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Editorial commentary

As we enter the 19th month of the COVID pandemic, it's easy to forget how far we've come in such a short time. We have very effective vaccinations, developed in record time, that are being rolled out across the world and will be the nail in the COVID coffin. But vaccine rollout is patchy and there are many parts of the world where it hasn't started, for a number of reasons.

The COVAX initiative needs more vaccines and more support. Meanwhile the delta variant of SARS-CoV-2 is fast becoming the predominant type of the virus, spreading much more quickly and causing significant problems in those countries where vaccination is not widespread. And there is talk of booster doses of the vaccines, to account for any lowered immunity that may be caused by these newer variants: fortunately we see vaccines working very well against variants, particularly after a second dose and many countries are

decreasing the gap between first and second doses to get people fully vaccinated as quickly as possible.

As cases decrease and things start to come a little bit under control, we realise the differing opinions on continued mask wearing, on quarantining if you're fully immunised, on social distancing, on opening up workplaces. Our scientific knowledge continues to increase but there's some research that's still being undertaken which contributes to these decisions: laboratory based studies don't always translate directly to real life; relatively small numbers of people in a trial may affect the statistical significance of the results; and then there are countries' risk tolerances, which vary and account for the differing rules and regulations. This isn't going to go away any time soon and will remain confusing. But rest assured that, despite all this, we are heading in the right direction to defeat this pandemic.

Location	Total vaccine doses administered per 100 people	Percentage of population fully vaccinated	Daily new cases per million (7-day average)	Total cases per million	Daily new deaths per million (7-day average)	Total deaths per million people
Global	41.33 (+15.92)	11.3% (+5.2pp)	49.91 (-3%)	23,624.59 (+6%)	1.00 (-19%)	3.98 million (+6%)
Asia	3.87 (+0.91)	8.4% (+6.0 pp)	31.50 (-20%)	12,188.97 (+7%)	0.49 (-41%)	801,949 (+12%)
Africa	2.62 (+1.0)	1.2% (+0.4 pp)	27.39 (+175%)	4,247.67 (+15%)	0.21 (+165%)	147,053 (+11%)
Europe	69.76 (+16.35)	29.1% (+9.4pp)	95.98 (+63%)	64,960.40 (+3%)	1.34 (-13%)	1.11 million (+2%)
North America	74.68 (+10.09)	33.5% (+6.1pp)	45.88 (+4%)	67,243.39 (+2%)	0.89 (-95%)	904,567 (+2%)
Oceania	23.72 (+8.32)	5.8% (+3.4pp)	9.94 (+205%)	1,341.10 (+14%)	0.05 (+671%)	1,143 (+3%)
South America	44.40 (+13.76)	13.4% (+3.6pp)	247.65 (-21%)	77,523.74 (+12%)	7.47 (-9%)	1.02 million (+10%)

Table 1: International SOS, COVID-19 data globally and continental, data from 5 July compared with data from 7-8 June (1).

Global, regional, and local situation

The global trend continues upward at a steady rate: 181 million confirmed COVID-19 cases and more than 3.94 million deaths recorded to date. The leading contributors to the total number of COVID-19 cases on a by country basis this week have been Brazil, India, Colombia, Argentina, Indonesia, the UK, South Africa, the USA, Iran, Bangladesh, the Philippines, Malaysia, Iraq, Turkey, Spain, Thailand, Mexico, Chile, Tunisia, Zambia, Cuba and Peru.

Worldwide, the total case growth has increased by approximately 2.6 million cases in the last 7 days, more or less similar to last week. The main daily contributors are Latin America (+11% increase for Colombia in one week, +18% increase for Argentina in one week) and Asia (+53% increase for Indonesia in one week).

