Status, Trends and Recommendations

Covid-19: Stakeholders Update – Week 49

A nine pager

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Global epidemiological situation

Globally, weekly case incidence plateaued this week (29 November - 5 December 2021), with over 4 million confirmed new cases reported, similar to the number reported in the previous week's figures. However, new weekly deaths increased by 10% as compared to the previous week, with over 52 500 new deaths reported. As of 5 December, nearly 265 million confirmed cases and over 5.2 million deaths have been reported globally.

The African Region and the Region of the Americas reported increases in new weekly cases of 79% and 21%, respectively, while the Western Pacific and South-East Asia regions both reported decreases of 10%. The number of new weekly cases reported by the European and Eastern Mediterranean regions were similar to the numbers reported in the previous week.

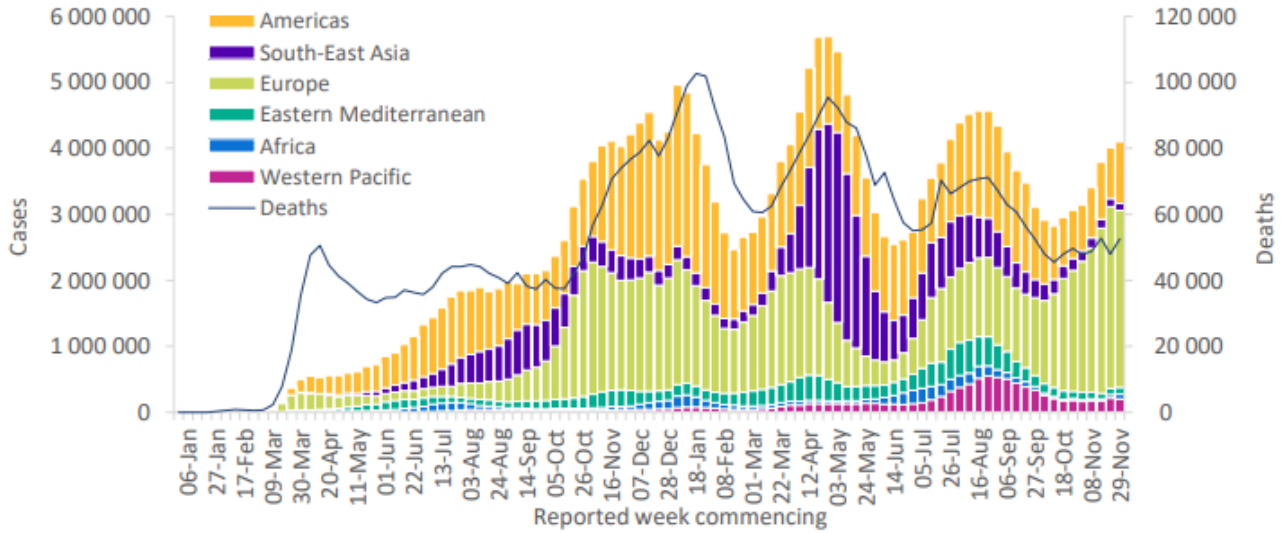
Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 5 December 2021**

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	2 687 257 (65%)	-3%	88 925 399 (34%)	28 990 (55%)	-2%	1 569 599 (30%)
Americas	935 062 (23%)	21%	97 679 255 (37%)	12 987 (25%)	38%	2 360 315 (45%)
Western Pacific	199 495 (5%)	-10%	10 370 429 (4%)	3 220 (6%)	2%	144 204 (3%)
South-East Asia	109 044 (3%)	-10%	44 638 985 (17%)	5 324 (10%)	49%	711 660 (14%)
Eastern Mediterranean	94 724 (2%)	0%	16 846 148 (6%)	1 622 (3%)	-8%	310 727 (6%)
Africa	79 491 (2%)	79%	6 354 835 (2%)	498 (1%)	-13%	153 275 (3%)
Global	**4 105 073 (100%)**	**2%**	**264 815 815 (100%)**	**52 641 (100%)**	**10%**	**5 249 793 (100%)**

