

COVID-19 and Children's Surveillance Report

Number 18

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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 cases 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. Additionally, several countries have changed their testing requirements to no longer test asymptomatic cases and do not require reporting unless at high risk.

Overview

- The Omicron variant of concern² has been detected in 184 countries³ (up from 181 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, Finland, the Netherlands, the UK and the USA. BA.4 and BA.5 have replaced BA.2 as the predominant variants 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 cases 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 cases 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 In the USA, 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.⁵
- Hospitalisations in children and adolescents are now declining even in children who are too young to be vaccinated.

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>

⁵ 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



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 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 and Denmark have 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 ~6-80% among 5-11 year olds and ~54-99% among 12-15 year olds.

Trends in cases and hospitalisations

- **Cases:** Following the peak in cases and reopening of schools in Victoria and NSW in Feb 2022, cases, 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 cases 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, cases 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, cases 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. BA.2 replaced BA.1 as the predominant subvariant in NSW and Victoria. Omicron subvariants BA.4, BA.5 and BA.2.12.1 have been detected in both states (detected in sewerage samples in Victoria).
- 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 case rates up to about 13 years of age. This may be due to younger children being more efficient at clearing the virus.⁶
- For educational staff, the Netherlands found similar case rates 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.⁷
- 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.
- **Hospitalisations:** 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. This is now declining even in children too young to be vaccinated.
- 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.⁸ 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).⁹ 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.¹⁰
- Another study in children <5 years infected with the Omicron and Delta variants in the US found that¹¹:
 - 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.
- 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-19.¹²

⁶ Mallapaty S. Kids show mysteriously low levels of COVID antibodies. Nature. 10 March 2022. <https://www.nature.com/articles/d41586-022-00681-8>

⁷ 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>

⁸ Pediatric 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

⁹ 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>

¹⁰ 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

¹¹ 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>

¹² 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)



- In Europe, there is no substantial increase in excess mortality in children aged 0-14 years during the Omicron period.¹³
- 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.

Clinical summary

- 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.¹⁴
- 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.¹⁵
- An analysis of paediatric hospitalisation data in England (Dec 2020 to Jan 2022 spanning Alpha, Delta and Omicron waves) found that¹⁶:
 - 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.
- An analysis of children <5 years infected with the Omicron and Delta variants in the US found that the risk of severe clinical outcomes in children infected with Omicron were significantly lower than those with Delta.¹⁷
- 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-19.¹⁸
- In South Africa, 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-19.¹⁹
- **MIS-C:** Data from the US and UK both show that despite a large increase in cases during BA.1, the number of MIS-C cases did not increase. MIS-C declined in the USA.²⁰ A UK study found that compared with the Alpha wave, there were fewer cases of MIS-C relative to SARS-CoV-2 cases during both the initial and subsequent Delta waves, and continuing into the Omicron wave despite extensive spread of BA.1.²¹ Compared to the Alpha wave, the proportion of MIS-C cases to SARS-CoV-2 cases were lower in pre-vaccine Delta, post-vaccine Delta and Omicron waves, at 56%, 66% and 95% lower respectively.²²

¹³ EuroMOMO. Graphs and maps. Copenhagen, Denmark: Statens Serum Institut (SSI); 2022. <https://www.euromomo.eu/graphs-and-maps>

¹⁴ Omicron drives record cases of child COVID hospitalisations. Financial Times. 17 January 2022. <https://www.ft.com/content/28be9d3f-0b12-4c33-bda9-fb9f375c0b7e>

¹⁵ 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>

¹⁶ 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>

¹⁷ 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>

¹⁸ 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.htm?cid=mm7116e1_w

¹⁹ 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)

²⁰ Does Omicron hit kids harder? Scientists are trying to find out. Nature. 04 February 2022. <https://www.nature.com/articles/d41586-022-00309-x>

²¹ 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>

²² 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>



Summary of COVID-19 epidemiology in children and adolescents

Country	Predominant variants	Cases	Hospitalisations	MIS-C/PIMS-TS	Deaths [^]
ACT, Australia	Not reported	↓	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	↑	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	857 ^b
USA	Omicron BA.2	↑	Stable	8210 cases	1030 ^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.
 - Australia has one of the highest testing rates per capita.²³
- 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 declining in all ages, with currently ~1000 confirmed cases per day in all ages.
 - Cases 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 eight weeks of school reopening, during which time they were likely to be over-represented in case numbers and the percentage contribution to total cases due to increased testing.
 - The hospitalisation 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.
 - Cases are declining, with currently ~10,700 confirmed cases per day in all ages. Omicron subvariant BA.2 is the predominant variant.
 - Cases declined in school-age children 2-3 weeks before term 1 school holidays, which may be due to reductions in testing. Cases 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 cases 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 ~980 confirmed cases per day in all ages. Case numbers in school-age children started declining two weeks before term 1 school holidays commenced.
 - Cases are highest in the 20-49 year age group, followed by the 0-4 and 12-19 age groups, 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 cases due to increased testing.
 - Since Dec 2021, there have been six 5-19 year olds admitted to hospital for treatment, with one in ICU (aged 16-19 years). Thirty-four 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 (previously twice weekly screening but now only for symptomatic 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.

²³ Our World in Data. Total COVID-19 tests per 1,000 people. London, United Kingdom: Global Change Data Lab; 2022. <https://ourworldindata.org/grapher/full-list-cumulative-total-tests-per-thousand-map?tab=table>



- Case numbers are increasing, with currently ~12,500 confirmed cases per day in all ages.
 - Children were offered RATs twice weekly, so are tested more and therefore likely to be over-represented in case numbers and the percentage contribution to all cases, 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.
 - Subvariants BA.4, BA.5 and BA.2.12.1 have been detected in sewerage samples.
- 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 cases 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.
- **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.²⁴
 - 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.
 - Cases are low and stable in all age groups, although testing is now only recommended for individuals at increased risk for severe disease (data to Report #17, 02 May 2022).
 - Hospitalisations in children have remained relatively stable and very low (data to Report #17, 02 May 2022).
 - 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.²⁵
 - Most restrictions have been lifted since late Feb 2022. 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 6% 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.
 - Cases 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.
 - Case 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.
 - Case rates in England remained lower than Scotland, Wales and Northern Ireland despite having fewer restrictions.²⁶
 - 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.²⁷
 - Few restrictions remain in place and masks are recommended indoors.
 - Approximately 26% of 5-11 year olds and 79% of 12-17 year olds have received at least one dose of vaccine.
 - Cases peaked in Apr 2022 and are declining in all age groups. Cases 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.

