

Status, Trends and Recommendations

# Covid-19: Stakeholders Update – Week 38

A ten pager

## Global epidemiological situation

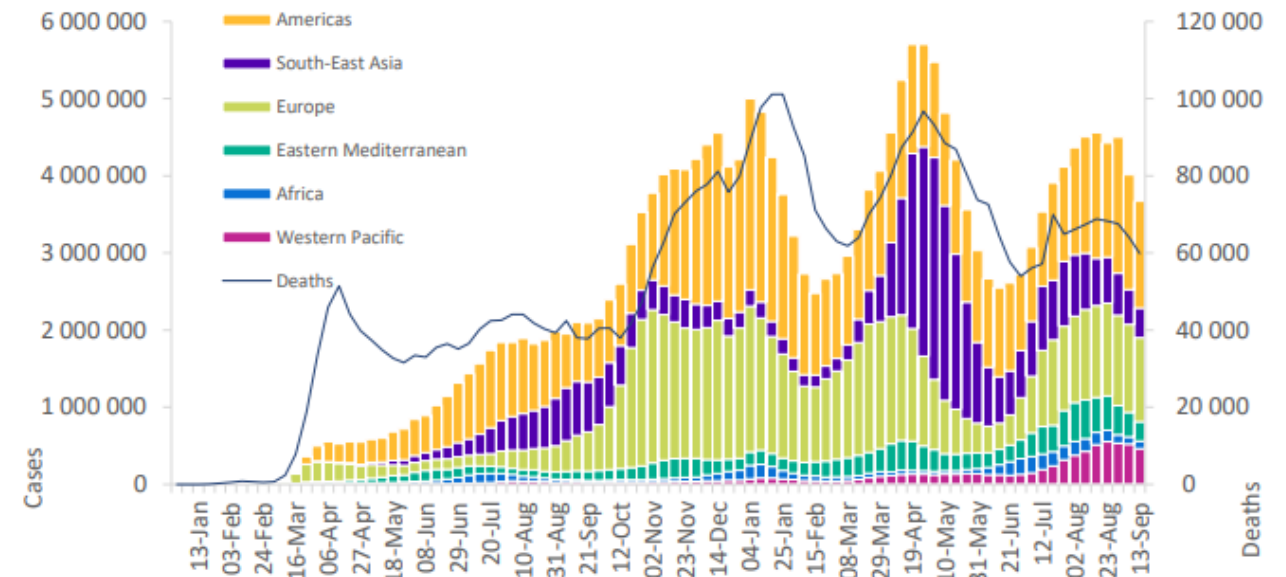
The numbers of weekly COVID-19 cases and deaths globally continued to decline this week, with over 3.6 million cases and just under 60 000 deaths reported between 13-19 September. This brings the cumulative number of confirmed cases reported globally to just under 228 million. While the African and the European Regions reported numbers of cases similar to those of the previous week, the other regions reported decreases in weekly case incidence, with substantial decreases reported in the Eastern Mediterranean (22%) and South East Asia Regions (16%).

In terms of COVID-19 mortality, nearly 60 000 deaths were reported globally in the past week, a 7% decrease as compared to the previous week. This brings the cumulative number of deaths to over 4.6 million. The African, Eastern Mediterranean and South-East Asian Regions reported decreases in weekly mortality over the past week, with the South-East Asia Region reporting the largest percentage decrease (27%). In contrast, the Western Pacific Region reported an increase (7%) in the number of new weekly deaths, while the number of deaths reported in Americas and European Regions reported was similar to that of the previous week.

**Table 1. Newly reported and cumulative COVID-19 cases and deaths, by WHO Region, as of 19 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	1 386 267 (38%)	-7%	87 874 973 (39%)	24 489 (41%)	-2%	2 170 188 (46%)
Europe	1 090 667 (30%)	-4%	68 290 457 (30%)	14 477 (24%)	1%	1 311 390 (28%)
South-East Asia	383 053 (10%)	-16%	42 498 922 (19%)	6 540 (11%)	-27%	668 468 (14%)
Eastern Mediterranean	250 781 (7%)	-22%	15 449 977 (7%)	5 074 (8%)	-20%	282 711 (6%)
Western Pacific	461 979 (13%)	-11%	7 914 374 (3%)	6 852 (11%)	7%	107 712 (2%)
Africa	98 485 (3%)	4%	5 911 505 (3%)	2 407 (4%)	-21%	142 417 (3%)
<b>Global</b>	<b>3 671 232 (100%)</b>	<b>-9%</b>	<b>227 940 972 (100%)</b>	<b>59 839 (100%)</b>	<b>-7%</b>	<b>4 682 899 (100%)</b>

