28th November 2021

COVID-19 update

Epidemiological Update

Since 31 December 2019 and as at 9th November 2021, **250.85 million cases** of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported globally, including **5.06 million deaths**.

67.20 million cases were reported in Europe, including 1.34 million deaths.

In Malta, since the first cases were reported in March 2020 and up to the 27th November 2021, a total of **39,164 cases** of COVID-19 and **468 deaths** have been registered. Currently, there are **1051** active cases of COVID-19 reported, of which **12 were hospitalised**, **1** requiring **intensive care**. Malta's latest 7-day positivity rate stands at **3.3%,** with one of the highest vaccination rates in Europe, currently above **83.5% of the total population.** As of 27th of November, a total of **945,882** COVID-19 vaccination doses were administered, of which **110,676** are booster doses.

The roll out of the booster vaccination programme has had an immediate impact on incidence of COVID-19 in the 80+ age groups, which had started to rise a couple of weeks earlier. Boosters were rapidly deployed and within a couple of weeks, the incidence was noted to revert to the original trend. Mortality has also declined, with mortality in Malta being one of the lowest in Europe testament to the effective roll-out of the COVID-19 vaccine locally (Annex A).

<u>Variant of Concern SARS-CoV-2 B.1.1.529 (Omicron)</u>

A SARS-CoV-2 virus of the Pango lineage B.1.1.529 with a high number of S-gene mutations was detected in Botswana and later in South Africa. A number of travel-related cases have been detected since then in Israel, Hong Kong, Belgium, Netherlands and UK. This variant on sequencing has 30 changes detected in the spike protein and in the receptor binding domain. Since this virus is so divergent from previous strains it raises concerns about potentially an increased transmissibility and some degree of immune escape as compared to the Delta variant although this is yet unconfirmed by scientific evidence.

In view of significant uncertainties regarding the characteristics of this variant, a precautionary approach is being strongly advised by ECDC with reinforcement of the NPI of physical distancing, hand hygiene, increased ventilation and use of face masks. Encouraging primary vaccination and also booster doses in those who have completed vaccination is critical. Genomic surveillance by testing and sequencing is also crucial in order to identify early any epidemiological trends locally enabling rapid public health action to be taken. To date no cases of Omicron variant have been detected locally. As a precautionary measure through

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LN465 since 28th November 2021 a travel ban has been instituted for all persons returning from South Africa and Namibia as well other neighbouring countries already under a travel ban as termed 'dark red' classified countries. Further information will be provided as it becomes available

Covid-19 vaccine booster doses

Starting from early September 2021 a booster dose of the COVID-19 vaccine was offered to residents in all elderly homes and persons with immunosuppression due to disease or treatment. Another target group for booster vaccination was healthcare workers, carers in elderly homes, community pharmacists, residents in institutions and school staff. Currently booster doses are being administered to persons aged 60 and over residing in the community. Persons aged 50 and over can already register for the booster vaccination at https://vaccin.gov.mt/. The booster doses given are mRNA COVID-19 vaccines (Pfizer or Moderna). Individuals receiving a booster dose will be given a vaccination card recording the date and batch number of the dose given.`

Covid-19 vaccine for children aged 5-11 years

On the 25th November 2021, the European Medicines Agency human medicines committee (CHMP) has recommended granting an extension of indication for the COVID-19 vaccine Comirnaty to include use in children aged 5 to 11. The roll out of vaccination to these children will begin in December, depending on availability of the vaccine in Malta.

The Management of Symptomatic Children with ILI during the COVID-19 Pandemic

A working group comprising representatives from the GP associations, assocations of Paediatricians, Primary Health Care representatives, MDH Paediatrics Infectious Diseases Services together with Public Health physicians from the COVID-19 Response Team was reconvened in the last weeks to update guidance to current epidemiology and knowledge. The main outcomes of these meetings are reflected in the appended algorithm. Communication on these changes with stakeholders in the education sector and also information for the public will be produced and shared on the Superintendence of Public Health website for the public and social media channels.