²⁴ EuroMQMO. Graphs and maps. Copenhagen, Denmark: Statens Serum Institut (SSI); 2022. <https://www.euromqmo.eu/graphs-and-maps>

²⁵ 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>

²⁶ Office for National Statistics (ONS). Coronavirus (COVID-19) Infection Survey, UK: 13 May 2022. London, United Kingdom: ONS; 2022. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurvey/13may2022>

²⁷ 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>



- 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 six weeks.²⁸
 - 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.
 - Cases 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. Cases are highest amongst 30-39 year olds. There was an age-related increase in cases 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.²⁹
 - 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 17% 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.
 - Cases 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. Cases 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 cases with BA.2, there is currently a downward trend in case numbers. Cases are 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.³⁰
 - Few restrictions remain in place, including mandatory indoor mask-wearing for all aged six years and older. Asymptomatic cases are not required to isolate.
 - Approximately 50% of the entire population is fully vaccinated. Vaccination is only offered to those aged 12 years and older.
 - There was a rapid increase in cases 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. Cases are currently increasing with BA.4 and BA.5 overtaking BA.2 as the predominant variants.
 - Overall hospitalisations are increasing but so far remain lower than the increase seen with BA.1.
 - There have been 857 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.
- **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.³¹
 - 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.
 - Cases are increasing in all age groups due to the recent predominance of BA.2 and BA.2.12.1.

²⁸ EuroMOMO. Graphs and maps. Copenhagen, Denmark: Statens Serum Institut (SSI); 2022. <https://www.euromomo.eu/graphs-and-maps>

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- Hospitalisations continue to remain low and stable in children, although this is increasing in adults.
- There have been 1030 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.³²
- A total of 8210 cases of MIS-C have been reported, including 68 deaths.
 - 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.

³² 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>PHSM³³</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 & mitigation³⁴</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>	<p>Vaccination coverage^{35, 36}</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>80.3</td> <td>66.2</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>75.6</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	80.3	66.2	-	12-15	>99.0	>99.0	-	16+	>99.0	>99.0	75.6																																																																																																			
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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> <p>Note: Genomic surveillance data as of Report #17, 02 May 2022</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>Hospitalisations in children³⁸</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>4 doses of COVID-19 vaccine N (%)</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 Pandemic</th> </tr> </thead> <tbody> <tr> <td>0-17</td> <td>0 (0%)</td> <td>1 (1%)</td> <td>16 (14%)</td> <td>11 (9%)</td> <td>87 (75%)</td> <td>1 (1%)</td> <td>116 (100%)</td> </tr> <tr> <td>18-39</td> <td>1 (1%)</td> <td>38 (20%)</td> <td>73 (38%)</td> <td>7 (4%)</td> <td>69 (36%)</td> <td>3 (2%)</td> <td>191 (100%)</td> </tr> <tr> <td>40-64</td> <td>0 (0%)</td> <td>54 (25%)</td> <td>72 (34%)</td> <td>8 (4%)</td> <td>78 (36%)</td> <td>2 (1%)</td> <td>214 (100%)</td> </tr> <tr> <td>65+</td> <td>1 (0%)</td> <td>121 (36%)</td> <td>129 (38%)</td> <td>13 (4%)</td> <td>67 (20%)</td> <td>8 (2%)</td> <td>339 (100%)</td> </tr> <tr> <td>TOTAL¹</td> <td>2 (0%)</td> <td>214 (25%)</td> <td>290 (34%)</td> <td>39 (5%)</td> <td>301 (35%)</td> <td>14 (2%)</td> <td>860² (100%)</td> </tr> </tbody> </table> <p>Notes: ¹Cases admitted to an ACT hospital, including those with a residential address in the ACT or another state or territory. ²Includes 10 new hospital admissions from previous reporting periods due to data being updated after the reporting cut-off period.</p> <p>Figure 6: Rolling Mean of Hospitalised¹ COVID-19 Case Rate by Date of Admission Last 8 Weeks</p> <p>Table 1: Case Status by Test type</p> <table border="1"> <thead> <tr> <th></th> <th>Test type</th> <th>WEEK 19¹ Ending 08/05/2022</th> <th>TOTAL²</th> </tr> </thead> <tbody> <tr> <td rowspan="3">New Cases</td> <td>PCR</td> <td>3,598</td> <td>69,736</td> </tr> <tr> <td>RAT</td> <td>3,138</td> <td>42,671</td> </tr> <tr> <td>Total</td> <td>6,736</td> <td>112,407</td> </tr> <tr> <td>New Deaths</td> <td></td> <td>2</td> <td>55</td> </tr> </tbody> </table> <p>Notes: ¹Cases notified to ACT Health during the reporting period. ²Total cases since the start of the pandemic, March 2020.</p> <p>Deaths are not available by age group. 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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>
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Australia: New South Wales (population 8.2 million)

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Recombinant BA.1/BA.2 (unclassified*)	0	1	0	1																																																																																																										
Total	489	433	371	16																																																																																																										
	Admitted to hospital (but not to ICU)	Admitted to ICU	Deaths																																																																																																											
Gender																																																																																																														
Female	289	21	42																																																																																																											
Male	259	40	60																																																																																																											
Not stated / inadequately described	1	0	0																																																																																																											
Age group																																																																																																														
0-9	37	1	0																																																																																																											
10-19	16	2	0																																																																																																											
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⁴⁰ <https://www.nsw.gov.au/covid-19/stay-safe/rules>
⁴¹ <https://education.nsw.gov.au/covid-19/advice-for-families>
⁴² <https://www.health.gov.au/resources/collections/covid-19-vaccination-daily-rollout-update>
⁴³ <https://twitter.com/NSWHealth>
⁴⁴ <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/weekly-reports.aspx>
⁴⁵ <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/weekly-reports.aspx>



