



COVID-19 and Children's Surveillance Report

Number 17

Compiled: 02 May 2022





Contents

Aim	2
Methods	2
Overview	2
Summary	6
List of abbreviations	10
Australia: Australian Capital Territory	11
Australia: New South Wales	12
Australia: Tasmania	13
Australia: Victoria	14
Canada	15
Denmark	16
England, UK	17
Finland	18
Netherlands	19
Scotland, UK	20
Singapore	21
South Africa	22
USA	23
USA: Impact of vaccination on disease incidence	24
Authors	25

To subscribe and receive the weekly reports, please email: asiapacific.health@mcri.edu.au



Aim

- To provide a weekly summary on the latest COVID-19 surveillance data in children and adolescents, with a focus on Australian States and Territories as well as specific countries that are relevant to the Australian context because of their size, COVID-19 epidemiology, the mitigation measures in place and data availability.
- Data on Multisystem Inflammatory Syndrome in Children (MIS-C), otherwise known as Paediatric Inflammatory Multisystem Syndrome (PIMS-TS), is included where available.

Methods

- This report is updated weekly using the most recently available data from government websites.
- Excess mortality data are sourced from EuroMOMO and Our World in Data. Excess mortality refers to the number of deaths from all causes during a crisis above and beyond what we would have expected to see under 'normal' conditions.¹ In this case, we are interested to compare the number of deaths during the COVID-19 pandemic compared to the expected number of deaths had the pandemic not occurred.
- Caveat: The number of infections in both unvaccinated and vaccinated children increases if school mitigation measures are few, or there are changes to testing criteria and the adoption of screening in schools which identifies asymptomatic cases. In the absence of random sampling of the population by age group or seroprevalence surveys, trends in case numbers are relatively an unreliable indicator to determine how much SARS-CoV-2 is circulating. Due to the nature of the testing, the number of cases and the age distribution of cases will be biased towards the age groups that are tested most. This means that if there is asymptomatic screening in school-age children then it will appear that children contribute more to case numbers than any other age group.

Overview

- The Omicron variant of concern² has been detected in 181 countries³ (up from 179 countries in the last report) and is the predominant variant worldwide due to its high transmissibility. Subvariant BA.2 has replaced BA.1 as the predominant Omicron subvariant in most regions included in this report, including New South Wales (NSW), Canada, Denmark, the Netherlands, the UK and the USA. BA.1 remains predominant in Finland and BA.4 has replaced BA.2 as the predominant variant in South Africa. Genomic surveillance data is not publicly available for the Australian Capital Territory (ACT), Tasmania, Victoria and Singapore.
- With the predominance of Omicron in many settings and with vaccines having lower effectiveness against infection for this variant, the age distribution of infection changed. Reports from NSW, the UK and Denmark, regions which have intensive surveillance, indicate that transmission mainly occurred in 20-29 year olds initially, with infections in children and adolescents increasing as schools reopened after the end-of-year holidays, which in most settings have now declined.
- In the UK, seroprevalence surveys found that 97.6% of children aged 8-11 years had evidence of prior infection with SARS-CoV-2 by the third week of Feb 2022 during the Omicron (BA.1) wave.⁴

School mitigation measures

- All countries in this report reopened schools during the Omicron period.
- School mitigation measures include rapid antigen testing (RAT) and multiple measures in many countries.
- Currently, there are no mask mandates for primary school-age children in any Australian state or territory. Victoria and Western Australia had a mask mandate for year 3 onwards until the end of term 1 2022. NSW and Victoria mandated masks for secondary school students until late Feb 2022. The ACT requires masks for high school students who are household contacts. Tasmania requires all school staff and secondary school students to wear masks. No Nordic countries have had mask mandates for children and several countries have never recommended

¹ Our World in Data. Excess mortality during the Coronavirus pandemic (COVID-19). London, United Kingdom: Global Change Data Lab; 2022. <https://ourworldindata.org/excess-mortality-covid>

² World Health Organization (WHO). Update on Omicron 28 November 2021. Geneva, Switzerland: WHO; 2021. <https://www.who.int/news/item/28-11-2021-update-on-omicron>

³ GISAID. Tracking of Variants. Munich, Germany: GISAID; 2022. <https://www.gisaid.org/hcov19-variants/>

⁴ Office for National Statistics (ONS). Coronavirus (COVID-19) antibody and vaccination data for the UK. London, United Kingdom: ONS; 2022. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/datasets/coronaviruscovid19antibodydatafortheuk>



masks for children. England does not have a mask mandate in most places including schools, whereas Scotland requires masks for specific circumstances in secondary schools. Singapore and South Africa require masks in schools.

- Finland has removed all restrictions on children and Denmark has lifted all restrictions since Feb 2022. The Netherlands and England have removed most restrictions.
- Vaccines generally have lower effectiveness against Omicron infection but are still highly effective against severe disease.
- All countries included in this report are offering vaccination to primary school-age children and adolescents, except for South Africa. First dose coverage rates range from ~5-80% among 5-11 year olds and ~54-99% among 12-15 year olds.

Snapshot summary

- Following the peak in infections and reopening of schools in Victoria and NSW in Feb 2022, infections, hospitalisations, ICU admissions and deaths declined with subvariant BA.1. This pattern was similarly observed after schools reopened in 2020 with the ancestral strain, and in 2021 with the Delta variant. School infections occur but there was no evidence during these periods that they drive community transmission, as the peak of the BA.1 wave occurred during the school holidays and reflected broader community transmission. However, infections amongst school-age children increased in the ACT and Tasmania following school reopening in Feb 2022. This also coincided with an increase in testing availability during school term. During term 1, infections in school-age children peaked in NSW and the ACT in mid-Mar and in Tasmania in late Mar to early Apr 2022, 2-4 weeks before school holidays commenced.
- Fine age category breakdown by year of age is not available for children except for England and The Netherlands which both show an age-dependent increase in infection rates up to about 13 years of age. This may be due to younger children being more efficient at clearing the virus.⁵
- Some countries had an increase in cases in children and adolescents with schools reopening during the Omicron period, which mostly declined within a few weeks. Similarly, hospitalisations briefly increased in children, but this has been a combination of admission for COVID-19 treatment and incidentally testing positive when admitted for an unrelated condition. An analysis of paediatric hospitalisation data in England (Dec 2020 to Jan 2022 spanning Alpha, Delta and Omicron waves) found that⁶:
 - Amongst children hospitalised with COVID-19, 10% (15/147) were admitted with severe COVID-19 presenting as pneumonitis, mainly during the Alpha wave (10/15, 67%) and in older children and adolescents (9/15, 60% aged 12-18 years) with comorbidities (11/15, including 8 with immunosuppression). One third (49/147, 33%) had SARS-CoV-2 as a likely contributor to hospitalisation. The remaining 56% (83/147) incidentally tested positive for SARS-CoV-2 when admitted for an unrelated non-infectious condition.
- The increase in paediatric hospitalisations during the Omicron wave was seen more so in the 0-4 year old age group but was higher in 0-2 years compared to 3-4 year olds.⁷ In the USA, the rate of hospitalisations during the peak of the Omicron wave (first week of January 2022) was highest in children aged 0-4 years at 14.5 per 100,000 children (five times that of Delta peak of 2.9).⁸ Hospitalisation rates were lowest in the 5-11 year age group at approximately 3 per 100,000, which is the lowest of all age groups. The monthly hospitalisation rate of unvaccinated adolescents aged 12-17 years was six times higher than fully vaccinated adolescents (23.5 vs 3.8 per 100,000). Hospitalisations in children aged 0-4 years decreased by mid-February 2022 to 3.9 per 100,000. Recent data is not yet available for the 12-17 year age groups.⁹
- An analysis of incidence rates and clinical outcomes of children <5 years infected with the Omicron and Delta variants in the US found that¹⁰:
 - Incidence rates increased from 1.0-1.5 (Delta period) to 2.4-5.6 cases per 1000 persons per day (Omicron emergence). Monthly rates peaked in Jan 2022 during the Omicron period at 8.6 cases per 1000 persons per day.
 - Omicron infection was higher in children aged 0-2 years compared to 3-4 years.
 - Risks for severe clinical outcomes in children infected with Omicron were significantly lower than those with Delta.
- During the Omicron BA.1 surge, the clinical manifestations in children have been similar to other common paediatric respiratory viral infections. Croup has been a common reason for admission in the 0-4 year age group with admission to ICU for monitoring and treatment.¹¹
- Data from the US and UK both show that despite a large increase in infections during BA.1, the number of MIS-C cases did not increase. MIS-C declined in the USA.¹² A UK study found that compared with the Alpha wave, there were fewer cases of MIS-C relative to SARS-CoV-2 infections during both the initial and subsequent Delta waves, and continuing into the

⁵ Mallapaty S. Kids show mysteriously low levels of COVID antibodies. Nature. 10 March 2022. <https://www.nature.com/articles/d41586-022-00681-8>

⁶ Zsigmond B, Breathnach AS, Mensah A, et al. Hospitalisations in children with confirmed SARS-CoV-2 infection during December 2020 to January 2022: retrospective single-centre cohort, London, England. SSRN. 2022. <https://dx.doi.org/10.2139/ssrn.4038380>

⁷ Paediatric COVID-19 update: 7 January 2022. New York, USA: New York State Department of Health; 2022. https://www.health.ny.gov/press/releases/2022/docs/pediatric_covid-19_hospitalization_report_summary.pdf

⁸ Marks KJ, Whitaker M, Anglin O, et al. Hospitalizations of children and adolescents with laboratory-confirmed COVID-19 - COVID-NET, 14 States, July 2021 - January 2022. MMWR. 2022;71(7):271-8. <https://www.cdc.gov/mmwr/volumes/71/wr/mm7107e4.htm>

⁹ Marks KJ, Whitaker M, Anglin O, et al. Hospitalizations of infants and children aged 0-4 years with laboratory-confirmed COVID-19 - COVID-NET, 14 States, March 2020 - February 2022. MMWR. 2022;71(11):429-36. https://www.cdc.gov/mmwr/volumes/71/wr/mm7111e2.htm?cid=mm7111e2_w

¹⁰ Wang L, Berger NA, Kaelber DC, et al. Incidence rates and clinical outcomes of SARS-CoV-2 infection with the Omicron and Delta variants in children younger than 5 years in the US. JAMA Pediatrics. 2022. <https://doi.org/10.1001/jamapediatrics.2022.0945>

¹¹ Omicron drives record cases of child COVID hospitalisations. Financial Times. 17 January 2022. <https://www.ft.com/content/28be9b3f-0b12-4c33-bda9-fbf375c0b7e>

¹² Does Omicron hit kids harder? Scientists are trying to find out. Nature. 04 February 2022. <https://www.nature.com/articles/d41586-022-00309-x>



Omicron wave despite extensive spread of BA.1.¹³ Compared to the Alpha wave, the proportion of MIS-C cases to SARS-CoV-2 infections were lower in pre-vaccine Delta, post-vaccine Delta and Omicron waves, at 56%, 66% and 95% lower respectively.¹⁴

- In Europe, there is no substantial increase in excess mortality in children aged 0-14 years during the Omicron period.¹⁵
- For infections in educational staff, the Netherlands found similar rates of infection in educational staff vs the general adult population. During 14 Mar to 24 Apr 2022, of 60,496 people tested and working in education or childcare, 64.7% were positive. In comparison, 65.1% of the 1,060,385 adults tested were positive in the same period.¹⁶
- There is no evidence that school re-opening during the Omicron BA.1 period (and BA.2 for Denmark) has increased community transmission or increased excess mortality in all ages. Where reported, excess mortality has declined, except for temporary increases in Denmark and the Netherlands which are now declining.

