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Editorial commentary

As a growing evidence, we are seeing the effect of the COVID-19 pandemic, coined by some specialists as the next pandemic: **The Mental Health Pandemic.**

According to Doctor. Vikram Vora, Medical Director at International SOS in India, (5):

“In these difficult times, it is vital that businesses address the issue of mental health head-on, developing a sophisticated mental wellness strategy to fulfil the duty of care responsibilities and help employees with their mental health resilience. Beyond the obvious positives implementing these strategies would have for employees, businesses have a direct interest in investing in creating a mental wellness program; according to data from International SOS’ Risk Outlook 2021, 1 in 3 risk professionals believe that mental health issues will contribute significantly to declining productivity levels this year.

A business that supports employees appropriately will therefore likely be in a better, more productive place than one that does not. To foster business productivity and fulfil Duty of

Care in a sustained way, organisations need to also understand how they can protect the mental health and physical wellbeing of their employees.

The human mind finds comfort in routine. Disruption of routine causes uncertainty. The fear of COVID-19 is real. Fear and uncertainty fuel anxiety. The only way organizations can get their employee populations to adapt to and manage change is to develop organisational resilience that percolates into each and every employee. This will ensure business continuity and continued productivity to help individuals and organizations emerge successful in the face of the challenging odds that the pandemic has wrought upon the world”.

As organisations are progressively returning to some form of normal activity (e.g. office work, meetings, travels, etc.), it is essential not too to miss the opportunity to address mental health needs now to support the needs of employees and their managers affected by the crisis.

See pages 3-4 for more on Mental Health & Wellbeing.

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	87.42 (+20%)	37.3%	53.37 (-24%)	8,791.84 (+5%)	0.89 (-21%)	629.20 (+7%)
Asia	99.36 (+21%)	41.0%	22.41 (-50%)	16,835.23 (+8%)	0.32 (-55%)	249.17 (+7%)
Africa	13.67 (+52%)	5.5%	3.63 (-73%)	6,169.13 (+5%)	0.15 (-60%)	158.08 (+7%)
Europe	111.90 (+9%)	54.6%	274.96 (+67%)	84,890.30 (+11%)	3.76 (+75%)	1,719.12 (+8%)
North America	111.74 (+14%)	50.5%	138.53 (-54%)	91,784.60 (+10%)	3.38 (-23%)	1,867.98 (+10%)
Oceania	101.75 (+52%)	46.0%	61.49 (+34%)	5,733.56 (+67%)	0.43 (+54%)	62.24 (+44%)
South America	114.95 (+26%)	49.7%	44.26 (-20%)	88,086.35 (+3%)	1.05 (-40%)	2,688.33 (+2%)

Table 1: International SOS, COVID-19 data globally and continental, data from 24 – 26 October compared with data from 12 - 13 September (1)

Global, regional, and local situation

The global trend is upward at a steady rate and has crossed the 244 million mark with more than 4.95 million fatalities recorded to date. From a global perspective, the leading contributors to the global total of COVID-19 cases on a by country basis reflects the resurgence of the Delta variant with the leading contributors remaining the USA, India, Brazil, United Kingdom, Russia, Turkey, France, Iran, Argentina, Spain, Colombia, Germany, Italy, Indonesia, Mexico, and Poland, with Germany having surpassed Italy.

Global cases are stable but slightly increasing with the addition of 2.12 million cases projected every 5 days compared to 2.03 million every 5 days a week ago. The rate of global deaths is increasing again with 49,736 fatalities recorded for the week ending 24 October compared with 47,082 fatalities recorded for the week ending 17 October.

What's happening around the world?

In the Asia-Pacific region, India remains the epicentre. Hong Kong, New Zealand, China and Taiwan are experiencing relatively limited or no activity in the community, although the past week saw increasing numbers in China which spurred parts of China to increase restrictions on movement, with the capital Beijing sealing off some areas and north western regions imposing a range of transport curbs and closing public venues. Case numbers appear to be stabilizing in Singapore after a recent surge of cases. Indonesia is experiencing a decrease in daily numbers as is Japan. Malaysia and Thailand continue reporting high daily new cases, although both have experienced a persistent decrease in the last month. New Zealand will end its strict lockdown measures and restore more freedoms only when 90% of its eligible population are fully vaccinated. At date, some 68% of eligible New Zealanders are fully vaccinated. Finally, Australia is experiencing continued relatively high numbers centered mainly on Victoria.

