

Status, Trends and Recommendations

# Covid-19: Stakeholders Update – Week 40

A nine pager

## Global epidemiological situation

Globally, the numbers of weekly COVID-19 cases and deaths continued to decline. This is a trend that has been observed since August (Figure 1). Over 3.1 million new cases and just over 54 000 new deaths were reported during the week of 27 September to 3 October 2021. Cases this week decreased by 9% as compared to the previous week, while the number of deaths remained similar to that of the past week (Table 1). All regions reported a decline in the number of new cases this week apart from the European Region which reported a number similar to that of the previous week. The largest decrease in new weekly cases was reported from the African Region (43%), followed by the Eastern Mediterranean Region (21%), the South-East Asia Region (19%), the Region of the Americas (12%) and the Western Pacific (12%). The cumulative number of confirmed cases reported globally is now over 234 million and the cumulative number of deaths is just under 4.8 million.

The number of new weekly deaths reported showed a large (>10%) decline for all regions except for the Regions of the Americas and Europe, which both reported a similar number of weekly deaths as compared to previous week. The largest decline in weekly deaths was reported from the African Region, with a 25% decline as compared to the previous week.

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 3 October 2021\*\*

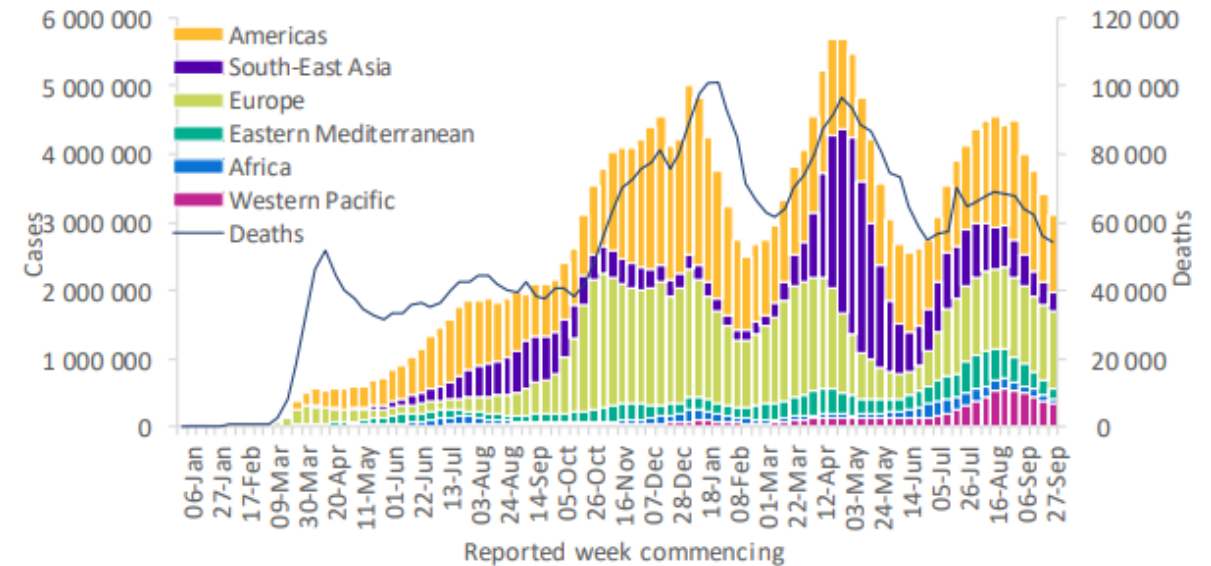


Table 1. Newly reported and cumulative COVID-19 cases and deaths, by WHO Region, as of 3 October 2021\*\*

