THE COVID-19 SEX-DISAGGREGATED DATA TRACKER
OCTOBER UPDATE REPORT

Findings of the October Update

The Tracker looks for sex-disaggregated data along the clinical pathway, which includes testing, vaccinations (at least one dose and fully vaccinated), confirmed cases, confirmed cases among healthcare workers, hospitalisations, ICU admissions and deaths. It also collects sex- and age-disaggregated data on cases, deaths and vaccinations.

This month sees the addition of one new country, Anguilla, meaning that, at the time of this upload, we are tracking the availability of data for 205 countries - which together account for 99.9% of all COVID-19 confirmed cases and reported deaths globally.

As of mid-October 2021, 46% of countries tracked provided sex-disaggregated data for cases and/or deaths in the past month, with 30% of countries reporting on both cases and deaths in the past month. While this level of reporting has been relatively stable since July 2021, the percent of countries reporting sex disaggregated data on cases and/or deaths has declined over the past year; 58% of 179 countries tracked reported data on cases and/or deaths in September 2020 compared with 49% of those same countries reporting sex-disaggregated data in October 2021.

KEY TAKEAWAYS FROM THE LATEST DATA UPLOAD

1 The proportion of countries reporting of sex-disaggregated COVID-19 data has remained relatively stable, though it is lower than it was in September-October 2020.

2 Less than half of countries globally are reporting sex-disaggregated COVID-19 case or death data. Globally, sex is known for only 63% of cases and 72% of deaths.

3 Among the 60 countries who have reported sex-disaggregated case and death data in the past month, a greater proportion of male cases have died than female across 57 countries, with three countries reporting a greater proportion of deaths among confirmed cases in females than males.

4 Among the 10 countries with the highest reported of COVID-19 caseloads, notable gaps remain in the availability of sex-disaggregated data in four countries (India, Iran, Russia and Turkey). Data from these countries could help fill gaps in global availability of sex-disaggregated data.

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Global availability of sex-disaggregated data

Globally, as of mid-October, the sex of roughly 6 in 10 cases and almost 7 in 10 deaths from COVID-19 was known (Figs 1 and 2) , up from 5 out of 10 cases and 6 out of 10 deaths in January 2021, though it has declined from June 2021, when the sex of roughly 7 in 10 cases and 8 in 10 deaths was known.

These gaps can continue to be filled if countries continue to report this data, and those who have not been reporting consistently or at all begin or resume reporting this data.

Fig 1. Number of Global COVID-19 Cases where the Sex is Known, January 2021 - October 2021
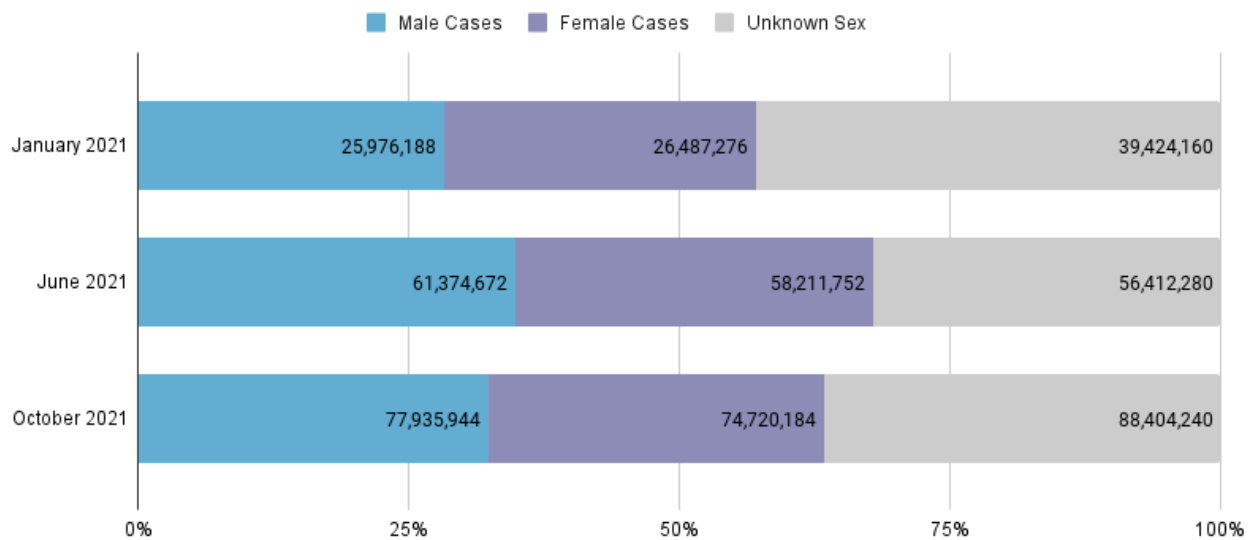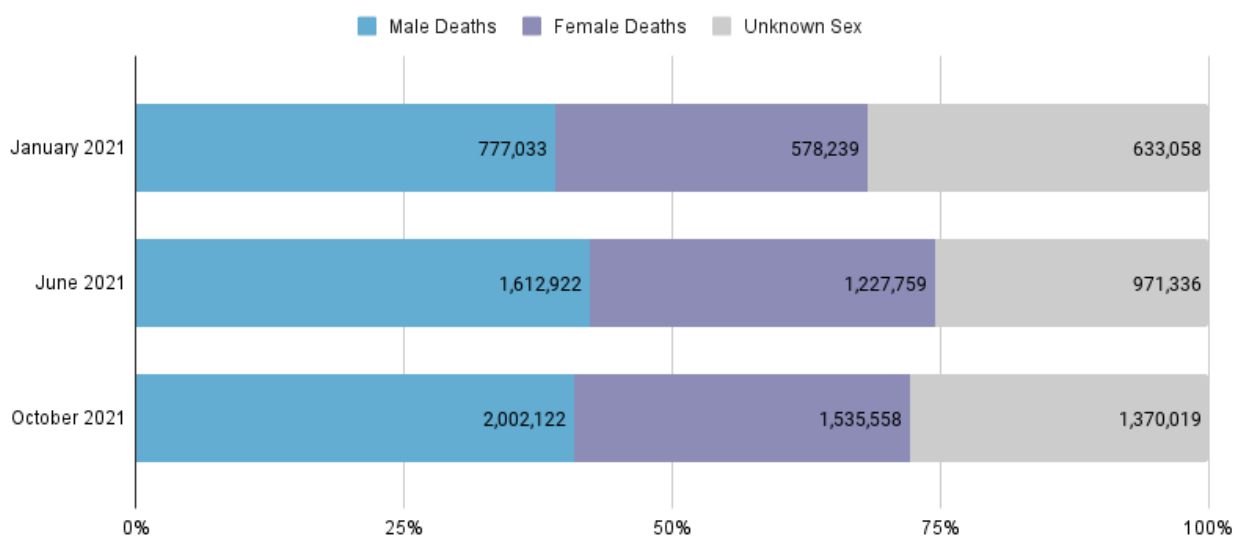
Legend: Male Cases | Female Cases | Unknown Sex