Updates from new publications

- A seroprevalence study in the United States found that 68% of children aged 1-4 years, 77% aged 5-11 years and 74% aged 12-17 years were infected over six months, highlighting the high transmissibility of the Omicron variant.¹⁷
- In the United States, acute upper airway disease in SARS-CoV-2 positive children increased during the Omicron wave (1.5% pre-Omicron vs 4.1% Omicron). More than one-fifth of children hospitalised with SARS-CoV-2 and upper airway disease developed severe disease.¹⁸
- During the Omicron period (mid-Dec 2021 to late Feb 2022) in the USA, COVID-19-associated hospitalisation rates in children aged 5-11 years were approximately twice as high among unvaccinated as among vaccinated children. There were no underlying medical conditions in 30% of children and 19% were admitted to ICU. Children with diabetes and obesity were more likely to experience severe COVID-19.¹⁹
- During the Omicron wave in South Africa, paediatric cases were higher than in the three previous SARS-CoV-2 waves and hospitalisations in children uncharacteristically increased ahead of adults. Nearly two-thirds (63%) of the paediatric hospitalisations were in children aged 0-4 years and 44% of these had a primary diagnosis of COVID-19. Most of these children (88%) required standard ward care and 20% needed oxygen therapy, while 5% were ventilated and 3% died during the study period. All children were unvaccinated against COVID-19.²⁰

¹³ Cohen JM, Carter MJ, Cheung CR, et al. Lower risk of paediatric inflammatory multisystem syndrome (PIMS-TS) with the Delta variant of SARS-CoV-2 [Preprint]. medRxiv. 2022. <https://www.medrxiv.org/content/10.1101/2022.03.13.22272267v1>

¹⁴ Cohen JM, Carter MJ, Cheung CR, et al. Lower risk of multisystem inflammatory syndrome in children (MIS-C) with the Delta and Omicron variants of SARS-CoV-2 [Preprint]. medRxiv. 2022. <https://www.medrxiv.org/content/10.1101/2022.03.13.22272267v2>

¹⁵ EuroMOMO. Graphs and maps. Copenhagen, Denmark: Statens Serum Institut (SSI); 2022. <https://www.euromomo.eu/graphs-and-maps>

¹⁶ National Institute for Public Health and the Environment (RIVM). Research results from GGD data about children and COVID-19. Amsterdam, The Netherlands: Ministry of Health, Welfare and Sport; 2022. <https://www.rivm.nl/en/coronavirus-covid-19/children-and-covid-19/research-results-ggd-data>

¹⁷ Clarke KEN, Kim Y, Jones J, et al. Pediatric infection-induced SARS-CoV-2 seroprevalence estimation using commercial laboratory specimens: how representative is it of the general U.S. pediatric population? [Preprint]. SSRN. 2022. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4092074

¹⁸ Martin B, DeWitt PE, Russell S, et al. Acute upper airway disease in children with the Omicron (B.1.1.529) variant of SARS-CoV-2 - a report from the US National COVID Cohort Collaborative. JAMA Pediatrics. 2022. <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2791278>

¹⁹ Shi DS, Whitaker M, Marks KJ, et al. Hospitalizations of children aged 5-11 years with laboratory-confirmed COVID-19 - COVID-NET, 14 States, March 2020 - February 2022. MMWR. 2022;71(16):574-81. <https://www.cdc.gov/mmwr/volumes/71/wr/mm7116e1.html>

²⁰ Cloete J, Kruger A, Masha M, et al. Paediatric hospitalisations due to COVID-19 during the first SARS-CoV-2 omicron (B.1.1.529) variant wave in South Africa: a multicentre observational study. Lancet Child & Adolescent Health. 2022;6(5):294-302. [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(22\)00027-X/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(22)00027-X/fulltext)



Summary of COVID-19 epidemiology in children and adolescents

Country	Predominant variants	Cases	Hospitalisations	MIS-C/PIMS-TS	Deaths [^]
ACT, Australia	Not reported	Stable	Stable	Not reported	0
NSW, Australia	Omicron BA.2	↓	↓*	Not reported	4 ^b
TAS, Australia	Not reported	↓	Not available	Not reported	0
VIC, Australia	Not reported	Stable	Not available	Not reported	2 ^b
Canada	Omicron BA.2	↓	↑*	Not reported	37 ^b
Denmark	Omicron BA.2	Stable	Stable	44 cases [†]	7 ^b
England, UK	Omicron BA.2	↓	Stable	Not reported	90 ^{b, #, †}
Finland	Omicron BA.2	↓	↓	Not reported	0
Netherlands	Omicron BA.2	↓	Stable	Not reported	Not reported
Scotland, UK	Omicron BA.2	↓	↓	Not reported	5 ^{a, #}
Singapore	Not reported	↓	Stable	5 cases ⁻	0
South Africa	Omicron BA.4 & BA.5	↑	↑	Not reported	853 ^b
USA	Omicron BA.2	↑	Stable	7880 cases	1017 ^b

Note: Trends and values are for children only, unless otherwise specified.

*Available data includes both children and adults.

[†]During the Omicron period (1 Nov 2021 - 1 Feb 2022). ⁻Last reported 8 Nov 2021. [‡]Last reported 7 Apr 2022.

[^]Age range for child deaths between 0-19y except Scotland (0-14y) and USA (0-17y). Deaths ^adue to COVID-19 or ^bwith COVID-19. [#]In the past year.



Summary

- In **Australia**, COVID-19 Public Health and Social Measures (PHSM) and trends differ by State/Territory.
 - Nationwide, approximately 53% of 5-11 year olds and 85% of 12-15 year olds have received at least one dose of vaccine.
 - From early Apr 2022, a second booster dose is offered to all aged 65 years and older and high-risk groups, including Indigenous Australians 50 years and older, individuals living in aged or disability care and immunocompromised individuals aged 16 years and older.
 - In the week ending 27 Mar 2022, approximately 23.5% of 0-4 year-olds, 36.4% of 5-11 year-olds and 37.2% of 12-17 year-olds nationwide reported testing for RAT. Self-reported positivity across all age groups was 18.3% for PCR and 7.9% for RAT.²¹
- The **ACT** closed schools for holidays in early Apr and reopened in late Apr 2022.
 - Masks are no longer required in most settings and the advice to work from home has been removed.
 - Schools have multi-layered mitigation strategies in place, including mask-wearing only for high school students who are household contacts. RATs are now provided as needed.
 - Approximately 80% of 5-11 year olds and >99% of 12-15 year olds have received at least one dose of vaccine.
 - Case numbers are stabilising, with currently ~800 confirmed cases per day in all ages.
 - Infections are highest in the 18-39 year age group and lowest in the 0-17 and 65+ year age groups. Children across the state were offered RATs in the first 8 weeks of school reopening, during which time they were likely to be over-represented in case numbers and the percentage contribution to total infections due to increased testing.
 - Hospitalisations rates for 0-17 year olds is very low at 1 per 100,000. It is unknown how many are incidental. Of all the hospitalisations in <17 years, three quarters are unvaccinated.
 - There have been no deaths in children throughout the entire pandemic.
- **NSW** schools closed for holidays in early Apr and reopened in late Apr 2022.
 - Masks are no longer required in most settings and advice to work from home has been removed.
 - Schools have multi-layered mitigation strategies in place, including RATs for symptomatic individuals and close contacts and maximising classroom ventilation.
 - Approximately 50% of 5-11 year olds and 83% of 12-15 year olds have received at least one dose of vaccine.
 - Case numbers are declining, with currently ~10,800 confirmed cases per day in all ages. Omicron subvariant BA.2 is the predominant variant.
 - Infections declined in school-age children 2-3 weeks before school holidays, which may be due to reductions in testing. Infections are highest in the 30-49 year age group and lowest in the 0-19 and 70+ year age groups. Children across the state were offered weekly RATs until the end of Feb 2022, during that time they were likely to be over-represented in case numbers and the percentage contribution to total infections due to increased testing.
 - There is no data on hospitalisation trends by age, but overall hospitalisations are declining.
 - Four children have died with COVID-19 throughout the entire pandemic.
- **Tasmania** closed schools for holidays in mid-Apr and reopened in early May 2022.
 - Masks are no longer required in most settings.
 - Schools have multi-layered mitigation strategies in place, including mask-wearing for all school staff and secondary school students, RATs for symptomatic individuals and close contacts, cohorting and supply of air-purification devices.
 - Approximately 64% of 5-11 year olds and 87% of 12-15 year olds have received at least one dose of vaccine.
 - There are currently ~1000 confirmed cases per day in all ages. Case numbers in school-age children started declining two weeks before school holidays commenced.
 - Infections are highest in the 20-49 year age group, followed by the 12-19 age group and lowest in the 70+ age group. Children across the state are offered RATs through schools so are likely to be over-represented in case numbers and the percentage contribution to total infections due to increased testing.
 - Since Dec 2021, there have been eight 5-19 year olds admitted to hospital for treatment, with one in ICU (aged 16-19 years). 33 children aged 0-4 years were hospitalised for treatment of COVID-19, with three admitted to ICU.
 - There have been no deaths in children throughout the entire pandemic.
- **Victoria** closed schools for holidays in early Apr and reopened in late Apr 2022.
 - Masks are no longer required in most settings and advice to work from home has been removed. Schools have mitigation strategies in place, including improved ventilation and RAT testing.
 - Approximately 57% of 5-11 year olds and 89% of 12-15 year olds have received at least one dose of a COVID-19 vaccine.

²¹ FluTracking. FluTracking Reports (Australia). New South Wales, Australia: FluTracking; 2022. <https://info.flutracking.net/reports-2/australia-reports/>



- Case numbers are stable, with currently ~9,200 confirmed cases per day in all ages.
 - Infections are highest in the 30-39 year age group. Children are offered RATs twice weekly, so children are tested more and therefore likely to be over-represented in case numbers and the percentage contribution to all infections, although testing compliance is not known and the daily breakdown by age for PCR/RATs is not available.
 - Since 8 Jan 2022, both PCR and RAT positive results are considered positive cases.
- There is no hospitalisation data available by age, but overall numbers in all ages are increasing.
- Two children have died with COVID-19 throughout the entire pandemic.
- **In Europe and North America**, the downward trend continues in many countries and regions, although some regions are experiencing a new increase due to both an increase in Omicron subvariant BA.2, which is more transmissible, and the easing of restrictions.
- **Canada** closed its schools for a one-week holiday in mid-Mar 2022.
 - PHSM vary by province.
 - Approximately 57% of 5-11 year olds and 88% of 12-17 year olds have received at least one dose of vaccine.
 - There was an initial steep increase in infections due to the Omicron (BA.1) variant followed by a steep downward trend in all age groups. BA.2 became the predominant variant which caused a temporary steep increase in mid-Apr 2022. Cases are now declining.
 - There is no data on hospitalisation trends by age. Overall hospitalisations had increased before declining but are now increasing again.
 - There have been 37 deaths with COVID-19 in children aged 0-19 years throughout the entire pandemic.
 - In the Province of British Columbia²² (data to Report #16, 11 Apr 2022):
 - Infections are low and stable, however, due to changes in testing strategies since late Dec 2021, only PCR cases are included in daily numbers which will lead to an underestimate of the true incidence of cases.
 - Between late Dec 2021 to late Mar 2022, the hospitalisation rates amongst unvaccinated 5-11 and 12-17 year olds were 3.3 and 3.8 times higher than their vaccinated counterparts, while critical care admissions remain rare among school-age children (29 admissions since Jan 2020).
 - There have been no deaths among school-age children.
- **Denmark** closed its schools for one-week holidays in mid-Feb and mid-Apr 2022. Excess mortality in all age groups dramatically declined over the Omicron period but slightly increased before stabilising and decreasing over the past two months.²³
 - All restrictions have been lifted from Feb 2022.
 - Approximately 47% of 5-11 year olds and 81% of 12-15 year olds have received at least one dose of vaccine.
 - Infections are low and stable in all age groups.
 - Hospitalisations in children have remained relatively stable and very low.
 - There have been seven deaths with COVID-19 in children aged 0-19 years throughout the entire pandemic.
- **England** closed its schools for holidays from early to mid-Apr 2022. Excess mortality in all age groups continues to dramatically decline over the Omicron period.²⁴
 - Most restrictions have been lifted. Some remain in place including advice to stay home if positive and mask-wearing in healthcare settings only. Free PCRs and RATs are no longer available for most people.
 - Approximately 5% of 5-11 year olds, 54% of 12-15 year olds and 66% of 16-17 year olds have received at least one dose of vaccine.
 - Infections across all age groups peaked in late Dec 2021 to early Jan 2022 with BA.1 and then decreased, which then increased with subvariant BA.2 but are now decreasing in all age groups.
 - Infection rates are highest in the 80+ year age group and lowest in the 0-19 age group. Positivity rates are also highest in the 70+ age group.
 - Hospitalisations remain stable for most age groups, except in the 75+ age group which is declining but remains high. Hospitalisations remain lowest in children and are stable.
 - Deaths are no longer available by age group but total deaths in all age groups are decreasing.
- **Finland** closed its schools for a one-week holiday in mid-Feb 2022. Excess mortality fluctuated above and below the historical average over the Omicron period but is currently low and stable.²⁵
 - Few restrictions remain in place, including a recommendation to wear masks indoors.