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

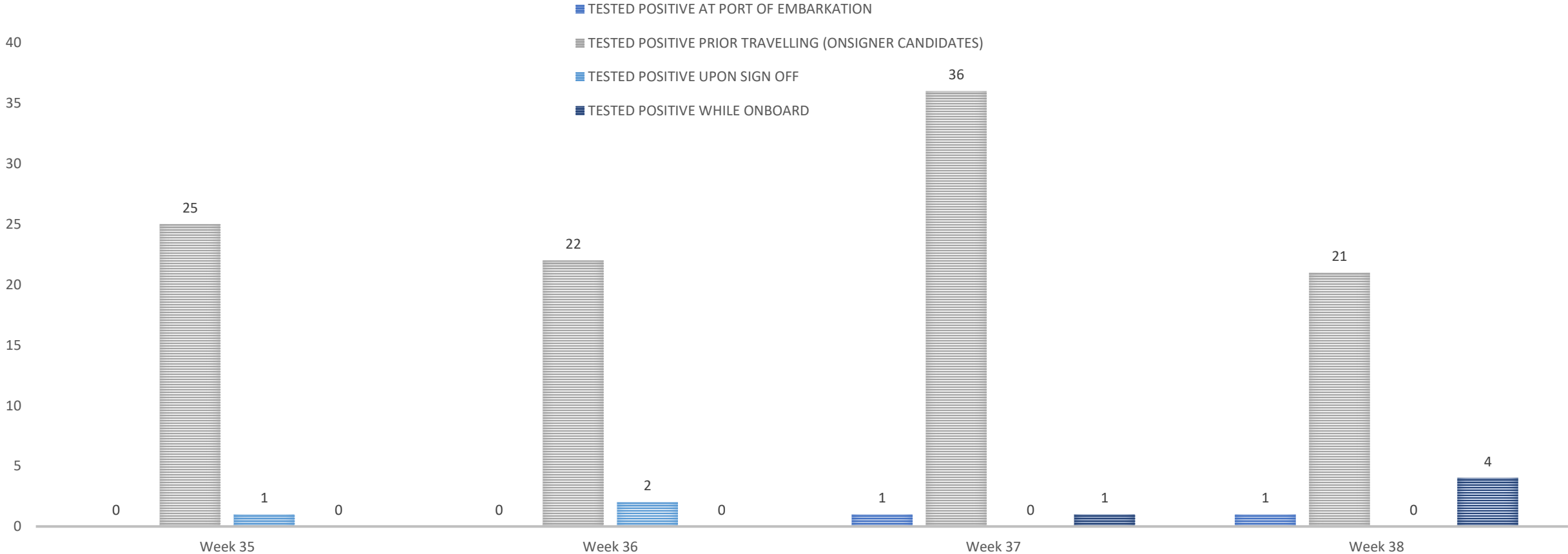


The regions reporting the highest weekly incidence rates per 100 000 population of cases and deaths remain the same as in the previous week: the Region of the Americas (135.5 new cases per 100 000 population; 2.4 deaths per 100 000 population) and the European Region (116.9 new cases per 100 000 population; 1.6 deaths per 100 000 population).

The highest numbers of new cases were reported from the United States of America (1 017 644 new cases; similar to last week), India (211 242 new cases; 15% decrease), the United Kingdom (203 077 new cases; 21% decrease), Turkey (183 962 new cases; 16% increase), and the Philippines (141 522 new cases; similar to last week); while the highest number of new deaths were reported from the United States of America (12 896 new deaths; 2% increase), the Russian Federation (5469 new deaths; similar to last week), Brazil (3 727 new deaths; 17% increase), Mexico (3 689 new deaths; 20% decrease), and the Islamic Republic of Iran (2 967 new deaths; 21% decrease).

