

COVID-19 Rolling Update

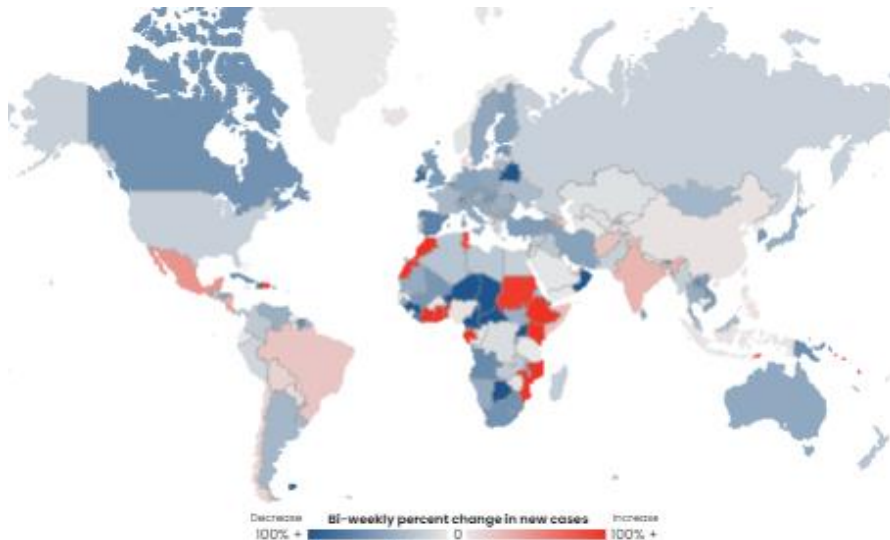


May 2022

Bi-weekly COVID-19 updates from IFRC focusing on the epidemiological trends and updated evidence have changed to a monthly period, but will continue to be shared through the [Health Help Desk](#). Additional external resources for deeper weekly or monthly subject-area analysis have also been added to the public access page on the Health Help Desk. Internal reports from the IFRC are available on [IFRC Go page for the COVID-19 pandemic](#) (including operational updates, immunization updates and updated figures by IFRC region).

Situation update

Bi-weekly percent change in new case



- **Globally there have been over 527 million cumulative cases and 6.2 million cumulative deaths of COVID-19 reported worldwide.**
- The Omicron variant (all sublineage) now represents almost all analysed samples worldwide, with BA.2 representing 75% of samples tested.
- An estimated 65.7% of the global population has received at least one dose of the COVID-19 vaccine (this percentage has only increased by an estimated 2% in the past 3 months)
- **Only 16.2% of those living in low-income countries have had at least one dose of the COVID-19 vaccine**

Several countries have changed their COVID-19 testing strategies, which reduces the number of officially reported COVID-19 cases. Therefore, declining trends and cases should be interpreted with caution, however overall country and regional trends can still give useful indication on whether health systems are becoming overwhelmed, or whether prevention and response efforts are adequate to counter uptick in cases and needed care.

Globally, the number of new COVID-19 cases has continued to decline since the peak in January, with global declines of 11% reported from one week to the next on June 1st, and a decrease in global reported deaths of 3%. However, some regions have reported some increasing trends, including the MENA region (1% increase in new cases) and the Americas region (reporting an increase of 9% compared to the previous week for COVID-19 cases and 13% of reported COVID-19 related deaths) which currently accounts for 34% of global COVID-19 cases and 44% of global reported deaths due to COVID-19 since the beginning of the pandemic. Worrisome trends include several larger countries such as the United States and China which continue to report increasing trends in COVID-19 cases and deaths. China's strict "zero" policy towards COVID-19 has also led to economic and social challenges having impacts beyond its borders.

Regional Trends¹

Africa Region

- The region reported increasing trends for a month in April/May, but recently in the past two weeks has continued to report declining trends in COVID-19 cases compared to previous weeks (by 36%). Officially reported COVID-19 deaths have continued to increase (by 15%) compared to the previous week, with the highest number of deaths reported from South Africa, Reunion, and Zimbabwe.
 - While regional declines were reported, overall over 22% of countries in the region continued to report increasing trends, including Ethiopia, Ghana, Uganda and Equatorial Guinea which all reported over 200% bi-weekly increases in reported COVID-19 cases.

