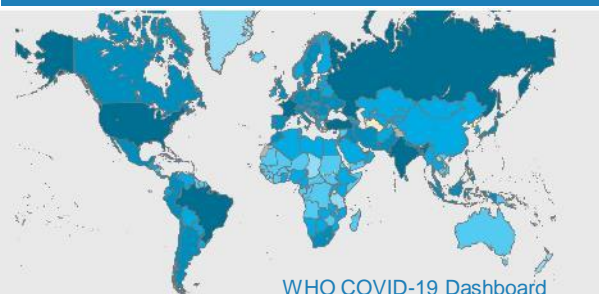


Weekly Operational Update on COVID-19

1 March 2022

Issue No. 93



WHO COVID-19 Dashboard



As of 28 February 2022

For all other latest data and information, including trends and current incidence, see the [WHO COVID-19 Dashboard](#) and [Situation Reports](#)

Confirmed cases

434 154 739

Confirmed deaths

5 944 342

For the 17 February 2022 update to **Contact tracing and quarantine in the context of the Omicron SARS-CoV-2 variant: interim guidance**, click [here](#).

Crucial Training on Acute Respiratory Distress Syndrome Clinical Management Held in Nepal

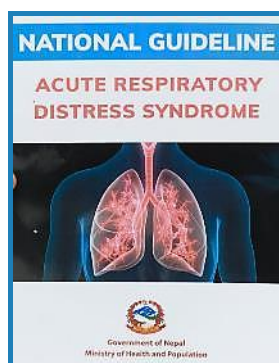
More than 1,600 healthcare workers were trained on treatment and management of Acute Respiratory Distress Syndrome (ARDS) – an inflammatory lung injury with a high mortality rate – through a program led by the Ministry of Health and Population (MoHP) with support from the World Health Organization (WHO), Country Office for Nepal.

The training was modelled around the national guideline on ARDS, including oxygen therapy and handling critical patients in high dependency and intensive care units. The sessions follow previously held virtual training

for national healthcare workers - provided by MoHP and WHO - to manage critically ill patients with COVID-19, most notably the [Essential Critical Care Training \(ECCT\)](#) and the [Pediatric Essential Critical Care Training \(PECCT\)](#).

“This training will strengthen the overall clinical management of COVID-19 throughout the country by bringing uniformity in early diagnosis, evaluation, and treatment of critical patients with ARDS in Nepal”, said Dr Roshan Pokharel, Hon. Health Secretary, MoHP. “Such collaborations between the MOHP and WHO has been leading to better results in the treatment of COVID-19.”

For more information, click [here](#).



Key Figures



WHO-led UN Crisis-Management Team coordinating 23 UN entities across nine areas of work



More than **6.4 million** people registered on [OpenWHO](#) and accessing online training courses across **43** topics in **64** languages



22 917 159 PCR tests shipped globally



219 588 426 medical masks shipped globally



123 573 260 gloves shipped globally



9 792 166 face shields shipped globally



220 GOARN deployments conducted to support COVID-19 pandemic response



COVID-19 vaccine doses administered globally as of 10,585,766,316

^aCOVAX has shipped over **1.33 billion** vaccines to **144 participants** as of 1 March 2022

^aSee Gavi's [COVAX updates](#) for the latest COVAX vaccine roll-out data



SCALING UP IPC CAPACITY IN COX'S BAZAR IN RESPONSE TO COVID-19 PANDEMIC FURTHERS STREAMLINING OF BEST PRACTICES IN GENERAL HEALTH FACILITIES

Prior to the COVID-19 pandemic, few health workers in Cox's Bazar were knowledgeable of IPC best practices. Since January 2020, the WHO IPC team prioritized the dissemination and operationalization of IPC guidance and actions to all partners through the Health Sector, which supports health partner coordination in Cox's Bazar.

The WHO IPC team adapted COVID-19 global guidance to the local context including: IPC guidance for travel, physical meetings, schools, health facilities, non-medical workplaces and more. The guidance documents are available on a [Health Sector open platform](#) for use by different partners and have also been disseminated at the local level.

