

Status, Trends and Recommendations

# **Covid-19: Stakeholders Update – Week 2/2022**

A ten pager

## Global epidemiological situation

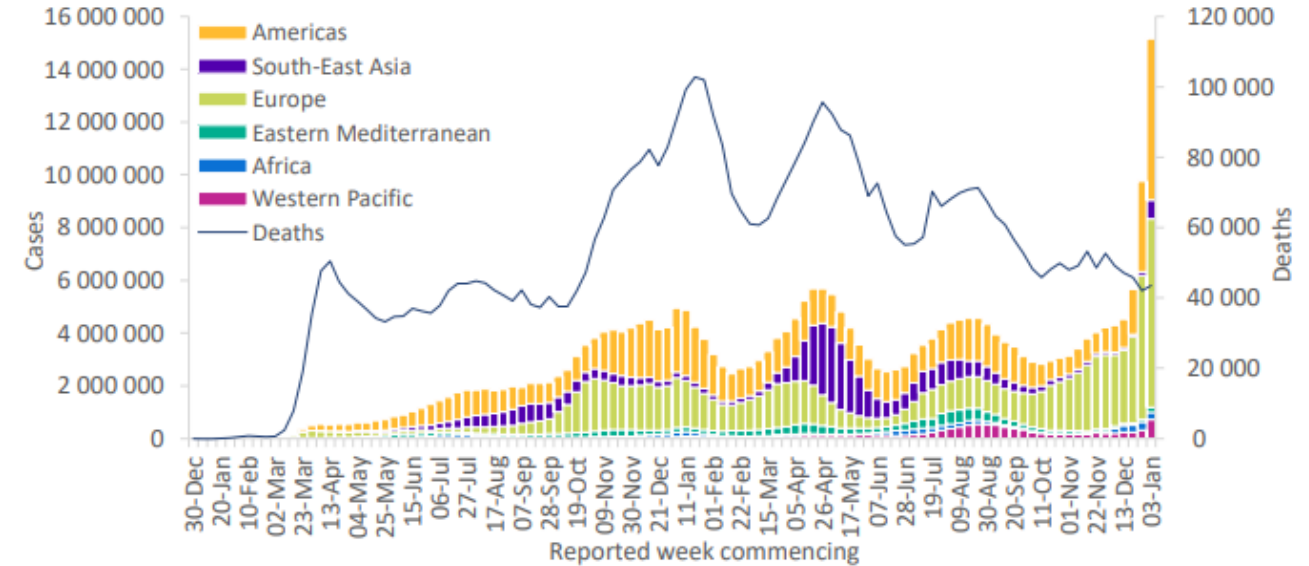
Globally, the number of new cases increased markedly in the past week (3-9 January 2022), while the number of new deaths remained similar to that of the previous week. Across the six regions, over 15 million new cases were reported this past week, a 55% increase as compared to the previous week and over 43 000 new deaths were reported. As of 9 January, over 304 million confirmed cases and over 5.4 million deaths have been reported.

All regions reported an increase in the incidence of weekly cases with the exception of the African Region, which reported an 11% decrease. The South-East Asia region reported the largest increase in new cases last week (418%), followed by the Western Pacific Region (122%), the Eastern Mediterranean Region (86%), the Region of the Americas (78%) and the European Region (31%).

**Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 9 January 2022\*\***

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	7 145 424 (47%)	31%	110 413 718 (36%)	20 696 (48%)	-10%	1 695 819 (31%)
Americas	6 115 409 (40%)	78%	111 063 942 (36%)	14 489 (33%)	26%	2 427 710 (44%)
Western Pacific	732 464 (5%)	122%	12 124 225 (4%)	2 781 (6%)	0%	159 296 (3%)
South-East Asia	699 635 (5%)	418%	45 734 456 (15%)	2 309 (5%)	-6%	724 249 (13%)
Africa	261 720 (2%)	-11%	7 611 721 (3%)	2 130 (5%)	84%	158 581 (3%)
Eastern Mediterranean	200 014 (1%)	86%	17 401 381 (6%)	1 056 (2%)	-11%	317 197 (6%)
<b>Global</b>	<b>15 154 666 (100%)</b>	<b>55%</b>	<b>304 350 207 (100%)</b>	<b>43 461 (100%)</b>	<b>3%</b>	<b>5 482 865 (100%)</b>

**Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 9 January 2022\*\***

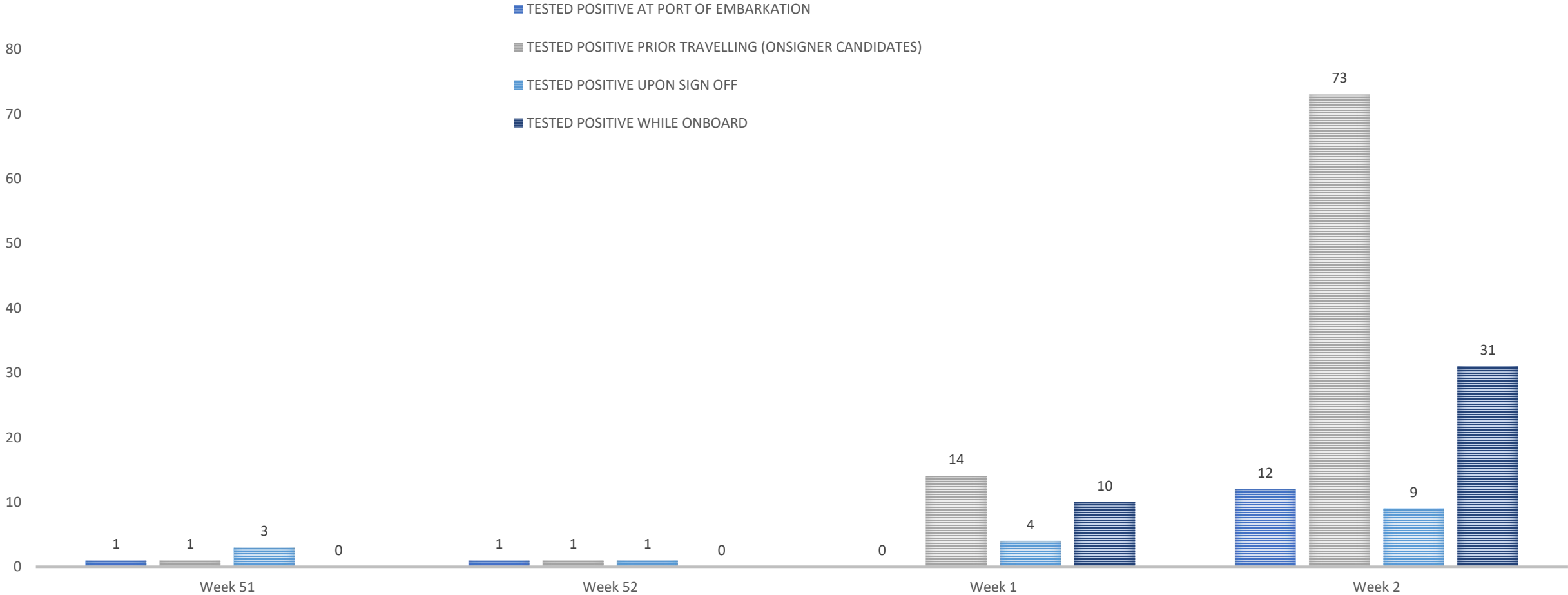


New weekly deaths increased in the African Region (84%) and Region of the Americas (26%). The number of new deaths remained similar to that of the previous week in the Western Pacific Region, while a decrease was reported in the Eastern Mediterranean Region (11%), the European Region (10%) and in the South-East Asia Region (6%).

The regions reporting the highest weekly case incidence per 100 000 population continue to be the European Region (765.8 new cases per 100 000 population) and the Region of the Americas (597.9 new cases per 100 000 population). Both regions also reported the highest weekly incidence in deaths of 2.2 and 1.4 per 100 000 population, respectively, while <1 new death per 100 000 was reported in all other regions.

