

Status, Trends and Recommendations

Covid-19: Stakeholders Update – Week 44

A nine pager

Global epidemiological situation

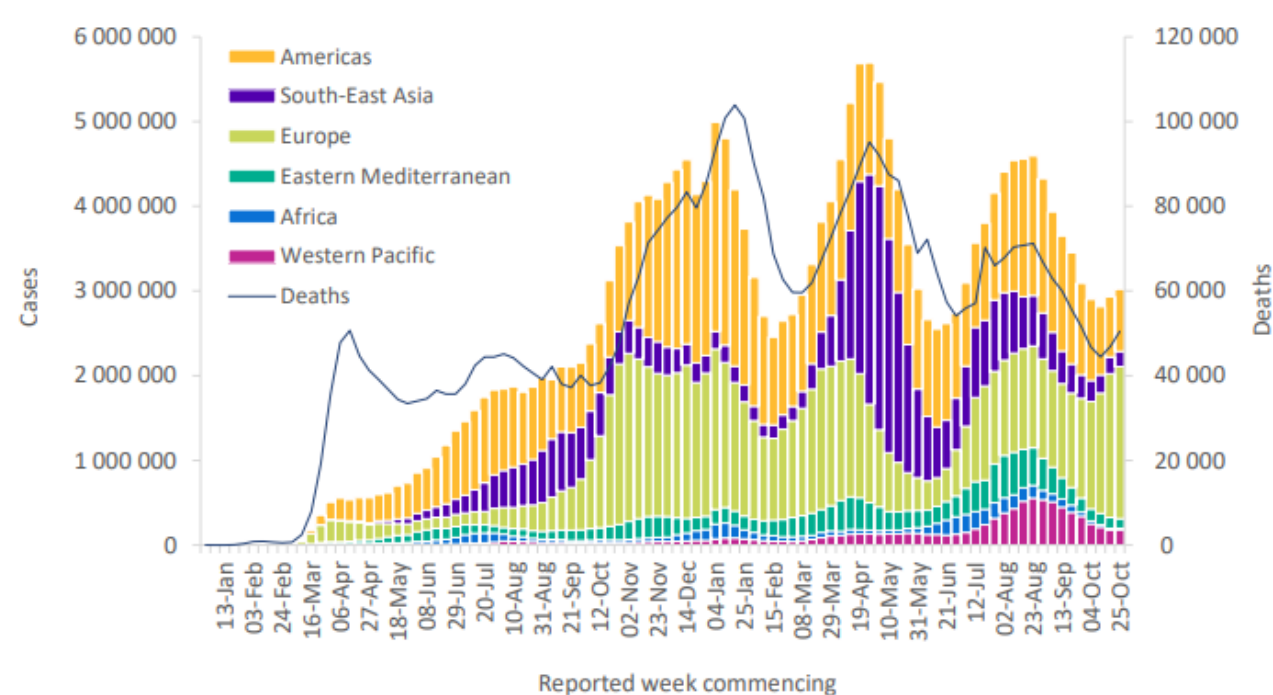
During the week 25 to 31 October 2021, a slight upward trend (3% increase) in new weekly cases was observed, with just over 3 million new cases reported (Figure 1). Apart from the WHO European Region, which reported a 6% increase in new weekly cases as compared to the previous week, other regions reported declines or stable trends (Table 1). The largest decreases were reported from the Eastern Mediterranean Region (12%), followed by the South-East Asia and African Regions (both 9%).

New weekly deaths increased by 8% as compared with the previous week, with over 50 000 new fatalities. The observed rise in new weekly deaths has been mainly driven by the South-East Asia Region, which reported the largest increase (50%), followed by the European Region (12%) and the Western Pacific Region (10%).

