COVID-19 Results Briefing

Russian Federation

March 19, 2022

This document contains summary information on the latest projections from the IHME model on COVID-19 in the Russian Federation. The model was run on March 19, 2022, with data through March 14, 2022.

Estimated infections, reported cases, hospital census, and daily deaths continue to decline in Russia. Despite a steady return to pre-COVID behaviors, transmission continues to decline, and our reference and alternative scenarios suggest that there should be a steady further decline in transmission in the coming months. Rising case numbers in select countries in Western Europe is a concern. The increase has been attributed to one of three factors: 1) declining mask use and social distancing, 2) the slow spread of the BA.2 sub-variant of Omicron, 3) waning immunity from vaccines and previous infections, or all three combined. It is certainly possible that the interaction of a rapid return to pre-COVID behavior, low vaccination rates, waning immunity, and the spread of BA.2 could result in a surge of cases. Vaccine hesitancy remains high in Russia, it is unlikely that there will be increased vaccination coverage among the hesitant in the near future. Providing boosters to those who have been willing to be vaccinated – if and when a new surge begins – would be useful. Russia should also attempt to gain access to anti-virals to reduce the infection-fatality rate with future new waves.

Current situation

- Daily infections in the last week decreased to 270,000 per day on average compared to 436,000 the week before (Figure 1.1). Daily hospital census in the last week (through March 14) decreased to 23,000 per day on average compared to 33,000 the week before.
- Daily reported cases in the last week decreased to 54,000 per day on average compared to 89,000 the week before (Figure 2.1).
- Reported deaths due to COVID-19 in the last week decreased to 930 per day on average compared to 1,300 the week before (Figure 3.1).
- Total deaths due to COVID-19 in the last week decreased to 930 per day on average compared to 1,300 the week before (Figure 3.1). This makes COVID-19 the number two cause of death in the Russian Federation this week (Table 1).
- The daily rate of reported deaths due to COVID-19 is greater than 4 per million in 13 countries (Figure 4.1).
- The daily rate of total deaths due to COVID-19 is greater than 4 per million in 22 countries (Figure 4.2).
We estimate that 95% of people in the Russian Federation have been infected at least once as of March 14 (Figure 6.1). Effective R, computed using cases, hospitalizations, and deaths, is greater than 1 in 17 countries. Effective R in the Russian Federation was 0.7 on March 3 (Figure 7.1).

The infection-detection rate in the Russian Federation was close to 8% on March 14 (Figure 8.1).

Based on the GISAID and various national databases, combined with our variant spread model, we estimate the current prevalence of variants of concern (Figures 9.1–9.5). We estimate that the Alpha variant is circulating in 47 countries, that the Beta variant is circulating in 26 countries, that the Delta variant is circulating in 47 countries, that the Gamma variant is circulating in 23 countries, and that the Omicron variant is circulating in 47 countries.

Trends in drivers of transmission

- Mobility last week was 6% lower than the pre-COVID-19 baseline (Figure 11.1). Mobility was lower than 30% of baseline in no countries.

- As of March 14, in the COVID-19 Trends and Impact Survey, 42% of people self-report that they always wore a mask when leaving their home compared to 44% last week (Figure 13.1).

- There were 381 diagnostic tests per 100,000 people on March 14 (Figure 15.1).

- As of March 14, 25 countries have reached 70% or more of the population who have received at least one vaccine dose, and 19 countries have reached 70% or more of the population who are fully vaccinated (Figure 17.1). 53% of people in the Russian Federation have received at least one vaccine dose, and 50% are fully vaccinated.

- In the Russian Federation, 68.0% of the population that is 12 years and older say they would accept, or would probably accept, a vaccine for COVID-19. Note that vaccine acceptance is calculated using survey data from the 18+ population. This is the same as last week. The proportion of the population who are open to receiving a COVID-19 vaccine ranges from 29% in Tajikistan to 99% in Iceland (Figure 19.1).