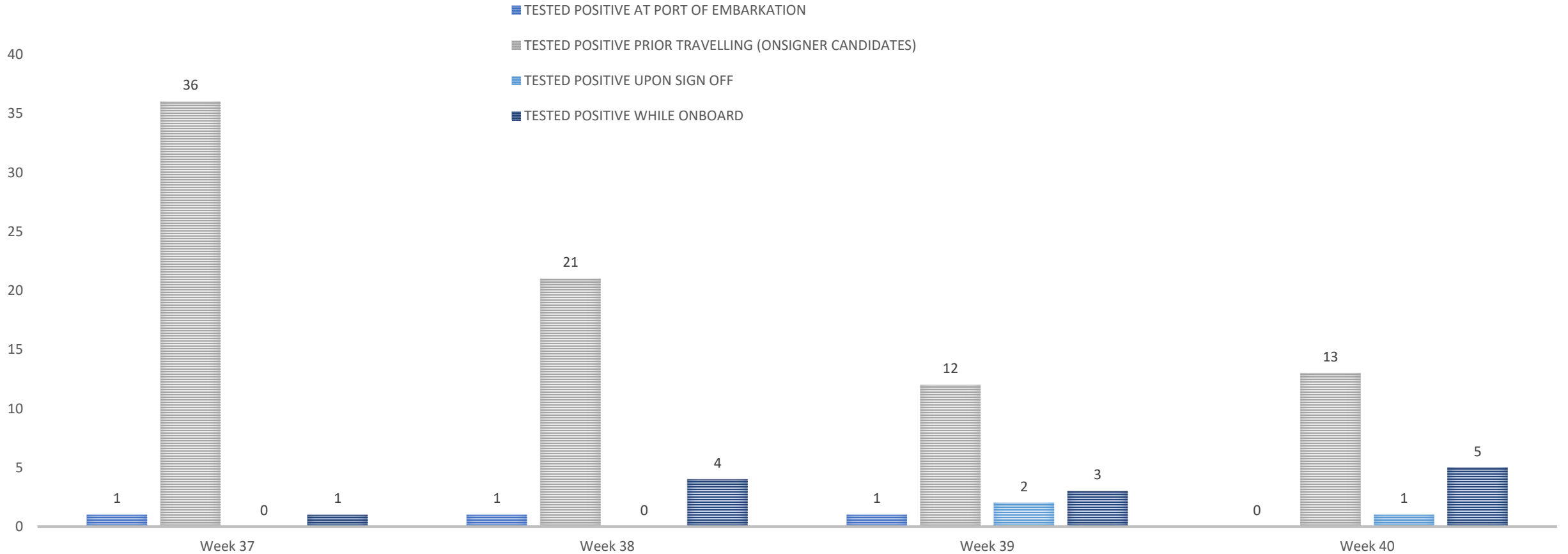
WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days *	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days *	Cumulative deaths (%)
Americas	1 120 999 (36%)	-12%	90 357 809 (39%)	24 311 (45%)	2%	2 220 453 (46%)
Europe	1 164 750 (37%)	5%	70 589 709 (30%)	15 403 (28%)	2%	1 342 600 (28%)
South-East Asia	278 657 (9%)	-19%	43 121 902 (18%)	4 318 (8%)	-18%	678 035 (14%)
Eastern Mediterranean	166 068 (5%)	-21%	15 825 445 (7%)	3 567 (7%)	-17%	290 562 (6%)
Western Pacific	338 603 (11%)	-12%	8 609 714 (4%)	4 725 (9%)	-10%	117 705 (2%)
Africa	49 333 (2%)	-43%	6 048 196 (3%)	1 897 (3%)	-25%	146 854 (3%)
<b>Global</b>	<b>3 118 410 (100%)</b>	<b>-9%</b>	<b>234 553 539 (100%)</b>	<b>54 221 (100%)</b>	<b>-4%</b>	<b>4 796 222 (100%)</b>

The regions reporting the highest weekly case incidence rates per 100 000 population were the European Region (123.1 new cases per 100 000 population) and the Region of the Americas (109.5 new cases per 100 000 population), while the same two regions reported this highest weekly incidence in deaths per 100 000 population; the Region of the Americas (2.4 new cases per 100 000 population) and the European Region (1.6 new cases per 100 000 population).

The highest numbers of new cases were reported from the United States of America (760 571 new cases; similar to the number reported in the previous week), the United Kingdom (239 781 new cases; similar to the number reported in the previous week), Turkey (197 277 new cases; similar to the number reported in the previous week), the Russian Federation (165 623 new cases; 13% increase), and India (161 158 new cases; 21% decrease).

