



Highlights

- A meeting with EMRO ministers was held on 2 April to review COVID-19 response progress, share lessons learnt and identify needs and WHO support required. Out of 22 countries in the Eastern Mediterranean Region, 1 country (Yemen) has not reported cases. Five countries reported their first deaths: Kuwait (1); Libya (1); Oman (1); Qatar (3); and Syria (2).
- An updated Regional Strategic Preparedness and Response Plan is being finalized.
- 13 countries in the Region have developed national plans for COVID-19, and technical teams are currently reviewing these national plans and providing feedback to Ministries of Health.
- In Pakistan and Afghanistan, Polio Emergency Operations Centers at national and sub-national levels are being optimized for coordination and data transmission and analysis.
- The Terms of References are being finalised for the COVID-19 Regional Crisis Management Group, The regional COVID-19 Risk Communication and Community Engagement Sub-Group and the COVID-19 Regional Response in FCV settings.
- The establishment of Country Support Desk teams has started. 22 country support desks; one for each EMRO country will be launched soon to ensure adequate technical support and timely reply to requests from countries are taking place as a way to improve the response at country level.

Key figures in the Region

As of 18:00 Apr. 4 Cairo local time

21

Countries reporting cases

69,018

Total laboratory-confirmed cases reported (33,936 new cases since 26 March situation report)

3758

Total deaths reported (1429 new deaths since 26 March situation report)

3652

Cases reported in past 24 hours (18:00 April 3 – 18:00 April 4)

21,752

Total cases recovered

119

total COVID-19 shipments have been delivered from the Dubai hub

US\$ 153 m

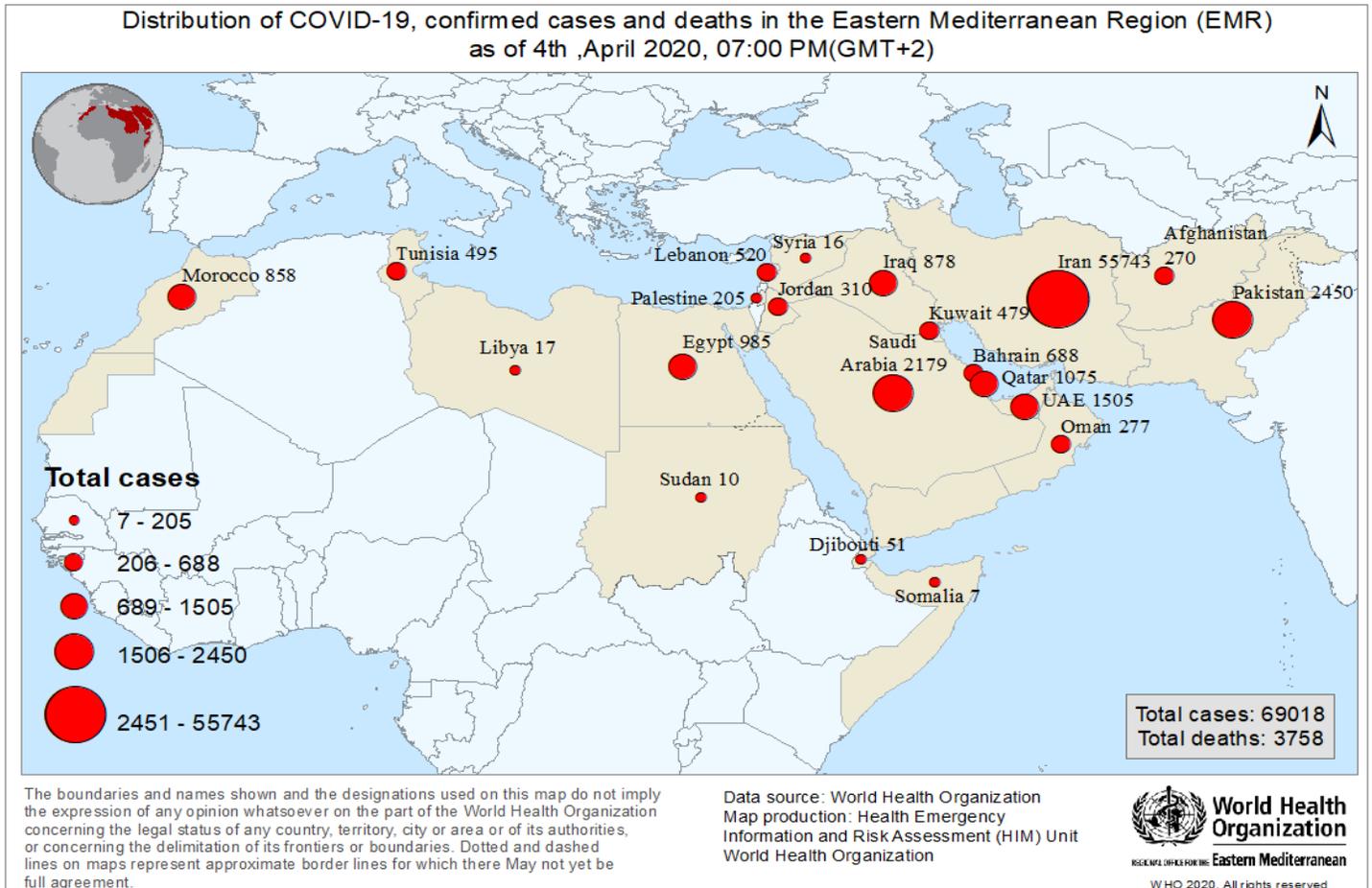
required as part of regional country response plans