- In our current reference scenario, we expect that 78.5 million people will be vaccinated with at least one dose by July 1 (Figure 20.1). We expect that 50% of the population will be fully vaccinated by July 1.

Projections and scenarios

We produce three scenarios when projecting COVID-19. The reference scenario is our forecast of what we think is most likely to happen:

- Vaccines are distributed at the expected pace. Brand- and variant-specific vaccine efficacy is updated using the latest available information from peer-reviewed publications and other reports.

- Future mask use is the mean of mask use over the last seven days.
Mobility increases as vaccine coverage increases.

Omicron variant spreads according to our flight and local spread model.

80% of those who have had two doses of vaccine (or one dose for Johnson & Johnson) receive a third dose at six months after their second dose.

The **80% mask use scenario** makes all the same assumptions as the reference scenario but assumes all locations reach 80% mask use within seven days. If a location currently has higher than 80% use, mask use remains at the current level.

The **third dose scenario** is the same as the reference scenario but assumes that 100% of those who have received two doses of vaccine will get a third dose at six months.

**Projections**

**Infections**

- Daily estimated infections in the **reference scenario** will decline to 3,950 by July 1, 2022 (Figure 22.1).
- Daily estimated infections in the **80% mask use scenario** will decline to 700 by July 1, 2022 (Figure 22.1).
- Daily estimated infections in the **third dose scenario** will decline to 3,620 by July 1, 2022 (Figure 22.1).

**Cases**

- Daily estimated cases in the **reference scenario** will decline to 250 by July 1, 2022 (Figure 22.2).
- Daily estimated cases in the **80% mask use scenario** will decline to 50 by July 1, 2022 (Figure 22.2).
- Daily estimated cases in the **third dose scenario** will decline to 230 by July 1, 2022 (Figure 22.2).

**Hospitalizations**

- Daily hospital census in the **reference scenario** will decline to 160 by July 1, 2022 (Figure 22.3).
- Daily hospital census in the **80% mask use scenario** will decline to 30 by July 1, 2022 (Figure 22.3).
- Daily hospital census in the **third dose scenario** will decline to 150 by July 1, 2022 (Figure 22.3).
Deaths

- In our **reference scenario**, our model projects 757,000 cumulative reported deaths due to COVID-19 on July 1. This represents 10,000 additional deaths from March 14 to July 1. Daily reported COVID-19 deaths in the **reference scenario** will decline to zero by July 1, 2022 (Figure 22.4).

- Under our **reference scenario**, our model projects 757,000 cumulative total deaths due to COVID-19 on July 1. This represents 10,000 additional deaths from March 14 to July 1 (Figure 22.5).

- In our **80% mask use scenario**, our model projects 756,000 cumulative reported deaths due to COVID-19 on July 1. This represents 9,700 additional deaths from March 14 to July 1. Daily reported COVID-19 deaths in the **80% mask use scenario** will decline to zero by July 1, 2022 (Figure 22.4).

- In our **third dose scenario**, our model projects 756,000 cumulative reported deaths due to COVID-19 on July 1. This represents 10,000 additional deaths from March 14 to July 1. Daily reported COVID-19 deaths in the **third dose scenario** will decline to zero by July 1, 2022 (Figure 22.4).

- Figure 23.1 compares our reference scenario forecasts to other publicly archived models. Forecasts are widely divergent.