Although the Latin American continent has recently witnessed a slight increase in daily infections, the trend in general continues to decrease. According to the United Nations, the COVID-19 pandemic has caused such extreme unemployment and poverty in Latin America and the Caribbean that a "statistical rebound" in growth this year will not be enough to overcome it. With just 8.4% of the world's population, Latin America's 1.5 million deaths registered from COVID-19 accounted for about 30% of the global death toll, making it the hardest hit corner of the planet.

The numbers are improving in the USA with most States seeing falling numbers in new cases, and with the last 14 days seeing decrease in new case numbers, fatalities and hospitalisations. New cases reported over the last 14 days decreased by 25% to 72,644 nationally. Hospitalisations decreased by 19% and fatalities are also decreasing by 13% over the last 14 days. Some states including Vermont, New Hampshire and Colorado are experiencing increases.

Case numbers in Africa continue growing relatively slowly. The resurgence in Southern Africa, East Africa and West Africa is slowing. Egypt is appearing to plateau with daily new

cases remaining in high triple digits. The continent, which has a population of more than one billion, has had about 1.5 million cases reported. However, a new assessment by the WHO shows that only 14.2% or one in seven COVID-19 infections are being detected in Africa. Since the start of the pandemic and as of 10 October, more than 70 million COVID-19 tests have been reported by African countries, which is a fraction of the continent's 1.3 billion people. To date, COVID-19 detection in Africa has focused on people reporting to health facilities with symptoms, in addition to testing arriving and departing international travellers, leading to large-scale under-reporting given the high percentage of asymptomatic cases on the continent.

Europe has seen total cases continuing to decline in Western Europe in most countries over the past month, while Eastern Europe continue to have rising case numbers. The number of coronavirus infections recorded so far in eastern Europe surpassed 20 million on the 24th of October, as the region grapples with its worst outbreak since the pandemic started and inoculation efforts lag. Even as the surge continues, governments are still resisting re-imposing restrictions such as mandatory mask-wearing and remote working. Russia continues to report a record high number of daily COVID-19 cases and daily deaths. Frustrated by the slow take-up of Russia's Sputnik V vaccine by its own population, authorities are introducing stricter measures this week to try to curb the spread of the pandemic. Moscow will introduce its tightest lockdown measures since June 2020, with only essential shops like supermarkets and pharmacies open. Moscow schools are also closed, and unvaccinated over-60s in the capital have been ordered to lock down for four months. Other countries in Eastern Europe are also experiencing rising cases, including Romania which recently asked the European Union for help, and Hungary, where cases are rising in a fourth wave of infections.

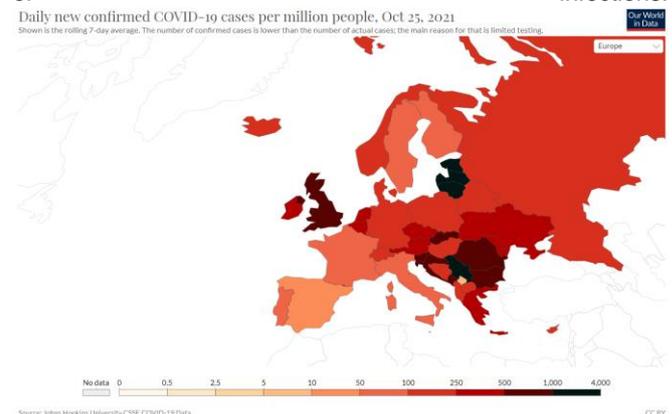


Figure 1 : Our World in Data, Daily new confirmed COVID-19 cases per million people in EUROPE (1).