*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 5 December 2021**

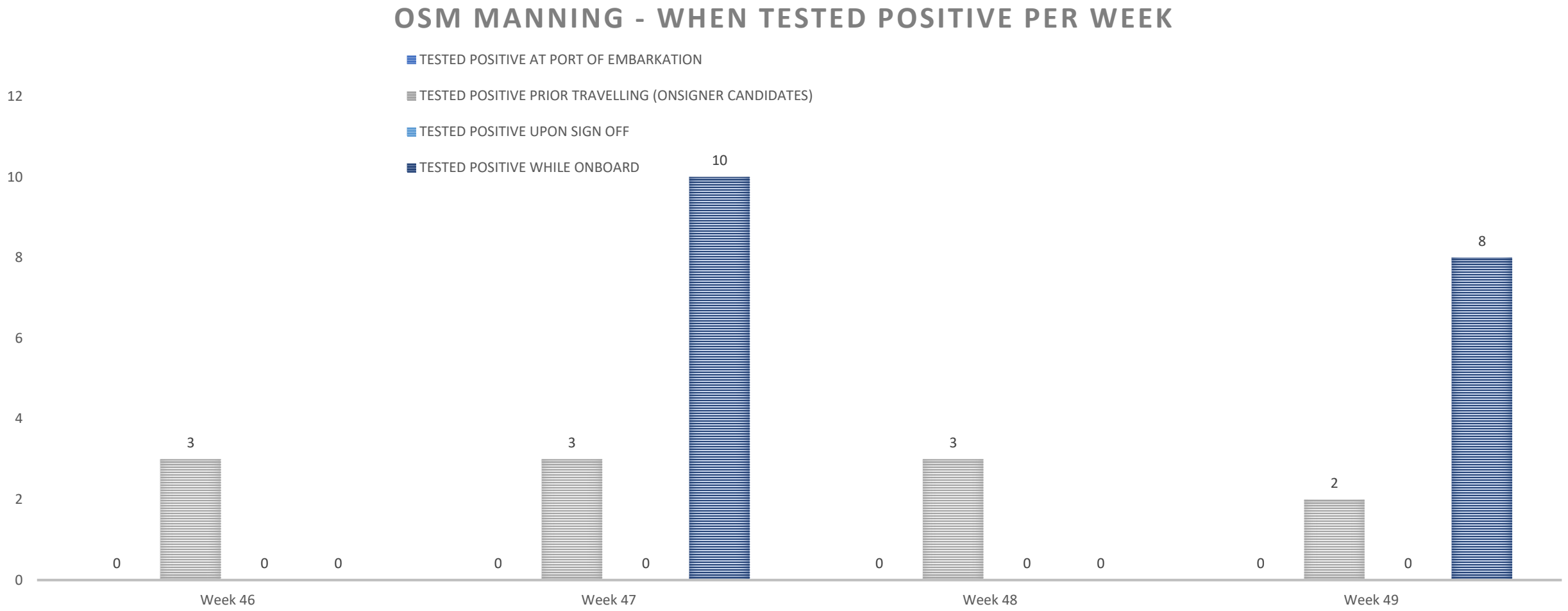


New weekly deaths increased by 49% in the South-East Asia Region and 38% in the Region of the Americas, while the weekly deaths decreased in the African and Eastern Mediterranean Regions by 13% and 8%, respectively. The number of new deaths were similar to those reported in the previous week in both the European and the Western Pacific regions.

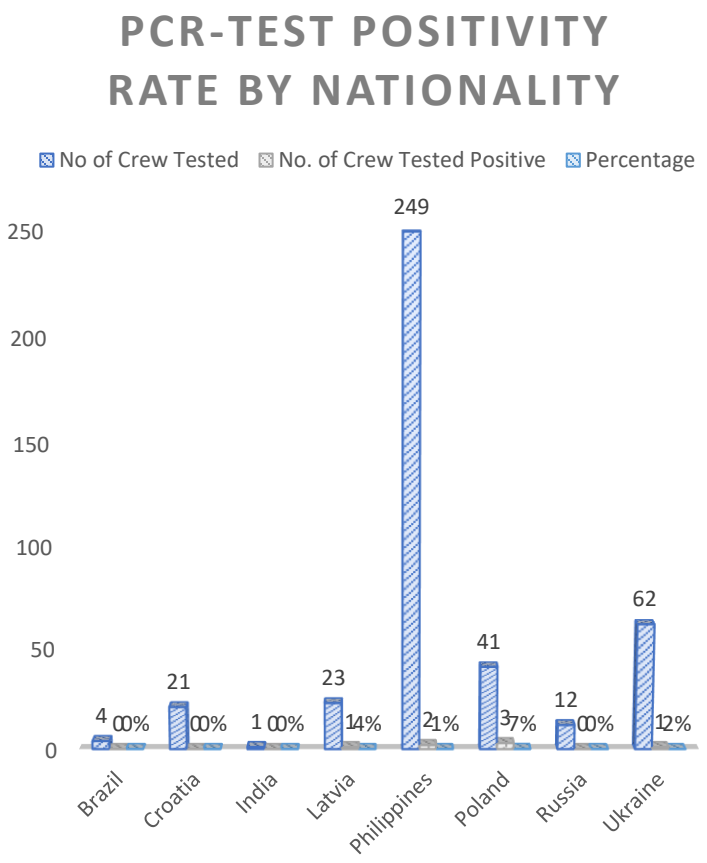
The regions reporting the highest weekly case incidence per 100 000 population continue to be the European Region (288.0 new cases per 100 000 population) and the Region of the Americas (91.4 new cases per 100 000 population). Both regions also reported the highest weekly incidence in deaths of 3.1 and 1.3 per 100 000 population, respectively while <1 new death per 100 000 was reported in all other regions.