Australia: Tasmania

(population 540,000)

PHSM ⁴⁶	Schools & mitigation ⁴⁷	Vaccination coverage ⁴⁸																																																																																																										
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.	<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>63.9</td> <td>50.3</td> <td>-</td> </tr> <tr> <td>12-15</td> <td>87.2</td> <td>83.1</td> <td>-</td> </tr> <tr> <td>16+</td> <td>>99.0</td> <td>98.9</td> <td>72.1</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	63.9	50.3	-	12-15	87.2	83.1	-	16+	>99.0	98.9	72.1																																																																																										
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<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: Weekly number of COVID-19 cases per 1000 people (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 7 May 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>58</td><td>34</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>14</td><td>2</td><td>1</td><td>-</td></tr> <tr><td>20-29</td><td>98</td><td>27</td><td>4</td><td>-</td></tr> <tr><td>30-39</td><td>92</td><td>26</td><td>2</td><td>-</td></tr> <tr><td>40-49</td><td>69</td><td>29</td><td>3</td><td>1</td></tr> <tr><td>50-59</td><td>84</td><td>36</td><td>5</td><td>2</td></tr> <tr><td>60-69</td><td>123</td><td>54</td><td>7</td><td>11</td></tr> <tr><td>70-79</td><td>146</td><td>73</td><td>8</td><td>9</td></tr> <tr><td>80-84</td><td>80</td><td>45</td><td>-</td><td>5</td></tr> <tr><td>85+</td><td>103</td><td>49</td><td>-</td><td>18</td></tr> <tr><td>Total</td><td>896</td><td>381</td><td>33</td><td>46</td></tr> </tbody> </table> <p>*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 was caused or contributed to by COVID-19 have been included. Reason for hospital and/or ICU admission is based on COVID-19 diagnosis at discharge date.</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	58	34	3	-	5-11	16	3	-	-	12-15	13	3	-	-	16-19	14	2	1	-	20-29	98	27	4	-	30-39	92	26	2	-	40-49	69	29	3	1	50-59	84	36	5	2	60-69	123	54	7	11	70-79	146	73	8	9	80-84	80	45	-	5	85+	103	49	-	18	Total	896	381	33	46	<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 from 15 December 2021 to 7 May 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>13,080</td> <td>191</td> <td>84</td> <td>10</td> <td>14</td> </tr> <tr> <td>1 dose</td> <td>12,754</td> <td>30</td> <td>13</td> <td>1</td> <td>1</td> </tr> <tr> <td>2 or more doses</td> <td>71,410</td> <td>641</td> <td>272</td> <td>21</td> <td>25</td> </tr> <tr> <td>Not stated</td> <td>46,025</td> <td>34</td> <td>12</td> <td>1</td> <td>6</td> </tr> <tr> <td>Total</td> <td>143,269</td> <td>896</td> <td>381</td> <td>33</td> <td>46</td> </tr> </tbody> </table> <p>*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 was caused or contributed to by COVID-19 have been included. Reason for hospital and/or ICU admission is based on COVID-19 diagnosis at discharge date.</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	13,080	191	84	10	14	1 dose	12,754	30	13	1	1	2 or more doses	71,410	641	272	21	25	Not stated	46,025	34	12	1	6	Total	143,269	896	381	33	46
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⁴⁸ <https://www.health.gov.au/resources/collections/covid-19-vaccination-daily-rollout-update>
⁴⁹ <https://www.coronavirus.tas.gov.au/facts/tasmanian-statistics/weekly-report>
⁵⁰ <https://www.coronavirus.tas.gov.au/facts/tasmanian-statistics/weekly-report>





Australia: Victoria

(population 6.6 million)

PHSM ⁵¹	Schools & mitigation ⁵²	Vaccination coverage ^{53, 54}																											
<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 colspan="2">3rd/booster (%)</th> </tr> </thead> <tbody> <tr> <td>5-11</td> <td>56.5</td> <td>40.5</td> <td colspan="2">-</td> </tr> <tr> <td>12-15</td> <td>89.3</td> <td>85.5</td> <td colspan="2">-</td> </tr> <tr> <td>16+</td> <td>95.3</td> <td>93.9</td> <td colspan="2">66.6</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	56.5	40.5	-		12-15	89.3	85.5	-		16+	95.3	93.9	66.6					
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<p>Rapid antigen vs PCR cases</p> <p>Daily PCR cases (to 08/05/2022)</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>	<p>Current cases in hospital</p> <p>491 cases in hospital</p> <p>35 cases in ICU</p> <p>No age breakdown</p>	<p>People who have passed away with COVID-19</p> <p>09/05/2022</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>19</td></tr> <tr><td>40-49</td><td>31</td></tr> <tr><td>50-59</td><td>116</td></tr> <tr><td>60-69</td><td>225</td></tr> <tr><td>70-79</td><td>638</td></tr> <tr><td>80-89</td><td>1137</td></tr> <tr><td>90+</td><td>858</td></tr> <tr><td>Total</td><td>3,034</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	19	40-49	31	50-59	116	60-69	225	70-79	638	80-89	1137	90+	858	Total	3,034
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⁵¹ <https://www.coronavirus.vic.gov.au/coronavirus-covidsafe-settings>
⁵² <https://www.coronavirus.vic.gov.au/education-information-about-coronavirus-covid-19>
⁵³ <https://www.health.gov.au/resources/collections/covid-19-vaccination-daily-rollout-update>
⁵⁴ <https://twitter.com/VicGovDH>
⁵⁵ Data from: <https://www.coronavirus.vic.gov.au/victorian-coronavirus-covid-19-data>
⁵⁶ <https://www.coronavirus.vic.gov.au/victorian-coronavirus-covid-19-data>
⁵⁷ <https://www.coronavirus.vic.gov.au/additional-covid-19-case-data#cases-in-hospital>

Canada (population 38 million)

PHSM⁵⁸

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

Schools & mitigation⁵⁹

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 coverage⁶⁰

Age group (years)	1 st dose (%)	Fully vacc.* (%)	3 rd /booster (%)
5-11	56.8	41.4	-
12-17	88.0	84.3	16.6
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.