Month	Male Cases	Female Cases	Unknown Sex
January 2021	25,976,188	26,487,276	39,424,160
June 2021	61,374,672	58,211,752	56,412,280
October 2021	77,935,944	74,720,184	88,404,240

Fig 2. Number of Global COVID-19 Deaths where the Sex is Known, January 2021 - October 2021

Legend: Male Deaths | Female Deaths | Unknown Sex

Month	Male Deaths	Female Deaths	Unknown Sex
January 2021	777,033	578,239	633,058
June 2021	1,612,922	1,227,759	971,336
October 2021	2,002,122	1,535,558	1,370,019

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Gaps in the availability of nationally-reported sex-disaggregated data on COVID-19

At the time of this upload, across the 10 countries with the highest number of confirmed cases globally, there are four countries with notable gaps in the availability of sex-disaggregated data (Table 1).

Russia has never reported any sex disaggregated data on cases or deaths. India last updated their sex-disaggregated case data by sex in May 2021 and sex-disaggregated death data in May 2020. We have not been able to locate sex-disaggregated data for either cases or deaths for Turkey since October 2020. We have not been able to obtain sex disaggregated case data for Brazil since December 2020. We have not been able to locate sex disaggregated data for cases or deaths for Iran since March 2020.

Table 1: Availability of Sex-Disaggregated Data within the Past Month amongst Countries with the Highest COVID-19 Caseload as of this Update, Oct 2021 [1]
Date indicates the last month where sex-disaggregated data was located for that country.

Country	Cases	Deaths
USA	Oct 2021	Oct 2021
India	May 2021	May 2020
Brazil	Dec 2020	Oct 2021
The United Kingdom [2]	Oct 2021	Oct 2021
Russia	Never	Never
Turkey	Oct 2020	Oct 2020
France	Oct 2021	Oct 2021
Iran	March 2020	March 2020
Argentina	Oct 2021	Oct 2021
Spain	Oct 2021	Oct 2021

- ■ Reported in past month
- □ Last reported over a month ago
- ■ Never reported

[1] According to the World Health Organization, https://covid19.who.int/
[2] Data for the United Kingdom is reported separately for England, Northern Ireland, Scotland and Wales in the COVID-19 Sex-Disaggregated Data Tracker. All are currently reporting sex-disaggregated data on cases and deaths.

Availability of sex-disaggregated data along the clinical pathway

Globally, the number of countries reporting sex-disaggregated data each month has been declining since September 2020. Countries report sex-disaggregated data inconsistently and incompletely across all key indicators. A notably smaller proportion of countries reported sex-disaggregated data in the past month than have ever reported such data over the course of the pandemic (Figure 3).

In the past month, 45% (92) of the 205 countries being tracked reported sex-disaggregated case data and 32% (65) reported sex-disaggregated death data, reflecting a decline from June and May 2021 (though slightly better than in September 2021). Forty-nine countries that previously reported case data by sex have not updated their data in over a month (down from 54 last month) and 32 of these countries have not updated their sex-disaggregated data in 2021. As in September, 45 countries that previously reported death data by sex have not updated their data in over a month and 19 of these countries have not updated sex-disaggregated data in 2021.

