

Status, Trends and Recommendations

Covid-19: Stakeholders Update – Week 48

A nine pager

Global epidemiological situation

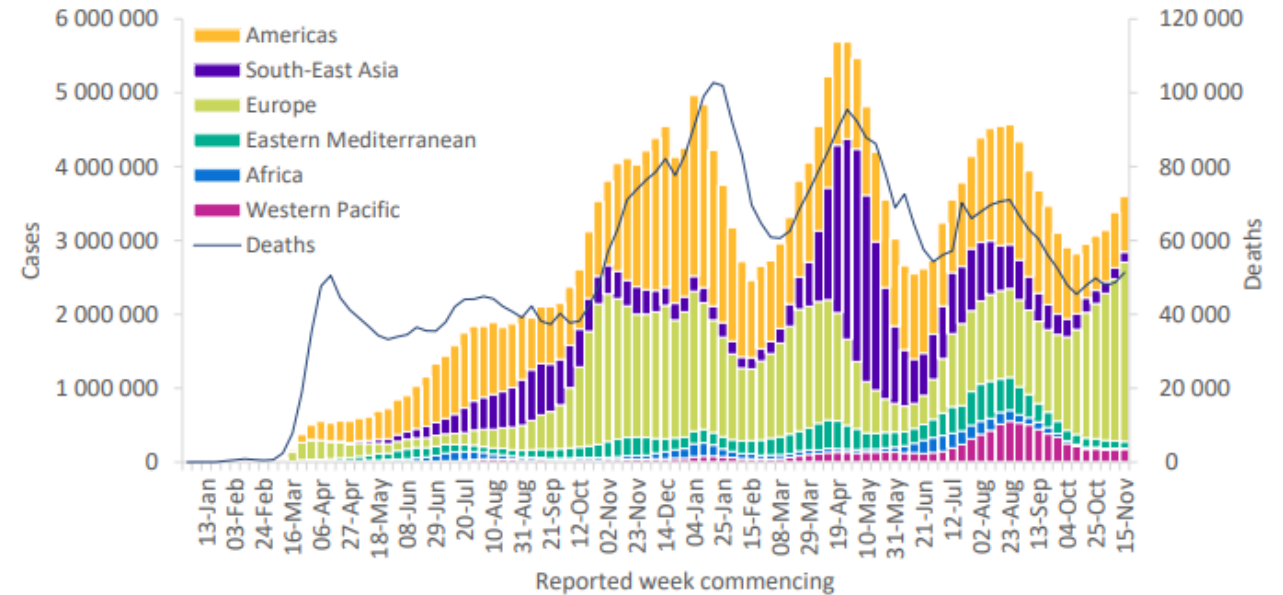
Globally, weekly case incidence has continued to increase for more than one month, with just under 3.6 million confirmed new cases reported during the week of 15-21 November 2021, a 6% increase as compared to the previous week. Similarly, new weekly deaths increased by 6% in the past seven days as compared to the previous week, with over 51 000 new deaths reported. As of 21 November, over 256 million confirmed cases and over 5.1 million deaths have been reported globally.

The European Region reported an 11% increase in new weekly cases, while the South-East Asia and the Eastern Mediterranean Regions reported decreases of 11% and 9% respectively; the other regions reported similar weekly case incidences as compared to the previous week. While the Western Pacific Region and the Region of the Americas reported relatively stable case incidence, both regions reported large increases in new weekly deaths, 29% and 19% respectively.

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 21 November 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	2 427 657 (67%)	11%	83 419 825 (33%)	29 465 (57%)	3%	1 510 654 (29%)
Americas	753 140 (21%)	0%	95 847 458 (37%)	13 603 (26%)	19%	2 334 373 (45%)
Western Pacific	174 797 (5%)	0%	9 947 215 (4%)	3 161 (6%)	29%	137 793 (3%)
South-East Asia	136 120 (4%)	-11%	44 409 237 (17%)	2 842 (6%)	-19%	702 762 (14%)
Eastern Mediterranean	92 520 (3%)	-9%	16 657 029 (6%)	1 917 (4%)	-4%	307 333 (6%)
Africa	13 164 (0%)	-4%	6 198 494 (2%)	385 (1%)	-30%	152 074 (3%)
Global	3 597 398 (100%)	6%	256 480 022 (100%)	51 373 (100%)	6%	5 145 002 (100%)

