

Status, Trends and Recommendations

Covid-19: Stakeholders Update – Week 42

A nine pager

Global epidemiological situation

With just over 2.7 million new cases and over 46 000 new deaths reported during the week of 11 to 17 October 2021, the global number of new cases and deaths remained similar to that of the previous week (Figure 1). Apart from the European Region, which reported a 7% increase in the number of new weekly cases when as compared to the previous week, all the other regions reported declines in new weekly cases (Table 1). The largest decrease in new weekly cases was reported from the African Region (18%), followed by the Western Pacific Region (16%). The cumulative number of confirmed cases reported globally is now over 240 million and the cumulative number of deaths is just under 4.9 million.

The African Region also reported the largest decline in weekly deaths (25%) followed by the South-East Asia and Eastern Mediterranean Regions with 19% and 8% declines, respectively. All other regions reported new deaths in numbers similar to those of the previous week.

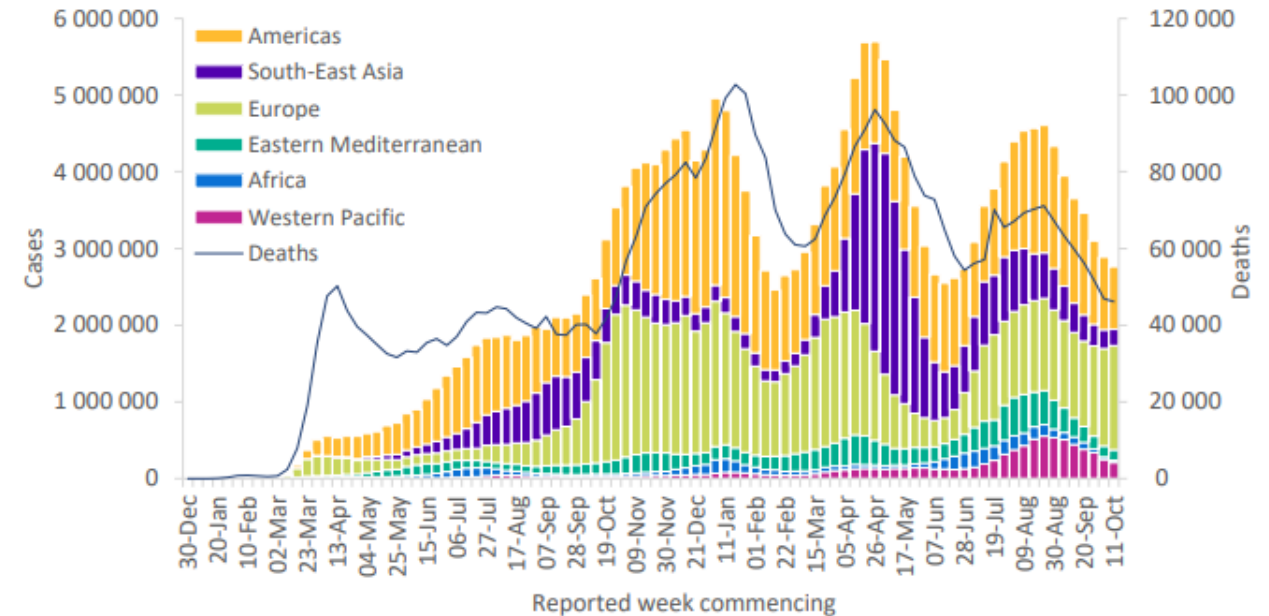
Table 1. Newly reported and cumulative COVID-19 cases and deaths, by WHO Region, as of 17 October 2021**

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 (%)
Africa	27 606 (1%)	-18%	6 109 365 (3%)	940 (2%)	-25%	149 041 (3%)
Americas	816 860 (30%)	-14%	92 142 897 (38%)	18 322 (40%)	-1%	2 260 259 (46%)
Eastern Mediterranean	136 074 (5%)	-6%	16 106 313 (7%)	2 769 (6%)	-8%	296 337 (6%)
Europe	1 358 284 (49%)	7%	73 226 218 (30%)	17 998 (39%)	4%	1 378 412 (28%)
South-East Asia	214 984 (8%)	-13%	43 584 700 (18%)	2 933 (6%)	-19%	684 604 (14%)
Western Pacific	210 149 (8%)	-16%	9 068 961 (4%)	3 178 (7%)	1%	124 024 (3%)
Global	2 763 957 (100%)	-4%	240 239 218 (100%)	46 140 (100%)	-2%	4 892 690 (100%)