Whilst the EU and the USA continue to witness a decrease in daily new cases and deaths from COVID-19, the picture is quite different in other parts of the world. While headlines have been trained on the crisis in India and recovery in the US and Europe, South America is the midst of a “silent decimation by COVID unlike anywhere else in the world”. Home to just 5% of the world’s population, the region accounts for almost a quarter of all COVID-19 deaths. Across the region, the rise of more contagious variants, crowded neighbourhoods and relaxed restrictions all play a role. Moreover, a third wave of COVID-19 is gathering force across many African countries powered by weak observance of public health measures, increased social activity and the spread of variants. Finally, a second wave is currently engulfing Indonesia, fuelled by the Delta variant and overwhelmed hospitals and shortage in oxygen supplies.

Daily new confirmed COVID-19 cases per million people, Jul 5, 2021
Shown is the rolling 7-day average. The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.

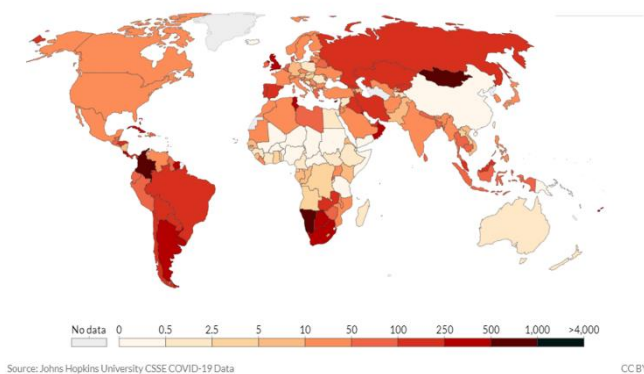


Figure 1: Our World in Data, Daily new confirmed COVID-19 cases per million people (1).

Vaccines

There are currently 15 vaccines in use in at least one country (2). Six of these vaccines have been approved for emergency use by the World Health Organisation (WHO) with Sinovac-CoronaVac being the latest.

Vaccination against COVID-19 is now happening in 177 countries, covering more than 90% of the world’s population.

More than 24% of the world population has received at least one dose. More than 3.19 billion doses have been administered globally, and 37.27 million are now administered each day.

North America is the continent with the highest vaccination coverage with more than 43% of the population having received one dose at least. Vaccination coverage exceeds 42% in Europe and 31% in South America but remains less than 3% in Africa (figure 2).

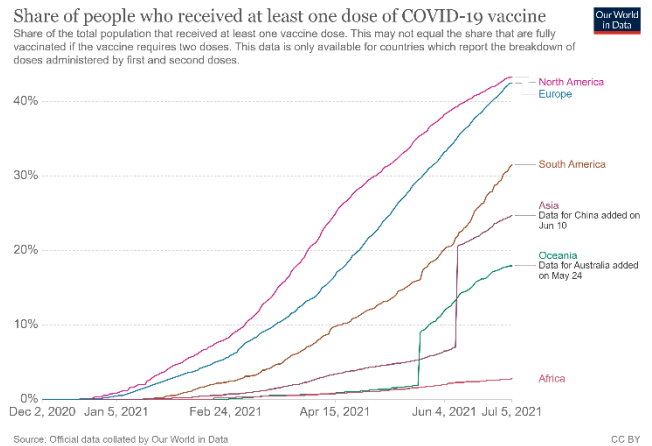


Figure 2: Our World in Data, Share of people who received at least one dose of COVID-19 vaccine (1).

COVAX shortage of vaccines

COVAX was set up last year to ensure equitable access to vaccines, and was organized by the non-profit Gavi, the Vaccine Alliance, another group known as CEPI, or the Coalition for Epidemic Preparedness Innovations, and the WHO. It established a global purchasing and distribution pool, particularly for less-wealthy nations that were unable to strike large pre-purchase deals or manufacture their own vaccines. However, this was proven easier said than done with only 1% of people in low-income countries have received at least one dose (1).

Seven countries in Africa, including Ivory Coast, Gambia and Kenya, have used all of their COVAX stocks, according to the WHO, while others in Asia, Latin America and beyond are at risk of exhausting their supplies. In response, many are slowing or halting vaccine programs while they await new shipments or look for alternate sources.

