

# Coronavirus Disease 2019 (COVID-19) Situation Report



## Weekly Report No. 260 - Saudi Arabia

14-20 July, 2021

	Global		Eastern Mediterranean Region	
	COVID-19 Cases	COVID-19 Deaths	COVID-19 Cases	COVID-19 Deaths
<b>Current</b>	241,411,380	4,912,112	16,166,305	297,411
<b>Last Week</b>	238,521,855	4,863,818	16,031,234	294,840

### Saudi Arabia

	Confirmed Cases	Recovered Cases	Deaths	Active Cases	Critical Cases	PCR Tests
<b>Total</b>	<b>548,065</b>	<b>537,095</b>	<b>8,770</b>	<b>2,200</b>	<b>84</b>	<b>29,885,716</b>
<b>in 7 days</b>						
13/10/2021	46	49	2	2,240	113	52,320
14/10/2021	36	42	3	2,228	112	67,356
15/10/2021	45	41	2	2,230	110	43,451
16/10/2021	41	47	3	2,221	106	45,160
17/10/2021	38	52	2	2,205	100	49,202
18/10/2021	49	38	2	2,214	90	45,275
19/10/2021	47	58	3	2,200	84	44,317

### Vaccination in KSA

Total of Doses Administered	Total of 1 Dose	Total of 2 Doses
45 million	24 million	21 million

### HIGHLIGHTS

- Regions with the highest new infections over the past 7 days: Riyadh followed by Makkah.
- H.E.Mr.Fahad Al-Jalajel who served as the Vice Minister of Health for Planning and Development has been appointed as new Health Minister replacing Dr. Al-Rabiah who was in the position since 2016.
- MoH: COVID-19 booster shots is now available at the age of 18 or above. Moderna vaccine is considered as more effective with higher efficacy than other coronavirus vaccines against variants, especially the Delta variant.
- Ministry of Education has postponed starting in-person classes for students under the age of 12 years.
- Saudi Arabia announced easing health protocols starting from October 17, including cancellation social distancing allowing full capacity in public places, transportation, restaurants and cinemas and lifting outdoor mask mandates but still required to wear face coverings indoors.
- MoH has decided to administer vaccination against coronavirus for holders of visit visas.
- Civil Aviation announced the operation of Saudi Arabia airports at full capacity as of Sunday, Oct. 17, 2021 and updated regulations to deal with canceled flight tickets.
- Ministry of Interior records 22,746 violations against precautionary measures nationally in 1 week. The highest number was recorded in the Riyadh Region whereas the smallest number was in Najran.
- WHO has developed a clinical case definition of post COVID-19 condition by Delphi methodology that includes 12 domains, see link.
- WHO publishes WHO COVID-19 Excess Mortality Estimation Methodology, see link
- WHO's Scientific Brief on Neurology and COVID-19 highlights the relationship between neurology and COVID-19, see link
- WHO publishes the updated living guideline for therapeutics and COVI-19, see link.
- WHO publishes technical specifications and implementation guidance for digital documentation of COVID-19 vaccination status, see link.
- WHO publishes holding gatherings during the COVID-19 pandemic: WHO policy brief, see link.
- WHO publishes An overview of infodemic management during COVID-19, January 2020–May 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>
- **A clinical case definition of post COVID-19 condition by a Delphi consensus:** [https://www.who.int/publications/i/item/WHO-2019-nCoV-Post\\_COVID-19\\_condition-Clinical\\_case\\_definition-2021.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-Post_COVID-19_condition-Clinical_case_definition-2021.1)
- **WHO COVID-19 Excess Mortality Estimation Methodology:** <https://www.who.int/publications/i/item/who-covid-19-excess-mortality-estimation-methodology>
- **Neurology and COVID-19: Scientific brief, 29 September:** <https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci-Brief-Neurology-2021.1>
- **WHO living guideline on COVID-19 therapeutics:** <https://www.who.int/publications/i/item/WHO-2019-nCoV-therapeutics-2021.3>
- **Digital Documentation of COVID-19 Certificates: Vaccination Status:** [https://www.who.int/publications/i/item/WHO-2019-nCoV-Digital\\_certificates-vaccination-technical\\_briefing-2021.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-Digital_certificates-vaccination-technical_briefing-2021.1)
- **Holding gatherings during the COVID-19 pandemic: WHO policy brief:** <https://www.who.int/publications/i/item/holding-gatherings-during-the-covid-19-pandemic-who-policy-brief-2-august-2021>
- **An overview of infodemic management during COVID-19, January 2020–May 2021:** <https://www.who.int/publications/i/item/9789240035966>

## IMPORTANT DEVELOPMENTS

### WHO Therapeutics and COVID-19: Living Guideline recommendations for the use of monoclonal antibodies for treatment:

Earlier versions of the living WHO guideline, provided recommendations for the use (or non-use) of corticosteroids, remdesivir, hydroxychloroquine, lopinavir/ritonavir, ivermectin, and IL-6 receptor blockers. This update does not include changes to these earlier recommendations.