Table 1. Newly reported and cumulative COVID-19 cases and deaths, by WHO Region, as of 31 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	1 794 518 (59%)	6%	76 784 507 (31%)	24 243 (48%)	12%	1 425 509 (29%)
Americas	734 610 (24%)	3%	93 626 813 (38%)	15 283 (30%)	-4%	2 294 397 (46%)
South-East Asia	180 759 (6%)	-9%	43 963 132 (18%)	4 966 (10%)	50%	692 879 (14%)
Western Pacific	178 088 (6%)	2%	9 421 344 (4%)	2 936 (6%)	10%	129 627 (3%)
Eastern Mediterranean	113 790 (4%)	-12%	16 350 052 (7%)	2 320 (5%)	-4%	301 077 (6%)
Africa	19 869 (1%)	-9%	6 151 145 (2%)	729 (1%)	-13%	150 611 (3%)
Global	3 021 634 (100%)	3%	246 297 757 (100%)	50 477 (100%)	8%	4 994 113 (100%)

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 31 October 2021**

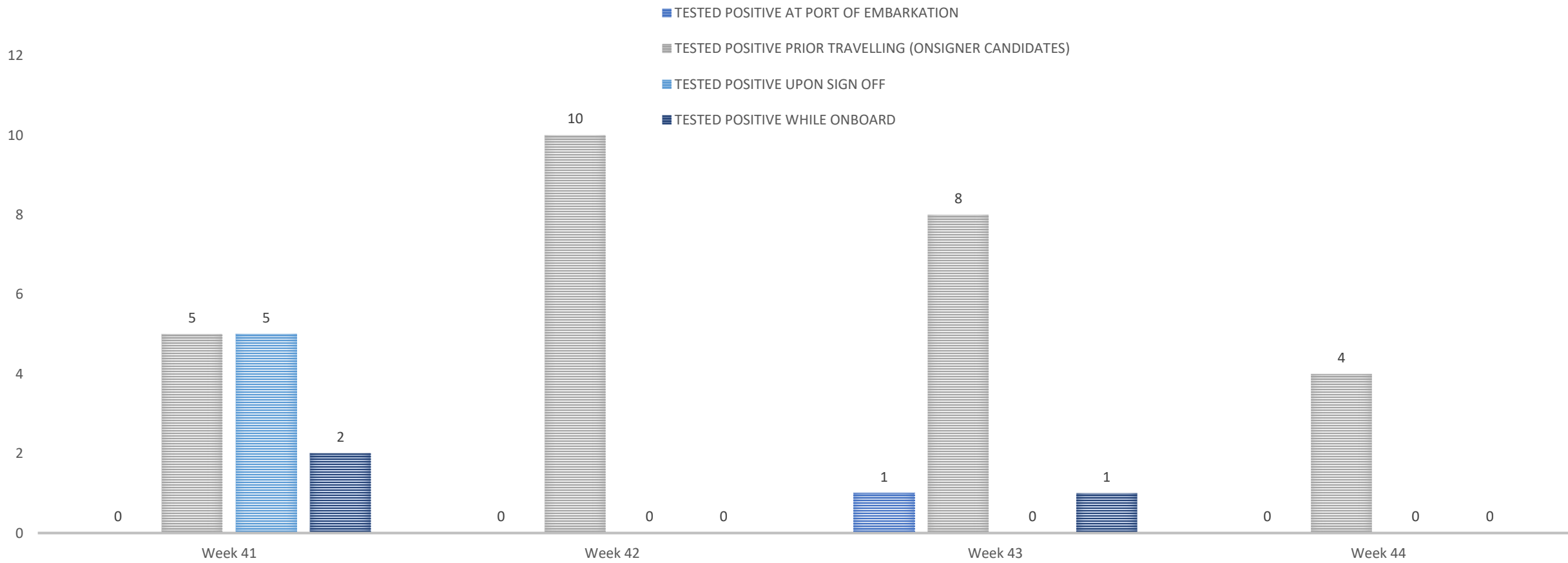


As of 31 October, over 246 million confirmed cases and nearly 5 million deaths have been reported.

