

Monthly COVID-19 Bulletin

May 2022

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Epidemiological Overview

Data as of 28 May 2022

Total cases 197 411	Total deaths 7 217	Total recovered 155 649
Case Fatality Ratio 3.7%	Total Tests 642 829	Total Vaccine Doses 3 917 814

Analysis of epidemiological data for Whole of Syria

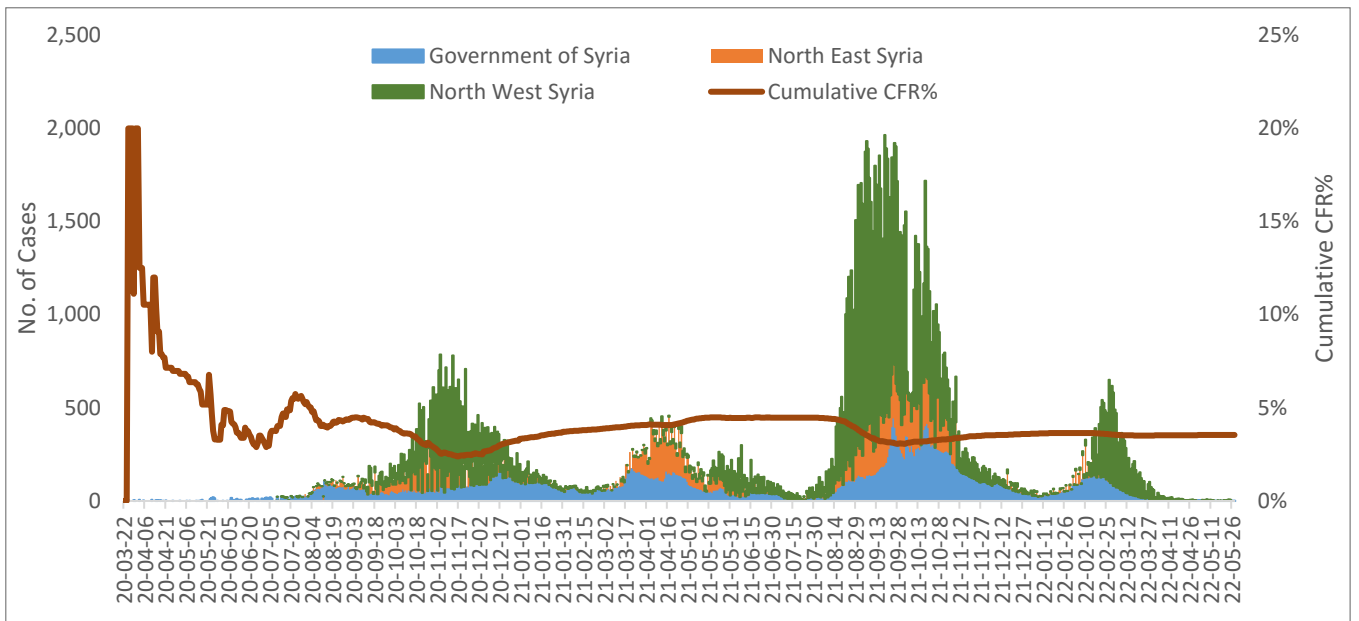
A total of 197 411 confirmed cases of COVID-19 were reported in Syria between 22 March 2020 and 28 May 2022, of which 102 942 (52.15%) were reported from north-west Syria (NWS), 55 890 (28.31%) from areas of Syria controlled by the government (GoS), and the remaining 38 579 (19.54%) from north-east Syria (NES). During the same period, a total of 7 217 related deaths were reported, of which 3 150 (43.65%) from GoS, 2 489 (34.49%) from NWS, and 1 578 (21.87%) from NES. The overall Case Fatality Rate (CFR) is 3.7%. The CFR was the highest in GoS (5.6%), NES (4.1%) and in NWS the CFR was 2.4%. The high CFR rate in GoS is attributed to the testing strategy for only severe and critical cases admitted to hospital for treatment.

The number of confirmed COVID-19 cases reported in May across the Whole of Syria decreased by 71% (n=121) compared with previous month (n=417). A decrease was noticed in NWS by 85.9% (n=40) compared to April (n=284). Cases reported in GoS decreased by 38.8% (n=74) compared to April (n=121). Moreover, NES reported a decrease of new cases by 41.7% with 7 new cases compared with 12 cases in previous month. The decline of COVID-19 new cases

was observed in all Syrian governorates. The number of reported COVID-19 cases and its percentage from the national total across all 14 governorates of Syria during the month of May is as follows: Hama 30.58% (n= 37), Idleb 19.01% (n= 23), Aleppo 17.36% (n= 21), Damascus 14.88% (n= 18), Tartous 7.44% (n= 9), Homs 3.31% (n= 4), Ar-Raqqa 2.48% (n= 3), Al-Hasakeh 1.65% (n= 2), Deir-ez-Zor 1.65% (n= 2), As-Sweida 0.83% (n= 1), Lattakia 0.83% (n= 1).

There is a sharp increase in the number of AG-RDTs COVID-19 tests performed during the last 2 weeks (n=3,265) compared to the previous weeks (n=112) due to the intensification of testing for students and teachers in high-risk areas (school exams periods), mainly in Aleppo and Deir-ez-Zor. On the other hand, there is a decline of COVID-19 severe cases at hospitals level in GOS after Eid holiday, which reflects a slowdown in the occurrence of COVID-19 cases in Syria. However, the risk of COVID-19 increase can't be ruled out yet, since vaccination is at low levels among the community and the commitment to recommended IPC measures is still suboptimal.