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 21 November 2021**



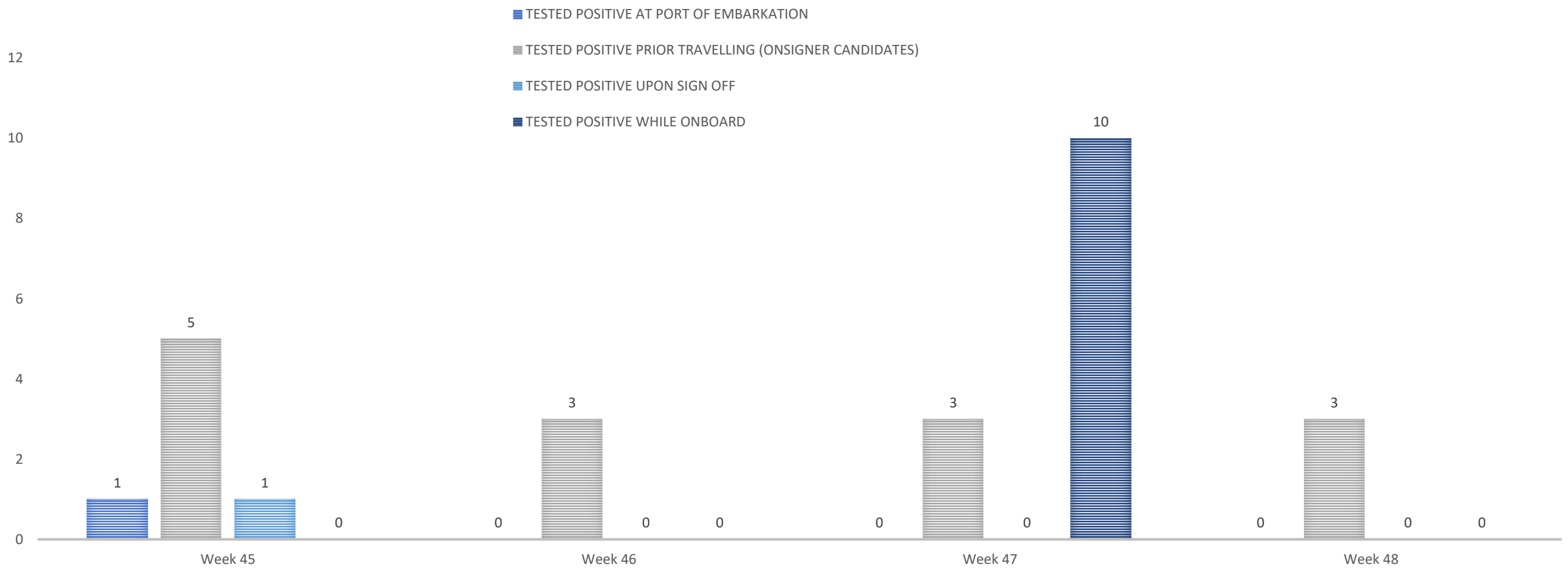
In contrast, the African and the South-East Asia Regions reported a decrease in new weekly deaths, while the other regions reported a similar trend as compared to the previous week.

The regions reporting the highest weekly case incidence per 100 000 population continue to be the European Region (260.2 new cases per 100 000 population) and the Region of the Americas (73.6 new cases per 100 000 population); these regions also reported the highest weekly incidence in deaths, of 3.2 and 1.3 per 100 000 population, respectively.

The highest numbers of new cases were reported from the United States of America (558 538 new cases; similar to the previous week's figures), Germany (333 473 new cases; a 31% increase), the United Kingdom (281 063 new cases; an 11% increase), the Russian Federation (260 484 new cases; similar to the previous week's figures) and Turkey (163 835 new cases; a 9% decrease).

