Coronavirus Disease 2019 (COVID-19) Situation Report

Weekly Report No. 277 - Saudi Arabia

10-16 February, 2022

World Health Organization
WHO Office - Riyadh

	Global		Eastern Mediterranean Region	
	COVID-19 Cases	COVID-19 Deaths	COVID-19 Cases	COVID-19 Deaths
Current	414,525,183	5,832,333	20,589,856	328,139
Last Week	399,600,607	5,757,562	19,972,314	324,963

Saudi Arabia

	Confirmed Cases	Recovered Cases	Deaths	Active Cases	Critical Cases	PCR Tests
Total	**734,389**	**702,049**	**8,977**	**23,363**	**979**	**39,813,934**
			in 7 days			
9/2/2022	2,866	3,379	3	31,326	1,052	122,879
10/2/2022	2,523	3,825	4	30,020	1,040	116,200
11/2/2022	1,726	2,983	2	28,761	1,020	87,854
12/2/2022	2,136	3,482	2	27,413	1,014	99,490
13/2/2023	2,227	3,469	1	26,170	1,016	104,222
14/2/2023	1,982	3,372	1	24,779	1,010	110,216
15/2/2023	1,793	3,207	2	23,363	979	99,385

Vaccination in Saudi Arabia

Total Doses Administered	Total of 1st Dose	Total of 2nd Dose	Total of Booster Doses
59.9 million	25.8 million	24 million	10 million

HIGHLIGHTS

- Regions with the highest new infections over the past 7 days: Riyadh followed by Jeddah.
- Tawakkalna App: The coloured codes that appear on the main screen of the application are the approved way to prove the health status of citizens, expatriates and visitors.
- MoH publishes a comprehensive file of all needed information about COVID-19 vaccines for children.
- Public Health Authority publishes guidance for dealing with suspected/confirmed cases of COVID-19 in the workplace, and sick leave policies: https://covid19.cdc.gov.sa/wp-content/uploads/2022/02/EXPOSEDFEB2022.pdf
- Dr. Asiri: "The claim of vaccine killing athletes and adolescents with myocarditis has proven false. No single death due to myocarditis has been proven following the administering of the coronavirus vaccine''.
- Ministry of Interior records 28,168 violations against precautionary measures nationally in 1 week , Riyadh recorded the highest.
- WHO launches Public health surveillance for COVID-19: interim guidance, see link.
- WHO provides Questions and Answers: COVID-19 vaccines and pregnancy, see link.
- WHO publishes Global analysis of health care waste in the context of COVID-19, see link.
- WHO issues end-to-end integration of SARS-CoV-2 and influenza sentinel surveillance: revised interim guidance, see link.
- WHO issues: COVID-19 clinical care pathway (CARE): confirm, assess, respond, evaluate, see link.
- WHO launches recommendations on mask use by health workers, in light of the Omicron variant of concern: WHO interim guidelines, 22 December 2021, see link.

IMPORTANT LINKS

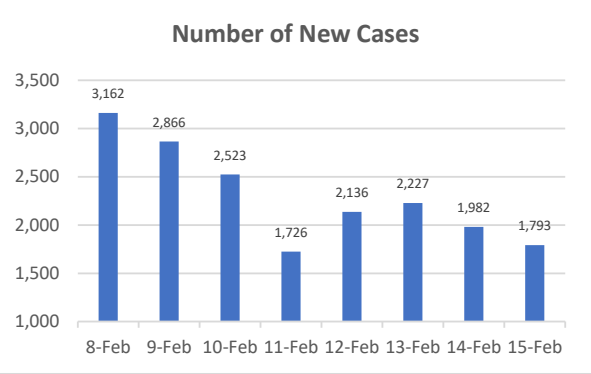
- **MoH COVID-19 updates:** https://twitter.com/saudimoh
- **WHO's COVID-19 global situation reports:** https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports
- **WHO's COVID-19 dashboard**: https://covid19.who.int/
- **MoH COVID-19 dashboard:** https://covid19.my.gov.sa/ar/Pages/default.aspx
- **Public Health Surveillance for COVID-19: interim guidance:** https://www.who.int/publications/i/item/WHO-2019-nCoV-SurveillanceGuidance-2022.1
- **Questions and Answers: COVID-19 vaccines and pregnancy:** https://www.who.int/publications/i/item/WHO-2019-nCoV-FAQ-Pregnancy-Vaccines-2022.1
- **Global analysis of health care waste in the context of COVID-19:** https://www.who.int/publications/i/item/9789240039612
- **WHO issues end-to-end integration of SARS-CoV-2 and influenza sentinel surveillance: revised interim guidance:** https://www.who.int/publications/i/item/WHO-2019-nCoV-Integrated_sentinel_surveillance-2022.1
- **WHO publishes: COVID-19 clinical care pathway (CARE): confirm, assess, respond, evaluate:** https://www.who.int/publications/i/item/WHO-2019-nCoV-Clinical-CARE_Pathway-Poster_A-2022.1 https://www.who.int/publications/i/item/WHO-2019-nCoV-Clinical-CARE_Pathway-Poster_B-2022.1
- **WHO recommendations on mask use by health workers, in light of the Omicron variant of concern: WHO interim guidelines, 22 December 2021:** https://www.who.int/publications/i/item/WHO-2019-nCoV-IPC_Masks-Health_Workers-Omicron_variant-2021.1