Figure 3. Number of Countries Reporting Sex-Disaggregated Data by Indicator, Ever and in the Past Month, across 205 Countries as of October 2021
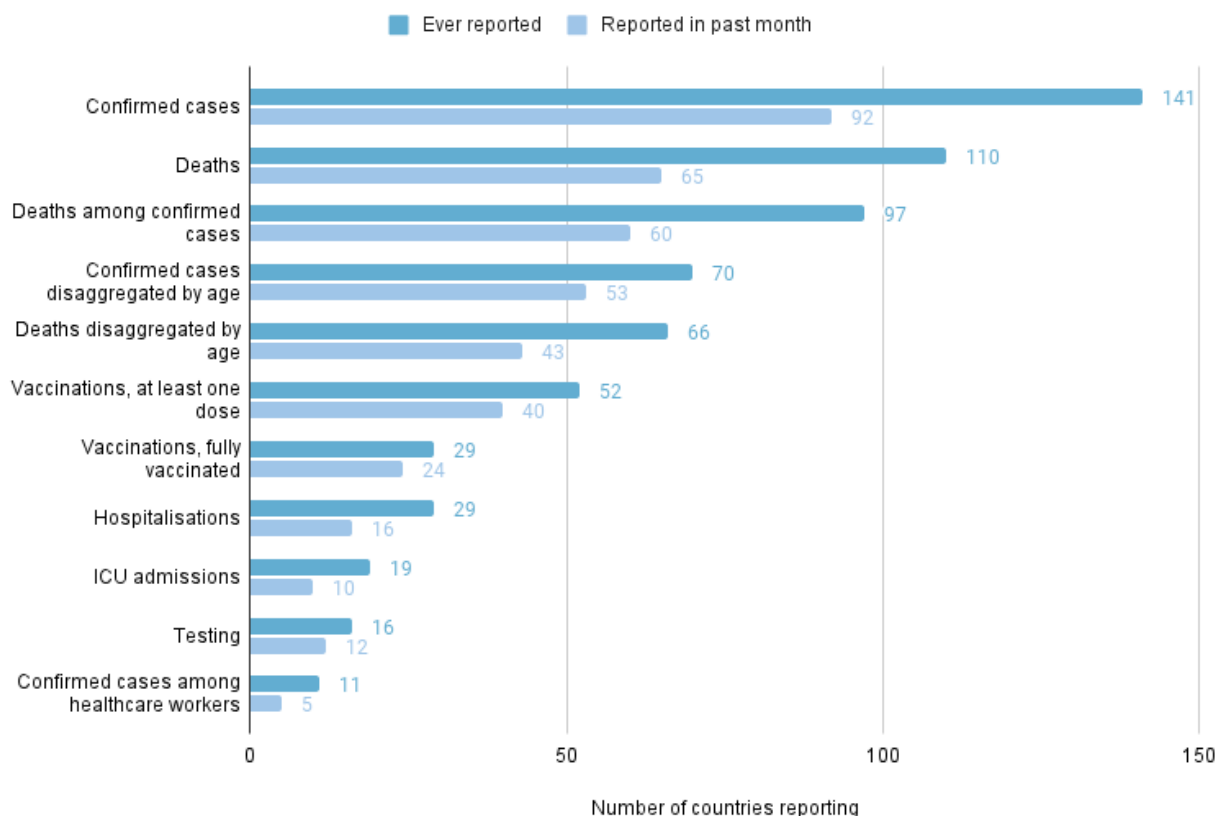

The full list of countries reporting on each variable and the corresponding data can be found here.

Global gender differences along the COVID-19 clinical pathway

Figure 4 shows the distribution of testing, confirmed cases, hospitalisations, ICU admissions and deaths in men and women across all available global data. This distribution varies along the pathway, with more women than men getting tested for COVID-19 and more women than men having received two doses of COVID-19 vaccines. Men and women accounting for similar proportions of individuals receiving at least one vaccination dose and of confirmed cases. The gender gap grows further along the pathway, with men accounting for a higher proportion of hospitalisations (54%), ICU admissions (63%) and deaths (57%) (Figure 4).

Globally, these proportions have remained fairly stable over time. Proportions vary widely by country, but for individual countries these proportions are also largely consistent through time. Country-data on each of these variables can be explored here.

**Figure 4. Gender differences along the COVID-19 clinical pathway, as of October 2021**
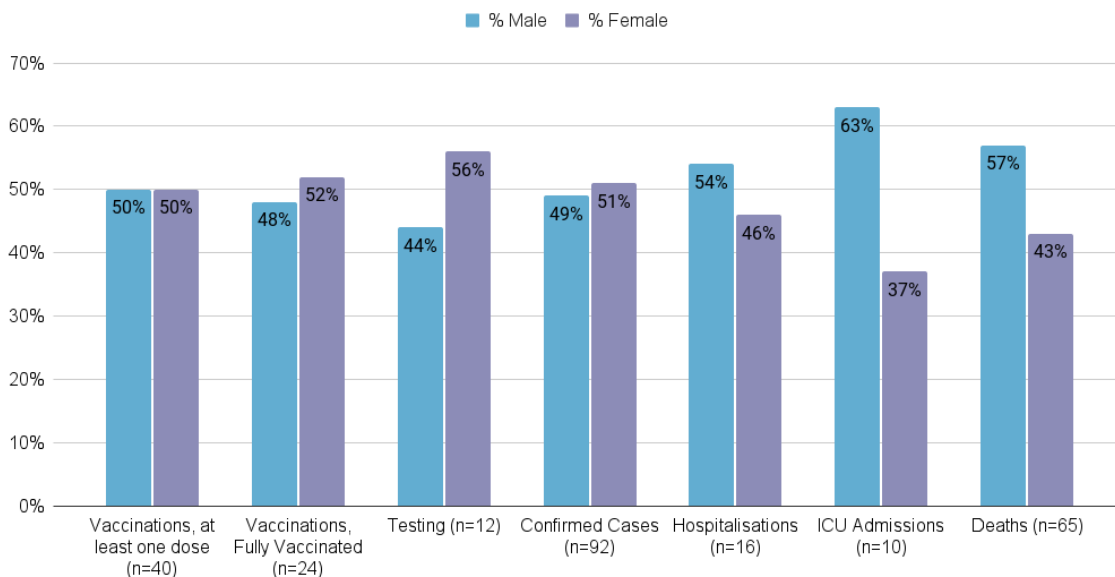
Spotlight: deaths among confirmed cases

Figure 5 shows the male: female ratio of deaths among confirmed cases across countries reporting both cases and deaths at the same time point in the past month, as of October 2021. A ratio higher than one indicates that a greater proportion of male cases of COVID-19 have died than female, while a ratio lower than one indicates that a greater proportion of female cases of COVID-19 have died.