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

**See Annex 3: Data, table and figure notes

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 17 October 2021**

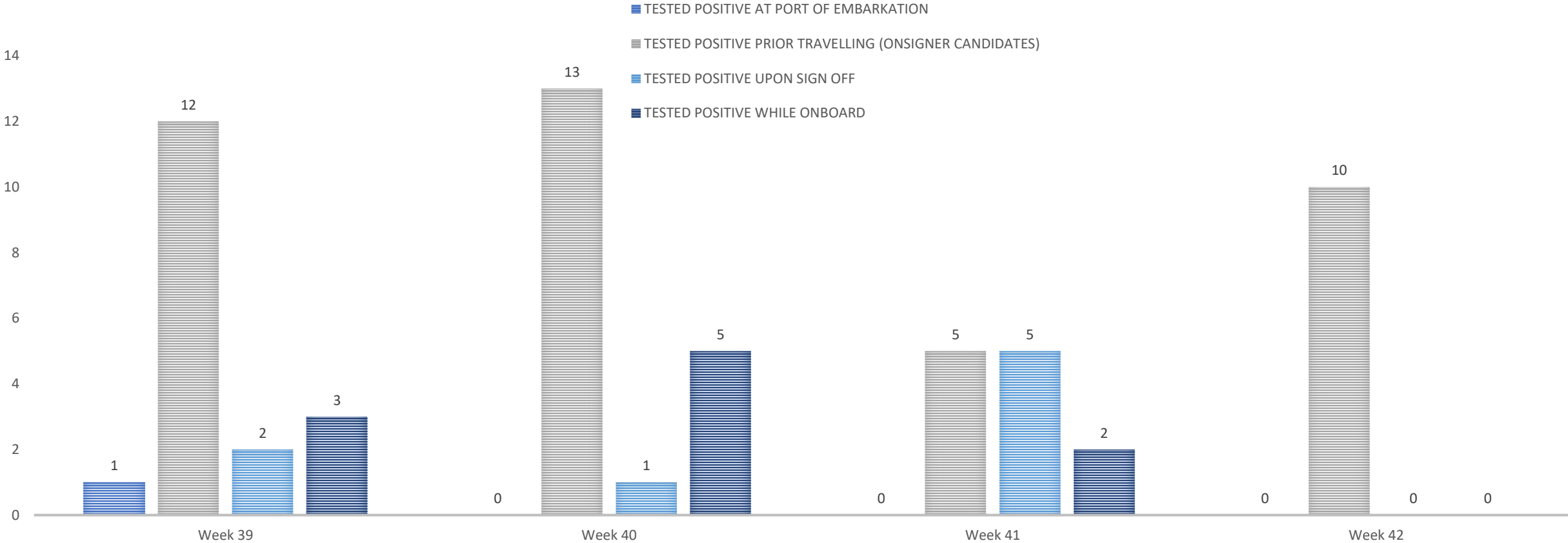


The regions reporting the highest weekly case incidence rates per 100 000 population were the European Region (145.6 new cases per 100 000 population) and the Region of the Americas (79.9 new cases per 100 000 population); the same two regions reported the highest weekly incidence in deaths, of 1.9 and 1.8 per 100 000 population, respectively.

The highest numbers of new cases were reported from the United States of America (582 707 new cases; 11% decrease), the United Kingdom (283 756 new cases; 14% increase), the Russian Federation (217 322 new cases; 15% increase), Turkey (213 981 new cases; similar to the number reported in the previous week) and India (114 244 new cases; 18% decrease).

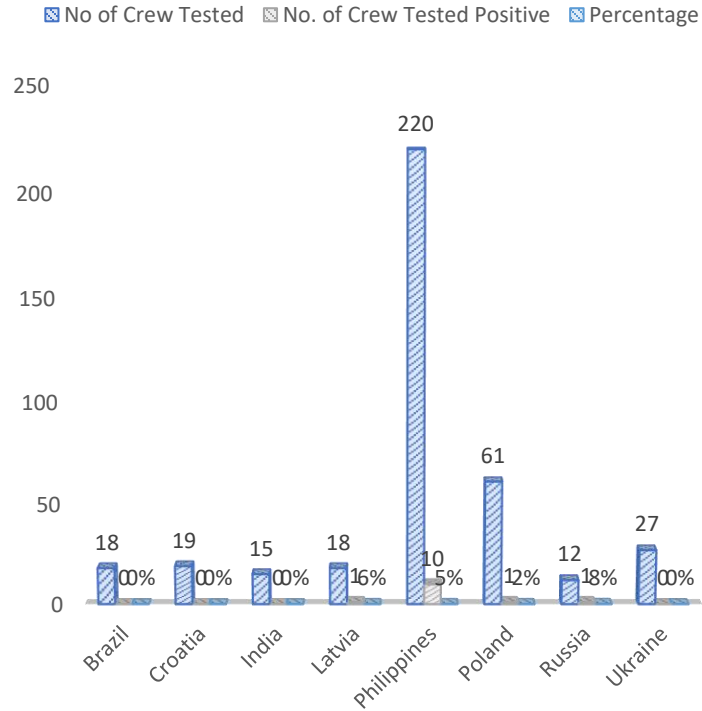
Globally, three additional countries, territories or areas (hereafter countries) reported cases with VOCs in the past week. As of 19 October, cases of Alpha variant have been reported from 196 countries (one new country added), Beta variant from 145 countries (no new country added), Gamma variant from 99 countries, and Delta variant from 193 countries (two new countries added) across all six WHO regions.