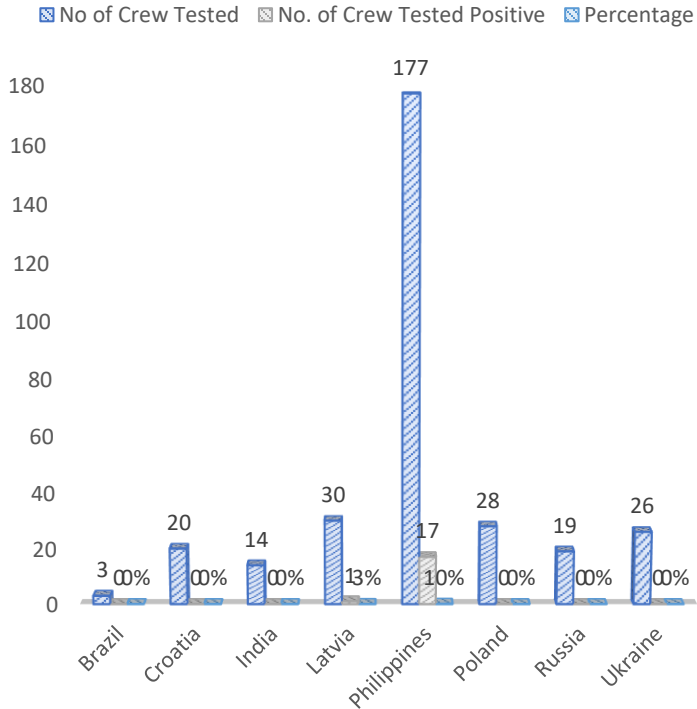
Globally, cases of the Alpha variant have been reported in 195 countries, territories or areas (hereafter countries; two new countries added since last week), while 145 countries (3 new country since last week) have reported cases of the Beta variant; and 99 countries have reported cases of the Gamma variant (4 new countries since last week, with 1 report of the Gamma variant from last week being discarded upon sequencing). The Delta variant has been reported in 192 countries (seven new countries since last week: 2 under verification and 5 verified), across all six WHO regions as of 5 October.

