

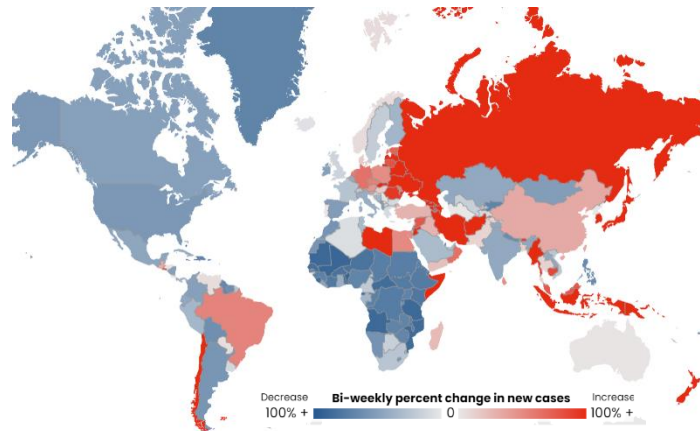
COVID-19 Update: Weeks 5-6



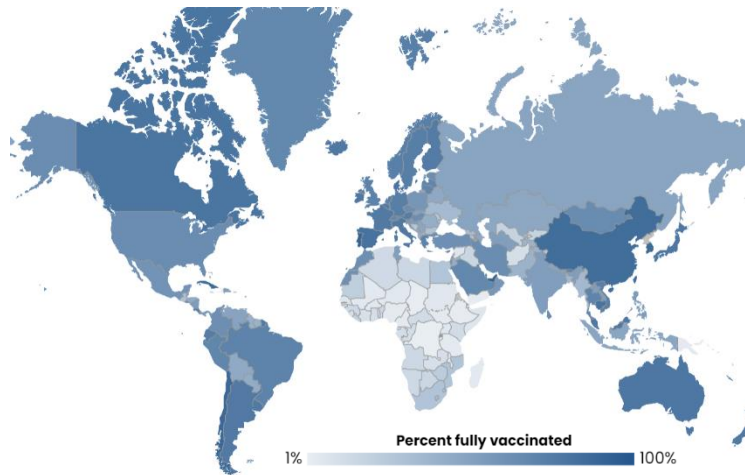
31 January – 13 February 2022

Bi-weekly COVID-19 updates from IFRC focusing on the epidemiological trends and updated evidence are 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).

Bi-weekly percent change in new cases



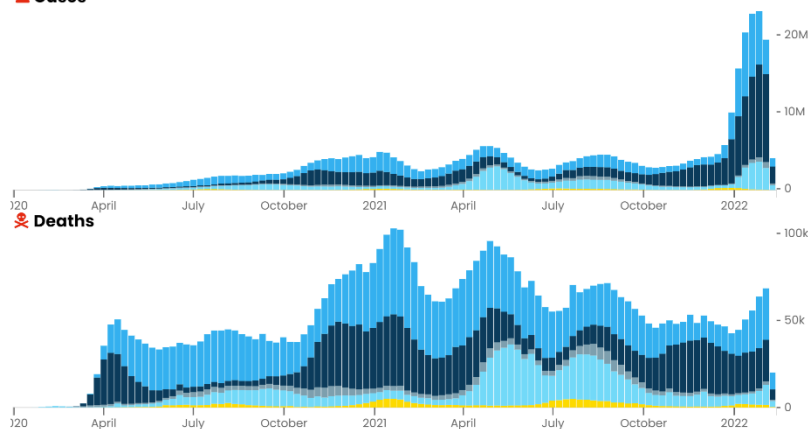
Percentage of population fully vaccinated



- **Globally there have been over 410 million cumulative cases and 5.8 million cumulative deaths of COVID-19 reported worldwide.**
 - 1 -100 million cases = 389 days
 - 100-200 million cases = 190 days
 - 200-300 million cases = 155 days
 - **300- 400 million cases = 34 days**
- An estimated 61.8% of the global population has received at least one dose of the COVID-19 vaccine, with an estimated 53.7% fully vaccinated.
- **Only 10.6% of those living in low-income countries have had at least one dose of the COVID-19 vaccine**

Situation update

Cases



Globally new COVID-19 cases stabilized and decreased in the past two weeks, while new COVID-19 reported deaths increased globally. While there continues to be discussions in some regions regarding severity of the omicron variant and reductions in public health interventions, it should be noted that since the emergence of the Omicron variant more than half a million COVID-19 related deaths have been reported. Regionally Europe continues to report more than half of weekly COVID-19 cases, but has been reporting declining trends for the past two weeks while the MENA region continues to report increasing trends (with 32% more cases and 45% more new deaths compared to the previous week).

Risk Assessment & What to watch: 'Pandemic' vs 'Endemic'

There has been increasing discussions on COVID-19 becoming an "endemic" disease, and what it means to transition from a "pandemic" phase to a post-pandemic or an "endemic" phase. It is important however to review what "endemic" means, and what it doesn't before understanding what such a transition could mean for COVID-19. **"Endemic" means that the overall level of disease within a population remains stable**, without major rises or falls to the epidemic curve. It also means that the disease is present in the population/ geographic region in reference, but that immunity and new infections have reached a relatively steady state, and the proportion of people who can get sick balances out the basic reproductive number R_0 . What endemic does not mean, is that a disease has become less severe or less deadly, how many people will become sick or die, or the overall prevalence of the disease within the community in question (i.e., a disease can be very prevalent within a population without major rises or falls in the overall, number of people who become ill – like herpes virus, or it can be rare within a specific population).