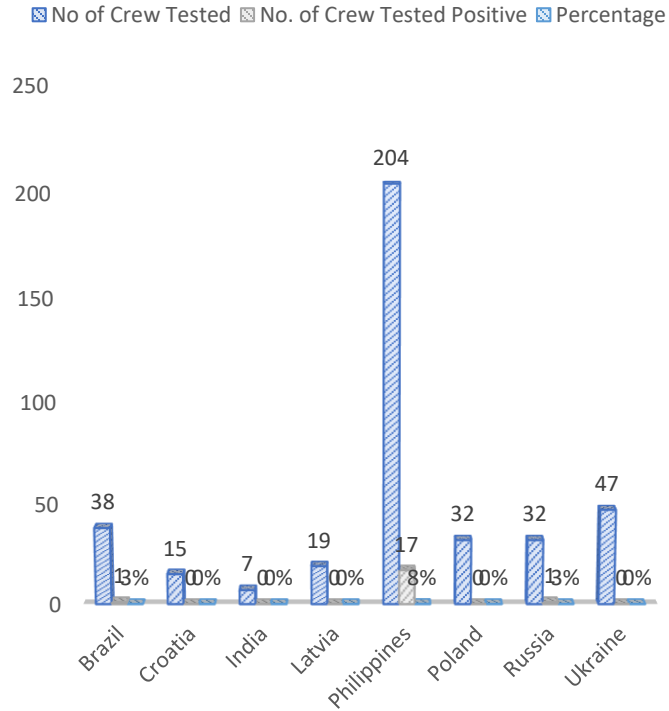
Globally, cases of the Alpha variant have been reported in 193 countries, territories or areas (hereafter countries; no new country added since last two weeks), while 142 countries (one new country since last week) have reported cases of the Beta variant; and 96 countries (four new countries since last week) have reported cases of the Gamma variant. The Delta variant has been reported in 185 countries (five new countries since last week) across all six WHO regions as of 21 September.

