

This Circular and its attachments (if any) are confidential to the intended recipient and may be privileged. If you are not the intended recipient, you should contact ICS and must not make any use of it.

5 May 2021

COVID-19(21)25

**TO: LABOUR AFFAIRS COMMITTEE
ALL MEMBERS & ASSOCIATE MEMBERS
MONTHLY MEMBERS MEETING PARTICIPANTS
INTERNATIONAL ASSOCIATION GROUP PARTICIPANTS**

FORTNIGHTLY COVID-19 UPDATE AS OF 4 MAY 2021

Action Required: *Members are invited to note:*

- *Given the pandemic has now been in effect for over a year it has been decided to produce these reports fortnightly going forward.*
- **152,534,452** Confirmed cases of COVID- **1,221,155** additional cases have been confirmed since the last report **8%**. There were also **3,003,794** fatalities recorded which is **194,734** additional deaths **6.08 %** growth last week. Many countries cannot report all cases, so numbers will considerably increase. **220** Countries, areas or territories have cases.
- **1,045,850,203** vaccinations delivered on 2/5/ 21 compared to **792,796,083** on 15/4/21.
- **The following documents may be of interest.**

ICAO Effects of Novel Coronavirus (COVID-19) on Civil Aviation: Economic Impact Analysis: 27 April 2021 https://www.icao.int/sustainability/Documents/COVID-19/ICAO_Coronavirus_Econ_Impact.pdf

WHO Weekly Epidemiological Update: 27 April [2021](https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19--27-april-2021)
[https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19 --27-april-2021](https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19--27-april-2021)

WHO Weekly Operational Update: 3 May 2021 <https://www.who.int/publications/m/item/weekly-operational-update-on-covid-10---3-may-2021>

ECDC 21 April 2021, Interim guidance on the benefits of full vaccination against COVID-19 for transmission and implications for non-pharmaceutical interventions:
<https://www.ecdc.europa.eu/en/publications-data/interim-guidance-benefits-full-vaccination-against-covid-19-transmission>

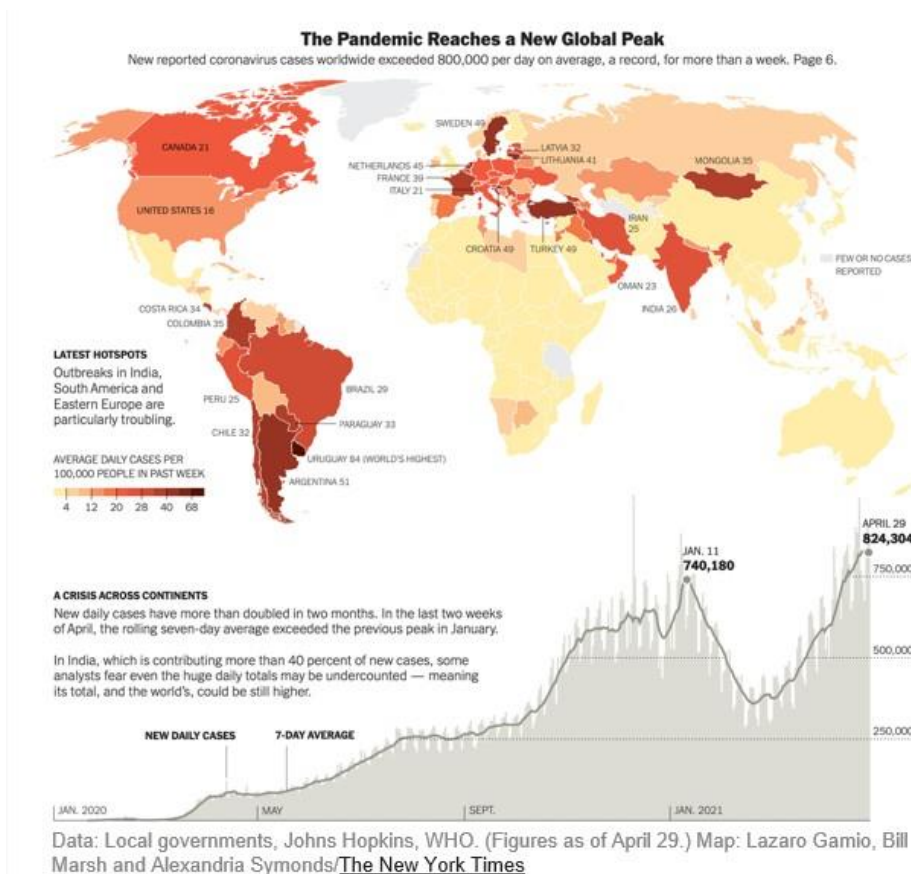
CDC updates from 27 April 2021
[International Travel Recommendations for Fully Vaccinated People.](#)
[Requirement for Proof of Negative COVID-19 Test or Recovery from COVID-19 for All Air Passengers Arriving in the United States.](#)

- Our World in Data, **Data sources:** on this page is a detailed list of all country-specific sources. **Open access:** the dataset is openly available, for everyone to check and use data collated. The details are [in the daily-updated repository on GitHub](#).