62%

funding gap



Map 1. Distribution of COVID-19 confirmed cases reported in EMR, 4 April 2020 (7PM Cairo local time)



Surveillance

Table 1. Laboratory-confirmed cases of COVID-19 and associated deaths reported by countries in the EMR as of 4 April (18:00 Cairo local time)

Country	Cases 3 Apr 18:00 – 4 Apr 18:00	Deaths 3 Apr 18:00 – 4 Apr 18:00	Cumulative cases	Cumulative deaths	Numbers Recovered
Afghanistan	1	0	270	5	12
Bahrain	16	0	688	4	399
Djibouti	1	0	51		8
Egypt	120	8	985	66	216
Iran	2560	158	55743	3452	19736



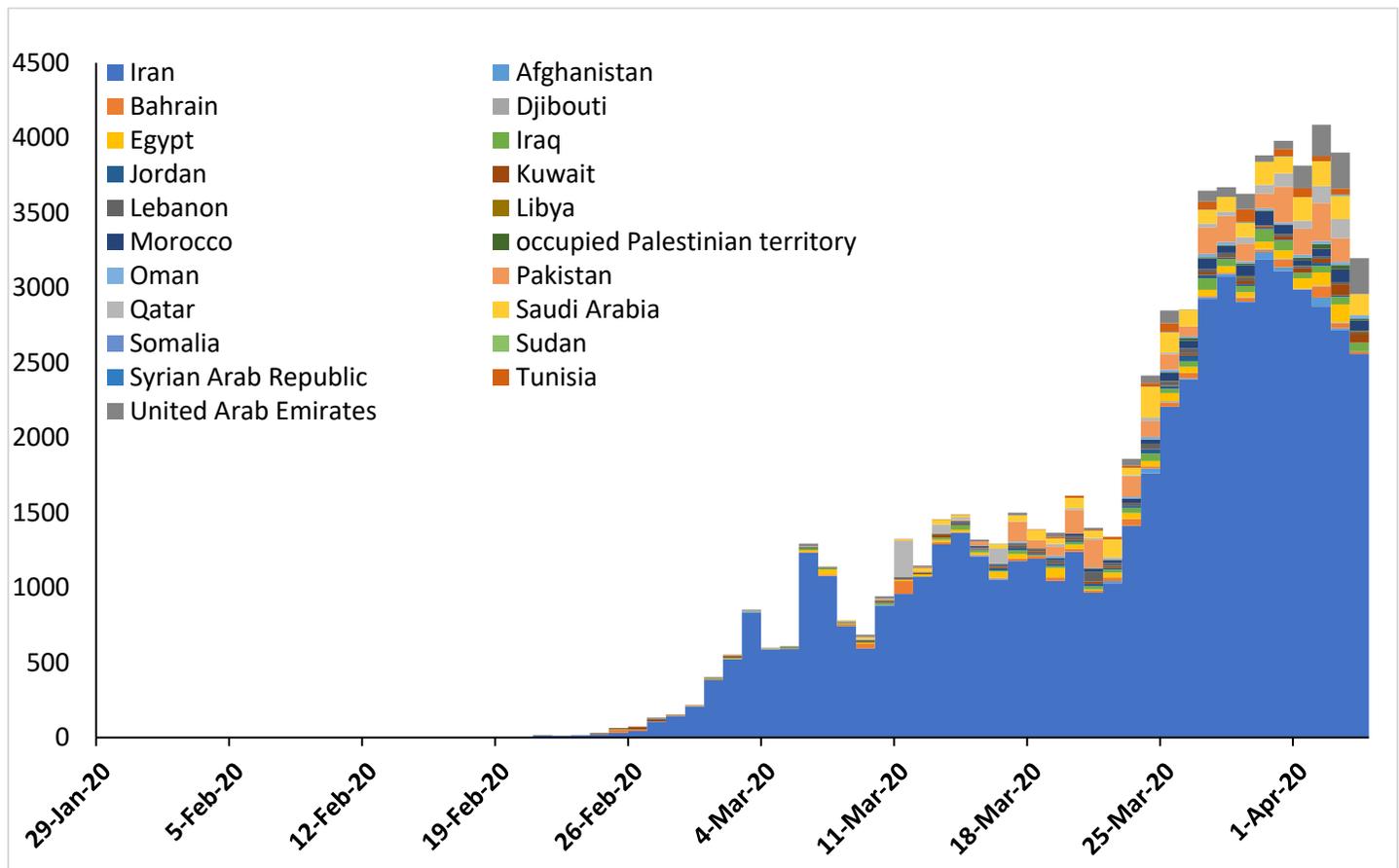
Iraq	58	2	878	56	259
Jordan	11	0	310	5	58
Kuwait	62	1	479	1	93
Lebanon	12	0	520	17	50
Libya	6	0	17	1	
Morocco	123	3	858	50	62
occupied Palestinian territory	34	0	205	1	25
Oman	25	0	277	1	61
Pakistan	0	0	2450	35	126
Qatar	0	0	1075	3	93
Saudi Arabia	140	4	2179	29	420
Somalia	2	0	7		1
Sudan	0	0	10	2	1
Syrian Arab Republic	0	0	16	2	2
Tunisia	0	0	495	18	5
United Arab Emirates	481	2	1505	10	125
Yemen	0	0			
Total	3652	178	69018	3758	21752

WHO strategic objectives

- Interrupt human-to-human transmission, including reducing secondary infections among close contacts and health care workers, prevent transmission amplification events, and prevent further international spread.
- Identify, isolate and care for patients early, including providing optimized care for infected patients.
- Address crucial unknowns regarding clinical severity, extent of transmission and infection, treatment options.
- Communicate critical risk and event information to all communities and counter misinformation.
- Minimize social and economic impact through multisectoral partnerships.



Graph 1: Daily distribution of cases of COVID-19 in the Eastern Mediterranean Region



Preparedness, readiness and response

Regional Level Highlights

Planning, coordination and monitoring