Among 60 countries that have reported this data in the past month, data show that, to date, a higher proportion of male than female confirmed cases of COVID-19 have died in 57 countries. There are just three countries (Iraq, South Korea and Finland) where a higher proportion of females have died.

Figure 5. Male:female ratio of deaths among confirmed cases among countries reporting both cases and deaths in the past month, as of October 2021
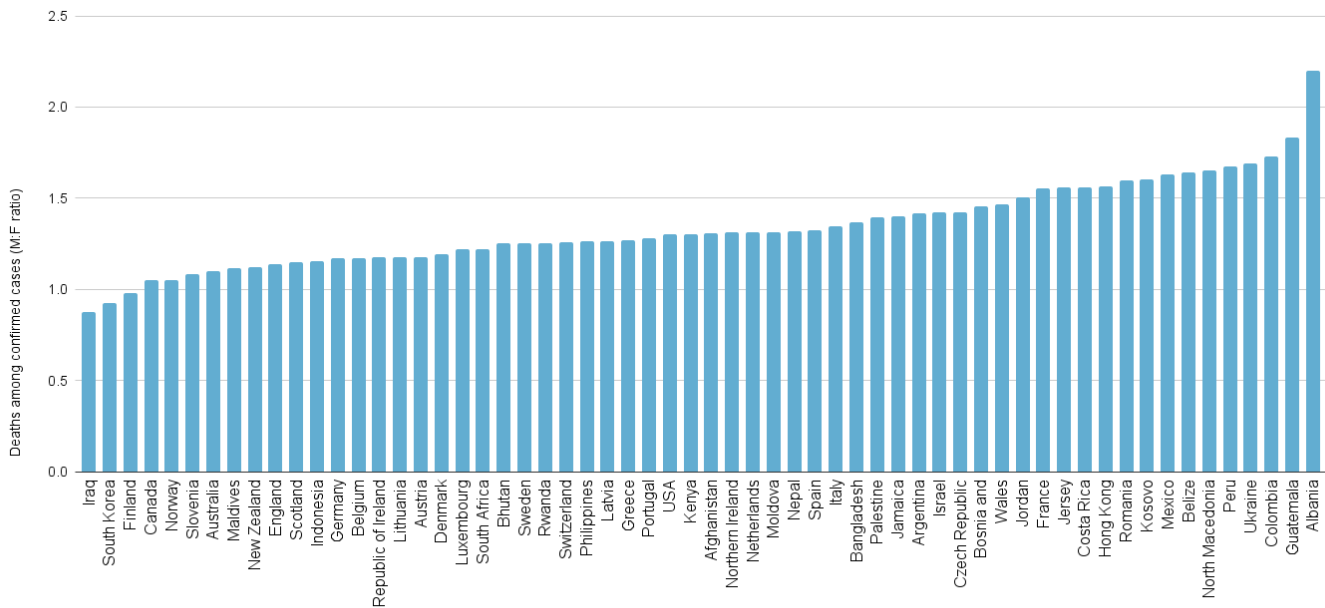
Gender differences in COVID-19 vaccination distribution

Globally, 52 countries have reported on the sex breakdown of individuals receiving COVID-19 vaccinations (up from 48 in September 2021). 49 of these countries report individuals receiving at least one dose, while three of these countries only report on fully vaccinated individuals.

Twelve of those countries had not updated their data in the past month. Amongst those reporting, women and men have received similar numbers of vaccinations. This was consistent with findings from our earlier updates. However this varies across countries. Among the 49 countries reporting individuals with at least one vaccination dose by sex, the sex distribution ranges from Barbados where 59% of vaccinated (at least one dose) are women to Gabon where women comprise 22% of individuals with at least one dose (Fig 6). Just two countries (India and Austria) report vaccinations among non-binary people.