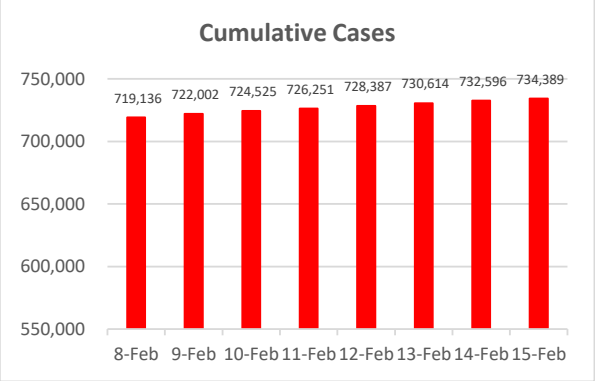
IMPORTANT DEVELOPMENTS

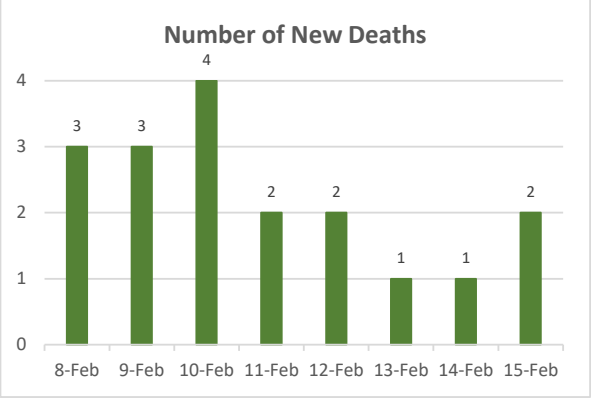
The World Health Organization issued an emergency use listing (EUL) for Nuvaxovid™

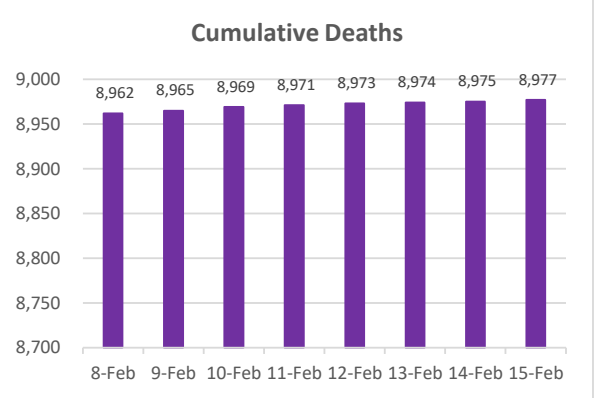
The new vaccine was developed by Novavax and the Coalition for Epidemic Preparedness Innovations (CEPI), and is the originator product for the Covovax™ vaccine that received WHO emergency use listing on 17 December.
Both vaccines are made using the same technologies. They require two doses and are stable at 2 to 8 °C refrigerated temperatures.
The Novavax vaccine (NVX-CoV2373) consists of a recombinant SARS-CoV-2 spike protein nanoparticle administered as a co-formulation with the adjuvant Matrix-M. Protein-based vaccines have been used against diseases such as pertussis, human papillomavirus, and hepatitis B. Matrix-M is a novel adjuvant that has been used in studies but has not previously been used in any licensed vaccine .

The efficacy of NVX-CoV2373 has been assessed in three phase 2 and phase 3 trials involving participants aged 18 years or older. In a phase 3 study conducted in the United Kingdom during a period in which the SARS-CoV-2 Alpha variant was predominant, vaccine efficacy (VE) against mild, moderate, or severe COVID-19 was 90% (95% CI: 80–95) from 7 days after the second vaccine dose, with a median follow-up of 56 days after the second dose. VE against mild, moderate, or severe disease in persons less than 65 years of age was 90% (95% CI: 80–95) and in those 65 years and older 89% (95% CI: 20–100). Studies of NVX-CoV2373 have demonstrated an acceptable safety and reactogenicity profile in adults ≥18 years of age, detailed data on the efficacy and safety of this vaccine can be found in the background document on the NVX-CoV2373 vaccine (see WHO website). The data reviewed by WHO support the conclusion that the known benefits of NVX-CoV2373 outweigh the risks that are known or considered possible. Therefore, WHO recommends the use of NVX-CoV2373 in persons aged ≥18 years. As sufficient vaccine supply will not be immediately available to immunize all who could benefit from it, countries are recommended to use the WHO Prioritization Roadmap and the WHO Values Framework as guidance for prioritized vaccine use, based on population subgroup.
The recommended primary vaccine series is two doses given intramuscularly into the deltoid muscle at an interval of 3–4 weeks. The vaccine should not be administered with an interval of less than 3 weeks. WHO is currently assessing the need for and timing of booster doses. Data on the duration of continued protection are currently still missing.









IMPORTANT CONTACTS

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