

Status, Trends and Recommendations

# Covid-19: Stakeholders Update – Week 43

A nine pager

## Global epidemiological situation

During the week of 18 to 24 October 2021, the global number of new cases increased slightly (4%) compared to that of the previous week, with just over 2.9 million new cases (Figure 1). The European Region accounted for more than half (57%) of global new weekly cases and was the only region which reported an increase (Table 1). Other regions reported declines in the number of new cases. The largest decrease in new cases was again reported from the African Region (21%), followed by the Western Pacific Region (17%).

The number of new deaths also increased slightly by 5% during the past week, with over 49000 new deaths reported. Increases were reported in the European (14%) and South-East Asia (13%) regions; whereas the largest declines were observed in the Western Pacific (16%), Eastern Mediterranean (13%) and the African (11%) regions.

As of 24 October, over 243 million confirmed cases and over 4.9 million deaths have been reported since the start of the pandemic.

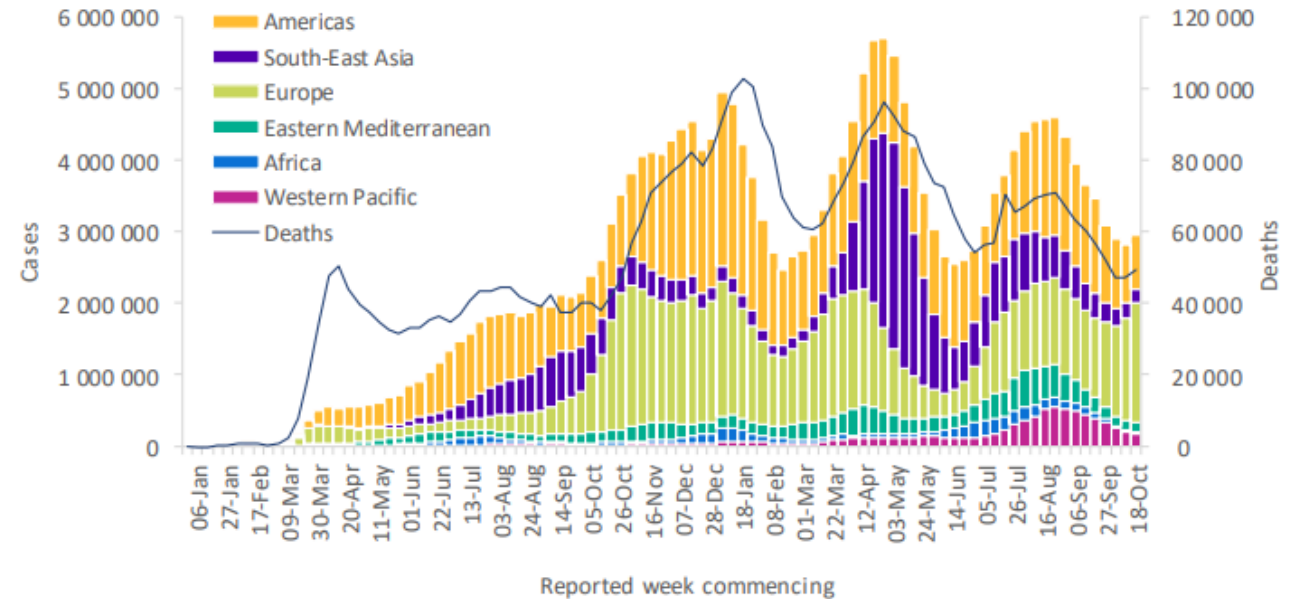
**Table 1. Newly reported and cumulative COVID-19 cases and deaths, by WHO Region, as of 24 October 2021\*\***

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 (%)
Europe	1 671 245 (57%)	18%	74 963 293 (31%)	21 475 (43%)	14%	1 400 894 (28%)
Americas	745 287 (25%)	-9%	92 891 596 (38%)	18 684 (38%)	1%	2 279 034 (46%)
South-East Asia	197 673 (7%)	-8%	43 782 373 (18%)	3 309 (7%)	13%	687 913 (14%)
Western Pacific	174 271 (6%)	-17%	9 243 232 (4%)	2 684 (5%)	-16%	126 708 (3%)
Eastern Mediterranean	129 949 (4%)	-5%	16 236 262 (7%)	2 420 (5%)	-13%	298 757 (6%)
Africa	21 911 (1%)	-21%	6 131 276 (3%)	841 (2%)	-11%	149 882 (3%)
<b>Global</b>	<b>2 940 336 (100%)</b>	<b>4%</b>	<b>243 248 796 (100%)</b>	<b>49 413 (100%)</b>	<b>5%</b>	<b>4 943 201 (100%)</b>