- A meeting with EMRO ministers was held on 2 April to review response progress, share lessons learnt and identify needs and WHO support required. Main concerns from countries include universal use of masks, proper guidance on when to consider cases as totally recovered, WHO's position on home isolation vs facility isolation, WHO updates on coordinating and providing supplies, possibility to increase number of medicines currently under trial.
- An updated Regional Strategic Preparedness and Response Plan is being finalized.
- 13 countries in the Region have developed national plans for COVID-19, and technical teams are currently reviewing these national plans and providing feedback to Ministries of Health.
- In Pakistan and Afghanistan, Polio Emergency Operations Centers at national and sub-national levels are being optimized for coordination and data transmission and analysis.



- A weekly call was conducted with 35 regional partners including UN, NGOs, donors, Red Cross/Red Crescent movement and other stakeholders.
- The Terms of References are being finalised for the COVID-19 Regional Crisis Management Group, The regional COVID-19 Risk Communication and Community Engagement Sub-Group and the COVID-19 Regional Response in FCV settings.
- Mapping of activities for the response to COVID pandemic has started at regional level. Partners are sharing their regional activities using an online data collection tool.
- The establishment of Country Support Desk teams has started. 22 country support desks -- one for each EMRO country -- will be launched soon to ensure adequate technical support and timely responses to requests from countries as a way to improve the response at country level.
- A policy note on the economic and social impact of COVID-19 in the Region is being drafted.