Figure 6. Vaccine Distribution, at least one dose, by Sex, October 2021
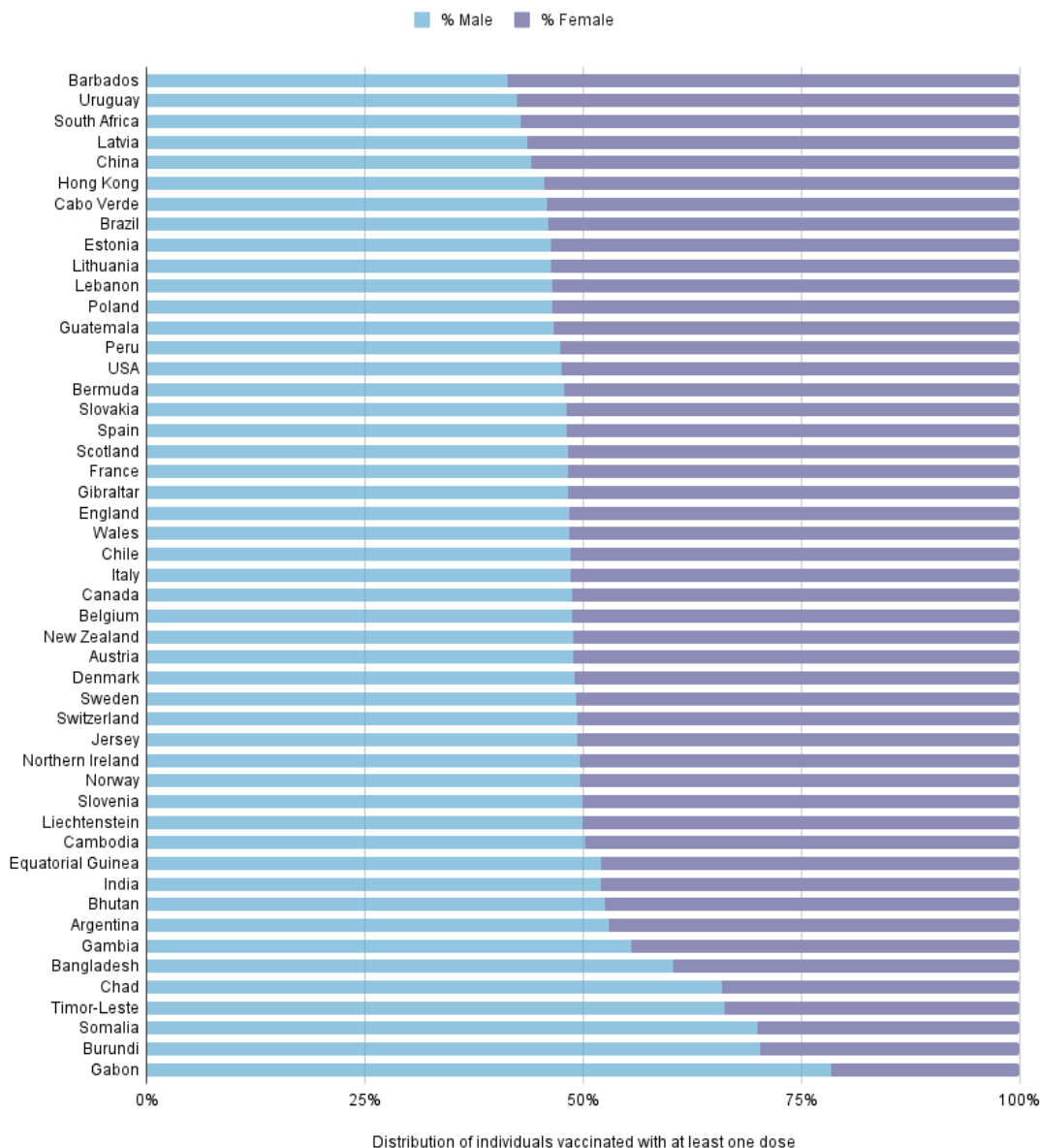
Of the 52 countries reporting vaccination data, 30 provide data on individuals who are fully vaccinated, in most cases individuals who have received two doses. More women than men have been fully vaccinated; 52% of fully vaccinated individuals for whom there is sex data were women. The proportion of fully vaccinated individuals who are female varies across these 30 countries, spanning 57% in Latvia to 36% in Liberia (Fig 7).

Figure 7. Vaccine Distribution, fully vaccinated/two doses, by Sex, October 2021

Distribution of fully vaccinated individuals
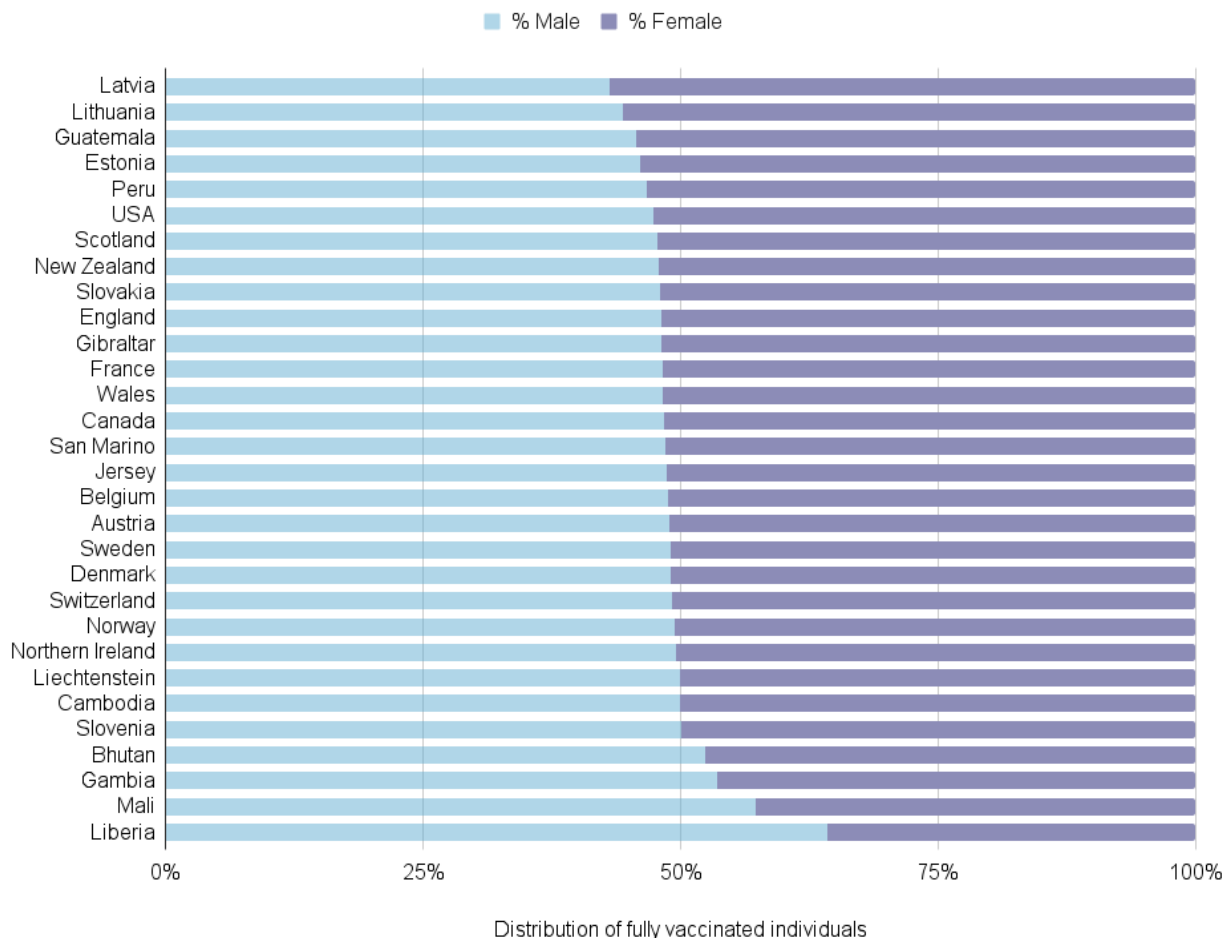
Dose definitions

