

## Current major event

### Tenth meeting of IHR Emergency Committee on COVID-19 pandemic

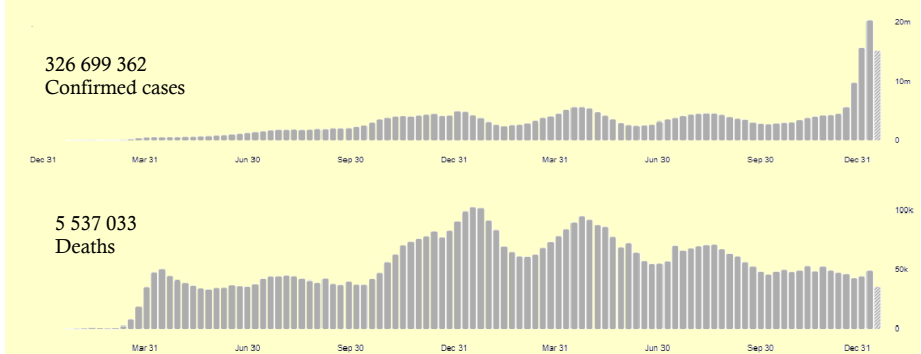
On 13 January 2022, the tenth meeting of Emergency Committee convened under the International Health Regulations (2005) (IHR) and agreed that the public health event continues to adversely affect the health of populations around the world, poses a risk of international spread and interferes with international traffic. The COVID-19 pandemic therefore continues to constitute a public health emergency of international concern.

#### Editorial note

The tenth meeting of the IHR Emergency Committee identified the following actions and recommendations as critical for all countries:

- Countries to continue to use evidence-informed public health and social measures (PHSM), therapeutics, diagnostics, and vaccines for COVID-19, and to share response experiences with WHO. States Parties are advised to regularly adjust their response strategies by monitoring their epidemiological situation, assessing their vulnerabilities including their health system capacity, as well as considering the adherence to and attributable impact of individual and combined PHSM.
- Countries take a risk-based approach to mass gathering events by evaluating, mitigating and communicating risks. Recognizing that there are different drivers and risk tolerance for mass gatherings and mass migrations, and the particular challenges for fragile and vulnerable States Parties, it is critical to consider the epidemiological context (including the prevalence of variants of concern and the intensity of transmission), surveillance, contact tracing and testing capacity, as well as adherence to PHSM when conducting this risk assessment in line with WHO guidance.
- Countries achieve the WHO call to action to have at least 70% of all countries' populations vaccinated by the start of July 2022 and integrate COVID-19 vaccination into routine health services. State Parties are requested to share vaccine doses to increase global equity and to use a stepwise approach to vaccination, prioritizing those at highest risk from COVID-19, considering an evidence-informed use of booster vaccination, and taking into account evolving data on population-level immunity.
- Countries enhance surveillance of SARS-CoV-2 and continue to report to WHO to enable rapid identification, tracking, and evaluation of variants and continued monitoring of the pandemic's evolution and its control. States Parties should strengthen systems to collect and publicly share indicators to monitor the burden of COVID-19, such as hospitalization rates, severe disease, and excess mortality, and to increase detection efforts where variants of interest and variants of concern may emerge.
- States Parties should ensure that there is sufficient surge capacity for critical SARS-CoV-2 clinical care and post COVID-19 condition, and for the maintenance of essential health services, and should plan for the restoration of health services at all levels with sufficient funding, supplies and human resources. Specific to the risk of evolving new lineages, special attention may be needed for ensuring access to treatment for treatable immunosuppressive disease.

## Global situation of COVID-19 cases and death as of 16 January 2022



Source: World Health Organization

### COVID-19 situation by WHO regions as of 21 January 2022

Region	Confirmed Cases	Deaths
Europe	126 839 021	2 460 897
Americas	124 883 979	1 735 102
South-East Asia	49 025 093	729 368
Eastern Mediterranean	18 048 260	319 005
Western Pacific	13 837 902	163 903
Africa	7 908 943	161 875

- Countries should lift or ease international traffic bans as they do not provide added value and continue to contribute to the economic and social stress experienced by States Parties. The failure of travel restrictions introduced after the detection and reporting of the Omicron variant to limit its international spread demonstrates the ineffectiveness of such measures over time.
- Countries do not require proof of vaccination against COVID-19 for international travel as the only pathway or condition permitting international travel given limited global access and inequitable distribution of COVID-19 vaccines. State Parties should consider a risk-based approach to the facilitation of international travel by lifting or modifying measures in accordance with the WHO guidance.
- Countries to recognize all vaccines that have received WHO Emergency Use Listing and all heterologous vaccine combinations as per SAGE recommendations, including in the context of international travel.
- Countries address community engagement and communications gaps and challenges posed by infodemics at national and local levels to reduce COVID-19 transmission, counter misinformation and threats to frontline workers, and improve COVID-19 vaccine acceptance, where applicable.
- Countries support timely uptake and monitoring of WHO recommended therapeutics by addressing challenges with accessibility and appropriate use. Local production and technology transfer can contribute to global equitable access to therapeutics.

A new recommendation was for countries to conduct epidemiological investigations of SARS-CoV-2 transmission at the human-animal interface and targeted surveillance on potential animal hosts and reservoirs. Real time monitoring and data sharing on SARS-CoV-2 infection, transmission and evolution in animals will assist global understanding of the virus epidemiology and ecology, the potential for evolution of new variants in animal populations, their timely identification, and assessment of their public health risks.

## Update on outbreaks

in the Eastern Mediterranean Region

### COVID-19 in 22 EMR countries

#### Current public health events of concern [cumulative N° of cases (deaths), CFR %]

#### Coronavirus disease 2019 (COVID-19): 2019–2022

Afghanistan	[158 737 (7379), 4.6%]
Bahrain	[305 414 (1398), 0.5%]
Djibouti	[14 841 (189), 1.3%]
Egypt	[398 879 (22 123), 5.5%]
Iran (Islamic Republic of)	[6 221 033 (132 075), 2.1%]
Iraq	[2 114 313 (24 247), 1.1%]
Jordan	[1 100 967 (12 986), 1.2%]
Kuwait	[465 331 (2476), 0.5%]
Lebanon	[814 631 (9367), 1.1%]
Libya	[397 319 (5841), 1.5%]
Morocco	[1 043 225 (14 963), 1.5%]
occupied Palestinian territory (oPt)	[475 686 (5016), 1.1%]
Oman	[312 425 (4122), 1.3%]
Pakistan	[1 324 147 (29 012), 2.2%]
Qatar	[299 242 (626), 0.2%]
Saudi Arabia	[615 430 (8906), 1.4%]
Somalia	[24 261 (1335), 5.5%]
Sudan	[51 802 (3388), 6.5%]
Syrian Arab Republic	[50 674 (2944), 5.8%]
Tunisia	[780 746 (25 777), 3.3%]
United Arab Emirates	[805 248 (2191), 0.3%]
Yemen	[10 352 (1990), 19.2%]