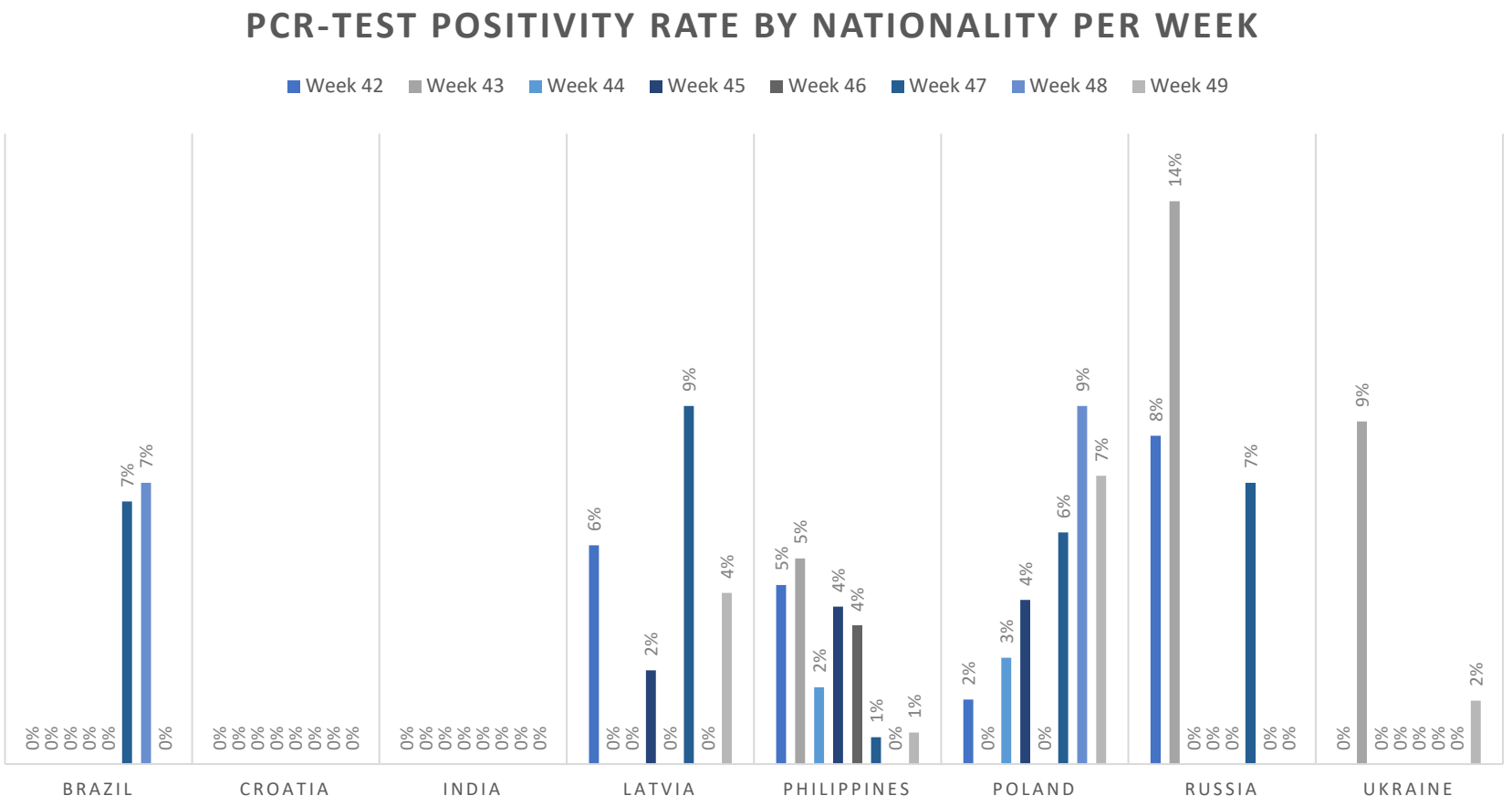
The highest numbers of new cases were reported from the United States of America (752 394 new cases; a 30% increase), Germany (396 429 new cases; similar to the previous week's figures), the United Kingdom (310 696 new cases; similar to the previous week's figures), France (283 500 new cases; a 49% increase) and the Russian Federation (231 240 new cases; similar to the previous week's figures).