OSM MANNING - WHEN TESTED POSITIVE PER WEEK

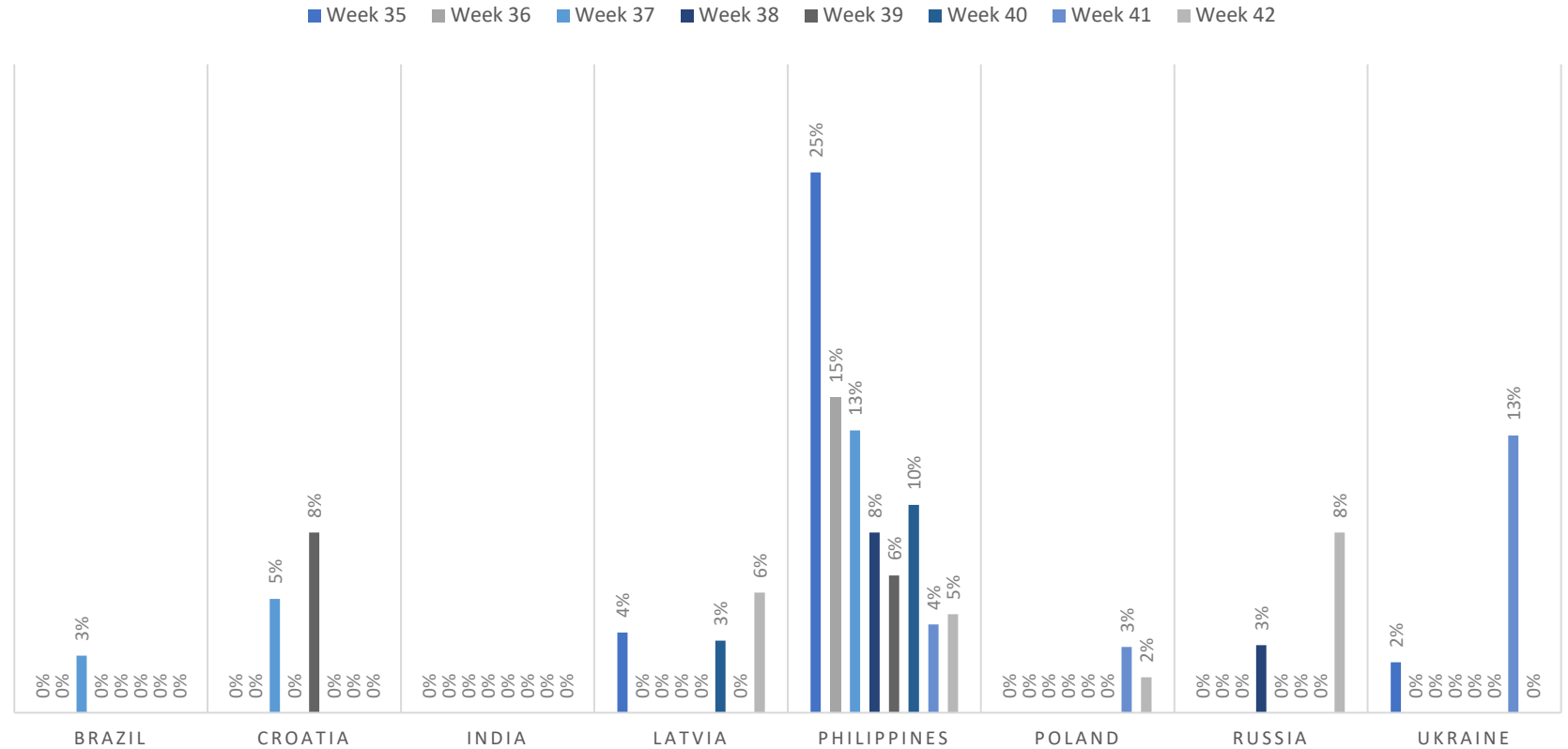


Comment: In week 42 we have a decrease of total figures compared to the week before. Of the 10 cases seen during this week all 10 have occurred prior boarding (the ones before climbing up the gangway or even before travelling) what regarding virus avoidance onboard has been the goal. Nevertheless behind these 10 positive tests are of course 10 colleagues and we cross fingers for a good development respectively a quick recovery!