Cases by age group^{61, 62}

Figure 3: COVID-19 cases (n=3,654,998⁶¹) in Canada by date⁶² as of May 6, 2022, 8 am EST (n=156,040⁶³)

Figure 4: Distribution of confirmed COVID-19 cases reported to PHAC by vaccination status as of April 17, 2022

Vaccination status	Cases (%)	Hospitalizations (%)	Deaths (%)
Unvaccinated	45.8%	58.1%	59.4%
Can't tell if vaccinated	2.5%	1.7%	4.1%
Partially vaccinated	4.1%	5.0%	4.7%
Fully vaccinated	35.1%	20.3%	13.8%
Can't tell if vaccinated	12.5%	14.9%	17.6%

British Columbia (pop. 5.1 million)*:

	Ages 0-4	Ages 5-11	Ages 12-17
VACCINATIONS (as of March 20, 2022)		Not eligible	89%
have 1 dose	37%	85%	
have 2 doses	37%	85%	
have booster dose	33%	33%	
CASES (as of March 20, 2022)		Not eligible	33%
new this report	526	309	251
new this school year	8,671	15,671	7,775
total cases	12,864	24,641	18,161
HOSPITALIZATIONS (as of March 20, 2022)		Not eligible	33%
new this report	61	13	26
new this school year	216	79	119
ever hospitalized	299	117	153
CRITICAL CARE (as of March 20, 2022)		Not eligible	33%
new this report	9	3	2
new this school year	25	11	9
ever in critical care	33	13	16
DEATHS (as of March 20, 2022)		Not eligible	33%
new this report	0	0	0
new this school year	0	0	0
total deaths	2	0	0

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

Hospitalisations in children⁶³

Figure 7: Age and gender distribution of COVID-19 cases hospitalized in Canada as of May 6, 2022, 8 am EST (n=156,040⁶³)

Age group (years)	Male	Female	Other
0-4	n = 3,873 (2.5%)		
5-11	n = 1,992 (1.3%)	n = 7,456 (4.8%)	
12-17	n = 11,432 (7.3%)		
18-24	n = 12,739 (8.2%)		
25-34	n = 19,527 (12.5%)		
35-44	n = 26,237 (16.8%)		
45-54	n = 30,674 (19.7%)		
55-64	n = 42,010 (26.9%)		

British Columbia (pop. 5.1 million)*:

Figure 9: Case rate of COVID-19 by age and vaccination status, BC, July 1, 2021 to March 29, 2022

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 group⁶⁴

Figure 7: Age and gender distribution of COVID-19 cases deceased in Canada as of May 6, 2022, 8 am EST (n=38,736⁶⁵)

Age group (years)	Male	Female	Other
0-4	n = 25 (0.1%)		
5-11	n = 12 (0.0%)	n = 113 (0.3%)	
12-17	n = 285 (0.7%)		
18-24	n = 621 (1.6%)		
25-34	n = 1,771 (4.6%)		
35-44	n = 4,153 (10.7%)		
45-54	n = 8,314 (21.5%)		
55-64	n = 23,442 (60.5%)		

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

Genomic surveillance⁶⁵

Figure 10: Daily hospital and critical care occupancy by pediatric age groups, 0-17 year-olds, BC, January 1, 2021 to March 29, 2022

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

Figure 12: Percentage of sample sequenced by variant

Variant	Percentage of sample sequenced
BA.1	~10%
BA.2	~85%
BA.3	~5%
BA.4	~1%
BA.5	~1%
BA.6	~1%
BA.7	~1%
BA.8	~1%
BA.9	~1%
BA.10	~1%
BA.11	~1%
BA.12	~1%
BA.13	~1%
BA.14	~1%
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BA.16	~1%
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BA.18	~1%
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BA.21	~1%
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BA.96	~1%
BA.97	~1%
BA.98	~1%
BA.99	~1%
BA.100	~1%

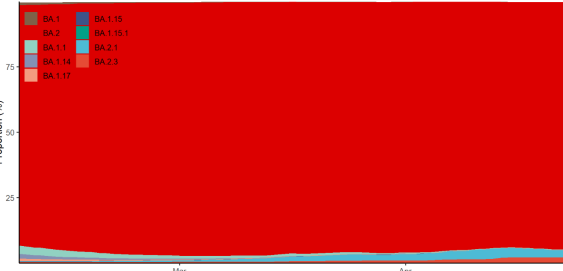
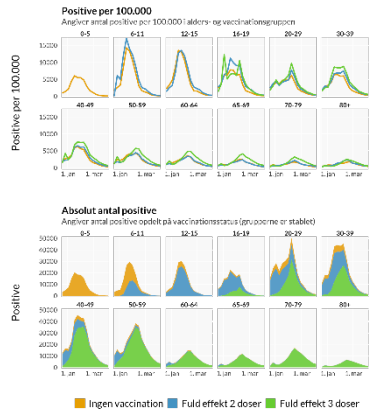
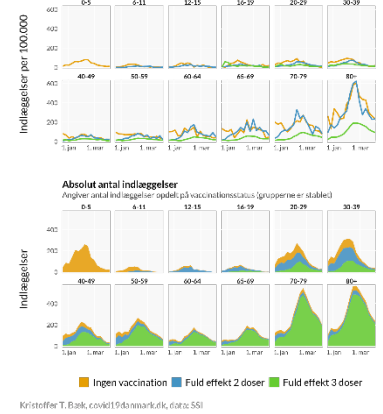
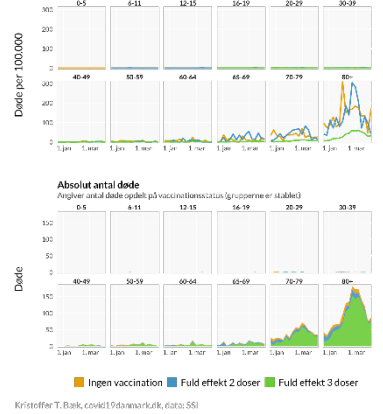
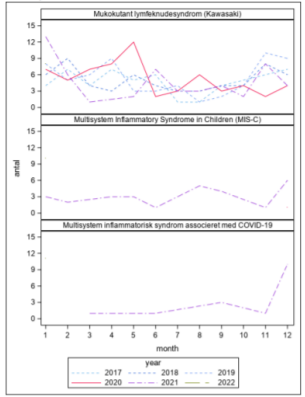
Omicron (BA.2) is the predominant variant.

