

Safe Ramadan practices in the context of COVID-19 and Emerging Variants 28 March 2022

Introduction

This guidance makes reference to Safe Ramadan practices in the context of COVID-19. This year Ramadan falls between 2 April to 2 May 2022 as the pandemic continues into its third year. This document provides approaches for adjusting public health and social measures (PHSM) aimed to reduce transmission, as well as communication modalities designed to convey safe observance of the holiday across diverse celebrating cohorts.

Key Messages

To policymakers:

- Cancelling or significantly modifying religious and social gatherings should be considered
- Safe practices at mosques, places of worship and other venues should be encouraged.
- Vaccination of eligible individuals should be encouraged even during Ramadan
- Communities should be engaged to promote adherence to precautionary measures and uptake of COVID-19 vaccine
- PHSMs/precautionary measures should be implemented, monitored and enforced as needed and based on a risk assessment
- In settings where movement restrictions are in place, vigilance about incidents of domestic violence should be exercised
- Mass gatherings should never be left unmanaged or poorly managed, regardless of their size, type and level of associated risk. Zero risk does not exist.

To the general public:

- Stay safe this Ramadan by maintaining a healthy lifestyle and following precautionary measures on COVID-19; remember that there is no zero-risk
- There is no evidence to suggest that fasting can increase risk of COVID-19 infection. You may consider religious licenses to break your fast if you feel ill in consultation with your physician
- Refrain from attending events if you feel unwell.
- Find new ways to help and interact with others by using digital communication tools and platforms to minimize transmission
- Get vaccinated, if you are eligible. Keep observing precautionary measures even if you are vaccinated

Background & Rationale

This year we observe Ramadan as the COVID-19 pandemic continues into the third year, characterized by emerging variants, which calls for agile action in national preparedness and response. Pandemic fatigue, inconsistent vaccination, and uneven application of PHSM necessitate a rigorous approach to prepare for a diversity of gatherings.

The holy month of Ramadan is marked by social and religious gatherings where families and friends meet more frequently. Many Muslims increase their attendance at mosques during the month and congregate for longer prayers for taraweeh and qiyam. Some Muslims also spend consecutive days

and nights at mosques during the last 10 days of Ramadan (i'tikaf) for prayers. These traditional and religious practices are regularly observed throughout the month. (1)

SARS-CoV-2 Transmission

COVID-19 is caused by the SARS-CoV-2 virus which can spread from an infected person's mouth or nose in small liquid particles when they cough, sneeze, speak, or breathe. These particles range from larger respiratory droplets to smaller aerosols which infect via inhalation or directly by contact with the eyes, nose, or mouth after touching infected surfaces. Current evidence suggests that the virus spreads mainly between people who are in close contact with each other, typically within 1 metre, and spreads in poorly ventilated and/or crowded indoor settings, where people tend to spend longer periods of time. (2,3) This year also, we need to pay special attention to Omicron as the most predominant variant due to its high transmissibility.

Risk Based Approach to Events

Gatherings represent an environment where close contact, prolonged interactions, and a high density of attendees encourages an increased risk of transmission of respiratory infections, including SARS- CoV-2. Influential factors concerning transmission risk include:

1. *duration*: risk grows with the duration of the event, or with the duration of stay of attendees at the event, especially in the case of multiple days;
2. *location*: risk is higher in indoor venues than in outdoor venues; and
3. *compliance with precautionary measures*: risk is higher when measures are not applied, weakly implemented or not followed by attendees. (4,5)

Therefore, adopting a comprehensive risk-based approach to the planning and organization of any gatherings is essential. The risk-based approach entails three steps:

1. *Risk evaluation*: to identify and quantify the baseline risks associated with the gathering before applying precautionary measures;
2. *Risk mitigation*: to apply a series of precautionary measures aimed at decreasing the baseline risk; and
3. *Risk communication*: to disseminate information proactively on the precautionary measures adopted, their rationale and purpose, and on how the relevant decisions were taken. (4)

Considering furthermore a risk-based application of travel restrictions to attendees coming from countries/areas with community transmission of SARS-CoV-2 and/or circulation of variants of interest or variants of concern is also highly recommended (6, 7)

Public Health Social Measures (14, 4)

Public health and social measures (PHSMs)¹ have been implemented in varying degrees in order to prevent and reduce transmission of SARS-CoV-2, ultimately with the aim to minimize mortality and morbidity. The adjustment of these measures has been tied to the situation analysis concerning the prevailing epidemiology and the public health response capacity. Driven by both intrinsic factors (ex: viral load, duration, VOI/VOC) and contextual factors (ex: social mixing, control measures, crowded