The UK is seeing a persistent reporting of high case numbers (high majority in teenagers and young people) and pressure is increasing on hospitals. The British Government is still resisting re-imposing coronavirus restrictions and said it would put its faith in its vaccination programme. It seems there are a variety of factors causing the increase, with the July 19 reopening of the hospitality and entertainment industries coupled with the ending of widespread mandatory mask

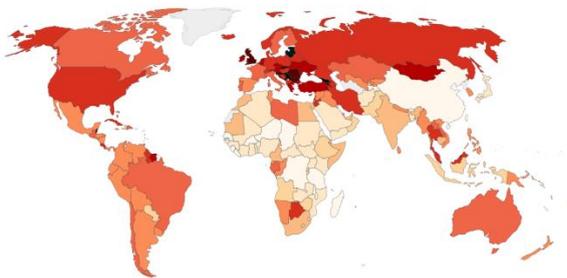
wearing undoubtedly influential. An estimated 2 million people eligible for their 'booster' third jab are reportedly yet to have them. Finally, infection rates are highest in teenagers at the moment and most other European countries are ahead of the UK in vaccinating teenagers and giving them two doses, not just one dose. The UK is hoping that the NHS does not become overwhelmed, specifically by using booster jabs for the elderly.

The Middle East is showing a decline overall, but with the main contributor, Iran, experiencing a persistent decline: in Iran, mass Friday prayers resumed in Tehran after a 20-month hiatus because of the COVID-19 pandemic,

Daily new confirmed COVID-19 cases per million people, Oct 25, 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.

Our World in Data



Source: Johns Hopkins University CSSE COVID-19 Data

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Figure 2 : Our World in Data, Daily new confirmed COVID-19 cases per million people (1).

Vaccines

There are currently 23 vaccines being used in at least one country (3). Seven of these vaccines have been approved for emergency use by the World Health Organisation (WHO). There are currently 155 vaccine candidates in the world, out of which 44 vaccines are in the last and third phase of clinical trials. Finally, at the moment, 61 countries have registered at least one COVID-19 vaccine clinical trial.

To date, 194 countries are vaccinating against COVID-19 with approved vaccines. Globally, 6.88 billion doses of the vaccine have been administered and 24.06 million are now administered each day. 48.7% of the world population has received at least one dose, with more than 37% fully vaccinated (2).

Unfortunately, disparities in the international distribution of vaccines continue to compromise global progress, and only 3.1% of people in low income countries have received at least one dose. About 31% of people who have received at least one dose of a coronavirus vaccine were from high income countries, and at least 25% were from Europe and North America.

Among countries with more than 1 million people, Cuba is currently vaccinating faster than any other, administrating a daily average of 1,863 doses per 100 000 people in the past seven days. Mongolia was previously the fastest, administering about 3,434 doses per 100,000 people per day.

The European Union still leads vaccination against COVID-19 in the world, followed by South America where vaccination has

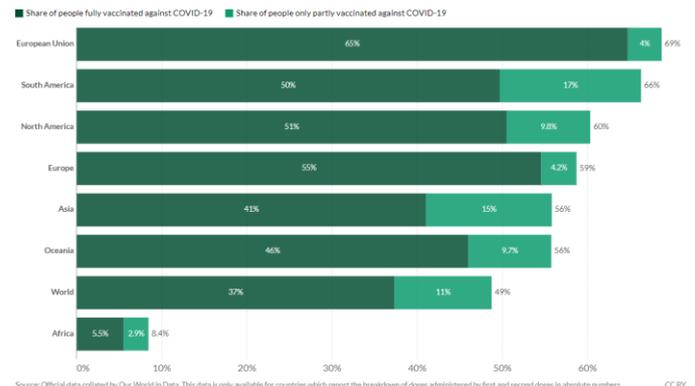
increased by 15 points since the last fortnight note. Vaccination in North America is still steady and lagging with only 51% of people being fully vaccinated. Only 41% of the population in Asia is fully vaccinated against COVID-19.

Finally, in Africa, the share of people having been inoculated remains quite small and hasn't moved in over a month (5.6%). (figure 2).

Share of people vaccinated against COVID-19, Oct 25, 2021

Alternative definitions of a full vaccination, e.g. having been infected with SARS-CoV-2 and having 1 dose of a 2-dose protocol, are ignored to maximize comparability between countries.

Our World in Data



Source: Official data collated by Our World in Data. This data is only available for countries which report the breakdown of doses administered by first and second doses in absolute numbers.

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Figure 3: Our World in Data, Share of people who have been partially and fully vaccinated (1).