The regions reporting the highest weekly case incidence rates per 100 000 population were the European Region (192.3 new cases per 100 000 population) and the Region of the Americas (71.8 new cases per 100 000 population); the same two regions reported the highest weekly incidence in deaths, of 2.6 and 1.5 per 100 000 population, respectively.

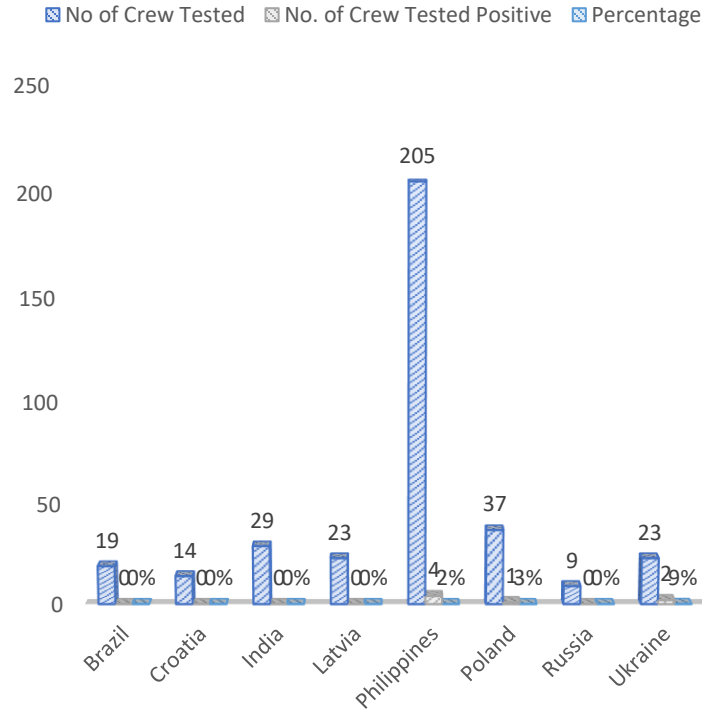
The highest numbers of new cases were reported from the United States of America (528 455 new cases; 7% increase), the United Kingdom (285 028 new cases; 14% decrease), the Russian Federation (272 147 new cases; 9% increase), Turkey (182 027 new cases; 8% decrease), and Ukraine (152 897 new cases; 14% increase).

