Zero Covid : Planet China in orbit

As expats living in China, In the last 2 years, we have been feeling like we're living on another planet. A trip outside China to reunite with our beloved ones is as hazardous and expensive as a ride in Elon Musk's Space X, with cosmonauts in Hazmut as the only human contact on return during the 14 to 21 days of quarantine back in China. Now that the world is shifting to post-covid era, we will drift apart for another light year away... A new analysis from the volunteer team of Solidarity Covid -Expats in China

An international "post Covid" summit was organized last week, initially to mark the end of the pandemic and better anticipate the next ones. Yet they didn't dare go all the way to the end of Covid… Because before the next pandemic, we will have a couple of variants of Omicron which may, 6 months after the January peak, affect people whose immunity acquired by the previous infection (+ the vaccines) would have waned. Omicron may be less lethal for vaccinated people, but since it is much more contagious, we will end up with more deaths in the end, at least in Western countries where Covid reporting has been maintained.

Omicron deaths vs Delta deaths:

Covid-19 Deaths / 1M Pop			5/16/2022	avg nb Deaths 7-day /1M pop		
Solidarity Covid - Expats in China	pre-Delta / vaccination	Delta + vaccination April 2021-Jan 2022	from Omicron	Delta + vaccination April 2021-Jan 2022	from Omicron	differential deaths Omicron vs Delta
	until 3/31/2021	1/31/2022	from 2/1/2022		from 2/1/2022	
China	3	0.0	0.4	0.0	0.03	-
Eastern Asia	50	79	170	1.8	11.3	523%
Oceania	33	135	157	3.1	10.5	241%
SouthEastern Asia	87	378	53	8.6	3.5	-59%
Southern Asia	104	213	17	4.9	1.1	-77%
Western Asia	430	501	82	11.5	5.4	-53%
Caribbean	135	452	42	10.3	2.8	-73%
Central America	1,256	708	124	16.2	8.2	-49%
South America	1,507	1,316	187	30.1	12.5	-58%
North America	1,595	965	334	22.1	22.3	1%
Eastern Europe	637	774	143	17.7	9.5	-46%
Northern Europe	1,398	402	285	9.2	19.0	107%
Southern Europe	1,655	648	316	14.8	21.1	42%
Western Europe	1,207	504	246	11.5	16.4	42%
Russia	677	1,593	318	36.4	21.2	-42%
Eastern Africa	25	46	5	1.0	0.3	-68%
North Africa	175	206	28	4.7	1.9	-60%
Southern Africa	363	353	40	8.1	2.7	-67%
Western Africa	16	16	1	0.4	0.0	-88%

There are 3 categories of countries where Omicron deaths are higher than Delta deaths:

1) Countries with minimal immunity from previous waves (Oceania, South Korea),

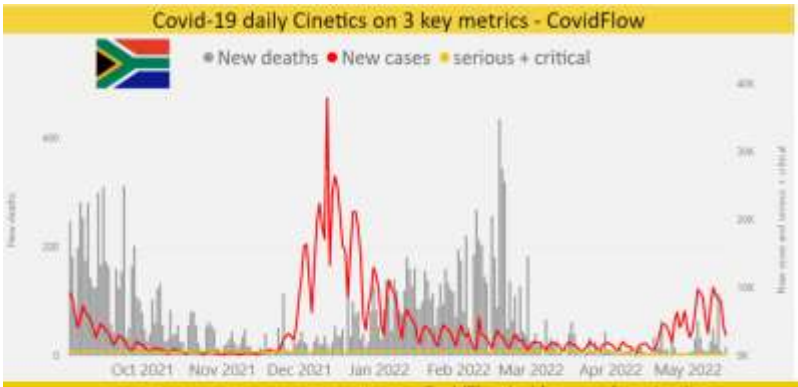
2) Hong Kong without any infection immunity and poorly vaccinated, alone in its category,

3) Western countries that have maintained acceptable covid reporting.