¹ Include personal protective measures (e.g. physical distancing, avoiding crowded settings, hand hygiene, respiratory etiquette, mask-wearing); environmental measures (e.g. cleaning, disinfection, ventilation); surveillance and response measures (e.g. testing, genetic sequencing, contact tracing, isolation, and quarantine); physical distancing measures (e.g. regulating the number and flow of people attending gatherings, maintaining distance in public or workplaces, domestic movement restrictions); and international travel-related measures.

environment, level of immunity), diverse transmission levels and response capacities illuminate the need for appropriately corresponding public health control measures

Currently seven scenarios of increasing intensity of transmission of SARS-CoV-2 exist:

(I) no (active) cases	no new COVID-19 cases detected for at least 28 days (twice the maximum incubation period), in the presence of a robust surveillance system; near-zero risk of infection for the general population
(II) imported/sporadic cases	one or more COVID-19 cases, imported or locally detected in the past 14 days, without evidence of local transmission; minimal risk of infection for the general population
(III) clusters of cases	COVID-19 cases detected in the past 14 days limited to well-defined clusters, linked by time, geographical location and common exposures; low risk of infection to others in the wider community if exposure to clusters is avoided
(IV–VII) community transmission (CT)	<ul style="list-style-type: none"> • CT1 – low incidence; many of the cases not linked to specific clusters; transmission may be focused in certain population subgroups; low risk of infection for the general population; • CT2 – moderate incidence; transmission less focused in certain population subgroups; moderate risk of infection for the general population; • CT3 – high incidence; transmission widespread and not focused in population subgroups; high risk of infection for the general population • CT4 – very high incidence; very high risk of infection for the general population
<i>(increasing incidence of locally acquired, widely dispersed cases detected in the past 14 days: Population)</i>	

Measures should be calibrated according to national thresholds, vulnerable populations, immunity and vaccination rates.

Key Ramadan Practices and Communication Strategies

The following represent essential reiterated tenets for both organizers and attendees of any Ramadan gathering or event.

Risk Communication & Community Engagement (1,4,8)

Clear, consistent risk communication is essential in helping people understand the importance of adherence to public health and social measures, especially personal precautionary measures whose implementation and effectiveness impact behavioural change.

Religious leaders can play an important role in sharing information and advice by public health authorities, countering misinformation about COVID-19, and maintaining compliance and morale in adhering to PHSM in the face of pandemic fatigue. Furthermore, encouraging vaccination before and during the observance of the holy month and promoting permissibility of COVID-19 vaccines during the fast is essential.

Vaccination (1, 8, 9)

Eligible individuals should be encouraged to get vaccinated even during Ramadan to protect themselves and their communities, and religious leaders should be engaged to promote vaccine uptake and advocate for the continuation of vaccination campaigns without interruption. Taking the COVID-19 vaccine is permissible according to Shariah law. Islamic authorities in several countries have stated that receiving COVID-19 vaccination as an intramuscular injection, the only route for the vaccines currently available, does not invalidate the fast.

For supporting COVID-19 vaccination efforts it is suggested for faith-based leaders to:

- Encourage your constituents to take their COVID-19 vaccine before Ramadan. In particular, the elderly, people with existing medical conditions who are at greatest risk of severe illness or death.
- Advocate for people to get vaccinated when available during Jum'ah (Friday) prayer ahead of Ramadan, as well as Taraweeh, and other relevant settings during Ramadan
- Work in collaboration with ministries of health and key partners to facilitate access to COVID-19 vaccines, including supporting mobile vaccination clinics at mosques.
- Address rumors, misinformation and concerns about COVID-19 vaccines and share accurate information with your constituents during prayers and vents.
- Reinforce the fatwa that COVID-19 vaccines are permissible under Shariah Law and won't break your fast as delivered by injection, not ingestion.