The highest numbers of new cases were reported from the United States of America (4 610 359 new cases; a 73% increase), France (1 597 203 new cases; a 46% increase), the United Kingdom (1 217 258 new cases; a 10% increase), Italy (1 014 358 new cases; a 57% increase), and India (638 872 new cases; a 524% increase).

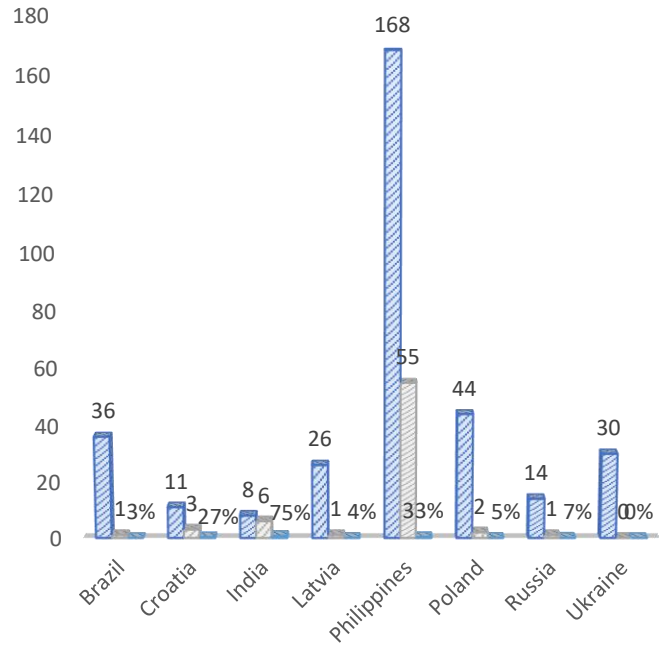
### OSM MANNING - WHEN TESTED POSITIVE PER WEEK



Comment: In week 2 we have a steep increase of total figures compared to the week before. Of the 125 cases seen during this week 85 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 were 9 cases tested positive upon sign off. 31 persons were tested positive while being onboard however these cases and also the “upon sign off” the majority of cases occurred where OSM provides the manning only (no DOC holder) hence for these seafarers OSM has no influence on procedures and instructions onboard. For the other cases we try to trace access of the virus and will keep you informed about findings once clear. Generally the extremely high transmissibility of Omicron makes it even more necessary to keep protection measures and particularly mask wearing during travelling.