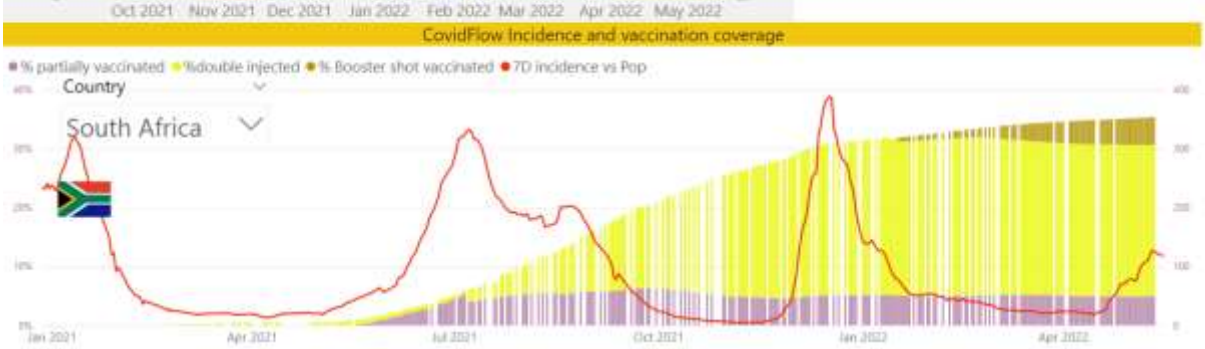
Elsewhere it is complete silence…

South Africa again

South Africa, which was first affected by Omicron from the end of November 2021, is now affected by BA.5 first, with its population already very immuno-depressed by AIDS (13% of the population, downward trend).



South Africa is the first country to be affected by Omicron BA5 six months after BA1 although the upward slope is not as steep as in December. There was no Omicron BA.2 wave in March as there was in Europe. The population is only vaccinated at 34%, the immunity system is weak due to high prevalence of AIDS and the peaks in Deaths and new cases were distant by an unusual two months. **Many specificities** that make it difficult to iterate the South Africa situation to other countries, except than forecast an increase in cases in Europe six months after the peak of omicron.



We cannot iterate what is currently happening in South Africa to the rest of the world (AIDS prevalence, low vaccination), but what is certain is that reinfections will rise at distance from that winter peak, because some people stay immune for 1-2 years, others have already had the disease 3 times in 2 years.

To live happily, live hidden

The pandemic has become endemic, but like a cosmonaut clinging to his oxygen bottle, regular vaccination will be necessary to protect fragile people. China has the logistical / digital means of its zero-Covid strategy and no desire to find itself in this dreadful cycle of waves. It will let the oracles predict the magnitude of the next wave, watch the wave pass, and should pursue its Zero-Covid objective, before and after the October Party congress.

Who will be affected first and how hard ? This will depend on the circulation of the virus at the time when the infectious immunity will be weakened and therefore on the anteriority of the Omicron peak. From our Global database (from Worldometer), countries with more than 2 million inhabitants have been classified by date of the Omicron peak. With a peak before December 2021, there are already around forty countries which have not experienced an Omicron peak: the Emirates with their policy of permanent screening introduced for the Expo, Morocco which shut down its airports until mid-February, and many other countries that stopped all reporting after reaching their vaccination target.

Solidarity Covid - Expats in China		7 day avg daily new cases / 1 M Pop			5/16/2022
country	date of Omicron peak incidence	Peak incidence	Latest incidence	New cases 7 days trend	7-day tests 1 M Pop 30 day average
Zimbabwe	12/12/21	240	8	49%	932
South Africa	12/17/21	388	118	8%	2,783
Lesotho	12/24/21	217	0	-	0
Nigeria	12/28/21	8	0	615%	148
DRC	12/29/21	11	1	-	0
Tanzania	12/29/21	6	3	-	0
Gabon	12/31/21	182	0	-100%	331
Chad	1/1/22	1,798	0	-50%	0
Liberia	1/1/22	440	0	-	0
Ethiopia	1/1/22	371	0	33%	210
Mauritania	1/1/22	357	3	81%	1,159
Ghana	1/1/22	42	0	-37%	96
Mozambique	1/3/22	93	0	70%	101
Angola	1/3/22	42	0	-	0
Uganda	1/3/22	32	0	-	36
Zambia	1/4/22	202	4	30%	685
Ivory Coast	1/4/22	43	0	100%	201
Greece	1/5/22	3,501	429	-7%	78,038
UK	1/5/22	2,782	132	-38%	24,248
Canada	1/7/22	1,085	114	-21%	8,206
Guinea	1/7/22	22	1	-	0
Togo	1/8/22	63	0	13%	300
Burundi	1/8/22	36	6	-32%	0
Ireland	1/12/22	4,476	309	46%	8,630
Australia	1/14/22	4,271	1,914	18%	24,280
Dominican Rep	1/14/22	579	12	206%	1,184
CAR	1/14/22	25	0	-	0
Mali	1/15/22	29	0	-18%	183
Spain	1/17/22	2,953	360	5%	0
Argentina	1/17/22	2,488	106	93%	0
Qatar	1/17/22	1,461	51	67%	5,792
Jamaica	1/17/22	478	76	54%	5,987
Bolivia	1/18/22	927	9	103%	323
Philippines	1/18/22	312	1	-2%	1,207
USA	1/19/22	2,331	286	29%	15,274
Italy	1/20/22	2,990	605	-13%	35,302
Panama	1/20/22	2,420	657	68%	13,258
Bosnia and Her	1/20/22	746	13	60%	1,458
Ecuador	1/20/22	512	11	3%	0
Saudi Arabia	1/20/22	157	15	122%	2,840