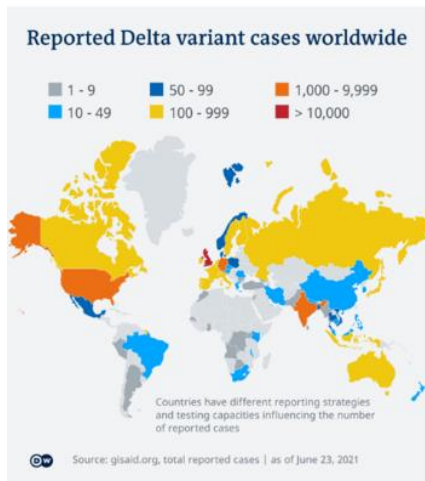
The supply shortages have exacerbated vaccine inequality especially after the Indian Government temporarily suspended all exports of the Oxford-AstraZeneca coronavirus vaccine (3). The Serum Institute in India is the world’s largest manufacturer of vaccine components, and it was expected to provide many of the doses for COVAX.

As a third wave of COVID cases sweeps through most of Africa, some positive steps had been taken. Last month, the G7 leaders had pledged to supply the vaccines to poor countries - including 100 million from the UK - either directly or through the COVAX scheme. Additionally, China donated 25

million doses via bilateral agreements which remains lower than what was originally pledged.

The spread of Delta variant

In late March 2021, India experienced a surge in COVID-19 cases reaching over 400,000 cases and 4,000 deaths reported each day in early May 2021. This resulted in hospital services becoming overwhelmed and scarcity in oxygen supplies (4). The Delta variant became the most commonly reported variant in the country from mid-April 2021. As of the 23rd of June, the Delta variant has been detected in more than 80 countries around the world in GISAIID, with clusters emerging even in highly vaccinated countries such as the UK and Israel.



The latest “variant of concern” (according to the WHO) has been shown in recent studies¹ to be approximately 60% more transmissible than the Alpha variant which is in turn 50% more transmissible than the original virus. The contagiousness of the Delta variant means that transmission is harder to control, and local outbreaks can emerge and spread rapidly.

Furthermore, data from the Zoe COVID Symptom study in the UK has shown that the Delta variant may be associated with different symptoms with the number one reported symptom being headache, followed by sore throat, a runny nose, and fever.

With regards to hospital admission (5) linked to the Delta variant, recent studies in Scotland show that the risk of COVID-19 related hospitalisation has approximately when compared to the Alpha variant. Moreover, the risk of admission particularly increased in those with five or more comorbidities. However, the study shows that both the Oxford–AstraZeneca and Pfizer–BioNTech COVID-19 vaccines were effective in reducing the risk of SARS-CoV-2 infection and COVID-19 hospitalisation.

Recent findings (6) indicate very high levels of protection against hospitalisation with the Delta variant with 1 or 2 doses of either the Pfizer-BioNTech (94% after a single dose and 96% after two doses) or AstraZeneca (71% after a single dose and 92% after two doses). It is very important to know though that vaccine effectiveness against symptomatic disease for the Delta variant was notably lower after only one dose (33.5% for both vaccines) but strongly protective after two doses (88% for the Pfizer vaccine and 60% for the AstraZeneca vaccine).

Despite the concerning increase in cases in the UK as a result of the Delta variant, there is little impact on deaths. According to data from Public Health England (7) published on June 25th, the UK had recorded a total of 117 deaths in people with Delta variant. Not fully vaccinated people under 50 died and the overall death rate was 0.13% and 50 out of the 117 deaths were among people who’d taken two doses of vaccines. This however does not undermine what we know about the efficacy of the vaccines, given that the deaths come from age groups at higher risk, and represent a “tiny proportion” of the 92,029 Delta cases analysed.

In response to the rapid spread of the Delta variant, the WHO recommends that fully vaccinated people continue to follow public health measures, such as mask-wearing, physical distancing, and correct hand hygiene, to curb the spread of the virus.