Epidemiology, Outbreak Investigation, and Health Information

- A total of 69,018 cases, including 3,758 associated deaths were reported from 21 countries and territory as of 4 April 18:00 Cairo local time.
 - Out of 22 countries in the Eastern Mediterranean Region, 1 country (Yemen) has not reported cases.
 - The first death in Oman was reported.
 - About 13% of cases in Afghanistan are among healthcare workers.
- A data collection tool on refugees /IDPs/ returnees/ migrants has been developed for inclusion in regular country report forms on COVID19 to gather information on these vulnerable groups.
- WHO polio staff and surveillance networks and data management assets in Afghanistan, Pakistan, Somalia, Syria, Iraq, Yemen, Sudan, Djibouti, Lebanon and Libya are deeply engaged in COVID-19 response activities, particularly in surveillance (field and laboratory), case detection and investigations, contact tracing, communication, data management and coordination. Regional POL Team is coordinating with the IMST.

International Health Regulations (2005) and Points of Entry

- 8 countries have enforced complete border closures and suspension of international flights. 14 countries have partially suspended international flights (Humanitarian, repatriation, supplies and medications flights are allowed). 3 countries have also suspended domestic flights.
- 19 out of 22 countries in the Region are implementing curfews (partial or complete), closure of public places and suspension of mosque prayer. All countries have suspended schools and closures of some workplaces (working from home modality is followed in few countries).
- A few countries have banned importation of products from China; while few others have banned the exportation of medical supplies to ensure local demand is met.
- Training materials have been developed on hospital and prehospital readiness and management of cases at ground crossings and will be delivered through webinar sessions to countries.
- A webinar on physical distancing guidelines was jointly organized by WHO EMRO, WHO AFRO, AFRICAN CDC, Resolve to save lives and London school is hygiene for countries. More than 150 participants attended the Webinar from countries, academic institutions, NGOs and WHO.
- Work with KSA WHO collaborating Centre on Mass Gathering for issues related to mass gatherings and preparations for the upcoming Ramadan.
- Working on a guiding document on physical distancing measures including an exit strategy from these measures for countries in the Region to use when needed.



Infection Prevention and Control (IPC)

- An IPC policy brief and slides were developed and disseminated to Ministers of Health.
- A training Webinar was held for Morocco addressing 80 treating physicians on “IPC measures in healthcare to prevent COVID-19 infections”.
- A training webinar on IPC was conducted for Pakistan. More than 40 physicians attended the webinar.

Isolation and Case Management

- COVID-19 clinical management training materials were developed and used to train more than 40 physicians from Pakistan through Webinar.
- Drafted the algorithm for screening, triage and treatment protocol for COVID-19
- Coordinating with countries in the region including KSA, Lebanon and Tunisia for enrollment into the WHO solidarity clinical trial.

Laboratory diagnostics

- Coordinated the shipment of specimens of COVID -19 to Erasmus for sequencing and further analysis
- Coordinating and completing the second list of the national and subnational laboratories to participate to COVID19 EQA organized by HQ
- Technical assistance was provided to the regional COVID-19 lab network on the assessment of the performance and quality of the test(s) donated by other organizations; some kits showed low performance and have been rejected.
- Coordination with MSF labs specialist in Geneva and France the support for COVID-19 for 6 countries: Palestine, Iraq, Yemen, Jordan, Lebanon and Syria. Connection have been made with WCOs in the respective countries to avoid duplication and make sure we are not overlapping support
- Finalized EMRO lab procurement with HQ for the next 3 months for COVID-19 RT PCR testing kits and other key items like enzyme and extraction kits.
- COVID-19 weekly webex, this week the main discussion was regarding the new guidance of WHO “operational considerations for COVID-19 surveillance using GISRS” and reporting in FluNet. It was agreed that all labs to share their testing algorithms and reporting in order to understand the COVID-19 activity and Influenza activity.