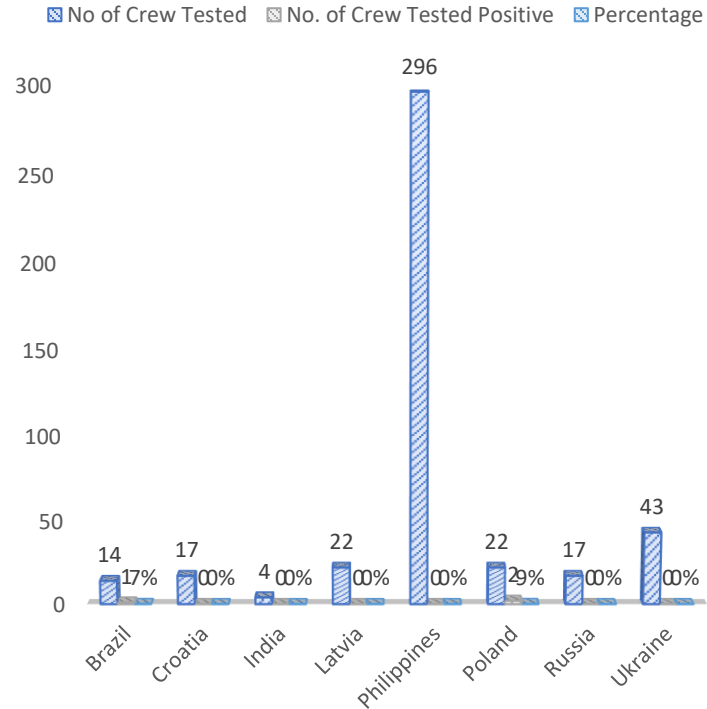
Data are from week 47, unfortunately WHO has not provided yet data for Week 48