17 African countries are at the top of the chronology of the Omicron peaks. Then come Greece and the UK (where Omicron was probably born in a context of heavy Delta traffic since July and Freedom Day..., mixed with Delta and with a higher immunity than in South Africa for several weeks). Of these 17 countries, only South Africa has regular Covid reporting and a detectable level of testing.

End of ranking. After the 17 African countries with a peak in December, there are 99 territories with a peak in January, mainly Western countries with substantial reporting. Then come the countries affected later by Delta (Japan, Indonesia, South Korea) and which were affected by Omicron with a lag related to their Delta immunity, and Greater China.

Solidarity Covid - Expats in China		7 day avg daily new cases / 1 M Pop			5/16/2022
country	date of Omicron peak incidence	Peak incidence	Latest incidence	New cases 7 days trend	7-day tests 1 M Pop 30 day average
Kuwait	2/2/22	1,435	6	-64%	5,084
Poland	2/2/22	1,299	11	-20%	1,795
Slovenia	2/3/22	7,301	265	-26%	2,732
Costa Rica	2/3/22	1,121	245	70%	10,747
Romania	2/4/22	1,578	29	-18%	6,406
Libya	2/4/22	536	0	-	67
Palestine	2/5/22	1,304	3	-29%	0
Lebanon	2/5/22	1,219	11	-6%	0
Oman	2/6/22	423	3	-33%	0
Armenia	2/7/22	1,144	1	-5%	5,064
Lithuania	2/8/22	4,125	56	-1%	156,692
Turkey	2/8/22	1,205	18	6%	10,417
Honduras	2/9/22	147	1	-93%	2,359
Ukraine	2/10/22	831	9	-21%	0
Azerbaijan	2/10/22	685	0	-89%	1,626
Netherlands	2/12/22	7,287	73	-13%	0
Slovakia	2/12/22	3,279	51	-42%	4,873
Japan	2/12/22	752	311	38%	9,264
Denmark	2/13/22	7,498	110	-16%	11,932
Chile	2/13/22	1,840	206	48%	16,481
Jordan	2/14/22	1,912	0	-	0
Belarus	2/14/22	837	1	-97%	4,830
El Salvador	2/14/22	277	0	-	0
Russia	2/15/22	1,304	31	-13%	0
Indonesia	2/20/22	200	1	54%	2,930
Egypt	2/20/22	23	0	-	0
Singapore	2/26/22	3,117	597	29%	6,115
New Zealand	3/9/22	4,796	1,553	3%	7,411
Malaysia	3/9/22	929	80	82%	10,430
Hong Kong	3/16/22	7,969	36	-5%	0
Finland	3/16/22	1,943	436	-43%	10,106
Austria	3/18/22	4,958	463	-20%	128,123
Vietnam	3/18/22	2,773	29	-9%	367
S. Korea	3/22/22	8,900	600	-20%	0
Germany	3/24/22	2,715	719	-29%	0
Botswana	3/29/22	2,440	27	-	0
Laos	4/2/22	343	13	-35%	0
Thailand	4/4/22	372	97	-20%	0
China	4/22/22	17	1.3	-57%	0
Taiwan	5/10/22	1,640	2,587	75%	25,483

The language of aliens

The dynamics of the pandemic and its analysis are completely different in a context of zero covid strategy than anywhere else and therefore we do not analyze the same indicators. With the mega outbreaks in Shanghai and Jilin, we were able to comment for the first time since Wuhan on the same indicators as those of our global analyses, namely:

1) incidence vs Population (respectively 1078 at peak for Shanghai and 243 for Jilin city /Changchun),