OSM MANNING - WHEN TESTED POSITIVE PER WEEK

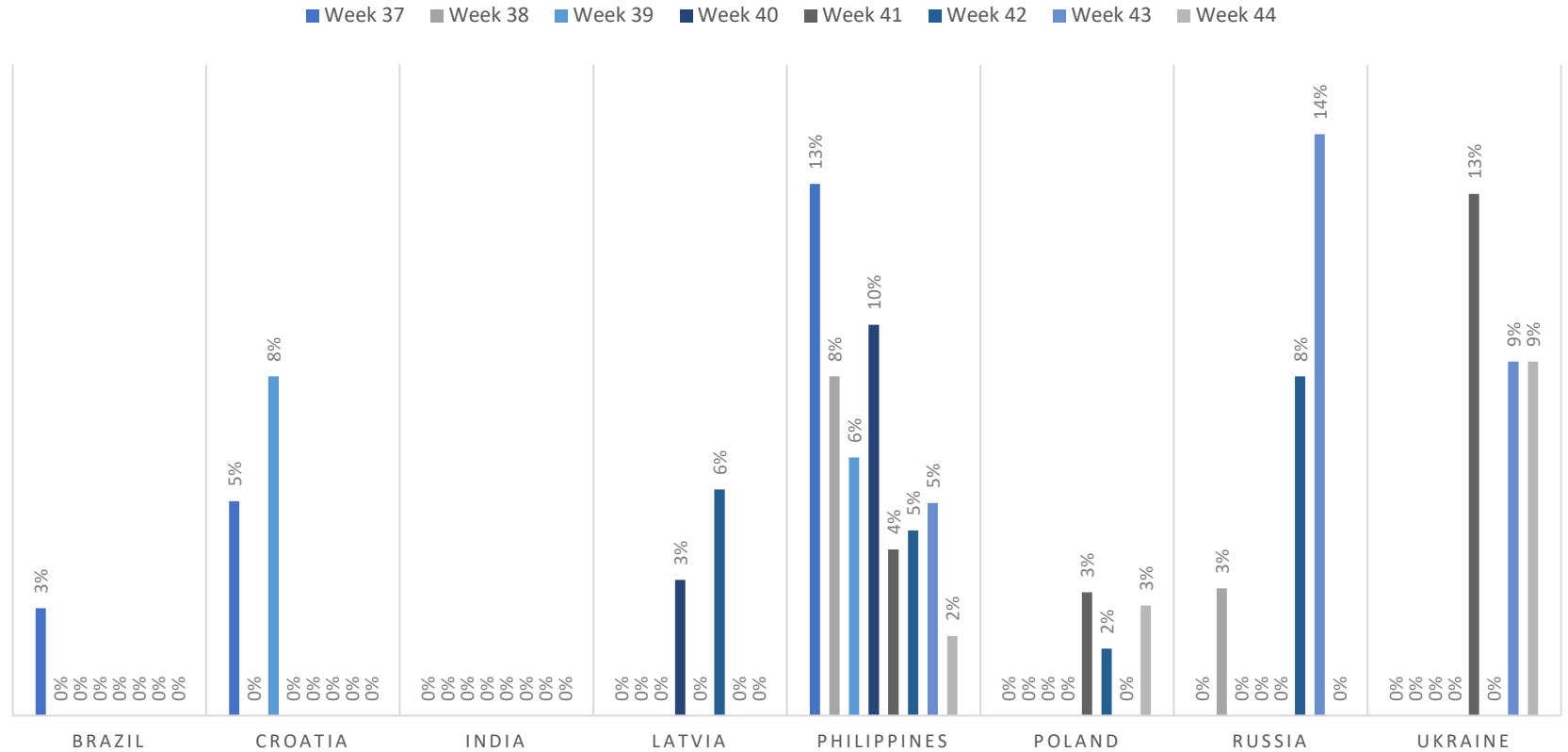


Comment: In week 44 we have a decrease of total figures compared to the week before. All 4 cases seen during this week have occurred prior boarding (the ones before climbing up the gangway or even before travelling) what regarding virus avoidance onboard has been the goal.