Americas Region

- The Americas reported increasing trends regionally in both COVID-19 cases (by 9%) and new deaths (by 13%) compared to previous weekly reporting. Multiple countries throughout the region are reporting weekly and bi-weekly increasing incidence of COVID-19 cases including Mexico, Dominican Republic and Haiti reporting over a 200% increase in new COVID-19 cases and ten countries reporting increasing trends of 20% or more when compared to previous weekly reporting.

Middle East and North Africa Region

- The MENA region reported increasing trends in new COVID-19 at the beginning of June, with a 1% increase reported compared to the previous week, while official COVID-19 deaths continued to decline (a 45% reduction compared to the previous week was reported). The highest number of new cases were reported from Saudi Arabia, Bahrain, and United Arab Emirates, with Morocco currently reporting the highest estimated reproductive number (estimated number of people infected from each existing infection) of 1.6 and the highest bi-weekly increase of over 150% compared to previous weeks.

Europe and Central Asia

- Since a reported increase in mid-March, COVID-19 cases throughout the European region have continued to decline, decreasing by an estimated 30% compared to the previous week, and new deaths declining by 22% compared to the previous week's reporting. Still several countries have reported large increasing trends, including Azerbaijan and Albania reporting increasing trends of over 40% for newly reported cases in the last week.

Asia Pacific Region

- At the beginning of June, the Asia Pacific region has reported declining trends both in the WHO Southeast Asia region (by 8%) and the Western Pacific region (by 10% compared to the previous week). While there have been overall declining trends in COVID-19 mortality, the sub-region (WHO) of Western Pacific Region reported an 18% increase in new COVID-19 deaths compared to the previous week. This increase was primarily driven by China and Australia.
 - China has begun to reduce strict COVID-19 restrictions as cases continue to decrease in Shanghai. The 'zero covid' policy there has led to mass restrictions, testing and quarantine that has impacted manufacturing and the global economy worldwide and estimated to have had significant impacts on the mental health of many impacted residents. Reductions in COVID-19 restrictions are also expected in the coming weeks in Beijing.
 - Mixed reporting from the People's Democratic Republic of Korea has suggested both improving and worsening trends in COVID-19 transmission in the country. However, top officials in the country have reported the potential to loosen COVID-19 related restrictions soon. The full impact of COVID-

¹ For good regional summaries please check the [WHO weekly epidemiological highlights](#) and relevant regional pages, the [IFRC Go page](#) and [Our World in Data](#) for visualizations of data

19 on the country's population has been challenging to estimate over the past 2.5 years due to limited official figures reported, but unofficial estimates put around 390,000 people reporting with fever during the peak about two weeks ago.

Emerging Evidence Review

Secondary Impacts

- It is estimated that the COVID-19 pandemic has led to the greatest disruption to education in history, with students globally missing an average of 22 weeks of school ([Nature](#)). The disruption disproportionately hit those most vulnerable including those in poorer countries as well as those within communities socially and economically disadvantaged within middle- and high-income countries. Education researchers are still working to assess the evidence on the best strategies to address the gap and help these students move forward. Due to the scale of the pandemic, traditional methods such as one-on-one tutoring is not feasible. Additionally, many children are estimated to have dropped out of school during this period, joining the workforce and are likely not to return to school even when the opportunity became available again.

Vaccine & Treatment Equity

- During the World Economic Forum annual meeting [Pfizer pledged](#) to provide 23 patented medications and vaccines to treat infectious disease including COVID-19 at not-for-profits costs to 45 lower income countries, expecting to benefit 1,2 billion people. The first group of countries to receive this will be Rwanda, Ghana, Malawi, Senegal and Uganda.

Vaccines and Children

- Pfizer [released results](#) of their trial for the COVID-19 vaccine for children under 5, showing that a 3-dose series was 80.3% effective at preventing infection among children 6 months to under 5 years (the study was also conducted during a period when the Omicron variant was dominant). The dosage for each shot is around a tenth of the amount included in adult vaccine doses. Emergency Use Approval request was submitted and expected in June.