²² BC Centre for Disease Control. British Columbia COVID-19 Situation Report for K-12 Schools: March 2022 Update. British Columbia: Canada: Provincial Health Services Authority; 2022. http://www.bccdc.ca/Health-Info-Site/Documents/COVID_sitrep/K12_Situation_Report/SitRep_K-12_March2022.pdf

²³ EuroMMO. Graphs and maps. Copenhagen, Denmark: Statens Serum Institut (SSI); 2022. <https://www.eurommo.eu/graphs-and-maps>

²⁴ Sundhedsstyrelsen [Danish Health Authority]. Opdatering vedr. covid-19 vaccination af børn på 5-11 år [Update regarding COVID-19 vaccination of children aged 5-11 years]. Copenhagen, Denmark: Sundhedsstyrelsen; 2022. <https://www.sst.dk/-/media/Udgivelser/2022/Corona/Vaccination/Notat-vaccination-af-boern-5-11-aar.ashx>

²⁵ Our World in Data. Excess mortality during the Coronavirus pandemic (COVID-19). London, United Kingdom: Global Change Data Lab; 2022. <https://ourworldindata.org/excess-mortality-covid>



- Approximately 26% of 5-11 year olds and 79% of 12-17 year olds have received at least one dose of vaccine.
- Infections peaked in Apr 2022 and are declining in all age groups. Infections are highest in the 25-49 year age group.
- There is no hospitalisation data available by age. Total hospitalisations have peaked but remain high and are on a downward trend. Specialist care admissions remain low and stable in children.
- There have been no deaths in children throughout the entire pandemic.
- **The Netherlands** closed its schools for one-week holidays in mid-late Feb and late Apr to early Mar 2022. Excess mortality declined over the Omicron period, before increasing slightly and decreasing over the past 6 weeks.²⁶
 - Few restrictions remain in place, including mask-wearing in airports only and advice to test if symptomatic.
 - Approximately 6% of 5-11 year olds and 69% of 12-17 year olds have received at least one dose of vaccine.
 - Infections due to BA.1 were on a steep downward trend when restrictions eased, including removal of mask-wearing, until late Feb 2022. Subvariant BA.2 resulted in a steep upward trend over a few weeks, followed by a steep decline. Infections are highest amongst 25-29 year olds. There is an age-related increase in infection rates in children up to 13 years of age.
 - Hospitalisations increased with Omicron (BA.1 and BA.2) but have since declined. There was an increase in the 70+ year age groups, especially in 90+ year olds, but rates are now declining. Rates remained stable and lowest in children.
 - In the past year, children <18 years accounted for 2.3% of all hospital admissions with COVID-19.
 - The number of deaths with COVID-19 in children is not reported.
- **Scotland** closed its schools for a one-week holiday in mid-Feb and a two-week holiday in early to mid-Apr 2022. Excess mortality in all age groups remains low and stable over the Omicron period.²⁷
 - Most restrictions have been lifted. Some remain in place including mask-wearing on public transport and some indoor settings. From May 2022, testing is only available to high-risk groups and healthcare workers. Asymptomatic close contacts are not required to isolate and there is reduced isolation time for cases.
 - Approximately 16% of 5-11 year olds, 68% of 12-15 year olds and 81% of 16-17 year olds have received at least one dose of vaccine.
 - Infections across all age groups peaked in Jan and then decreased, before increasing again in mid-Mar 2022 due to BA.2 and is now decreasing. Infection rates are highest in the 20-39 year age group and lowest in children. Hospitalisations in children increased with the BA.2 wave but are now decreasing. For children, hospitalisations are highest in the <1 year age group. Hospitalisations also include children who test positive, irrespective of the reason for admission, so is an overestimate of hospitalisations for treatment of COVID-19.
 - There have been five deaths due to COVID-19 in children aged 0-14 years in the past year.
- **Singapore** closed its schools for a one-week holiday in mid-Mar 2022.
 - From late Apr 2022, restrictions have eased further to include mask-wearing indoors only (including schools), and removal of work from home advice, physical distancing requirements and density limits.
 - Approximately 93% of the entire population has received at least one dose of vaccine. All children aged 5-11 years are offered vaccine.
 - Following a peak in infections with BA.2, there is currently a downward trend with ~2400 cases per day, primarily in the 20-39 year age group.
 - Overall hospitalisations are stable and admissions remain lowest in children.
 - A total of five cases of MIS-C have been reported, all from the Delta wave in mid-late 2021. There has been one ICU admission due to MIS-C up until 8 Nov 2021.
 - There have been no deaths in children throughout the entire pandemic.
- **South Africa** closed its schools for holidays in mid-Mar to early Apr 2022. Overall excess mortality declined over the Omicron period and is now close to baseline levels.²⁸
 - Few restrictions remain in place, including mandatory indoor mask-wearing for all aged 6 years and older. Asymptomatic cases are not required to isolate.
 - Approximately 49% of the entire population is fully vaccinated. Vaccination is only offered to those aged 12 years and older.
 - There was a rapid increase in infections due to Omicron BA.1 in all age groups followed by a rapid decrease. Omicron subvariant BA.2 overtook BA.1 as the predominant variant in late Jan 2022 but there was no increase in case numbers. Infections are currently increasing with BA.4 and BA.5 overtaking BA.2 as the predominant variants.
 - Overall hospitalisations are stable although there seems to be a slight increase and so far, much less than the increase seen with BA.1.
 - There have been 848 deaths with COVID-19 in children aged 0-19 years throughout the entire pandemic. This accounts for <1% of all COVID-19 deaths in the country.

²⁶ EuroMOMO. Graphs and maps. Copenhagen, Denmark: Statens Serum Institut (SSI); 2022. <https://www.euromomo.eu/graphs-and-maps>

²⁷ EuroMOMO. Graphs and maps. Copenhagen, Denmark: Statens Serum Institut (SSI); 2022. <https://www.euromomo.eu/graphs-and-maps>

²⁸ Our World in Data. Excess mortality during the Coronavirus pandemic (COVID-19). London, United Kingdom: Global Change Data Lab; 2022. <https://ourworldindata.org/excess-mortality-covid>



- The **United States**, closed its schools for a one-week holiday between Mar-Apr 2022, which varied by location. Excess mortality in all age groups declined over the Omicron period and stabilised.²⁹
 - The US Centres for Disease Control and Prevention (CDC) recommend multi-layered PHSM, but adoption varies by State and Territory.
 - Approximately 35% of 5-11 year olds and 69% of 12-17 year olds have received at least one dose of vaccine.
 - Infections are increasing in all age groups due to the recent predominance of BA.2 and BA.2.12.1.
 - Hospitalisations continue to remain low and stable in children, although this is increasing in adults.
 - There have been 1017 deaths with COVID-19 in children aged 0-17 years throughout the entire pandemic. This accounts for 0.1% of all COVID-19 deaths in the country.
 - Texas has had the highest number of child deaths (146) and there are three States that have reported zero deaths throughout the entire pandemic.³⁰
 - A total of 7880 cases of MIS-C have been reported, including 66 deaths (data to Report #15, 04 Apr 2022).
 - There was no increase in MIS-C despite the surge of Omicron cases.
 - Hospitalisations and deaths include all children who test positive, irrespective of the reason for admission or death, so is likely an overestimate of hospitalisations and deaths due to COVID-19.

²⁹ Our World in Data. Excess mortality during the Coronavirus pandemic (COVID-19). London, United Kingdom: Global Change Data Lab; 2022. <https://ourworldindata.org/excess-mortality-covid>

³⁰ American Academy of Pediatrics (AAP). Children and COVID-19: State-Level Data Report. Illinois, US: AAP; 2021. <https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>



List of abbreviations

Abbreviation	Term
ACT	Australian Capital Territory
CDC	US Centres for Disease Control and Prevention
MIS-C	Multisystem inflammatory syndrome in children
NSW	New South Wales
PCR	Polymerase chain reaction
PHSM	Public health & social measures
PIMS-TS	Paediatric inflammatory multisystem syndrome
RAT	Rapid antigen testing
TTIQ	Test, trace, isolate, quarantine



Australia: Australian Capital Territory

(population 430,000)

<p>PHSM³¹</p>	<p>Schools & mitigation³²</p>	<p>Vaccination coverage^{33, 34}</p>																																																												
<p>From mid Mar 2022, masks are no longer required in most settings except public transport, hospitals and schools, QR check-in and proof of vaccination for certain venues only and advice to work from home removed.</p>	<p>Schools closed for holidays in early Apr and returned in late Apr 2022. Density limits no longer apply and masks are only required for high school students who are household contacts. RATs were provided to staff and students for the first eight weeks of the school year and are now provided on a needs basis.</p>	<table border="1"> <thead> <tr> <th>Age group (years)</th> <th>1st dose (%)</th> <th>2nd dose (%)</th> <th>3rd/booster (%)</th> </tr> </thead> <tbody> <tr> <td>5-11</td> <td>80.4</td> <td>65.6</td> <td>-</td> </tr> <tr> <td>12-15</td> <td>>99.0</td> <td>>99.0</td> <td>-</td> </tr> <tr> <td>16+</td> <td>>99.0</td> <td>>99.0</td> <td>75.3</td> </tr> </tbody> </table> <p>Fourth dose for immunocompromised recommended from early Jan 2021, booster dose available to all eligible adults aged 18y+ and 16-17y from 3 Feb 2022, second booster dose available to all 65y+ and high-risk groups from 4 Apr 2022. Three primary dose recommendation extended to all severely immunocompromised people aged 5y+ from mid-Jan 2022. Vaccination for 5-11y available from 10 Jan 2022.</p>	Age group (years)	1 st dose (%)	2 nd dose (%)	3 rd /booster (%)	5-11	80.4	65.6	-	12-15	>99.0	>99.0	-	16+	>99.0	>99.0	75.3																																												
Age group (years)	1 st dose (%)	2 nd dose (%)	3 rd /booster (%)																																																											
5-11	80.4	65.6	-																																																											
12-15	>99.0	>99.0	-																																																											
16+	>99.0	>99.0	75.3																																																											
<p>Infections by age group³⁵</p>	<p>Hospitalisations in children³⁶</p>	<p>Deaths by age group³⁷</p>																																																												
<p>Figure 3: Rolling Mean of COVID-19 Case Rate by Age Group and Diagnosis Date¹ Last 8 Weeks</p>	<p>Table 5: Hospitalised COVID-19 Cases¹ by Age Group and Vaccination Status</p> <table border="1"> <thead> <tr> <th>Age Group</th> <th>3 doses of COVID-19 vaccine N (%)</th> <th>2 doses of COVID-19 vaccine N (%)</th> <th>1 doses of COVID-19 vaccine N (%)</th> <th>Unvaccinated N (%)</th> <th>Unvalidated/Unknown N (%)</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>0-17</td> <td>1 (1%)</td> <td>15 (14%)</td> <td>11 (10%)</td> <td>81 (75%)</td> <td>0 (0%)</td> <td>108 (100%)</td> </tr> <tr> <td>18-39</td> <td>28 (17%)</td> <td>60 (36%)</td> <td>8 (5%)</td> <td>69 (41%)</td> <td>3 (2%)</td> <td>168 (100%)</td> </tr> <tr> <td>40-64</td> <td>41 (21%)</td> <td>66 (34%)</td> <td>7 (4%)</td> <td>75 (39%)</td> <td>3 (2%)</td> <td>192 (100%)</td> </tr> <tr> <td>65+</td> <td>86 (30%)</td> <td>119 (41%)</td> <td>12 (4%)</td> <td>64 (22%)</td> <td>6 (2%)</td> <td>287 (100%)</td> </tr> <tr> <td>TOTAL</td> <td>156 (21%)</td> <td>260 (34%)</td> <td>38 (5%)</td> <td>289 (38%)</td> <td>12 (2%)</td> <td>755 (100%)</td> </tr> </tbody> </table> <p>Note: ¹Cases admitted to an ACT hospital, including those with a residential address in the ACT or another state or territory</p>	Age Group	3 doses of COVID-19 vaccine N (%)	2 doses of COVID-19 vaccine N (%)	1 doses of COVID-19 vaccine N (%)	Unvaccinated N (%)	Unvalidated/Unknown N (%)	TOTAL	0-17	1 (1%)	15 (14%)	11 (10%)	81 (75%)	0 (0%)	108 (100%)	18-39	28 (17%)	60 (36%)	8 (5%)	69 (41%)	3 (2%)	168 (100%)	40-64	41 (21%)	66 (34%)	7 (4%)	75 (39%)	3 (2%)	192 (100%)	65+	86 (30%)	119 (41%)	12 (4%)	64 (22%)	6 (2%)	287 (100%)	TOTAL	156 (21%)	260 (34%)	38 (5%)	289 (38%)	12 (2%)	755 (100%)	<p>Table 1: Case Status by Test Type</p> <table border="1"> <thead> <tr> <th rowspan="2">Test Type</th> <th>WEEK 17¹ Ending 24/04/2022</th> <th>TOTAL²</th> </tr> </thead> <tbody> <tr> <td>PCR</td> <td>3,481</td> <td>62,662</td> </tr> <tr> <td>RAT</td> <td>3,055</td> <td>37,445</td> </tr> <tr> <td>Total</td> <td>6,536</td> <td>100,107</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Category</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>New Deaths</td> <td>1</td> </tr> <tr> <td>Total</td> <td>50</td> </tr> </tbody> </table> <p>Note: ¹Cases notified to ACT Health during the reporting period. ²Total cases since the start of the pandemic, March 2020.</p>	Test Type	WEEK 17 ¹ Ending 24/04/2022	TOTAL ²	PCR	3,481	62,662	RAT	3,055	37,445	Total	6,536	100,107	Category	Count	New Deaths	1	Total	50
Age Group	3 doses of COVID-19 vaccine N (%)	2 doses of COVID-19 vaccine N (%)	1 doses of COVID-19 vaccine N (%)	Unvaccinated N (%)	Unvalidated/Unknown N (%)	TOTAL																																																								
0-17	1 (1%)	15 (14%)	11 (10%)	81 (75%)	0 (0%)	108 (100%)																																																								
18-39	28 (17%)	60 (36%)	8 (5%)	69 (41%)	3 (2%)	168 (100%)																																																								
40-64	41 (21%)	66 (34%)	7 (4%)	75 (39%)	3 (2%)	192 (100%)																																																								
65+	86 (30%)	119 (41%)	12 (4%)	64 (22%)	6 (2%)	287 (100%)																																																								
TOTAL	156 (21%)	260 (34%)	38 (5%)	289 (38%)	12 (2%)	755 (100%)																																																								
Test Type	WEEK 17 ¹ Ending 24/04/2022	TOTAL ²																																																												
	PCR	3,481	62,662																																																											
RAT	3,055	37,445																																																												
Total	6,536	100,107																																																												
Category	Count																																																													
New Deaths	1																																																													
Total	50																																																													
<p>Omicron (BA.2) is the dominant variant.</p> <p>Table 6: Whole Genome Sequencing results Last 8 Weeks</p> <table border="1"> <thead> <tr> <th>Reporting Week</th> <th>Omicron sub lineage BA.1</th> <th>Omicron sub lineage BA.2</th> <th>Unassigned¹</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Week 9: Ending 27/02/2022</td> <td>159 (65%)</td> <td>50 (21%)</td> <td>34 (14%)</td> <td>243</td> </tr> <tr> <td>Week 10: Ending 06/03/2022</td> <td>96 (62%)</td> <td>52 (34%)</td> <td>7 (4%)</td> <td>155</td> </tr> <tr> <td>Week 11: Ending 13/03/2022</td> <td>114 (50%)</td> <td>103 (45%)</td> <td>10 (4%)</td> <td>227</td> </tr> <tr> <td>Week 12: Ending 20/03/2022</td> <td>33 (18%)</td> <td>144 (78%)</td> <td>8 (4%)</td> <td>185</td> </tr> <tr> <td>Week 13: Ending 27/03/2022</td> <td>19 (11.2%)</td> <td>147 (86.4%)</td> <td>4 (2%)</td> <td>170</td> </tr> <tr> <td>Week 14: Ending 03/04/2022</td> <td>16 (11%)</td> <td>131 (87%)</td> <td>3 (2%)</td> <td>150</td> </tr> <tr> <td>Week 15: Ending 10/04/2022</td> <td>18 (11%)</td> <td>140 (83%)</td> <td>11 (6%)</td> <td>169</td> </tr> <tr> <td>Week 16: Ending 17/04/2022</td> <td>13 (8%)</td> <td>144 (88%)</td> <td>6 (4%)</td> <td>163</td> </tr> <tr> <td>Week 17: Ending 24/04/2022</td> <td>14 (8%)</td> <td>139 (84%)</td> <td>13 (8%)</td> <td>166</td> </tr> </tbody> </table> <p>Note: ¹Unassigned refers to specimens that were unable to be typed as either BA.1 or BA.2. This may be due to mixed infection (both BA.1 and BA.2) or sequences of poor quality and unable to be assigned to a sublineage.</p>	Reporting Week	Omicron sub lineage BA.1	Omicron sub lineage BA.2	Unassigned ¹	Total	Week 9: Ending 27/02/2022	159 (65%)	50 (21%)	34 (14%)	243	Week 10: Ending 06/03/2022	96 (62%)	52 (34%)	7 (4%)	155	Week 11: Ending 13/03/2022	114 (50%)	103 (45%)	10 (4%)	227	Week 12: Ending 20/03/2022	33 (18%)	144 (78%)	8 (4%)	185	Week 13: Ending 27/03/2022	19 (11.2%)	147 (86.4%)	4 (2%)	170	Week 14: Ending 03/04/2022	16 (11%)	131 (87%)	3 (2%)	150	Week 15: Ending 10/04/2022	18 (11%)	140 (83%)	11 (6%)	169	Week 16: Ending 17/04/2022	13 (8%)	144 (88%)	6 (4%)	163	Week 17: Ending 24/04/2022	14 (8%)	139 (84%)	13 (8%)	166	<p>Figure 6: Rolling Mean of Hospitalised¹ COVID-19 Case Rate by Date of Admission Last 8 Weeks</p>	<p>Deaths are not available by age group. There have been 0 deaths in children throughout the entire pandemic.</p>										
Reporting Week	Omicron sub lineage BA.1	Omicron sub lineage BA.2	Unassigned ¹	Total																																																										
Week 9: Ending 27/02/2022	159 (65%)	50 (21%)	34 (14%)	243																																																										
Week 10: Ending 06/03/2022	96 (62%)	52 (34%)	7 (4%)	155																																																										
Week 11: Ending 13/03/2022	114 (50%)	103 (45%)	10 (4%)	227																																																										
Week 12: Ending 20/03/2022	33 (18%)	144 (78%)	8 (4%)	185																																																										
Week 13: Ending 27/03/2022	19 (11.2%)	147 (86.4%)	4 (2%)	170																																																										
Week 14: Ending 03/04/2022	16 (11%)	131 (87%)	3 (2%)	150																																																										
Week 15: Ending 10/04/2022	18 (11%)	140 (83%)	11 (6%)	169																																																										
Week 16: Ending 17/04/2022	13 (8%)	144 (88%)	6 (4%)	163																																																										
Week 17: Ending 24/04/2022	14 (8%)	139 (84%)	13 (8%)	166																																																										