- At some point from March through July 1, two countries will have high or extreme stress on hospital beds (Figure 24.1). At some point from March through July 1, 19 countries will have high or extreme stress on intensive care unit (ICU) capacity (Figure 25.1).
Model updates

We had previously developed a model in which deaths and the infection-fatality ratio, hospital admissions and the infection-hospitalization ratio, and cases and the infection-detection ratio were all passed into a single run of our ODE system to simultaneously fit past transmission intensity for a given location over time. We have seen improved stability when instead we first derive transmission intensity based on each of the three abovementioned pairs of daily reported epi statistics and estimated ratios in separate SEIR models and then average them.
Figure 1.1: Daily COVID-19 hospital census and estimated infections

Figure 2.1: Reported daily COVID-19 cases, moving average
Table 1: Ranking of total deaths due to COVID-19 among the leading causes of mortality this week, assuming uniform deaths of non-COVID causes throughout the year

<table>
<thead>
<tr>
<th>Cause name</th>
<th>Weekly deaths</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ischemic heart disease</td>
<td>10,819</td>
<td>1</td>
</tr>
<tr>
<td>COVID-19</td>
<td>6,516</td>
<td>2</td>
</tr>
<tr>
<td>Stroke</td>
<td>6,305</td>
<td>3</td>
</tr>
<tr>
<td>Tracheal, bronchus, and lung cancer</td>
<td>1,041</td>
<td>4</td>
</tr>
<tr>
<td>Cardiomyopathy and myocarditis</td>
<td>1,017</td>
<td>5</td>
</tr>
<tr>
<td>Alzheimer’s disease and other dementias</td>
<td>931</td>
<td>6</td>
</tr>
<tr>
<td>Cirrhosis and other chronic liver diseases</td>
<td>887</td>
<td>7</td>
</tr>
<tr>
<td>Colon and rectum cancer</td>
<td>824</td>
<td>8</td>
</tr>
<tr>
<td>Self-harm</td>
<td>751</td>
<td>9</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>702</td>
<td>10</td>
</tr>
</tbody>
</table>

Figure 3.1: Smoothed trend estimate of reported daily COVID-19 deaths (blue) and total daily deaths due to COVID-19 (orange)
Daily COVID-19 death rate per 1 million on March 14, 2022

Figure 4.1: Daily reported COVID-19 death rate per 1 million

Figure 4.2: Daily total COVID-19 death rate per 1 million

covid19.healthdata.org Institute for Health Metrics and Evaluation
Cumulative COVID-19 deaths per 100,000 on March 14, 2022

Figure 5.1: Reported cumulative COVID-19 deaths per 100,000

Figure 5.2: Total cumulative COVID-19 deaths per 100,000
Figure 6.1: Estimated percent of the population infected with COVID-19 on March 14, 2022

Figure 7.1: Mean effective R on March 3, 2022. Effective R less than 1 means that transmission should decline, all other things being held the same. The estimate of effective R is based on the combined analysis of deaths, case reporting, and hospitalizations where available. Current reported cases reflect infections 11-13 days prior, so estimates of effective R can only be made for the recent past.
Figure 8.1: Percent of estimated COVID-19 infections detected. This is estimated as the ratio of reported daily COVID-19 cases to estimated daily COVID-19 infections based on the SEIR disease transmission model. Due to measurement errors in cases and testing rates, the infection-detection rate can exceed 100% at particular points in time.
Estimated percent of circulating SARS-CoV-2 for primary variant families on March 14, 2022

Figure 9.1: Estimated percent of new infections that are Alpha variant

Figure 9.2: Estimated percent of new infections that are Beta variant
Figure 9.3: Estimated percent of new infections that are Delta variant

Figure 9.4: Estimated percent of new infections that are Gamma variant
Figure 9.5: Estimated percent of new infections that are Omicron variant
Figure 10.1: Infection-fatality rate on March 14, 2022. This is estimated as the ratio of COVID-19 deaths to estimated daily COVID-19 infections.
Critical drivers