Vaccine Boosters

- A large-scale analysis of vaccine efficacy and protection against severe disease was conducted in Israel comparing the 3rd and 4th dose of over 97,000 participants over the age of 60. The researchers found that the 4th dose did provide additional protection (vaccine efficacy against severe disease and hospitalization remaining around 72%), but the protection waned faster than the 3rd dose ([BMJ](#)).
- A recent very small study in [JAMA](#) suggest that protection from the initial 2-dose regimen found that among younger people with a lower body mass index, antibodies appeared to be sufficient for up to six months post vaccination. The study only analysed a small cohort of 50 people which means the results need to continue to be tested in additional research. While the results could have implications for future recommendation booster shots, realistically recommending different booster-shot vaccination regimens to those with different body mass may be challenging to communicate through public health messaging and likely not feasible in most contexts, but remains positive for locations that have struggled to roll-out a booster-shot throughout the population.

Vaccine Mixing

- In a recent paper [published in BMJ](#), researchers have found that 3-dose mRNA vaccine regimens, regardless of being heterologous or homologous, are the most effective against asymptomatic and symptomatic infections with SARS-CoV-2 variants including Alpha, Delta, and Omicron (also see [JHU CHS COVID-19 updates](#)). The study however did not investigate association with COVID-19 related deaths.

Practical Tools/ implications for COVID-19 preparedness & Response strategies

- A [meta analysis](#) of 156 articles looking at the use of social media for public health messaging related to vaccine uptake found that indeed social media could be used more in the future as a strong platform to address hesitancy towards vaccines.

Clinical Trials and Treatments

- Viral “rebounds” have continued to be reported with the medication Paxlovid from Pfizer, leading some physicians to resist prescribing the medication to low-risk individuals as often the ‘rebound’ phase of viral load occurs after the medication and isolation finish (estimated around 10 days) leading to a potential infectious period following isolation. The official estimate for rebound viral loads of COVID-19 from Pfizer is 2% ([page 22 of earnings report](#)), however many have commented that data on this is limited. The rebound period appears to have less of an impact on severe disease (for which the medication still reduces likely impact of severe disease, especially for those at higher risk), but may have implications for transmission patterns for those who may experience viral rebound and unknowingly infect others following completion of the traditional isolation period.
 - Due to these results, the National Institutes of Health in the US are working with Pfizer to further research the effects of a longer course of treatment for the antiviral medication (currently prescribed for 5 days)