## OSM MANNING - WHEN TESTED POSITIVE PER WEEK

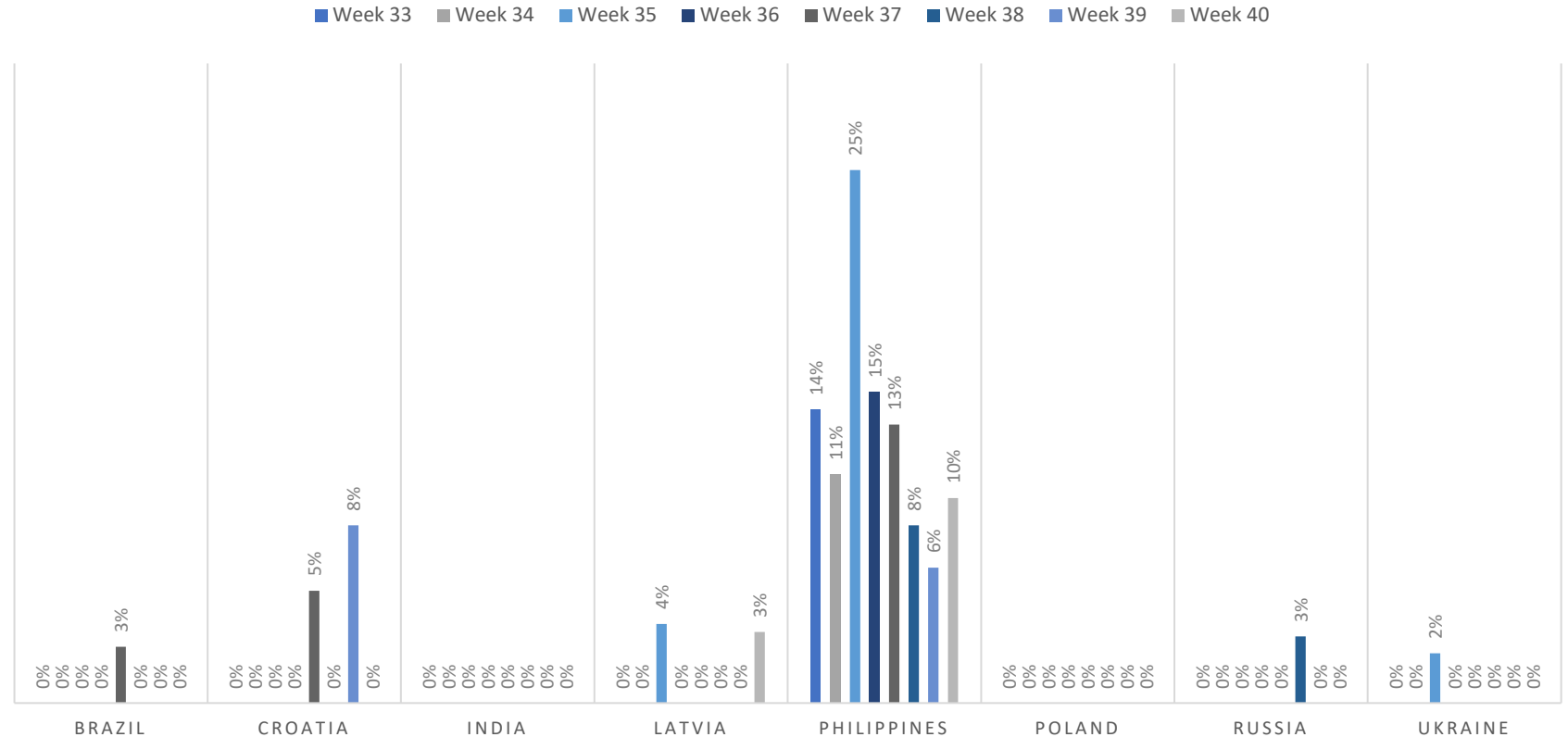


Comment: In week 40 we have a slight increase of total figures compared to the week before. Of the 19 cases seen during this week 13 have occurred prior boarding (the ones before climbing up the gangway or even before travelling) what regarding virus avoidance onboard has been the goal. 5 persons were tested positive while onboard and 1 was tested positive upon sign off. For the ones tested positive onboard (5 persons) this week and the ones from last week (3 persons) there are strong indications that the virus was brought onboard by single onsigners who caught it during travelling. This is matching also with incubation periods and first symptoms detected. It again underlines the importance of applying all required safety precautions during travelling as detailed in the OSM Covid-19 procedures for joining a ship.

## PCR-TEST POSITIVITY RATE BY NATIONALITY



## PCR-TEST POSITIVITY RATE BY NATIONALITY PER WEEK

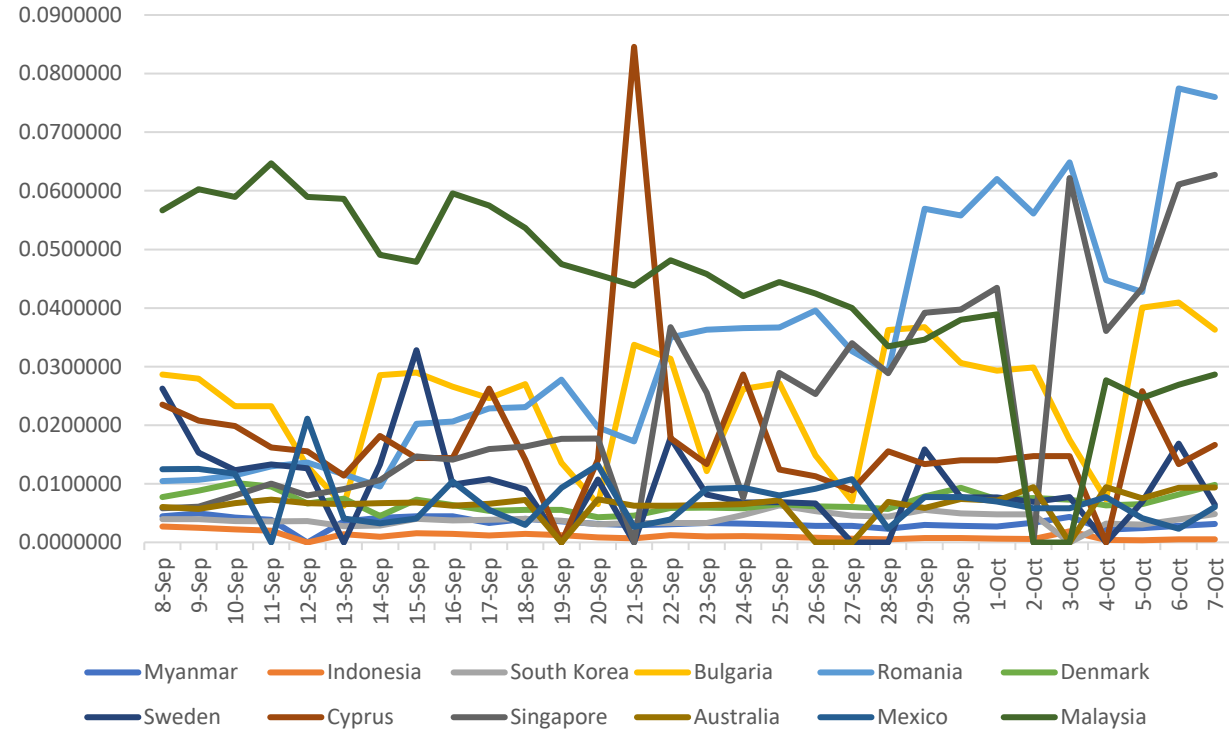
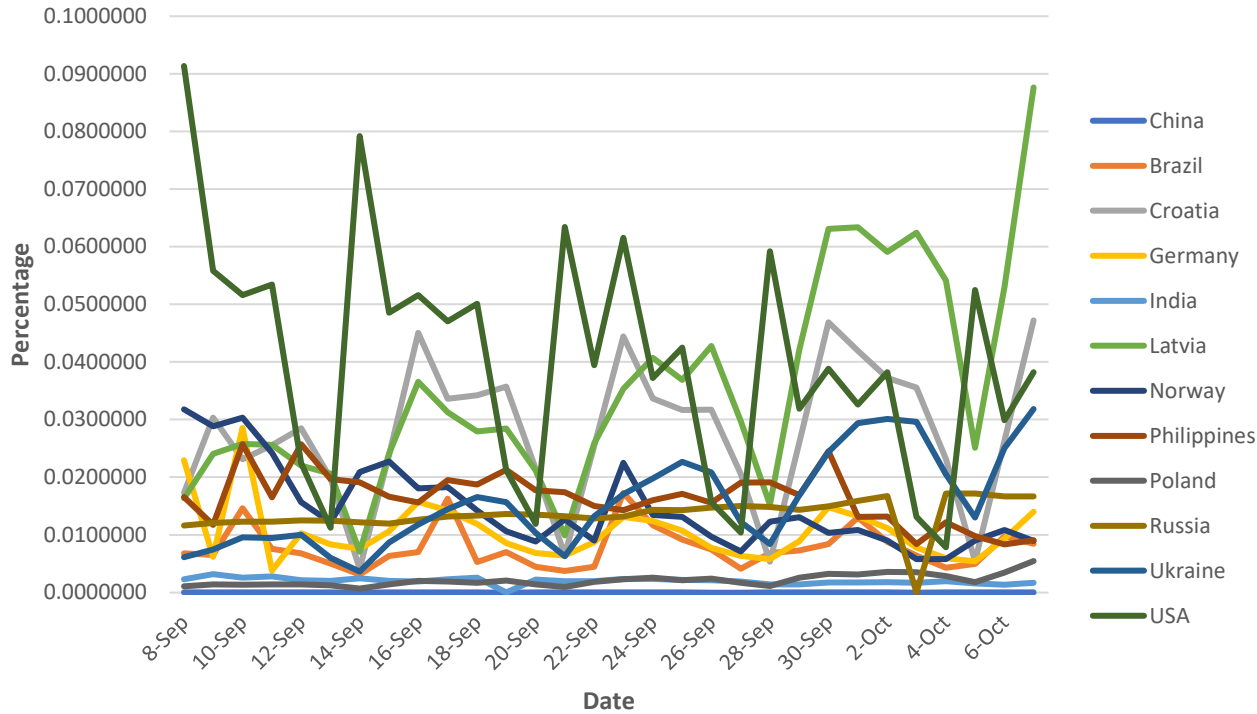