Update in the policy for obtaining a valid medical exemption from wearing a face mask in a community setting (including at school) for both adults and children

The Standards on the Use of Masks and Visors will be updated to reflect that medical certificates to exempt one from wearing a mask can be made in the following instances:

- The conditions (both for adults and children) for which one may have a valid exemption to mask-wearing include persons with any of the following: ***neurodevelopmental disabilities; intellectual*** **disabilities,** ***autistic spectrum disorder***, who are generally statemented, as certified by a ***medical*** or ***Statementing certificate***
- Adults and children with mental health disorders including some conditions listed above + **Severe Anxiety Disorder with intolerance to mask and any other exceptional circumstances** as certified by a Psychiatrist
- ***Obstructive upper airway conditions like choanal atresia, nasopharyngeal mass, chronic respiratory failure***, ***persons prescribed continuous home oxygen*** as certified by a medical certificate.

Other conditions which do not fall in the categories mentioned will not be accepted as conditions which warrant a valid exemption. In cases where your medical opinion is that an individual warrants a mask exemption in view of a medical condition which is not one of those listed above, please email covid19.health@gov.mt with MASK EXEMPTION in the title to ensure this is given priority and a Public Health Specialist will contact you to discuss the case. The COVID-19 mitigation measures which have been adopted in schools have been bearing their fruit. COVID-19 cases are notified daily through the Data Management systems established and through the communication networks formed with the Education Sector and the Schools Contact Tracing Teams carry out rapid risk assessment and quarantine of close contacts in a short time. There were a number of clusters in educational settings with a larger clusters in childcare centres and some sporadic smaller clusters of across other educational levels. Generally the source of the infection was the household. It would be of great benefit if as a medical community if you continue to support the COVID-19 Response team in the mitigation measures adopted in schools including the importance of wearing masks, supporting the adequate ventilation in the classrooms, limiting the social mixing to one's cluster amongst others. Your support in emphasising the importance of such measures with your patients is much appreciated.

Updated algorithm to guide the referral of children for swabbing for SARS CoV2 (Annex B)
One may note an updated version of an algorithm drawn up by consesus can be found in Annex B to help clinicians determine whether a child warrants a COVID-19 swab or otherwise. This updated version takes into account vaccination status of the child and the parents besides increasing suspicion in favour of SARS-CoV-2 infection in instances where an adult household member is concurrently ill with a respiratory infection. In this algorithm it was considered that a child should be **free of acute symptoms for 24 hours** before one is certified as fit to attend in person schooling. It is important to balance the appropriate recommendation for RAT or PCR testing for children with the potential discomfort of the sampling technique. UNICEF & WHO endorse the appropriate use of COVID mitigation measures and testing to permit students to attend physical lessons as much as possible in order to fulfil their educational potential.

Regards

Prof Charmaine Gauci
Superintendent of Public Health
Ministry for Health

Sources:

COVID-19 Dashboard, Ministry for Health : https://deputyprimeminister.gov.mt/en/health-promotion/covid-19/Pages/covid-19-infographics.aspx

ECDC COVID-19 Situation Update foe the EU/EEA as of 26 October 2021: https://www.ecdc.europa.eu/en/cases-2019-ncov-eueea