Figure 1. Whole of Syria weekly reported COVID-19 cases up to 28 May 2022

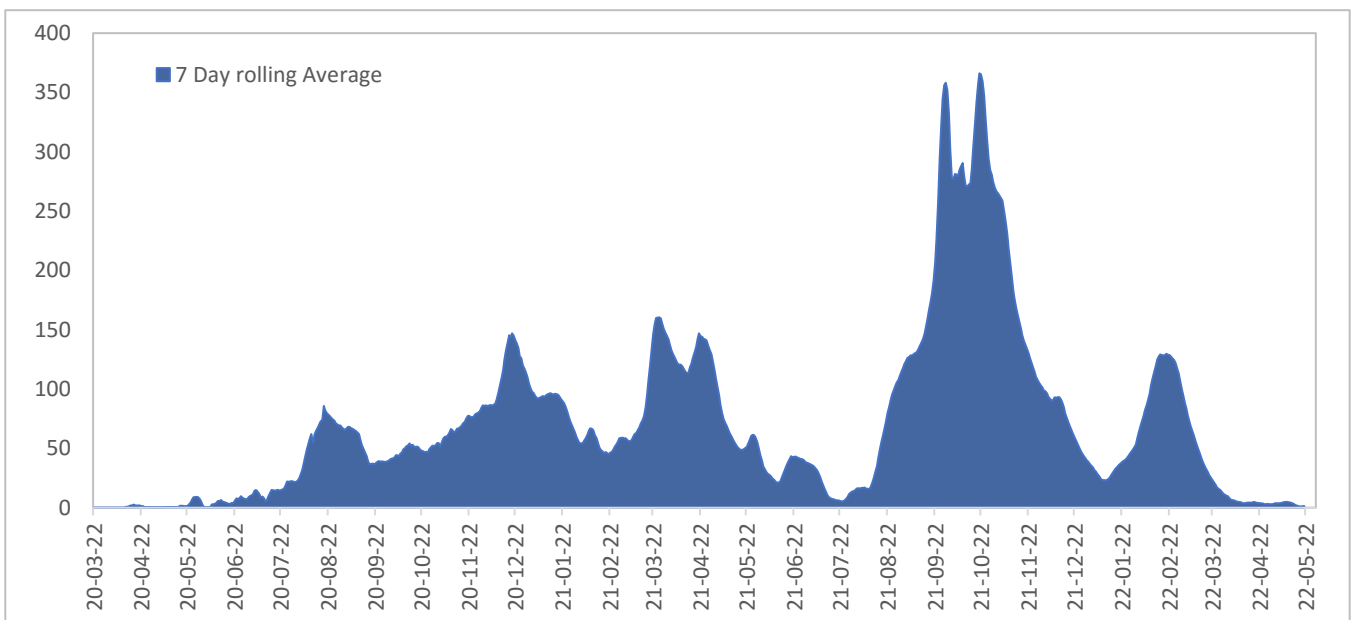


Analysis per region

Government of Syria

COVID-19 cases in GoS areas continued to decrease during May 2022, the 7-day average of new cases was 3 compared to 4 average cases in April 2022.

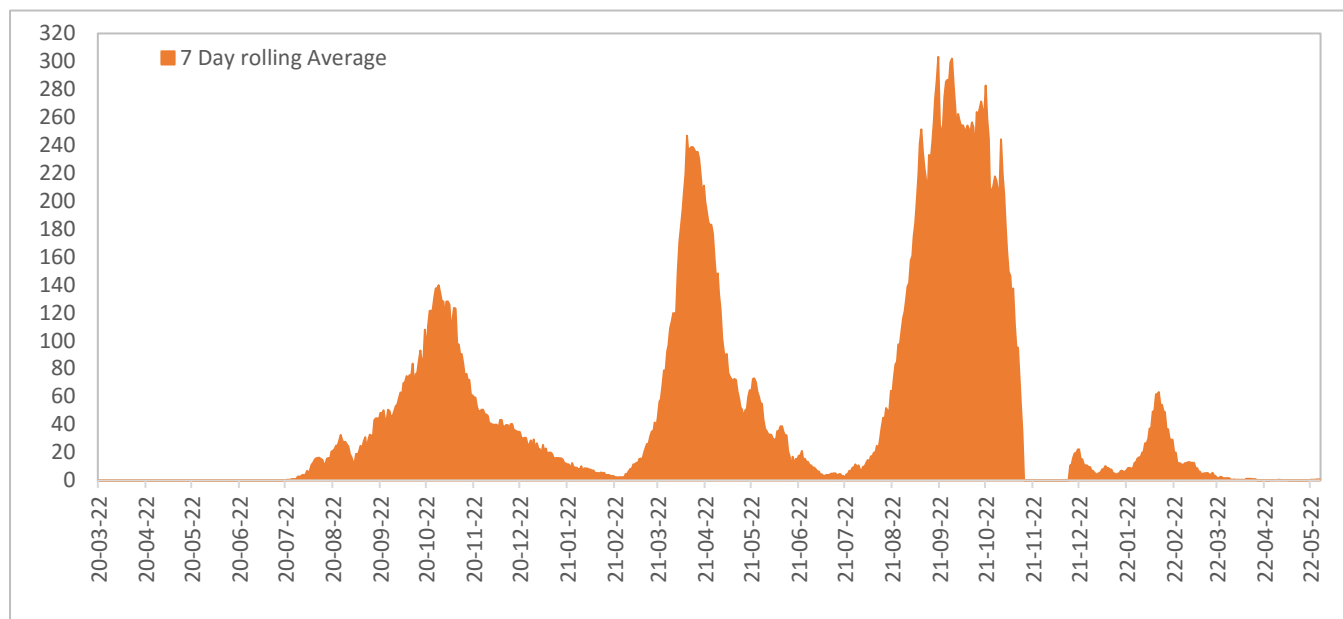
Figure. 2 The 7-day rolling average of COVID-19 cases in GoS



North-east Syria

There has been a decrease of COVID-19 in NES since March 2022. The current 7-day average dropped to 1 case by 28 May 2022.

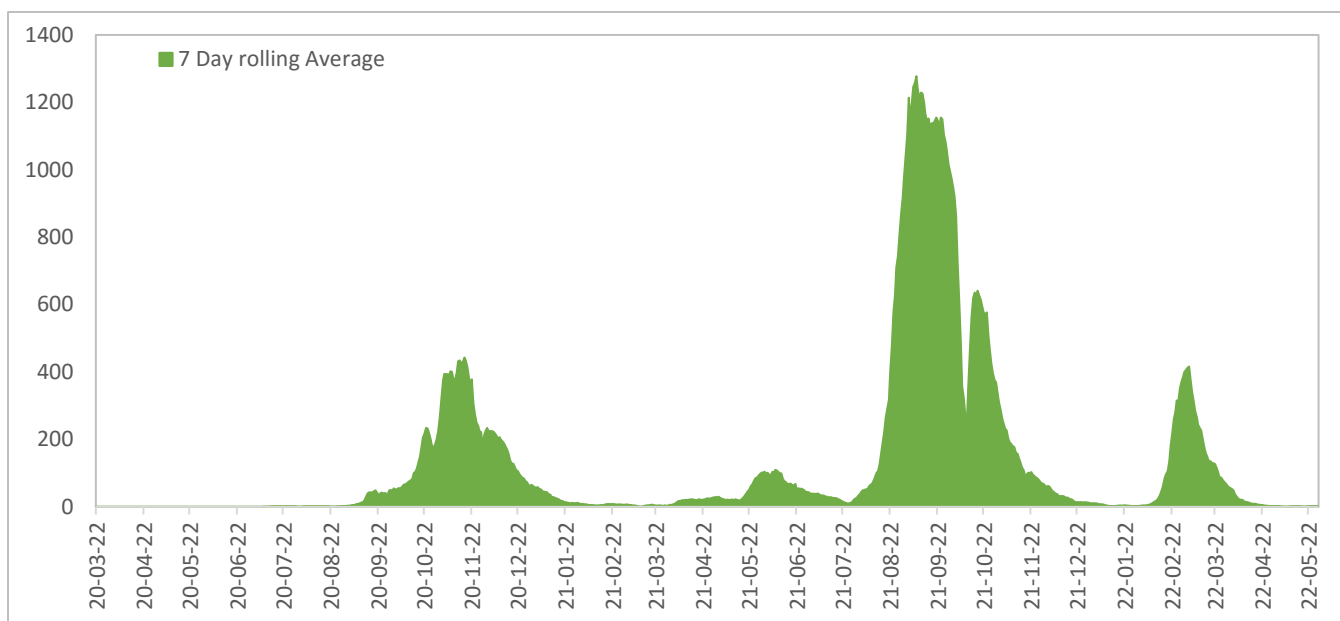
Figure 3. The 7-day rolling average of COVID-19 cases in NES



North-west Syria

The number of confirmed cases in NWS decreased in May 2022 by 86%, the 7-day average of new cases by 28 May is 2 cases.