PCR-TEST POSITIVITY RATE BY NATIONALITY



PCR-TEST POSITIVITY RATE BY NATIONALITY PER WEEK

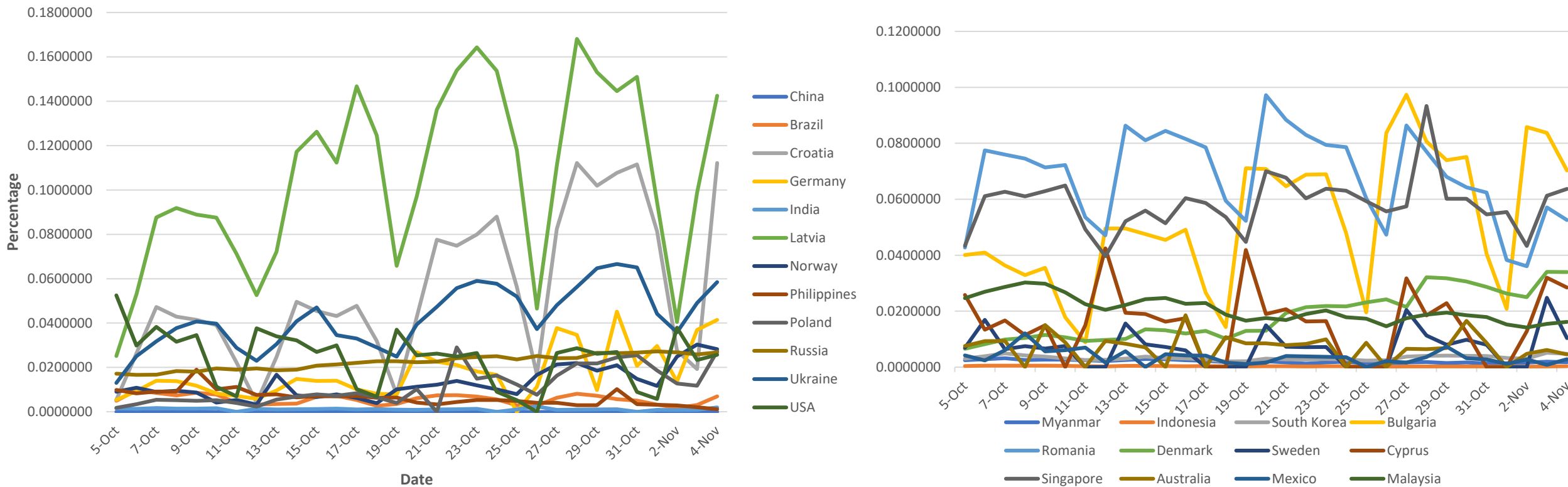


Positivity Rate:

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. Philippines had 4 positive case out of 205 tested which equals to 2%.

