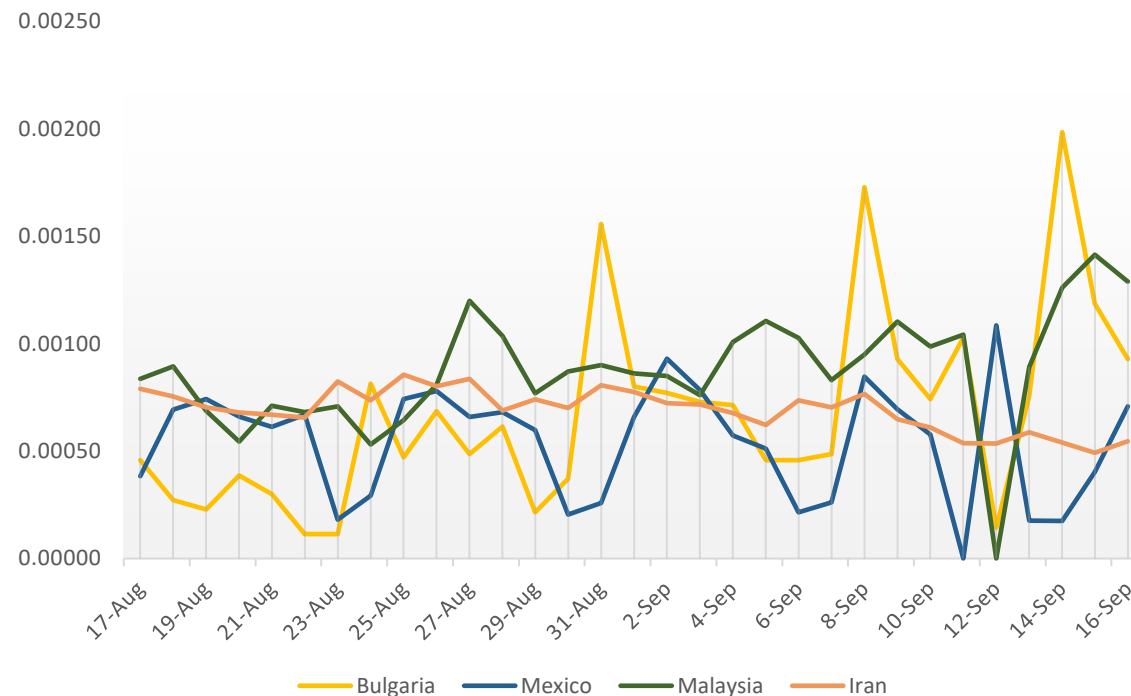
this needs to be seen as a sign that -beside the most obvious reason that not vaccinated people are affected- the vaccination level is not sufficient any more due to expiry of immunization triggers or/and (much more important!) the influence of new virus strains.

Hence presently it looks like the sickness is affecting less elderly and “vulnerable” people but is turning towards the not vaccinated ones and is more and more finding its victims in this circle. This change is not visible while looking at the numbers of new infections only. The threat of Covid-19 then is recognizable only in numbers of hospitalization and fatalities. The worldwide rate of hospitalization is not available but the one of fatalities is. Hence for time being we will picture new infections and fatalities – both calculated in percentage of inhabitants in order to have a comparable base even between countries of completely different population size.

Daily fatality development in % of inhabitants - overview



Daily fatality development in % of inhabitants - focus



Covid-19 Q&A: Frequently heard questions about vaccinations and base concerns – part ½ at week 37

- 1. Q:** There are recommendations not to vaccinate children. Isn't it a prove that the vaccination is harmful? **A:** No, but as they are not endangered, science could first observe with the high risk patients and elderly for unexpected side effects. We just need more time for safety studies in vaccination for children.
- 2. Q:** If I am not vaccinated and I will have Covid19 without symptoms – can I really be a carrier of the infection? **A:** Yes and this is exactly the problem: We don't feel sick but we may be the threat! And hence the health and even the life of people around us is at stake!
- 3. Q:** Does it make sense to wait for a vaccine which only is containing dead virus parts instead the MRNA vaccines? **A:** In meantime worldwide 3.12 billions of people have been vaccinated and apart from expectable adverse reactions (plus the very rare blood clotting issues of AstraZeneca and Johnson & Johnson) no alarming signal have been detected while each day has cost victims - almost only for the unvaccinated population. We should not wait. We should be vaccinated now.
- 4. Q:** What is the experience with Non-Covid vaccines how long does it take to detect large scale long-term adverse reactions? **A:** The outcome of first six months up to a year is highly predictive for the long-term development. E.g. the issues of Johnson & Johnson as well as AstraZeneca have been detected after few weeks after start using these. Then the science was able to catch on and to revert with vaccine safety studies
- 5. Q:** Is it true that even an infection with light symptoms can lead to serious long covid impacts? How can that look like? **A:** It is more likely with severe symptoms but also the other ones are showing long-term effects which can reach from mild ones like fatigue and pain to very severe impact which makes it impossible to work or even to cope with easiest tasks of daily life. Comorbidities like Hypertension and Diabetes and Obesity increase the risk of long term covid while vaccinated people have substantially less risk.
- 6. Q:** To take a vaccination with a vaccine which is relatively fresh developed – isn't it better to test regularly and then I can be sure that I am not a virus carrier? **A:** Yes that would be partly true but only if there would be a kind of fool prove test. But this is not existing. Even the PCR test has only a very limited time window when it is most reliable by about 80% (on the day 7 and 8 after exposure). The antigen tests are even much less reliable – particularly in case of not having symptoms. And at the other hand no testing does protect you yourself against the virus and the threat of hidden problems of your health which the virus may detect and misuse then.

Covid-19: How to protect crew member and vessel

Recommendations

In case of steep Covid-19 indicator increases or high levels of infections in specific home countries of on-signing seafarers and at same time knowing that PCR testing in many cases cannot find the virus we strongly recommend following procedure to be kept at least:

1. Self isolation of the seafarer at home for 10 days
2. Transfer of the seafarer by usage of a single passenger car
3. Company facilitated quarantine location realized in a hotel with complete separation of the person including meals served at the room
4. Quarantine for a timespan between 8 days and 14 days
5. First PCR testing at beginning of the quarantine and second PCR testing at 8th day of quarantine
6. Transfer and leaving of quarantine earliest when result of second PCR test is received and negative
7. PCR test at country of boarding the vessel
8. Strict usage of covid-19 PPE for transfers, flights and for any other occasion potentially contact can occur with third parties