Figure 4. The 7-day rolling average of COVID-19 cases in NWS



Deaths

In May, the number of newly reported deaths associated with COVID-19 (n=16) was down by 70% compared to April 2022 (n= 32). The cumulative mortality rate is 33.3 deaths per 100 000 cases. The number of COVID-19 associated deaths reported in May was in NWS (n=16) where deaths accounted for 100% of the total deaths in WoS. The cumulative case fatality rate is 3.7%. CFR remained the highest in Deir-ez-Zor - 8.8%, Damascus - 8.4%, and As-Swieda - 8.7%. The high CFR is attributed to testing severe COVID-19 cases admitted to hospitals, while testing of mild and moderate cases Ag-RDTs is available only in some PHCs.

Figure 5. The 7-day rolling average of COVID-19 deaths

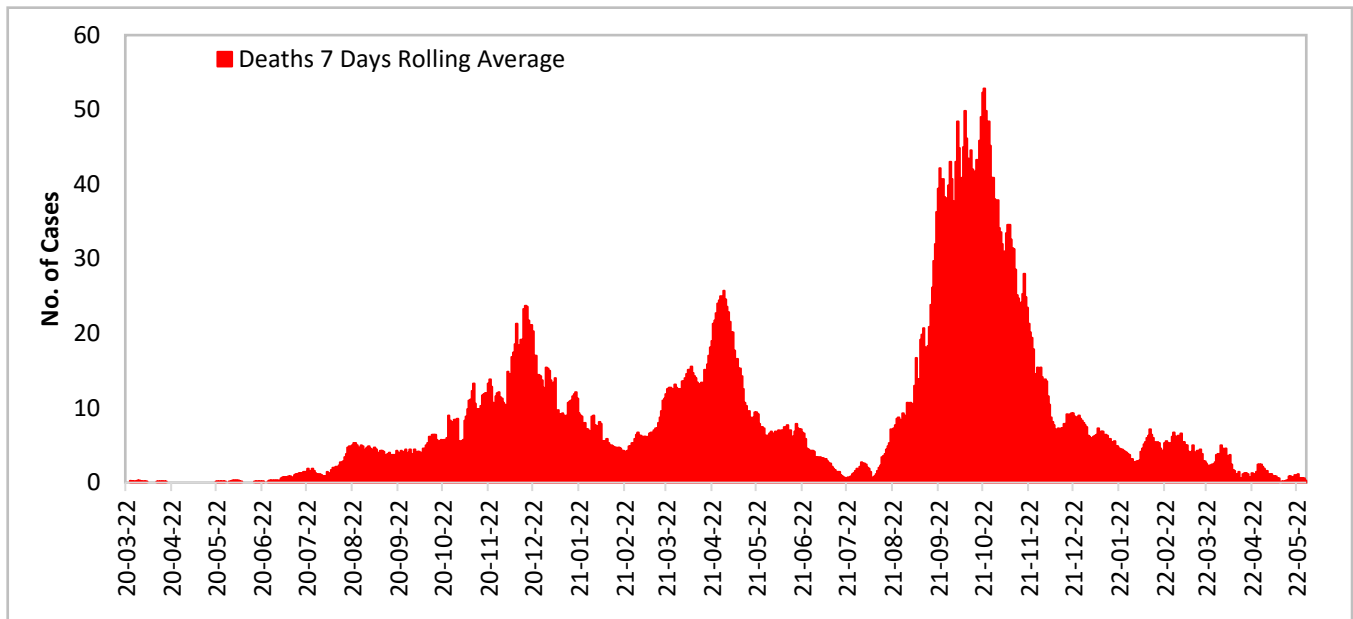


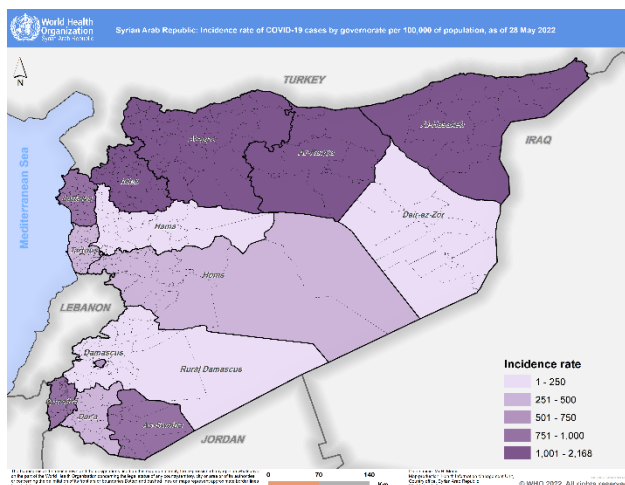
Table 1. Number of deaths increase/decrease since last month

7 217 Total COVID-19 related deaths reported to date	1 23-day average number of deaths (during reported month)
2 28-day average number of deaths (during previous month)	

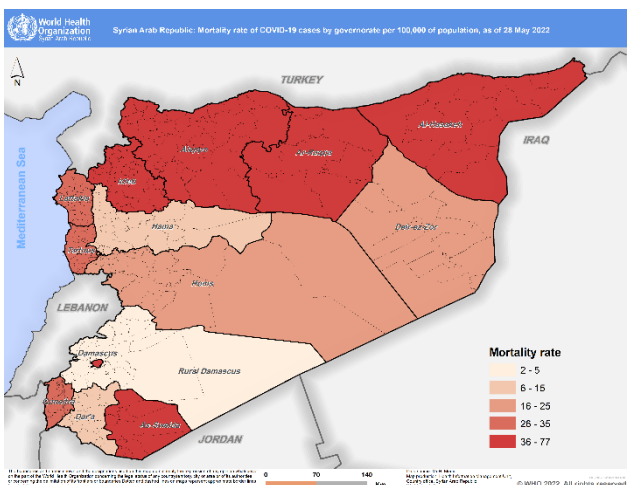
Table 2. Newly reported and cumulative cases of COVID-19 and associated deaths, by region, up to 28 May 2022