\*Percent change in the number of newly confirmed cases/deaths in the 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 24 October 2021\*\***

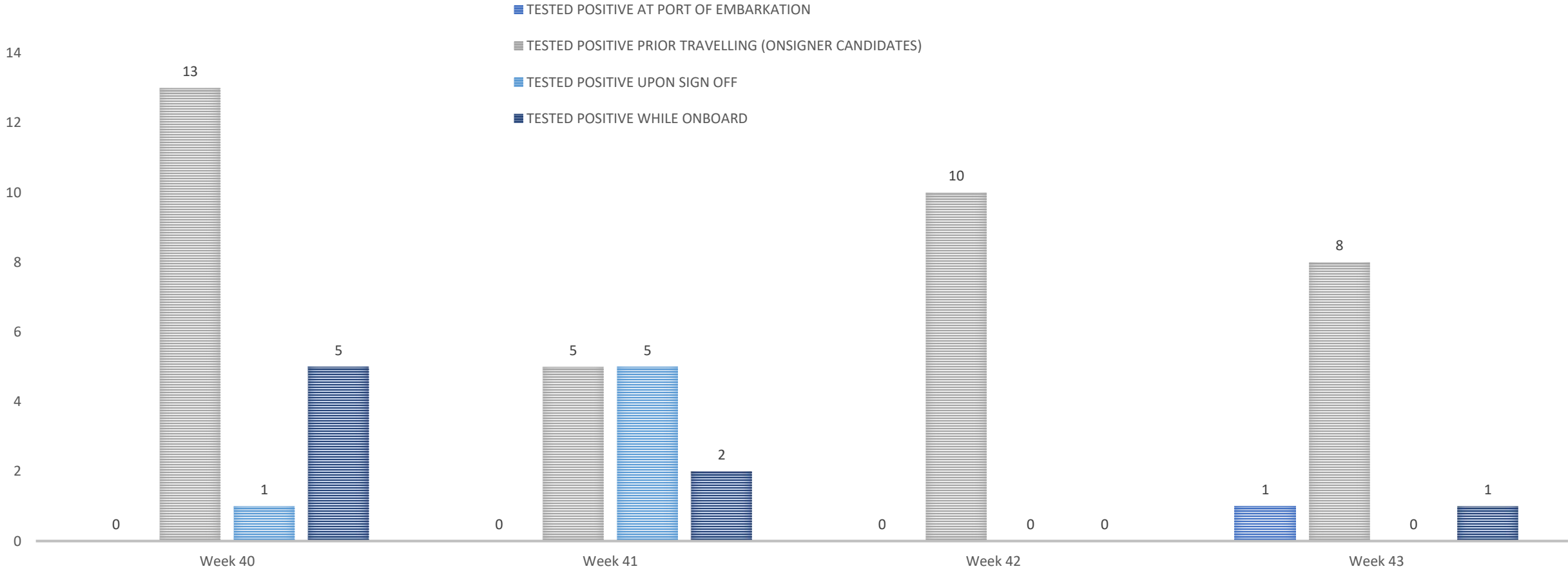


The regions reporting the highest weekly case incidence rates per 100 000 population were the European Region (179.1 new cases per 100 000 population) and the Region of the Americas (72.9 new cases per 100 000 population); the same two regions reported the highest weekly incidence in deaths, of 2.3 and 1.8 per 100 000 population, respectively.

The highest numbers of new cases were reported from the United States of America (512 956 new cases; 12% decrease), the United Kingdom (330 465 new cases; 16% increase), the Russian Federation (248 956 new cases; 15% increase), Turkey (196 850 new cases; 8% decrease) and Ukraine (134 235 new cases; 43% increase).

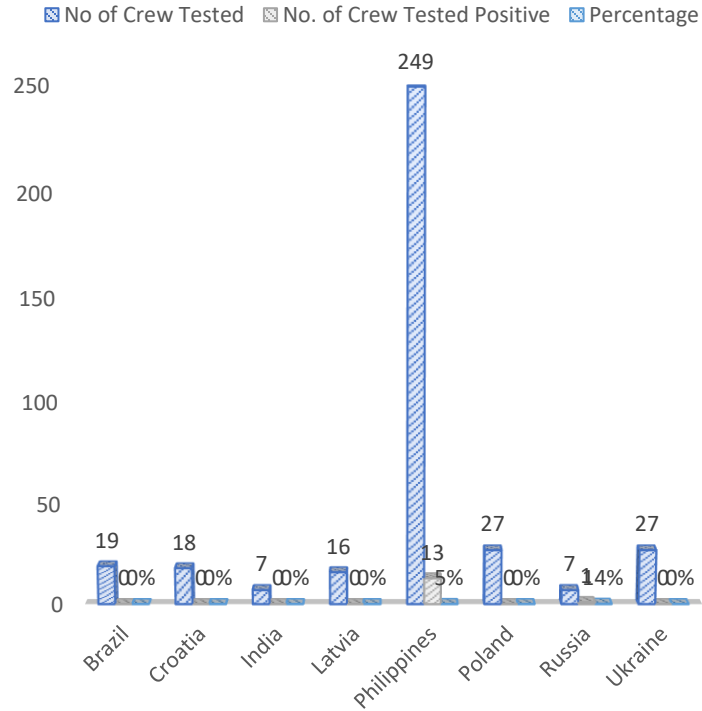
On 22 October, the ninth meeting of the Emergency Committee was convened by the WHO Director-General under the International Health Regulations (2005) (IHR) regarding the COVID-19 pandemic. The Director-General determined that the COVID-19 pandemic continues to constitute a Public Health Emergency of International Concern (PHEIC). He accepted the advice of the Committee and issued the Committee’s advice to States Parties as Temporary Recommendations under the IHR.

