



COVID-19 Monthly Update

07 April 2022



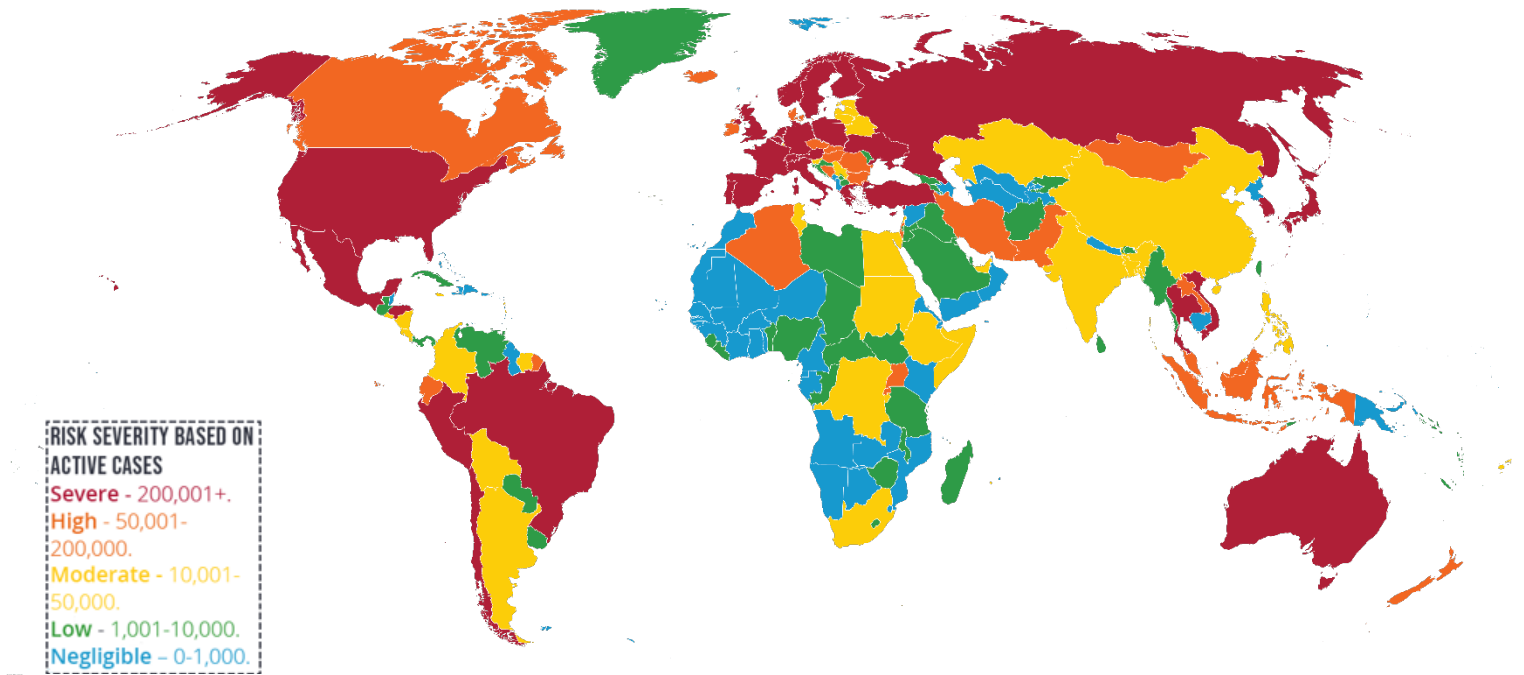
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Executive Summary

Between January 2022 and March 2022 the world witnessed a steady continuous decline in global rates of COVID-19, although this overall decline was punctuated by two weeks of increasing prevalence in the middle of March 2022. As of the end of March 2022, the world has seen over 480 million confirmed cases of COVID-19 and more than six million deaths. Across the whole of February, 50.6 million infections and 254,000 deaths were recorded globally, whilst in March the WHO reported 44.9 million new cases and around 148,000 deaths. This means that over the last month there has been an 11 percent decrease in the number of global COVID-19 infections, whilst there has been a corresponding decrease in deaths of around 42 percent globally.