³¹ <https://www.covid19.act.gov.au/restrictions/current-restrictions>
³² <https://www.education.act.gov.au/public-school-life/covid-school-arrangements>
³³ <https://www.health.gov.au/resources/collections/covid-19-vaccination-daily-rollout-update>
³⁴ <https://twitter.com/ACTHealth>
³⁵ <https://www.covid19.act.gov.au/updates/act-covid-19-statistics>
³⁶ <https://www.covid19.act.gov.au/updates/act-covid-19-statistics>
³⁷ <https://www.covid19.act.gov.au/updates/act-covid-19-statistics>





Australia: New South Wales (population 8.2 million)

<p>PHSM³⁸</p> <p>From late Feb 2022, masks are no longer required in most settings, QR check-in and proof of vaccination for certain venues only, reduced TTIQ and advice to work from home removed.</p>	<p>Schools & mitigation³⁹</p> <p>Schools closed for holidays in early Apr and returned in late April 2022. Masks are no longer required in most school settings and RATs are provided to symptomatic individuals and close contacts. Vaccination and maximising ventilation continue to be encouraged.</p>	<p>Vaccination coverage^{40, 41}</p> <table border="1"> <thead> <tr> <th>Age group (years)</th> <th>1st dose (%)</th> <th>2nd dose (%)</th> <th>3rd/booster (%)</th> </tr> </thead> <tbody> <tr> <td>5-11</td> <td>50.0</td> <td>35.3</td> <td>-</td> </tr> <tr> <td>12-15</td> <td>83.1</td> <td>79.5</td> <td>-</td> </tr> <tr> <td>16+</td> <td>96.2</td> <td>94.8</td> <td>62.5</td> </tr> </tbody> </table> <p>Fourth dose for immunocompromised recommended from early Jan 2021, booster dose available to all eligible adults aged 18y+ and 16-17y from 3 Feb 2022, second booster dose available to all 65y+ and high-risk groups from 4 Apr 2022. Three primary dose recommendation extended to all severely immunocompromised people aged 5y+ from mid-Jan 2022. Vaccination for 5-11y available from 10 Jan 2022.</p>	Age group (years)	1 st dose (%)	2 nd dose (%)	3 rd /booster (%)	5-11	50.0	35.3	-	12-15	83.1	79.5	-	16+	96.2	94.8	62.5																																																																																											
Age group (years)	1 st dose (%)	2 nd dose (%)	3 rd /booster (%)																																																																																																										
5-11	50.0	35.3	-																																																																																																										
12-15	83.1	79.5	-																																																																																																										
16+	96.2	94.8	62.5																																																																																																										
<p>Infections by age group⁴²</p> <p>Figure 6. Daily seven-day rolling average rate of people reported with COVID-19 per 100,000 population, by age group, NSW, 1 January to 30 April 2022</p> <p>Omicron (BA.2) is the dominant variant.</p> <p>Table 3. Variants of concern (VOCs) identified by whole genome sequencing (WGS) of virus from people who tested positive for SARS CoV-2 by PCR, by test date, NSW, in the four weeks to 30 April 2022</p> <table border="1"> <thead> <tr> <th rowspan="2">Variant</th> <th colspan="4">Week ending</th> </tr> <tr> <th>09 April</th> <th>16 April</th> <th>23 April</th> <th>30 April</th> </tr> </thead> <tbody> <tr> <td>Omicron (BA.1)</td> <td>27</td> <td>12</td> <td>8</td> <td>0</td> </tr> <tr> <td>Omicron (BA.2)</td> <td>619</td> <td>483</td> <td>281</td> <td>9</td> </tr> <tr> <td>Omicron (BA.4)</td> <td>0</td> <td>0</td> <td>4</td> <td>2</td> </tr> <tr> <td>Omicron (BA.5)</td> <td>0</td> <td>0</td> <td>2</td> <td>0</td> </tr> <tr> <td>Mixed BA.1/BA.2*</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Recombinant BA.1/BA.2 (XE)*</td> <td>5</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Recombinant BA.1/BA.2 (XU-like)*</td> <td>0</td> <td>0</td> <td>1</td> <td>0</td> </tr> <tr> <td>Total</td> <td>652</td> <td>475</td> <td>296</td> <td>11</td> </tr> </tbody> </table> <p>* Mixed* infections occur when two separate virus sequences are detected at the same time in a single specimen. ^ Recombinant virus sequences occur when two separate virus strains merge, forming a new, single strain that contains genomic regions of both co-infecting strains.</p>	Variant	Week ending				09 April	16 April	23 April	30 April	Omicron (BA.1)	27	12	8	0	Omicron (BA.2)	619	483	281	9	Omicron (BA.4)	0	0	4	2	Omicron (BA.5)	0	0	2	0	Mixed BA.1/BA.2*	1	0	0	0	Recombinant BA.1/BA.2 (XE)*	5	0	0	0	Recombinant BA.1/BA.2 (XU-like)*	0	0	1	0	Total	652	475	296	11	<p>Hospitalisations in children and deaths by age group⁴³</p> <p>Table 1. Number of people with a COVID-19 diagnosis in the previous 14 days who were admitted to hospital, admitted to ICU or reported as having died in the week ending 30 April 2022</p> <table border="1"> <thead> <tr> <th colspan="2"></th> <th>Admitted to hospital (but not to ICU)</th> <th>Admitted to ICU</th> <th>Deaths</th> </tr> </thead> <tbody> <tr> <td rowspan="3">Gender</td> <td>Female</td> <td>353</td> <td>34</td> <td>42</td> </tr> <tr> <td>Male</td> <td>337</td> <td>45</td> <td>41</td> </tr> <tr> <td>Not stated</td> <td>1</td> <td>0</td> <td>0</td> </tr> <tr> <td rowspan="10">Age group</td> <td>0-9</td> <td>46</td> <td>3</td> <td>0</td> </tr> <tr> <td>10-19</td> <td>25</td> <td>5</td> <td>0</td> </tr> <tr> <td>20-29</td> <td>51</td> <td>3</td> <td>1</td> </tr> <tr> <td>30-39</td> <td>68</td> <td>3</td> <td>0</td> </tr> <tr> <td>40-49</td> <td>36</td> <td>8</td> <td>1</td> </tr> <tr> <td>50-59</td> <td>56</td> <td>7</td> <td>2</td> </tr> <tr> <td>60-69</td> <td>79</td> <td>21</td> <td>7</td> </tr> <tr> <td>70-79</td> <td>119</td> <td>17</td> <td>12</td> </tr> <tr> <td>80-89</td> <td>155</td> <td>8</td> <td>30</td> </tr> <tr> <td>90+</td> <td>56</td> <td>4</td> <td>30</td> </tr> </tbody> </table> <p>Figure 1. Daily seven-day rolling average of people with COVID-19 admitted to hospital within 14 days of their diagnosis, NSW, 1 January to 30 April 2022</p> <p>Some admissions in <12y children are for social reasons as parents are hospitalised for treatment of COVID-19. Graph is not available by age group.</p> <p>Four children have died with COVID-19 throughout the pandemic, including one 15 year old with pneumococcal meningitis, one three-year-old with underlying genetic disorder, one two-year-old with no major pre-existing conditions and one two-month-old baby.</p>			Admitted to hospital (but not to ICU)	Admitted to ICU	Deaths	Gender	Female	353	34	42	Male	337	45	41	Not stated	1	0	0	Age group	0-9	46	3	0	10-19	25	5	0	20-29	51	3	1	30-39	68	3	0	40-49	36	8	1	50-59	56	7	2	60-69	79	21	7	70-79	119	17	12	80-89	155	8	30	90+	56	4	30
Variant		Week ending																																																																																																											
	09 April	16 April	23 April	30 April																																																																																																									
Omicron (BA.1)	27	12	8	0																																																																																																									
Omicron (BA.2)	619	483	281	9																																																																																																									
Omicron (BA.4)	0	0	4	2																																																																																																									
Omicron (BA.5)	0	0	2	0																																																																																																									
Mixed BA.1/BA.2*	1	0	0	0																																																																																																									
Recombinant BA.1/BA.2 (XE)*	5	0	0	0																																																																																																									
Recombinant BA.1/BA.2 (XU-like)*	0	0	1	0																																																																																																									
Total	652	475	296	11																																																																																																									
		Admitted to hospital (but not to ICU)	Admitted to ICU	Deaths																																																																																																									
Gender	Female	353	34	42																																																																																																									
	Male	337	45	41																																																																																																									
	Not stated	1	0	0																																																																																																									
Age group	0-9	46	3	0																																																																																																									
	10-19	25	5	0																																																																																																									
	20-29	51	3	1																																																																																																									
	30-39	68	3	0																																																																																																									
	40-49	36	8	1																																																																																																									
	50-59	56	7	2																																																																																																									
	60-69	79	21	7																																																																																																									
	70-79	119	17	12																																																																																																									
	80-89	155	8	30																																																																																																									
	90+	56	4	30																																																																																																									