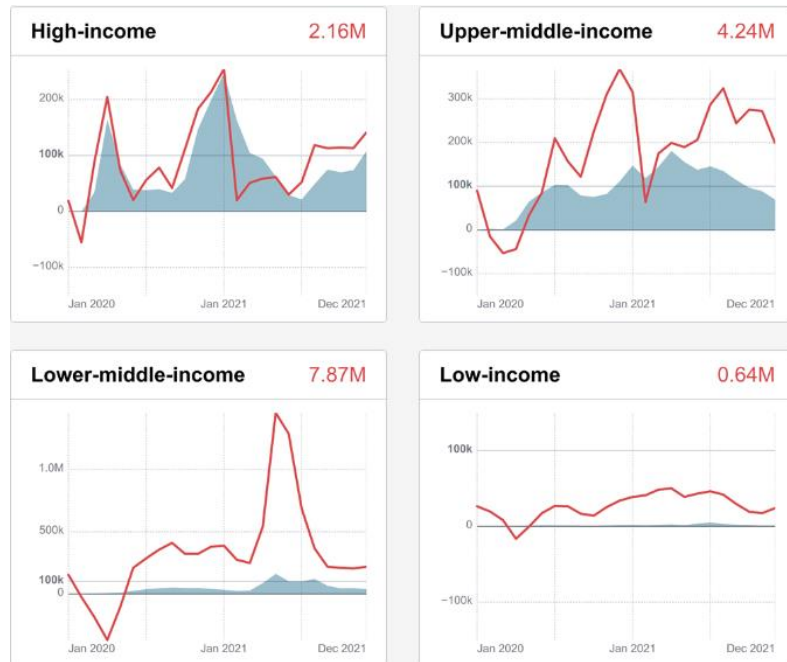
Surveillance

- A modelling study published in [Lancet Global Health](#) estimates that only 1 in 71 SARS-CoV-2 infections (or 1.4% of all cases) were likely reported between 1 January 2020 – 31 December 2031. The study estimates that in this time period there were likely around 505.6 million cases and 439,500 deaths (of which only an estimated 1 in 3 were reported), with the majority of deaths estimated to have occurred in 2021. The researchers estimate that infections will remain high in 2022, but deaths will likely be reduced due to 14.7% vaccination coverage and an overall 52.3% estimated immunity throughout the region.

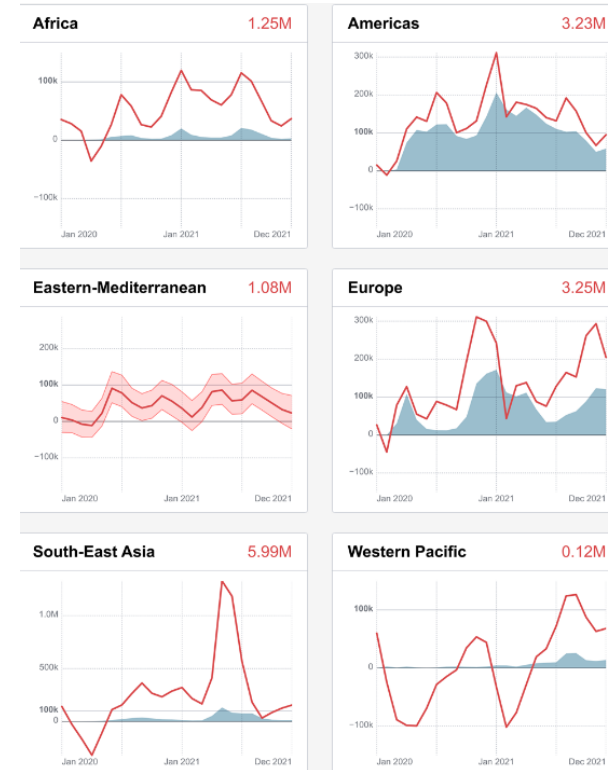
Excess Mortality

- In collaboration with several researchers, WHO has launched a [website](#) with continued updated on estimated **excess mortality** based on a larger study on excess mortality. Recently reviewers of the study have found some inconsistencies in the data and have published their findings here ([pre-print](#))- which will be updated and integrated into the same website. The changes most significantly suggest a lower excess mortality for Germany and higher for Sweden. **From 1 January 2020 – 1 January 2021 the WHO has estimated that the full death toll affiliated directly or indirectly with the COVID-19 pandemic is around 14.9 million people.** “Excess mortality” includes both COVID-19 reported deaths as well as the number of deaths that is higher than the expected occurrence of deaths estimated from previous years prior to the pandemic. Quick summaries of the data are visualized below and more information on how to interpret the data is available on the website.