'At least one dose' refers to individuals who have received at least one dose of a COVID-19 vaccine. This includes individuals who have received one dose of a two dose vaccine as well as individuals who have received a single dose vaccine. **Fully vaccinated** refers to individuals who have received all doses of required of their vaccine. This includes individuals who have received two doses of a two dose vaccine and individuals who have received a single dose of a single dose vaccine. Fully vaccinated individuals are counted in both 'at least one dose' and 'fully vaccinated'.

Gender differences in COVID-19 vaccination coverage

Vaccination coverage varied between the sexes across countries. Vaccination coverage (at least one dose) (see Fig 8) was less than 5% different between men and women in 42 countries. In the US, Cabo Verde, Peru, South Africa and Barbados, coverage is higher among women than men by 5% or more. In Jersey and Gabon, coverage is 5% or more higher among men than women. Vaccination coverage for fully vaccinated individuals (see Fig 9) was similar for men and women (difference <5%) in all 30 countries reporting this data.

While most countries are only distributing vaccines to adults, the cut off varies slightly, and some countries are administering vaccines to individuals as young as two. Given the variation in vaccine policy, we look at coverage for the total population for comparability.

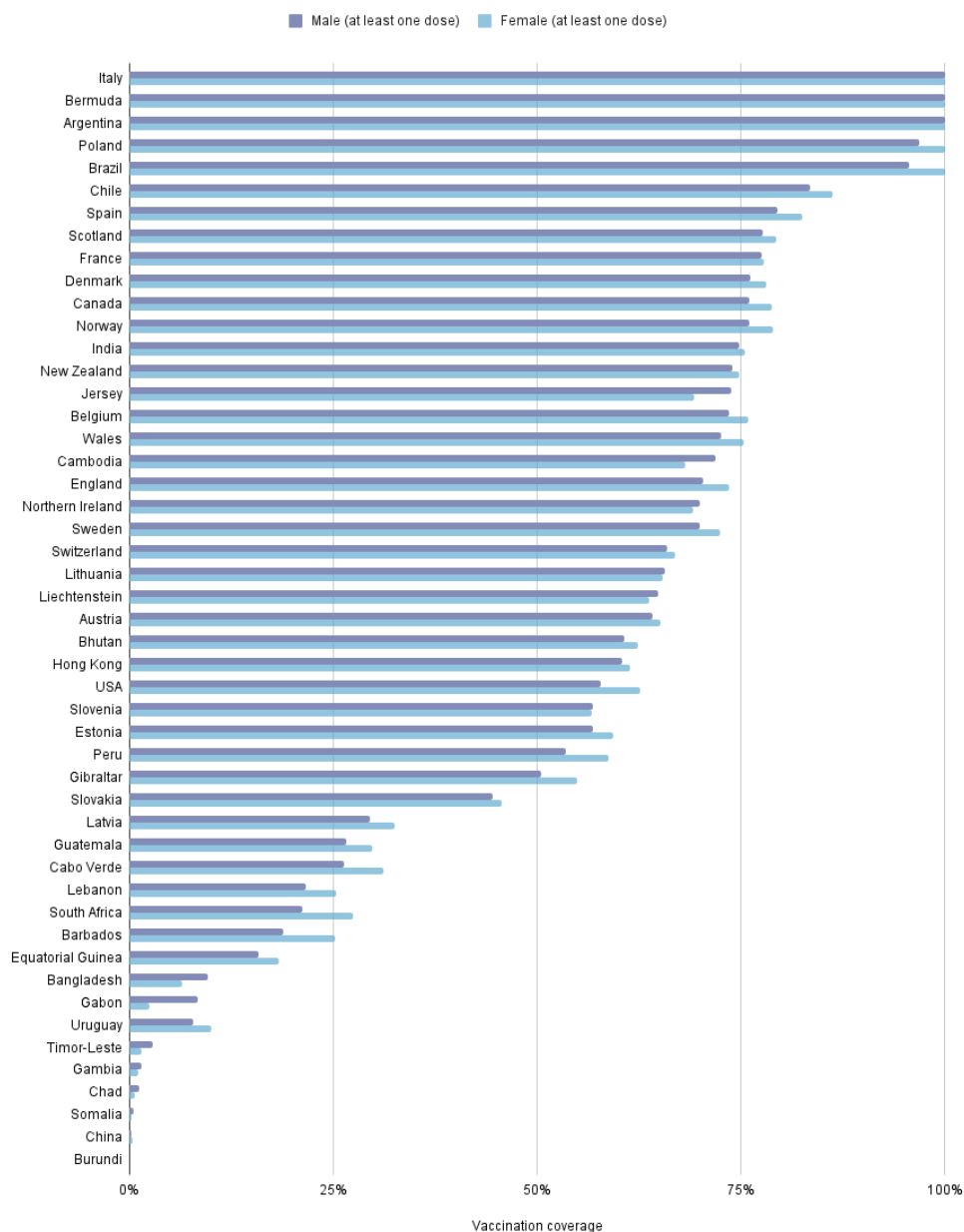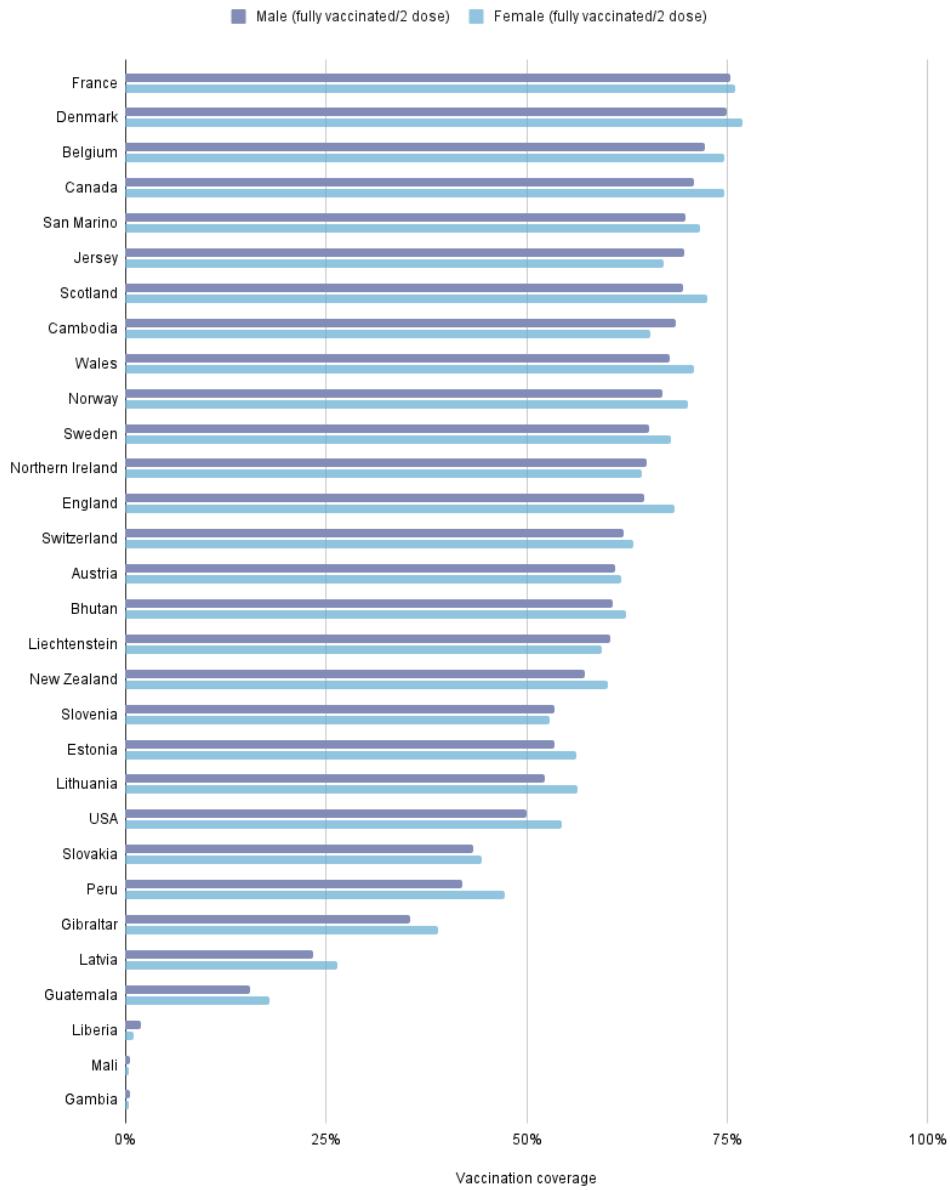**Figure 8. Vaccine Population Coverage, at Least One Dose, by Sex, October 2021**

Figure 9. Vaccine Population Coverage, Fully Vaccinated, by Sex, October 2021

Gender differences in vaccinations by age and sex

Twenty-one countries* provide data by age and sex which allows for further analysis of gender disparities in vaccination, particularly given the age-specific roll-out of vaccines in many locations. Many of the countries reporting vaccination data by age and sex have attained high levels of coverage and in most cases coverage dose not differ by more than a few percentage points between men and women in particular age groups, though there are some notable exceptions, such as Lithuania, Latvia, Estonia and Slovakia where men in the oldest age groups have substantially higher coverage of at least one dose, and Chile where in the oldest age group women have much higher coverage of at least one dose (Figure 9). Similarly, full vaccination coverage is similar for men and women in most cases. Lithuania, Slovakia, Liechtenstein and Estonia all see higher coverage among men than women at the oldest ages, while Wales and Lithuania see higher coverage among women at the younger ages.