Physical venues and events during Ramadan (1,3,8, 13)

It's recommended that religious scholars help apply safe practices in physical venues including mosques and places of worship during Ramadan, and they enforce, encourage and advocate for adherence to the individual protective measures, and it is suggested to:

- Consider holding the event outdoors if possible
- Shorten the length of the event as much as possible to limit potential exposure
- Give preference to holding smaller services with fewer attendees
- Ensure adherence to physical distancing of at least one meter among attendees, both when seated and standing, through establishing and assigning fixed places, including when praying, performing *wudu* (ritual ablutions) in communal washing facilities, as well as in areas dedicated to shoe storage.
- Ensure that hand-washing facilities are adequately equipped with soap and water and provide alcohol-based hand-rub at the entrance to and inside.
- Consider designating staff as crowd controllers and supervisors to oversee entrance to venues and monitor adherence to COVID-19 safe measures by constituents.
- Oversee that often-touched objects such as doorknobs, light switches and stair railings are frequently cleaned with disinfectant.
- Frequently clean worship spaces, sites, and buildings before and after each event
- Display posters and reminders on physical distancing, mask wearing, hand hygiene, respiratory etiquette, and general messages on COVID-19 prevention.
- Encourage the use of personal prayer rugs to place over communal carpets.

Adherence to Personal Protective Measures for the individuals participating in gatherings: (1,8,2)

- Practice physical distancing by strictly maintaining a distance of at least 1 metre (3.3 feet) between people at all times.
- Practice good respiratory hygiene; cover mouth and nose with a bent elbow or a tissue when coughing or sneezing; avoid touching the eyes, nose and mouth.
- Encourage handwashing by regularly and thoroughly wash hands with soap and water, or clean with an alcohol-based hand rub (at least 80% ethanol or 75% isopropyl alcohol)
- People who are feeling unwell or have any symptoms suggestive of COVID-19 should not attend gatherings
- High risk groups - older people (aged ≥ 60 years) and anyone with underlying noncommunicable diseases (diabetes, hypertension, cardiac disease, chronic lung disease, cerebrovascular disease, dementia, mental disorders, chronic kidney disease, immunosuppression, obesity and cancer) – are encouraged to not attend gatherings

Mask use & Management (2)

Utilization of a mask at all times within the event locale is encouraged regardless of vaccination status. WHO provides the following guidance on the correct use of masks:

- Wash hands thoroughly before putting on or taking off the mask.
- Place the mask carefully, ensuring it covers the mouth and nose, adjust to the nose bridge and tie it securely to minimize any gaps between the face and the mask. Avoid touching the mask while wearing it. If the mask is accidentally touched, wash hands thoroughly.
- Remove the mask using the appropriate technique. Do not touch the front of the mask; rather, untie it from behind.
- Replace the mask as soon as it becomes damp with a new, clean and dry mask.
- Either discard the mask or place it in a clean plastic resealable bag where it is kept until it can be washed and cleaned. Do not store the mask around the arm or wrist or pull it down to rest around the chin or neck and
- Do not remove the mask to speak and do not share your mask with others.

In settings where there is community or cluster transmission of SARS-CoV-2, irrespective of vaccination status or history of prior infection, wearing a mask is recommended for when interacting with individuals who are not members of their household:

- in indoor settings where ventilation is known to be poor or cannot be assessed, or the ventilation system is not properly
- maintained, regardless of whether physical distancing of at least 1 metre can be maintained
- in indoor settings that have adequate ventilation if physical distancing of at least 1 metre cannot be maintained
- in outdoor settings where physical distancing of at least 1 metre cannot be maintained

[Health & Wellbeing \(1,8, 11, 12\)](#)

Charity

- When distributing sadaqat or zakat during this Ramadan, always observe the physical distancing measures in place.
- Avoid the crowded gathering associated with iftar banquets and consider using individual pre-packaged boxes or servings of food. These can be organized by centralized entities and institutions, which should adhere to physical distancing, hand hygiene and other precautionary measures throughout the whole cycle (collecting, packaging, storing and distribution).
- Using digital technology to arrange for distribution of sadaqat or zakat is encouraged.
- Spending some of the zakat on supporting vaccine campaigns is permissible according to Shariah law

Fasting

There is no evidence to suggest that fasting can increase the risk of COVID-19 infection. Healthy people should be able to fast during this Ramadan as in previous years, while COVID-19 patients may consider religious licenses regarding breaking the fast in consultation with their doctors, as they would do with any other disease.

Healthy diet and nutrition

Proper nutrition and hydration are vital during the month of Ramadan. Once fast is broken, people should eat a variety of fresh and unprocessed foods every day and drink plenty of water.

Physical activity

During the COVID-19 pandemic, many people are restricted in their movements by the enforcement of PHSMs; but, if restrictions allow, always practice physical distancing, hand hygiene and other precautionary measures even during any exercise activity. Outdoor activities are preferable; however, if occurring indoors, physical activity should take place at home, in well-ventilated rooms. Online physical activity classes are also encouraged.