Strengthening IPC health worker capacity through cascade training in Cox's Bazar

To build capacity to rapidly respond to the COVID-19 outbreak in the Rohingya camps, WHO, through the Health Sector, conducted a five-days master trainers' course in April 2020. The resulting pool of 43 master trainers trained health workers in the Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITCs) and all other health facilities in the camps with onsite or remote support from the WHO IPC team.



By July 2020, 3600 health and humanitarian workers were trained in IPC, leading to improvements in hand hygiene, PPE, sterilization of instruments, and other IPC concepts. The WHO Cox's Bazar team also recorded at least 35 training and orientation sessions both virtually and in-person within 2020 alone. A master trainer refresher course was conducted in 2021 and WHO continues to provide mentorship to the cohort.

Monitoring IPC implementation to support quality assurance activities and supportive supervision

To support implementation of the IPC, WHO and partners designed a contextualized user-friendly daily IPC checklist and a monthly score card for use in monitoring and facilitating feedback on IPC activities in health facilities. Since September 2020, Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITCs) have implemented these tools.

General health facilities also rolled out the checklist and score card since November 2021. The daily checklist has improved IPC practices through daily monitoring and course corrections IPC focal

SCALING UP IPC CAPACITY IN COX'S BAZAR IN RESPONSE TO COVID-19 PANDEMIC FURTHERS STREAMLINING OF BEST PRACTICES IN GENERAL HEALTH FACILITIES

persons who provide feedback to health workers triggering continuous monthly improvement in IPC practices for better performance on the score card.

WHO has also supported the development of a quarterly supportive supervision checklist for SARI ITCs and the biannual supportive supervision checklist for general health facilities in the district.

WHO and the ad-hoc IPC Technical Working Group (TWG) carry out the quarterly and biannual supportive supervision visits to the SARI ITCs and general health facilities respectively. This has helped build capacity of IPC focal persons and contributed to quality assurance and control for IPC activities of the different SARI ITCs and general health facilities.

Institutionalization of IPC through coordination and health facility design

As IPC is a critical component of healthcare for SARS-CoV-2 and beyond, targeted support over the past two years has enabled sustainable improvement in health facilities. Since 2020, there has been a rapid scale-up of IPC committees and designated of IPC focal points to maintain best practices in Cox's Bazar.

To date, all (137) health facilities in the Rohingya camps and all (8) sub district referral health facilities have IPC committees and IPC focal persons overseeing IPC in the health facilities. The district also has an overarching district IPC committee. To better equip IPC focal points and committees, WHO has also conducted technical training and support.

WHO has also worked closely with engineers and management of different health partners to integrate IPC into the design and construction of health facilities, including 15 SARI ITCs with nearly 1200 beds. WHO's key role was ensuring that proper IPC and safety considerations were accounted for in construction including proper sitting and waiting spaces, directions of workflow, separation of different zones, ventilation and lighting. With the initial facility designs inclusive of IPC protocols and requirements, health facilities easily included IPC, reducing risk for nosocomial transmission of SARS-CoV-2 in SARI ITCs.

Monthly IPC Scorecard (12 months)- SARI ITC 'X', Cox's Bazar Refugee Camp												
Year	2020				2021							
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Screening, waiting and triage area												
PPE donning area												
Patient wards												
Laboratory												
PPE doffing area												
Staff resting area												
Kitchen/dining												
Toilets and shower room												
Decontamination area												
Storage area												
Pharmacy/pharmacy store												
Waste management area												
Staff health & safety												
Personal protective equipment (PPE) and supplies												



WHO reviewing drawings for IFRC/BDRCS SARI ITC plan May 2020



WHO on site with Friendship SARI ITC engineers during construction



MASS GATHERINGS- AFRICA CUP OF NATIONS - CAMEROON 2022

The **CAF Africa Cup of Nations (AFCON)**, or the *Coupe d'Afrique des Nations (CAN)*, is a major football championship in Africa that is played every two years and brings together 24 national football teams from the African continent. This year, the tournament took place in Cameroon. As host, the Cameroonian Ministry of Public Health (MoPH) adapted a risk-based approach to host this major sports event, which took place in six stadiums and five cities from 9 January to 6 February 2022.