PCR-TEST POSITIVITY RATE BY NATIONALITY



PCR-TEST POSITIVITY RATE BY NATIONALITY PER WEEK

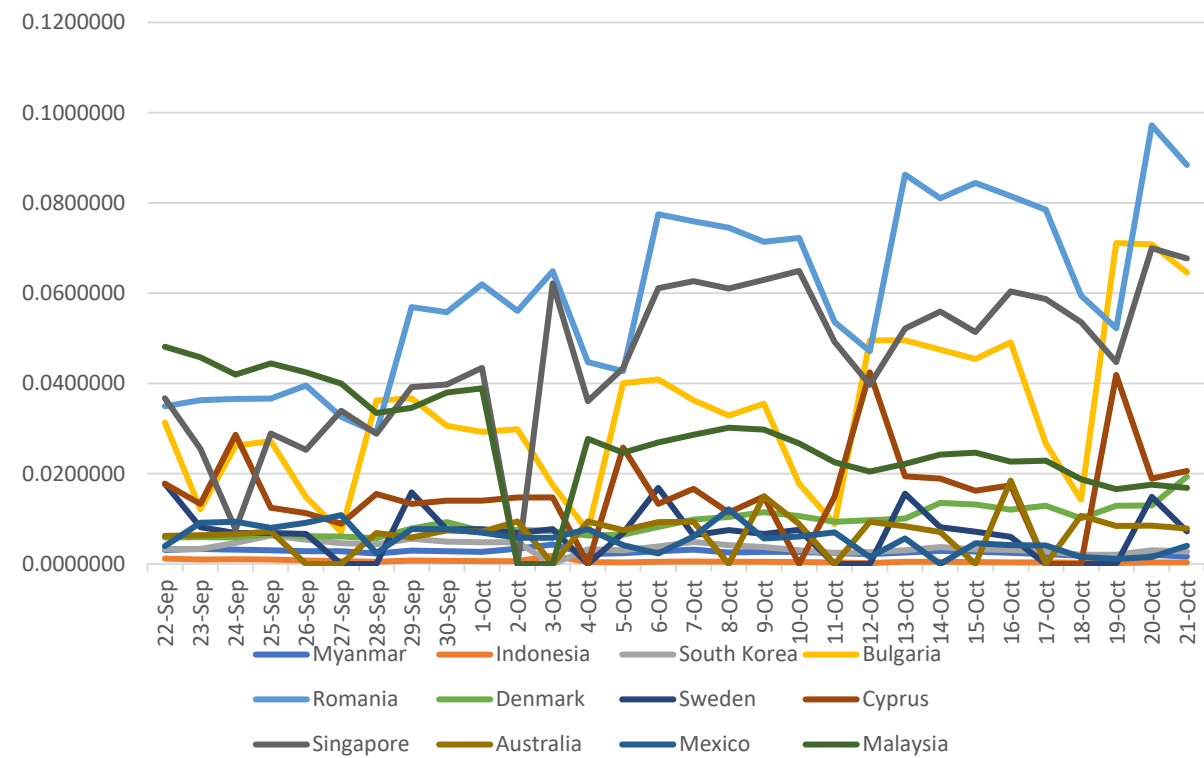
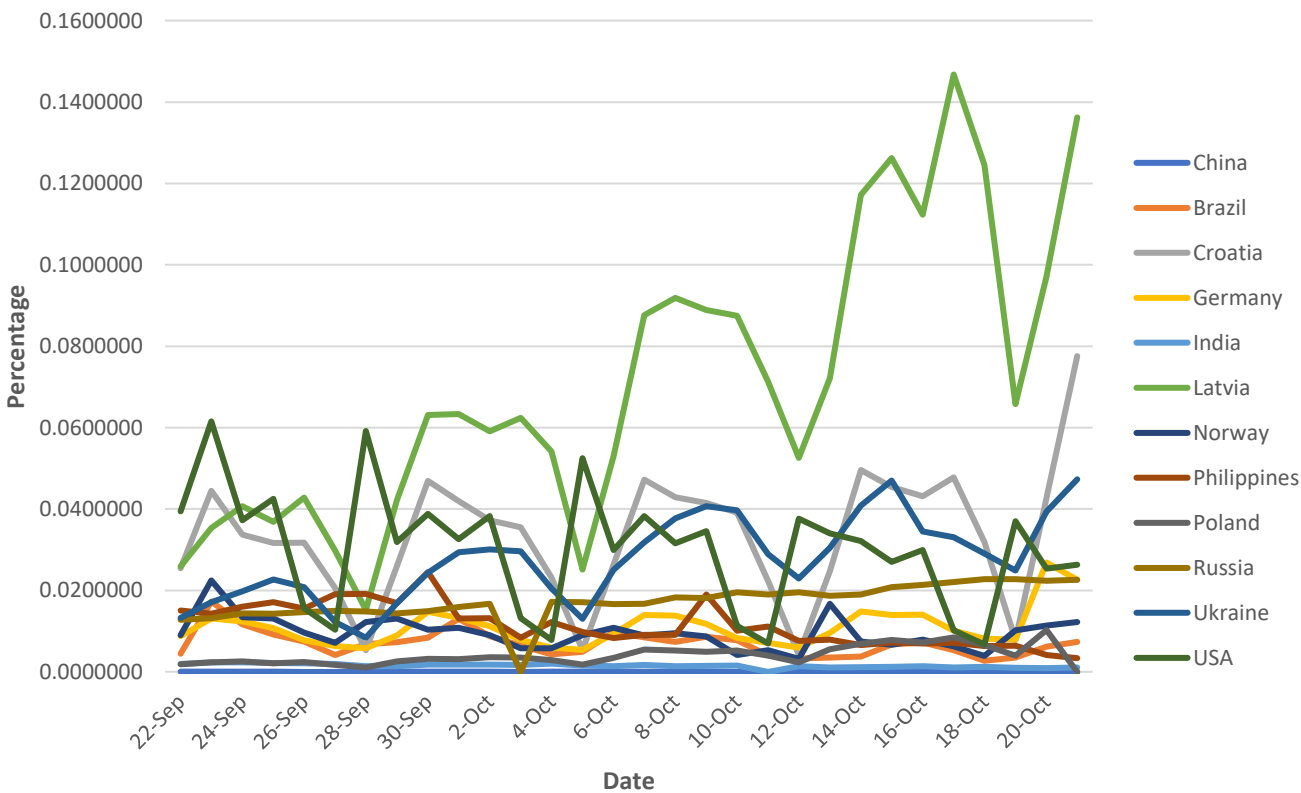