Area	New cases in May 2022 (%)	Change in new cases Last month	Cumulative cases (%)	New deaths in May	Change in new deaths compared to last month	Cumulative deaths (%)
Government of Syria	74 (61.16%)	-38.8%	55,890 (28.31%)	0 (0%)	-100.0%	3,150 (43.65%)
North-east Syria	7 (5.79%)	-41.7%	38,579 (19.54%)	0 (0%)	-100.0%	1,578 (21.87%)
North-west Syria	40 (33.06%)	-85.9%	102,942 (52.15%)	16 (100%)	-56.8%	2,489 (34.49%)
Whole of Syria	121	-71.0%	197,411 (100.0%)	16	-70.4%	7,217 (100.0%)

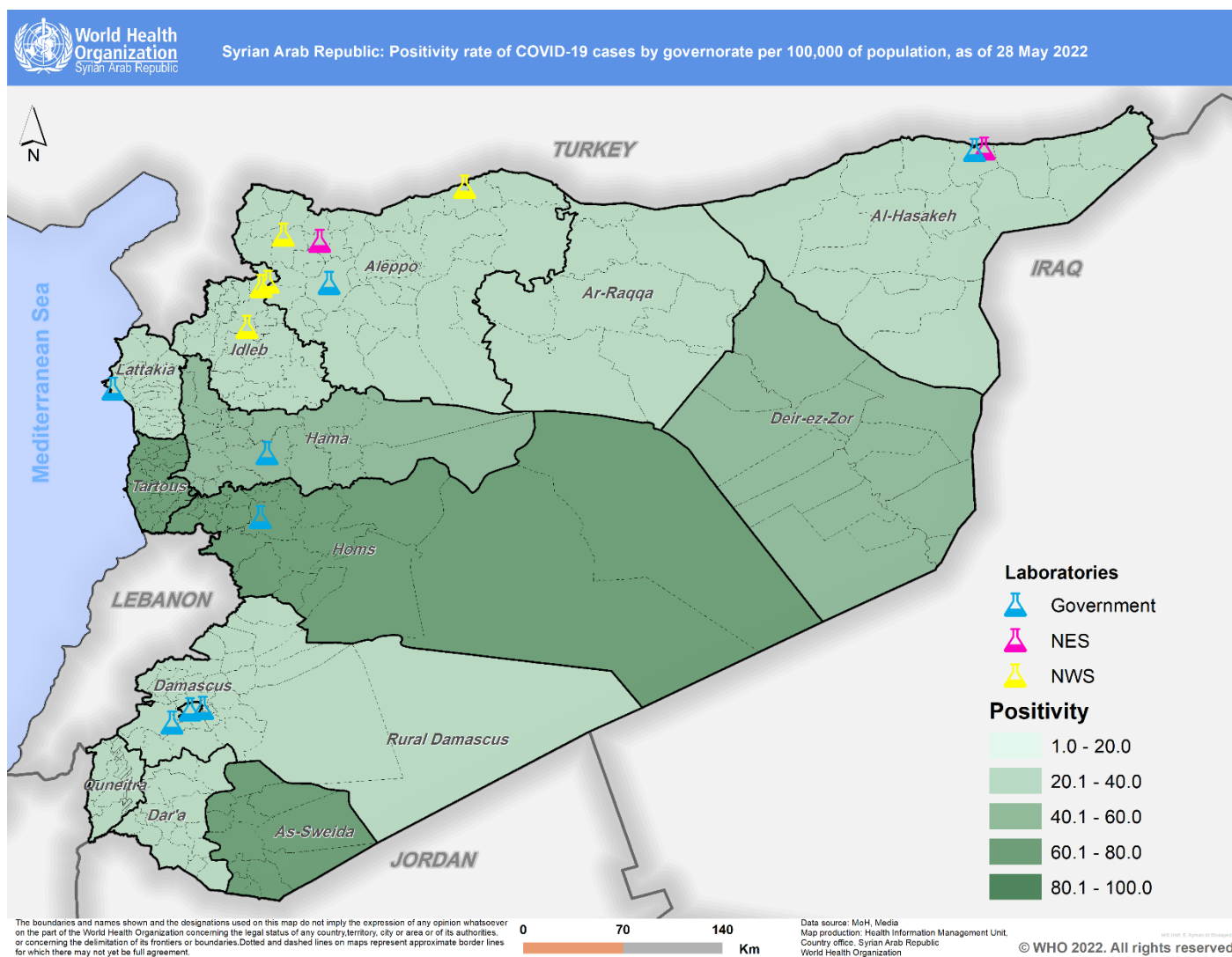
Map 1: Total number of COVID-19 cases per 100 000 of the population reported in each governorate, as of 28 May 2022



Map 2: COVID-19 related deaths per 100 000 of the population reported in each governorate, as of 28 May 2022



Map 3: COVID-19 Laboratory Positivity Rate by governorate, as of 28 May 2022



Syria had a low incidence levels of community transmission with 0.6 cases/100,000 population/month during May. The cumulative incidence rate since the start of the outbreak in WoS is 912/100 000 (as of 28 May 2022). The incidence rates are underestimated due to the low numbers of tested cases.

Testing

The number of PCR tests conducted in May 2022 increased by 8.4% (n= 8,761) compared to 8 085 tests in April 2022. 642 829 is the total number of PCR tests conducted in WoS up to 28 May 2022. During May 2022, a total of 3 377 Ag-RDTs were performed at MoH/PHCs, MoE/school health directorate centers and NGOs medical points. The total number of PCR and Ag-RDTs tests in May was 12 138 and the monthly testing positivity rate was 1% compared to 3.9% positivity rate in April. The decline of positivity rates this month is related to screening with Ag-RDTs tests for students from hard-to-reach areas who are taking the national final exams.

Table 3. Positivity Rate increase/decrease since last month

12 138	1% Testing positivity rate in the reporting month
Number of tests conducted during the reporting month (PCR and Ag-RDTs)	
3.6% Previous average positivity rate	

COVID-19 Vaccinations

Vaccination activities continue across Syria at both fixed health facilities and through mobile medical teams in rural areas.

240 673 new doses were administered across Syria during May 2022, and 118 632 individuals took their first dose during the same period.