OSM MANNING - WHEN TESTED POSITIVE PER WEEK

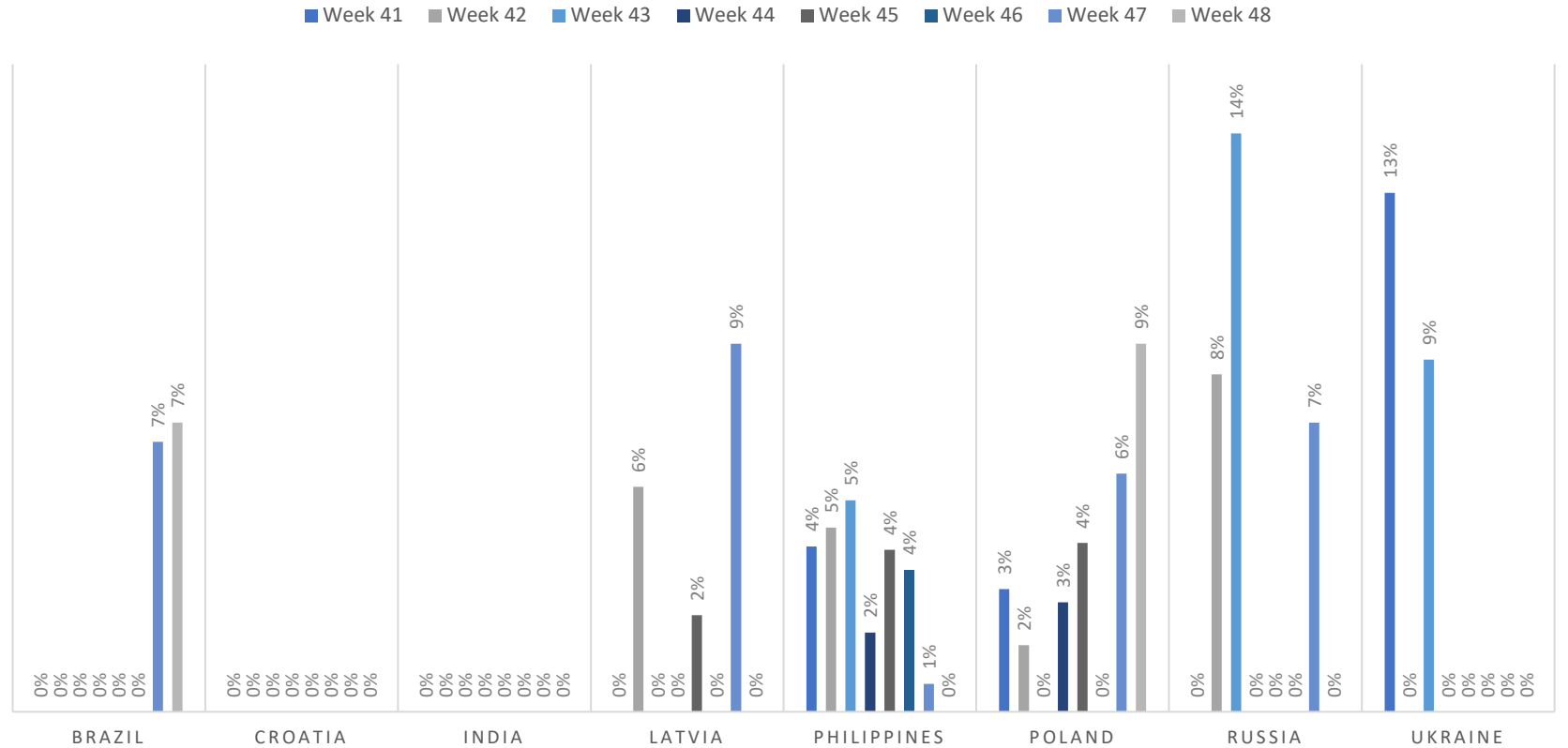


Comment: In week 48 we have a decrease of total figures compared to the week before. All the 3 cases seen during this week have occurred prior boarding (the ones before climbing up the gangway or even before travelling) what regarding virus avoidance onboard has been the goal. Then there was 1 case open from last week of a person tested positive while onboard on an OSM managed vessel, but it turned out that this was a mix-up of a case which occurred in February this year already.