2) lethality (0.093% for Shanghai, which places it in 7th position of the lowest lethalities in the world),

3) share of cases of severe cases (0.59% at the peak of severe cases in Shanghai, 0.43% in Jilin),

Epidemics KPIs by semester		5/17/2022 19:09				filter on Pop
	epidemic KPIs on S1 2022 to date			epidemic KPIs on S2 2021		
Carole Gabay for Solidarity Covid - Expats in China	Lethality (deaths on cases)	share of severe cases @ peak	average daily Incidence vs Pop	Lethality (deaths on cases)	share of severe cases @ peak	average daily Incidence vs Pop
China - Wuhan	0.00%	0.00%	0.12	0.00%	0	0.04
China - Hubei exc Wuhan	0.00%	0.00%	0.04	0.00%	0.0%	0.01
China - imported	0.00%	0.02%	0.72	0.00%	1.4%	0.26
China - out of Hubei	0.08%	2.14%	3.94	0.00%	2.7%	0.02
World exc China	0.34%			1.4%	-	
Netherlands	0.03%	0.02%	2106	0.22%	0.11%	459
Taiwan	0.03%	0.00%	250	9.08%	-	1
Kuwait	0.04%	0.17%	368	0.83%	1.81%	77
Qatar	0.05%	0.25%	294	0.10%	1.14%	54
Singapore	0.06%	0.07%	1207	0.37%	0.23%	201
Switzerland	0.07%	0.03%	1964	0.23%	0.11%	379
Dominican Republic	0.08%	0.42%	109	0.45%	0.67%	47
New Zealand	0.08%	0.01%	1572	0.22%	0.93%	13
Australia	0.09%	0.03%	1789	0.36%	0.23%	78
Israel	0.09%	0.17%	2300	0.33%	0.72%	342
UAE	0.10%	0.00%	104	0.27%	-	71
Benin	0.10%	0.08%	1	0.34%	-	8
S. Korea	0.11%	0.01%	2452	0.75%	0.99%	51
France - metropole	0.12%	0.05%	2166	0.26%	0.16%	351
Saudi Arabia	0.12%	1.73%	43	1.54%	11.67%	11
Vietnam	0.12%	0.18%	673	1.88%	1.97%	96
France	0.12%	0.06%	2152	0.30%	0.20%	349
South Sudan	0.13%	0.02%	2	0.41%	0.18%	2
Germany	0.14%	0.10%	1626	0.62%	0.45%	223
Portugal	0.14%	0.00%	1919	0.36%	0.12%	272
Denmark	0.14%	0.01%	2764	0.15%	0.04%	463

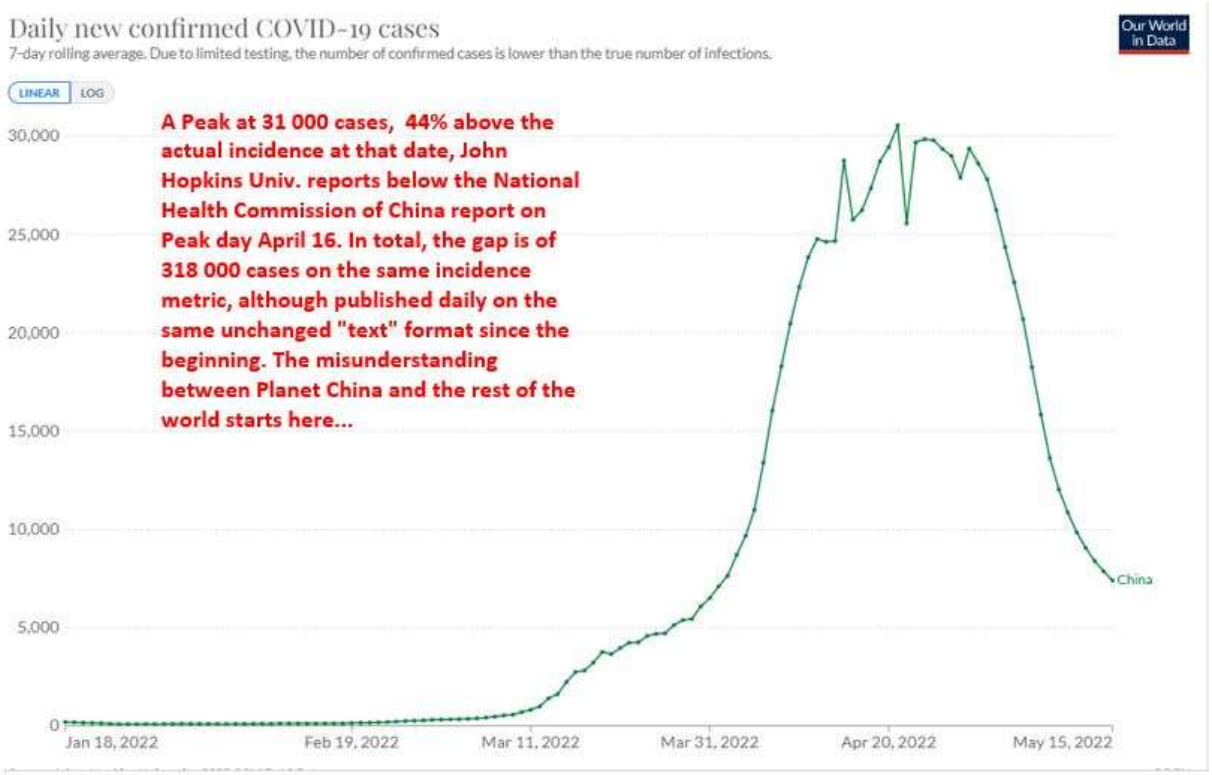
The definition of severe cases that we collect in Worldometer varies from ICU to intubation depending on the country. With 0.59% of severe cases at the peak, we see that Shanghai is not saturated in