Positivity Rate:

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. Poland had 1 positive case out of 61 tested which equals to 2%.

Covid-19: Newinfection ratio

Newinfections in% of population

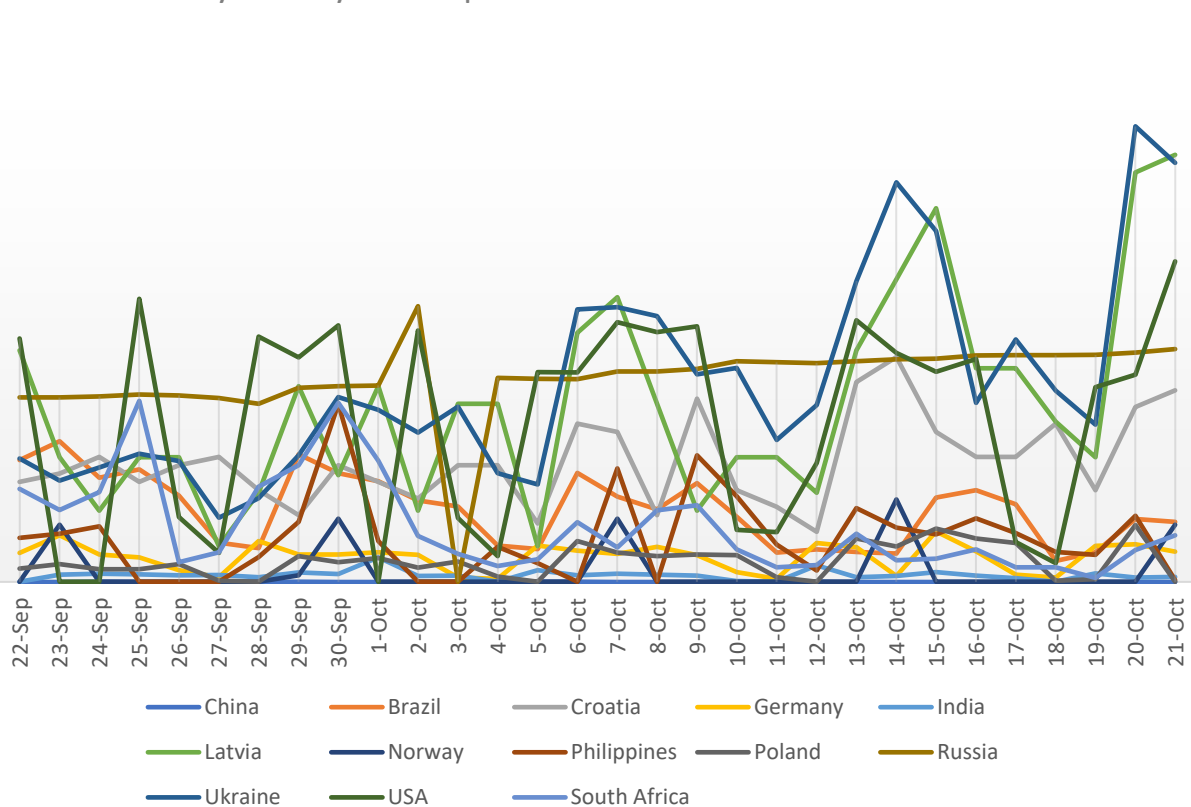


Looking at the home countries of our seafarers we want to give an overview about trends and threats. In order to have a comparable base the number of daily newinfections has been put in relation to the number of inhabitants – resulting