### Positivity Rate:

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. Latvia had 1 positive case out of 30 tested which equals to 3%.

## Covid-19: Newinfection ratio

### Newinfections in% of population

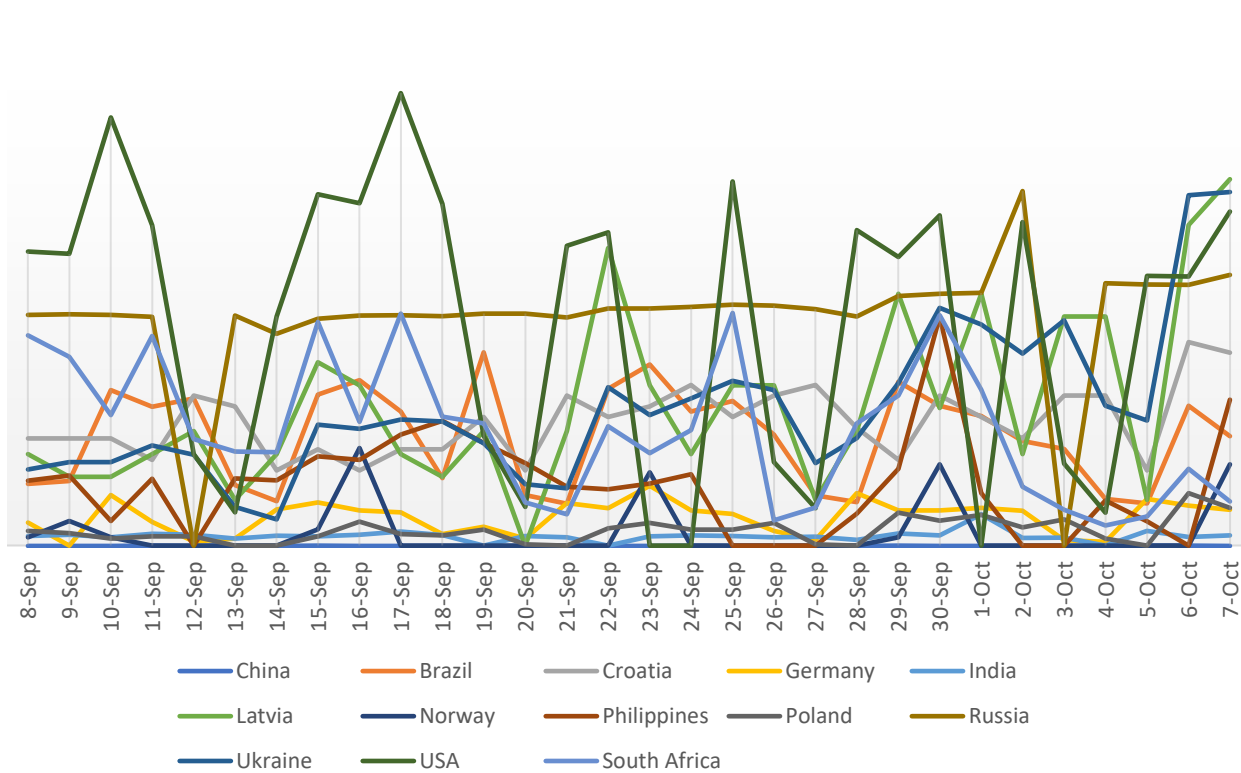


Looking at the home countries of our seafarers we want to give an overview about trends and threats. In order to have a comparable base the number of daily newinfections has been put in relation to the number of inhabitants – resulting in a percentage figure. It has to be considered that infection figures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

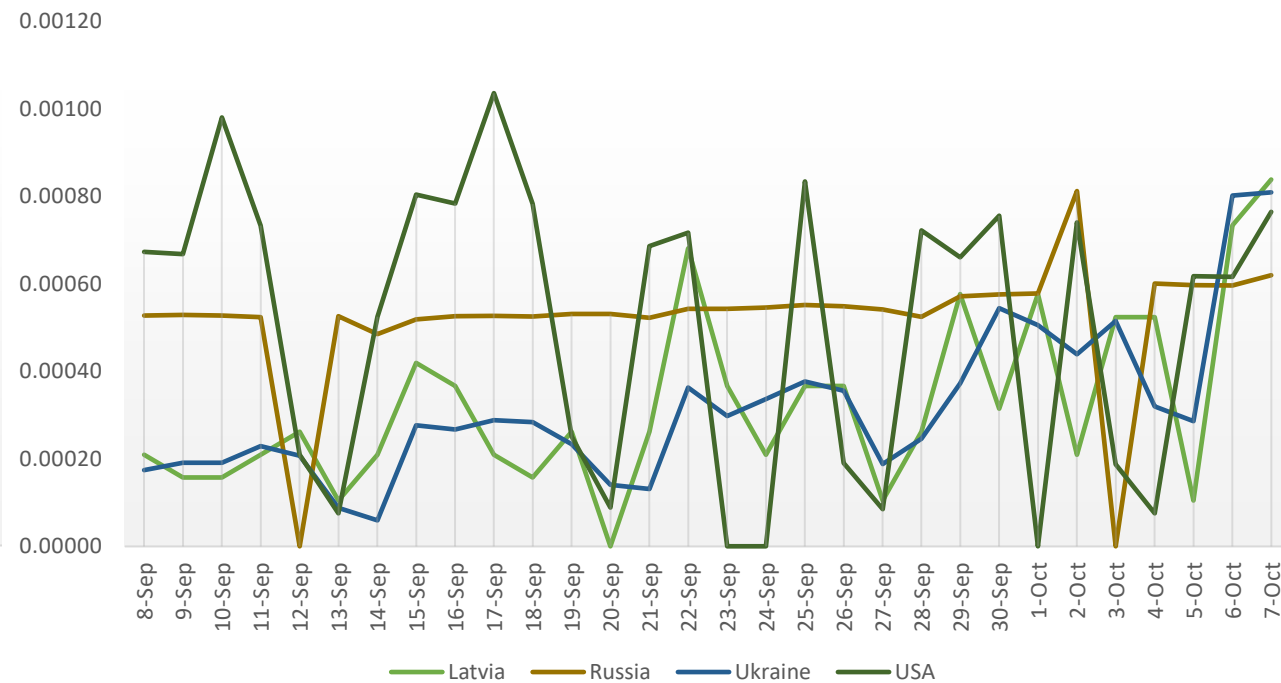
Sources: [Wikipedia](#) [The New York Times](#) [JHU CSSE COVID-19](#) [DataEuropäisches Zentrum für die Prävention und die Kontrolle von Krankheiten](#)