Covid-19: Newinfection ratio

Newinfections in% of population

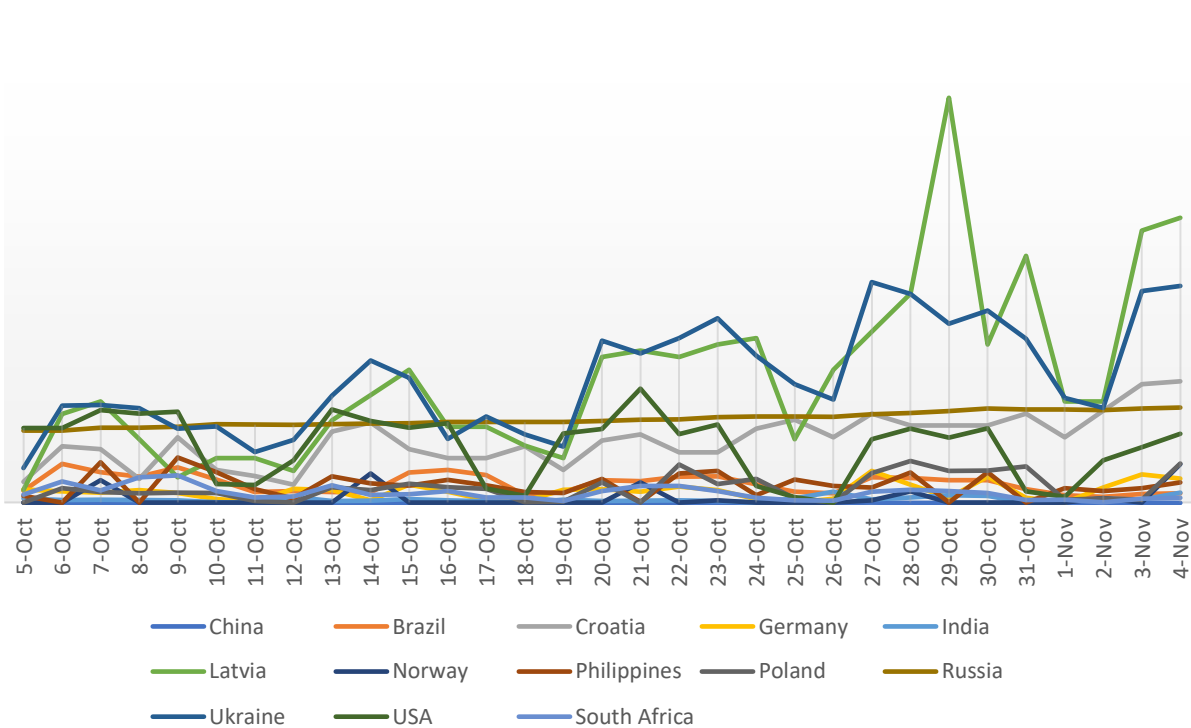


Looking at the home countries of our seafarers we want to give an overview about trends and threats. In order to have a comparable base the number of daily newinfections has been put in relation to the number of inhabitants – resulting in a percentage figure. It has to be considered that infection figures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

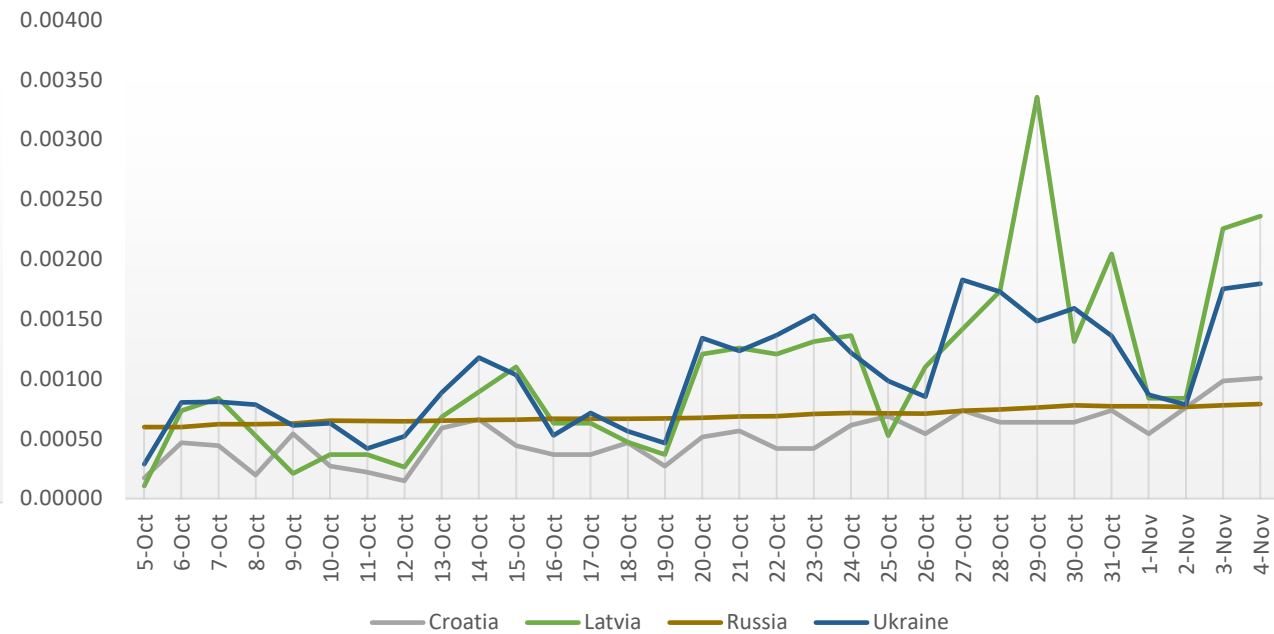
Sources: [Wikipedia](https://www.wikipedia.com) [The New York Times](https://www.thenewyorktimes.com) [JHU CSSE COVID-19](https://www.jhu.edu) [DataEuropäisches Zentrum für die Prävention und die Kontrolle von Krankheiten](https://www.ecdc.europa.eu)