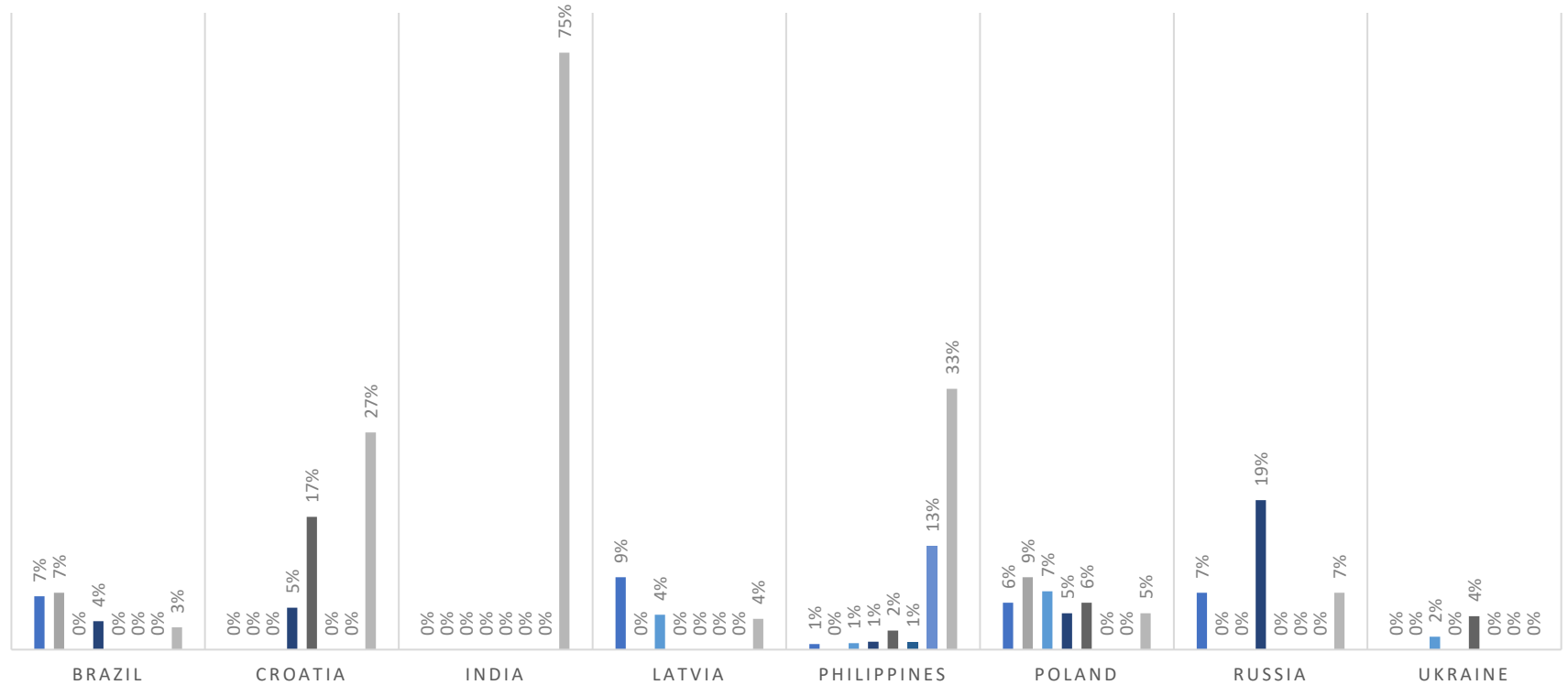
## PCR-TEST POSITIVITY RATE BY NATIONALITY

■ No of Crew Tested 
 ■ No. of Crew Tested Positive 
 ■ Percentage



## PCR-TEST POSITIVITY RATE BY NATIONALITY PER WEEK

■ Week 47 
 ■ Week 48 
 ■ Week 49 
 ■ Week 50 
 ■ Week 51 
 ■ Week 52 
 ■ Week 1 
 ■ Week 2