## 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

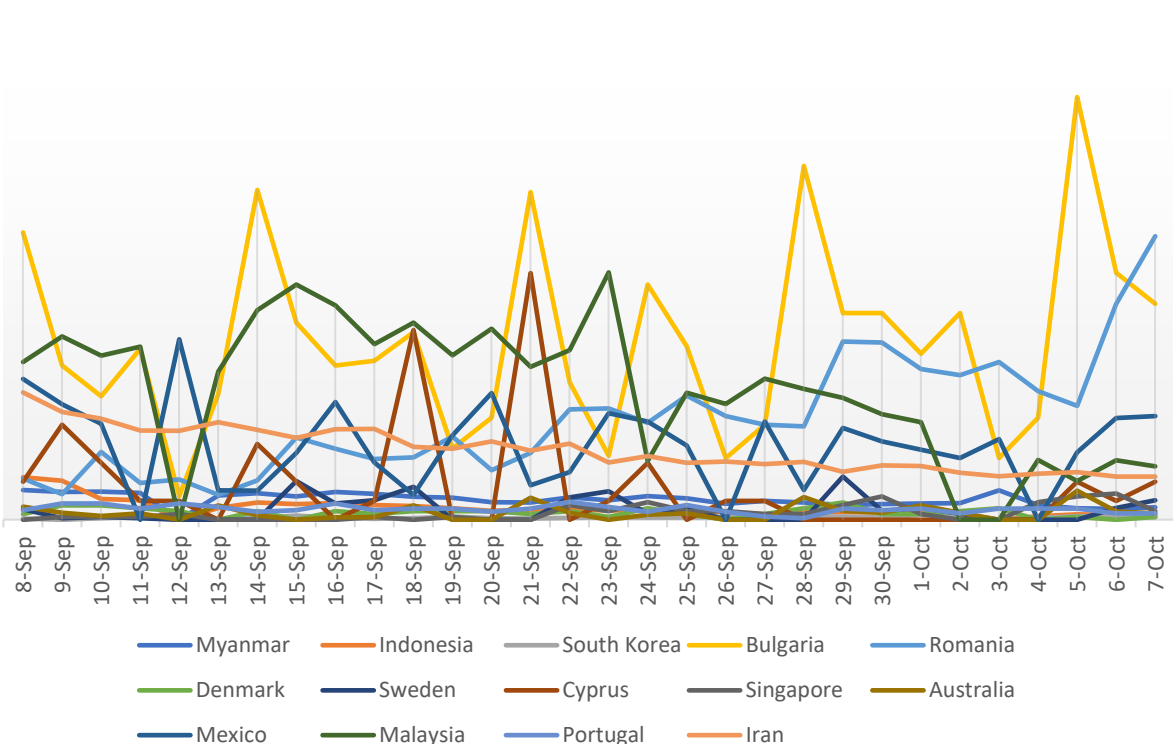
Sources: [Wikipedia](#) [The New York Times](#) [JHU CSSE COVID-19](#) [DataEuropäisches Zentrum für die Prävention und die Kontrolle von Krankheiten](#)