Over the last month, a number of countries have announced or implemented changes to their COVID-19 testing strategies, as the world increasingly looks to “live with” COVID-19. As a result, it is entirely possible that reductions in the rates of confirmed cases in recent weeks, and indeed going forward, are as much a result of lower testing rates across nations as they are actually lower rates of incidence of disease. Indeed, such reductions have led the WHO to warn that unless carefully implemented, such changes are likely to lead to less representative epidemiological data, in time inhibiting global efforts to track the virus and ultimately the global move from pandemic to epidemic. Meanwhile, the significant decrease in deaths may be attributed to the increasing uptake of vaccines and boosters.



Notable Updates

Over the last month, Omicron has remained dominant in sequencing submitted to GISAID with this variant making up 99.7 percent of all samples submitted. Less than 0.1 percent were Delta, whilst around 0.2 percent were not assigned to any known lineage at the time of writing. It must be noted that Omicron as a variant makes up a number of differing lineages, including BA.1, BA.1.1, BA.2 and BA.3. Since the beginning of the year, the prevalence of BA.2 has increased steadily, and within the last 30 days has become the dominant strain of Omicron with 251,645 sequences being reported to GISAID. This makes up 85.96 percent of all Omicron sequences. During the same period, BA.1.1 accounted for 8.98 percent, BA.1 for 4.26 percent, and BA.3 for 0.1 percent, of all Omicron sequences.

The WHO has announced that they are looking into reports that hearing loss and other auditory health issues such as tinnitus are being linked to the COVID-19 vaccinations. According to the announcement, it has been reported that there were over 530 cases of hearing loss or tinnitus occurring within 24 hours after someone receives a vaccine. For context, this is out of over 11 billion vaccine doses being administered. It is expected that this investigation will build upon earlier studies that found an association, though extremely small, between hearing loss and the Pfizer vaccine.

Amongst wealthier nations where citizens, on the whole, are highly vaccinated and many have received their booster jabs, the narrative of “living with COVID” or “moving out of the pandemic” has come to dominate. As a result, nations such as the UK, US, and Singapore have introduced further policy changes. Testing has become more restricted, and most public health measures such as masks and social distancing are no longer mandatory. Yet amongst the world’s least wealthy nations, where only 13 percent of residents are vaccinated on average compared to 80 percent in the world’s wealthiest, it is hard to contemplate such narratives. Public and Global health policy practitioners are voicing their fears that COVID-19 may become a disease that is seen merely as affecting those in less developed

nations, and that as a result, there will be less global urgency in sharing vaccines, medicines and funding to fight the virus.

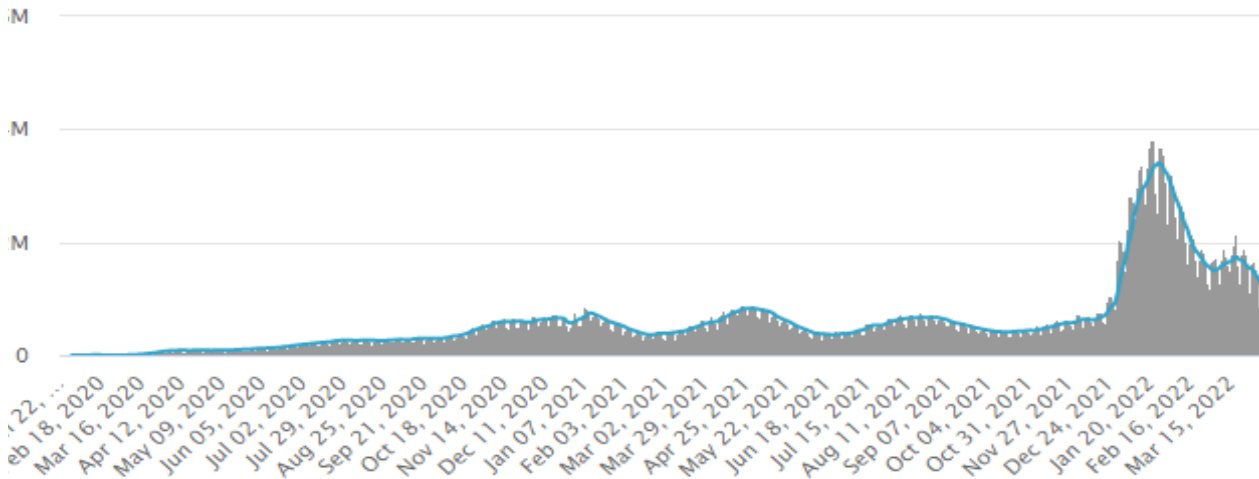
Meanwhile, a journal article from the respected science journal Nature has highlighted the potential true scale of deaths caused by COVID-19. It has done this by looking at a number of national indicators which correlate with excess deaths. The resulting paper and the estimations from the model have caused a backlash in several countries. For instance, the report states that the true death toll in India is likely to be over 5 million, over ten times the official death toll. For China, the model estimates a death toll of 750,000, over 150 times the official death toll. The article also states that under the model, lower income countries, which often have a younger population, are likely to have seen the largest numbers of deaths. This contrasts with official figures which show the wealthier nations of the world being hardest hit by the pandemic.