Research/knowledge management

- 2 countries participating in Solidarity Trial, with seven others countries expressing interest.
- Regional Knowledge Management portable has been established for COVID-19 related scientific products.
- Infographic training module was developed on death certification in English and Arabic languages. French, Farsi and Urdu versions are under development.
- EMHJ has established a COVID-19 corner, and fast tracking related submissions.
- Discussion with global entrepreneurs on identifying innovations for affordable modes of providing oxygen for patients in need.

Risk communication and community engagement (RCCE)

- Regional RCCE group formed and TORs being reviewed. Zero draft of UNICEF-WHO RCCE action plan being reviewed. Regional RCCE framework being drafted.



- Mapping of national risk communications plans. Prepared and adapted a rapid training module on RCCE for WHO communications officers. 12 priority countries identified to have joint calls with WHO and UNICEF colleagues for quality technical support.
- First draft of generic messages for Easter and Ramadan are being prepared to be shared with technical focal points .
- Working with the Islamic Advisory Group (IAG) and a WHO collaborating centre in Saudi Arabia on development of faith-based messaging. The Regional Director contacted Grand Imam of Al Azhar and Executive Committee of Islamic Advisory Group to support COVID19 response. A statement in this regard is expected from the IAG.

Health Systems

- A Guidance note on Ventilators Distribution and Use was finalized; as well as a Ventilators Calculator to inform allocation to countries.
- A Hospital Readiness Checklist for COVID-19 was finalized to help assess and inform hospitals responding to COVID-19. The checklist was translated to Arabic to be shared with WRs.
- A Guidance Note on lessons from the field was developed on how countries in the Region are managing COVID-19 preparedness and response along with maintaining essential health services through the primary healthcare approach

IDPs, Refugees, Migrants and Returnees

- An Interim Guidance Note was developed on Health System Response to COVID-19 in the Context of IDPs, Refugees, Migrants and Returnees in the Eastern Mediterranean Region.
- Strengthening interagency collaboration that regional level through establishment of a Working Group on Response to COVID-19 Outbreak in Humanitarian Settings and Vulnerable Populations (HSVP-WG).
- WHO EMRO is closely working with partners on a regular basis to harmonize interagency regional support to countries in need.

Mental health and psychosocial support

- MHPSS is part of the recently launched global response plan; the guidance note for integration of MHPSS in national response plans has been shared with countries
- Launched the Survive and Thrive - 30 days challenge in collaboration with the regional staff association
- A Regional Director video message on coping with the challenging situation and environment during COVID-19 was developed and launched on Workplace.

Operations support and logistics

- 119 total COVID-19 shipments have been delivered from the Dubai hub, of which 29 shipments were delivered to countries in the EMR region, and the remainder across 5 other WHO regions. Dubai Hub contributed to over 85% of total WHO shipments and fully covered PAHO, SEARO and WPRO.
- Dubai Hub covers around 88% (105 countries) of all countries reached by WHO shipments
- Weekly Production Schedule (attached) is being released each week to keep COs updated on the status of their PPE requests – several countries are now ahead of schedule (Afghanistan ready).
- WHO warehouses will be expanding and physically shifting to a consolidated block of 9,000 square meters inter-connected to implement a WMS and begin bar-coding and scanning.



- HQ/EMRO/Dubai are coordinating several charter flight rotations to accelerate the response and overcome commercial flight restrictions and airspace closures impacting AFRO and EMRO
- Dashboard and Supply Forecasting tools established to assist COs with tracking the status of medical commodity support and planning future needs.
- The Dubai operation has over 30 shipments awaiting dispatch due to limited flight availability – UAE and WFP resources are now being coordinated to aid in the delivery.
- Additional operational support with medical supply expertise is required to manage increased air lifts and the increasing numbers of requests for support.

Funding update

Total funding needs	US\$ 153 m
Total funds received	US\$ 59 m
Funding gap	62%

Donor contributions

as of 2 April 2020

Kuwait	27.0
Japan	10.7
Department for International Development (DFID), United Kingdom	6.1
United Nations Central Emergency Response Fund (CERF)	5.2
United States Agency for International Development (USAID)	2.1
China	1.7
Bill & Melinda Gates Foundation	1.5
Germany	1.5
United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA)	1.4
France	0.8
Contingency Funding for Emergencies - Global COVID	0.3
Czechia	0.2
Ministry of Foreign Affairs - Italy	0.1
Holy See	0.1
TOTAL	58,820,540

Country Level Highlights

- **Afghanistan:** WHO is supporting the Ministry of Public Health in surveillance and screening activities in all points of entry across the country; training of trainers for 246 medical staff on IPC and Case Management from Kabul and 13 high risk provinces; supporting mass awareness campaigns and awareness for 1364 medical and supportive staff across the country; supplying equipment, medicine and consumables including



beds, ventilators, oxygen concentrators, infrared thermometer, and other supplies; supporting laboratory services for local viral diagnostic tests of COVID-19 at the central public health laboratory.