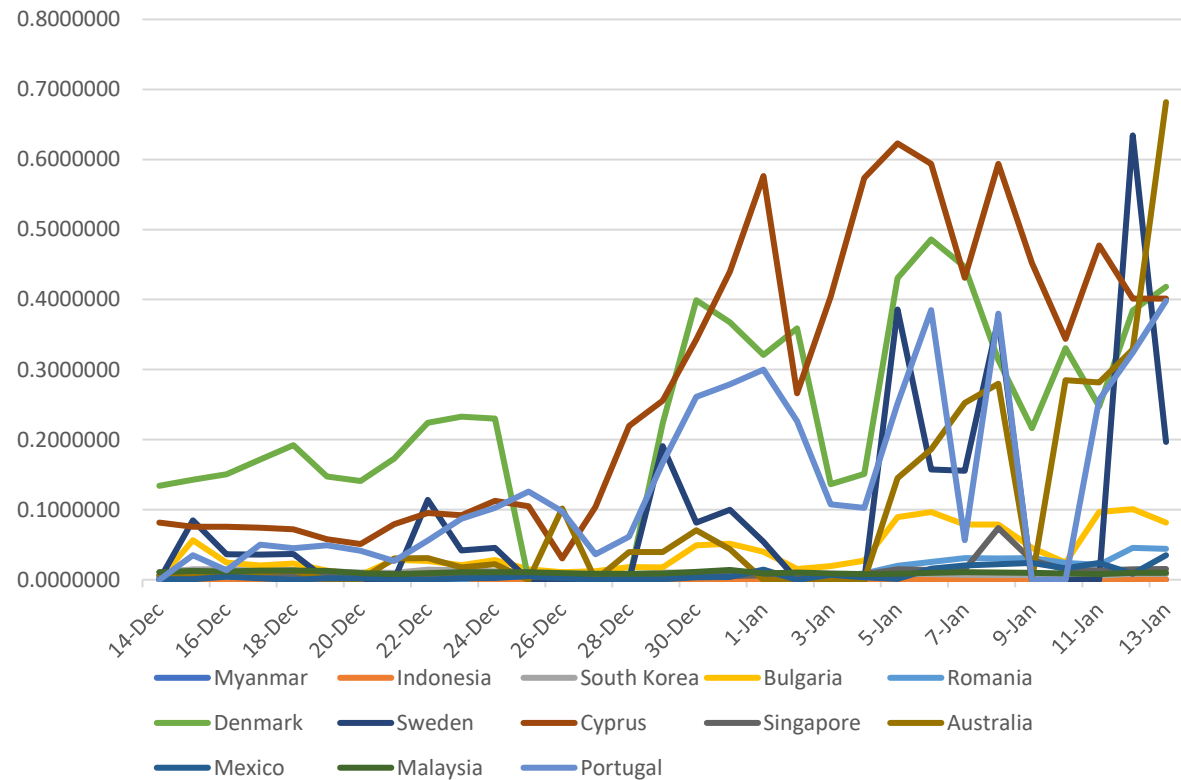
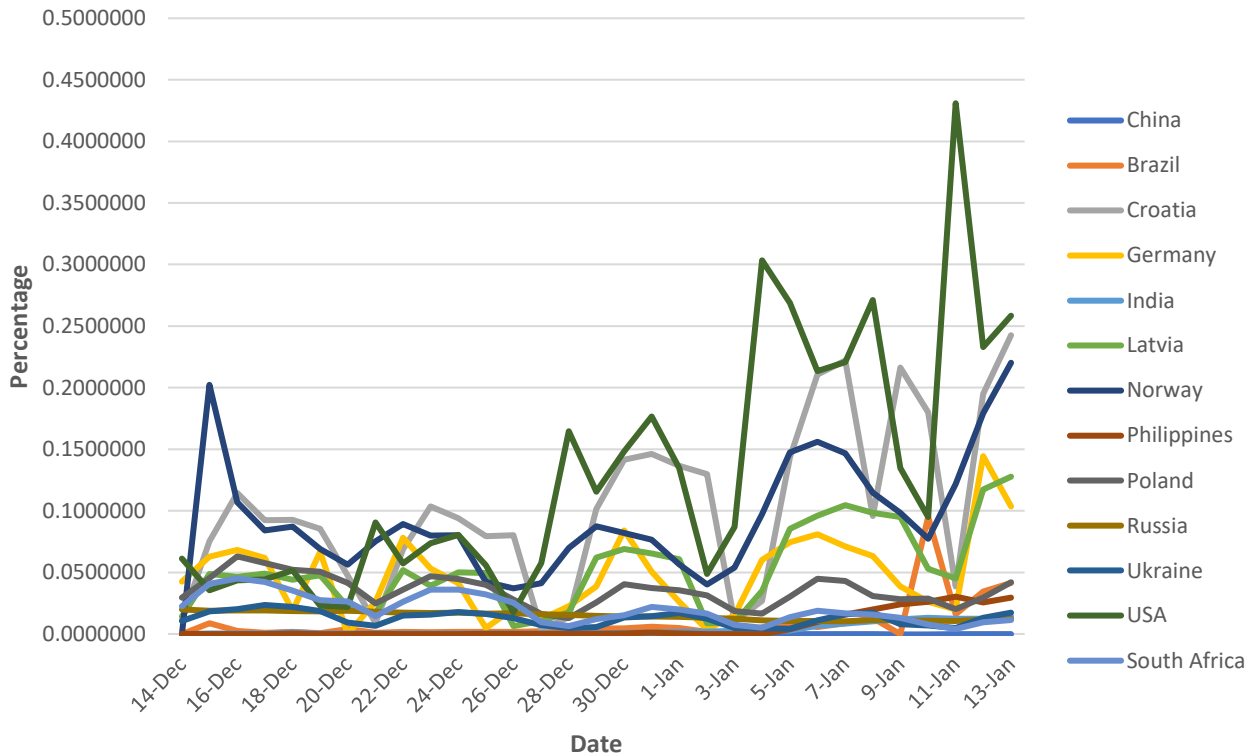