Estimated excess deaths among World Bank income groups



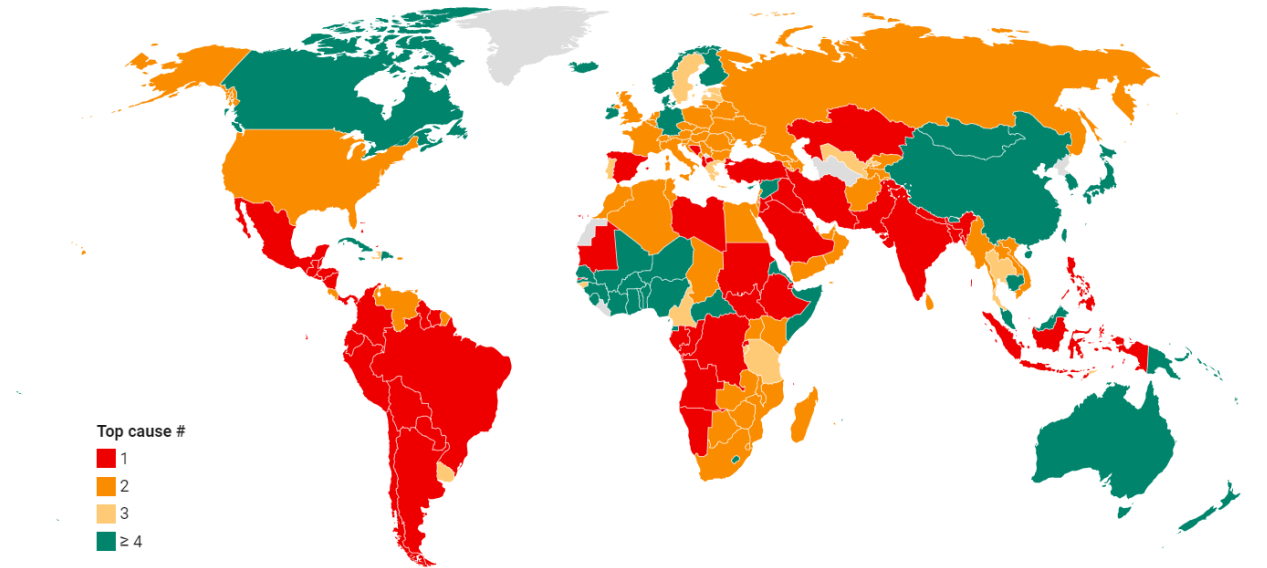
Estimated excess deaths by WHO region



- Experts estimate the true death toll of COVID-19 is much greater than the 5.5 million deaths reported officially, however the true estimate is complex to calculate due to different reporting methods for mortality, changing age structures within countries and other factors. The [Chart](#) below has attempted to visualize the impact of excess deaths by country and highlighting where the excess death ratio has exceeded the number one cause of death in the country prior to the COVID-19 pandemic.

Does COVID-19 exceed leading causes of death of 2019?

Top 2019 cause of death exceeded by mid-point excess death estimates in 2020 and onwards



Implications for Public Health in the future

- The World Bank has put together a white paper concept note on [A Proposed Financial Intermediary Fund \(FIF\) for Pandemic Prevention](#), Preparedness and Response hosted by the World Bank. The paper was open for comments which IFRC fed into during the comment period ending in mid-May prior to the review process. It is estimated that middle and low income countries in particular will continue to struggle financing pandemic response and the hope is that these funds can support these efforts and hopefully improve health systems strengthening in regards to pandemic preparedness moving forward.
- On May 24th the World Health Assembly approved a report from the working group on preparedness and response to health emergencies which prioritized an update to the International Health Regulations (IHR), local manufacturing capacity and improving international coordination to identifying and responding to alerts for emerging zoonotic diseases ([Strengthening WHO preparedness for and response to health emergencies](#)).

References

Internal

[IFRC Go COVID-19 response](#)

- Dashboards and operational reports
- Monthly vaccine updates and highlights

[IFRC Health Help Desk](#)

- Webinars
- Operational Guidance related to the health response to COVID-19

External

[ALNAP COVID-19 Response Portal](#)

[British Medical Journal Coronavirus Hub](#)

[Centers for Disease Control \(CDC\) Morbidity and Mortality Weekly Report \(MMWR\)- COVID-19 Reports](#)

[Johns Hopkins Center for Health Security](#)

- Particularly the [COVID-19 Updates](#) (weekly)

Johns Hopkins Center for Communication Programs [COVID-19 Behavior Dashboards](#)

[Journal for American Medical Association COVID-19 focus](#) (JAMA)

[Nature SARS-COV-2 Review](#)

[New England Journal of Medicine COVID-19 page](#) (NEJM)

[Nextstrain](#) (genomic data tracking for mRNA viruses)

[Our World in Data](#)

[Prevent Epidemics In-Depth Science Reviews](#)

[UNDP Vaccine Affordability](#)

[WHO COVID-19 Dashboards](#)