⁵⁸ <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks.html>
⁵⁹ <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/planning-2021-2022-school-year-vaccination.html>
⁶⁰ <https://health-infobase.canada.ca/covid-19/vaccination-coverage/>
⁶¹ <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>
⁶² <https://www.bccdc.ca/schools/news-resources/data-for-12>
⁶³ <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>
⁶⁴ <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>
⁶⁵ <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>



Denmark

(population 5.9 million)

PHSM ⁶⁶	Schools & mitigation ⁶⁷	Vaccination coverage ⁶⁸	Genomic surveillance ⁶⁹																				
<p>All restrictions lifted from February 2022.</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>	<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>46.9</td> <td>38.5</td> <td>-</td> </tr> <tr> <td>12-15</td> <td>81.3</td> <td>79.4</td> <td>0.4</td> </tr> <tr> <td>16-19</td> <td>89.8</td> <td>88.6</td> <td>45.1</td> </tr> <tr> <td>12+</td> <td>82.1</td> <td>80.6</td> <td>61.6</td> </tr> </tbody> </table> <p>Commenced 3rd/booster vaccination for people 65+ 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	46.9	38.5	-	12-15	81.3	79.4	0.4	16-19	89.8	88.6	45.1	12+	82.1	80.6	61.6	 <p>Omicron (BA.2) is the predominant variant.</p>
Age group (years)	1 st dose (%)	2 nd dose (%)	3 rd /booster (%)																				
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Cases by age group ⁷⁰	Hospitalisations in children ⁷¹	Deaths by age group ^{72, 73}	MIS-C ⁷⁴																				
<p>Weekly positive cases by age and vaccine status*</p> <p>Ugentligt antal positive opdelt på alder og vaccinstatus</p> <p>Relative og absolutte antal personer med positiv SARS-CoV-2 PCR test</p> <p>Viser kun ikke-fidligere positive.</p>  <p>Kristoffer T. Bæk, covid19@danmark.dk, data: SSI</p>	<p>Weekly admissions by age and vaccine status*</p> <p>Ugentligt antal indlæggelser opdelt på alder og vaccinstatus</p> <p>Relative og absolutte antal indlæggelser med positiv SARS-CoV-2 PCR test</p>  <p>Kristoffer T. Bæk, covid19@danmark.dk, data: SSI</p>	<p>Weekly deaths by age and vaccine status*</p> <p>Ugentligt antal døde opdelt på alder og vaccinstatus</p> <p>Relative og absolutte antal døde med positiv SARS-CoV-2 PCR test</p>  <p>Kristoffer T. Bæk, covid19@danmark.dk, data: SSI</p> <p>Total of 7 deaths with COVID-19 in children aged 0-19y throughout the pandemic.</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>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); data to Report #17, 02 May 2022

⁶⁶ <https://en.coronasmitte.dk/rules-and-regulations>
⁶⁷ <https://en.coronasmitte.dk/rules-and-regulations>
⁶⁸ https://experience.arcgis.com/experience/9824b03b114244348ef0b10f69f490b4/page/page_3/
⁶⁹ <https://covid19genomics.dk/statistics>
⁷⁰ <https://covid19danmark.dk/>
⁷¹ <https://covid19danmark.dk/>
⁷² <https://covid19danmark.dk/>
⁷³ <https://covid19.sst.dk/overvaagningsdata/ugentlige-opgorelser-med-overvaagningsdata>
⁷⁴ <https://www.sst.dk/-/media/Udgivelser/2022/Corona/Vaccination/Notat-vaccination-af-boern-5-11-aar.ashx>



England, UK

(population 56.6 million)

PHSM ⁷⁵	Schools & mitigation ⁷⁶	Vaccination coverage ⁷⁷																				
<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 closed for holidays from early to mid-Apr 2022. Standard PHSM only.</p>	<p>Age group</p> <table border="1"> <thead> <tr> <th>(years)</th> <th>1st dose (%)</th> <th>2nd dose (%)</th> <th>3rd/booster (%)</th> </tr> </thead> <tbody> <tr> <td>5-11</td> <td>6.3</td> <td>0.2</td> <td>-</td> </tr> <tr> <td>12-15</td> <td>53.8</td> <td>32.8</td> <td>0.4</td> </tr> <tr> <td>16-17</td> <td>65.7</td> <td>48.6</td> <td>11.8</td> </tr> <tr> <td>12+</td> <td>92.6</td> <td>86.5</td> <td>67.7</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>	(years)	1 st dose (%)	2 nd dose (%)	3 rd /booster (%)	5-11	6.3	0.2	-	12-15	53.8	32.8	0.4	16-17	65.7	48.6	11.8	12+	92.6	86.5	67.7
(years)	1 st dose (%)	2 nd dose (%)	3 rd /booster (%)																			
5-11	6.3	0.2	-																			
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Cases by age group ^{78, 79}	Hospitalisations in children ^{80, 81}	Deaths by age group ⁸²																				
<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>Figure 55: Number of deaths by week of death and time since a positive COVID-19 test, England</p>																					
Genomic surveillance ⁸³																						
<p>Figure 5: Variant prevalence of available sequenced cases for England from 1 February 2021 as of 3 May 2022</p> <p>Omicron (BA.2) is the predominant variant.</p>																						

⁷⁵ <https://www.gov.uk/guidance/covid-19-coronavirus-restrictions-what-you-can-and-cannot-do>
⁷⁶ <https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/schools-covid-19-operational-guidance>
⁷⁷ <https://coronavirus.data.gov.uk/details/vaccinations?areaType=nation&areaName=England>
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/infections/infections-by-age>
⁸⁰ <https://www.gov.uk/government/statistics/national-flu-and-covid-19-surveillance-reports-2021-to-2022-season>
⁸¹ <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19latestinsights/hospitals>
⁸² <https://www.gov.uk/government/statistics/national-flu-and-covid-19-surveillance-reports-2021-to-2022-season>
⁸³ <https://www.gov.uk/government/publications/investigation-of-sars-cov-2-variants-technical-briefings>

* Vertical dotted line indicates the end of provision of free universal testing for the general public in England, as outlined in the plan for [living with COVID-19](#).
 * Data is shown by the week of death. This gives the most accurate analysis of this time progression, however, for the most recent weeks' numbers more deaths are expected to be registered therefore this should be interpreted with caution

Note: Deaths are no longer available by age group.