- **Djibouti:** WHO works with the Ministry of Health to draft the National preparedness and response plan to the COVID-19 epidemic. The plan was based on 3 different scenarios with different interventions linked with each scenario stemming from sporadic cases to clusters of cases and extending to extensive local transmission. Through the development of the preparedness and response plan, and throughout the preparation for the epidemics, WHO continues to provide technical advice on the best response modalities based on the local context and the health systems capacities. WHO donated two successive PPE lots to the Ministry of Health, and testing capacity for COVID-19 has been doubled with the initiation of a second PCR machine. The procurement of 500 reaction tests via WHO logistics hub in Dubai increased the testing capacity and more tests were ordered with the support of EMRO. Case management capacity of the country has been increased through the establishment of a quarantine site for COVID-19 suspected cases and the establishment of an isolation and treatment site.
- **Egypt:** WHO is providing primers laboratory diagnostic kits (25,000 tests); providing technical guidance for outbreak investigation and contact tracing (Participating in outbreak investigation related to the Aswan – Luxor Nile cruise boat); providing IPC preparedness and response training package for COVID-19; providing Personal protective equipment (PPEs); developing IEC materials to increase community awareness, correct misconceptions and rumours; developing and implementing a capacity building training package on Risk Communications and Community Engagement; supporting the surveillance unit in developing the daily line list of all confirmed COVID 19 cases.
- **Islamic Republic of Iran:** So far, more than 67 million people have been screened in the national mobilization campaign against coronavirus, according to the Ministry of Health and Medical Education. Health checks are conducted at exit points of cities with the participation of the Red Crescent and other relevant departments.
- **Iraq:** Screening kits enough for 6816 screening tests and control kits to conduct 668 positive control tests were provided by WHO to the central public health laboratory. A new initiative to establish an automated reporting system developed by the WHO information management system for the COVID-19 epidemic is ready from 8 March 2020, which needs an allocation of health staff for reporting, rapid training and piloting. The piloting process started on the 1 April 2020. 33 physicians were trained as trainers on issues related to COVID-19 detection and response, including case management, resulting in 322 medical and paramedical staff highly trained and ready to serve the COVID-19 response. 265 health professionals were trained on WHO COVID-19 updated guidelines, bringing the total trained staff to 621.
- **Jordan:** National Preparedness and Response Operational Plan for COVID-19 has been developed by MoH with WHO support and continuously updated to intensified measures and actions according to WHO guidelines. WHO provides updated guidelines for COVID-19 testing, infection, Prevention and Control, Case Management, Personal Protective Equipment (PPE). WHO is producing Information Education and Communications (IEC) materials for different categories in Arabic and English and disseminating to health facilities in all governorates and Points of Entry to raise public awareness and counter misinformation.
- **Kingdom of Saudi Arabia:** Due to the experience of Saudi Arabia in dealing with another corona virus and the lack of a definitive treatment regimen, the Kingdom is following the current MERS-CoV treatment guidelines. First version of guidelines to deal with COVID-19 was released on 10 January and further updated in February. COVID-19 tests are conducted at the National Health Laboratory in Riyadh and 4 regional laboratories. Regional laboratories can be increased to 13 if needed.
- **Lebanon:** The Rafik Hariri University Hospital (RHUH) is the main hospital to receive and test suspected COVID-19 cases and treat positive cases in isolation. To date WHO has procured 104,000 test for diagnosis of



COVID-19, along with necessary reagents and supplies. An automated extractor for RT-PCR test is in the pipeline. This will increase the capacity of the RHUH reference lab to around 500 tests per day. Assessment is ongoing for 27 public hospitals and 48 private hospitals to expand ICU and non-ICU bed capacity and to enhance community level support for mild cases. Assessment ongoing for 31 PHCs in MOPH network to be designated as “Flu Clinics”. Active case finding is ongoing through contact tracing. A call center was launched to enhance event-based surveillance through community reporting. Other available surveillance systems used to report on suspected cases include: ICU Based surveillance; Visa system; Hospital Mortality rates; Medical Centers; School Based Surveillance; influenza-like illness (ILI) and severe acute respiratory infections (SARI) surveillance standards.