### OSM MANNING - WHEN TESTED POSITIVE PER WEEK

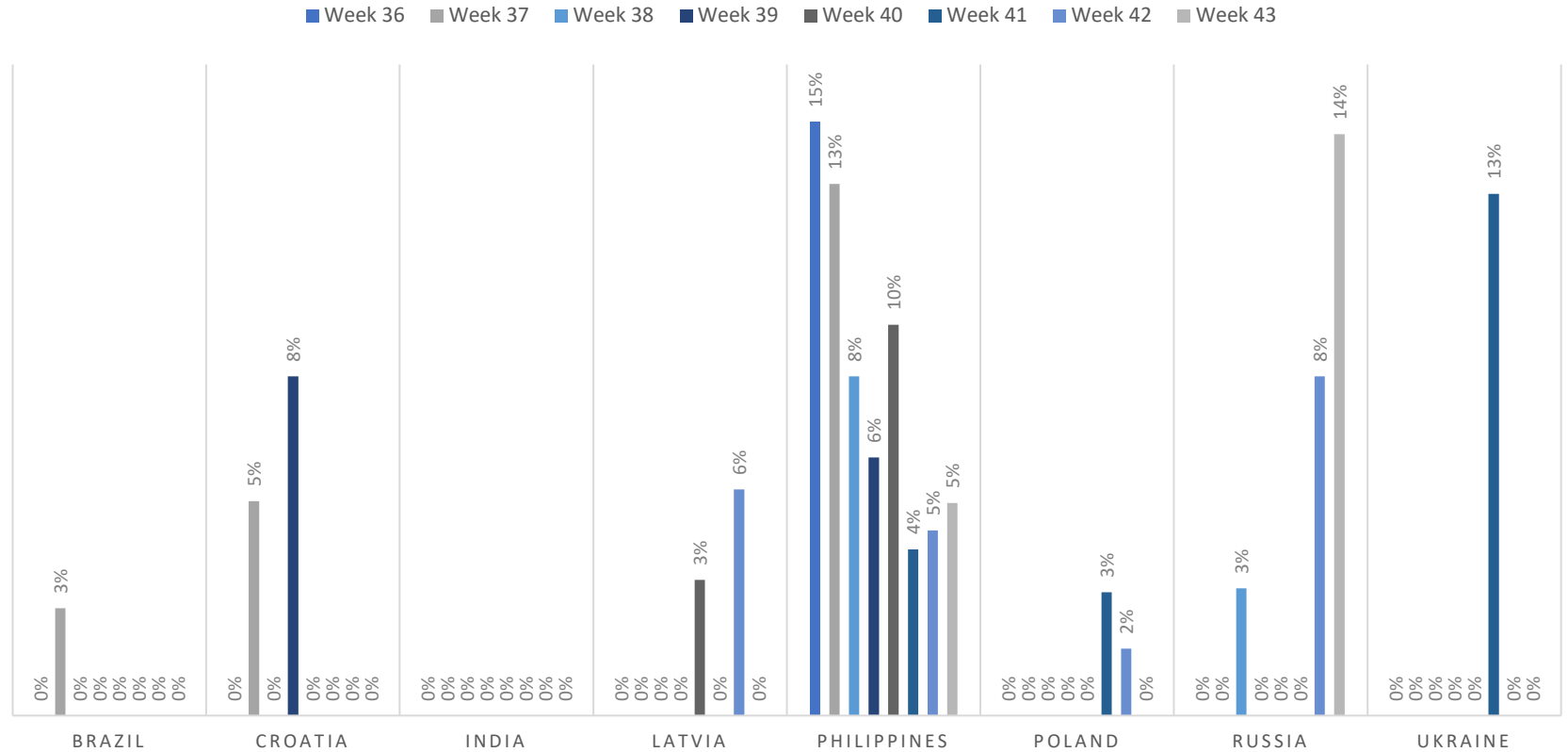


Comment: In week 43 we have a slight increase of total figures compared to the week before. Of the 12 cases seen during this week 11 have occurred prior boarding (the ones before climbing up the gangway or even before travelling) what regarding virus avoidance onboard has been the goal. And 1 case occurred while being onboard – there are strong indications that the virus was caught while travelling. Independent from this case again we are strongly recommending the precautions which are particularly necessary during travelling!