Post COVID-19 condition

Individuals suffering from lingering COVID-19 symptoms after infection may consider religious licenses regarding breaking the fast in consultation with their doctors.

Tobacco use

Tobacco use is ill-advised under any circumstances, especially during Ramadan and the COVID-19 pandemic. Frequent smokers may already have lung disease, or reduced lung capacity, which greatly increases the risk of serious COVID-19 illness. Extra caution should be taken by smokers to prevent transmission of SARS-CoV-2: when smoking cigarettes, the fingers (and possibly contaminated cigarettes) should not touch the lips, which increases the likelihood of the virus entering the respiratory system. When waterpipes are used, mouth pieces and hoses should not be shared.

For communications materials related to safe and healthy Ramadan practices visit:

<http://www.emro.who.int/health-topics/corona-virus/observing-the-holy-month-of-ramadan-safely-in-2022.html>

REFERENCES

- (1) *Safe Ramadan practices in the context of COVID-19*, 1 April 2022, Geneva: World Health Organization ; <https://apps.who.int/iris/handle/10665/340661>
- (2) *Infection prevention and control in the context of coronavirus disease (COVID-19): A living guideline*. Technical document, 7 March 2022: [https://www.who.int/publications/i/item/infection-prevention-and-control-in-the-context-of-coronavirus-disease-\(covid-19\)-a-living-guideline](https://www.who.int/publications/i/item/infection-prevention-and-control-in-the-context-of-coronavirus-disease-(covid-19)-a-living-guideline)
- (3) *Roadmap to improve and ensure good indoor ventilation in the context of COVID-19*, 1 March 2021. Geneva: World Health Organization; 2021. <https://apps.who.int/iris/handle/10665/339857>
- (4) *Key planning recommendations for mass gatherings in the context of COVID-19*, 4 November 2021, Geneva: World Health Organization; <https://www.who.int/publications/i/item/10665-332235>
- (5) *Holding gatherings during the COVID-19 pandemic: policy brief*, 2 August 2021. Geneva: World Health Organization; 2021. <https://apps.who.int/iris/handle/10665/343409>
- (6) *Technical considerations for implementing a risk-based approach to international travel in the context of COVID-19: interim guidance*, 2 July 2021. Geneva: World Health Organization; 2021. <https://apps.who.int/iris/handle/10665/342212>
- (7) *Policy considerations for implementing a risk-based approach to international travel in the context of COVID-19*, 2 July 2021. Geneva: World Health Organization; 2021. <https://apps.who.int/iris/handle/10665/342235>

(8) *Short Guidance for Islamic Scholars: Addressing COVID-19 risks during Ramadan 2022*; EMRO WHE CPI Risk Communication and Community Engagement Team. 10 March 2022

(9) Shariah rulings regarding the Use of COVID-19 vaccines, their purchase and the financing of their distribution with Zakat funds. Final statement and recommendations for the Medical Fiqh Symposium. 22 February 2021. Organization of Islamic Cooperation. International Islamic Fiqh Academy. <https://www.iifa-aifi.org/wp-content/uploads/2021/03/IIFA-Symposium-on-Anti-Covid-19-Vaccines-Feb-2021-3.pdf>

(10) Responding to intimate partner violence and sexual violence against women WHO clinical and policy guidelines. Geneva: World Health Organization; 2013. <https://apps.who.int/iris/handle/10665/85240>

(11) COVID-19 and violence against women: what the health sector/system can do. Geneva: World Health Organization; 2020. <https://apps.who.int/iris/handle/10665/331699>

(12) *Cleaning and disinfection of environmental surfaces in the context of COVID-19: interim guidance*, 15 May 2020. World Health Organization. <https://apps.who.int/iris/handle/10665/332096>

(13) Considerations for implementing and adjusting public health and social measures in the context of COVID-19, Interim guidance, 14 June 2021 <https://www.who.int/publications/i/item/considerations-in-adjusting-public-health-and-social-measures-in-the-context-of-covid-19-interim-guidance>

(14) Observing the holy month of Ramadan safely in 2022 <http://www.emro.who.int/health-topics/corona-virus/observing-the-holy-month-of-ramadan-safely-in-2022.html>

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WHO EMRO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO EMRO will issue a further update. Otherwise, this interim guidance document will expire two years after the date of publication.