SITUATION IN NUMBERS BY WHO REGION FOR 3 May 2021

Region	Cases	Deaths
Global	152,534,452	3,198,528
Africa	3,321,260	82,970
Americas	62,463,885	1,523,151
Eastern Mediterranean	9,188,751	184,258
Europe	52,009,750	1,086,581
South-East Asia	23,060,767	283,910
Western Pacific	2,489,293	37,645

	TOP 12 COUNTRIES	MOST CASES YESTERDAY	HIGH FATALITIES YESTERDAY
1	USA	India	India
2	India	Brazil	Brazil
3	Brazil	USA	USA
4	France	Turkey	Colombia
5	Turkey	Iran	Iran
6	Russia	Colombia	Turkey
7	UK	Iran	Russian Federation
8	Italy	Germany	Peru
9	Spain	Columbia	Mexico
10	Germany	Argentina	Argentina
11	Argentina	France	Ukraine
12	Colombia	Germany	Indonesia



Australia

- ACT: Anyone who has spent time in Perth or Peel regions must complete declaration form; WA & VIC: from exposure sites in must get tested & isolate.
- NSW: WA - All travellers from WA must complete entry form. Those from a place of high concern must get tested and isolate until negative result received. Vic - If at Melbourne airport from 7-7:30pm on 21/04/21 must be tested and isolate until negative result received.
- WA: Perth metro and Peel lockdown has ended but some restrictions remain.
- VIC: The Perth metropolitan area and Peel region are now orange zones as of 28 April 2021. Maritime workers must apply for a specified worker permit.
- TAS: Several premises in Perth metro region declared High Risk. Maritime workers having been in high-risk premises require pre-approval to enter.
- NT: WA – No hotspots remaining. Anyone who has entered NT since 17/04/21 and visited a higher risk public exposure site identified by WA health officials must undertake 14 days at a suitable place of quarantine (if not suitable place, at Howard Springs).
- QLD: Border open, Perth / Peel no longer hotspots. Any visitor to a WA or Vic exposure site must quarantine for 14 days even if negative test received since visiting the site.
- SA: travellers from Perth and Peel regions must quarantine until a negative test is received, unless essential traveller.

India

According to BBC World, India has had more Covid-19 cases in the last week than anywhere else globally. Experts believe the real death toll may be higher than official numbers. India was very careful in the first wave. The Dharavi slum in Mumbai was a model example of infection containment and replicated globally. Over time, India probably became a little bit complacent not adhering to social distancing required at some events. Second waves historically are always more aggressive and bigger than the first. Intensity now is more about an overbearing need for people to be hospitalised to have a bed with oxygen to feel secure and anxiety arising from not getting one has been the view of most people whether they need hospitalisation or not.

Does India have enough medical infrastructure for its vast population?

In 2018, India's spending on healthcare was 1.28% of GDP. Compared to 17% in the US. Indian government figures published in 2019-20 indicate there is one doctor per 1,456 people. Public healthcare underinvestment is long-running with successive governments not prioritising it. In smaller cities, towns and rural areas, the situation is particularly bad. Hospitals have inadequate equipment and staff and people must travel miles to receive medical services.

How is the Indian government addressing the crisis?

Prime Minister Modi held meetings to discuss scaling up oxygen capacities and medical infrastructure. Trains and military aircraft are helping transport of oxygen supplies urgently required on the ground, which is not reaching those in desperate need. In Delhi, there are centralised helplines to call if people need a hospital bed, but it is almost impossible to get one as facilities are overrun. Many people ask why the military and disaster response teams are not building field hospitals. There is a sense of abandonment being left to fend for oneself.

The population is over one billion. The healthcare system capacity parts of India are being overwhelmed and potentially significant underreporting of infections. The deceased in India were infected weeks ago and the huge surge since may lead to a similar surge in deaths.

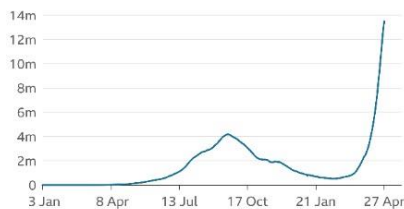
How can we help?

Depth of feeling among the South Asian diaspora is inescapable. Watching the constant stream of horrific pictures emanating from the motherland has been heart-breaking and draining. Many are desperate to help. Various charities have established donation pages to raise money for oxygen concentrators as India grapples a severe shortage. ICS will share information on an industry wide charity campaign being launched tomorrow.

Usual oxygen needs are two or three litres of oxygen delivered through a nasal prong. People in ICU, or even a step down, sometimes require high flow nasal cannulas and between 10 and 40 litres of oxygen. In Covid hospitals, total consumption of oxygen exceeds normal requirements. You will try to request more oxygen or prepare for future patients but processes take time, despite the production mode. In a situation where need is so high, there will be disparity between availability and what can be delivered. Oxygen needs to be reviewed, calculated and prepared for as with every other resource and to meet timely needs for all patients. There is a lot of media focus on oxygen but there is also a clear requirement for nurses, ward attendants, doctors and medical staff; in hospitals community centres and primary health care centres.