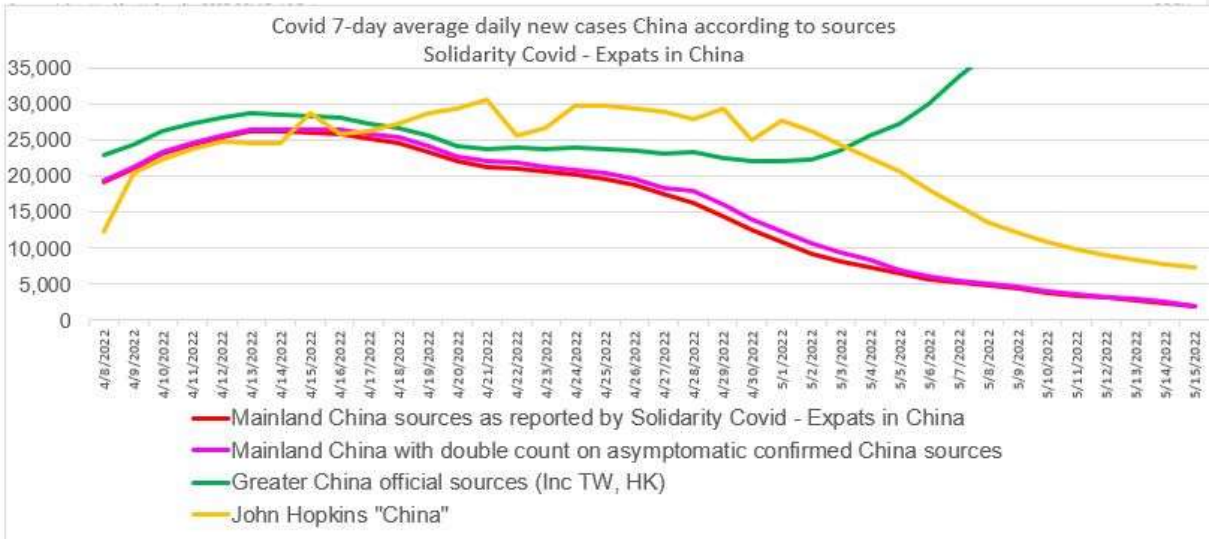
intensive care and is rather considerate to patients at risk compared to countries that have experienced very high incidence.

Despite this, there is still a total lack of understanding about several indicators for the analysts of the international organizations.

First, asymptomatic people are often presented as not counted in official figures when they have always been announced at least at national level by the Health Commission, including those that became confirmed. Hence with the surge of so-called "asymptomatic" cases reported in Shanghai (they are not really asymptomatic, but rather positive cases not yet examined), the researchers paid more attention to these cases.

Worldometer, our Global data source, has kept its definition of new cases unchanged, limited to confirmed cases (and we are adjusting it to include these asymptomatic, and separate imported cases from local cases). John Hopkins University, the global reference, made an attempt to reintegrate them, and there we are left speechless at the gap between their line and ours (from official Chinese data collected every day, we can make mistakes but not to this extent…).