Before the start of the Cup, the MoPH, with support from WHO, conducted a mass gatherings risk assessment to better inform operational planning and developed a health coverage plan in accordance with the Confederation of African Football (CAF) health [requirements](#) for major sports events. Due to the variant of concern, Omicron, the MoPH updated its RCCE strategy and tools based on the latest global guidance and scientific information.



Group photo of the participants of the Doula International Airport PoE Simulation Exercise

Conducting simulation exercises to prepare the system

Prior to the tournament, Cameroon conducted a simulation exercise at the Doula International Airport with the coordination and collaboration of multiple agencies and stakeholders, including the Public Health National Observatory, Ministry of Transport, Cameroon Civil Aviation Authority, Civil Protection Directorate, The Agency for Aerial Navigation Safety in Africa and Madagascar, Cameroon Airport, IOM, and Tracking Deathly Diseases in Africa.

MASS GATHERINGS- AFRICA CUP OF NATIONS - CAMEROON 2022**Based on the functional simulation exercise held prior to the football tournament, Cameroon:**

- refined the passenger circuit to decongest SARS-CoV-2 testing stations at the airport
- increased staffing to facilitate arrivals, shorten screening times, and ensure transfer of ill passengers as required
- provided of standby ambulance posted at the Airport
- clarified transfer standard operating procedures
- trained points of entry workers on health topics by MoPH

Launch of the sanitary pass digital platform

Event organizers and the MoPH required all spectators to download a newly developed [Sanitary pass digital platform](#), to collect and control the data on COVID-19 vaccination/testing in order to be admitted to event venues. The extension of the platform's functions, including integration with all national COVID-19 data, was identified by the MoPH as a necessity.



*The Minister of Public Health attended the simulation of the entrance of spectators to the Olembé stadium in Yaoundé on Thursday, January 06, 2022.
©Marcelle EPEE/Celcom/MINSANTE*

To test the digital [Sanitary pass control system](#) at the entrance of the stadiums, an additional exercise was conducted at the Olembe stadium a few days before the start of the tournament. Based on this test, tournament officials re-organized the control procedures to better support the verification process of the rapid sanitary pass checking to ensure a rapid and smooth flow of spectators in the stadium.

Streamlining information sharing and daily media monitoring

During the tournament, the MoPH Cameroon issued two situation reports to provide an overview of measures taken and activities including vaccination points offered in the “Fan Zone” and infection prevention and control activities through the [CAF AFCON Health Coverage SitRep #1 and #2](#).

In addition, the WHO HQ COVID-19 Mass Gatherings Cell initiated daily media monitoring to search COVID-19 signals related to the Cup. WHO continued to monitor any exportation of cases of diseases including COVID-19 related to AFCON for 10 days after the event, with no cases registered.

From the field:

Supporting Infection Prevention and Control as part of Yemen's COVID-19 Response

Yemen has faced a series of disease outbreaks over recent years, including cholera, diphtheria, and currently the COVID-19 pandemic. The first COVID-19 confirmed case in [Yemen](#) was announced on 10 April 2020. Soon after, the Ministry of Public Health and Population (MoPH) began active contact tracing nationwide, and isolation units were established in each governorate. As of 15 February, 11,699 cumulative cases had been reported in Yemen, along with 2,110 deaths, and the proportion of the population who is fully vaccinated has only reached 1% (2% in South Yemen).

From 9 to 22 December 2021, WHO's Regional Office for the Eastern Mediterranean deployed an Infection Prevention and Control (IPC) expert alongside two experts from WHO Headquarters. The purpose of the technical mission was to support the country (WHO Country Office Yemen and the MoPH) in reviewing the IPC measures of response to the ongoing COVID-19 outbreak, identify and document strengths and areas of improvement, and provide recommendations to scale up the overall response.



Mission members visiting the Al Kuwait isolation center in Sana'a, Yemen, in December 2021. ©WHO EMRO.

Mission members met with the MoPH, local health authorities, health cluster partners and other stakeholders, and visited eleven health facilities. Two trainings were conducted for 15 IPC focal persons and hospital directors in Aden, and 25 IPC focal persons, quality managers, and hospitals directors in Sana'a Training focused on basic IPC concepts, risk assessment, IPC outbreak management with simulation exercise on IPC requirements in response to COVID-19.