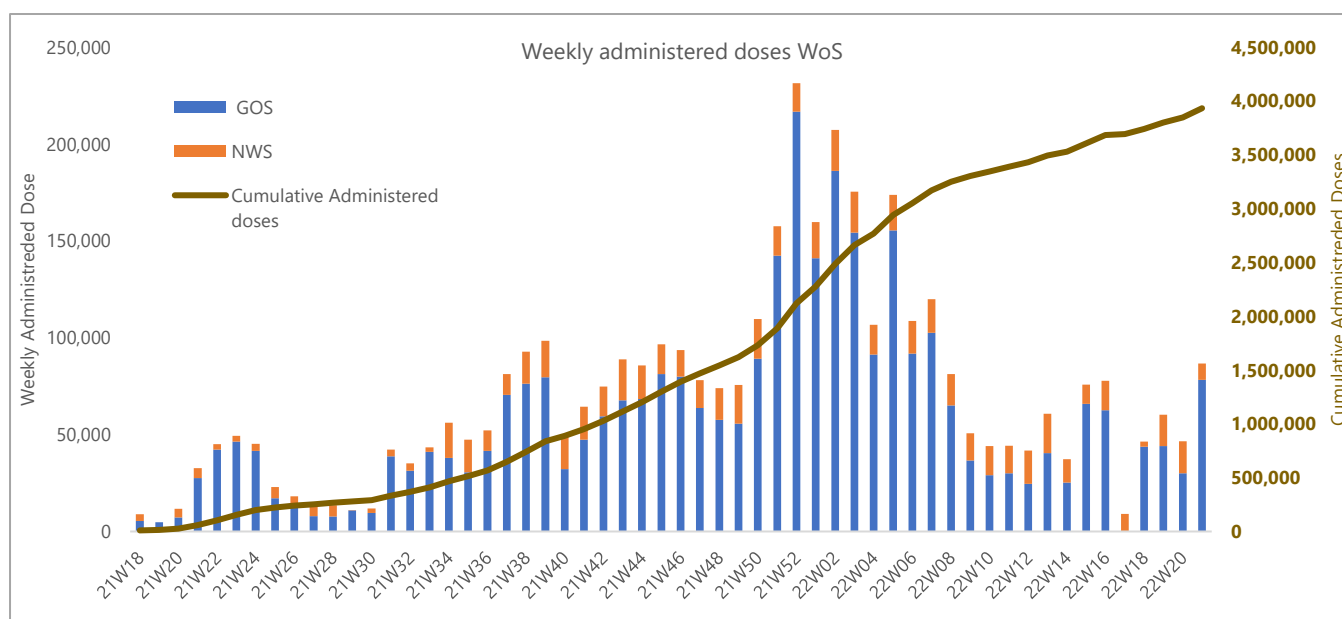
MoH launched a national COVID-19 vaccination campaign together with an intensified media campaign in the period of 22 May – 2 June 2022. The campaign targeted 2.5 million population above 18 years in all governorates. Different available vaccines (Sinovac, Sinopharm, AZ and J&J) were offered in the campaign. WHO is providing technical and financial support to the community-based organizations mobilized in some governorates. The reported coverage of the first 5 days of the campaign has increased compared to the previous weeks but not to the level aimed by the MOH.

Table 4. Overall delivered vaccines since April 2021 till 28 May 2022:

	Type of Allocation	Manufacturer of vaccine	Quantity
GOS	COVAX	AZ Covishield	1,203,500
		AZ/AZD1222	1,318,340
		Sinovac	3,307,200
		Janssen	3,458,400
		Total	9,287,440
	Bilateral	AZ/AZD1222	368,640
		Sinopharm	1,995,000
		Sputnik light	250,000
		Sputnik V	100,000
		Soberana	20,000
		Abdala	20,000
Total	2,753,640		
GOS Total			12,041,080
NWS	COVAX	AZ Covishield	53,800
		AZ/AZD1222	350,400
		Sinovac	823,200
		Janssen	832,800
		Total	2,060,200
WOS Total			14,101,280

The available vaccines are sufficient to reach 45.4% of the population. As per the above table, vaccines received from bilateral agreements represent 20% of the total received, and the rest 80% were delivered through COVAX.

Figure 5. The average weekly administered doses

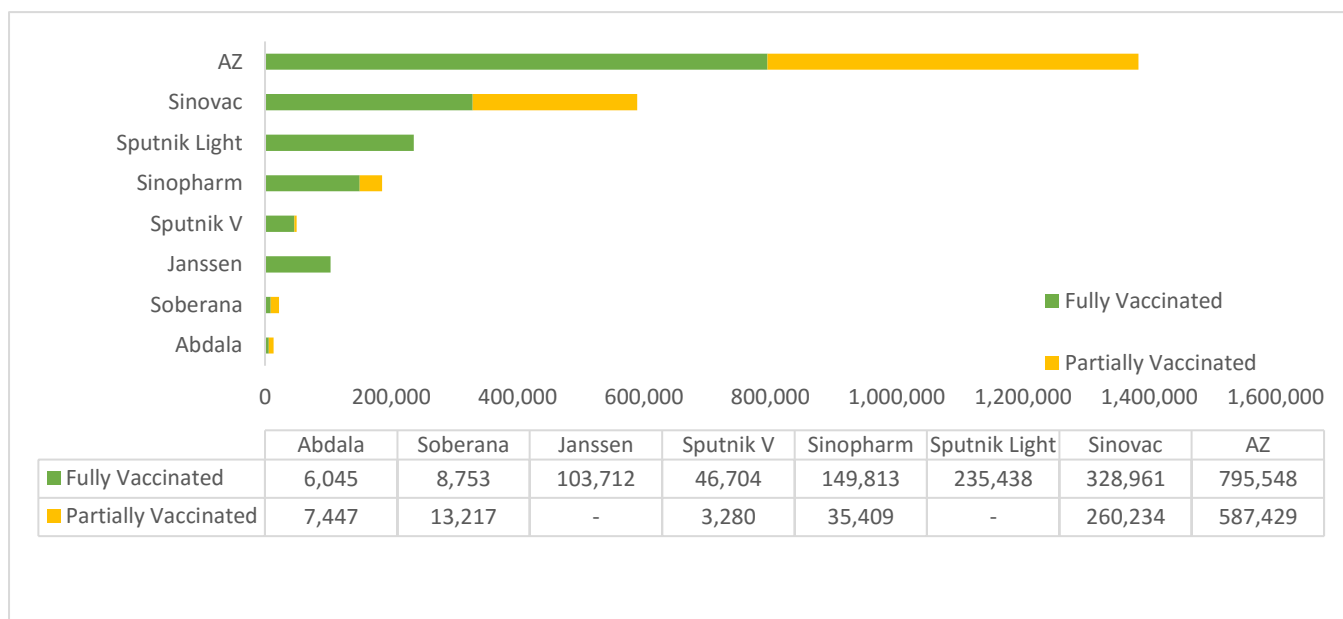


There is 5% decrease in the administered doses of vaccines during May (n= 240,673) compared to the previous month (n= 253,818).

Vaccination coverage as of 28 May 2022:

- 12.6% of the total population received at least one dose of the vaccine, and only 8.1% are fully vaccinated.
- A total of 3 917 814 doses of different vaccines were administered and the total number of vaccinated people is 2 581 990.