India's oxygen needs as cases surge

Estimated daily oxygen needed for Covid-19 patients, in cubic metres



Data estimated using the World Health Organization figures for new reported Covid-19 cases and the % expected to require oxygen

Source: PATH Covid-19 Oxygen Needs Tracker, updated 27 April



What are the political implications for the government over its handling of the crisis?

It is too early to judge political implications for the Modi government or state governments. There is a lot of anger among people as the second wave rips through small towns and villages. Desperate cries for help are coming from Delhi and Mumbai and from Uttar Pradesh, West Bengal, Madhya Pradesh and Rajasthan. Anger exists against politicians and the system bureaucrats, officials and health officials. Punjab's health minister Sidhu said the situation is worse in rural areas than urban areas as people only go to hospitals often ignoring initial symptoms seeking healthcare only once their health deteriorates.

Is the Covid 19 strain different in India, and why are so many dying so quickly?

In India the volume of cases has overwhelmed ability of hospitals to treat patients. Covid is deadly even with the best care, but with insufficient doctors or oxygen, people who would have survived if treated die. Variants may contribute, but there is still relatively little detail. The B117 variant in India (first detected in the UK) can spread more quickly. There is also a new variant (B1617), first detected in October, However, how widespread it is, and its role in the surge in cases, is still under investigation.

How much longer can the supply of dry wood for cremations last? Surely burials will be needed or are these not accepted on religious grounds.

Currently there is not a shortage of dry wood for cremations and is not hard to procure, so there has not been a shortage of wood fire, but shortage of space. Now cremations are in parking lots of funeral grounds and public parks. Muslim Burial grounds used are also full.

New Zealand

As of 28 April, 232,500 doses of Pfizer vaccine were administered with 60,000 people now fully vaccinated. For maximum protection, the second dose should occur at least three weeks after dose one. Employers should talk with employees subject to a required testing order, to address concerns about receiving a vaccination by referring to the Ministry of Health website. If employees' roles are subject to a required testing order and require vaccination, • accept the invitation from your DHB to schedule a vaccination, OR • register to receive a vaccination by calling 0800 28 29 26 between 7am and 7pm, and say you are a border worker needing vaccination. Even if vaccinated, continue wearing PPE when required and undergo regular testing and practice social distance and hygiene protocols. Crew arriving on quarantine free flights A Maritime Border Order (No 2) 2020 exemption was made for crew arriving on quarantine free flights from Australia. From 23 April 2021, any crew member arriving in New Zealand on a quarantine free flight (QFT) from Australia, does not need to visit a MIQ facility if the ship is not due to leave straight away, or a transport plan if travelling direct to the ship. Key clauses within the Maritime Border Order that the exemption applies to are 24(2), 27 and 28. Crew members joining a ship from a QFT flight are subject to clause 17(1) (isolation & quarantine) like any other crew member but do not re-start the isolation clock.

The Border Workforce Testing Register is now mandatory. The Ministry of Health wrote to PCBUs outlining key obligations and pointing employers to online support resources for use of the register to track and record a border worker's testing activity in a secure, automated environment. Routine testing is part of a precautionary approach to check protective measures work properly and keep workers safe.

Pacific Island States

Unfortunately, the Kiribas Chapter is not yet closed. What slowly but steadily resolved itself, has once again come to a sudden standstill.

- Almost all seafarers left Europe and are in either Fiji or in Tarawa.
- Those already in Tarawa had to endure quarantine under appalling conditions. Some got an additional 10 days due to a recent outbreak in Fiji. But at least they are home and no further intervention required.
- Some COVID cases appeared in Fiji (within the general population). The government has closed all borders, incoming and outgoing.
 - 171 Kiribati seafarers are now stuck in Fiji
 - Some 9 in Jakarta and a few in Brisbane still need to get to Fiji
 - The Kiribas government has closed borders for an undetermined period.

The humanitarian problem continues. It is difficult to assess the depth of the situation.

The Philippines

Five thousand minimum wage earners and overseas Filipino workers under priority group A4 were due to receive COVID-19 vaccine doses on May 1, Labor Day. Presidential spokesperson Roque said the Inter-Agency Task Force on Tuesday approved a request of DOLE for 5,000 COVID-19 vaccine doses for use during a symbolic inoculation ceremony of minimum wage workers and OFWs on May 1. Roque said DOLE were asked to create a master list to ensure equitable representation of the labor sector during the ceremony. The IATF considered frontliners of Congress to be part of the A4 priority group in the national vaccination rollout in recognition of their "critical and dispensable role" in the fight against COVID-19. Earlier, the IATF approved the list of sectors in [priority group A4](#) of the COVID-19 vaccination plan.

Natalie Shaw
Director Employment Affairs