## PCR-TEST POSITIVITY RATE BY NATIONALITY



## PCR-TEST POSITIVITY RATE BY NATIONALITY PER WEEK



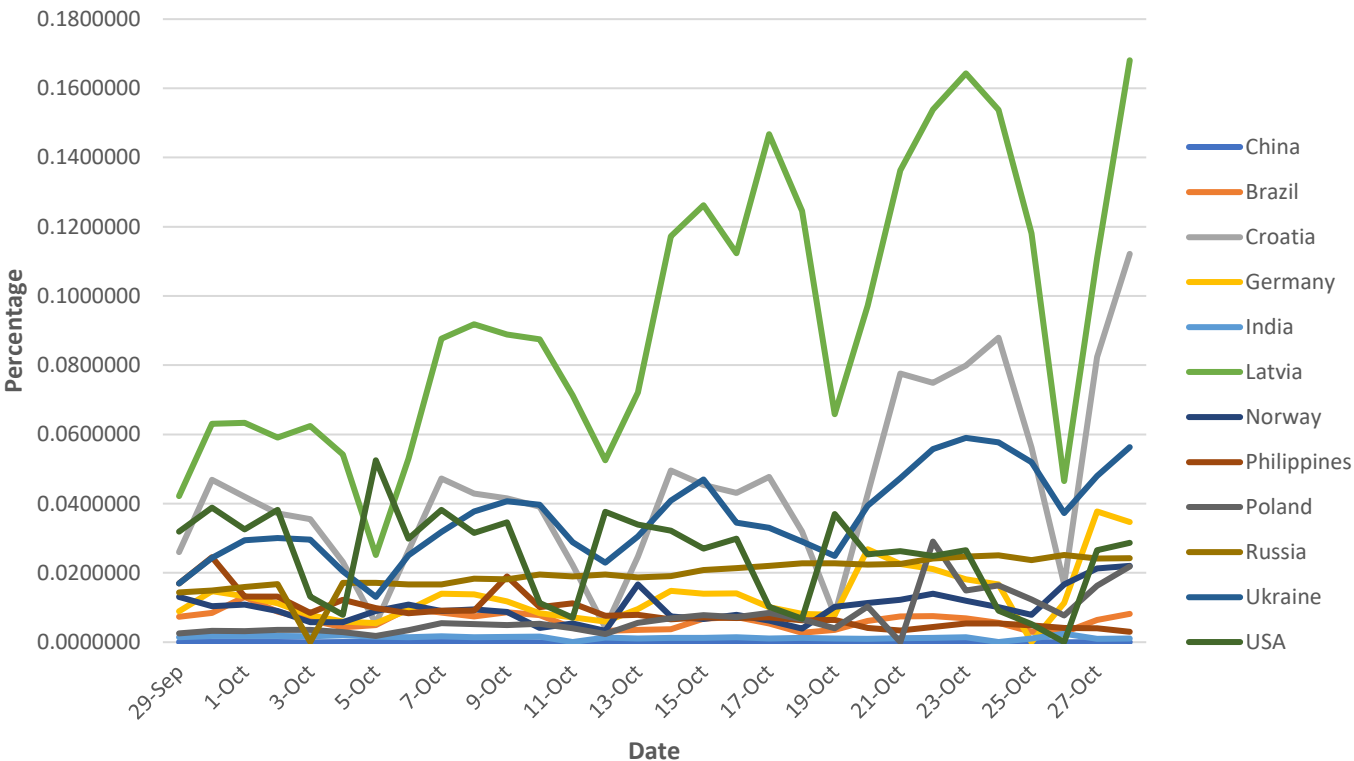
### Positivity Rate:

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 7 tested which equals to 14%.