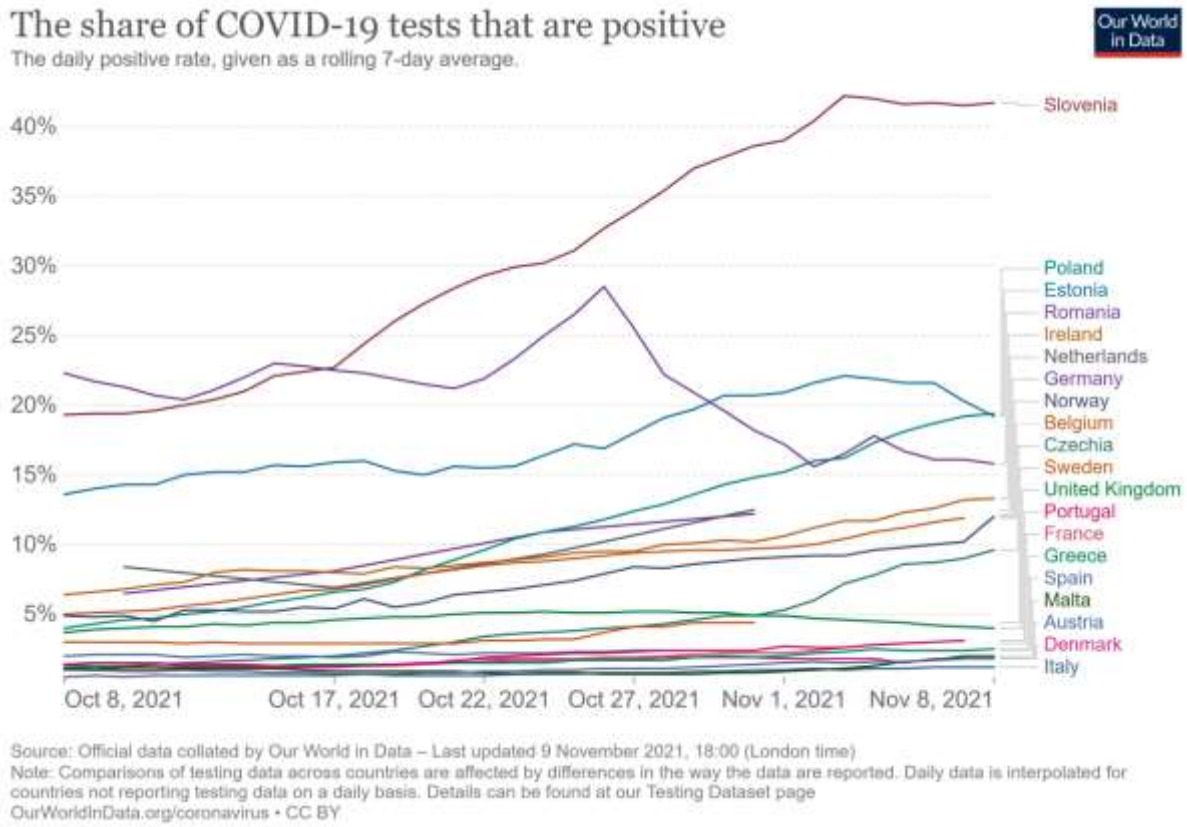
COVID-19 Public Health Response Team (Prof Neville Calleja)

Our World in Data Coronavirus Pandemic (COVID-19):
https://ourworldindata.org/coronavirus

European Centre for Disease Prevention and Control. Implications of the