Finland

(population 5.5 million)

<p>PHSM⁸⁴</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 & mitigation⁸⁵</p> <p>Schools closed for one-week holiday in mid-Feb 2022. Standard PHSM, cohorting and ventilation.</p>	<p>Vaccination coverage⁸⁶</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>12.9</td> <td>-</td> </tr> <tr> <td>12-17</td> <td>79.1</td> <td>73.1</td> <td>2.6</td> </tr> <tr> <td>18+</td> <td>89.6</td> <td>87.4</td> <td>64.2</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	12.9	-	12-17	79.1	73.1	2.6	18+	89.6	87.4	64.2
Age group (years)	1 st dose (%)	2 nd dose (%)	3 rd /booster (%)															
5-11	26.2	12.9	-															
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<p>Cases by age group⁸⁷</p> <p>Finland: 14-day age-specific COVID-19 case notification rate</p> <p>EDCDC. Figure produced 5 May 2022. Source: TESSy COVID-19</p>	<p>Hospitalisations in children⁸⁸</p> <p>Rate of admission to specialist care by age group:</p> <p>COVID-19-tartunnan vuorokilvessänsaahoitoon vuodeosastolle (jostumiseen) ilmaantuvuus 14 päivän liukuvalia ajankohalla ikäryhmittäin rokotusstatuksen mukaan</p> <p>thi</p> <p>Pink (unvaccinated); dark blue (single dose); light blue (three doses) Note: Data to Report #17, 02 May 2022</p>	<p>Deaths by age group⁸⁹</p> <p>Deaths by age group (for the whole period)</p> <p>There have been 0 deaths in children throughout the entire pandemic.</p> <p>Genomic surveillance⁹⁰</p> <p>Variant of concern distributions</p> <p>Omicron sublineage distributions</p> <p>EDCDC. Figure produced 5 May 2022</p> <p>Omicron (BA.2) is now the predominant variant.</p>																

⁸⁴ <https://valtioneuvosto.fi/en/information-on-coronavirus/current-restrictions>
⁸⁵ <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>
⁸⁶ https://sampo.thi.fi/pivot/prod/en/vaccreg/cov19cov/summary_cov19ageareacov
⁸⁷ <https://covid19-country-overviews.ecdc.europa.eu/countries/Finland.html>
⁸⁸ <https://thi.fi/web/infektioaudit-ja-rokotukset/ajankohtaista/ajankohtaista-koronaviruksesta-covid-19/tilannekatsaus-koronaviruksesta/koronaviruksen-seuranta>
⁸⁹ <https://experience.arcgis.com/experience/92e9bb33fac744c9a084381fc35aa3c7>
⁹⁰ <https://covid19-country-overviews.ecdc.europa.eu/countries/Finland.html>





Netherlands

(population 17.4 million)

<p>PHSM⁹¹</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 & mitigation⁹²</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 coverage⁹³</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>64.0</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	64.0		
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<p>Cases by age group^{94,95}</p> <p>Number of reported positive tests per 100,000 inhabitants, by age group, by week</p> <p>14 March to 24 April 2022</p>	<p>Hospitalisations in children^{96,97}</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 group⁹⁸</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 surveillance⁹⁹</p> <p>Omicron (BA.2) is the predominant variant.</p>
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⁹¹ <https://www.government.nl/topics/coronavirus-covid-19/tackling-new-coronavirus-in-the-netherlands/coronavirus-measures-in-brief>
⁹² <https://www.rivm.nl/en/coronavirus-covid-19/children-and-covid-19>
⁹³ <https://coronadashboard.government.nl/landelijk/vaccinaties>
⁹⁴ <https://coronadashboard.government.nl/landelijk/positief-geteste-mensen>
⁹⁵ <https://www.rivm.nl/en/coronavirus-covid-19/children-and-covid-19/research-results-ggd-data>
⁹⁶ <https://coronadashboard.government.nl/landelijk/ziekenhuis-opnames>
⁹⁷ <https://www.rivm.nl/en/coronavirus-covid-19/children-and-covid-19/research-results-ggd-data>
⁹⁸ <https://coronadashboard.government.nl/landelijk/sterfte>
⁹⁹ <https://www.rivm.nl/en/coronavirus-covid-19/virus/variants>



Scotland, UK

(population 5.5 million)

<p>PHSM¹⁰⁰</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 & mitigation¹⁰¹</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 coverage¹⁰²</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>17.1</td> <td>0.8</td> <td>-</td> </tr> <tr> <td>12-15</td> <td>67.7</td> <td>44.6</td> <td>1.3</td> </tr> <tr> <td>16-17</td> <td>81.0</td> <td>56.7</td> <td>12.8</td> </tr> <tr> <td>12+</td> <td>94.2</td> <td>87.8</td> <td>73.6</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	17.1	0.8	-	12-15	67.7	44.6	1.3	16-17	81.0	56.7	12.8	12+	94.2	87.8	73.6
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<p>Cases by age group*¹⁰³</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 2022¹⁰⁴.</p>	<p>Hospitalisations in children¹⁰⁴</p> <p>*Please note that positive tests include first LFD tests from 5 January 2022.</p>	<p>Deaths by age group*^{105, 106}</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 surveillance*¹⁰⁷</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 2022¹⁰⁴.</p> <p>Omicron (BA.2) is the predominant 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>																					