PCR-TEST POSITIVITY RATE BY NATIONALITY



PCR-TEST POSITIVITY RATE BY NATIONALITY PER WEEK

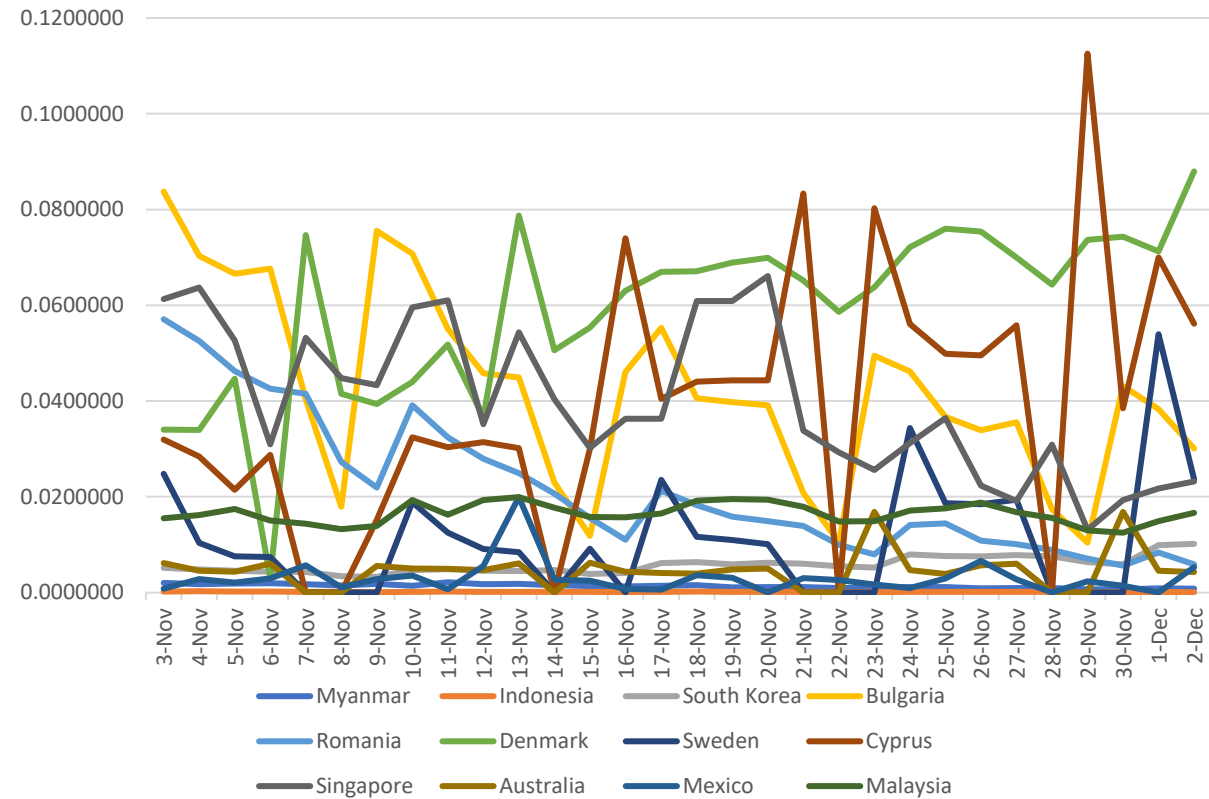
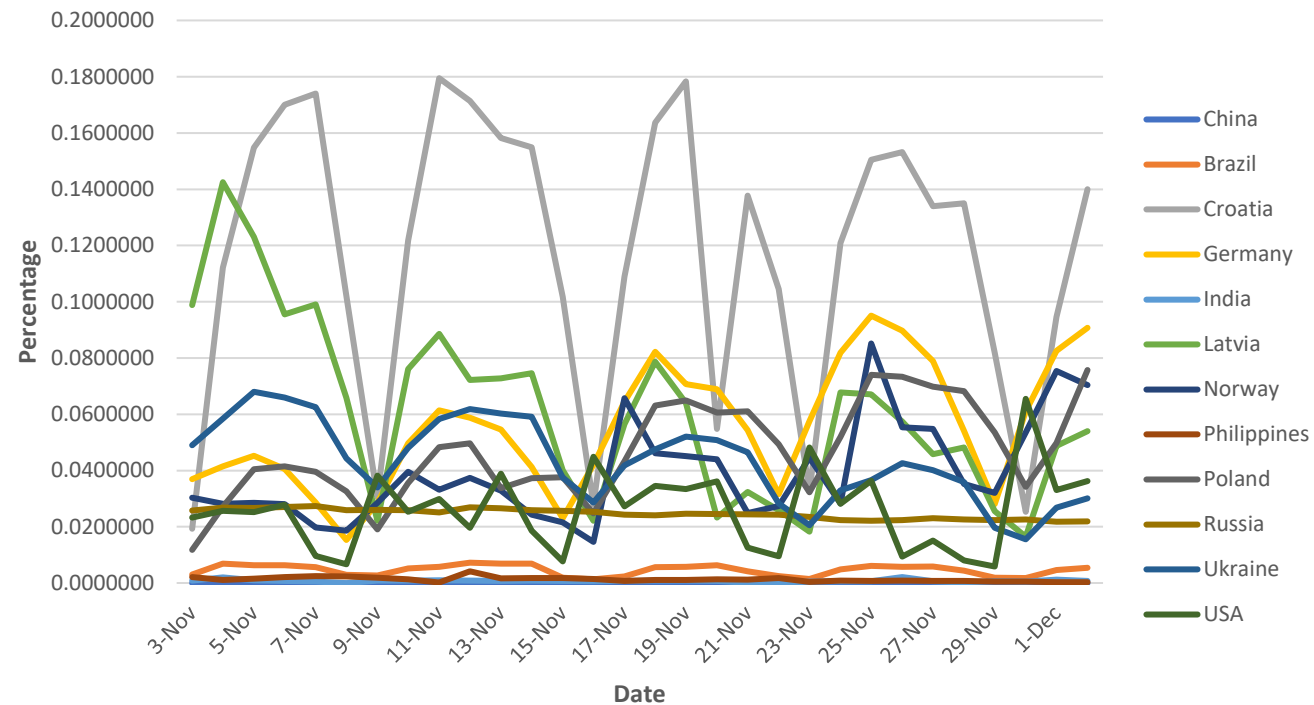


Positivity Rate:

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. Brazil had 1 positive case out of 14 tested which equals to 7%.

