

# Coronavirus Disease 2019 (COVID-19) Situation Report



## Weekly Report No. 261 - Saudi Arabia

21-27 October, 2021

	Global		Eastern Mediterranean Region	
	COVID-19 Cases	COVID-19 Deaths	COVID-19 Cases	COVID-19 Deaths
<b>Current</b>	244,385,444	4,961,489	16,283,923	299,804
<b>Last Week</b>	241,411,380	4,912,112	16,166,305	297,411

### Saudi Arabia

	Confirmed Cases	Recovered Cases	Deaths	Active Cases	Critical Cases	PCR Tests
<b>Total</b>	<b>548,423</b>	<b>537,418</b>	<b>8,785</b>	<b>2,220</b>	<b>64</b>	<b>30,188,348</b>
<b>in 7 days</b>						
20/10/2021	46	54	3	2,189	79	49,069
21/10/2021	51	59	1	2,180	77	46,630
22/10/2021	43	38	2	2,183	74	36,859
23/10/2021	47	36	2	2,192	79	37,554
24/10/2021	51	56	2	2,185	77	40,078
25/10/2021	65	38	2	2,210	70	44,822
26/10/2021	55	42	3	2,220	64	47,620

### Vaccination in KSA

Total of Doses Administered	Total of 1 Dose	Total of 2 Doses
45.5 million	24.1 million	21.4 million

### HIGHLIGHTS

- Regions with the highest new infections over the past 7 days: Riyadh followed by Makkah.
- Ministry of Foreign Affairs: The validity of visit visas of those people from countries facing travel ban will be extended until November 30.
- Children under the age of 12 years will be allowed to enter the stadiums and playgrounds if accompanied by fully vaccinated adults.
- MoH: decrease in COVID-19 immunity could be enhanced by a booster dose.
- Saudi Arabia has topped the G20 countries in a set of COVID-19 test indicators, and has exceeded 30,000,000 of COVID-19 tests.
- Ministry of Hajj has cancelled its earlier directive to impose a gap of 15 days between the performance of two Umrah pilgrimages.
- Only pilgrims and worshipers who are aged 12 or above and have an immune health status are allowed to perform Umrah and prayers at the Two Holy Mosques.
- Ministry of Interior records 824 violations against precautionary measures nationally in 1 week. The highest number was recorded in the Riyadh Region whereas the smallest number was in Hail and Al-Jouf.
- 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 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.
- 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 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-Post_COVID-19_condition-Clinical_case_definition-2021.1)
- **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>

## 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.

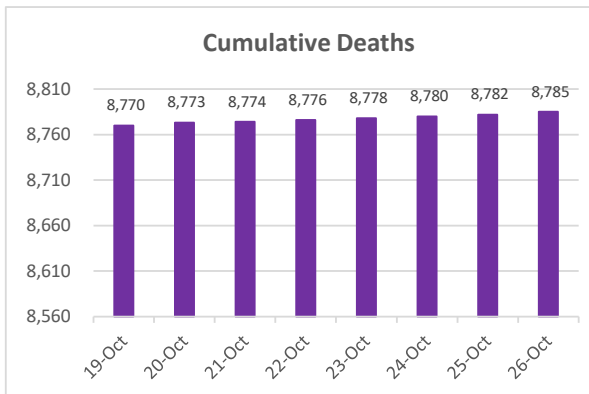
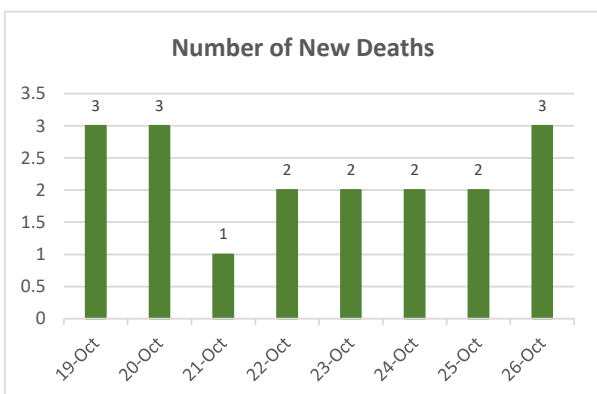
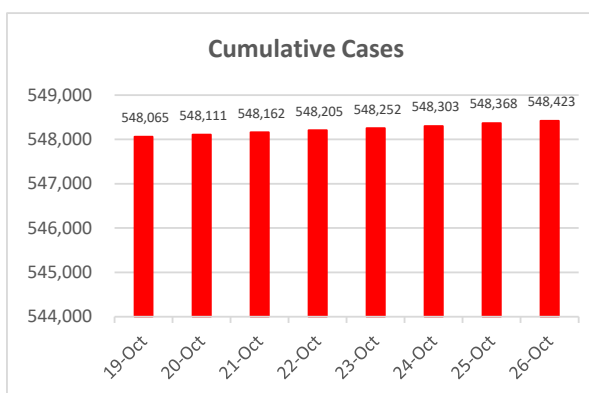
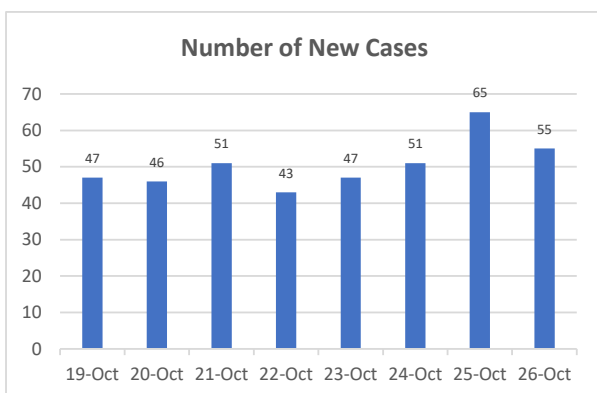
\* A risk beyond 10% of being hospitalized for COVID-19 represents the threshold at which most people would want to be treated with casirivimab and imdevimab.

\* 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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