in a percentage figure. It has to be considered that infection figures 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 the following trend: Latvia and Croatia are showing an increase of infection figures but we have also increasing figures at Romania, Bulgaria and Singapore.

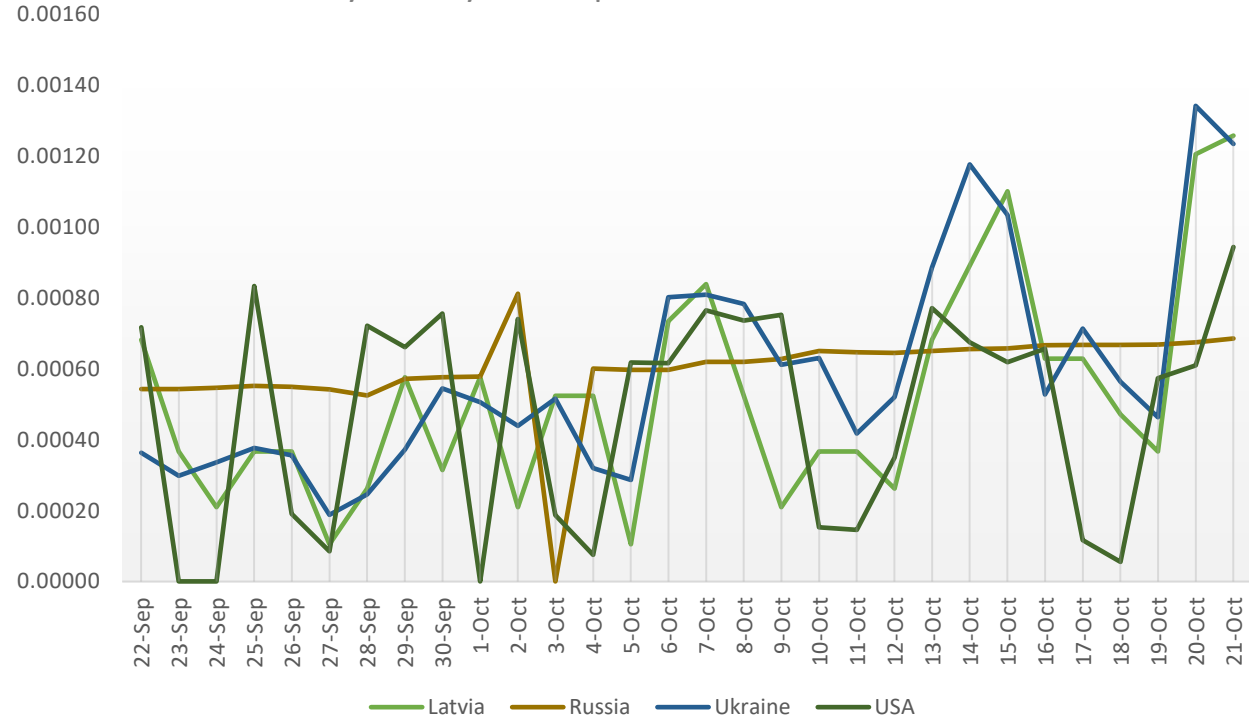
Sources: [Wikipedia](#) [The New York Times](#) [JHU CSSE COVID-19 Data](#) [Europäisches Zentrum für die Prävention und die Kontrolle von Krankheiten](#)