Covid-19: Newinfection ratio

Newinfections in % of population

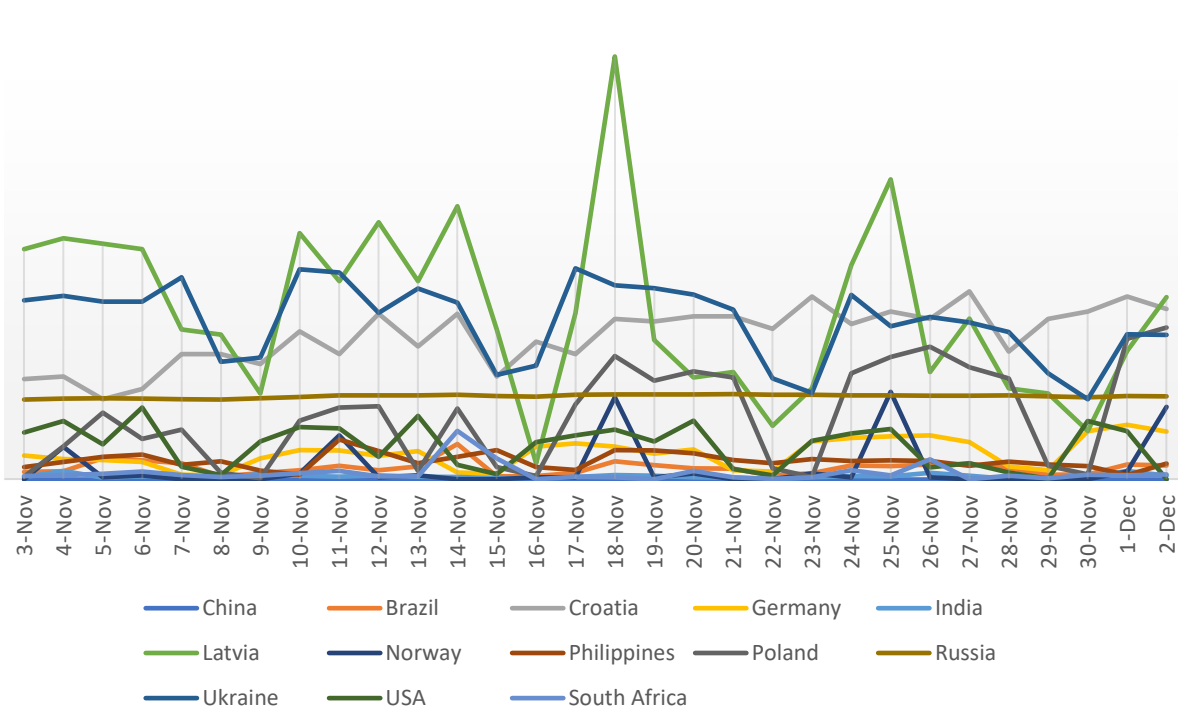


Looking at the home countries of our seafarers we want to give an overview about trends and threats. In order to have a comparable base the number of daily newinfections has been put in relation to the number of inhabitants – resulting in a percentage figure. It has to be considered that infection figures 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: Particularly Croatia, Germany, Poland, Norway and Latvia are showing extremely high infection figures but we have now also very high figures at Denmark, Bulgaria and Cyprus.

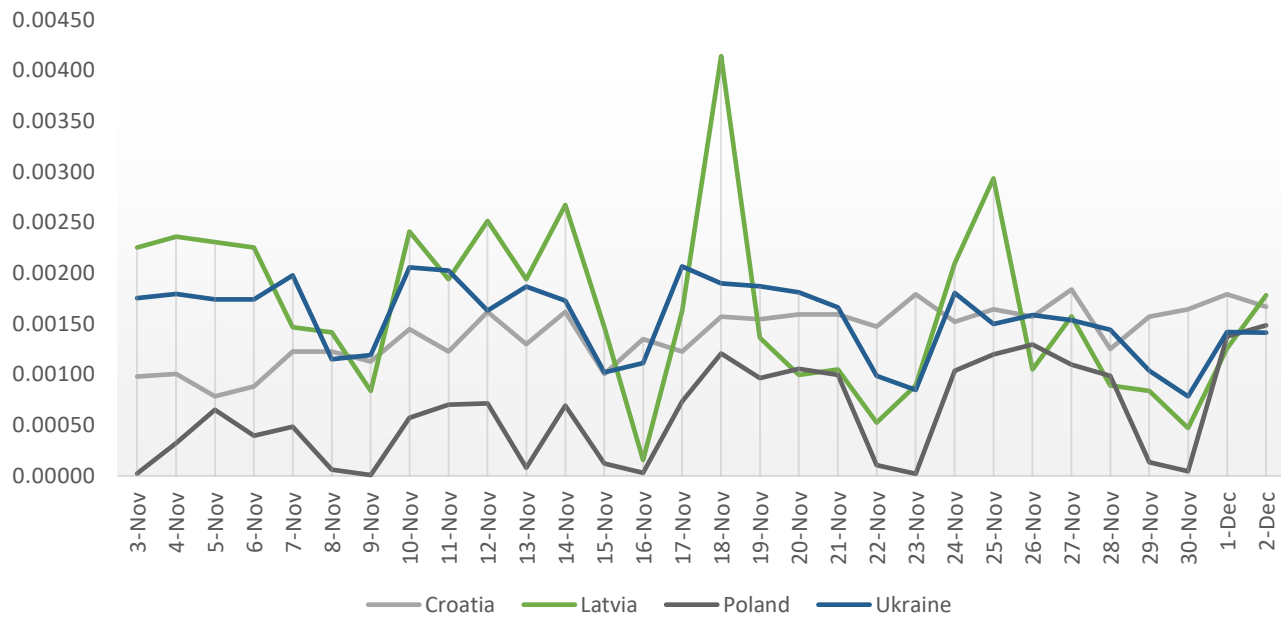
Sources: [Wikipedia](#) [The New York Times](#) [JHU CSSE COVID-19 Data](#) [Europäisches Zentrum für die Prävention und die Kontrolle von Krankheiten](#)