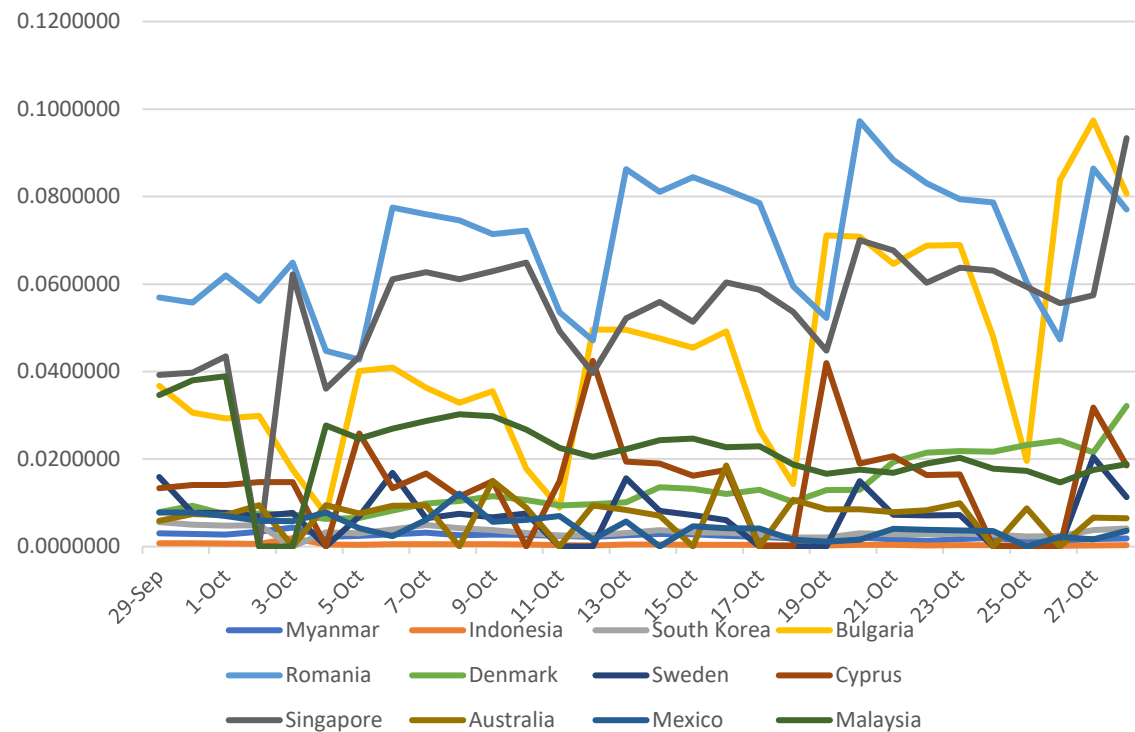
## Covid-19: Newinfection ratio

### Newinfections in% of population

#### Newinfections in% of inhabitants



#### Newinfections in % of inhabitants

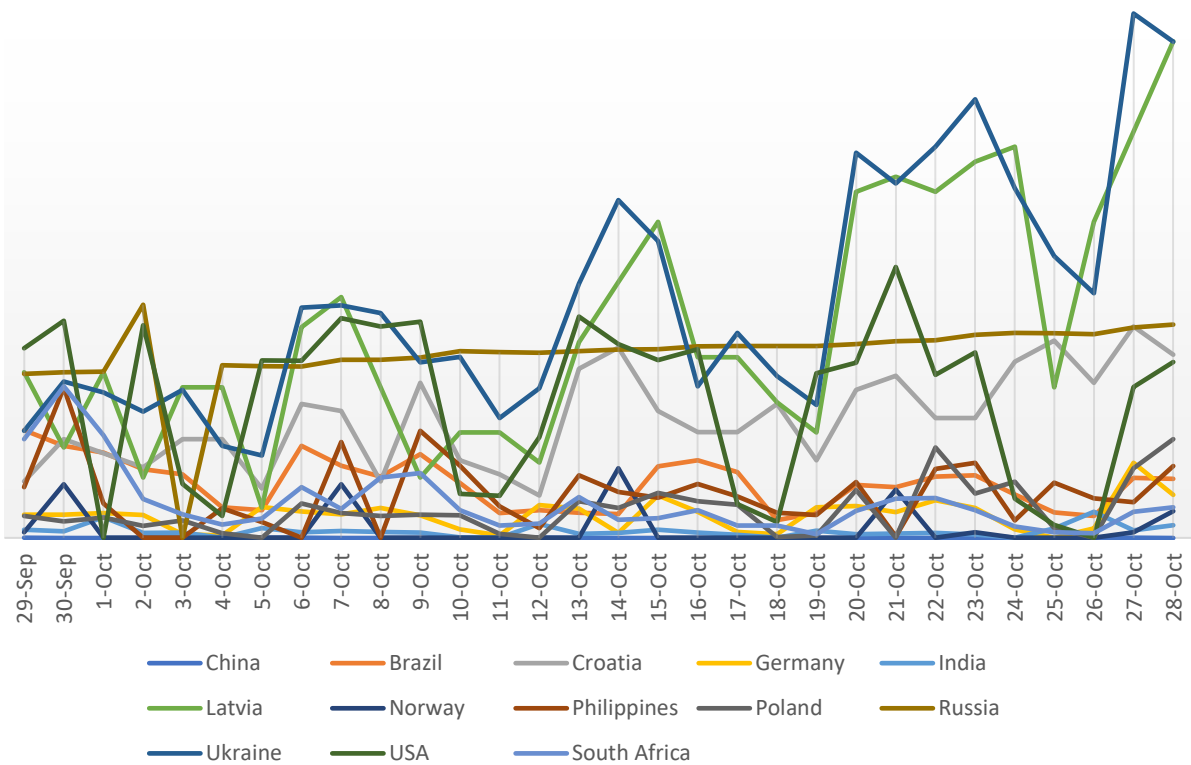


Looking at the home countries of our seafarers we want to give an overview about trends and threats. In order to have a comparable base the number of daily