Covid-19: Fatality ratio I

Daily fatality development in % of inhabitants - overview



Daily fatality development in % of inhabitants - focus



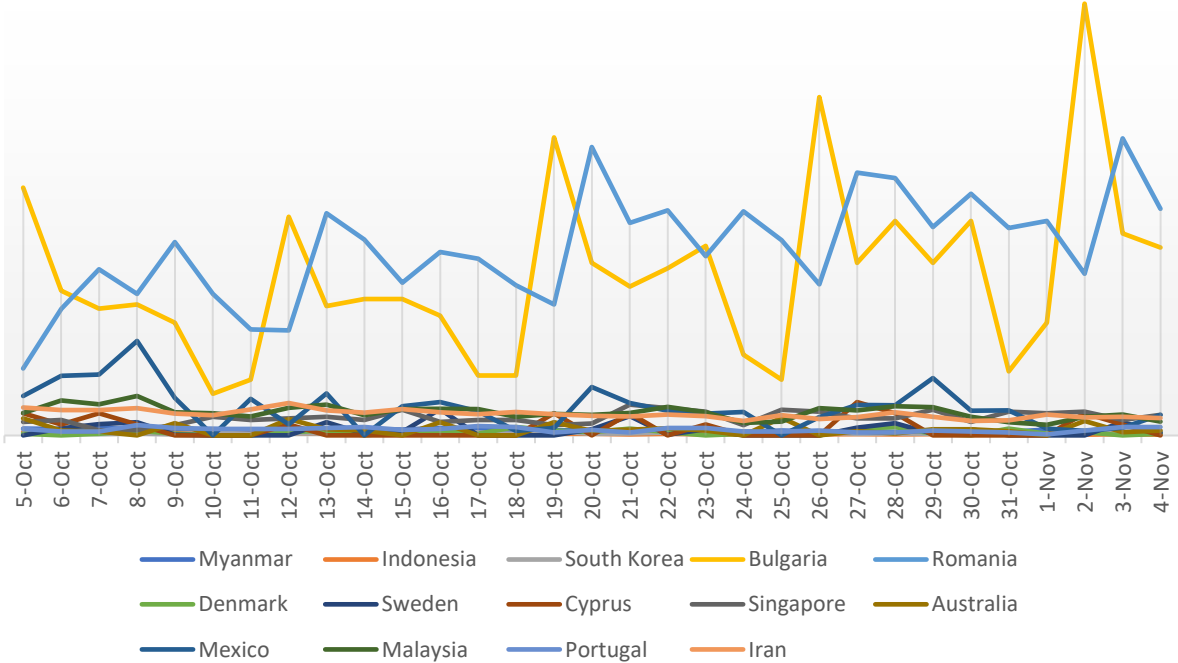
We are observing that the level of new infections is not any longer a suitable “fever thermometer” for the situation of this pandemic – at least not as the only one. This particularly is the case in countries with a high percentage of vaccinated inhabitants. In most of these countries people have been 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](#)