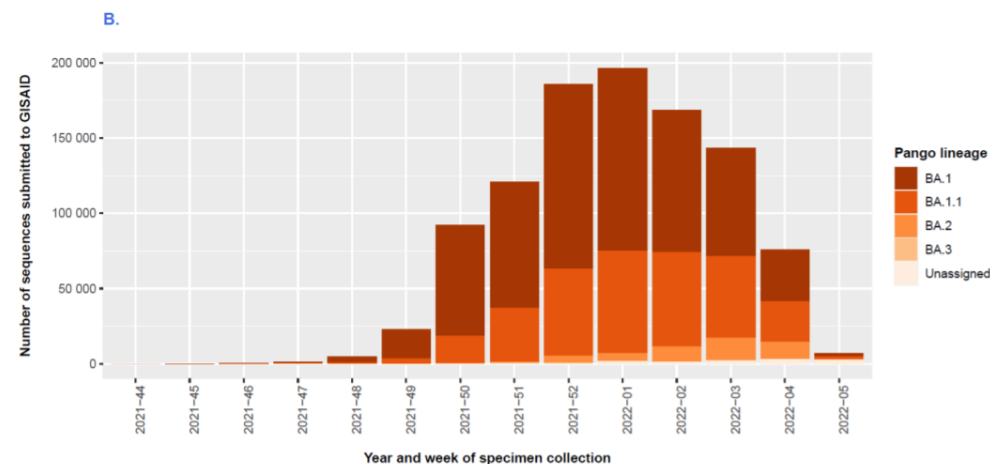
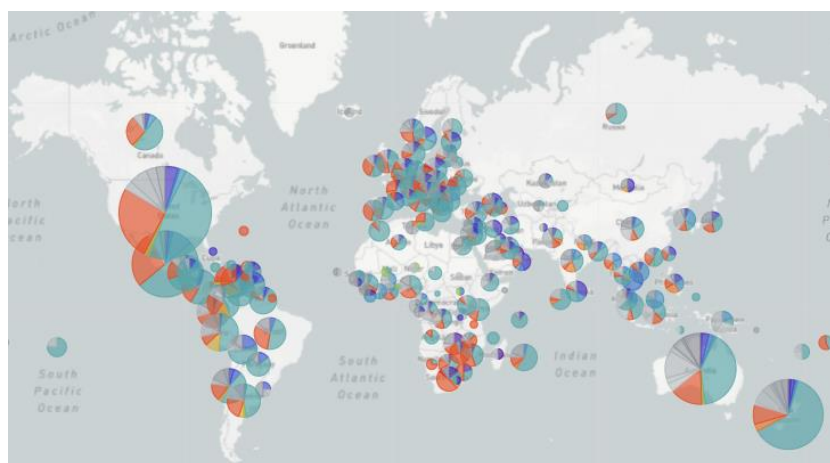
Emerging Evidence Review

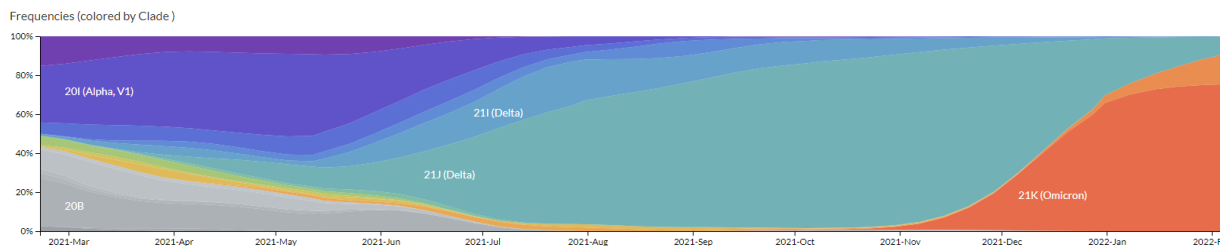
Long-COVID

- A study published in [JAMA](#) found that up to 74.3% of recovered COVID-19 patients from the ICU cohort reported physical symptoms one year post recovery from COVID-19. Additionally, 26.2% reported mental symptoms and 16.2% reported cognitive issues. The study emphasizes the extent to which post-acute symptoms of COVID-19 are common and the need for further research and preparation of health systems to monitor and care for those experiencing the long-term affects of COVID-19.

Variants of Concern or of Interest & Implications

- [The WHO classified "Omicron" \(B.1.1.529\)](#) a variant of concern on November 26th due to a number of mutations in the SARS-CoV-2 virus that are concerning and increase prevalence and incidence within COVID-19 genetically sequenced (and positive) tests in Southern Africa. In locations where the variant has increased rapidly, countries are now reporting rapid declining trends in cases and the Omicron variant. Some countries where vaccine and local immunity remained lower however are still seeing a surge in Omicron cases. Public Health officials continue to follow whether countries BA.2 increasing in transmission leads to a renewed uptick in cases. Thus far, while BA.2 appears to spread more rapidly than BA.1 lineage of Omicron, it is not causing another uptick in cases in locations that already experienced a surge of BA.1 cases. Below are three figures that demonstrate the global spread of Omicron and various lineages.