Figure 6. Vaccination status in Whole of Syria as of 28 May 2022



Vaccination coverage per region:

Government of Syria

3,250,267 Vaccines administered	
2,160,110 People who received at least one dose	1,429,307 People who are fully vaccinated
13.3% Percentage of the population who received at least one dose	8.8% Percentage of the fully vaccinated population
0.6 % Percentage point increase from the last month	0.8% Percentage point increase from the last month

North-west Syria

667,547 Vaccines administered	
421,880 People who received at least one dose	245,667 People who are fully vaccinated
9.8% Percentage of the population that received at least one dose	5.7% Percentage of the fully vaccinated population
0.5% Percentage point increase from the last month	0.5% Percentage point increase from the last month

Whole of Syria:

3,917,814 Vaccines administered	
2,581,990 People who received at least one dose	1,674,974 People who are fully vaccinated
12.6% Percentage of the population that received at least one dose	8.1% Percentage of the fully vaccinated population
0.6% Percentage increase from the last month	0.7% Percentage increase from the last month

WHO Syria operational updates by other pillars

Pillar One: Coordination

- Developed 2 health sector priorities for upcoming SHF, including one on remaining gaps for COVID-19 response.
- Initiated an update for an overview of health sector support with medical equipment, including COVID-19 response.
- Produced a quarterly update of Health Sector Directory, May 2022, including COVID-19.
- Informed health sector to recognize, participate and contribute to the MoH led national COVID-19 vaccination campaign in the period of 22 May – 5 June 2022.
- Developed the Health Sector Bulletin (including COVID-19) for May 2022.
- Conducted 2 national health sector coordination meetings on 17 and 31 May in Damascus.
- Initiated information sharing for ongoing Inter-Agency Humanitarian Evaluation of the Humanitarian Response to the COVID-19 Pandemic in Syria.
- Finalized the health sector update for the south of Syria, including on addressing COVID-19 gaps.
- Followed up points on operational support to Qamishli hub.
- Prepared a presentation for WR' briefing for WHE AEM meeting in HQ, including a bilateral meeting with Norway, also with a focus on COVID-19.
- Contributed to the coordination of the Brussels VI Side Event on Health and the Impact of the Socio-economic Crisis in Syria, 6 May.
- Prepared a separate update (including on COVID-19) for RC/HC Syria for his visit to Nordic countries.

Pillar Two: Risk Communication and Community Engagement

- Organized a meeting with Damascus University academics to discuss public health-related issues and empower students and professors as well as other attendees to promote and scale-up COVID-19 vaccination.
- Participated in the National RCCE coordination meeting with national stakeholders to showcase behavioural data collected in different parts of the country and discuss the way forward to address increasing COVID-19 vaccine hesitancy and low uptake.
- Established a partnership with the Syndicate of Syrian Doctors to raise awareness about COVID-19 vaccines and enhance their communication skills to achieve higher vaccination rates in Syria.
- Discussed, together with WHO technical team and colleagues from UNICEF and MOH, different means to scale up vaccine uptake during the COVID-19 vaccination campaign. The campaign lasted from 22 May to 2 June.
- An online meeting with EMRO was conducted with focal points at WHO sub-offices, to discuss the “whole-of-community” approach to increase vaccine uptake during the 22 May-2 June and upcoming national vaccination campaigns.
- Conducted an online workshop for NGOs operating in coastal areas on “How to talk about vaccines” to support the COVID-19 response and vaccine uptake during the current national vaccination campaign. More than 130 people attended. The workshop was followed by a live discussion and Q&A session.
- WHO social media channels continued to emphasize different vaccination activities conducted in different Syrian governorates and amplified messages from local influencers about the importance of COVID-19 vaccines.

Pillar Three: Surveillance

Suspected meningitis outbreak in north-east Syria (NES):

- An increase of suspected meningitis cases was reported in NES governorates. A total of 212 probable cases were reported in three governorates since the start of May 2022. Cases were distributed as follows: 141 (66.5%) in Raqqa, 65 (30.6%) in Al Hassakeh, and 5 (2.3%) in Deir-ez-Zor.

WHO response:

- WHO is coordinating with local health authorities on the affected areas to further understand the extent of this outbreak, and investigate the etiology and shape the response strategy including:
 - Dates of onset
 - Case identification
 - Case management and detailed symptoms
 - CSF test and results
- Coordination with WHO EMRO and HQ to provide RDTs and lumbar puncture kits
- MoH case management protocol was shared with hospitals; in addition, EMRO shared WHO case management protocol.
- RCCE messages were shared by WHO EMRO, CO is working on adopting the messages to the local context.
- 11 CSF samples of the newly suspected cases detected at NES governorates were collected and transported to Al-Hikmeh hospital in Hassakeh.
- Work is ongoing with CHPL to procure PCR kits from the local market.
- Needed quantities of antibiotics enough to address 400 cases were calculated and estimated; costing is in the process.

Ongoing activities:

- WHO continues to coordinate with local health authorities to collect further information on these cases in order to assess the extent of the situation and undertake appropriate response.
- Strengthen the surveillance system in Ar-Raqqa, Hassakeh, and Deir-ez-Zor and conduct active case search at the hospitals level.
- Conduct RCCE activities to raise awareness on the prevention measures.
- Assist in printing and disseminating awareness raising materials.
- Conduct training physicians on case management by infectious disease specialist.

Influenza sentinel surveillance

- Supported a meeting for the members of the National Influenza Committee and EMRO Infectious Hazard Preparedness (IHP) unit consultants to follow up on the influenza sentinel surveillance updates and progress in Syria.
- WHO will support the training workshop for 22 MoH officers at SARI sentinel hospitals on the new version of WHO/EMRO influenza platform EMFLU. The expected results of the training are:
 - Understand the different type of users, respective roles, and accessibility.
 - Move from paper-based to electronic based reporting system and improve completeness, timeliness, and quality of influenza data.
 - Perform data entry on EMFLU2 (using both the case-based and aggregate forms).
 - Understand and comprehend validation rules to ensure high quality of data.
 - Produce and publish influenza reports.
 - Navigate the mapping tool and produce national maps with influenza indicators at different levels.

EWARS and COVID-19 surveillance

- WHO continues to support MoH to conduct active case finding visits in 14 governorates at prioritized sites and new sites, namely, private hospitals and high-risk groups such as elderly people in care institutions, imprisoned individuals, and IDPs in camps and shelters. Those weekly visits do entail sample collection, testing with COVID-19 Ag-RDTs for suspected cases and orientation for medical staff about COVID-19 case definition, and COVID-19 vaccines advantages to build trust and reduce hesitancy among health care workers.

- WHO continues to support the operations of (101) RRTs in 14 governorates by securing the transportation and shipment of COVID-19 samples from Dara'a, Qunitera, As-Sweida, and Deir-ez-Zor to the central reference lab.
- Supported two training workshops on EWARS reporting and cases definitions for 50 officers at the newly recruited sentinel sites in Dar'a and Rural Damascus.