COVID-19 Stakeholders Update – Week 49



Comment: In week 49 we have an increase of total figures compared to the week before. Of the 10 cases seen during this week 2 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 8 cases tested positive while onboard. These 8 cases were an outbreak at one vessel. It is an early stage of tracing but it looks like virus was brought onboard by visitors in one specific port and then spread accordingly amongst crew. It reminds us again how important it is to treat visitors with utmost care and to take the recommended precautions extremely serious now.



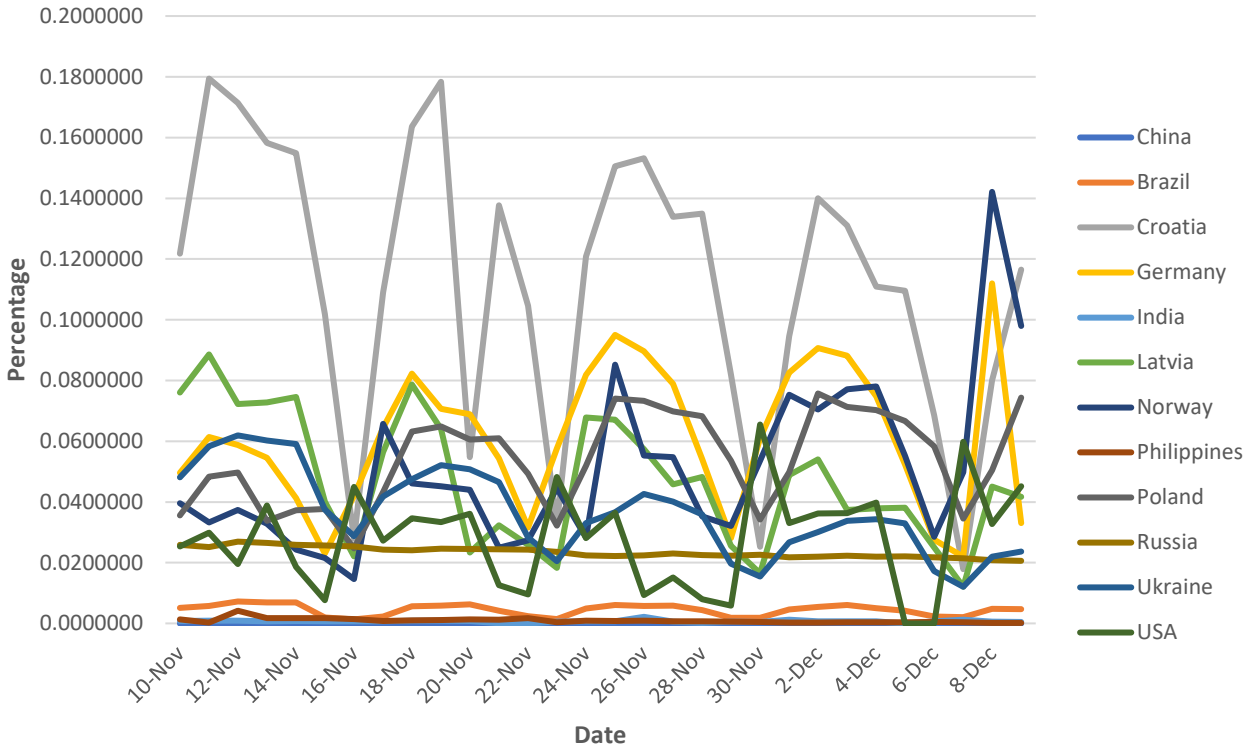


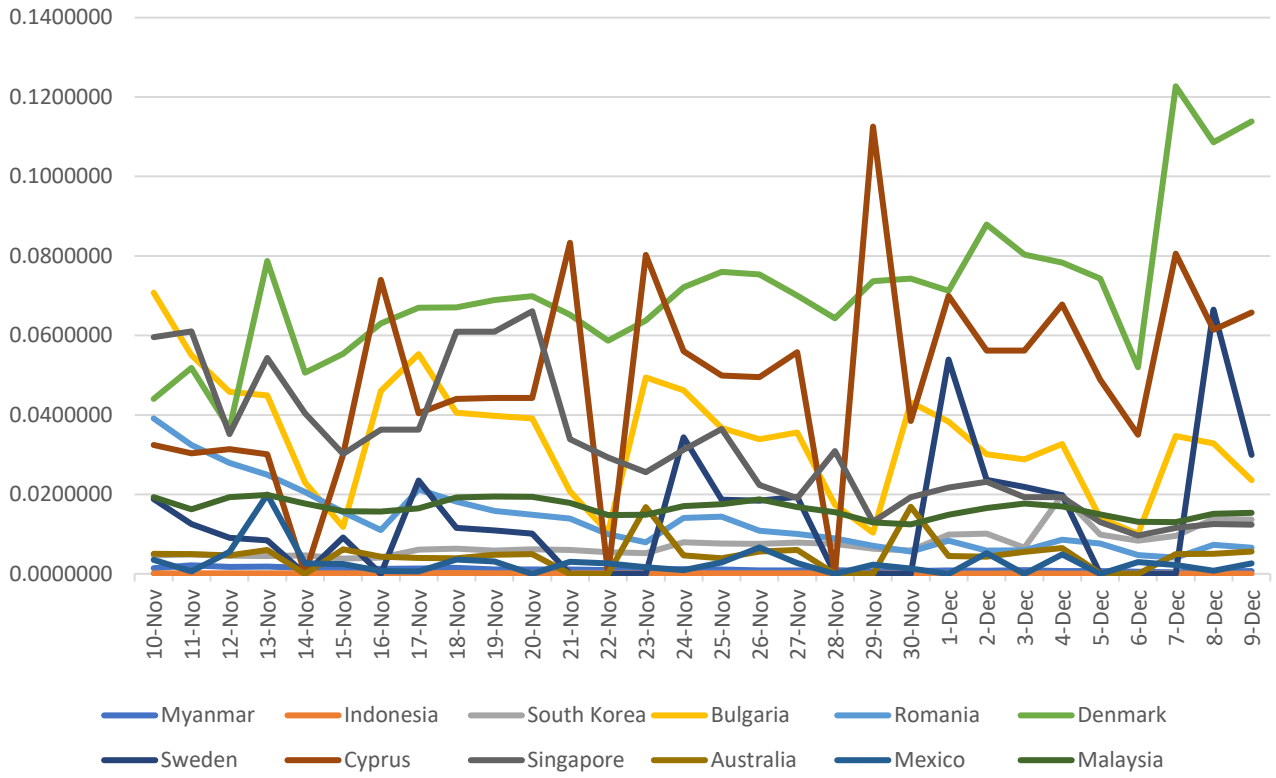
Positivity Rate:

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. Latvia had 1 positive case out of 23 tested which equals to 4%.