Omicron
= (an estimated) 91%
of global variants

Summary impacts of Variants of Concern designated by WHO (referenced from [WHO Situation Report #78](#))

Name/ Label	Alpha	Beta	Gama	Delta	Omicron <i>Dominant variant worldwide</i>
Transmissibility	Increased transmissibility	Increased transmissibility	Increased transmissibility	Increased transmissibility	Increased transmissibility
Disease Severity	Possible increased risk of hospitalization, possible increased risk of severity and mortality	Possible increased risk of hospitalization, possible increased risk of in-hospital mortality	Possible increased risk of hospitalization and/or risk of severe disease	Possible increased risk of hospitalization	Reduced risk of hospitalization and severe disease
Risk of reinfection	Neutralizing activity retained, risk of reinfection remains similar	Reduction in neutralizing activity reported; T cell response elicited by D614G virus remains effective	Moderate reduction in neutralizing activity reported	Reduction in neutralizing activity reported	increased risk of reinfection
Impact on Diagnostics	Limited impact – S gene target failure (SGTF), no impact on overall result from multiple target RT-PCR; No impact on Ag RDTs observed	No impact observed	No impact reported	No impact reported	PCR continues to detect Omicron. Impact on Ag-RDTs is still under investigation and are mixed
Impact of vaccine efficacy (for those with WHO EUL)¹	Protection retained against all outcomes	Protection maintained against severe disease, limited evidence for reduced efficacy against symptomatic disease (limited evidence)	Unclear, limited evidence at this time	Protection retained against severe disease, limited evidence for possible reduced infection against	Reduced protection against infection and symptomatic disease; possible reduced protection against severe disease

¹ Resources and detailed list of vaccine efficacy studies can be found here: [VIEW-hub \(IVAC\)](#)

				symptomatic disease and infection	
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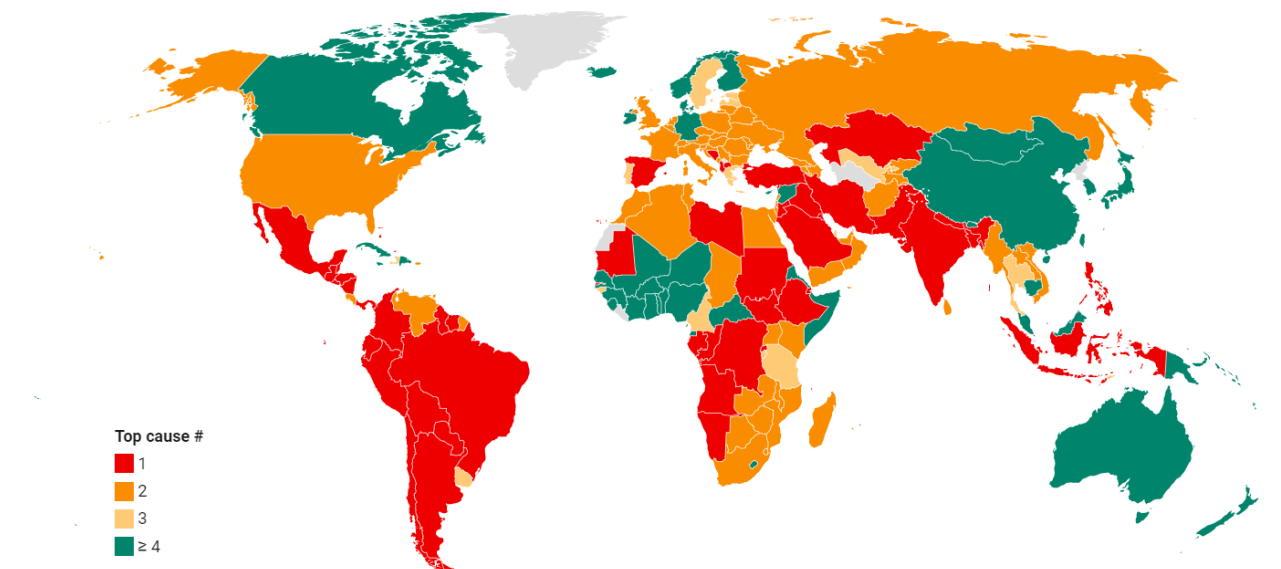
- A review on vaccine efficacy has found that the primary vaccine dose remains highly effective against symptomatic and severe disease for the Delta variant, with the primary doses of vaccines having a reduced impact on Omicron. A third booster dose does improve vaccine efficacy back above 60% in most trials against Omicron.

Excess Mortality

- 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



- Recent study by news agency BBC estimates that the true mortality burden in Iran is more than double the official total. They have found that delays in vaccination distribution and secondary impact of COVID-19 measures played a significant role in excess mortality.

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](#)