*Data to Report #17, 02 May 2022

¹⁰⁰ <https://www.gov.scot/coronavirus-covid-19/>
¹⁰¹ <https://www.gov.uk/government/publications/emergency-planning-and-response-for-education-childcare-and-childrens-social-care-settings>
¹⁰² <https://coronavirus.data.gov.uk/details/vaccinations?areaType=nation&areaName=Scotland>
¹⁰³ <https://www.gov.scot/collections/coronavirus-covid-19-the-state-of-the-epidemic/>
¹⁰⁴ https://scotland.shinyapps.io/phs-covid19-education/?w_852fb58e/
¹⁰⁵ <https://www.gov.scot/collections/coronavirus-covid-19-the-state-of-the-epidemic/>
¹⁰⁶ <https://www.nrscotland.gov.uk/statistics-and-data/statistics-by-theme/vital-events/general-publications/weekly-and-monthly-data-on-births-and-deaths/deaths-involving-coronavirus-covid-19-in-scotland>
¹⁰⁷ <https://www.gov.scot/collections/coronavirus-covid-19-the-state-of-the-epidemic/>



Singapore

(population 5.5 million)

PHSM ¹⁰⁸	Schools & mitigation ¹⁰⁹	Vaccination coverage ¹¹⁰																																												
<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																																				
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<p>As of 08 May 2022, 12pm</p> <p>Number of Local Cases by Age</p> <p>2,269</p> <ul style="list-style-type: none"> 263 134 879 818 219 155 <p>11/04/2022 25/04/2022 08/05/2022</p> <p>— No. of Cases</p> <ul style="list-style-type: none"> 70 years old and above 60 - 69 years old 40 - 59 years old 20 - 39 years old 12 - 19 years old 0 - 11 years old 	<p>As of 08 May 2022, 12pm</p> <p>Hospitalised Patients (in General Ward) by Age Groups</p> <p>219</p> <ul style="list-style-type: none"> 18 5 15 28 32 123 <p>11/04/2022 25/04/2022 08/05/2022</p> <p>— Total Cases</p> <ul style="list-style-type: none"> 70+ years old 60-69 years old 40-59 years old 20-39 years old 12-19 years old 0-11 years old <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>Proportion (%) of cases who died, by age and vaccination status</p> <table border="1"> <thead> <tr> <th>Age</th> <th>Non-Fully Vaccinated</th> <th>Fully Vaccinated (Without Booster)</th> <th>Fully Vaccinated (With Booster)</th> </tr> </thead> <tbody> <tr> <td>0-12</td> <td>0.0</td> <td>0.0</td> <td>0.0</td> </tr> <tr> <td>13-19</td> <td>0.0</td> <td>0.0</td> <td>0.0</td> </tr> <tr> <td>20-29</td> <td>0.015</td> <td>0.0</td> <td>0.0</td> </tr> <tr> <td>30-39</td> <td>0.033</td> <td>0.0</td> <td>0.00086</td> </tr> <tr> <td>40-49</td> <td>0.12</td> <td>0.011</td> <td>0.0038</td> </tr> <tr> <td>50-59</td> <td>0.71</td> <td>0.060</td> <td>0.0035</td> </tr> <tr> <td>60-69</td> <td>2.4</td> <td>0.21</td> <td>0.037</td> </tr> <tr> <td>70-79</td> <td>5.6</td> <td>0.77</td> <td>0.096</td> </tr> <tr> <td>80+</td> <td>13</td> <td>2.8</td> <td>0.47</td> </tr> <tr> <td>Total</td> <td>0.49</td> <td>0.11</td> <td>0.029</td> </tr> </tbody> </table> <p>1 May 21 to 15 Apr 22</p> <p>Footnote: Cases in ICU care comprises cases critically ill and intubated in ICU or unstable and under monitoring in ICU.</p> <p>There have been 0 deaths in children throughout the entire pandemic.</p>	Age	Non-Fully Vaccinated	Fully Vaccinated (Without Booster)	Fully Vaccinated (With Booster)	0-12	0.0	0.0	0.0	13-19	0.0	0.0	0.0	20-29	0.015	0.0	0.0	30-39	0.033	0.0	0.00086	40-49	0.12	0.011	0.0038	50-59	0.71	0.060	0.0035	60-69	2.4	0.21	0.037	70-79	5.6	0.77	0.096	80+	13	2.8	0.47	Total	0.49	0.11	0.029
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¹¹¹ <https://www.moh.gov.sg/>

¹¹² <https://www.moh.gov.sg/>

¹¹³ <https://www.moh.gov.sg/>

South Africa

(population 60.4 million)