On 4 April, the UK's Health Security Agency had announced that they had found a new COVID-19 variant. This variant which has been dubbed 'XE' is believed to be a combination of both BA.1 and BA.2 Omicron variants. Around 800 cases of this new variant have been discovered so far. There are fears however that XE could be more transmissible than BA.2. Surveillance data show that the initial growth rate for XE within the UK has been 9.8 percent quicker than that of BA.2. Despite this possible "growth" advantage, epidemiologists are cautioning that XE, much like prior recombination variants of COVID-19, could die quickly.

Daily Case and Death Graphs via *Worldometer*

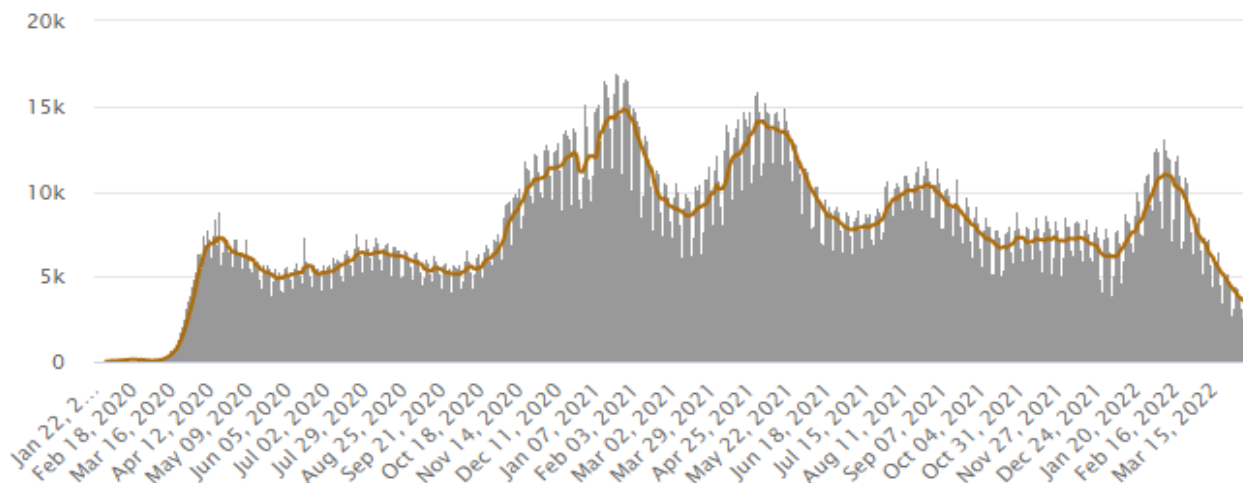
Daily New Cases

Cases per Day
Data as of 0:00 GMT+0



Daily Deaths

Deaths per Day
Data as of 0:00 GMT+0



Select Country Updates

India

In India, the government has denounced a report published in The Lancet journal which stated that the country's death toll from COVID-19 was likely to top five million deaths. This corresponds roughly to a report in Nature, also estimating the country's true COVID-19 death toll as over five million. These estimates are more than ten times the government's official COVID-19 statistics. In a statement to the Rajya Sabha, India's upper house of parliament, the Minister of State for Health Bharati Pawar stated that according to the WHO, the country's death rate per million was lower than the US, and one of the world's lowest death rates.