Pillar Four: Points of entry, international travel, and transport

- WHO is following up with UNHCR on the process of establishing and equipping five additional medical points of entry in Jisr Al Qamar and Dabousiya in Homs, Areeda in Tartous, Kasab in Lattakia, and Nasib in Daraa.

Pillar Five: Laboratories and diagnostics

- On 7 May, started the first training for eight technicians affiliated to the newly established public health laboratory in Deir-ez-Zor on SARS-CoV-2 testing protocols as well as a practical training on different platforms. The training is taking place in the referral emergency disease lab in Damascus for one week. The equipment installation and calibration will be completed by early June to be followed by an on-job training.
- On 9 May, WHO supported the delivery of full supplies and equipment of genome sequencing to the Central Public Health Laboratory in Damascus to detect the variants of Corona virus as well as to assess the epidemiological situation in the country. In addition, WHO supported the Central Public Health Laboratory with the provision of kits and consumables enough to conduct 34 000 COVID-19 PCR tests.

Pillar Six: Infection prevention and control

- Conducted a 3-day training for 25 laboratory technicians from Damascus, Tartous and As-Swieda on IPC standards, patient safety measures, and best practices for sterilization at the health facility level to prevent HAI and AMR targeted.
- Facilitated MOH participation in EMRO teleconference to adopt the surveillance of COVID-19 infection among health care workers at the PHC and hospital sector in Syria. The list of health facilities included for the pilot phase will be discussed with EMRO team and an online training on COBO data entry will be followed up.
- Conducted training workshop for 25 public health laboratory trainees from Tartous DOH on patient safety and infection, prevention and control standards, AMR and health associated infections.
- To sustain safe health care delivery WHO supported health partners with IPC/PPE supplies under the southwest response as follows: DOH in Rural Damascus, Damascus Hospital in Damascus, DOH in As-Swieda. In northwest Syria: DoH in Homs, DOH in Hama. In Aleppo: DoH in Aleppo, Menbej National Hospital, Ain Al-Arab (Kobani) Hospital, Kobani Health Authority, Menbej Health Authority). In Lattakia: DOH in Lattakia in addition to 11 NGOs GOPPA, SYC, Mosaic, Ekha, DAF, Al Tawhoud, SACS, Ayadina, Kebarona, Al Zahraa, Child Care). In Tartous: DOH. In north-east Syria, in Al-Hasakeh: Al-Hasakeh National Hospital, Al-Malkia Hospital, Qamishli PCR Lab, Al Hasakeh Health Authority. In Deir-ez-Zor: DoH, in Ar-Raqqa: Ein Essa Hospital. The supplies included: 101 800 surgical masks, 25 920 respiratory masks, 92 100 examination gloves, 280 protective goggles, 180 face shields, 25 650 gowns, 170 coveralls, 2 500 head covers, 1 500 bottles of alcohol-based hand sanitizer, solution 500 ml with presser 75%.

Pillar Seven: Case management, clinical operations, and therapeutics

- Over 1 800 treatments of life-saving medicines and different types of medical equipment and supplies (44 oxygen concentrators, 3 patient monitors, and 56 pulse oximeters) were delivered to health partners in Qamishli, Aleppo, Damascus, Hama, Homs, Lattakia and Tartous. These deliveries are part of enhancing the capacity of public health facilities for timely and appropriate response for life-saving interventions and COVID-19 cases.

Pillar Eight: Logistics and operations

- In May 2022, WHO provided approximately 95 tons of medical and lab supplies, kits, and equipment to 11 governorates with a total value exceeding USD 2.2 million. They were distributed to the Ministry of Health directorates of health in different governorates, Ministry of Higher Education and Ministry of Education-affiliated health facilities, NGOs, INGOs, and SARC.
- On 25 May, delivered the Digital Mammography X-Ray Machine in favor of Harasta National hospital (IMS GIOTTO CLASS 3D READY 30010-00 + Colenta HighCap XP printer).

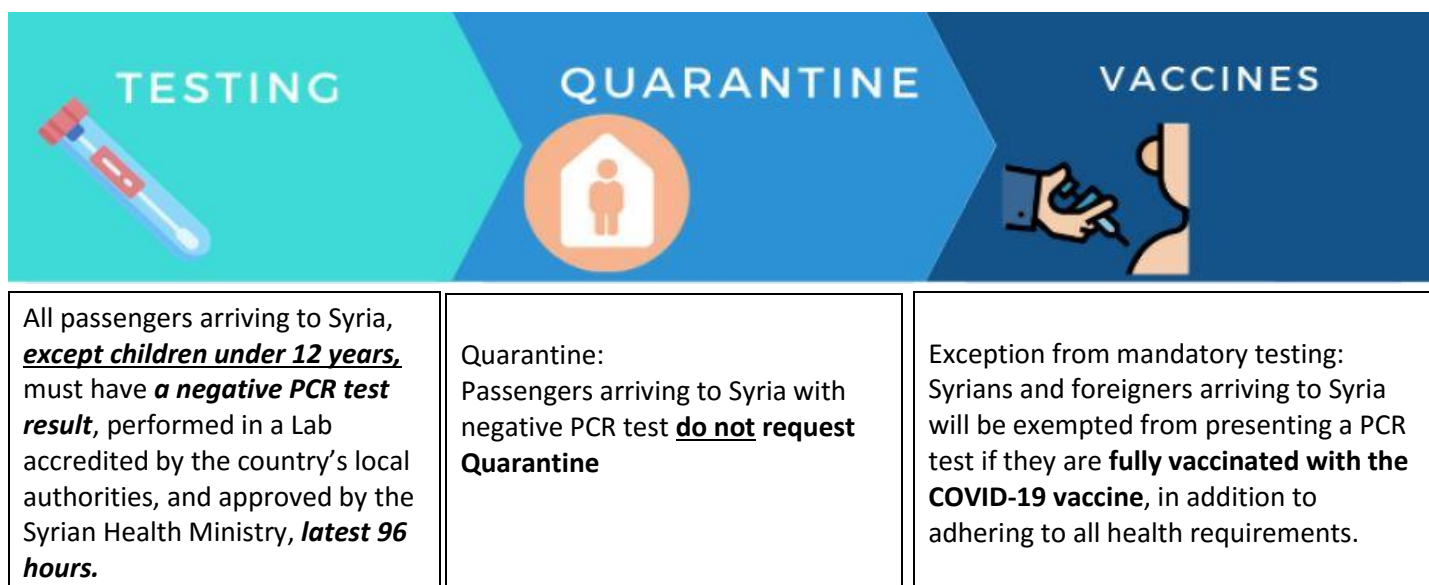
- Obtained MOFA exemption for 2 Scanners/Spiral Computed Tomography in favor of Harasta national hospital and Al Assad Hospital in Deir-ez-Zor. Green light was provided on 26 April with an estimated delivery date of 15 June.
- One crossline shipment (one airlift) was delivered to north-east Syria in May 2022 with 1 400 kg of total weight. It included vaccines in favor of Al Hassakeh directorate of health.