The new recommendation is regarding the use of a combination of neutralizing monoclonal antibodies, casirivimab and imdevimab in the treatment of non-severe patients at highest risk of hospitalization, and those with severe infection and are critically ill.

**For patients with non-severe COVID-19**, WHO suggests treatment with casirivimab and imdevimab, conditional to those who are at highest risk of hospitalization:

\* Whereas casirivimab and imdevimab achieves a substantial reduction in the relative risk of hospitalization, the absolute benefit will be trivial or unimportant in absolute terms for all but those at highest risk for which the intervention should be reserved.

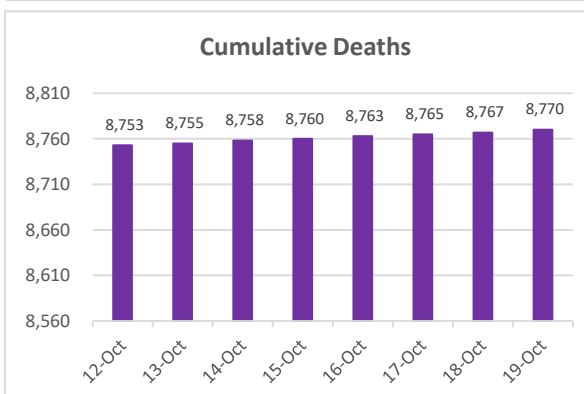
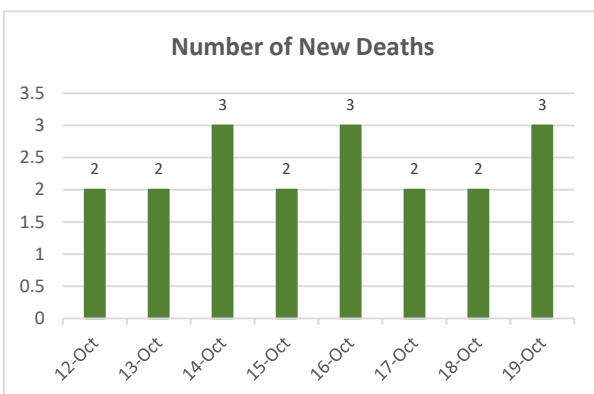
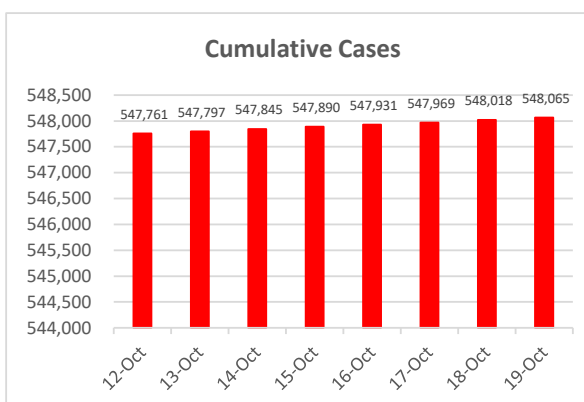
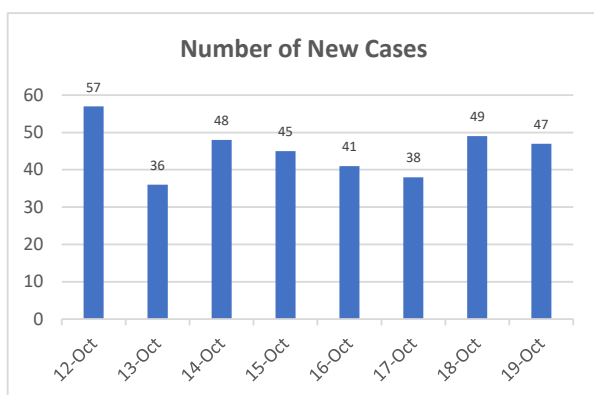
\* A risk beyond 10% of being hospitalized for COVID-19 represents the threshold at which most people would want to be treated with casirivimab and imdevimab.

\* In the absence of credible tools to predict risk for hospitalization, typical characteristics of people at highest risk include lack of vaccination, older people, or those with immunodeficiencies and/or chronic diseases (e.g. diabetes).

**For patients with severe or critical COVID-19**, WHO recommends treatment with casirivimab and imdevimab, under the condition that the patient has seronegative status:

\* Clinicians will need to identify these patients by credible tests available at the point of care.

\* Treatment with casirivimab and imdevimab is in addition to the current standard of care, which includes corticosteroids and IL-6 receptor blockers.



## IMPORTANT CONTACTS

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