Table 2: Current mandate implementation

| Primary school closure | Secondary school closure | Higher school closure | Entry restrictions for some non-residents | Entry restrictions for all non-residents | Individual movements restricted | Individual curfew | Curfew for businesses | Gathering limit: 6 indoor, 10 outdoor | Gathering limit: 10 indoor, 25 outdoor | Gathering limit: 25 indoor, 50 outdoor | Gathering limit: 50 indoor, 100 outdoor | Gathering limit: 100 indoor, 250 outdoor | Restaurants closed | Bars closed | Restaurants / bars closed | Restaurants / bars curbside only | Gyms, pools, other leisure closed | Non-essential retail closed | Non-essential workplaces closed | Stay home order | Stay home fine | Mask mandate | Mask mandate fine |
|-----------------------|-------------------------|----------------------|----------------------------------------|----------------------------------------|--------------------------------------|-------------------------------|-------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|-----------------|-------------------|---------------------|-----------------------|-------------------------|-------------------------|------------------------|----------------------|----------------|-------------------|-------------------|

*Not all locations are measured at the subnational level.
Figure 11.1: Trend in mobility as measured through smartphone app use, compared to January 2020 baseline
Figure 12.1: Mobility level as measured through smartphone app use, compared to January 2020 baseline (percent) on March 14, 2022
Figure 13.1: Trend in the proportion of the population reporting always wearing a mask when leaving home

Figure 14.1: Proportion of the population reporting always wearing a mask when leaving home on March 14, 2022
Figure 15.1: Trend in COVID-19 diagnostic tests per 100,000 people

Figure 16.1: COVID-19 diagnostic tests per 100,000 people on March 14, 2022
Table 3: Estimates of vaccine effectiveness for specific vaccines used in the model at preventing severe disease and infection. We use data from clinical trials directly, where available, and make estimates otherwise. More information can be found on our website.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Ancestral</th>
<th>Alpha</th>
<th>Beta</th>
<th>Gamma</th>
<th>Delta</th>
<th>Omicron</th>
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<tbody>
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<td></td>
<td>Severe</td>
<td>Infection</td>
<td>Severe</td>
<td>Infection</td>
<td>Severe</td>
<td>Infection</td>
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<tr>
<td>AstraZeneca</td>
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<td>63%</td>
<td>94%</td>
<td>63%</td>
<td>94%</td>
<td>69%</td>
</tr>
<tr>
<td>CanSino</td>
<td>66%</td>
<td>62%</td>
<td>66%</td>
<td>62%</td>
<td>64%</td>
<td>61%</td>
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<tr>
<td>CoronaVac</td>
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<td>47%</td>
<td>50%</td>
<td>47%</td>
<td>49%</td>
<td>46%</td>
</tr>
<tr>
<td>Covaxin</td>
<td>78%</td>
<td>73%</td>
<td>78%</td>
<td>73%</td>
<td>76%</td>
<td>72%</td>
</tr>
<tr>
<td>Johnson &amp; Johnson</td>
<td>86%</td>
<td>72%</td>
<td>86%</td>
<td>72%</td>
<td>76%</td>
<td>64%</td>
</tr>
<tr>
<td>Moderna</td>
<td>97%</td>
<td>92%</td>
<td>97%</td>
<td>92%</td>
<td>97%</td>
<td>91%</td>
</tr>
<tr>
<td>Novavax</td>
<td>89%</td>
<td>83%</td>
<td>89%</td>
<td>83%</td>
<td>86%</td>
<td>82%</td>
</tr>
<tr>
<td>Pfizer/BioNTech</td>
<td>95%</td>
<td>86%</td>
<td>95%</td>
<td>86%</td>
<td>95%</td>
<td>84%</td>
</tr>
<tr>
<td>Sinopharm</td>
<td>73%</td>
<td>68%</td>
<td>73%</td>
<td>68%</td>
<td>71%</td>
<td>67%</td>
</tr>
<tr>
<td>Sputnik-V</td>
<td>92%</td>
<td>86%</td>
<td>92%</td>
<td>86%</td>
<td>89%</td>
<td>85%</td>
</tr>
<tr>
<td>Other vaccines</td>
<td>75%</td>
<td>70%</td>
<td>75%</td>
<td>70%</td>
<td>73%</td>
<td>69%</td>
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<td>Other vaccines (mRNA)</td>
<td>91%</td>
<td>86%</td>
<td>91%</td>
<td>86%</td>
<td>88%</td>
<td>85%</td>
</tr>
</tbody>
</table>
Percent of the population having received at least one dose (17.1) and fully vaccinated against SARS-CoV-2 (17.2) by March 14, 2022