### Positivity Rate:

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. Croatia had 3 positive cases out of 11 tested which equals to 27%.

## Covid-19: Newinfection ratio

### Newinfections in % of population



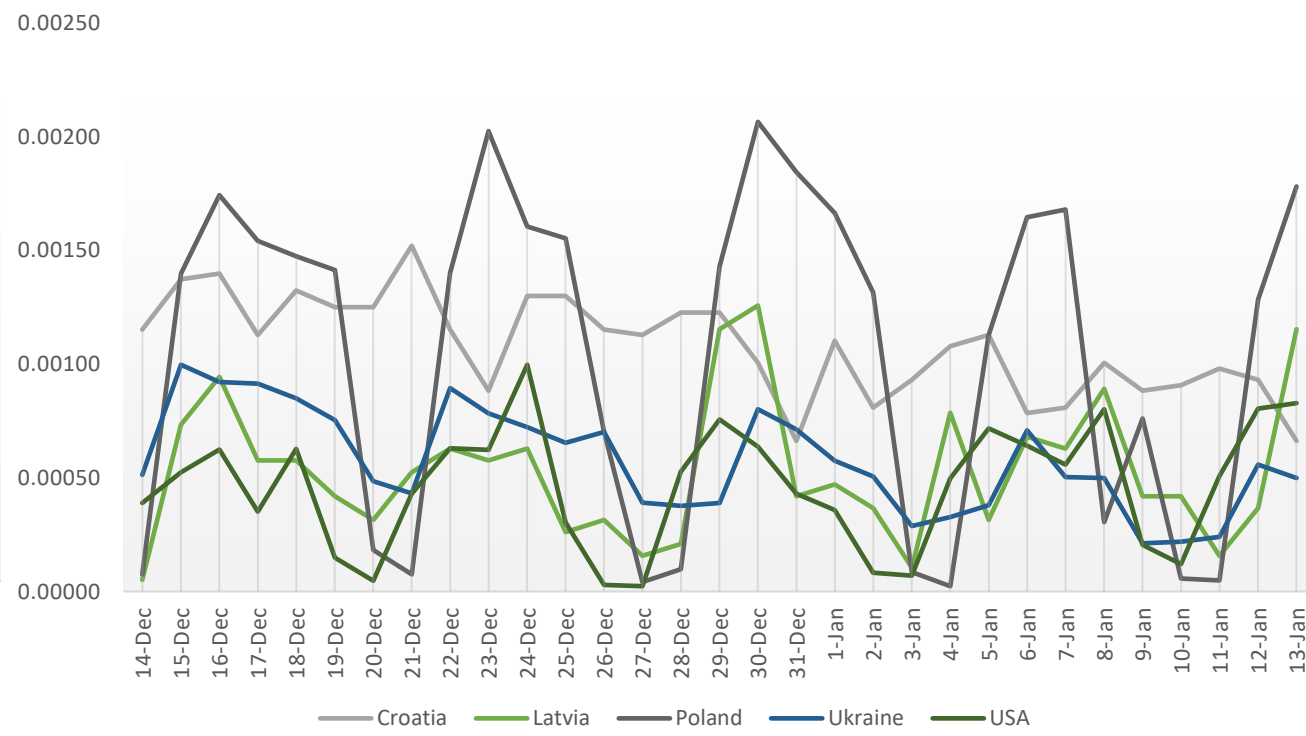
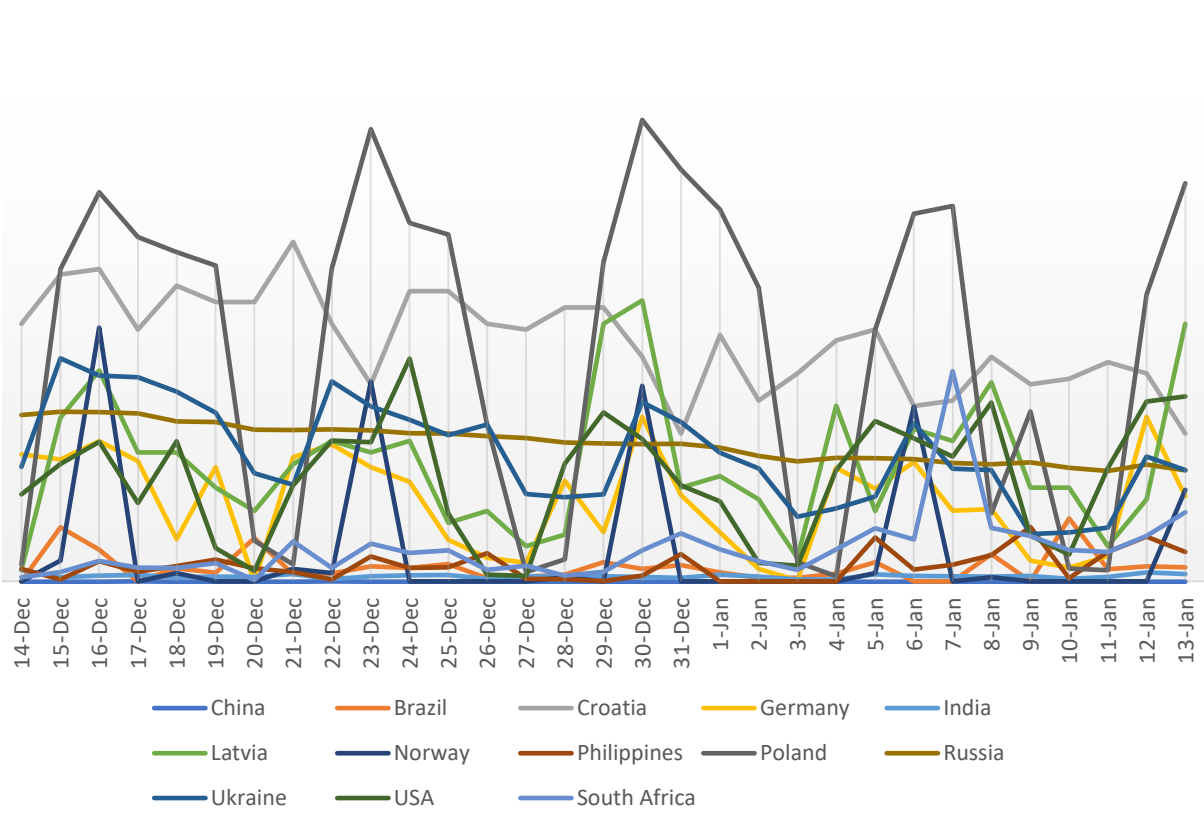
Looking at the home countries of our seafarers we want to give an overview about trends and threats. In order to have a comparable base the number of daily newinfections has been put in relation to the number of inhabitants – resulting in a percentage figure. It has to be considered that infection figures 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, USA, Latvia and Norway are showing extremely high infection figures but we have now also extremely high figures at Denmark, Portugal and Cyprus as well as Sweden. It is noteworthy that a delayed reporting due to Christmas/new year season may create wrong peaks.

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: Omicron variant and expert`s opinion part I

### Interview with Doc Christian Angelo Lubaton Director Nordic Medical Clinic/Manila Philippines

**S**take Holder Update: Thanks a lot that you make some time available for us Doc!

**D**: Thanks for this opportunity Jorn!

**S**: Presently it is difficult to follow all the news about the new variant Omicron. How can you keep the overview about all the researches and findings?