According to John Hopkins University, China peaked on April 21 and is now down 75% from the peak. In fact, the incidence in mainland China peaked on April 14 and has since declined by 93%. As for the WHO dashboard, it does not differentiate mainland China from the other territories, and is currently unreadable due to the flare of cases in Taiwan.

John Hopkins shows a peak of new cases at 31,000 on 4/21, while on that date we recorded 23,000 cases. When China is at its peak, John Hopkins is 6% below and in the end we have 44% more at John Hopkins over the period. Even if we add the territories of Greater China (the green curve which is rising again driven by Taiwan), and do not deduct the asymptomatic that have become confirmed, it does not help.

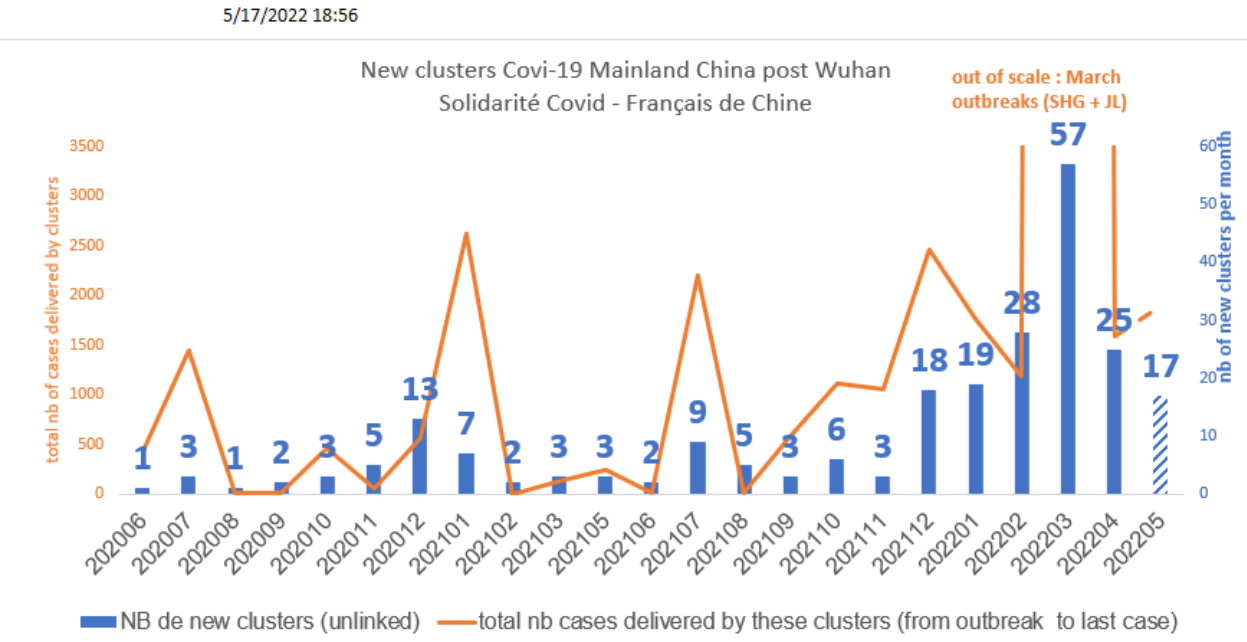
Second, it is the tests from China that are not reported in the international databases. We have been stuck at 160 million tests for months… In China, even in the era of mega outbreaks, a large part of the territory is Covid Free, screening campaigns are organized by cities as soon as a contact case appears, by the companies for the exposed professions, and there is no provincial and even less national consolidation.

And finally, there is a misunderstanding about the modes of transmission. As we know, the virus is transmitted mainly via droplets propelled into the air (hence the interest in wearing a mask), but there are many examples of clusters in China where the first infection was not by human contact, whether or not the object is from the cold chain.

Here, it's a matter of probability: in 99.9% of cases where an infected object is in contact with a human, there is no transmission, but in the rare cases where the infection is transmitted to man, we will get a cluster. This has been closely observed in dozens of pre-Omicron micro-clusters, with hundreds of fresh food samples testing positive across the country, a tiny minority of which generated local infection. Since BA.2, we have seen a large number of unexplained outbreaks in China, and those famous untraced cases from Shanghai in compounds where there had been no cases before and in strict lockdown like everyone else. On sequencing, we find a strain already active in China (like the current outbreak in Beijing) without there having been interprovincial human movement (subject to quarantine, tests, etc.).