## Covid-19: Fatality ratio II

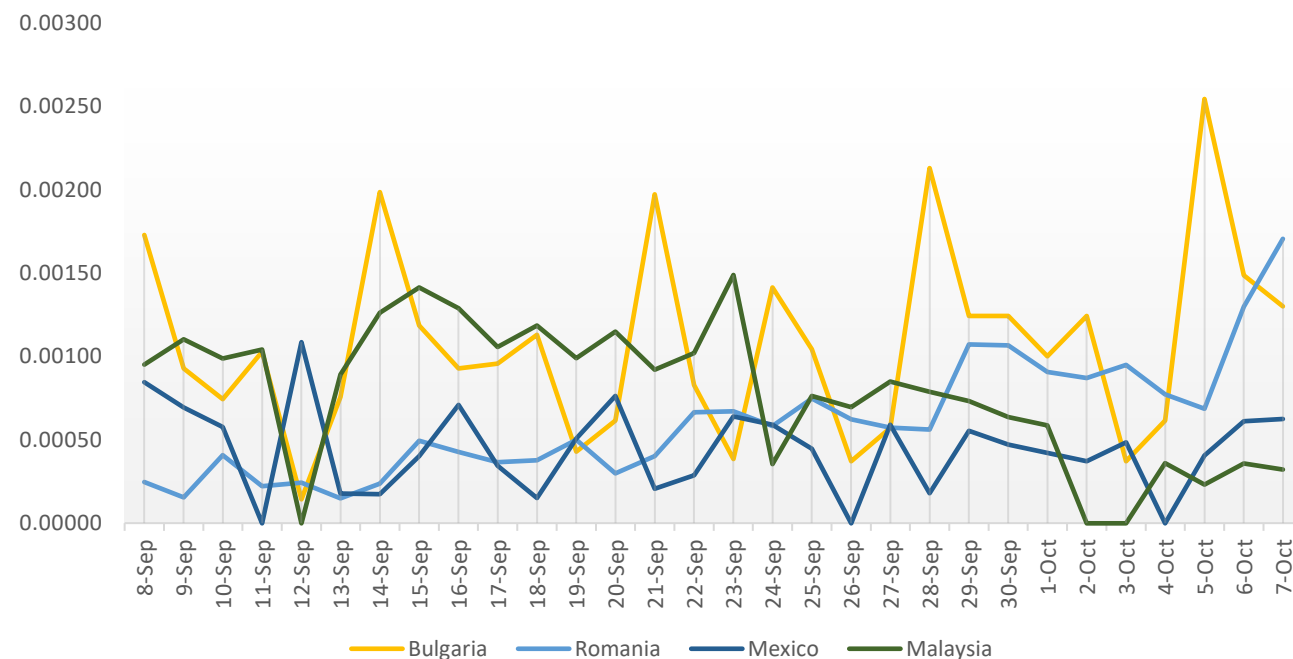
this needs to be seen as a sign that -beside the most obvious reason that not vaccinated people are affected- the vaccination level is not sufficient any more due to expiry of immunization triggers or/and (much more important!) the influence of new virus strains.

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



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

## Covid-19: Alpha and Delta variants - update

### State of the Art knowledge about present Delta Variant

- Delta now is the predominant SARS CoV-2 variant in US with more than 99%
- Delta is much more contagious: The original virus strain caused an infection from 1 person to 2.5 persons while Delta is causing an infection from 1 person to 3.5 to 4 persons
- Unvaccinated people are at risk: “Delta seems to be impacting younger age groups more than previous variants”
- Very uneven distribution of completed vaccinations can lead with the Delta variant to hyperlocal outbreaks
- Symptoms are changing with the Delta Variant: Cough and loss of smell are less common, but headache, sore throat, runny nose and fever are present
- Severe illness caused by Delta Variant can best be avoided by vaccination
- Incubation period: On average 5.6 days after exposure with previous SARS CoV-2 variants, while with Delta the incubation period is around 4 days, means symptoms are showing up much earlier
- Studies from China are showing that the Delta variant has a viral load that is 1000 times higher than that of previous coronavirus strains

Sources

<https://www.yalemedicine.org/news/5-things-to-know-delta-variant-covid>

<https://www.webmd.com/lung/coronavirus-incubation-period#1>



## Covid-19: How to protect crew member and vessel – new

### Recommendations

In case of significant Covid-19 activity 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:

	<b>Not or only incompletely vaccinated</b>	<b>Fully vaccinated (with 2 weeks after 2nd dose of Covid vaccine - if J&amp;J then 2 weeks after one jab) and joining a vessel with fully vaccinated crew</b>
1. Self isolation of the seafarer at home for 10 days	Fully applicable	None
2. Transfer of the seafarer by usage of a single passenger car	Fully applicable	None
3. Company facilitated quarantine location realized in a hotel with complete separation of the person including meals served at the room	Fully applicable	Fully applicable
4. Quarantine for a timespan	Between 8 days and 14 days	Between 5 days and 7 days
5. First PCR testing at beginning of the quarantine	Day 1 of quarantine	Day 1 of quarantine
6. Second PCR testing earliest at	8th day of quarantine	5th day of quarantine
<b>7. Transfer and leaving of quarantine earliest when result of second PCR test is received and negative</b>	Fully applicable	Fully applicable
8. PCR test at country of boarding the vessel	Fully applicable	Fully applicable
9. Strict usage of covid-19 PPE for transfers, flights and for any other occasion potentially contact can occur with third parties	Fully applicable	Fully applicable