emergence and spread of the SARSCoV-2 B.1.1. 529 variant of concern (Omicron), for the EU/EEA. 26 November 2021. ECDC: Stockholm; 2021.

Annex A:

Positivity rates



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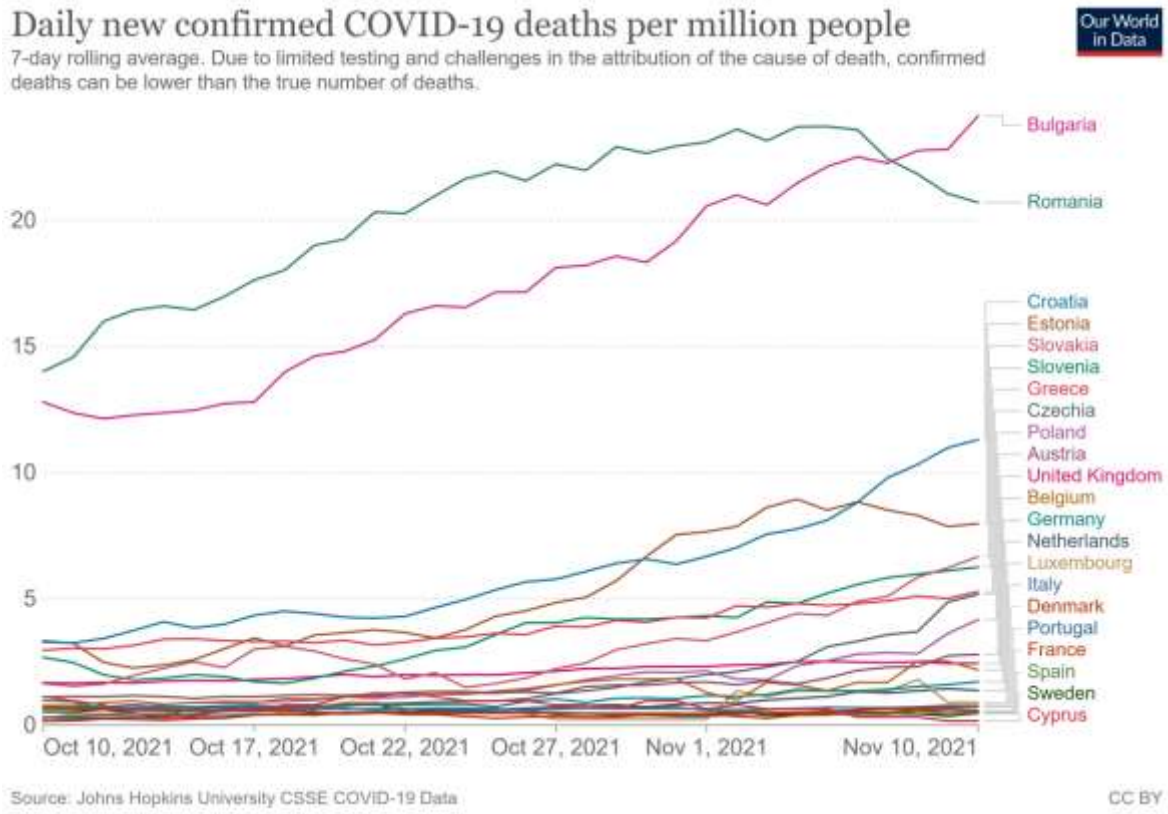
Deaths


