

Coronavirus Disease 2019 (COVID-19) Situation Report



Weekly Report No. 266 - Saudi Arabia

25 November - 1 December, 2021

	Global		Eastern Mediterranean Region	
	COVID-19 Cases	COVID-19 Deaths	COVID-19 Cases	COVID-19 Deaths
Current	262,178,403	5,215,745	16,793,616	309,838
Last Week	258,164,425	5,166,192	16,698,128	308,130

Saudi Arabia

	Confirmed Cases	Recovered Cases	Deaths	Active Cases	Critical Cases	PCR Tests
Total	549,786	538,939	8,837	2,010	39	31,538,438
in 7 days						
24/11/2021	28	38	1	2,049	48	54,868
25/11/2021	24	44	1	2,028	45	47,564
26/11/2021	29	40	2	2,015	44	41,530
27/11/2021	24	32	1	2,006	48	32,854
28/11/2021	25	29	1	2,001	44	27,084
29/11/2021	32	28	2	2,003	40	44,284
30/11/2021	34	26	1	2,010	39	44,284

Vaccination in KSA

Total Doses Administered	Total of 1 Dose	Total of 2 Doses	Total of Booster Doses
47.4 million	24.6 million	22.4 million	358,393

HIGHLIGHTS

- Regions with the highest new infections over the past 7 days: Riyadh followed by Makkah.
- MoH: The first case of the Omicron variant was detected and isolated in a citizen arriving back from a North African country.
- Saudi Arabia allowed direct entry of travellers from Indonesia, Pakistan, Brazil, Vietnam, Egypt and India starting from December 1, 2021, a valid PCR certificate issued 72 hours before the flight, registration on the Qdoo platform, institutional quarantine for a period of 5 days are required for those not vaccinated in the Kingdom.
- Saudi Arabia has suspended flights from 14 African countries (South Africa, Namibia, Lesotho, Eswatini, Zimbabwe, Mozambique, Botswana, Malawi, Zambia, Madagascar, Angola, Seychelles, Mauritius, and Comoros) due to Omicron variant.
- GACA directs airlines to allow one dose vaccinated passengers entry with 3 days institutional quarantine starting from 1:00 am December 4.
- Ministry of Hajj: No institutional quarantine for foreign Umrah pilgrims who took 2 doses of Saudi-approved vaccines, however, a 3-day institutional quarantine is required for those who received 2 doses of vaccines approved by WHO. The age limit of 50 years for external pilgrims has been cancelled.
- Ministry of Interior: A fine of up to SR 200,000 and a jail term of up to 2 years or of both for who violates institutional quarantine.
- Ministry of Interior records 871 violations against precautionary measures nationally in 1 week.
- WHO Publishes Injection safety in the context of coronavirus disease (COVID-19) vaccination.
- WHO launches Interim recommendations for use of the Bharat Biotech BBV152 COVAXIN® vaccine against COVID-19.
- WHO Updates guidelines on the management of multisystem inflammatory syndrome in children associated with COVID-19 MIS-C
- WHO publishes recommendations on the Co-administration of seasonal inactivated influenza and COVID-19 vaccines, 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.

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>
- **Injection safety in the context of coronavirus disease (COVID-19) vaccination:** <https://www.who.int/publications/i/item/WHO-2019-nCoV-Policy-brief-Vaccination-Injection-safety>
- **Interim recommendations for use of the Bharat Biotech BBV152 COVAXIN® vaccine against COVID-19:** <https://www.who.int/publications/i/item/WHO-2019-nCoV-vaccines-SAGE-recommendation-bbv152-covaxin>
- **WHO updates guidelines on the management of multisystem inflammatory syndrome in children associated with COVID-19** [WHO issues guidelines on the treatment of children with multisystem inflammatory syndrome associated with COVID-19](https://www.who.int/publications/i/item/WHO-2019-nCoV-vaccines-SAGE-recommendation-bbv152-covaxin)
- **WHO recommendations on the co-administration of COVID-19 and influenza vaccines:** [Coadministration of seasonal inactivated influenza and COVID-19 vaccines \(who.int\)](https://www.who.int/publications/i/item/WHO-2019-nCoV-vaccines-SAGE-recommendation-bbv152-covaxin)
- **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
- **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>

IMPORTANT DEVELOPMENTS

COVID-19 new Variant of Concern: Omicron (B.1.1.529)

The Technical Advisory Group of the WHO convened on 26 November 2021 to assess the new variant: B.1.1.529.

The new variant was first reported to WHO from South Africa on 24 November 2021. In recent weeks, infections have increased steeply, coinciding with the detection of B.1.1.529 variant. The first known confirmed B.1.1.529 infection was from a specimen collected on 9 November 2021.