**D**: We share the load and help each other. Each gets to learn and view data and pass to each other relevant researches and trends we see too. We also have to do good fact checking from credible sources and researches.

**S**: The news we are hearing are quite alarming now – same as the figures we see for new infections. Is it now even more threatening than before with Delta?

**D**: The preliminary researches we see is that Omicron wave is not as life threatening as compared to Delta, causing less severe symptoms. Yes to urgency to control the situation, because the spread is so fast like we've never seen before, and though less severity, there are vulnerable populations this wave can threaten, plus could for some time overwhelm healthcare systems due to exponential number of cases.

**S**: If it is now even more infectious than before that sounds more dangerous – isn't it?

**D**: Not necessarily. We see less people needing to go to hospitals, majority of cases can be managed at home. Particularly, those vaccinated have better outcomes than the unvaccinated ones. We put our focus and efforts on symptom relief for those affected, and control of spread for the general public.

**S**: What about the indications and symptoms of Covid-19? Can I still rely on fever measurement at the gangway?

**D**: This is a bit more tricky now. Fever is not any longer on the top of symptoms but there are others: Sneezing, dry cough, head ache and some more. Omicron variant presents more upper respiratory symptoms like colds and sore throat. What's more important is the voluntary admission that a person is having symptoms, to be able to stop the spread.

**S**: But the points you are describing now are really worrying me if I need to travel presently. What can I do physically to protect myself?

**D**: Your immune system is your best defense. Live a healthy lifestyle with nutritious food, comfortable sleep, staying active, enough water intake. Avoid aerosols. Wear well-fitting masks in public. Keep it on as much as possible when in public, especially indoors. Then physical distancing – avoid crowds as much as possible during travelling. And good ventilation wherever you have influence on it. Have handy alcohol sprays, sanitize frequently when outside your home.



## Covid-19: Omicron variant and expert`s opinion part II

**S:** We have such a high level of vaccination all around the world. How can it be that so many people in so short time can be infected? Can we skip the vaccinations?

**D:** Currently we have an increasing number of so called break through infections. We are learning that there is waning protective immunity after 6-9 months from either natural infection or vaccination. Coupled with a very transmissible variant of the virus, plus the increased mobility and aggregation of people, that`s why we see surges of infections. Overall, there is still a substantial protection against severe developments. But not to discount the fact that there is still a risk of being the carrier of the virus. E.g. bringing it onboard. Se we continue to keep our guards up.

**S:** Once being exposed to somebody with Omicron – what is the difference to before?

**D:** Well we see that symptoms arise much earlier now. Before we had about 4-5 days, now with the new variant it has decreased to 2-3 days only. This is an advantage for all quarantine measures as they can be much shorter. Symptoms are more confined to upper respiratory tract, meaning sore throat and nasal congestion, compared to difficulty breathing in other variants.

**S:** What is your expectation now and for the near future? Can we see light at the end of the tunnel?

**D:** Actually Omicron is a glimmer of hope despite of the amazing quick spread of it. Just imagine you would be a virus and you need a parking place to attack the shop owner and all parking places are blocked already by a much less dangerous brother virus: You would turn around and look for somebody else! Our hope is that all the parking places are blocked very soon and we are quite optimistic in that! The less severe but more transmissible Omicron variant is replacing the Delta and other variants which are harder to treat and gave us worse outcomes before. With many getting infected with milder symptoms now, it gives a `natural booster shot` promoting natural immunity. There are early studies too that shows that if you are infected with Omicron, you also have the protection from the other variants. So in big picture, we may be seeing the beginning of the end of the pandemic. What do we do now in response? Live a health lifestyle still, and get your COVID vaccination / booster shot. Trust your body, trust the science.

**S:** Thanks Doc for your open and even optimistic words – this is extremely welcome these times!

**D:** Always a pleasure, thank you!

## 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