³⁸ <https://www.nsw.gov.au/covid-19/stay-safe/rules>
³⁹ <https://education.nsw.gov.au/covid-19/advice-for-families>
⁴⁰ <https://www.health.gov.au/resources/collections/covid-19-vaccination-daily-rollout-update>
⁴¹ <https://twitter.com/NSWHealth>
⁴² <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/weekly-reports.aspx>
⁴³ <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/weekly-reports.aspx>





Australia: Tasmania

(population 540,000)

PHSM ⁴⁴	Schools & mitigation ⁴⁵	Vaccination coverage ⁴⁶																																																																																																										
From mid Mar 2022, masks are no longer required in most settings except public transport, hospitals and schools and QR check-in and proof of vaccination for certain venues only.	Schools closed for holidays in mid-Apr and returned in early May 2022. Masks for staff in all schools and secondary students, RATs are provided to symptomatic individuals and close contacts, cohorting and supply of air-purification devices. Vaccination continues to be encouraged.	Age group (years)	1st dose (%)	2nd dose (%)	3rd/booster (%)																																																																																																							
		5-11	64.0	50.2	-																																																																																																							
		12-15	87.2	83.0	-																																																																																																							
		16+	>99.0	98.8	72.0																																																																																																							
		Fourth dose for immunocompromised recommended from early Jan 2021, booster dose available to all eligible adults aged 18y+ and 16-17y from 3 Feb 2022, second booster dose available to all 65y+ and high-risk groups from 4 Apr 2022. Three primary dose recommendation extended to all severely immunocompromised people aged 5y+ from mid-Jan 2022. Vaccination for 5-11y available from 10 Jan 2022.																																																																																																										
Infections by age group ⁴⁷	Hospitalisations in children and deaths by age group ⁴⁸																																																																																																											
<p>1.6 Weekly number of COVID-19 cases per 1000 people notified in Tasmania since 15 December 2021, by age group</p> <p>Figure 3: Number of COVID-19 cases per 1000 people per week (rate) notified in Tasmania, since 15 December 2021, by age group.</p>	<p>3.2 Clinical severity and deaths in reported COVID-19 cases, by age group</p> <p>Table 11: Number of cases hospitalised with COVID-19, number of cases hospitalised due to COVID-19, number of cases with COVID-19 admitted to ICU (for any reason), and deaths for which COVID-19 was a cause or contributing factor from 15 December 2021 to 23 April 2022, by age group.</p> <table border="1"> <thead> <tr> <th>Age Group (years)</th> <th>All Hospital Admissions with COVID-19</th> <th>Hospital Admissions due to COVID-19*</th> <th>Intensive Care Admissions</th> <th>Deaths</th> </tr> </thead> <tbody> <tr><td>0-4</td><td>54</td><td>33</td><td>3</td><td>-</td></tr> <tr><td>5-11</td><td>16</td><td>3</td><td>-</td><td>-</td></tr> <tr><td>12-15</td><td>13</td><td>3</td><td>-</td><td>-</td></tr> <tr><td>16-19</td><td>13</td><td>2</td><td>1</td><td>-</td></tr> <tr><td>20-29</td><td>90</td><td>24</td><td>4</td><td>-</td></tr> <tr><td>30-39</td><td>87</td><td>25</td><td>2</td><td>-</td></tr> <tr><td>40-49</td><td>59</td><td>26</td><td>3</td><td>-</td></tr> <tr><td>50-59</td><td>69</td><td>31</td><td>3</td><td>1</td></tr> <tr><td>60-69</td><td>102</td><td>45</td><td>5</td><td>11</td></tr> <tr><td>70-79</td><td>121</td><td>60</td><td>6</td><td>3</td></tr> <tr><td>80-84</td><td>54</td><td>34</td><td>-</td><td>3</td></tr> <tr><td>85+</td><td>79</td><td>36</td><td>-</td><td>16</td></tr> <tr><td>Total</td><td>757</td><td>322</td><td>27</td><td>34</td></tr> </tbody> </table> <p><small>*Age group is based on age provided at time of PCR testing or reporting of a positive RAT. This table includes interstate and overseas residents who were diagnosed and managed for COVID-19 in Tasmania. Only recorded deaths where the death is specifically attributed to COVID-19 have been included. Where the recorded death has been attributed to 'other causes' it has been excluded.</small></p> <p>There have been 0 deaths in children throughout the entire pandemic.</p>	Age Group (years)	All Hospital Admissions with COVID-19	Hospital Admissions due to COVID-19*	Intensive Care Admissions	Deaths	0-4	54	33	3	-	5-11	16	3	-	-	12-15	13	3	-	-	16-19	13	2	1	-	20-29	90	24	4	-	30-39	87	25	2	-	40-49	59	26	3	-	50-59	69	31	3	1	60-69	102	45	5	11	70-79	121	60	6	3	80-84	54	34	-	3	85+	79	36	-	16	Total	757	322	27	34	<p>3.3 Clinical severity and deaths in reported COVID-19 cases, by vaccination status</p> <p>Table 12: Number of cases hospitalised with COVID-19, number of cases hospitalised due to COVID-19, number of cases with COVID-19 admitted to ICU (for any reason), and deaths for which COVID-19 was a cause or contributing factor 15 December 2021 to 23 April 2022, by vaccination status.</p> <table border="1"> <thead> <tr> <th>Number of Reported Vaccination Doses</th> <th>Reported Cases</th> <th>All Hospital Admissions with COVID-19</th> <th>Hospital Admissions due to COVID-19</th> <th>Intensive Care Admissions</th> <th>Deaths</th> </tr> </thead> <tbody> <tr><td>0 doses</td><td>12,067</td><td>173</td><td>79</td><td>10</td><td>12</td></tr> <tr><td>1 dose</td><td>12,619</td><td>29</td><td>13</td><td>1</td><td>-</td></tr> <tr><td>2 or more doses</td><td>62,466</td><td>521</td><td>218</td><td>15</td><td>17</td></tr> <tr><td>Unknown</td><td>42,121</td><td>34</td><td>12</td><td>1</td><td>5</td></tr> <tr><td>Total</td><td>129,273</td><td>757</td><td>322</td><td>27</td><td>34</td></tr> </tbody> </table> <p><small>This table includes interstate and overseas residents who were diagnosed and managed for COVID-19 in Tasmania. Data should be interpreted with caution as vaccination information is based on self-report at the time of notification of a positive PCR or RAT. Only recorded deaths, where the death is specifically attributed to COVID-19 have been included. Where the death is reported to have been attributed to 'other causes' it has been excluded.</small></p>	Number of Reported Vaccination Doses	Reported Cases	All Hospital Admissions with COVID-19	Hospital Admissions due to COVID-19	Intensive Care Admissions	Deaths	0 doses	12,067	173	79	10	12	1 dose	12,619	29	13	1	-	2 or more doses	62,466	521	218	15	17	Unknown	42,121	34	12	1	5	Total	129,273	757	322	27	34
Age Group (years)	All Hospital Admissions with COVID-19	Hospital Admissions due to COVID-19*	Intensive Care Admissions	Deaths																																																																																																								
0-4	54	33	3	-																																																																																																								
5-11	16	3	-	-																																																																																																								
12-15	13	3	-	-																																																																																																								
16-19	13	2	1	-																																																																																																								
20-29	90	24	4	-																																																																																																								
30-39	87	25	2	-																																																																																																								
40-49	59	26	3	-																																																																																																								
50-59	69	31	3	1																																																																																																								
60-69	102	45	5	11																																																																																																								
70-79	121	60	6	3																																																																																																								
80-84	54	34	-	3																																																																																																								
85+	79	36	-	16																																																																																																								
Total	757	322	27	34																																																																																																								
Number of Reported Vaccination Doses	Reported Cases	All Hospital Admissions with COVID-19	Hospital Admissions due to COVID-19	Intensive Care Admissions	Deaths																																																																																																							
0 doses	12,067	173	79	10	12																																																																																																							
1 dose	12,619	29	13	1	-																																																																																																							
2 or more doses	62,466	521	218	15	17																																																																																																							
Unknown	42,121	34	12	1	5																																																																																																							
Total	129,273	757	322	27	34																																																																																																							

⁴⁴ <https://www.coronavirus.tas.gov.au/families-community/current-restrictions>
⁴⁵ <https://www.coronavirus.tas.gov.au/families-community/schools-and-childcare>
⁴⁶ <https://www.health.gov.au/resources/collections/covid-19-vaccination-daily-rollout-update>
⁴⁷ <https://www.coronavirus.tas.gov.au/facts/tasmanian-statistics/weekly-report>
⁴⁸ <https://www.coronavirus.tas.gov.au/facts/tasmanian-statistics/weekly-report>



Australia: Victoria

(population 6.6 million)

PHSM ⁴⁹	Schools & mitigation ⁵⁰	Vaccination coverage ^{51, 52}																														
<p>From late Feb 2022, masks are no longer required in most settings, QR check-in for certain venues only, proof of vaccination to attend some premises, reduced TTIQ and advice to work from home removed.</p>	<p>Schools closed for holidays in early Apr and returned in late Apr 2022. Masks are no longer required for all students and RATs are provided for twice-weekly testing. Vaccination continues to be encouraged.</p>	<table border="1"> <thead> <tr> <th>Age group (years)</th> <th>1st dose (%)</th> <th>2nd dose (%)</th> <th>3rd/booster (%)</th> </tr> </thead> <tbody> <tr> <td>5-11</td> <td>56.6</td> <td>39.8</td> <td>-</td> </tr> <tr> <td>12-15</td> <td>89.3</td> <td>85.5</td> <td>-</td> </tr> <tr> <td>16+</td> <td>95.3</td> <td>93.9</td> <td>-</td> </tr> <tr> <td>18+</td> <td>-</td> <td>-</td> <td>67.8</td> </tr> </tbody> </table> <p>Fourth dose for immunocompromised recommended from early Jan 2022, booster dose available to all eligible adults aged 18y+ and 16-17y from 3 Feb 2022, second booster dose available to all 65y+ and high-risk groups from 4 Apr 2022. Three primary dose recommendation extended to all severely immunocompromised people aged 5y+ from mid-Jan 2022. Vaccination for 5-11y available from 10 Jan 2022.</p>	Age group (years)	1 st dose (%)	2 nd dose (%)	3 rd /booster (%)	5-11	56.6	39.8	-	12-15	89.3	85.5	-	16+	95.3	93.9	-	18+	-	-	67.8										
Age group (years)	1 st dose (%)	2 nd dose (%)	3 rd /booster (%)																													
5-11	56.6	39.8	-																													
12-15	89.3	85.5	-																													
16+	95.3	93.9	-																													
18+	-	-	67.8																													
Infections by age group ⁵³	Hospitalisations in children ⁵⁴	Deaths by age group ⁵⁵																														
<p>Rapid antigen vs PCR cases</p> <p>From 8 Jan 2022, both PCR and RAT positive results are considered positive cases. Age distribution is only available for PCR positive cases, as displayed on the graph.</p>	<table border="1"> <thead> <tr> <th>Current cases in hospital</th> <th>456</th> <th>22</th> </tr> <tr> <td></td> <td>cases in hospital</td> <td>cases in ICU</td> </tr> </thead> </table> <p>No age breakdown</p>	Current cases in hospital	456	22		cases in hospital	cases in ICU	<p>People who have passed away with COVID-19</p> <p>02/05/2022</p> <table border="1"> <thead> <tr> <th>Age group</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>00-09</td> <td>1</td> </tr> <tr> <td>10-19</td> <td>1</td> </tr> <tr> <td>20-29</td> <td>8</td> </tr> <tr> <td>30-39</td> <td>18</td> </tr> <tr> <td>40-49</td> <td>31</td> </tr> <tr> <td>50-59</td> <td>112</td> </tr> <tr> <td>60-69</td> <td>220</td> </tr> <tr> <td>70-79</td> <td>628</td> </tr> <tr> <td>80-89</td> <td>1317</td> </tr> <tr> <td>90+</td> <td>859</td> </tr> <tr> <td>Total</td> <td>2,974</td> </tr> </tbody> </table> <p>Two children have died with COVID-19 throughout the pandemic, including one 15 year old and one child under 10 with multiple underlying conditions and in palliative care.</p>	Age group	Total	00-09	1	10-19	1	20-29	8	30-39	18	40-49	31	50-59	112	60-69	220	70-79	628	80-89	1317	90+	859	Total	2,974
Current cases in hospital	456	22																														
	cases in hospital	cases in ICU																														
Age group	Total																															
00-09	1																															
10-19	1																															
20-29	8																															
30-39	18																															
40-49	31																															
50-59	112																															
60-69	220																															
70-79	628																															
80-89	1317																															
90+	859																															
Total	2,974																															

⁴⁹ <https://www.coronavirus.vic.gov.au/coronavirus-covidsafe-settings>
⁵⁰ <https://www.coronavirus.vic.gov.au/education-information-about-coronavirus-covid-19>
⁵¹ <https://www.health.gov.au/resources/collections/covid-19-vaccination-daily-rollout-update>
⁵² <https://twitter.com/VicGovDH>
⁵³ Data from: <https://www.coronavirus.vic.gov.au/victorian-coronavirus-covid-19-data>
⁵⁴ <https://www.coronavirus.vic.gov.au/victorian-coronavirus-covid-19-data>
⁵⁵ <https://www.coronavirus.vic.gov.au/additional-covid-19-case-data#cases-in-hospital>



Canada (population 38 million)

PHSM⁵⁶

Standard PHSM including TTIQ and mask wearing encouraged in shared spaces and subject to local advice.