World Mental Health Day 2021: Making Mental Health for all a reality, by starting in your workplace

The COVID-19 pandemic has had a major impact on people's mental health all over the world. Pre-existing mental health challenges have been exacerbated by the impact of the COVID-19 crisis. The World Health Organisation predicts that depression will be the world's most common illness by 2030 and suggests that the global burden of the condition will be greater than for diabetes, heart disease and cancer.

Even as the pandemic's end may be in sight in some places, the workforce continues to struggle, with many perceiving gaps in support. Organisations are also beginning to perceive those gaps and recognise the risk to the welfare of their people and the sustainability of their business, if they do not take proactive steps to improve working conditions in order to prevent mental ill-health and improve the wellbeing of their workforce.

Mental health and wellbeing will need to be a key priority as employers plan for a return to the workplace. It is almost too obvious to say that everyone's health and wellbeing has been impacted by the pandemic. While physical health has taken the centre stage, mental health is now being acknowledged as every bit a crisis as well, including in the workplace.

Many have called it quits, including on their jobs...

At first, everyone tried to make the best of a bad situation: gathering on Teams and Zoom, launching projects in the kitchen, working out from home, clapping out of windows to cheer on healthcare workers.

But then, it started to feel like a never-ending situation. Countries were deconfined only to go back into confinement. Travel did not become any easier, and the idea of being reunited with loved ones became a dream for some without any certainty of when it could actually become a reality...

As shown by the literature, the implementation of on and off lockdown and/or strict measures and the excessive focus on the outbreak were reported together with worsening of an individual's mental health conditions, resulting in an increase of anxiety, depression, and insomnia globally. Similarly, continuous exposure to news about COVID-19 has been found to be detrimental to a person's mental health increasing levels of depression and anxiety even two years into the outbreak.

Research that focused on constructing the human life experience (3) as a form of movement identified trajectories in facing this unprecedented experience: one characterised by stillness ("hostility") and the other by dynamism ("aggression").

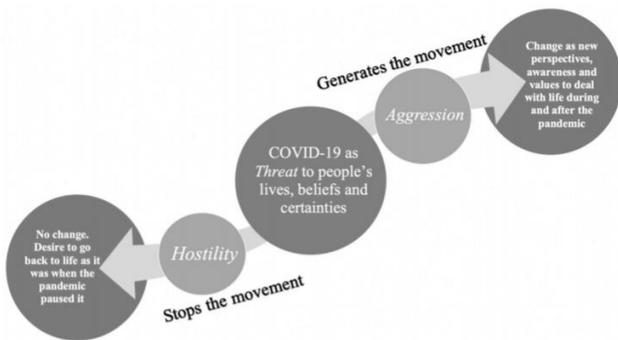


Figure 3: A dynamic representation of different ways to cope with the threat represented by the COVID-19 pandemic (3)

Hostility was identified in people who could not wait to have their lives back and restart exactly where they paused them, as if the virus never ended: the strong desire to gain back the freedom that was so quickly lost, without being able and/or wanting to imagine a new way of living after the pandemic.

On the other hand, aggression was identified in most people for whom the pandemic was a time to reflect on many aspects of their lives, bringing them insights that forever changed the way they view and experience social phenomena. Indeed, over the last months, a large number of people left their cities to live in calmer areas and/or closer to family, they left their marriages, their jobs and previous careers in order to have a "fresh start": in a way, they've called it quits on the aspects of life that seemed indispensable before the pandemic and rethought their priorities in order to preserve themselves, their mental health and wellbeing.

... as mental health and wellbeing has become crucial for many employees

The Covid-19 pandemic has caused a significant level of disruption to people's working lives (and lives in general), and

it has impacted people's expectations and priorities around how they fulfil their role, how they balance work with their other responsibilities, as well as the impact our work life can have on our mental wellbeing, and vice versa.

As such, this is an ideal time for employers and managers to engage with their people and to consider a workplace culture and policy that genuinely supports the mental health and wellbeing of their people, so that they can contribute the best of themselves, aiding a successful return to the workplace and adding value to the organisation.