Figure 17.1: Percent of the population having received one dose of a COVID-19 vaccine

Figure 17.2: Percent of the population fully vaccinated against SARS-CoV-2
Figure 18.1: Trend in the estimated proportion of the population that is 12 years and older that has been vaccinated or would probably or definitely receive the COVID-19 vaccine if available. Note that vaccine acceptance is calculated using survey data from the 18+ population.

Figure 19.1: Estimated proportion of the population that is 12 years and older that has been vaccinated or would probably or definitely receive the COVID-19 vaccine if available. Note that vaccine acceptance is calculated using survey data from the 18+ population.
Figure 20.1: Percent of people who receive at least one dose of a COVID-19 vaccine and those who are fully vaccinated

Figure 21.1: Percent of people who are immune to Delta or Omicron. Immunity is based on protection due to prior vaccination and infection(s). Moreover, variant-specific immunity is also based on variant-variant specific protection.
Projections and scenarios

Figure 22.1: Daily COVID-19 infections until July 01, 2022 for three scenarios

Figure 22.2: Daily COVID-19 reported cases until July 01, 2022 for three scenarios
Figure 22.3: Daily COVID-19 hospital census until July 01, 2022 for three scenarios

- **Reference**: 80% mask use
- **Third dose**: 80% mask use
- **80% mask use**

Hospital census per 100,000 population

Source: covid19.healthdata.org Institute for Health Metrics and Evaluation
Figure 22.4: Reported daily COVID-19 deaths per 100,000
Figure 22.5: Total daily COVID-19 deaths per 100,000
Figure 23.1: Comparison of reference model projections with other COVID modeling groups. For this comparison, we are including projections of daily COVID-19 deaths from other modeling groups when available, last model update in brackets: Delphi from the Massachusetts Institute of Technology (Delphi) [March 20, 2022], Imperial College London (Imperial) [January 20, 2022], the SI-KJalpha model from the University of Southern California (SIKJalpha) [March 20, 2022]. Daily deaths from other modeling groups are smoothed to remove inconsistencies with rounding. Regional values are aggregates from available locations in that region.
Figure 24.1: The estimated inpatient hospital usage is shown over time. The percent of hospital beds occupied by COVID-19 patients is color-coded based on observed quantiles of the maximum proportion of beds occupied by COVID-19 patients. Less than 5% is considered low stress, 5-9% is considered moderate stress, 10-19% is considered high stress, and 20% or greater is considered extreme stress.
Figure 25.1: The estimated intensive care unit (ICU) usage is shown over time. The percent of ICU beds occupied by COVID-19 patients is color-coded based on observed quantiles of the maximum proportion of ICU beds occupied by COVID-19 patients. Less than 10% is considered low stress, 10-29% is considered moderate stress, 30-59% is considered high stress, and 60% or greater is considered extreme stress.
More information

Data sources:
Mask use and vaccine confidence data are from the The Delphi Group at Carnegie Mellon University and University of Maryland COVID-19 Trends and Impact Surveys, in partnership with Facebook. Mask use data are also from Premise, the Kaiser Family Foundation, and the YouGov COVID-19 Behaviour Tracker survey.

Genetic sequence and metadata are primarily from the GISAID Initiative. Further details available on the COVID-19 model FAQ page.

A note of thanks:
We wish to warmly acknowledge the support of these and others who have made our COVID-19 estimation efforts possible.

More information:
For all COVID-19 resources at IHME, visit http://www.healthdata.org/covid.

To download our most recent results, visit our Data downloads page.