Schools & mitigation⁵⁷

Schools closed for a one-week holiday in mid-Mar 2022. Standard PHSM and additional measures depending on local advice: physical distancing, cohorting, masks when required, screening tests.

Vaccination coverage⁵⁸

Age group (years)	1 st dose (%)	Fully vacc.* (%)	3 rd /booster (%)
5-11	56.8	41.4	-
12-17	88.0	84.3	15.1
Total pop.	84.8	81.6	48.0

*Canada also uses the J&J/Janssen vaccine which is a single-dose vaccine.
Third/booster doses have been available to high-risk individuals in phases since Sep 2021. Vaccination of 12y+ commenced mid-May and 5-11y in mid-Nov 2021.

Infections by age group^{59, 60}

Figure 3: COVID-19 cases (n=3,570,024) in Canada by date as of April 29, 2022, 8 am EST (for age 20 year groups)

Figure 5: Distribution of confirmed COVID-19 cases reported to PHAC by vaccination status as of April 10, 2022

Figure 6: Case rate of COVID-19 by age and vaccination status, BC, July 1, 2021 to March 29, 2022

	Ages 0-4	Ages 5-11	Ages 12-17
VACCINATIONS			
have 1 dose	Not eligible for vaccination	56%	89%
have 2 doses	Not eligible for vaccination	37%	85%
have booster dose	Not eligible for vaccination	Not eligible	33%
CASES			
new this report	526	309	251
new this school year	18,671	15,671	7,775
total cases	12,844	24,841	18,161
HOSPITALIZATIONS			
new this report	61	13	26
new this school year	216	79	119
total hospitalizations	299	112	153
CRITICAL CARE			
new this report	9	3	2
new this school year	25	11	9
enter to critical care	33	13	16
DEATHS			
new this report	0	0	0
new this school year	0	0	0
total deaths	2	0	0

British Columbia (pop. 5.1 million)*:

*British Columbia data to Report #16 (11 Apr 2022)

Hospitalisations in children⁶¹

Figure 7: Age and gender distribution of COVID-19 cases [hospitalized] in Canada as of April 29, 2022, 8 am EST (n=152,985)

British Columbia (pop. 5.1 million)*:

Figure 11: Daily hospital and critical care occupancy by pediatric age groups, 0-17 year-olds, BC, January 1, 2021 to March 29, 2022

Deaths by age group⁶²

Figure 8: Age and gender distribution of COVID-19 cases [deceased] in Canada as of April 29, 2022, 8 am EST (n=38,048)

There have been 37 deaths with COVID-19 in children aged 0-19y throughout the pandemic.

Genomic surveillance⁶³

Omicron (BA.2) is the dominant variant.

⁵⁶ <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks.html>
⁵⁷ <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/planning-2021-2022-school-year-vaccination.html>
⁵⁸ <https://health-infobase.canada.ca/covid-19/vaccination-coverage/>
⁵⁹ <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>
⁶⁰ <http://www.bccdc.ca/schools/news-resources/data-for-k12>
⁶¹ <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>
⁶² <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>
⁶³ <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>





Denmark

(population 5.9 million)

<p>PHSM⁶⁴</p> <p>All restrictions lifted from February 2022.</p>	<p>Schools & mitigation⁶⁵</p> <p>Schools closed for one-week holidays in mid-Feb and mid-Apr 2022. Standard PHSM, close contacts are not required to isolate but encouraged to get tested.</p>	<p>Vaccination coverage⁶⁶</p> <table border="1"> <thead> <tr> <th>Age group (years)</th> <th>1st dose (%)</th> <th>2nd dose (%)</th> <th>3rd/booster (%)</th> </tr> </thead> <tbody> <tr> <td>5-11</td> <td>47.0</td> <td>38.6</td> <td>-</td> </tr> <tr> <td>12-15</td> <td>81.4</td> <td>79.5</td> <td>0.4</td> </tr> <tr> <td>16-19</td> <td>89.8</td> <td>88.6</td> <td>45.0</td> </tr> <tr> <td>12+</td> <td>82.1</td> <td>80.7</td> <td>61.6</td> </tr> </tbody> </table> <p>Commenced 3rd/booster vaccination for people 65y+ in late Oct and for all adults from late Nov 2021. Vaccination for 5-11y age group commenced late Nov 2021.</p>	Age group (years)	1 st dose (%)	2 nd dose (%)	3 rd /booster (%)	5-11	47.0	38.6	-	12-15	81.4	79.5	0.4	16-19	89.8	88.6	45.0	12+	82.1	80.7	61.6	<p>Genomic surveillance⁶⁷</p> <p>Omicron (BA.2) is the predominant variant (>99%).</p>
Age group (years)	1 st dose (%)	2 nd dose (%)	3 rd /booster (%)																				
5-11	47.0	38.6	-																				
12-15	81.4	79.5	0.4																				
16-19	89.8	88.6	45.0																				
12+	82.1	80.7	61.6																				
<p>Infections by age group⁶⁸</p> <p>Weekly positive cases by age and vaccine status*</p> <p>Ugentligt antal positive opdelt på alder og vaccinstatus</p> <p>Relative og absolute antal personer med positiv SARS-CoV-2 PCR test</p> <p>Viser kun løbende tilfælde positive.</p>	<p>Hospitalisations in children⁶⁹</p> <p>Weekly admissions by age and vaccine status*</p> <p>Ugentligt antal indlæggelser opdelt på alder og vaccinstatus</p> <p>Relative og absolute antal indlæggelser med positiv SARS-CoV-2 PCR test</p>	<p>Deaths by age group^{70, 71}</p> <p>Weekly deaths by age and vaccine status*</p> <p>Ugentligt antal døde opdelt på alder og vaccinstatus</p> <p>Relative og absolute antal døde med positiv SARS-CoV-2 PCR test</p> <p>Total of 7 deaths with COVID-19 in children aged 0-19y throughout the pandemic.</p>	<p>MIS-C⁷²</p> <p>Prevalence of MIS-C and Kawasaki syndrome in children since 2017</p> <p>Figur 6. Forekomsten af MIS-C (Multi Inflammatory Syndrome in Children) og Kawasaki syndrom blandt børn siden 2017</p> <p>2017 Data to Report #10, 14 Feb 2022</p>																				

*(1) Top figures are rates per 100,000 and bottom figures are raw numbers; (2) Yellow (unvaccinated), blue (two doses), green (three doses)

⁶⁴ <https://en.coronasmitte.dk/rules-and-regulations>
⁶⁵ <https://en.coronasmitte.dk/rules-and-regulations>
⁶⁶ https://experience.arcgis.com/experience/9824b03b114244348ef0b10f69f490b4/page/page_3/
⁶⁷ <https://covid19genomics.dk/statistics>
⁶⁸ <https://covid19danmark.dk/>
⁶⁹ <https://covid19danmark.dk/>
⁷⁰ <https://covid19danmark.dk/>
⁷¹ <https://covid19.sst.dk/overvaagningsdata/ugentlige-opgorelser-med-overvaagningsdata>
⁷² <https://www.sst.dk/-/media/Udgivelser/2022/Corona/Vaccination/Notat-vaccination-af-boern-5-11-aar.ashx>



England, UK

(population 56.6 million)

<p>PHSM⁷³</p> <p>Most restrictions have been lifted. Some remain in place including an advice to stay home if positive for COVID-19 and mask-wearing in healthcare settings only. Free PCRs and RATs are no longer available to most people.</p>	<p>Schools & mitigation⁷⁴</p> <p>Schools closed for holidays from early to mid-Apr 2022. Standard PHSM only.</p>	<p>Vaccination coverage⁷⁵</p> <table border="1"> <thead> <tr> <th>Age group (years)</th> <th>1st dose (%)</th> <th>2nd dose (%)</th> <th>3rd/booster (%)</th> </tr> </thead> <tbody> <tr> <td>5-11</td> <td>5.2</td> <td>0.1</td> <td>-</td> </tr> <tr> <td>12-15</td> <td>53.9</td> <td>32.1</td> <td>0.4</td> </tr> <tr> <td>16-17</td> <td>65.7</td> <td>48.3</td> <td>11.2</td> </tr> <tr> <td>12+</td> <td>92.4</td> <td>86.4</td> <td>67.5</td> </tr> </tbody> </table> <p>Third/booster dose available for all 16y+ and other high-risk groups. Vaccination for 16-17y commenced mid-Aug, 12-15y mid-Sep 2021 (initially as single dose) and 5-11y late Feb 2022.</p>	Age group (years)	1 st dose (%)	2 nd dose (%)	3 rd /booster (%)	5-11	5.2	0.1	-	12-15	53.9	32.1	0.4	16-17	65.7	48.3	11.2	12+	92.4	86.4	67.5
Age group (years)	1 st dose (%)	2 nd dose (%)	3 rd /booster (%)																			
5-11	5.2	0.1	-																			
12-15	53.9	32.1	0.4																			
16-17	65.7	48.3	11.2																			
12+	92.4	86.4	67.5																			
<p>Infections by age group^{76,77}</p> <p>Figure 3: Weekly confirmed COVID-19 case rates per 100,000, by episode, tested under Pillar 1, by age group</p> <p>Figure 4: Weekly hospital admission rate by age group for new (a) COVID-19 positive cases and (b) influenza reported through SARI Watch</p>	<p>Hospitalisations in children^{78,79}</p> <p>Figure 44: Weekly hospital admission rate by age group for new (a) COVID-19 positive cases and (b) influenza reported through SARI Watch</p> <p>Figure 45: Number of deaths by week of death and time since a positive COVID-19 test, England</p>	<p>Deaths by age group⁸⁰</p> <p>Note: Deaths are no longer available by age group.</p>																				
<p>Genomic surveillance⁸¹</p> <p>Figure 5: Variant prevalence of available sequenced cases for England from 1 February 2021 to 8 April 2022</p> <p>Omicron (BA.2) is the dominant variant. Note: Data to Report #16 (11 Apr 2022)</p>	<p>COVID-19-positive hospital admissions as a percentage of the rate during the January peak (rate in week ending 17 January 2021 = 100%), by age, England</p>																					

⁷³ <https://www.gov.uk/guidance/covid-19-coronavirus-restrictions-what-you-can-and-cannot-do>
⁷⁴ <https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/schools-covid-19-operational-guidance>
⁷⁵ <https://coronavirus.data.gov.uk/details/vaccinations?areaType=nation&areaName=England>
⁷⁶ <https://www.gov.uk/government/statistics/national-flu-and-covid-19-surveillance-reports-2021-to-2022-season>
⁷⁷ <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19latestinsights/infections/infections-by-age>
⁷⁸ <https://www.gov.uk/government/statistics/national-flu-and-covid-19-surveillance-reports-2021-to-2022-season>
⁷⁹ <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19latestinsights/hospitals>
⁸⁰ <https://www.gov.uk/government/statistics/national-flu-and-covid-19-surveillance-reports-2021-to-2022-season>
⁸¹ <https://www.gov.uk/government/publications/investigation-of-sars-cov-2-variants-technical-briefings>





Finland

(population 5.5 million)

<p>PHSM⁸²</p> <p>Gradual easing of restrictions from Feb 2022. From early March 2022, advice to work from home removed. Masks are recommended indoors and on public transport.</p>	<p>Schools & mitigation⁸³</p> <p>Schools closed for one-week holiday in mid-Feb 2022. Standard PHSM, cohorting and ventilation.</p>	<p>Vaccination coverage⁸⁴</p> <table border="1"> <thead> <tr> <th>Age group (years)</th> <th>1st dose (%)</th> <th>2nd dose (%)</th> <th>3rd/booster (%)</th> </tr> </thead> <tbody> <tr> <td>5-11</td> <td>26.2</td> <td>12.8</td> <td>-</td> </tr> <tr> <td>12-17</td> <td>79.2</td> <td>73.3</td> <td>2.4</td> </tr> <tr> <td>18+</td> <td>89.6</td> <td>87.4</td> <td>64.0</td> </tr> </tbody> </table> <p>Third/booster dose is recommended for all aged 18y+. Fourth dose recommended for 12y+ with severe immunodeficiency. Vaccine offered to 12y+ in early Aug and 5-11y children from late Dec 2021.</p>	Age group (years)	1 st dose (%)	2 nd dose (%)	3 rd /booster (%)	5-11	26.2	12.8	-	12-17	79.2	73.3	2.4	18+	89.6	87.4	64.0
Age group (years)	1 st dose (%)	2 nd dose (%)	3 rd /booster (%)															
5-11	26.2	12.8	-															
12-17	79.2	73.3	2.4															
18+	89.6	87.4	64.0															
<p>Infections by age group⁸⁵</p> <p>ECDC. Figures produced 28 April 2022. Source: THL/COVID-19</p>	<p>Hospitalisations in children⁸⁶</p> <p>Rate of admission to specialist care by age group:</p> <p>thl</p> <p>Pink (unvaccinated); dark blue (single dose); light blue (three doses)</p>	<p>Deaths by age group⁸⁷</p> <p>There have been 0 deaths in children throughout the entire pandemic.</p> <p>Genomic surveillance⁸⁸</p> <p>ECDC. Figures produced 28 April 2022</p> <p>Omicron (BA.2) is now the dominant variant.</p>																