News and literature updates

Vaccinated people, to mask or not to mask

The U.S. Centre for Disease Control and Prevention (CDC) has recently updated the guidance on wearing masks and advised that fully vaccinated people do not need to wear masks outdoors and can avoid wearing them indoors in most places. Israel was the first country to lift the mandatory face mask rule, when it achieved low rates of symptomatic COVID-19 disease in April. Around 70% of the population has been vaccinated. Bhutan is also mask-free, after vaccinating 90% of its population in just two weeks.

However, the World Health Organization is urging people to continue wearing a mask and to maintain social distancing—even if they are fully vaccinated against COVID—amid the spread of a concerning new variant and high levels of community transmission in many places. While most COVID vaccines are thought to largely protect against all known variants, none is 100 percent effective.

The case for mask mandates was made relatively early in the pandemic. On 6 April 2020, the city of Jena, Germany, became one of the first communities in Europe to require people to wear masks in public. Researchers estimate that new cases in the city, home to around 110,000 people, dropped by about 75% during the 20 days after the rule was brought in (8). It was a similar story around the globe, with a few exceptions. China and other Asian nations quickly adopted mask policies that probably prevented large-scale spread of the disease.

As governments around the world experience increasing pressure to ease restrictions including wearing masks, vaccinations rate is a crucial factor in the decision making but is not the only one.

The US CDC justified their decision in large part on a study indicating that healthcare workers at St. Jude’s Hospital in Memphis, Tennessee who received two doses of the Pfizer vaccine were 75% less likely to have asymptomatic infections

(9). These conclusions are similar to those of a study conducted in Israel where receiving Pfizer vaccine was significantly associated with lower incidence of symptomatic and asymptomatic SARS-CoV-2 infection among health care workers (10). This means that if people have been vaccinated and they are not showing any symptoms of infection, they are much less likely to spread COVID-19 undetected.

However, it's not clear that all other vaccines work equally well at preventing asymptomatic infections, or that any vaccine would do as well against the delta variant or against other variants that may emerge in the future.

In addition, several new variants of SARS-CoV-2 also seem to affect children more than last year (11), and given that children are not yet vaccinated and in many countries young children don't have to wear masks, continuing to enforce mask-wearing even in vaccinated adults may be important.

The discussion on easing or imposing restrictions such as masks will continue for as long as there are unvaccinated people in the world and new variants continue to emerge. Public health response will need to continue adapting and evolving against the risks. The preliminary evidence on the vaccines effectiveness against transmission and illness is promising (12). However, in the absence of concrete evidence, easing of restrictions will be based on risk appetite.

Future outlook

Depending where you are in the world your view of COVID and it being controlled will vary. And if you are part of a multinational organisation wanting to return to as much as 'normal' as you can, the status of your teams in different parts of the world will vary.

The trilogy of variants, vaccines and lockdowns control and dictate what's happening in countries around the world, from the UK where a very successful vaccination campaign has fully vaccinated 64% of all UK adults; to Australia where a less successful vaccination campaign has meant the return of strict lockdown as the Delta variant spreads in the community. If we look forward six months, we are likely to see many parts of the world getting back to what really is 'normal'. But this ignores

Africa, much of Asia, Latin America and other parts of the world where vaccinations, which are what is needed to control this pandemic, are either just starting or, in some cases, have yet to start.

Add to this individual countries' decisions on the lockdown, quarantine, isolation, mask wearing, distancing...and it will remain a confused picture into 2022. We shouldn't forget the simple and effective non pharmaceutical interventions that have been so good: masks, distancing, hygiene; and work hard to provide fact-based information to our teams for them to decide on getting vaccinated.

Additional information

Go to the International SOS Pandemic site to get the latest newest data and information on the Covid-19 pandemic:
[COVID-19 \(internationalsos.com\)](https://www.internationalsos.com/covid-19)

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