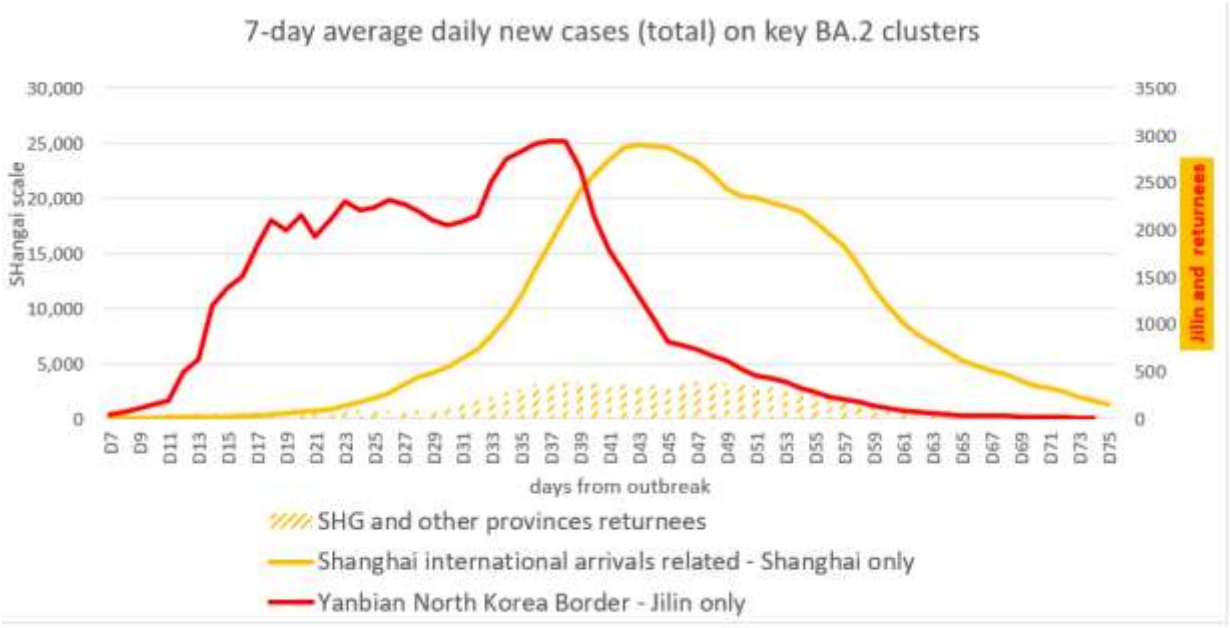
<u>At the end of the road</u>

Controlling outbreaks also means reducing the frequency of these homegrown outbreaks. We can already see the impact of the improvement in Shanghai on the number of new outbreaks, which in April returned to the level of February, still too high.