- **Libya:** WHO is supporting contact tracing and the development of the work plan for rapid response teams across the country. WHO has locally procured and is distributing 17,000 examination gloves, 15,000 sterile gloves, 3,000 sterile gowns, 15,000 gowns, 4,000 surgical masks, 10,000 aprons, 10,000 surgical caps and 150 hand disinfecting gels. Following confirmed cases of COVID-19 in Misrata, WHO has repurposed one of its mobile teams to coordinate and support the NCDC Misrata branch in contact tracing. WHO has printed 100,000 health information leaflets to be distributed with WFP food baskets. WHO has also re-printed 25,000 copies of the NCDC’s health information materials. WHO is implementing awareness and educational activities across the country through its network of 10 field coordinators and its hubs in Benghazi and Sebha.
- **Occupied Palestinian territory:** WHO delivered life-saving supplies for case management of COVID-19 and infection prevention and control to Gaza this week. Items included seven types of infection prevention and control supplies (such as 510,000 gloves and 100,000 face masks); 20 types of disposables (such as 8,000 nebulisers and 2,100 complete breathing tube systems). The delivery was funded through the oPt humanitarian pooled fund’s second reserve allocation. More supplies are being procured. WHO also delivered four items required for the laboratory testing of COVID-19 cases in Gaza: RNA extraction and PCR kits. At the request of the Minister of Health, WHO assisted in delivering 1,500 sample collection swabs procured by the MoH to Gaza. WHO and the Palestinian National Institute of Public Health support the MoH in finalising hospital preparedness plans to manage a potential surge of COVID-19 patients.
- **Oman:** WHO is providing technical guidance to the Ministry of Health. The Health Cluster has been activated with WHO as a lead, and a Joint UN COVID-19 Preparedness and Response Plan has been developed and funding is being mobilized by all UN partners. WHO has arranged shipment of swabs for testing and diagnosing cases; 2,000 approved out of which 500 swabs were received in mid-March. Remaining 1,500 expected soon after. Shipment of PCR testing kits from Dubai Hub reached Oman on 14-3 (total received 20 kits/96 tests each). Shipment of PPE is in process. IEC material (posters, pamphlets, standees) have been printed and distributed to health facilities.
- **Pakistan:** The Technical Working Group in Sindh has adapted the WHO safe burial guidelines, in the provincial context. Personal PPEs donning and doffing training has been conducted for 54 medical & paramedic staff at District Headquarter hospital Khushab, Punjab province. The National Institute of Health, in collaboration with WHO, is organizing Rapid Response Team trainings to strengthen the Provincial Disease Surveillance and Response Unit (PDSRU) and to establish a district Disease Surveillance and Response unit (DDSRU) in Balochistan. A total of 1,027 participants in 117 community sessions have been oriented regarding COVID-19 prevention in collaboration with the Balochistan Rural Support Program.
- **Somalia:** 300 frontline health workers have been trained on early recognition of COVID-19 cases and appropriate isolation measures. 100 surveillance officers have been trained on COVID-19 screening, active case finding and contact tracing. Screening and active case finding for COVID-19 is being undertaken at the 16 designated points of entry including airports, sea ports and in land crossing points. Supplies for sample



collection and infection prevention and control have been distributed to different states for use by health professionals and airport staff.