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

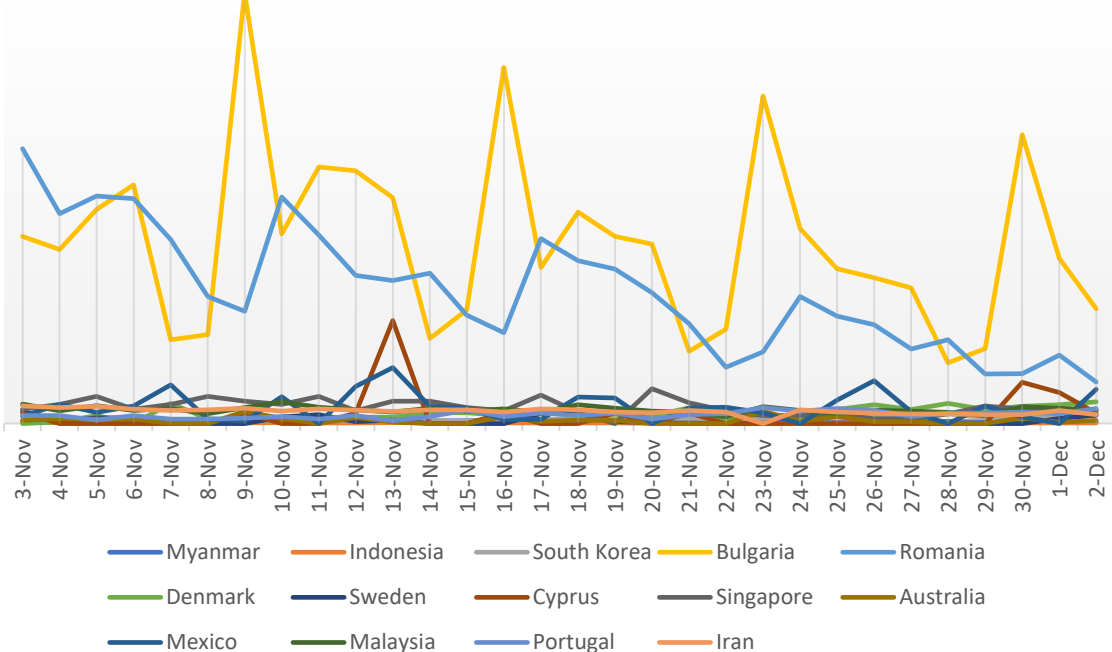
Sources: [Wikipedia](#)[The New York Times](#)[JHU CSSE COVID-19](#)[DataEuropäisches Zentrum für die Prävention und die Kontrolle von Krankheiten](#)