Covid-19: Newinfection ratio

Newinfections in % of population

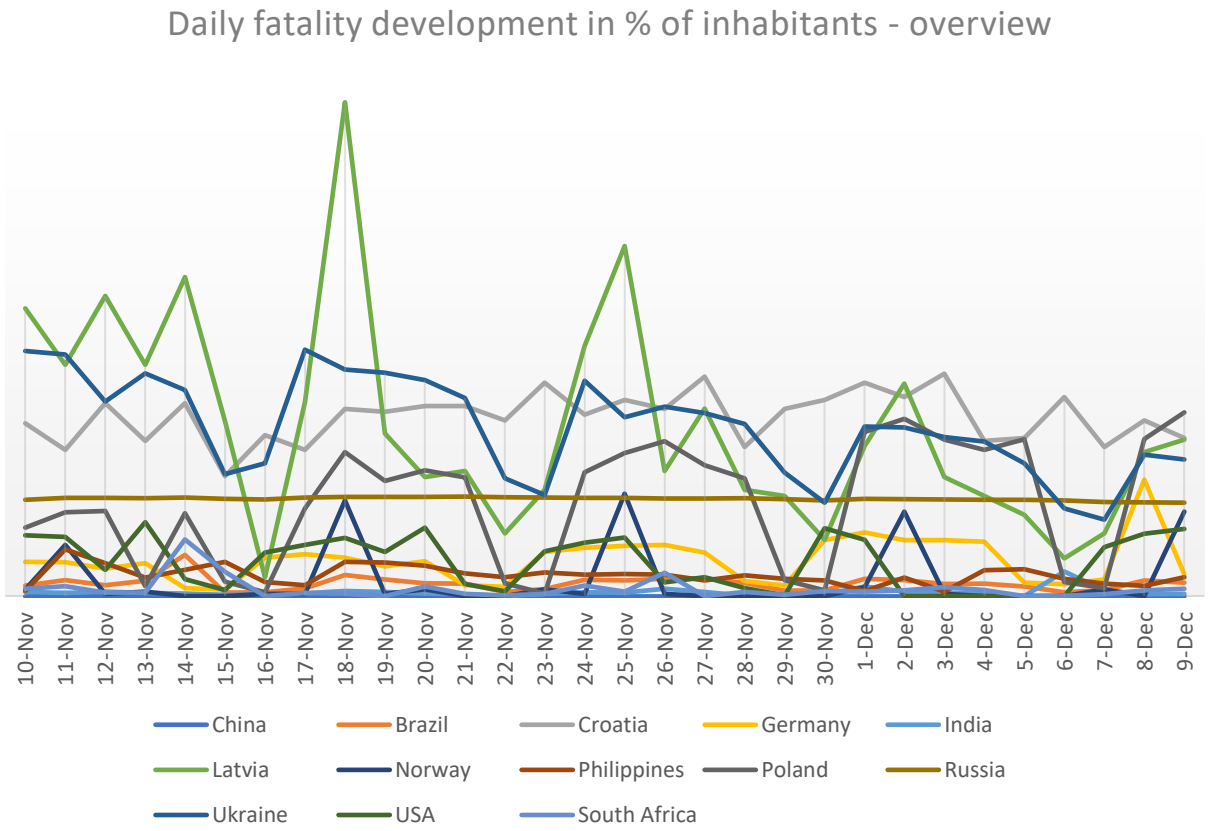


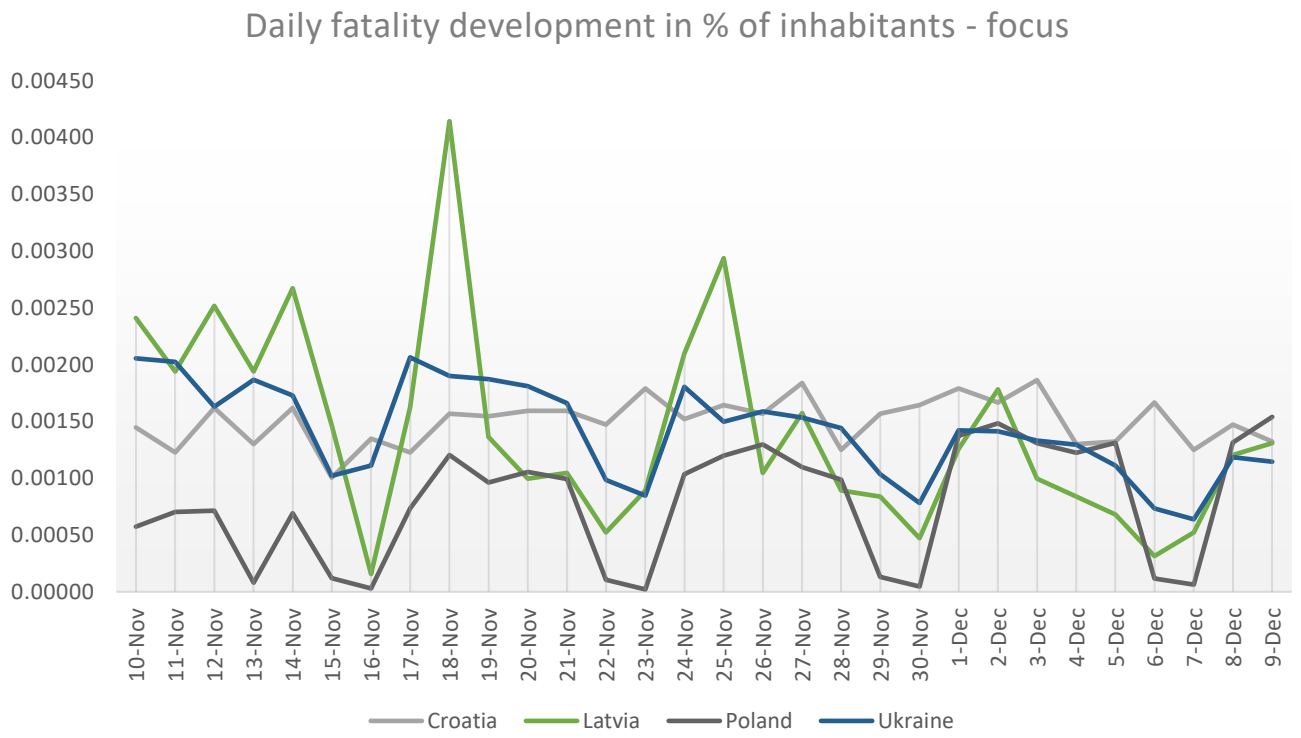


Looking at the home countries of our seafarers we want to give an overview about trends and threats. In order to have a comparable base the number of daily newinfections has been put in relation to the number of inhabitants – resulting in a percentage figure. It has to be considered that infection figures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

Sources: WikipediaThe New York TimesJHU CSSE COVID-19 DataEuropäisches Zentrum für die Prävention und die Kontrolle von Krankheiten