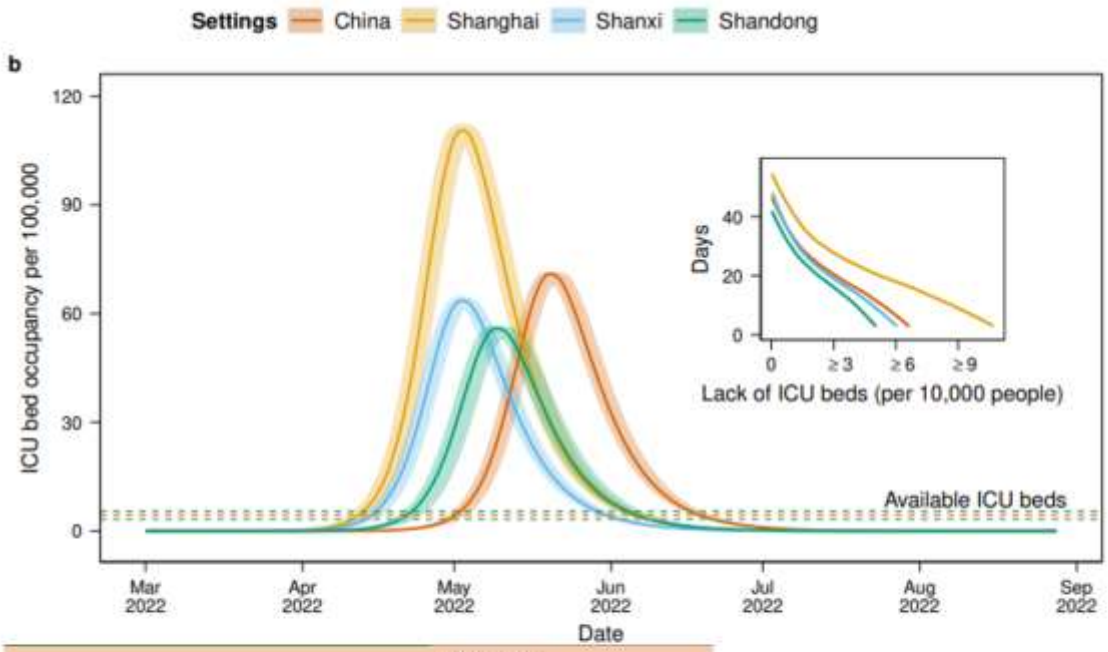


Our source database provides us with a number of independent sources of infection.

What is a "new cluster”? A truck driver returning from Shanghai who tested positive in his province will not generate a “new” outbreak, at worst a sub-outbreak if he was not quarantined upon arrival, and this happened in several provinces (Xining, Hebei, Shandong, Guangzhou). The only clusters for which no link have been found with an existing cluster in the itinerary of patient 0 will count as “new cluster”. 57 "new" outbreaks in March are as many outbreaks that could be linked to transmissions by object / cold chain from Shanghai / Jilin.



The 2 mega-clusters are coming to an end. In Jilin, schools have been gradually reopening since May 5, 0 new cases since May 14. In Shanghai, the incidence is down sharply, we reached 100% of traced cases for several days, 3 days in a row as of May 16. The incidence will have to be further reduced to release the population exhausted by weeks of confinement.



Solidarity Covid- Expats in China	nb ICU beds / 100 000 Population	est nb beds ICU
total China*	3.6	51,816
Shanghai**	5.99	1497
average Europe***	11.50	88,527

* source Nature - Fudan University May 2022
**source Baidu article April 27 2022
*** data collection 2010-2011 - published 2013 - PubMedCentral

Illustration from Nature article May 10 2022 : Modeling transmission of SARS-CoV-2 Omicron in China

So close to the goal, China will not give up, ignores all the good advice given by the WHO, the European Chamber of Commerce, etc., and publishes in the journal Nature a dreadful scenario of "living with the virus" for China : 1.5 million deaths despite accelerated vaccination of the elderly, saturation of ICU up to 15 times capacity, considering the limited equipment in ventilators outside of the Tier I cities.

WHO tells China it's time to shift away from covid-zero policy

• Strong words from the WHO's Tedros

Adam Button
Tuesday, 10/05/2022 | 22:25 GMT+8

Follow covid

• We don't think that China's covid-zero policy is sustainable considering the behaviour of the virus
• We know a lot about the virus now, we have better tools, it's time for a shift

May 10, 2022: Statement by the General Manager of the WHO, rejected by China.

The outbreaks in China, despite the pitfalls of counting cases and probably the first deaths of the mega outbreaks (in particular the delays in reporting that we have observed), is an opportunity to have total and daily coverage of the screening in the cities with outbreaks, and therefore epidemiological data which is close to the reality of the virus because it is not subject to sample bias (incidence, positivity rate, reproduction rate, incubation period, rate of severe cases, and in fine mortality rate). The WHO assumes the world has accumulated solid experience Omicron well, for sure they have. Nevertheless China, constantly confronted with it, but rarely overwhelmed thanks to its costly isolation on its planet, has every opportunity to analyze it from every angle, and probably has built another type of expertise on the virus.

Carole Gabay has been an expat with her family in Shanghai since 2013. A graduate of ESSEC in France, with a long career in market research and data management, she found herself involved from the start of the epidemic in China in the tracking of Covid data with the project of the volunteer team Solidarité Covid – Français de Chine, an initiative of UFE-Shanghai. For regular analysis, articles, interviews, presentation of the research project, the Website which now has its own domain: www.solidaritecovid.com

Show your support for Solidarité Covid – Français de Chine on the crowdfunding operation on Yoopay: https://yoopay.cn/cf/10212

Outside of China: https://deeperin19coviddata.wordpress.com/donate/

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