Meanwhile nationally, the country is seeing case rates at their lowest levels in two years. This is believed to be largely down to the fact that the country has fully vaccinated 80 percent of its adult population, and that due to previous large-scale waves of COVID-19 much of the population also has gained some degree of natural immunity. Despite a model from the Indian Institute of Technology (IIT) stating that the country should prepare to see a fourth wave of COVID-19 in the summer months, the country's health ministry is optimistic this can be avoided. This is because of the high immunity and vaccination levels in the country, but also because the BA.2 strain which is generating new waves in Europe and America, was the strain that was partially behind the country's earlier Omicron-driven surge.

The government's decision to mandate that booster jabs should be the same type as the vaccine previously given has drawn the ire of the virologists who have stated that it shows the government is "ignoring the science behind booster doses". This policy, which means that booster doses in India will be less effective than those administered in other nations, may well in time contribute to the country experiencing the fourth wave of infections.

China

Shanghai, China's largest city with over 26 million residents, was placed into lockdown over the weekend of 26 March. Under its lockdown, the city's eastern and western sections (as determined by the Huangpu River) were locked down progressively over nine days whilst every resident was tested. As of 28 March, the city of Shanghai reported 3,450 asymptomatic cases and 50 symptomatic cases. However, it is suspected that city officials may be classifying a number of cases as asymptomatic, as these are not included in the nation's official COVID-19 caseloads.

Across China, images of factory workers living in factories to keep production lines running have been common during the country's snap lockdowns. In Shanghai's Lujiazui district it is estimated that companies have ordered at least 20,000 white-collar professionals such as bankers, traders, brokers and

lawyers to live in offices so that business operations would not be impacted. Other cities to be placed in lockdowns of varying strictness include Shenzhen, Changchun, Jilin, and Yanji. The geographical spread of these cities across China indicates that the virus has spread significantly and is now present across much of China – which will surely challenge the government's Zero-COVID-19 strategy.

Due to the historical success of Zero-COVID-19 as a strategy, the weak efficacy of Chinese vaccines – compared to their western counterparts – and the high transmissibility of Omicron, China is likely to see infection rates continue to rise for the foreseeable future. Indeed, in a rare admission that Zero-COVID-19 as a policy was no longer working, Zeng Guang, the former chief scientist of China's Center for Disease Control and Prevention stated in March 2022 that the country must learn to live with COVID-19.

Argentina

The country's Ministry of Health has reported that since January 2022, the nation has seen a downward trend in the number of people hospitalised with COVID-19. This trend comes as the nation saw its highest-ever COVID-19 hospitalisation rate in the second week of January 2022 whilst the same period saw the country recording more than 800,000 new cases. By the end of March, the country's Health Ministry stated that compared to this peak the country's infection rate had dropped by over 96 percent.

As a result of the country's declining infection rates, a number of public health measures have been relaxed. Face masks are no longer compulsory in educational settings across the country, most notably in the capital, Buenos Aires, whilst the Health Ministry now only "recommends" their use more widely in indoor settings. As the southern hemisphere prepares to enter winter, officials across Argentina are now recommending that flu jabs are taken up by those who are eligible for them. It is hoped that increasing the uptake of the flu jab will lead to fewer people catching both the flu and COVID-19.

The country has now fully vaccinated around 81 percent of its population, whilst a further 41 percent of its population has received their booster doses. The Argentinian vaccination programme has relied heavily on the Russian developed Sputnik vaccine, deliveries of which are now complicated by the Russo-Ukrainian war and ongoing sanctions against Russia – global WHO approval of the vaccine has also been delayed due to the war. As a result of these issues, the Argentinian government has announced that those who need to travel abroad and have been previously vaccinated with Sputnik can request secondary WHO-approved vaccinations, whilst the quantities of other Argentinian approved vaccines within the national vaccination

programme will be enlarged to compensate for any shortfall in Sputnik.

Canada

Epidemiologists in the country are warning that the nation is on the cusp of seeing a rapid rise in COVID-19 cases and this is likely to be made worse by the fact that a number of territories and provinces are in the process of easing many public health measures. Indeed, a new analysis from epidemiologists in the country predicts that by mid-May the country could be seeing around 300,000 new infections per day.

As a result of the uptick in cases Quebec, which was due to lift all remaining pandemic restrictions by 15 April, is now considering whether an extension is now necessary, whilst in Ontario, Canada's most populous province, mandatory testing policies for key workers ended on 14 March and most mask mandates ended on 21. All final pandemic requirements will be lifted as of 27 April – this includes the requirement to wear masks when using public transport, or visiting retirement homes, shelters, jails and communal living places.