<p>PHSM¹¹⁴</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 & mitigation¹¹⁵</p> <p>Schools closed for holidays in mid-Mar to early Apr 2022. Standard PHSM, indoor mask-wearing.</p>	<p>Vaccination coverage¹¹⁶</p> <p>Age group (years) Fully vaccinated* (%)</p> <p>18+ 49.5</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>Cases by age group¹¹⁷</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 – 30 April 2022 (n = 3 760 288, 35 475 missing age)</p>	<p>Hospitalisations in children and deaths by age group¹¹⁸</p> <p>Hospital admissions of COVID-19 cases, by health sector, by epidemiological week</p> <p>Total: 522.72K</p> <p>Private Public</p> <table border="1"> <tr><th>Epiweek</th><th>Private</th><th>Public</th></tr> <tr><td>2022.03</td><td>3589</td><td>1460</td></tr> <tr><td>2022.04</td><td>2129</td><td>1348</td></tr> <tr><td>2022.05</td><td>3080</td><td>1204</td></tr> <tr><td>2022.06</td><td>2500</td><td>1082</td></tr> <tr><td>2022.07</td><td>2167</td><td>908</td></tr> <tr><td>2022.08</td><td>1823</td><td>748</td></tr> <tr><td>2022.09</td><td>1540</td><td>792</td></tr> <tr><td>2022.10</td><td>1251</td><td>634</td></tr> <tr><td>2022.11</td><td>1126</td><td>562</td></tr> <tr><td>2022.12</td><td>991</td><td>522</td></tr> <tr><td>2022.13</td><td>985</td><td>498</td></tr> <tr><td>2022.14</td><td>918</td><td>500</td></tr> <tr><td>2022.15</td><td>956</td><td>916</td></tr> <tr><td>2022.16</td><td>956</td><td>568</td></tr> <tr><td>2022.17</td><td>1627</td><td>596</td></tr> <tr><td>2022.18</td><td>1991</td><td>1021</td></tr> <tr><td>2022.19</td><td>1714</td><td>777</td></tr> <tr><td>2022.20</td><td>1714</td><td>572</td></tr> </table> <p>Admissions to date by age group and sex Deaths to date by age group and sex</p> <p>Total: 522.72K Total: 102.41K</p> <table border="1"> <tr><th>Age Group</th><th>Admissions</th><th>Deaths</th></tr> <tr><td>0-9</td><td>19083</td><td>441</td></tr> <tr><td>10-19</td><td>41356</td><td>416</td></tr> <tr><td>20-29</td><td>16218</td><td>1866</td></tr> <tr><td>30-39</td><td>73317</td><td>5895</td></tr> <tr><td>40-49</td><td>82123</td><td>11154</td></tr> <tr><td>50-59</td><td>90268</td><td>21251</td></tr> <tr><td>60-69</td><td>104690</td><td>26765</td></tr> <tr><td>70-79</td><td>61075</td><td>21411</td></tr> <tr><td>80+</td><td>32970</td><td>13122</td></tr> <tr><td>Unknown</td><td>1620</td><td>92</td></tr> </table> <p>Total of 857 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	2022.03	3589	1460	2022.04	2129	1348	2022.05	3080	1204	2022.06	2500	1082	2022.07	2167	908	2022.08	1823	748	2022.09	1540	792	2022.10	1251	634	2022.11	1126	562	2022.12	991	522	2022.13	985	498	2022.14	918	500	2022.15	956	916	2022.16	956	568	2022.17	1627	596	2022.18	1991	1021	2022.19	1714	777	2022.20	1714	572	Age Group	Admissions	Deaths	0-9	19083	441	10-19	41356	416	20-29	16218	1866	30-39	73317	5895	40-49	82123	11154	50-59	90268	21251	60-69	104690	26765	70-79	61075	21411	80+	32970	13122	Unknown	1620	92	<p>Genomic surveillance¹¹⁹</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. Omicron (BA.4 and BA.5) is now the predominant variant. Note: Data to Report #17, 02 May 2022.</p>
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¹¹⁶ <https://sacoronavirus.co.za/latest-vaccine-statistics/>
¹¹⁷ <https://www.nicd.ac.za/diseases-a-z-index/disease-index-covid-19/surveillance-reports/weekly-epidemiological-brief/>
¹¹⁸ <https://www.nicd.ac.za/diseases-a-z-index/disease-index-covid-19/surveillance-reports/daily-hospital-surveillance-datcov-report/>
¹¹⁹ <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>PHSM¹²⁰</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 & mitigation¹²¹</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 coverage¹²²</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>35.3</td> <td>28.7</td> <td>-</td> </tr> <tr> <td>12-17</td> <td>69.1</td> <td>59.0</td> <td>24.7</td> </tr> <tr> <td>18+</td> <td>89.2</td> <td>76.2</td> <td>49.5</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	35.3	28.7	-	12-17	69.1	59.0	24.7	18+	89.2	76.2	49.5																			
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<p>Cases by age group¹²³</p> <p>COVID-19 Weekly Cases per 100,000 Population by Age Group, United States March 01, 2020 - May 07, 2022*</p>	<p>MIS-C¹²⁴</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^{125, 126}</p> <p>COVID-19 Weekly Deaths per 100,000 Population by Age Group, United States March 01, 2020 - May 07, 2022*</p>	<p>Genomic surveillance¹²⁷</p> <table border="1"> <thead> <tr> <th>WHO label</th> <th>Lineage #</th> <th>US Class</th> <th>%Total</th> <th>%SP1</th> </tr> </thead> <tbody> <tr> <td>Omicron</td> <td>BA.2</td> <td>VOC</td> <td>61.9%</td> <td>53.8-60.4%</td> </tr> <tr> <td></td> <td>BA.2.12.1</td> <td>VOC</td> <td>36.5%</td> <td>28.9-44.9%</td> </tr> <tr> <td></td> <td>BA.1.1</td> <td>VOC</td> <td>1.3%</td> <td>1.0-1.6%</td> </tr> <tr> <td></td> <td>B.1.1.529</td> <td>VOC</td> <td>0.1%</td> <td>0.1-0.2%</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>0.1-0.4%</td> </tr> </tbody> </table>	WHO label	Lineage #	US Class	%Total	%SP1	Omicron	BA.2	VOC	61.9%	53.8-60.4%		BA.2.12.1	VOC	36.5%	28.9-44.9%		BA.1.1	VOC	1.3%	1.0-1.6%		B.1.1.529	VOC	0.1%	0.1-0.2%	Delta	B.1.617.2	VBM	0.0%	0.0-0.0%	Other	Other*		0.2%	0.1-0.4%
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<p>Hospitalisations in children¹²⁹</p> <p>COVID-HET - Eriety Network - 2020-21 - Weekly Rate % week total reported by state and territory to national surveillance system. Source: AHP & HCS</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> <p>There have been 8210 cases of MIS-C throughout the entire pandemic, including 68 deaths. The median age of MIS-C cases was 9y and half were between 5-13y.</p>	<p>Total 1030 deaths with COVID-19 in children 0-17y throughout the entire pandemic, accounting for 0.1% of all deaths in the US.</p> <p>There is marked variation by State/Territory and case fatality rates are between 0-0.01% for the vast majority of States and Territories¹²⁸; e.g. Texas (n=146); Arizona (n=67); California (n=70); Tennessee (n=37); Puerto Rico (n=9); Guam (n=5); Hawaii (n=1); Alaska (n=2).</p> <p>Omicron (BA.2) is the predominant variant.</p>																																				

¹²⁰ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>
¹²¹ <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>
¹²² https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-total-admin-rate-total
¹²³ <https://covid.cdc.gov/covid-data-tracker/#demographicsovertime>
¹²⁴ <https://covid.cdc.gov/covid-data-tracker/#mis-national-surveillance>
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¹²⁶ https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm
¹²⁷ <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>
¹²⁸ <https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>
¹²⁹ 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.¹³⁰



Currently, children under age five are not eligible to be vaccinated.
 Last Updated: May 07, 2022. Data source: VTricks, IIS, Federal Pharmacy Program, Federal Entities Program, U.S. Census Bureau 10-year July 2019 National Population Estimates; Visualization: CDC CPR DEO Situational Awareness Public Health Science Team

¹³⁰ <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

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