### OSM MANNING - WHEN TESTED POSITIVE PER WEEK

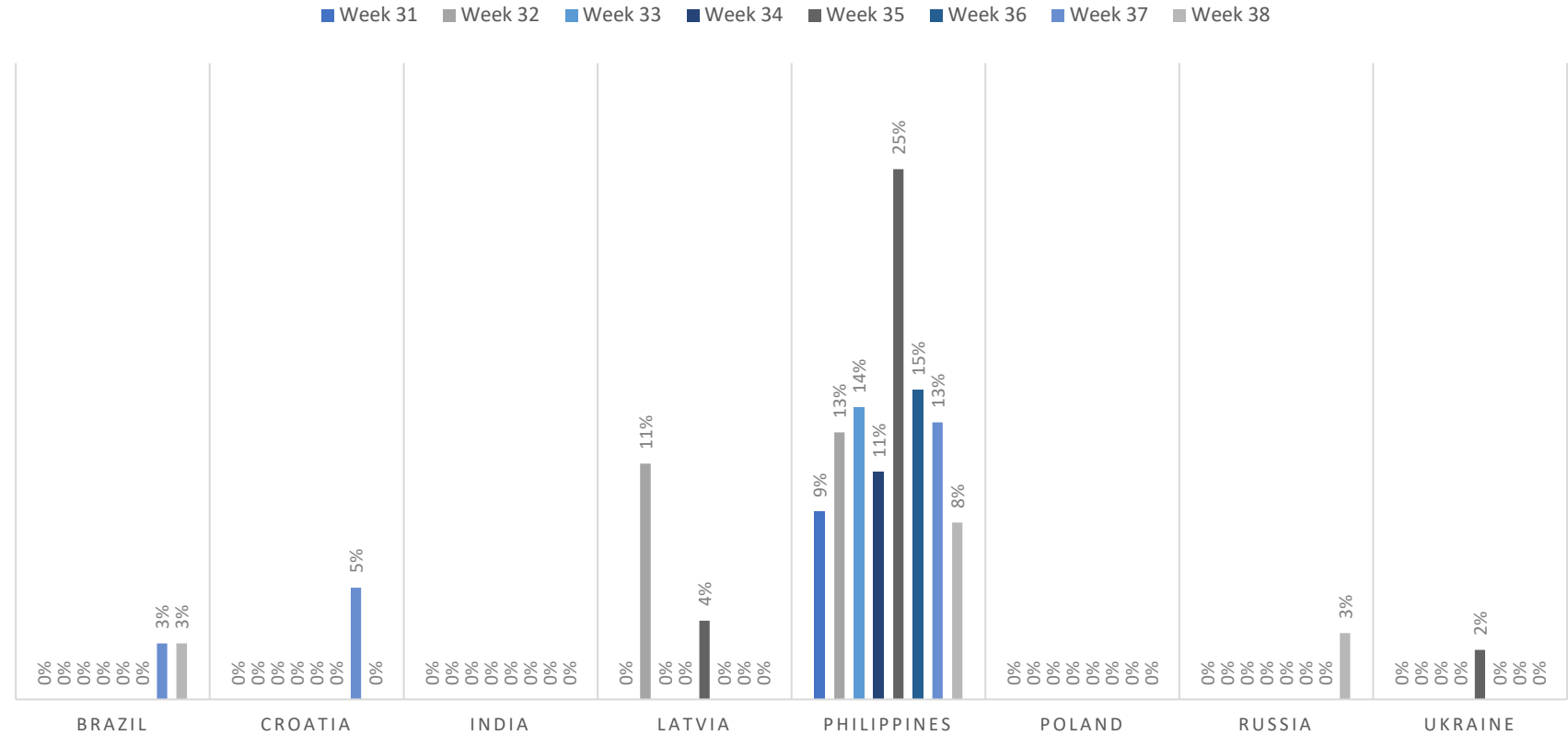


Comment: In week 38 we have a decrease of total figures compared to the week before. Of the 26 cases seen during this week 22 have occurred prior boarding (the ones before climbing up the gangway or even before travelling) what regarding virus avoidance onboard has been the goal. 4 persons were tested positive while onboard and for 2 of these it looks like the virus was caught during travelling but both other ones occurred too recent to evaluate properly.