newinfections has been put in relation to the number of inhabitants – resulting in a percentage figure. It has to be considered that infection figures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

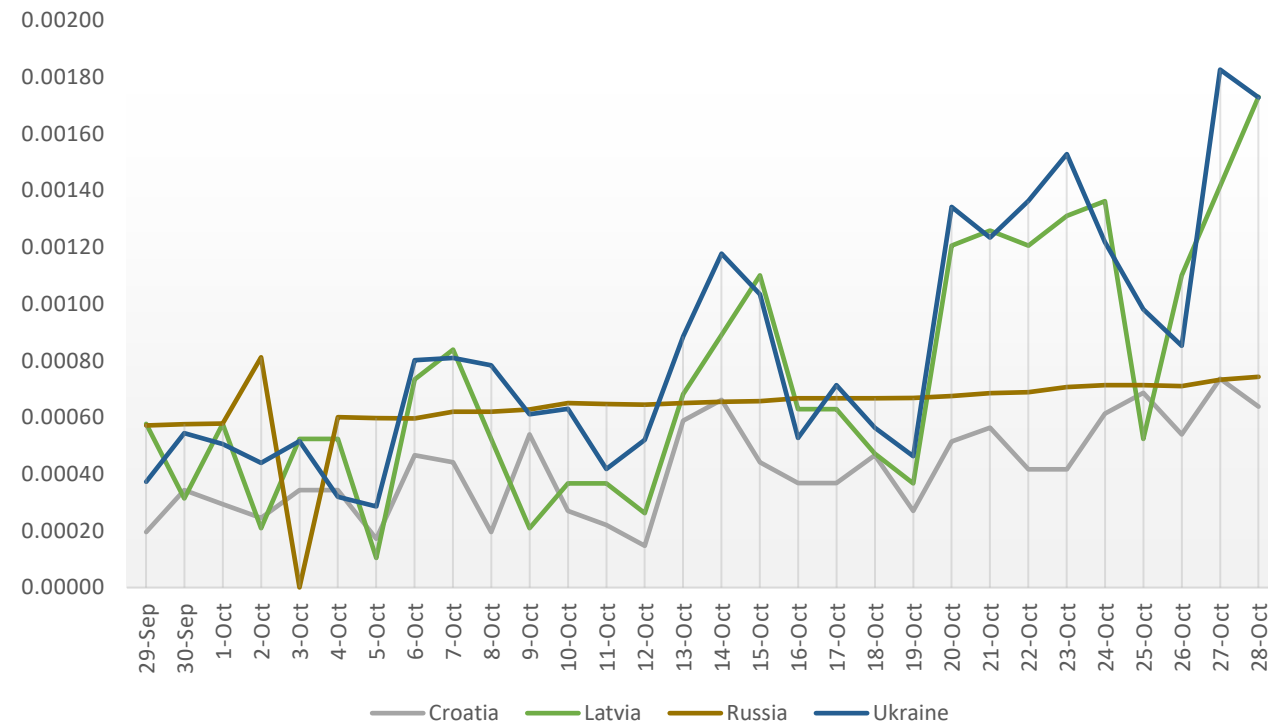
Sources: [Wikipedia](#) [The New York Times](#) [JHU CSSE COVID-19 Data](#) [Europäisches Zentrum für die Prävention und die Kontrolle von Krankheiten](#)