⁸² <https://valtioneuvosto.fi/en/information-on-coronavirus/current-restrictions>
⁸³ <https://oikm.fi/documents/1410845/65547855/MoEC+THL+recommendations+to+education+and+early+childhood+education+and+care+1.3.2022.pdf/61cad874-6b78-84e4-a885-3a61ca69cd10>
⁸⁴ https://sampo.thl.fi/pivot/prod/en/vaccreg/cov19cov/summary_cov19ageareacov
⁸⁵ <https://covid19-country-overviews.ecdc.europa.eu/countries/Finland.html>
⁸⁶ <https://thl.fi/web/infektioaudit-ja-rokotukset/ajankohtaista/ajankohtaista-koronaviruksesta-covid-19/tilannekatsaus-koronaviruksesta/koronaviruksen-seuranta>
⁸⁷ <https://experience.arcgis.com/experience/92e9bb33fac744c9a084381fc35aa3c7>
⁸⁸ <https://covid19-country-overviews.ecdc.europa.eu/countries/Finland.html>





Netherlands

(population 17.4 million)

<p>PHSM⁸⁹</p> <p>Most restrictions have been lifted. Some remain in place including mask-wearing in airports only and advice to test if symptomatic.</p>	<p>Schools & mitigation⁹⁰</p> <p>Schools closed for one-week holidays in mid-late Feb and late Apr to early May 2022.</p> <p>Standard PHSM, mask wearing required for secondary school staff and students, twice-weekly RAT screening for staff and secondary school students, ventilation, quarantine arrangements based on case numbers within a cohort.</p>	<p>Vaccination coverage⁹¹</p> <table border="1"> <thead> <tr> <th>Age group (years)</th> <th>1st dose (%)</th> <th>Fully vacc. (%)</th> <th>3rd/booster (%)</th> </tr> </thead> <tbody> <tr> <td>5-11</td> <td>6.0</td> <td>3.0</td> <td>-</td> </tr> <tr> <td>12-17</td> <td>69.0</td> <td>68.0</td> <td>-</td> </tr> <tr> <td>18+</td> <td>-</td> <td>86.4</td> <td>63.9</td> </tr> </tbody> </table> <p>Note: The Netherlands also uses the J&J/Janssen vaccine which is a single-dose vaccine. Third/booster dose available for all 18y+. Vaccine offered to 12-17y from early Jul 2021 and 5-11y from mid-Jan 2022.</p>	Age group (years)	1 st dose (%)	Fully vacc. (%)	3 rd /booster (%)	5-11	6.0	3.0	-	12-17	69.0	68.0	-	18+	-	86.4	63.9		
Age group (years)	1 st dose (%)	Fully vacc. (%)	3 rd /booster (%)																	
5-11	6.0	3.0	-																	
12-17	69.0	68.0	-																	
18+	-	86.4	63.9																	
<p>Infections by age group^{92,93}</p> <p>Number of reported positive tests per 100,000 inhabitants, by age group, by week 14 March to 24 April 2022</p>	<p>Hospitalisations in children^{94,95}</p> <p>Hospital admissions</p> <p>If we look at all hospital admissions (100,061) reported by the NICE Foundation between 1 January 2021 and 26 April 2022, 1.6% (1,602) were younger than 4 years old. 0.4% (384) were aged 4-11 years and 0.3% (344) were aged 12-17 years. The vast majority (97.7% or 97,731) of all people admitted to hospital with COVID-19 were aged 18 years or older.</p> <table border="1"> <thead> <tr> <th>Age group (children)</th> <th>Hospital admissions</th> <th></th> </tr> </thead> <tbody> <tr> <td><4</td> <td>1,602</td> <td>1.6%</td> </tr> <tr> <td>4-11</td> <td>384</td> <td>0.4%</td> </tr> <tr> <td>12-17</td> <td>344</td> <td>0.3%</td> </tr> <tr> <td>>17</td> <td>97,731</td> <td>97.7%</td> </tr> <tr> <td>Total</td> <td>100,061</td> <td></td> </tr> </tbody> </table>	Age group (children)	Hospital admissions		<4	1,602	1.6%	4-11	384	0.4%	12-17	344	0.3%	>17	97,731	97.7%	Total	100,061		<p>Deaths by age group⁹⁶</p> <p>The number of deaths in children is not known as the Netherlands provides a total sum of all deaths between 0-49 years.</p> <p>Genomic surveillance⁹⁷</p> <p>Omicron (BA.2) is the dominant variant.</p>
Age group (children)	Hospital admissions																			
<4	1,602	1.6%																		
4-11	384	0.4%																		
12-17	344	0.3%																		
>17	97,731	97.7%																		
Total	100,061																			

⁸⁹ <https://www.government.nl/topics/coronavirus-covid-19/tackling-new-coronavirus-in-the-netherlands/coronavirus-measures-in-brief>
⁹⁰ <https://www.rivm.nl/en/coronavirus-covid-19/children-and-covid-19>
⁹¹ <https://coronadashboard.government.nl/landelijk/vaccinaties>
⁹² <https://coronadashboard.government.nl/landelijk/positief-geteste-mensen>
⁹³ <https://www.rivm.nl/en/coronavirus-covid-19/children-and-covid-19/research-results-ggd-data>
⁹⁴ <https://coronadashboard.government.nl/landelijk/ziekenhuis-opnames>
⁹⁵ <https://www.rivm.nl/en/coronavirus-covid-19/children-and-covid-19/research-results-ggd-data>
⁹⁶ <https://coronadashboard.government.nl/landelijk/sterfte>
⁹⁷ <https://www.rivm.nl/en/coronavirus-covid-19/virus/variants>



Scotland, UK

(population 5.5 million)

<p>PHSM⁹⁸</p> <p>Most restrictions have been lifted. Some remain in place including mask-wearing on public transport and some indoor settings. From May 2022, testing is only available to high-risk groups and healthcare workers. Asymptomatic close contacts are not required to isolate and reduced isolation time for cases.</p>	<p>Schools & mitigation⁹⁹</p> <p>Schools closed for a one week holiday in mid-Feb and a two week holiday in early to mid-Apr 2022. Standard PHSM only.</p>	<p>Vaccination coverage¹⁰⁰</p> <table border="1"> <thead> <tr> <th>Age group (years)</th> <th>1st dose (%)</th> <th>2nd dose (%)</th> <th>3rd/booster (%)</th> </tr> </thead> <tbody> <tr> <td>5-11</td> <td>16.2</td> <td>0.7</td> <td></td> </tr> <tr> <td>12-15</td> <td>67.8</td> <td>44.3</td> <td>1.3</td> </tr> <tr> <td>16-17</td> <td>80.9</td> <td>56.3</td> <td>12.6</td> </tr> <tr> <td>12+</td> <td>94.1</td> <td>87.7</td> <td>73.5</td> </tr> </tbody> </table> <p>Third/booster dose available for all 18y+ and other high-risk groups. Vaccination for 16-17y commenced mid-Aug, 12-15y mid-Sep 2021 (initially as single dose) and 5-11y late Feb 2022 (coverage data not available).</p>	Age group (years)	1 st dose (%)	2 nd dose (%)	3 rd /booster (%)	5-11	16.2	0.7		12-15	67.8	44.3	1.3	16-17	80.9	56.3	12.6	12+	94.1	87.7	73.5
Age group (years)	1 st dose (%)	2 nd dose (%)	3 rd /booster (%)																			
5-11	16.2	0.7																				
12-15	67.8	44.3	1.3																			
16-17	80.9	56.3	12.6																			
12+	94.1	87.7	73.5																			
<p>Infections by age group¹⁰¹</p> <p>Figure 5: Weekly total combined PCR and LFD cases (including reinfections) per 100,000 population in Scotland by age group, by specimen date. Data to 24 April 2022¹⁰¹.</p>	<p>Hospitalisations in children¹⁰²</p> <p>¹⁰²Please note that positive tests include first LFD tests from 5 January 2022.</p>	<p>Deaths by age group^{103, 104}</p> <p>Figure 10: Weekly total number of deaths where Covid-19 was mentioned on the death certificate, by age group. Data to the week ending 24 April 2022.</p>																				
<p>Genomic surveillance¹⁰⁵</p> <p>Figure 4: Modelled percentage of infections compatible with the Omicron BA.1 variant and Omicron BA.2 variant, based on nose and throat swabs, daily, in Scotland, 27 February to 9 April 2022¹⁰⁵.</p> <p>Omicron (BA.2) is the dominant variant in Scotland.</p>	<p>Any admitted child who is COVID-19 positive is included, so this overestimates the number of children being admitted and needing treatment for COVID-19.</p>	<p>There have been 5 deaths due to COVID-19 in children aged 0-14y in the past year.</p>																				

⁹⁸ <https://www.gov.scot/coronavirus-covid-19/>
⁹⁹ <https://www.gov.uk/government/publications/emergency-planning-and-response-for-education-childcare-and-childrens-social-care-settings>
¹⁰⁰ <https://coronavirus.data.gov.uk/details/vaccinations?areaType=nation&areaName=Scotland>
¹⁰¹ <https://www.gov.scot/collections/coronavirus-covid-19-the-state-of-the-epidemic/>
¹⁰² https://scotland.shinyapps.io/phs-covid19-education/w_852fb58e/
¹⁰³ <https://www.gov.scot/collections/coronavirus-covid-19-the-state-of-the-epidemic/>
¹⁰⁴ <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/general-publications/weekly-and-monthly-data-on-births-and-deaths/deaths-involving-coronavirus-covid-19-in-scotland>
¹⁰⁵ <https://www.gov.scot/collections/coronavirus-covid-19-the-state-of-the-epidemic/>



Singapore (population 5.5 million)

PHSM ¹⁰⁶	Schools & mitigation ¹⁰⁷	Vaccination coverage ¹⁰⁸								
<p>From late Apr 2022, restrictions have eased further to include mask-wearing indoors only, advice to work from home removed, physical distancing requirements removed, and density limits removed.</p>	<p>Schools closed for one-week holiday in mid-Mar 2022.</p> <p>From late Apr 2022, standard PHSM, removal of cohorting and density limits, masks are still required indoors for all students and staff.</p>	<table border="1"> <thead> <tr> <th>Age group (years)</th> <th>1st dose (%)</th> <th>2nd dose (%)</th> <th>3rd/booster (%)</th> </tr> </thead> <tbody> <tr> <td>Total pop.</td> <td>93.0</td> <td>92.0</td> <td>74.0</td> </tr> </tbody> </table> <p>Third/booster dose available for all aged 12y+. Vaccination for 12y+ commenced early June and 5-11y late Dec 2021. From 14 Feb 2022, all 18y+ must receive a booster dose within 270 days of their 2nd dose to be considered fully vaccinated. The same applies to all 12-17y from 14 Mar 2022.</p>	Age group (years)	1 st dose (%)	2 nd dose (%)	3 rd /booster (%)	Total pop.	93.0	92.0	74.0
Age group (years)	1 st dose (%)	2 nd dose (%)	3 rd /booster (%)							
Total pop.	93.0	92.0	74.0							
Infections by age group ¹⁰⁹	Hospitalisations in children ¹¹⁰	Deaths by age group ¹¹¹								
<p>As of 02 May 2022, 12pm Number of Local Cases by Age</p> <p>1,301</p> <ul style="list-style-type: none"> 143 476 523 353 123 85 <p>— No. of Cases — 70+ years old and above — 60 - 69 years old — 40 - 59 years old — 20 - 39 years old — 12 - 18 years old — 0 - 11 years old</p>	<p>As of 02 May 2022, 12pm Hospitalised Patients (in General Ward) by Age Groups</p> <p>201</p> <ul style="list-style-type: none"> 2 2 5 35 28 139 <p>— Total Cases — 70+ years old — 60-69 years old — 40-59 years old — 20-39 years old — 12-18 years old — 0-11 years old</p> <p>One child was admitted to ICU due to MIS-C and there have been five reported cases of MIS-C throughout the entire pandemic, last reported 8 Nov 2021.</p>	<p>As of 02 May 2022, 12pm Deaths by Age Groups</p> <p>1</p> <ul style="list-style-type: none"> 0 0 0 0 0 1 <p>— Total cases — 70+ years old — 60-69 years old — 40-59 years old — 20-39 years old — 12-18 years old — 0-11 years old</p> <p>There have been 0 deaths in children throughout the entire pandemic.</p>								

¹⁰⁶ <https://www.moh.gov.sg/covid-19-phase-advisory>

¹⁰⁷ <https://www.moe.gov.sg/faqs-covid-19-infection>

¹⁰⁸ <https://www.moh.gov.sg/>

¹⁰⁹ <https://www.moh.gov.sg/>

¹¹⁰ <https://www.moh.gov.sg/>

¹¹¹ <https://www.moh.gov.sg/>

South Africa

(population 60.4 million)