## PCR-TEST POSITIVITY RATE BY NATIONALITY



## PCR-TEST POSITIVITY RATE BY NATIONALITY PER WEEK

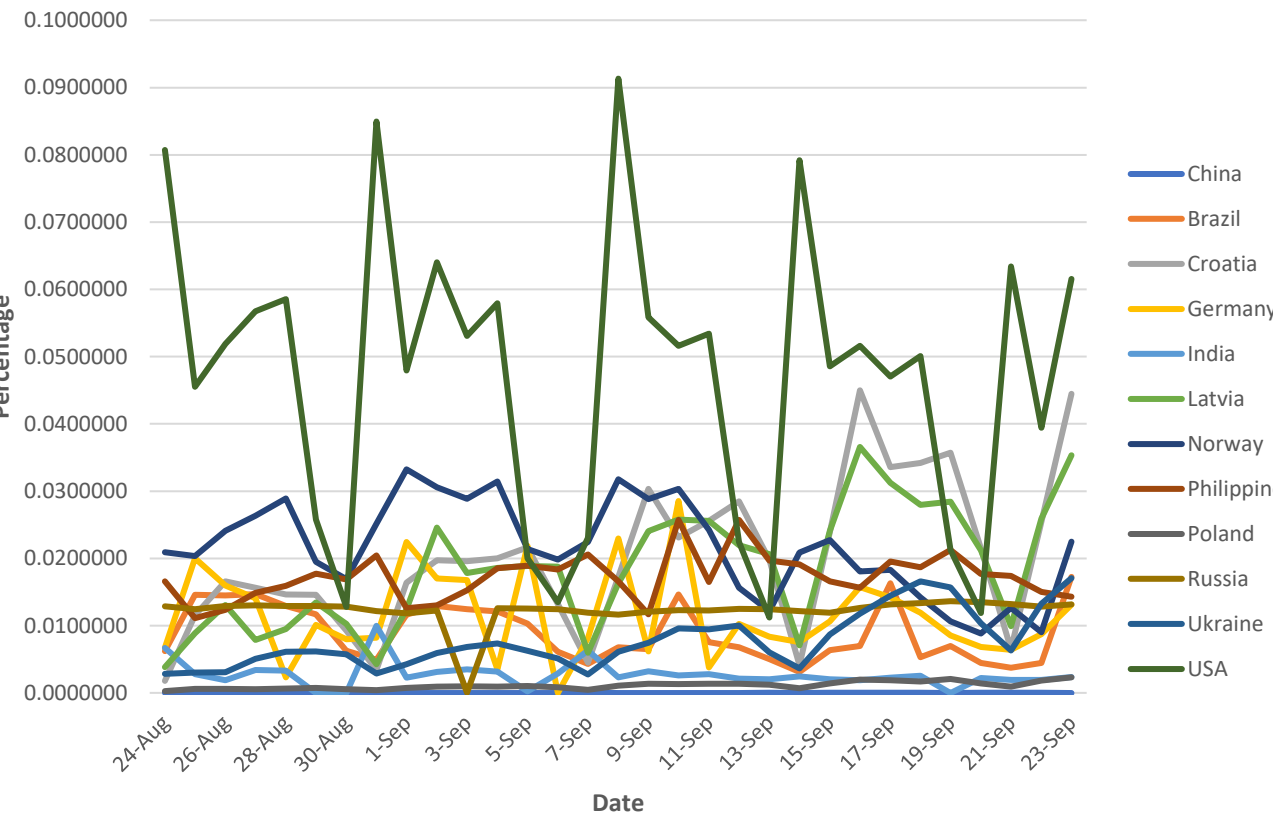


### Positivity Rate:

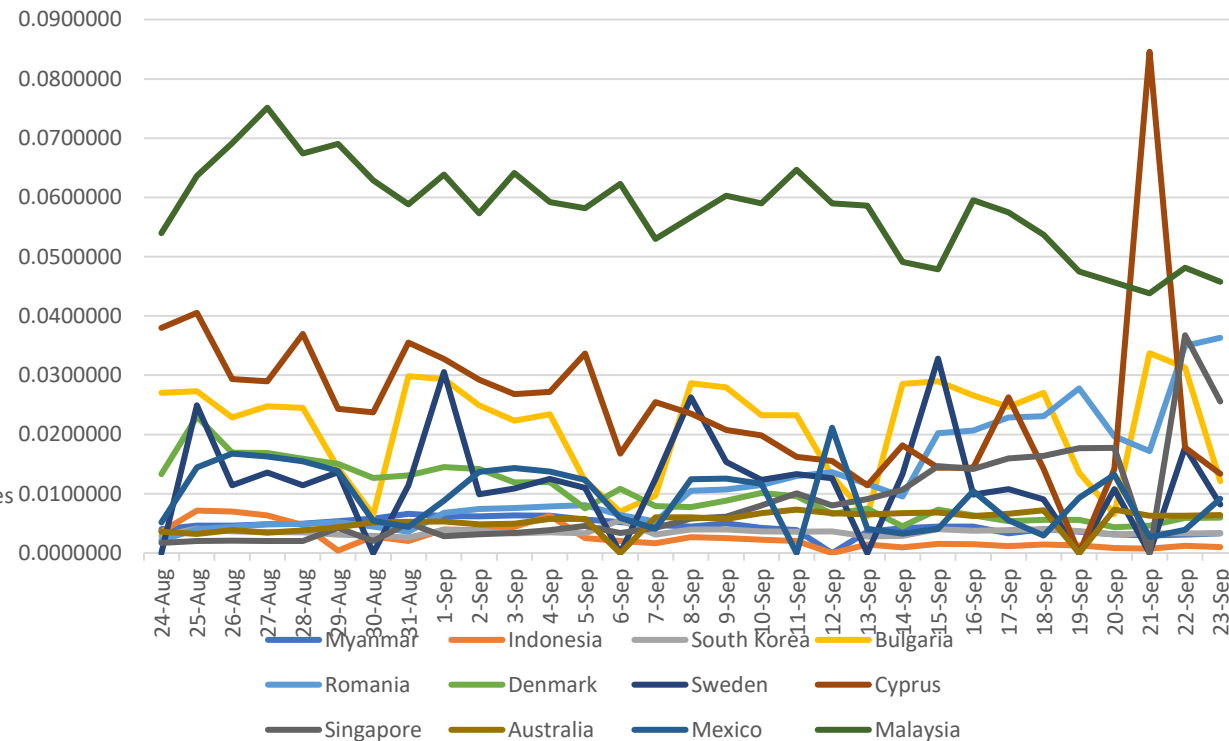
For the respective week we have calculated the whole number of tested OSM seafarers and compared it with the number of positive results. If there was a multiple testing of a person, it was counted as one with respective outcome. We have pictured it by showing the different local percentages. E.g. Russia had 1 positive case out of 32 tested which equals to 3%.