Pillar Nine: Maintaining essential health services and systems

- WHO support to maintain essential health services is ongoing. In the field of child health, the following was implemented:
 - The National Immunization Technical Advisory Group of experts (NITAG-Syria) discussed the situation of the EPI coverage for Q1 2022 and the risks that might be faced with low coverage at the district level. The NITAG endorsed the plan of MOH to conduct the nationwide outreach activity from 5-9 June 2022 across Syria with the technical and financial support of WHO. NITAG also endorsed the plan of conducting a Measles/Polio campaign in October 2022.
 - Capacity building activities continue to be implemented to secure the provision of nutrition health services. In May, a series of training for 175 health workers on the management of severe acute malnutrition in stabilization centers were conducted in seven governorates (Al Sweida, Tartous, Aleppo, Deir-ez-Zor, Hassakeh, Lattakia, and Hama), in addition to four trainings for 100 health workers on the management of nutrition surveillance and IYCF in four governorates (Daraa, Tartous, Deir-ez-Zor, and Hassakeh), and two trainings for 50 health workers on the baby-friendly hospitals in two governorates (Quneitra and Homs).

SYRIA COVID-19

Travel Updates and Requirements (as of March 2022, Source MOH)



COVID-19 key performance indicators for April 2022



COVID-19 key performance indicators

April 2022



Risk communication and community engagement

120

No. of health workers, media reporters, and community volunteers trained on communication and RCCE

Quarterly

People reached with messages on COVID-19 preventive measures and access to health care

4

No. of awareness campaigns conducted for targeted groups on COVID-19

Semi Annual

No. of national risk communication and community engagement plan for COVID-19

7

No. of IEC materials disseminated through MoK and partners

Cases 2021-2022

Confirmed Recovered Death

Case management

43,229

No. of treatments provided (For COVID-19 response purposes)

0

No. of supplied oxygen cylinders

2

No. of coordination meeting with health Authorities or partners conducted

13

No. of medical equipments distributed (For COVID-19 response purposes)

0

No. of HCWs trained on case management (Case Management)

Quarterly

No. of supplied patient ventilators

Quarterly

No. of supplied oxygen concentrators

0

No. of supplied ICU beds

No. of supplied ICU beds

3

No. of hospitals supported with ICU equipped with necessary supplies and equipment

Semi Annual

No. of supplied oxygen generating station

National laboratory

0

No. of laboratory staff trained and retrained on COVID lab techniques or biosafety and biosecurity measures

Quarterly

No. of provided RT-PCR kits and consumables

Quarterly

No. of swabs and medium provided

Annual

No. of RT-PCR and Cepheid Xpert system machines distributed

Quarterly

No. of laboratories supported

Annual

No. of coordination meeting with health Authorities or partners conducted

Semi Annual

No. of provided SARS-CoV-2 cartridges (Cepheid Xpert system)

Quarterly

No. of provided COVID-19 antigen-based rapid diagnostic tests (RDTs)

Confirmed cases per Districts

121

Confirmed cases

585

Recovered cases

9

Deaths

Infection control and prevention

25

No. of Health staff trained on IPC (Infection Prevention Control)

25

No. Alcohol hand rub sanitizer 75% and S...

50

PPEs (No. Face Shield)

0

No. Coverall, Aprons, head cover and dis...

0

No. Thermometers (non-contact & clinic...

0

PPEs (No. Gloves)

0

PPEs (No. Goggles)

0

No. of PHC health staff trained on COVID19 (Essential Health Services)

PPEs (No. Surgical Masks) 10,400

PPEs (No. Gowns) 3,000

PPEs (No. Mask 95) 2,100



COVID-19 key performance indicators

April 2022



National Coordination, planning and monitoring

0

No. of transmission classification and capacity assessment

Semi Annual

No. of preparedness and response plan for COVID-19

1

No. of monthly operational and epidemiological update disseminated

Quarterly

No. of activate PHEOC

30

No. of daily situation update disseminated

Point of Entry

0

No. of PoE implement entry measurement

Annual

No. of National emergency contingency plan reviewed and updated

0

No. of officers at PoE training on entry measurement and IHR

Semi Annual

No. of established and equipped health control offices at PoE

0

No. of coordination meeting with health Authorities or partners conducted

Maintaining Essential Health Services

374,510

No. of PHC treatment provided (including NCD)

1,993

No. of health facility assessment conducted on minimum service availability

883,174

No. of Public PHCs consultations

Quarterly

% of DPT3 coverage rate (under 1 y)

470,724

No. of Public hospitals consultations

Quarterly

No. of health & community facilities providing MHPSS services

Vaccination

87,613

No. of people received the at least one dose of Covid vaccine

Quarterly

No. of mobile and fixed teams supported

Quarterly

No. of supplied ICT equipment procured to support vaccination

140,760

No. of people who are fully vaccinated.

Quarterly

No. vaccination deployment plan produced and updated

Quarterly

No. of HR supported to ensure providing COVID-19 vaccination services.

194,072

Total number of doses utilized.

Quarterly

No. of supplied reporting and registration forms.

Quarterly

No. of coordination meeting with health Authorities or partners conducted

0

No. of capacity building (training sessions of COVID 19 vaccination in different areas)

Surveillance, RRT and Case Investigation

101

No. of total RRT established and functional in all districts across the country

4

No. of weekly COVID-19 surveillance bulletins

36%

% of samples collected from suspected cases

1

No. of NGOs contributing in COVID-19 surveillance

Annual

No. of updated and printed protocol related to the surveillance of COVID-19 and influenza

975

No. of SARS-CoV2 (Ag RDTs) performed and result reported by surveillance team

100%

% of SARI cases tested for influenza and COVID-19 through the integrated surveillance of influenza and COVID-19

Technical guidance and other resources

- [WHO Syria Site](#)
- [WHO technical guidance](#)
- [WHO COVID-19 Dashboard](#)
- [WHO Weekly Operational Updates on COVID-19](#)
- [WHO COVID-19 case definitions](#)
- [COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update](#)
- [Research and Development](#)
- [OpenWHO courses on COVID-19](#) in official UN languages and in [additional national languages](#)
- [WHO Academy COVID-19 mobile learning app](#)
- [The Strategic Preparedness and Response Plan](#) (SPRP) outlining the support the international community can provide to all countries to prepare and respond to the virus

Recommendations and advice for the public:

- [Protect yourself](#)
- [Questions and answers](#)
- [Travel advice](#)
- [EPI-WIN: tailored information for individuals, organizations, and communities](#)

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