<p>PHSM¹¹²</p> <p>Further easing of restrictions from Apr 2022 to include asymptomatic cases are not required to isolate, mandatory indoor mask-wearing 6y+ with exceptions.</p>	<p>Schools & mitigation¹¹³</p> <p>Schools closed for holidays in mid-Mar to early Apr 2022. Standard PHSM, indoor mask-wearing.</p>	<p>Vaccination coverage¹¹⁴</p> <p>Age group (years) Fully vaccinated* (%)</p> <p>18+ 49.4</p> <p>*Note: South Africa also uses the J&J/Janssen vaccine which is a single-dose vaccine. Vaccination is available for all aged 12y+. Coverage data for 12-17y not available.</p>																																																																								
<p>Infections by age group¹¹⁵</p> <p>Characteristics of COVID-19 cases in South Africa by age and sex</p> <p>Figure 4. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week South Africa 3 March 2020 – 23 April 2022 (n = 3 727 (61, 35 240 missing ages))</p>	<p>Hospitalisations in children and deaths by age group¹¹⁶</p> <p>Hospital admissions of COVID-19 cases, by health sector, by epidemiological week</p> <table border="1"> <thead> <tr> <th>Epiweek</th> <th>Private</th> <th>Public</th> <th>Total</th> </tr> </thead> <tbody> <tr><td>2022.02</td><td>1984</td><td>5376</td><td>3392</td></tr> <tr><td>2022.03</td><td>1461</td><td>2130</td><td>3591</td></tr> <tr><td>2022.04</td><td>1349</td><td>1731</td><td>3080</td></tr> <tr><td>2022.05</td><td>1205</td><td>2501</td><td>3706</td></tr> <tr><td>2022.06</td><td>1054</td><td>1296</td><td>2350</td></tr> <tr><td>2022.07</td><td>369</td><td>1080</td><td>1449</td></tr> <tr><td>2022.08</td><td>304</td><td>916</td><td>1220</td></tr> <tr><td>2022.09</td><td>749</td><td>1540</td><td>2289</td></tr> <tr><td>2022.10</td><td>1251</td><td>1125</td><td>2376</td></tr> <tr><td>2022.11</td><td>990</td><td>977</td><td>1967</td></tr> <tr><td>2022.12</td><td>977</td><td>908</td><td>1885</td></tr> <tr><td>2022.13</td><td>896</td><td>918</td><td>1814</td></tr> <tr><td>2022.14</td><td>896</td><td>918</td><td>1814</td></tr> <tr><td>2022.15</td><td>918</td><td>1513</td><td>2431</td></tr> <tr><td>2022.16</td><td>971</td><td>1433</td><td>2404</td></tr> <tr><td>2022.17</td><td>832</td><td>34</td><td>866</td></tr> <tr><td>2022.18</td><td>34</td><td>0</td><td>34</td></tr> </tbody> </table> <p>Admissions to date by age group and sex: Total: 520,40K</p> <p>Deaths to date by age group and sex: Total: 102,30K</p> <p>Total of 853 deaths with COVID-19 in children 0-19y throughout the entire pandemic. Deaths in children account for <1% of all deaths in South Africa.</p>	Epiweek	Private	Public	Total	2022.02	1984	5376	3392	2022.03	1461	2130	3591	2022.04	1349	1731	3080	2022.05	1205	2501	3706	2022.06	1054	1296	2350	2022.07	369	1080	1449	2022.08	304	916	1220	2022.09	749	1540	2289	2022.10	1251	1125	2376	2022.11	990	977	1967	2022.12	977	908	1885	2022.13	896	918	1814	2022.14	896	918	1814	2022.15	918	1513	2431	2022.16	971	1433	2404	2022.17	832	34	866	2022.18	34	0	34	<p>Genomic surveillance¹¹⁷</p> <p>South Africa, 2021-2022, n = 31646*</p> <p>Number and percentage of clades by epiweek in South Africa, 2021 – 2022 (31 646*)</p> <p>Delta dominated in South Africa until October at >80%. Omicron has dominated from November onwards.</p> <p>Omicron (BA.4 and BA.5) is now the dominant variant.</p>
Epiweek	Private	Public	Total																																																																							
2022.02	1984	5376	3392																																																																							
2022.03	1461	2130	3591																																																																							
2022.04	1349	1731	3080																																																																							
2022.05	1205	2501	3706																																																																							
2022.06	1054	1296	2350																																																																							
2022.07	369	1080	1449																																																																							
2022.08	304	916	1220																																																																							
2022.09	749	1540	2289																																																																							
2022.10	1251	1125	2376																																																																							
2022.11	990	977	1967																																																																							
2022.12	977	908	1885																																																																							
2022.13	896	918	1814																																																																							
2022.14	896	918	1814																																																																							
2022.15	918	1513	2431																																																																							
2022.16	971	1433	2404																																																																							
2022.17	832	34	866																																																																							
2022.18	34	0	34																																																																							

¹¹² <https://www.gov.za/covid-19/resources/regulations-and-guidelines-coronavirus-covid-19>
¹¹³ <https://www.gov.za/covid-19/resources/regulations-and-guidelines-coronavirus-covid-19>
¹¹⁴ <https://sacoronavirus.co.za/latest-vaccine-statistics/>
¹¹⁵ <https://www.nicd.ac.za/diseases-a-z-index/disease-index-covid-19/surveillance-reports/weekly-epidemiological-brief/>
¹¹⁶ <https://www.nicd.ac.za/diseases-a-z-index/disease-index-covid-19/surveillance-reports/daily-hospital-surveillance-datcov-report/>
¹¹⁷ <https://www.nicd.ac.za/diseases-a-z-index/disease-index-covid-19/sars-cov-2-genomic-surveillance-update/>



USA

(population 332.8 million)

<p>PHSM¹¹⁸</p> <p>The US CDC recommends indoor mask wearing for all aged 2y+ in areas of high community transmission, physical distancing, hand & surface hygiene, TTIQ, but adoption varies by State/Territory.</p>	<p>Schools & mitigation¹¹⁹</p> <p>Schools closed for a one-week holiday between Mar-Apr 2022.</p> <p>Standard PHSM, cohorting, masks, PCR & RAT screening, but adoption varies by State/Territory.</p>	<p>Vaccination coverage¹²⁰</p> <table border="1"> <thead> <tr> <th>Age group (years)</th> <th>1st dose (%)</th> <th>Fully vaccinated* (%)</th> <th>3rd/booster (%)</th> </tr> </thead> <tbody> <tr> <td>5-11</td> <td>35.2</td> <td>28.5</td> <td>-</td> </tr> <tr> <td>12-17</td> <td>68.9</td> <td>58.9</td> <td>24.6</td> </tr> <tr> <td>18+</td> <td>89.1</td> <td>76.1</td> <td>49.4</td> </tr> </tbody> </table> <p>*Note: The US also uses the J&J/Janssen vaccine which is a single-dose vaccine. Third/booster dose for 65y+ and other high-risk individuals from Sep 2021, expanded to all 18y+ from late Nov 2021 and 12y+ from early Jan 2022. Vaccination offered to 12y+ from May and 5-11y from Nov 2021.</p>		Age group (years)	1 st dose (%)	Fully vaccinated* (%)	3 rd /booster (%)	5-11	35.2	28.5	-	12-17	68.9	58.9	24.6	18+	89.1	76.1	49.4																			
Age group (years)	1 st dose (%)	Fully vaccinated* (%)	3 rd /booster (%)																																			
5-11	35.2	28.5	-																																			
12-17	68.9	58.9	24.6																																			
18+	89.1	76.1	49.4																																			
<p>Infections by age group¹²¹</p> <p>COVID-19 Weekly Cases per 100,000 Population by Age Group, United States March 01, 2020 - April 30, 2022*</p>	<p>MIS-C¹²²</p> <p>Daily MIS-C Cases and COVID-19 Cases Reported to CDC (7-Day Moving Average)</p> <p>The shaded area on the right side of the figure represents the most recent six weeks of data, for which reporting of MIS-C cases is still incomplete.</p>	<p>Deaths by age group^{123, 124}</p> <p>COVID-19 Weekly Deaths per 100,000 Population by Age Group, United States March 01, 2020 - April 30, 2022*</p>	<p>Genomic surveillance¹²⁵</p> <p>United States: 1/16/2022 - 4/23/2022 United States: 4/17/2022 - 4/23/2022 NOWCAST</p> <table border="1"> <thead> <tr> <th>WHO label</th> <th>Lineage #</th> <th>US Class</th> <th>%Total</th> <th>95%PI</th> </tr> </thead> <tbody> <tr> <td>Omicron</td> <td>BA.2</td> <td>VOC</td> <td>68.1%</td> <td>61.3-74.2%</td> </tr> <tr> <td></td> <td>BA.2.12.1</td> <td>VOC</td> <td>28.7%</td> <td>22.3-36.0%</td> </tr> <tr> <td></td> <td>BA.1.1</td> <td>VOC</td> <td>2.8%</td> <td>2.3-3.3%</td> </tr> <tr> <td></td> <td>B.1.1.529</td> <td>VOC</td> <td>0.2%</td> <td>0.1-0.3%</td> </tr> <tr> <td>Delta</td> <td>B.1.617.2</td> <td>VBM</td> <td>0.0%</td> <td>0.0-0.0%</td> </tr> <tr> <td>Other</td> <td>Other*</td> <td></td> <td>0.2%</td> <td>0.1-0.6%</td> </tr> </tbody> </table>	WHO label	Lineage #	US Class	%Total	95%PI	Omicron	BA.2	VOC	68.1%	61.3-74.2%		BA.2.12.1	VOC	28.7%	22.3-36.0%		BA.1.1	VOC	2.8%	2.3-3.3%		B.1.1.529	VOC	0.2%	0.1-0.3%	Delta	B.1.617.2	VBM	0.0%	0.0-0.0%	Other	Other*		0.2%	0.1-0.6%
WHO label	Lineage #	US Class	%Total	95%PI																																		
Omicron	BA.2	VOC	68.1%	61.3-74.2%																																		
	BA.2.12.1	VOC	28.7%	22.3-36.0%																																		
	BA.1.1	VOC	2.8%	2.3-3.3%																																		
	B.1.1.529	VOC	0.2%	0.1-0.3%																																		
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%																																		
Other	Other*		0.2%	0.1-0.6%																																		
<p>Hospitalisations in children¹²⁷</p> <p>COVID-19 Weekly Hospitalisations in Children, United States March 01, 2020 - April 30, 2022*</p> <p>Any admitted child who is COVID-19 positive is likely to be included, so this is likely to be an overestimation of the number of children needing treatment for COVID-19.</p>	<p>MIS-C Patients By Age Group</p> <table border="1"> <thead> <tr> <th>Age (in Years)</th> <th>Number of Patients</th> </tr> </thead> <tbody> <tr> <td>0-4</td> <td>10</td> </tr> <tr> <td>5-11</td> <td>20</td> </tr> <tr> <td>12-17</td> <td>7880</td> </tr> <tr> <td>18+</td> <td>20</td> </tr> <tr> <td>>18</td> <td>5</td> </tr> </tbody> </table> <p>There have been 7880 cases of MIS-C throughout the entire pandemic, including 66 deaths. The median age of MIS-C cases was 9y and half were between 5-13y. Note: Data to Report #15, 04 Apr 2022.</p>			Age (in Years)	Number of Patients	0-4	10	5-11	20	12-17	7880	18+	20	>18	5																							
Age (in Years)	Number of Patients																																					
0-4	10																																					
5-11	20																																					
12-17	7880																																					
18+	20																																					
>18	5																																					

¹¹⁸ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>
¹¹⁹ <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>
¹²⁰ https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-total-admin-rate-total
¹²¹ <https://covid.cdc.gov/covid-data-tracker/#demographicsovertime>
¹²² <https://covid.cdc.gov/covid-data-tracker/#mis-national-surveillance>
¹²³ <https://covid.cdc.gov/covid-data-tracker/#demographicsovertime>
¹²⁴ https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm
¹²⁵ <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>
¹²⁶ <https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>
¹²⁷ https://gis.cdc.gov/grasp/COVIDNet/COVID19_3.html





USA: Impact of vaccination on disease incidence

Seven-day incidence per 100,000 population in people who received at least one dose of vaccine, by age group.¹²⁸



¹²⁸ <https://covid.cdc.gov/covid-data-tracker/#vaccinations-cases-trends>



Authors

Darren Suryawijaya Ong

Research Assistant, Asia-Pacific Health, Murdoch Children's Research Institute

Dr John Hart

Senior Research Fellow, Asia-Pacific Health, Murdoch Children's Research Institute

Professor Fiona Russell

Director, Child and Adolescent Health PhD Program, Department of Paediatrics, The University of Melbourne
Group Leader, Asia-Pacific Health, Murdoch Children's Research Institute

To subscribe and receive the weekly reports, please email: asiapacific.health@mcri.edu.au

Murdoch Children's Research Institute

50 Flemington Rd, Parkville
Victoria 3052 Australia
ABN 21 006 566 972

<https://www.mcri.edu.au/research/themes/infection-and-immunity/asia-pacific-health>