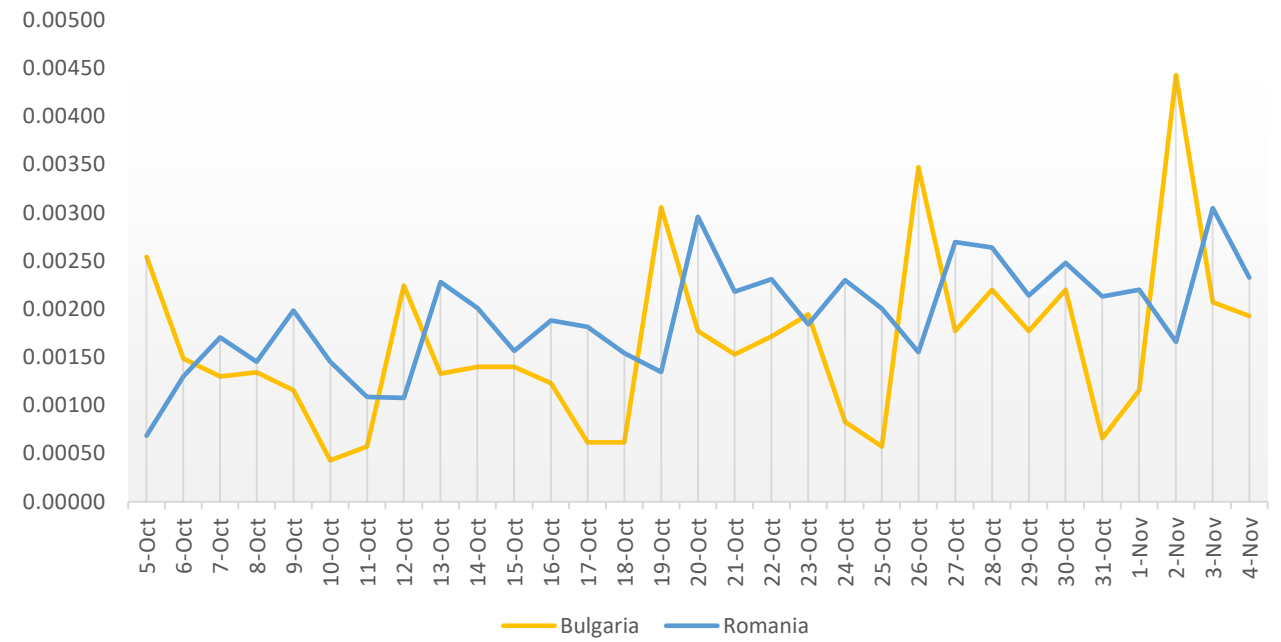
Covid-19: Fatality ratio II

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](#)

Decision making process in times of Covid – 19

Stopping someone at the gangway who looks sick? Reporting to the master? Not making a decision is a decision – too. But you miss the chance to have influence on the outcome! Your decision is your contribution to a solution!

7 STEPS TO EFFECTIVE DECISION MAKING

Decision making is the process of making choices by identifying a decision, gathering information, and assessing alternative resolutions.

Using a step-by-step decision-making process can help you make more deliberate, thoughtful decisions by organizing relevant information and defining alternatives. This approach increases the chances that you will choose the most satisfying alternative possible.



Source: https://www.google.com/url?sa=i&url=https%3A%2F%2Fwww.agupdate.com%2F7-steps-to-effective-decision-making%2Fpdf_abb3815b-a56c-58bc-9f2b-74a93374d0ca.html&psig=AOvVaw22mh9jlkeCns-tU6OaNIuP&ust=1635925041028000&source=images&cd=vfe&ved=0CagQjRxqFwoTCljGz-mV-fmCFQAAAAAdAAAAABDD

Step 1: Identify the decision You realize that you need to make a decision. Try to clearly define the nature of the decision you must make. This first step is very important.

Step 2: Gather relevant information Collect some pertinent information before you make your decision: what information is needed, the best sources of information, and how to get it. This step involves both internal and external “work.”

Step 3: Identify the alternatives As you collect information, you will probably identify several possible paths of action, or alternatives. You can also use your imagination and additional information to construct new alternatives.

Step 4: Weigh the evidence Draw on your information and emotions to imagine what it would be like if you carried out each of the alternatives to the end. Evaluate whether the need identified in Step 1 would be met or resolved through the use of each alternative. As you go through this difficult internal process, you’ll begin to favor certain alternatives: those that seem to have a higher potential for reaching your goal.

Step 5: Choose among alternatives Once you have weighed all the evidence, you are ready to select the alternative that seems to be the best one for you. You may even choose a combination of alternatives. Your choice in Step 5 may very likely be the same or similar to the alternative you placed at the top of your list at the end of Step 4.

Step 6: Take action You’re now ready to take some positive action by beginning to implement the alternative you chose in Step 5.

Step 7: Review your decision & its consequences In this final step, consider the results of your decision and evaluate whether or not it has resolved the need you identified in Step 1. If the decision has not met the identified need, you may want to repeat certain steps of the process to make a new decision.

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