Daily new confirmed COVID-19 deaths per million people
7-day rolling average. Due to limited testing and challenges in the attribution of the cause of death, confirmed deaths can be lower than the true number of deaths.
Our World in Data
20
15
10
5
0
Oct 10, 2021
Oct 17, 2021
Oct 22, 2021
Oct 27, 2021
Nov 1, 2021
Nov 10, 2021
Bulgaria
Romania
Croatia
Estonia
Slovakia
Slovenia
Greece
Czechia
Poland
Austria
United Kingdom
Belgium
Germany
Netherlands
Luxembourg
Italy
Denmark
Portugal
France
Spain
Sweden
Cyprus
Source: Johns Hopkins University CSSE COVID-19 Data
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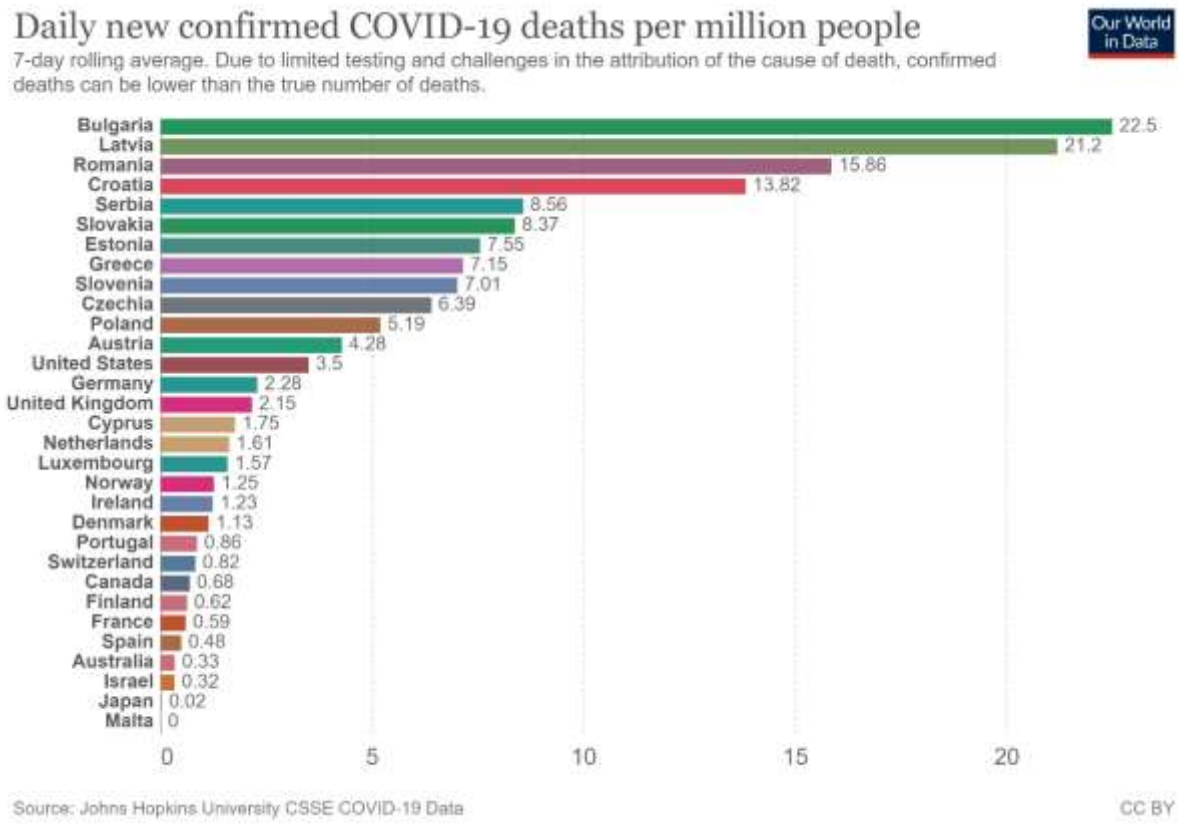
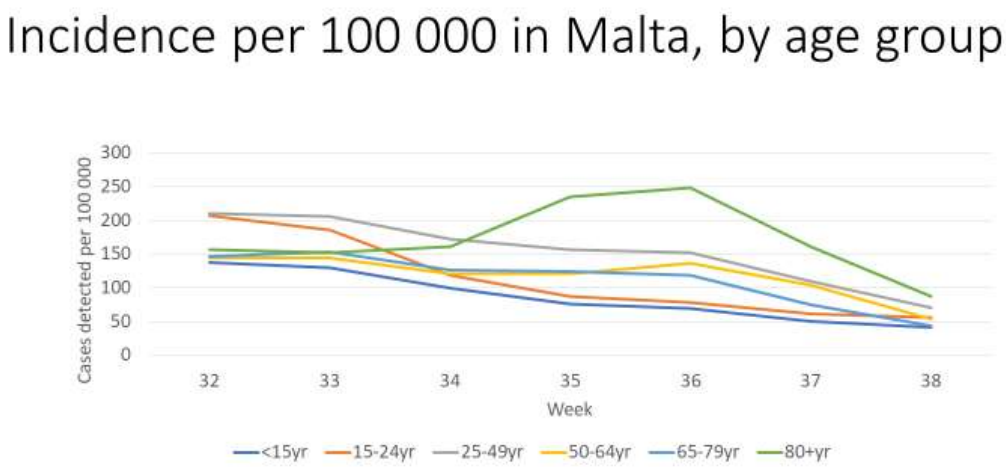