## 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](#)

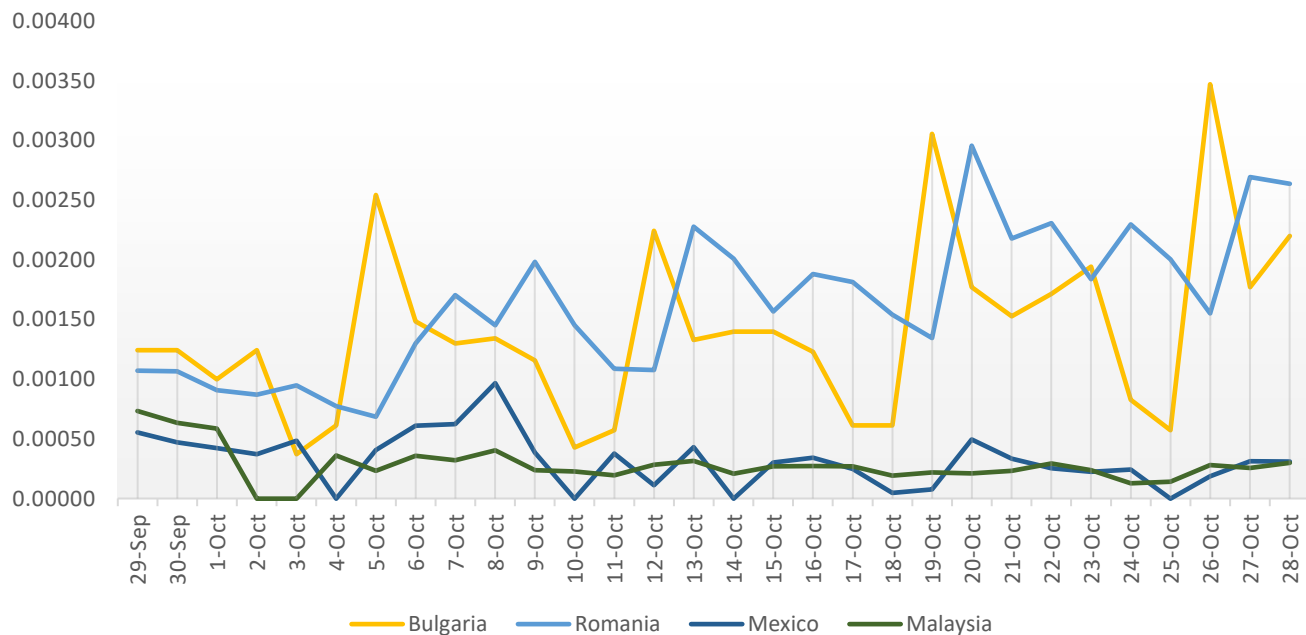
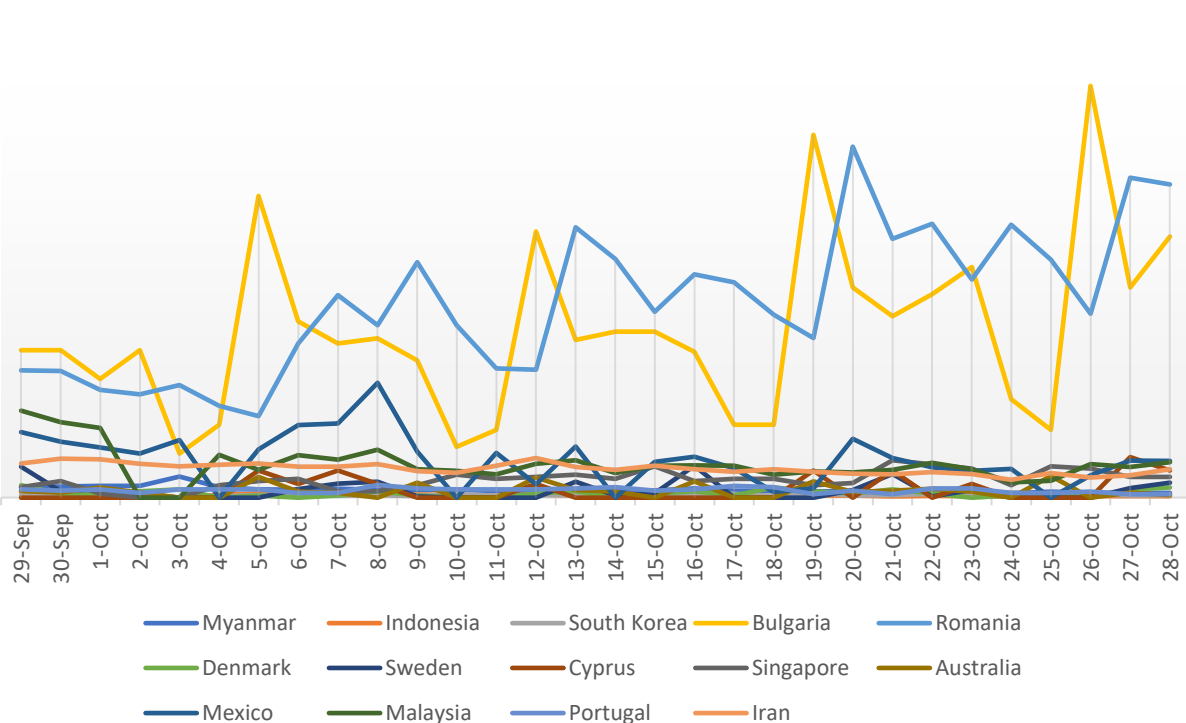
## Covid-19: Fatality ratio II

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](#)

## Covid – Variants update published 22<sup>nd</sup> of October 2021

### VOC Summary: Alpha, Beta, Gamma, Delta

Table 2 Summary of characteristics for Alpha, Beta, Gamma, and Delta VOCs. High confidence = orange, medium confidence=yellow, low confidence=green.