Figure 10. Vaccination Coverage, at Least One Dose, by Age and Sex as of October from 21 Countries
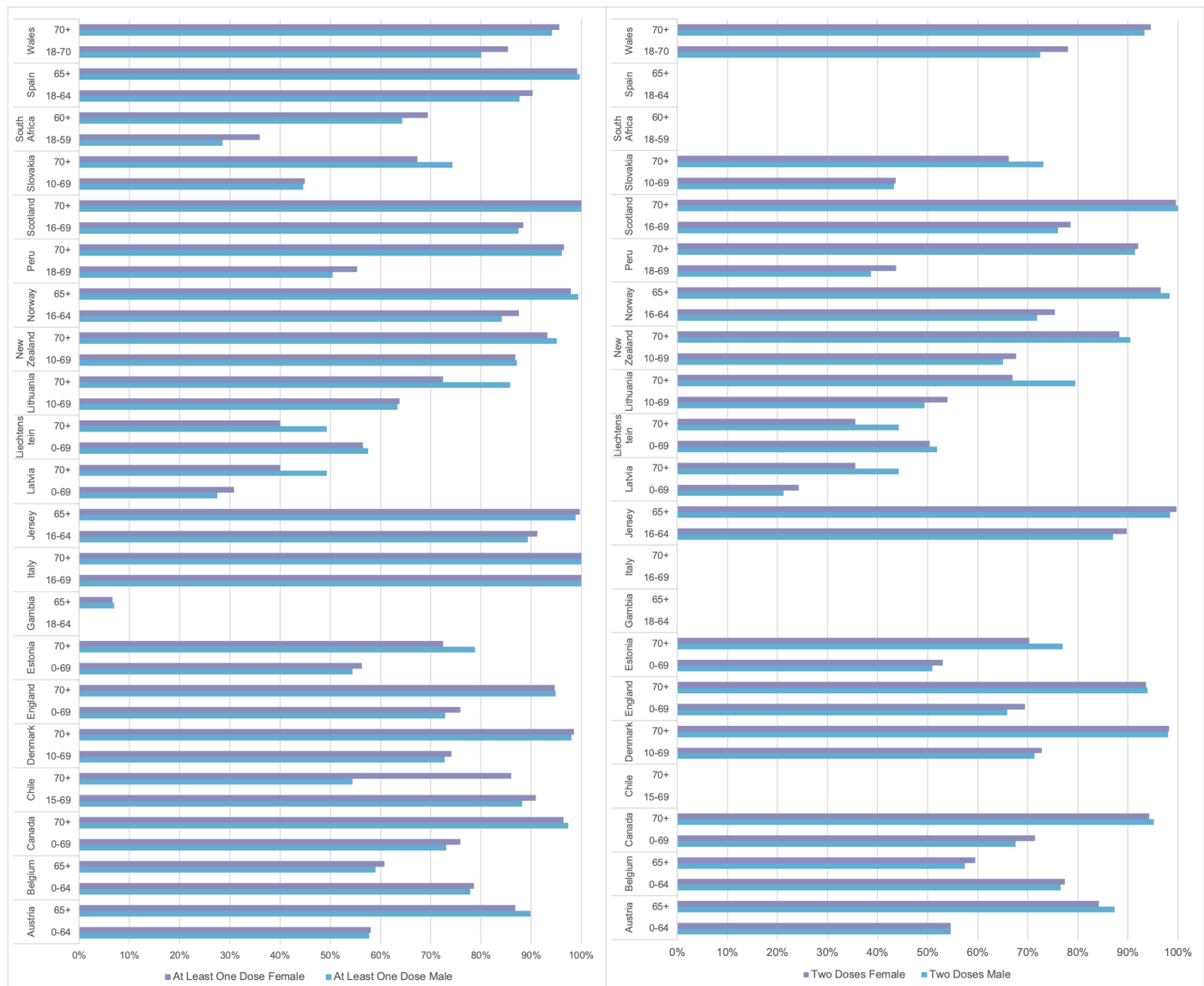
*Cambodia also includes some age/sex data for vaccinations but separate their population at age 18 (<18 and 18+ males and females) and is not included in the following analysis.

About the COVID-19 Sex-Disaggregated Data Tracker

The COVID-19 Sex-Disaggregated Data Tracker is the world's largest database of sex-disaggregated data on COVID-19 health outcomes. The Tracker currently collects sex-disaggregated data on vaccinations, testing, confirmed cases (including among health workers), hospitalisations, ICU admissions and deaths, as well as by age for selected indicators. It is also tracking the availability of data disaggregated by other social and demographic characteristics as well as data on pre-existing comorbidities. Data is collected directly from official national sources, including ministry of health websites, national statistics sites, death registers and government social media accounts. The Tracker is updated every month.

About the Sex, Gender and COVID-19 Project

The Sex, Gender and COVID-19 Project is a partnership of Global Health 50/50, the International Center for Research on Women and the African Population and Health Research Center. Together, these partners are investigating the roles sex and gender are playing in the outbreak, building the evidence base of what works to tackle gender disparities in COVID-19 health outcomes, and advocating for effective gender-responsive approaches to COVID-19.

Learn more about sex, gender and COVID-19 and explore the Sex-Disaggregated Data Tracker here: https://globalhealth5050.org/the-sex-gender-and-covid-19-project/

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If you are aware of countries that are reporting data that we have not been able to locate or collect, we would be grateful if you could make us aware by emailing us at info@globalhealth5050.org and sharing a link to where the data can be found.

Engage with us: @Globalhlth5050   @APHRC   @ICRW