Covid-19: Fatality ratio I



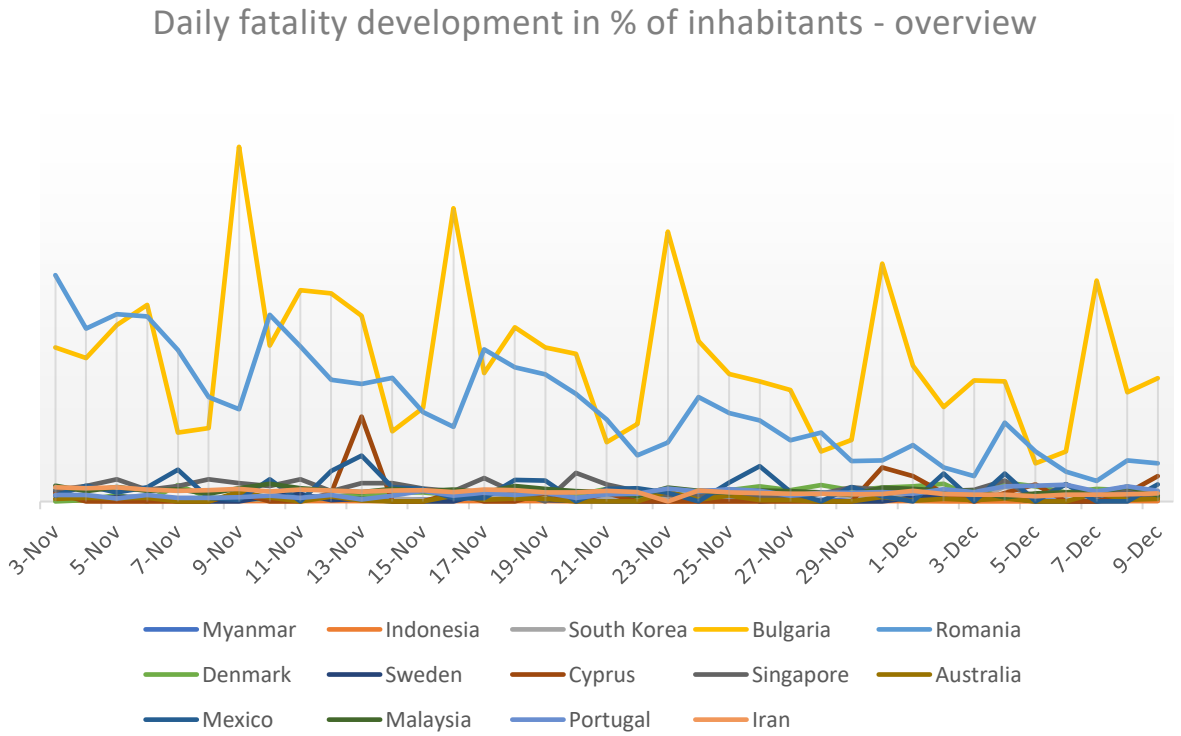


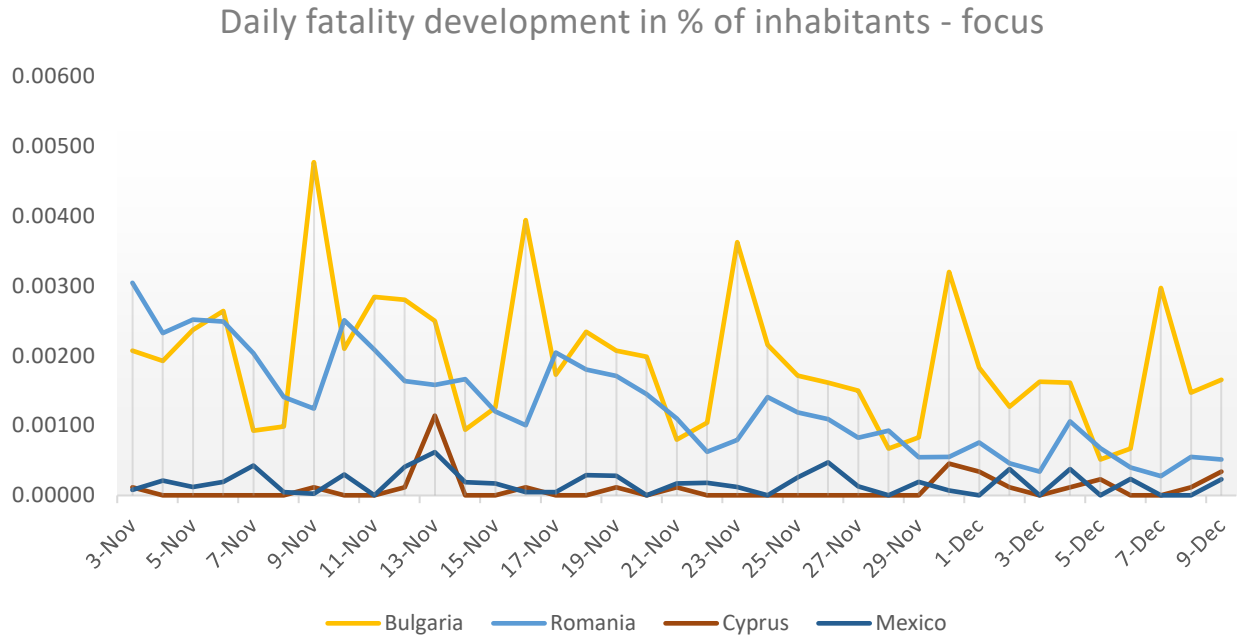
We are observing that the level of new infections is not any longer a suitable “fever thermometer” for the situation of this pandemic – at least not as the only one. This particularly is the case in countries with a high percentage of vaccinated inhabitants. In most of these countries people have been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