## Covid-19: Newinfection ratio

Newinfections in% of inhabitants



Newinfections in % of inhabitants

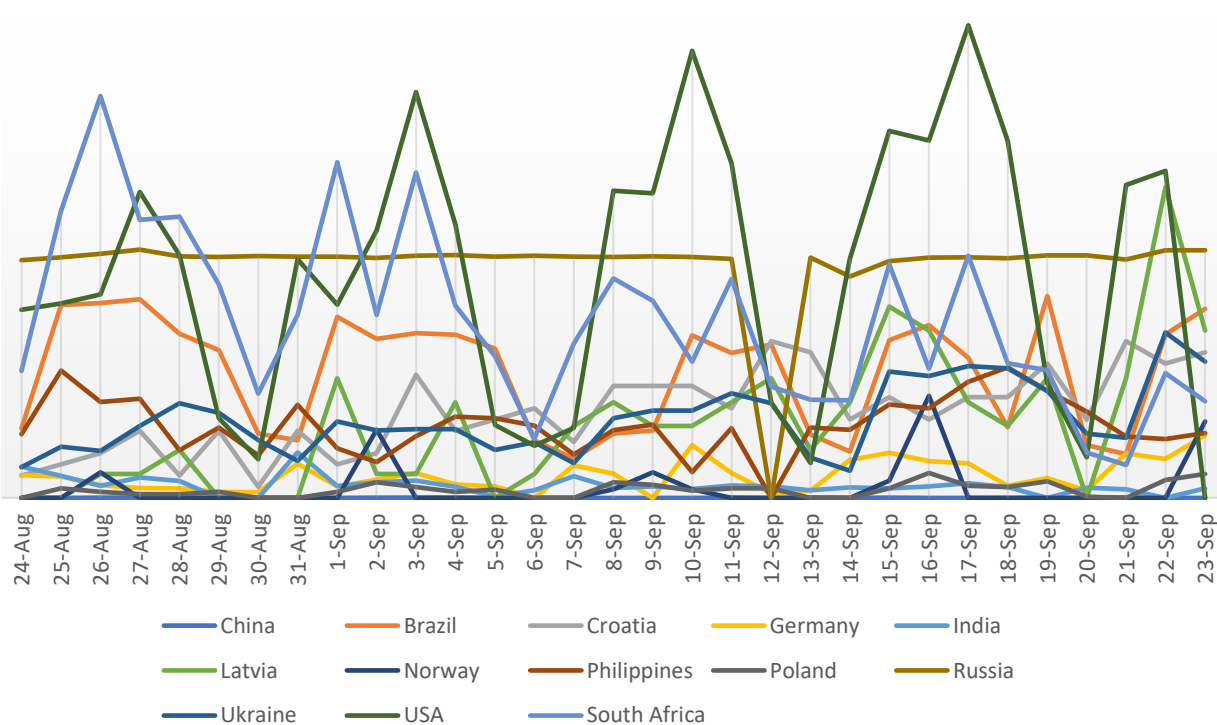


Looking at the home countries of our seafarers we want to give an overview about trends and threats. In order to have a comparable base the number of daily newinfections has been put in relation to the number of inhabitants – resulting in a percentage figure. It has to be considered that infection figures 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, apparently USA and Malaysia seem to decrease while we have increasing figures at Romania, Bulgaria and Croatia - suffering from newinfections.

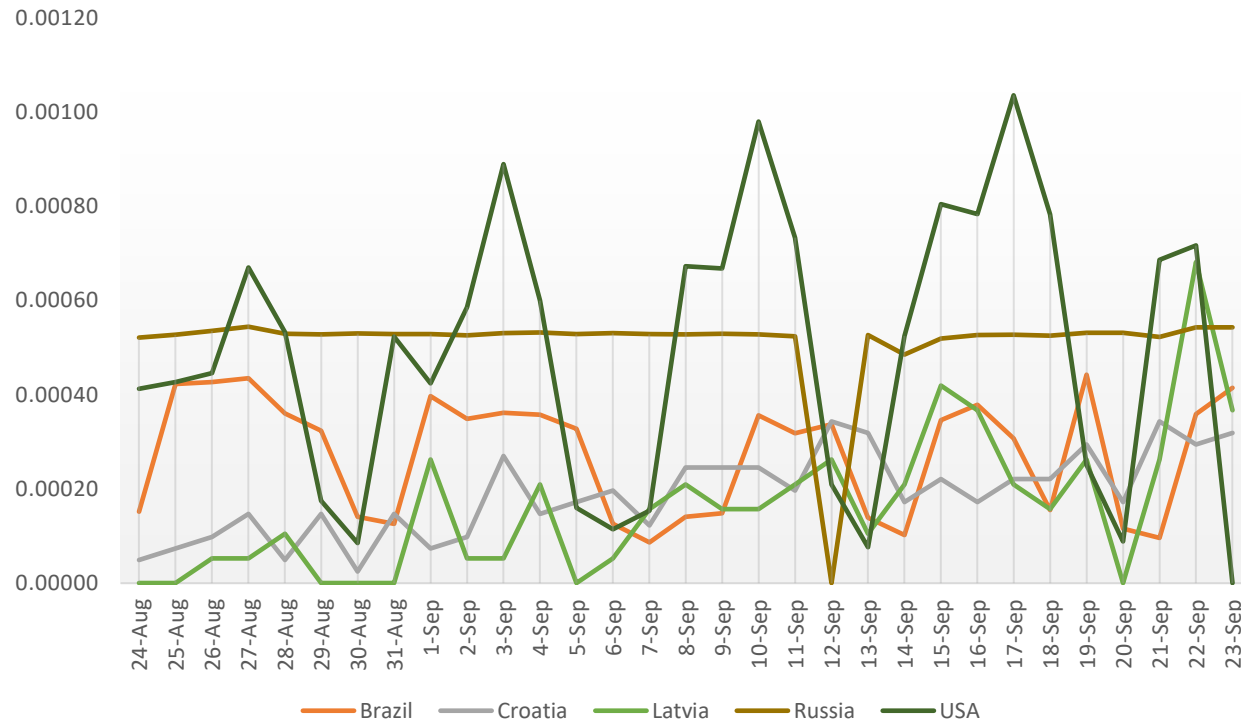
Sources: [Wikipedia](#)[The New York Times](#)[JHU CSSE COVID-19](#)[DataEuropäisches Zentrum für die Prävention und die Kontrolle von Krankheiten](#)