This variant has a large number of mutations, some of which are concerning. Preliminary evidence suggests an increased risk of reinfection with this variant, as compared to other VOCs. The number of cases of this variant appears to be increasing in almost all provinces in South Africa.

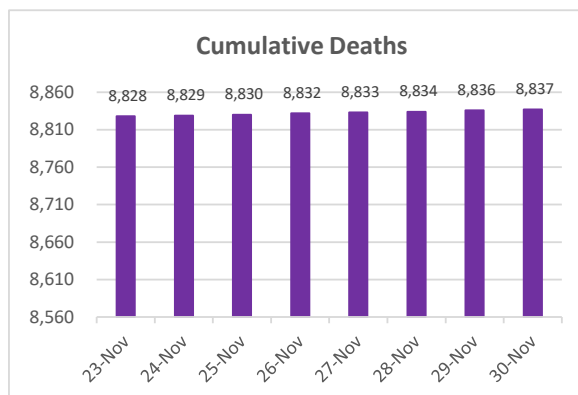
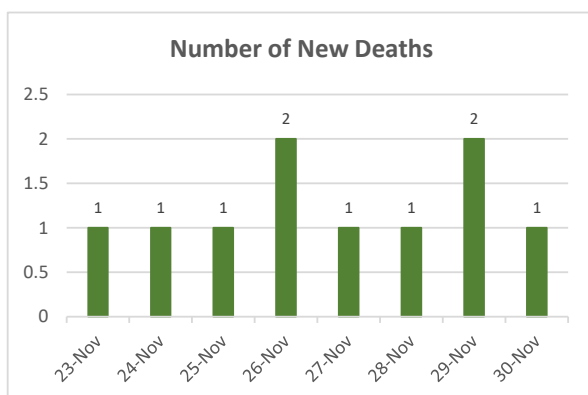
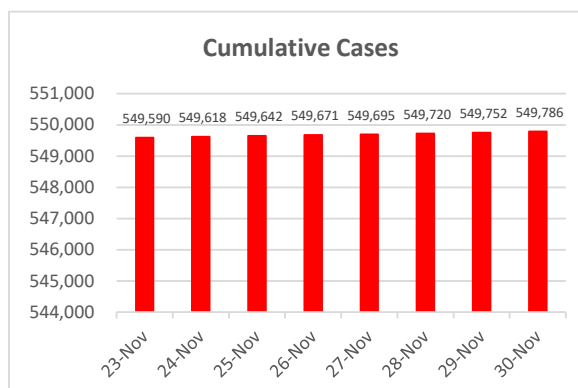
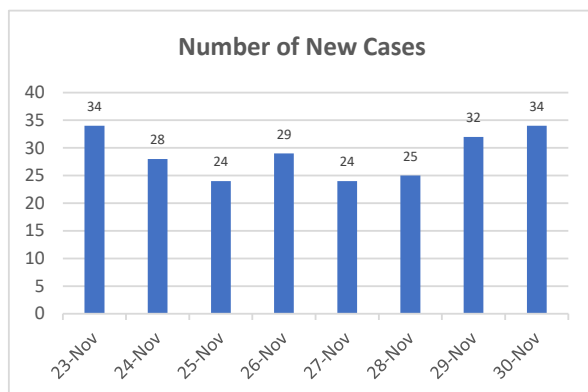
Current PCR diagnostics continue to detect this variant. Several labs have indicated that for one widely used PCR test, one of the three target genes is not detected (called S gene dropout or S gene target failure) and this test can therefore be used as marker for this variant, pending sequencing confirmation. Using this approach, this variant has been detected at faster rates than previous surges in infection, suggesting that this variant may have a growth advantage.

There are a number of studies underway, and the WHO will communicate new findings with Member States and to the public once available.

Countries are asked to do the following:

- enhance surveillance and sequencing efforts to better understand circulating SARS-CoV-2 variants.
- submit complete genome sequences and associated metadata to a publicly available database, such as GISAID.
- report initial cases/clusters associated with VOC infection to WHO through the IHR mechanism.
- where capacity exists and in coordination with the international community, perform field investigations and laboratory assessments to improve understanding of the potential impacts of the VOC on COVID-19 epidemiology, severity, effectiveness of public health and social measures, diagnostic methods, immune responses, antibody neutralization, or other relevant characteristics.

Individuals are reminded to take measures to reduce their risk of COVID-19, including proven public health and social measures such as wearing well-fitting masks, hand hygiene, physical distancing, improving ventilation of indoor spaces, avoiding crowded spaces, and getting vaccinated.



IMPORTANT CONTACTS

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