

# Coronavirus Disease 2019 (COVID-19) Situation Report



## Weekly Report No. 258 - Saudi Arabia

30 September - 6 July, 2021

	Global		Eastern Mediterranean Region	
	COVID-19 Cases	COVID-19 Deaths	COVID-19 Cases	COVID-19 Deaths
<b>Current</b>	235,673,032	4,814,651	15,895,754	291,879
<b>Last Week</b>	232,636,622	4,762,089	15,731,766	288,560

### Saudi Arabia

	Confirmed Cases	Recovered Cases	Deaths	Active Cases	Critical Cases	PCR Tests
<b>Total</b>	<b>547,402</b>	<b>536,447</b>	<b>8,732</b>	<b>2,223</b>	<b>150</b>	<b>29,200,258</b>
<b>in 7 days</b>						
29/9/2021	44	53	3	2,240	212	50,644
30/9/2021	45	48	3	2,234	210	54,119
1/10/2021	42	55	3	2,218	193	47,266
2/10/2021	41	49	2	2,208	181	46,499
3/10/2021	53	40	3	2,218	175	47,386
4/10/2021	42	36	3	2,221	164	53,345
5/10/2021	45	41	2	2,223	150	49,132

### Vaccination in KSA

Total of Doses Administered	Total of 1 Dose	Total of 2 Doses
43 million	23.6 million	19.4 million

### HIGHLIGHTS

- Regions with the highest new infections over the past 7 days: Riyadh followed by Makkah.
- Saudi Arabia allows direct entry of school and university teachers from countries facing travel ban; lifts suspension of travel to Bahrain for citizens under 18 years; and introduces 48 hour home quarantine for unvaccinated visitors who are exempted from the institutional quarantine.
- Directorate of Passports: Saudis can travel to countries facing travel ban on humanitarian grounds.
- Full COVID-19 vaccination will be a prerequisite for attending any economic, commercial, cultural, entertainment, sports or tourism activity starting Sunday, Oct. 10 at 06:00 am.
- Ministry of Interior: A fine up to 200,000 SR, imprisonment for a period not exceeding 2 years, or both for violating the instructions of isolation or institutional quarantine.
- Ministry of Hajj raises the daily capacity of visiting the holy mosque to 100,000 pilgrims and 60,000 worshippers, starting October 1.
- Ministry of Interior records 22,380 violations against precautionary measures nationally in 1 week from 25/9/2021 - 2/10/2021. 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 COVID-19 disease in children and adolescents: Scientific brief, 29 September 2021, 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 COVID-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 conditional recommendation on the use of a combination of neutralizing monoclonal antibodies, 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)
- **COVID-19 disease in children and adolescents: Scientific brief, 29 September 2021:** [https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci\\_Brief-Children\\_and\\_adolescents-2021.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-Children_and_adolescents-2021.1)
- **Neurology and COVID-19: Scientific brief, 29 September 2021:** <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>
- **Guidance on use of combination of monoclonal antibodies for non-severe and for severe/critically ill COVID-19 patients:** <https://app.magicapp.org/#/guideline/nBk01E/rec/jOp0R7>

## 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.

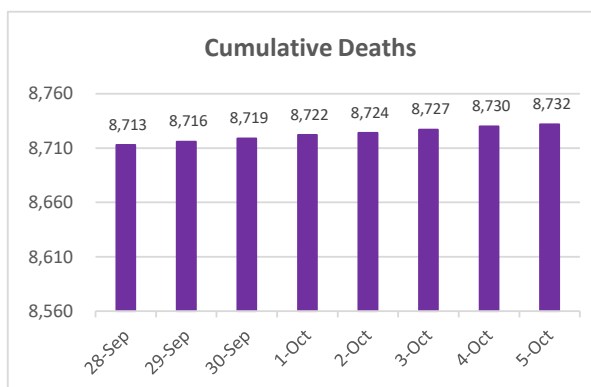
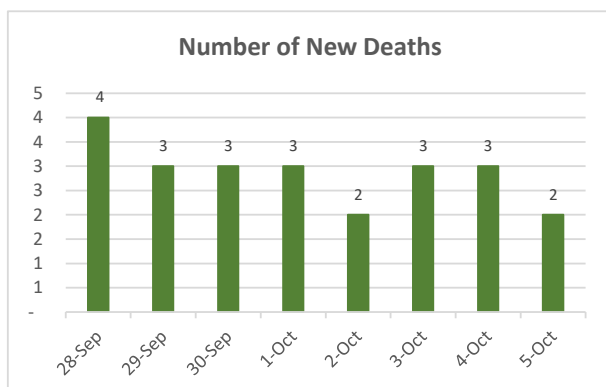
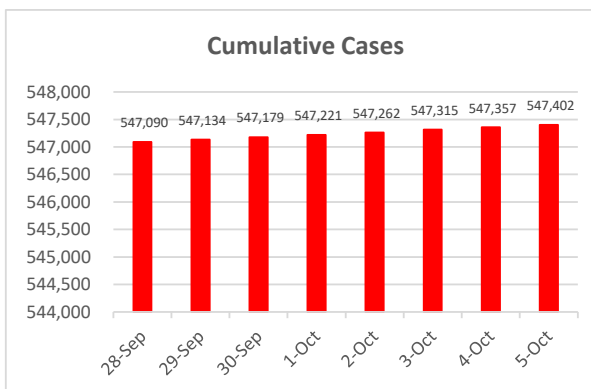
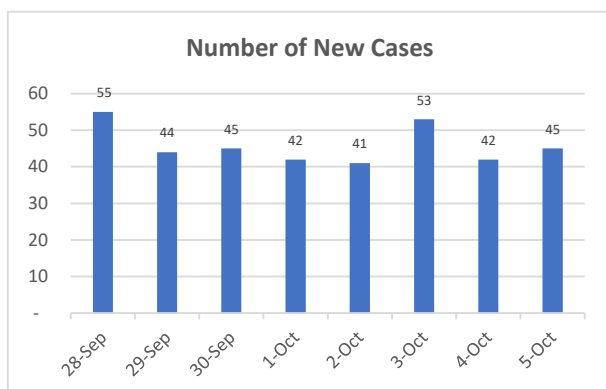
\* A risk beyond 10% of being hospitalized for COVID-19 represents the threshold at which most people would want to be treated with casirivimab and imdevimab.

\* 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

- The National Focal Person for COVID-19 is Dr Abdullah Asiri, Assistant Deputy for Preventive Health, MoH, email: [AbdullahM.Asiri@moh.gov.sa](mailto:AbdullahM.Asiri@moh.gov.sa)