- **Sudan:** 156 trainers were trained in COVID-19 surveillance, infection prevention and control, basic case management and triage in addition to the general refresher training in preparation of the next flood season expected in early May. Funded by WHO, the roll out training for all RRT started covering all 187 localities in Sudan and 1 teams on state levels targeting 1242 people over the coming 2 weeks. Risk communication strategy of FMOH has been modified to a broader approach including social media. All detected cases were rapidly isolated, their contacts traced and also isolated; however lack of access to laboratories and slow speed of testing will be a problem when number of cases increase. Assessment of 2 isolation facilities in Khartoum showed substandard set up and serious concerns about infrastructure, number of IPC staff and protocol implementation. Plan for WASH improvement developed and implementation by WHO under discussion with Khartoum SMOH including dedicated IPC teams, supplies, supervision and training. Training for infection prevention and control including material finalized in collaboration with FMOH. Training or trainers for 290 staff environmental officers (100 from Khartoum and 190 from the other 17 states) has started. Also, 60 ambulance drivers and ambulance personnel in Khartoum were trained in IPC and basic case management.
- **Syrian Arab Republic:** Currently 1,269 sentinel sites report cases through EWARS system across all 14 governorates. Within Syria, including northeast Syria, all relevant stakeholders, including the Self Administration, have agreed to collect samples through 92 rapid response teams (RRT) for referral to the Central Public Health Laboratory (CPHL) in Damascus for testing, in line with similar established mechanisms for sample testing, including influenza and polio. RRT personnel have received dedicated training on COVID-19 case investigation and sample collection and referral in Damascus. In addition, in northeast Syria, orientation sessions for EWARS teams/focal points on reporting pathways/process and case identification has begun. In northwest Syria, WHO delivered 5,000 tests to a health partner. Hundreds of health workers are currently being trained on infection control and prevention. WHO is also stepping up its support to three hospitals that will serve as isolation units with 210 beds, as well as preparing to procure 90 ventilators in addition to roughly 150 ventilators already in use in Syria's northwest. A total of 45 out of 77 fixed health facilities now have established COVID-19 triage systems.
- **Yemen:** Personal protective equipment and other necessary supplies were donated to the relevant bodies in Sana'a and Aden. 1665 health workers forming 333 health rapid response teams are actively investigating rumours on COVID-19 cases. The Sana'a MOPHP COVID-19 focal point and the WHO COVID-19 focal point have been nominated and assigned to attend the global COVID-19 telephone conferences to understand the situation in neighbouring countries. Meetings at the Aden EOCs are being held regularly, with updates provided on all of the response pillars. The WHO Disease Outbreak team members and field counterparts were briefed on case investigation and contact tracing, and IHR notification.

Challenges

- Some countries have increased lockdown and extending curfews which may affected essential services such as immunization and management of chronic conditions – we need to send advice in ensuring continuity of services.
- WHO's capacity to provide technical support to countries is becoming difficult in light of to travel restrictions. We are looking at option of remote support, but some countries need full time expertise on the ground.



- Demand for supplies exceeds availability. Daily flight cancellations and/or routing changes are disrupting the global supply chain. Misuse of PPE kits by some countries may be increasing demand and creating shortages.
- Data reporting continues to be a challenge. Case reporting forms are not submitted by countries and the ones that have been submitted are partially complete.

Recommendations and advice to countries

- Ensure contingency plans are in place for surge mobilization, including for human resources and supplies
- Reinforce information sharing with WHO regarding identified cases through IHR channels
- Recognize the criticality of timely sharing of fully completed case forms via NFPs to improve global understanding of COVID-19.
- Enhance surveillance at points of entry, health facilities, and within the community to identify suspected cases as early as possible.
- Conduct risk assessments for all mass gatherings planned in the Region.
- Conduct rapid mapping exercise for the existing preparedness and response capacities and identify key gaps to be prioritized.
- Establish proper coordination mechanisms to coordinate preparedness and response activities with government institutions and partners and assign roles and responsibilities to address key gaps.
- Invest more in preparedness and response to this outbreak, and prioritize improvement of infection prevention and control practices, protection of health workers, individuals at risk, and communicating better the risks of transmission to the public.
- Augment the knowledge and skills among frontline health workers on investigation and management of COVID-19 outbreaks.

Recommendations and advice for the public

- Standard recommendations to reduce exposure to and transmission of a range of illnesses include:
- Maintaining basic hand-washing and respiratory hygiene, including proper cough and sneezing protocol.
- Maintaining safe food practices, including avoiding eating or drinking uncooked animal products.
- Avoiding close contact, when possible, with anyone showing symptoms of respiratory illness such as coughing and sneezing.

Useful links

- [Technical guidance](#)
- [Protect yourself and others](#)
- [Myth busters](#)
- [Travel health](#)
- [Videos](#)
- [Questions and answers](#)

For further information, contact emrgonCoV@who.int