## 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

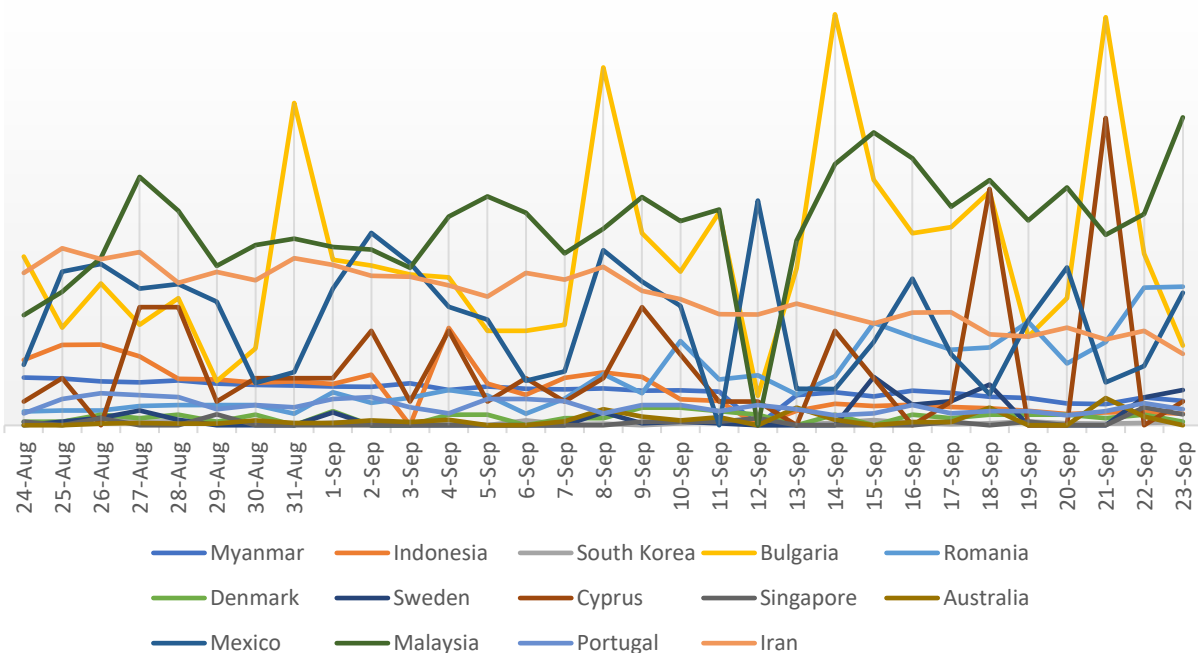
Sources: [Wikipedia](#)[The New York Times](#)[JHU CSSE COVID-19 Data](#)[Europäisches Zentrum für die Prävention und die Kontrolle von Krankheiten](#)