A recent survey conducted by Mckinsey shows that there is continued opportunity for employers to support workforce mental health and wellbeing by taking four main actions:

1. Making mental wellness a priority,
2. Enhancing available mental health support and communication on it,
3. Measuring and meeting the need, and, finally,
4. Creating an inclusive work culture free of mental health stigma

In some cultures, if not most, battling stigma is critical to supporting workforce well-being

While most employers report that they are serious about employee's mental health and wellbeing, many are faced with a key challenge facing many workplaces: stigma.

Mental health stigma is the negative view or attitude towards people struggling with their mental health, including those living with a mental health condition, such as anxiety or depression.

While organisations may shy away from stigma because they imagine it as being too abstract to address, they are in fact missing a huge opportunity. Employers can't fight and solve every aspect of mental health illnesses and substance use disorders but by taking the right actions can shift the dialogue from stigma to support. It is crucial to note that several actions and tools exist that employers can use in order to reduce stigma around mental ill health and improve the wellbeing of their workforce.

In summary, employees need, and increasingly demand, resources to help them cope with mental health problems and request proper tools and programs to help them better their wellbeing. If companies make mental health and wellbeing a priority, and make programs, services and tools more accessible and intervene in the workplace in ways that improve well-being, they will simultaneously make investments that will provide real improvements in employee health outcomes and consequently in company performance.

So, let us finish by asking you the following question: how mature is your organisation in terms of mental health and wellbeing?

News and literature updates

Although Merck's COVID-19 antiviral is great news, it may not be the game-changer you think it is

A new approach to managing the Covid-19 pandemic now could be on the table: **antiviral pills**.

Merck and Ridgeback Biotherapeutics said their results demonstrate their drug molnupiravir cut in half the rate of hospitalisation and death in persons with mild to moderate disease. If authorized by the US Food and Drug Administration for emergency use as well as The European regulator who announced on October 25th the launch of an accelerated review of the medication, the pill would become the first oral medicine to fight viral infection for Covid-19. A pill taken at home, by contrast, would ease pressure on hospitals and could also help curb outbreaks in poorer and more remote corners of the world that don't have access to the more expensive infusion therapies.

Merck's study (4) tracked 775 adults with mild-to-moderate COVID-19 who were considered high risk for severe disease because of health problems such as obesity, diabetes or heart disease. Among patients taking molnupiravir, 7.3% were either hospitalized or died at the end of 30 days, compared with 14.1% of those getting placebo pill. After that time period, there were no deaths among those who received the drug, compared with eight in the placebo group.

Although it sounds like good news, **caution is still advised as limited study information is out yet and more information is needed**. Indeed, results have not been reviewed by outside experts which is the usual procedure for vetting new medical research.

Moreover, it would seem the trial only included the unvaccinated seeing how the study commenced in October 2020. This means that we cannot determine the benefit in those with normal immune systems who develop a vaccine breakthrough infection.

Plus, there are other problems with pills such as costs, side effects, drug resistance, use in pregnancy and most of all practicality: antiviral agents work best when given at first symptoms of disease. However, symptoms of early COVID-19 resemble those of countless other viral respiratory infections, such as flu and common colds and nothing specific. In addition, the timeframe is very tight in nations lacking means to diagnose virus as well as access to health workers and infrastructures to prescribe and provide the drug.

It is important to remember that treatments are, by definition, reactive; a drug, no matter how early it's dosed, can't undo an infection, or a prior transmission event. It can only contain the fallout. The 50% reduction in hospitalizations noted in Merck's press release is indeed very good, but some participants still did get hospitalized we still have not identified who benefited most or least, from the pills.

Molnupiravir won't ever replace tools that can reduce transmission such as vaccination or even stop the virus from even showing up such as social distancing. Moreover, it will not block other outcomes, including long COVID.

Molnupiravir's name has a story behind it: it was named after the mythical hammer of the Norse god Thor. But if treatment is contingent on diagnosis, we need to make sure testing is more readily available, and the price is affordable for low income households or risk widening equity gaps. In this arena, in particular, molnupiravir might stand to be a bit less like its namesake: accessible only to those deemed worthy enough to wield it.

In conclusion, this medication should not be seen as replacements for vaccination and social and physical distancing: it should be seen as part of the strategy that can be used together to significantly reduce severe disease, along with the maintenance of for the moment social and physical distancing.

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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