Covid-19: Fatality ratio II

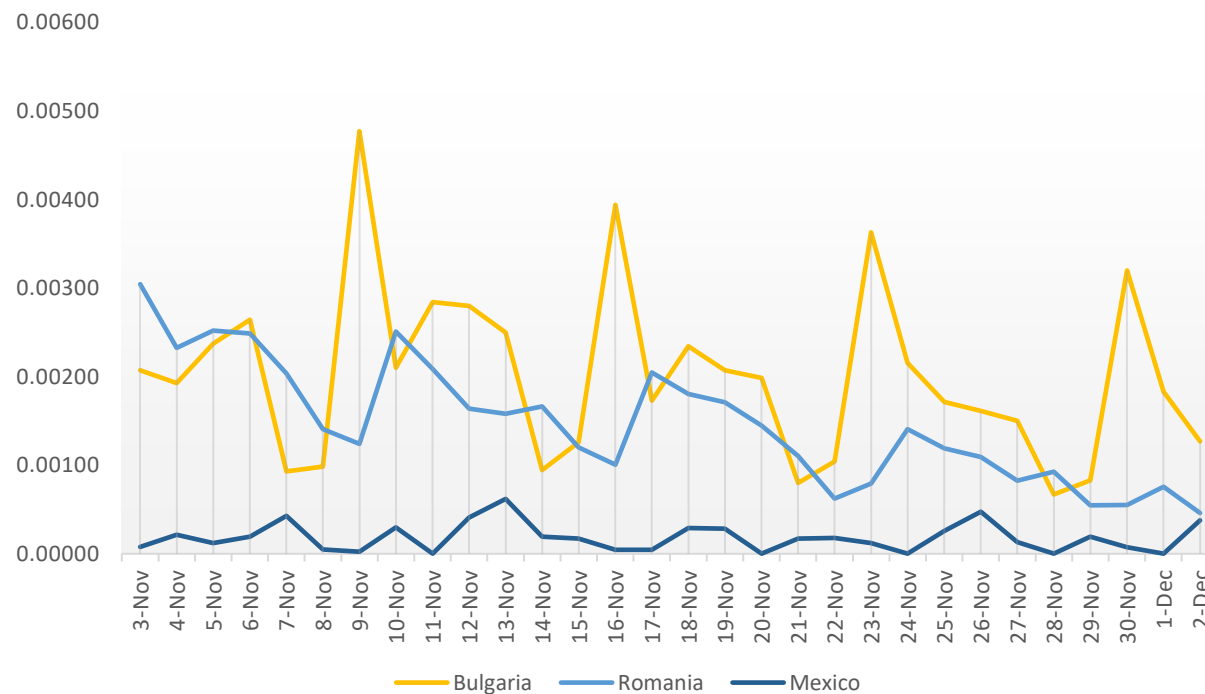
this needs to be seen as a sign that -beside the most obvious reason that not vaccinated people are affected- the vaccination level is not sufficient any more due to expiry of immunization triggers or/and (much more important!) the influence of new virus strains.

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-19 Omicron: What we know and what we don't know

Facts:

Name: B 1.1.529 (Omicron)

Discovered/published: South Africa

First case detected: 9th of November 2021

Confirmed cases: Until Tuesday noon 30th of November 42 cases detected in 10 European countries, number at South Africa unknown presently

Specific characteristics of B 1.1.529: More than 50 mutations – some are known from before, majority is new

Expectations:

- Mortality: Unknown but probably (!) less compared to the Delta variant
- Contagion potential: Present picture at Africa indicates that B1.1.529 is more contagious compared to Delta variant but African continent has a vaccination level of 3.5% only
- Therapy in case of infection: At least 2 recently developed medicines are likely to cure and to improve health condition also for B 1.1.529
- Immune escape potential: Unknown but probably potential is existing to a small extend
- Reinfection capability: Unknown but probably higher than former Covid-19

Outlook:

- Availability of PCR test specifically adjusted to B 1.1.529: 1 to 2 weeks from now
- Vaccine potential for adjustment to changed characteristics: Is expected to be reasonably good
- Time span until sufficient data and research base is reached for starting vaccine modification: Couple of weeks probably months from now
- Vaccine modification duration: Is reported in the time span of around 100 days from start
- Vaccine distribution duration: Depending on vaccine production capacity and market demand as well as infrastructure hence difficult to predict

Conclusions:

- ✓ B 1.1.529 is a reason to be careful but not to get into panic
- ✓ Assumption of waiting now with vaccination until a new vaccine is developed is at least lacking the base: Nobody knows whether it is necessary at all to have a modification, and if it would be even necessary it will take most likely half a year until you get a shot with any new developed vaccine. But most likely after 6 months a booster shot is required anyway.
- ✓ Don't wait with your decision.

Sources:

[https://www.who.int/news/item/26-11-2021-classification-of-omicron-\(b.1.1.529\)-sars-cov-2-variant-of-concern](https://www.who.int/news/item/26-11-2021-classification-of-omicron-(b.1.1.529)-sars-cov-2-variant-of-concern)
<https://www.ndr.de/nachrichten/info/Ciesek-im-Corona-Podcast-Omicron-nicht-verharmlosen-keine-Panik,coronavirusupdate222.html>

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