Sources: WikipediaThe New York TimesJHU CSSE COVID-19 DataEuropäisches Zentrum für die Prävention und die Kontrolle von Krankheiten

Covid-19: Long Covid – Interview with Dr. Christian Angelo Lubaton/NMC

SHU: Thanks for your preparedness for this interview!
Dr. Christian Angelo Lubaton: Thank you for this opportunity to contribute to our **S**take**H**olders **U**pdate!

SHU: We would like to get an overview about the so called Long Covid or Post Covid issue. What actually is that?
Dr. Christian Angelo Lubaton: WHO came up with a clinical case definition for this,
Post COVID-19 condition occurs in individuals with a history of probable or confirmed SARS CoV-2 infection, usually 3 months from the onset of COVID-19 with symptoms and that last for at least 2 months and cannot be explained by an alternative diagnosis.
https://www.who.int/publications/i/item/WHO-2019-nCoV-Post_COVID-19_condition-Clinical_case_definition-2021.1

SHU: Which circumstances seem to foster Long Covid?
Dr. Christian Angelo Lubaton: Studies are ongoing to look definitively on this but we need more time, We see more cases for those who had sever acute infection, underlying chronic illnesses (heart disease, diabetes, asthma, etc.), and those with generally weaker immune systems even before having COVID.

SHU: Does this mean that a person with Long Covid still is contagious?
Dr. Christian Angelo Lubaton: No. This happens after being clinically recovered from acute COVID and cleared from quarantine.

SHU: Which symptoms are the most frequent symptoms for Long Covid?
Dr. Christian Angelo Lubaton: Common symptoms include fatigue, shortness of breath, cognitive dysfunction but also others like loss of smell and taste and generally have an impact on everyday functioning. Symptoms may be new onset following initial recovery from an acute COVID-19 episode or persist from the initial illness. Symptoms may also fluctuate or relapse over time.
https://www.who.int/publications/i/item/WHO-2019-nCoV-Post_COVID-19_condition-Clinical_case_definition-2021.1

SHU: But these symptoms – how serious these are? I mean we all are tired?
Dr. Christian Angelo Lubaton: These symptoms of long COVID affects the quality of life of the person. Have different ranges from mild to severe impairment of going back to activities of daily living. And this also adds to the frustration and weariness of the person and surrounding family and peers. It has big impact on mental health and well-being too.

SHU: But loss of smell and taste - Is it really that impacting?
Dr. Christian Angelo Lubaton: Our sense of taste and smell is of course important too. It gives us the sense of savoring life. Just imagine that you are looking forward for a nice dinner and then you can't fully appreciate it like before? Or you meet somebody with a nice perfume but you can not smell it? Research shows findings that suggest altered taste and smell with Covid-19 may lead to severe disruption to daily living that impacts on psychological well-being, physical health, relationships and sense of self. More specifically, participants reported impacts that related to reduced desire and ability to eat and prepare food; weight gain, weight loss and nutritional insufficiency; emotional wellbeing; professional practice; intimacy and social bonding; and the disruption of people's sense of reality and themselves. https://pubmed.ncbi.nlm.nih.gov/34559820/

SHU: Is there any knowledge how long it lasts – the Long Covid?
Dr. Christian Angelo Lubaton: We have no definitive timeline yet. According to CDC: Post-COVID conditions are a wide range of new, returning, or ongoing health problems people can experience **four or more weeks** after first being infected with the virus that causes COVID-19. Even people who did not have COVID-19 symptoms in the days or weeks after they were infected can have post-COVID conditions. These conditions can present as different types and combinations of health problems for different lengths of time.
https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects/index.html

SHU: What is your personal advice to minimize the risk of Long Covid?
Dr. Christian Angelo Lubaton: Take care of yourself. Best prevention is to avoid COVID. Wear mask in indoor public settings. Get vaccinated, consider getting your booster shot. Your immune system is still your best defense. Get good sleep, eat healthy natural food, stay well hydrated, get active again, and good stress management. At early signs of COVID illness, don't delay. Get checked and take meds as called by your doctor. And if you have chronic illness, have regular checks with your doctor too to ensure underlying health conditions are controlled and doesn't increase your risk further.

SHU: Thanks so much for your time but also thanks generally for your support in these difficult times!
Dr. Christian Angelo Lubaton: You are very welcome!

Questions to Covid-19? Let us know and we will revert via SHU in case of common relevance!

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 ealiest 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