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

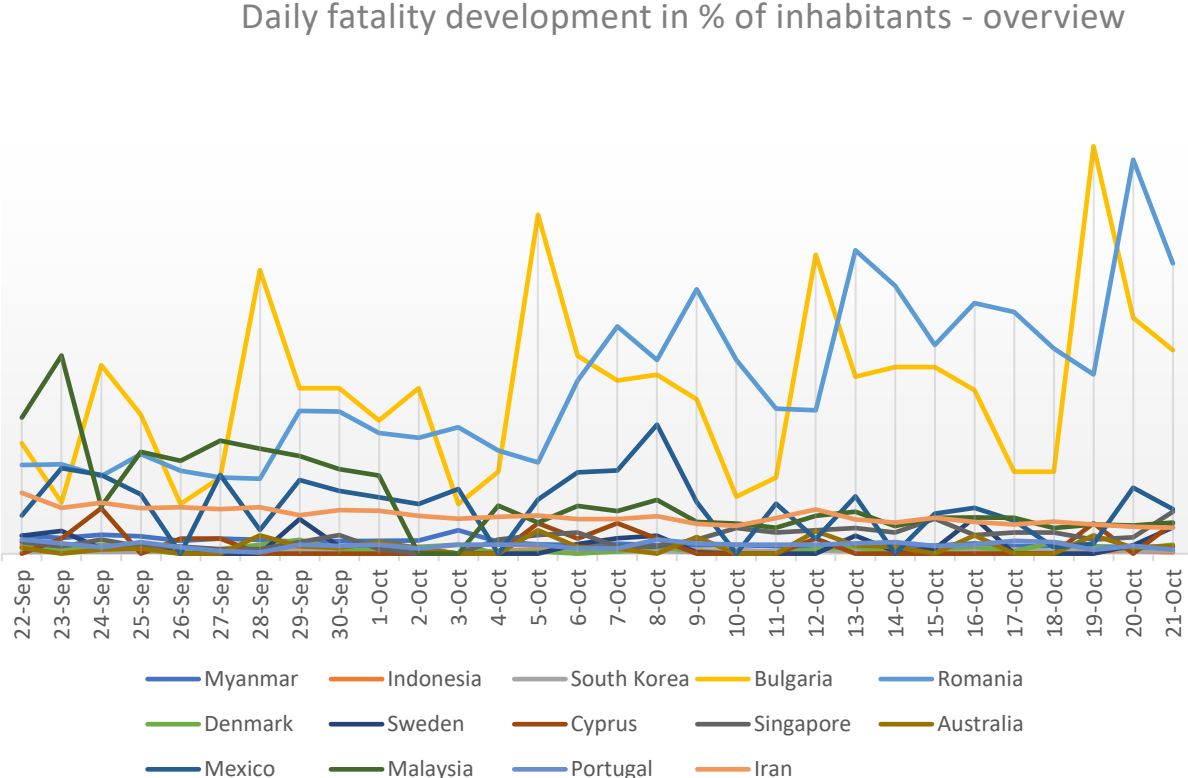
Sources: [Wikipedia](#), [The New York Times](#), [JHU CSSE COVID-19](#), [DataEuropäisches Zentrum für die Prävention und die Kontrolle von Krankheiten](#)