Boosters started to be administered in mid-September 2021 (week 37)



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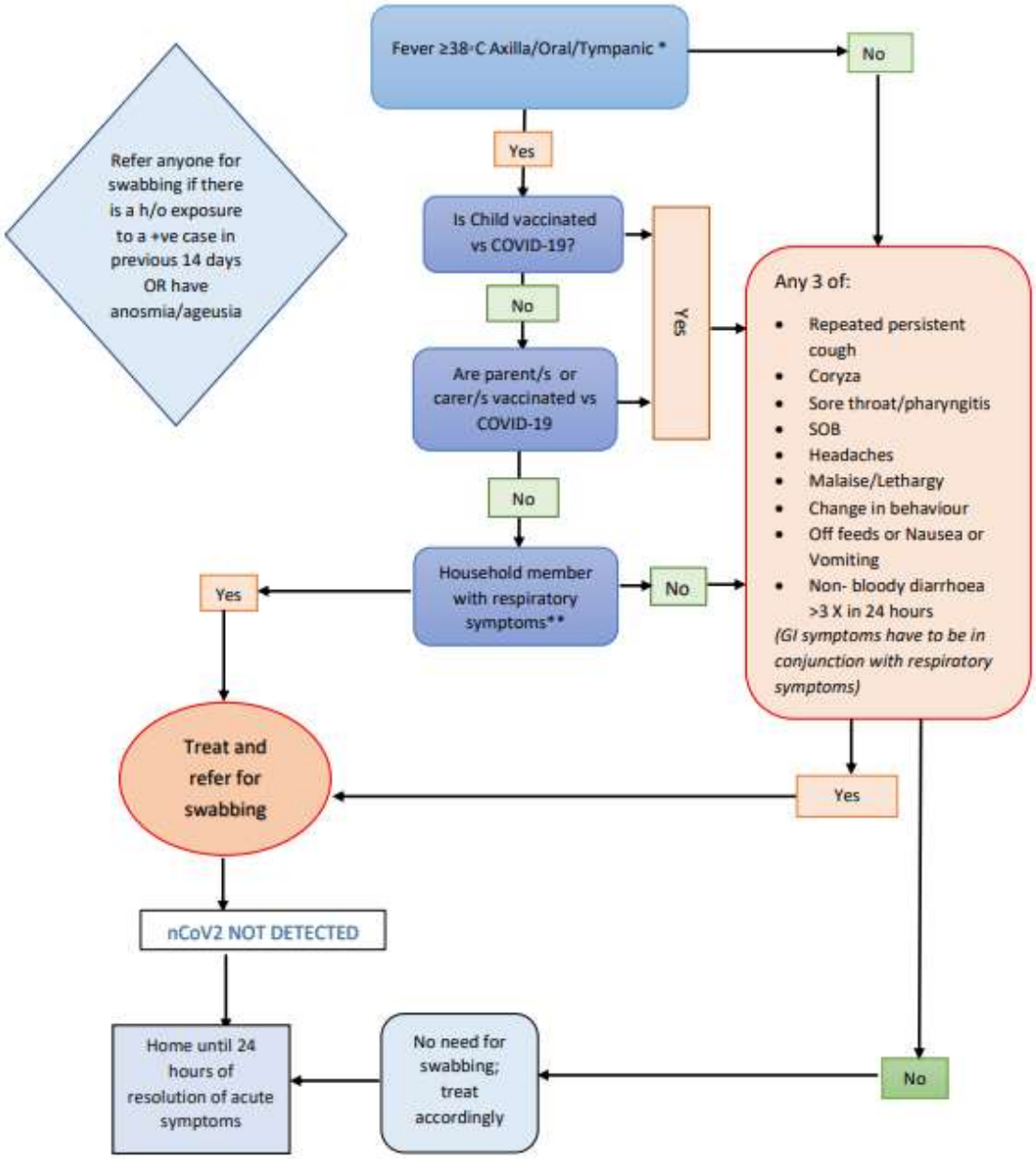
The visual correlation in the table below indicates how the countries with the higher positivity rates largely correspond to low vaccination rates (Pearson correlation; $p<0.0001$)

location	Vaxxed	Pos
Cyprus	63.2	0.3
Austria	61.3	0.4
Greece	61.0	0.6
Italy	70.4	0.8
Malta	82.7	0.8
Denmark	75.7	1.0
France	67.4	1.1
Kosovo	58.4	1.1
Portugal	86.3	1.4
Czechia	56.3	1.7
Israel	64.9	1.8
Iceland	80.7	1.9
Spain	79.4	2.2
Sweden	67.2	3.0
Netherlands	68.0	3.3
Norway	67.9	3.4
Switzerland	60.5	3.9
United Kingdom	66.8	4.3
Luxembourg	62.9	4.4
Finland	67.4	4.9
Russia	32.5	5.3
Slovakia	41.3	5.5
Belgium	73.2	5.6
Poland	52.3	5.6
Belarus	20.8	5.7
Hungary	59.2	5.9
Germany	65.4	6.6
Ireland	74.9	7.4
Turkey	56.1	8.4
Croatia	43.1	9.0
Latvia	50.7	9.9
North Macedonia	36.7	10.0
Lithuania	61.2	10.6
Albania	29.9	12.0
Montenegro	37.4	13.6
Bulgaria	20.2	14.3
Estonia	55.2	15.5
Moldova	20.9	21.2
Romania	29.9	23.1
Bosnia and Herzegovina	14.0	23.6
Slovenia	53.1	24.3
Serbia	42.6	29.7
Ukraine	35.5	32.0

Guidelines on referring children <16 years of age for swabbing for SARS-CoV-2



These guidelines are for doctors ONLY. Review, treatment and referral of sick children should never be delayed and always take priority over swabbing.

Recommendations for Isolation of cases are to be guided by COVID-19 Public Health response team

**No need to refer for swabbing if fever is due to an obvious bacterial infection, unless COVID-19 is still suspected*

***In considering the household member/s with respiratory symptoms this refers to an instance where the child's onset of symptoms occur **after** the onset of symptoms of an adult household member*

Drafted by a Working Group composed of representatives of GPs, Paediatricians, Primary Health Care & MDH Paediatric Infectious Diseases Services together with COVID-19 Public Health Response Team

Adapted from WHO COVID-19 Case definition 07/08/2020

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