United Kingdom

In the UK, as part of the ongoing plan to transition society to “living with COVID”, the testing scheme which included both rapid tests and PCR tests ceased at the beginning of April. Alongside this, government guidance has been updated to include a further nine symptoms of COVID-19 - such as shortness of breath, headaches and diarrhoea. For the last two years, the UK has been an outlier in only having three official symptoms of COVID-19 whilst organisations such as the American CDC and the WHO have had expanded symptoms lists for a year or more.

These changes come into effect as the country's Office for National Statistics (ONS) revealed that 4.9 million people in the UK were estimated to have had COVID-19 in the week ending 26 March. Within this figure, there were several hundred infections of the newly discovered XE recombinant variant. This level of infection across British society is higher than anything seen before the pandemic.

Meanwhile, the UK's health service is to begin offering a second booster dose of the COVID-19 vaccine to those deemed vulnerable. Those deemed as vulnerable include care home residents, those aged 75 and above, and all those over the age of 12 and over who are immunosuppressed. It is believed that around five million UK residents will thus be eligible for the second booster.

Poland

On 28 March it was announced by the Polish government that all remaining COVID-19 restrictions were lifted. As a result of this, the only places indoors where masks are mandatory are healthcare facilities. Alongside this, those who test positive for COVID-19 will no longer face mandatory self-isolation, although they

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will be expected to do so where possible. In addition to this COVID-19 tests will only be carried out when recommended by a doctor.

These changes come as the country has witnessed several weeks of declining COVID-19 infection rates since their all-time high in January 2022 of over 59,000 new daily infections. Around one month after the arrival of over two million refugees from the war in Ukraine, the Health Minister stated that there has been no notable uptick in infection levels. The country's leading virologist claims the removal of restrictions is not likely to result in a significant increase in infection rates, as in recent weeks they were “largely not followed”.

Despite the removal of restrictions, local health and sanitation officials retain the power to reimpose localised quarantine and isolation requirements. Poland has fully vaccinated 58.9 percent of its population with a further 30.7 percent of its population having been given a booster jab. This vaccination rate remains one of the lowest within the European Union and is well below the level of 75 percent that medical experts believe is necessary for a population to develop signs of herd immunity. This low vaccination rate, coupled with the ending of the final restrictions, is likely to mean the country will see cases rise in the coming weeks.

South Africa

The Deputy Prime Minister has announced that the government has no plans to bring into force a mandatory COVID-19 vaccination policy as they believe that would be “crossing the red line”. Instead of introducing mandatory vaccinations, the government aims to keep restrictions on gatherings for the unvaccinated in the hopes that this will encourage people to get the vaccine.

As of 4 April, the South African government ended the two-year long national state of disaster that the country had been placed in at the onset of the pandemic. Since October 2021 the country had remained in a “level 1 lockdown” amid increasing criticism that despite falling cases the government had not revoked the state of national disasters. Despite the revocation, a number of “transitional” measures will remain in place. This includes the requirement to wear masks indoors, restrictions on the sizes of gatherings, and entry rules for those entering the country. These rules will remain in place for a further 30 days. After that, they will be replaced by new health regulations which allow for similar measures to be applied without the need to introduce a national state of disaster.

Kenya

In the second week of March 2022, the Kenyan government lifted all COVID-19 prevention measures. This included the requirement to wear a face mask in public, and all restrictions of gatherings. The restrictions were lifted after the country recorded a sustained period where the national positivity rate was less than one percent. Whilst all regulations and prevention measures around the pandemic have been lifted, the government

is still urging people to maintain common sense, wear masks in crowded areas, and maintain social distance if possible.

At the end of March, the Kenyan Health Ministry announced that they had received 840,000 vaccines through the global COVAX initiative which had expired before they could be used. It noted that these expired vaccines were only donated four weeks before they expired. As a result of this, the country has announced that they will only accept donations that have a shelf life of at least four months at the time of delivery. At the time of writing, Kenya has received a total of more than 27 million vaccines and has administered around 17.3 million. This has resulted in around 15 percent of the population being fully vaccinated, whilst a further 16 percent are partially vaccinated. Around 26 million have not had a single dose of any vaccine and the government believes this is partially due to the prevalence of rumours and disinformation around the vaccines in the country, notably claiming that vaccines cause infertility.