VOC	Alpha	Beta	Gamma	Delta
Lineage	B.1.1.7	B.1.351	P.1	B.1.617.2, and AY.2
Country first identified	United Kingdom	South Africa	Brazil	India
Transmissibility	<ul style="list-style-type: none"> <li>~40-80% more transmissible (<math>R_0 \sim 3.5-5.2</math>)*</li> </ul>	<ul style="list-style-type: none"> <li>Not well established. Preliminary estimate ~50% more transmissible</li> </ul>	<ul style="list-style-type: none"> <li>Not established. Preliminary estimates 40%-160% more transmissible</li> </ul>	<ul style="list-style-type: none"> <li>~97% more transmissible compared to non-VOC</li> <li>~40-60% more transmissible than Alpha (<math>R_0 \sim 5.5-6.5</math>)*</li> </ul>
Severity	<ul style="list-style-type: none"> <li>Mortality: 60-70% increased mortality compared to previous variants</li> <li>Hospitalisation risk: 30-70% increased risk</li> </ul>	<ul style="list-style-type: none"> <li>Mortality: Not well established. One report of no increased risk of mortality</li> <li>Hospitalisation: Not well established. <b>Approximately 3-4 times risk of hospitalisation[43]</b></li> </ul>	<ul style="list-style-type: none"> <li>Mortality: Not established. One report of no increased risk of mortality</li> <li>Hospitalisation: Not well established. <b>Approximately 3 times risk of hospitalisation[43]</b></li> </ul>	<ul style="list-style-type: none"> <li>Mortality: At least an equivalent case fatality rate to Alpha.</li> <li>Hospitalisation: Approximately 2-times the risk of hospitalisation compared to Alpha. No increased risk once patient is hospitalised.</li> </ul>
Immune evasion	Minimal	Moderate-Strong	Moderate-Strong	<ul style="list-style-type: none"> <li>Minimal impact on vaccine effectiveness after 2 doses, e.g., vaccine effectiveness for symptomatic disease ~88% for Pfizer after 2 doses.</li> <li>Reduced vaccine effectiveness for 1 dose</li> <li>Certain monoclonal antibody treatments are less effective against this variant</li> </ul>

### Notable VUIs Summary: Delta Plus, Kappa, Lambda, Mu

Table 3 Summary of characteristics for Delta Plus, Kappa, Lambda, and Mu VUIs. High confidence = orange, medium confidence=yellow, low confidence=green

VOC	Delta Plus	Kappa	Lambda	Mu
Lineage	B.1.617.2.1 (B.1.617.2 with K417N mutation) or AY.1	B.1.617.1	C.37	B.1.621
Country first identified	India and Europe	India	Peru	Columbia
Transmissibility	Similar to Delta. Does not show increased replication in human airway culture compared to Delta.[44]	Secondary attack rates similar to Delta.[45]	Increased transmissibility suggested by several mutations and the observed rise of this variant in South America.[39]	No data, however, Mu has not outcompeted Delta in any country to date.
Severity	Insufficient information	Insufficient information	Insufficient information	Insufficient information
Immune evasion	<ul style="list-style-type: none"> <li>Some genetic mutations suggest ability to escape antibodies.</li> <li>Similar antibody titres and reduction in ability to neutralise compared to Delta.[44]</li> </ul>	Kappa was neutralised by Pfizer and Modern however 6.8-fold reduction observed.[46]	Contains several mutations associated with immune escape. Small evidence of reduced neutralisation.[47-49]	Mu has more potential for immune escape than Beta (previous variant with most immune escape) based on one study of sera from Pfizer-vaccinated individuals.[50, 51]

### Legend:

VOC – Variant Of Concern

VUI – Variant Under Investigation

### Summary:

The newest Variant AY.2 which is a Delta Type has a characteristic in much higher likelihood for hospitalization.

### Conclusion:

- Particularly the risk of hospitalization can be substantially reduced by vaccinations
- These variants are still under “control” – at least once being fully vaccinated

Source: <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-resources-and-tools/covid-19-science-news>



## 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
<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