## Covid-19: Fatality ratio II

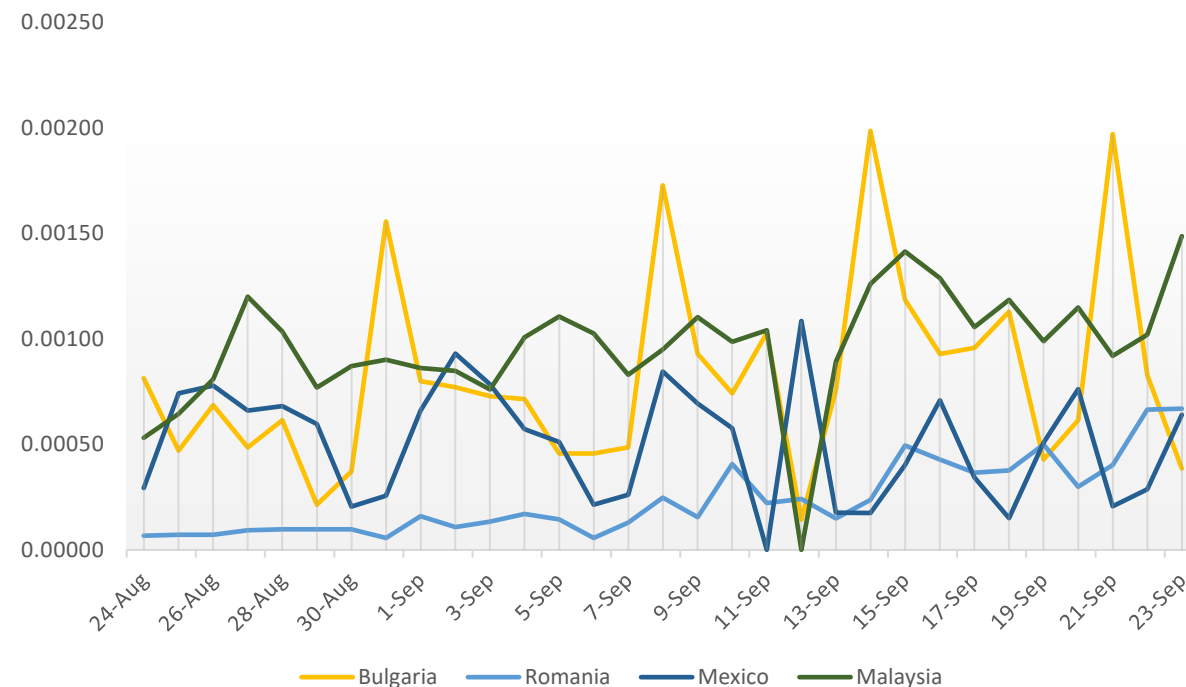
this needs to be seen as a sign that -beside the most obvious reason that not vaccinated people are affected- the vaccination level is not sufficient any more due to expiry of immunization triggers or/and (much more important!) the influence of new virus strains.

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 2/2 at week 38

7. **Q:** They are talking about booster and whatever additional doses – isn't it better to wait until there will be a vaccine which is coping with the new virus variants? **A:** No, because some of the vaccines are even more efficient regarding more recent variants at least against severe developments. Then to wait means accepting additional victims. Postponing vaccinations will increase the likelihood of more deaths and severe developments.
8. **Q:** Isn't it better if my body develops its own immune response instead of an "imported" immunity created by a vaccination? **A:** If you could be sure that you will not face a severe or even a fatal development of the sickness this could be possible. But you can't. Better is to develop both: The own one and the one created by the vaccination.
9. **Q:** We have such high degree of vaccination already in community and particularly the older and most vulnerable ones are vaccinated already – isn't it enough? **A:** This approach does not consider the function of a virus carrier. And it does not consider that presently a lot of unvaccinated people are getting sick with partly very severe developments. All the usually unknown health issues of a body now are becoming the bottleneck for recovery like kidneys, heart, blood circulation and others. Suddenly you are facing problems you have never noted nor expected.
10. **Q:** Can we really exclude that these vaccines in future are having an impact to our genes or to the genes of our children? **A:** This is the theory of getting protection by vaccination now and paying back the credit later. The ones in question here are the mRNA vaccines. But these are not new but used for a decade already. For the fight against Covid-10 these have been modified and adjusted. Since it's implementation, safety and efficacy has been good. Short term effects and safety gives higher confidence for long term studies. The technology doesn't alter our genetic structure.
11. **Q:** Would you give a vaccination during pregnancy? **A:** Fresh born children have a health protection as a kind of start capital from nature. They could get the sickness but severe developments (as far as we know by now) can be almost excluded. Hence an unnecessary step then should not be taken – if not necessary. Same is valid also for their mothers: To some extend this protection is covering also the mother during pregnancy and shortly after. However in cases where a pregnant woman is living in an area with high infection rates a vaccination is possible and consequently advisable because it is substantially reducing the risk. The decision is best guided by local Obstetrician that sees the patient and the environment. Generally vaccination in pregnancy is still safe to do so if the need arise.
12. **Q:** Can the vaccination be dangerous for fertility? **A:** Fertility researches have not found any reduction in fertility while comparing comparable groups of vaccinated and unvaccinated persons.



**If a person or an institution or a government instructs me to do something – isn't it a reason in itself to resist?**

One of the differences between kids and adults is that adults are supposed to meet **decisions based on facts**. This particularly is necessary when it comes to decisions which result is not only impacting the person who decides but also other **persons** he/she might be even **responsible for**. Humans are meeting their own decisions. If a government would make it mandatory to breath then nobody would stop breathing only in order to resist against this instruction. There are many **reasons for concern** against vaccination which need to be looked at and need to be evaluated individually. Resistance against a mandatory step however should not be a reason. Even when it is mandatory still it is our **own decision. A decision of an adult person.**

## 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 8<sup>th</sup> 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