Covid-19: Fatality ratio II

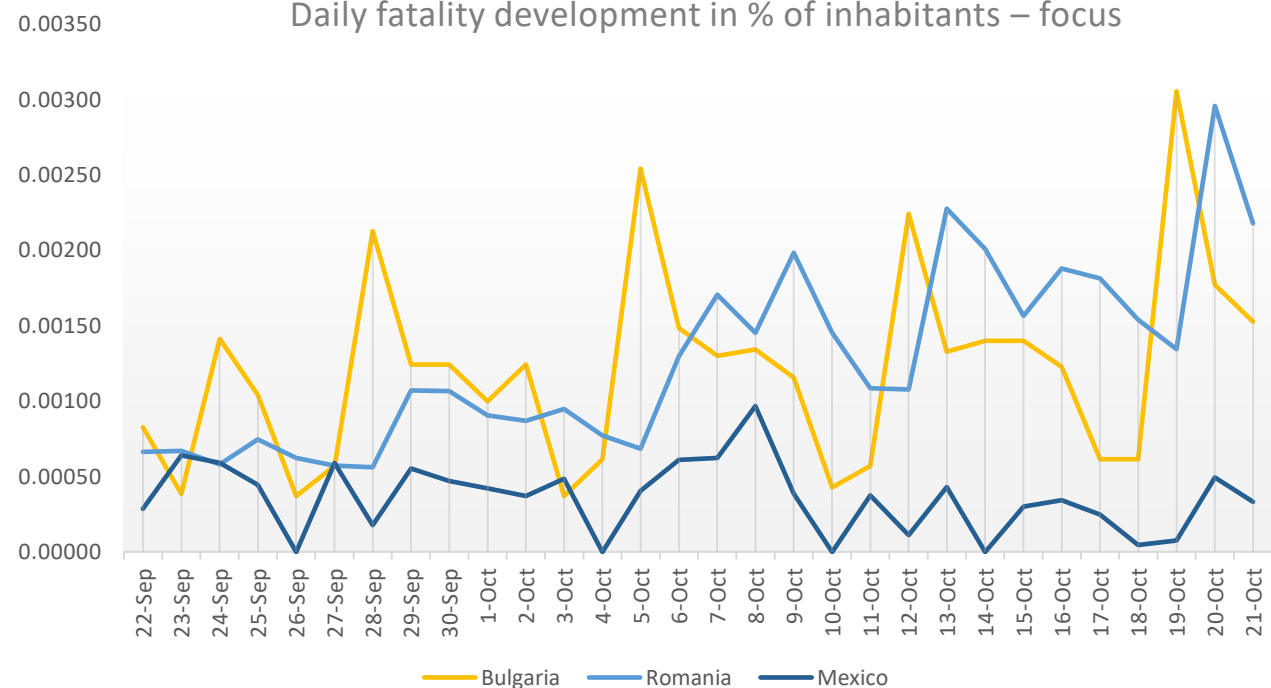
this needs to be seen as a sign that -beside the most obvious reason that not vaccinated people are affected- the vaccination level is not sufficient any more due to expiry of immunization triggers or/and (much more important!) the influence of new virus strains.

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](#)

Long Covid – new researches for PostAcute Sequelae of Covid-19 (PASC)

Assessment

- Base for research: 57 studies
- Number of study participants: 250.351 survivors
- Mean age: 54.4 years
- Gender split: 140.196 were male (56%)
- Severeness ratio: 197.777 of the study participants were hospitalized (79%)

Results found - Duration and timing of results:

- At least 1 symptom at 1 month (short-term): 54%
- At least 1 symptom at 2 - 5 months (intermediate-term): 55%
- At least 1 symptom at 6 or more months (long-term): 54%

https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2784918?utm_source=For_The_Media&utm_medium=referral&utm_campaign=ftm_links&utm_term=101321

Results found - Symptoms

- Neurological symptoms (difficulty concentrating 23.8%, memory deficits 18.6%, cognitive impairment 17.1%, loss of smell and taste 11%/13%)
- Mental Health disorders (anxiety 29.6%, sleep disorders 27%, depression 20.4%)
- Pulmonary Abnormalities (Dyspnea 29.7%, cough 13.1 %, Increased oxygen requirement 65.0 %, chest imaging abnormalities 62.2 %)
- Functional Mobility Impairment (General functioning 44%, mobility decline 20.2%, reduced exercise tolerance 14.7%)
- General and constitutional symptoms (Joint pain 10.0 %, fatigue or muscle weakness 37.5 %, general pain 32.4 %)
- Cardiovascular Disorders (13.3% to 9.3%)
- Dermatologic (hair loss 20.8 %)

Conclusions

- ❖ Due to the fact that about 80% of the participants were hospitalized the results of this research is focused on severe developments but without fatalities
- ❖ More than 1 of 2 was facing substantial symptoms even after 6 or more months !
- ❖ Crew members who have suffered from a Covid-19 infection with a severe development or even hospitalization need to be given time for real recovery including the long covid period
- ❖ Even in case of break through infections after full vaccinations the risk of running into a severe development is minimized
- ❖ Recommendation: Who hasn't done it - Use the advantages of vaccinations and go for it!

Covid-19: How to protect crew member and vessel

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:

	Not or only incompletely vaccinated	Fully vaccinated (with 2 weeks after 2nd dose of Covid vaccine - if J&J/Sputnik Light then 2 respectively 4 weeks after one jab) and joining a vessel with fully vaccinated crew
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
7. Transfer and leaving of quarantine earliest when result of second PCR test is received and negative	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