Mission recommendations have now been finalized and shared with the WHO Country Office and the MoPH and include:

- establish a national IPC COVID-19 coordination mechanism
- partners to support IPC within selected health facilities under leadership of the MoPH
- implement a system to provide ongoing monitoring and evaluation of IPC within health facilities
- train national IPC focal persons
- build facility-level capacity to identify COVID-19 infected healthcare workers and to prevent spreading of MDROs among COVID-19 infected patients
- in longer term to repurpose the current COVID-19 isolation units to infectious disease isolation wards to be embedded within the health system

From the field:

Training of national mentors and laboratory experts on verification and validation of examination procedures in Bishkek, Kyrgyzstan: 14-15 February 2022

One of the approaches of the “Better Labs for Better Health” initiative is a program of mentoring laboratories in the implementation of the quality management system (QMS). According to international quality standards the use of new reagents, methods or test systems in routine laboratories and laboratories involved in COVID-19 diagnostics demands for verification or validation procedures. The performance specifications of any new or modified laboratory method are integral to providing high-quality service.

External support provided by WHO has proven useful in the implementation of QMS through regular mentoring. To further support countries in developing and enhancing their existing quality management systems and all-hazard preparedness WHO/Europe continues to train laboratory experts and national mentors. This helps to ensure the reliability, timeliness and clinical validity of results and detection of newly emerged variants in the context of SARS-CoV-2.



From 14 – 15 February 2022, training was provided on diagnostic assay validation and verification for national mentors. The objective was to introduce laboratory requirements for validation and verification of examination procedures and provide expert advice in improvement of quality management systems to ensure proper diagnostic services provided by COVID-19 laboratories. The training objectives included:

- Providing training to national mentors, laboratory experts from public and private COVID-19 testing laboratories
- Sharing knowledge and practical examples of managing validation and verification procedures within laboratory settings.

During the training, an overview of the validation and verification process was discussed and demonstrated via theoretical and practical sessions. The training was attended by a total of 60 laboratory experts and provided a 14% increase in knowledge and understanding of diagnostic assay validation and verification procedures compared to the pre-test results. WHO/Europe will continue to provide support and trainings for laboratory experts as part of the strategic plan in the coming months.

From the field:

PAHO/WHO Bahamas and The Ministry of Health and Wellness host vaccine pop-ups

The Bahamas and Turks and Caicos Islands partnered with the Ministry of Health and Wellness to host a series of pop-up vaccination sites throughout the island of New Providence.

These areas included Yellow Elder, Masons Addition, Christie Park and Mother Butler Park.

Prior to the weekend vaccine services, healthcare workers walked around the community to inform residents of the pop-ups and encouraged them to further protect themselves and their loved ones through vaccines and boosters.

The pop-ups were held on community parks. Speaker's corners were also available where residents received answers for questions regarding COVID-19 and COVID-19 vaccines.

As the number of COVID-19 cases decreases in The Bahamas, it is important to remind the public to continue practicing public health safety protocols and not let their guards down.

Also, strategies that promote citizens to get vaccines and boosters are ongoing. The Country Office looks forward to partnering with the Ministry of Health and Wellness, and non-governmental organizations, to host similar activities in the near future as they seek to eliminate COVID-19 within the country and around the world.



For more, click [here](#)

From the field:

Psychological First Aid to support students in Cambodia during the COVID-19 pandemic



The School Health Department of the Ministry of Education, Youth and Sport in Cambodia has recently adopted the Psychological First Aid in Schools (PFA-S) method to support vulnerable students. This evidence-based intervention framework aims to contribute to the promotion of mental health in schools and to support educators in responding to mental health issues caused by the COVID-19 pandemic.

To accompany the PFA-S framework, an operational guide on PFA-S was developed by the Technical Working Group of the Ministry of Education, Youth and Sport, Ministry of Health, UNICEF, NGOs and other stakeholders with technical support from WHO. The Operational Guide was officially endorsed by H.E. Dr Hang Chuon Naron, Minister of Education, Youth and Sport in June 2021, and has been rolled out to schools across the country.

The WHO country office in Cambodia supported capacity-building training for 970 primary and high school teachers to ensure they are well-equipped to provide appropriate and tailored PFA to vulnerable students.

“It is a tragedy to hear about young people in distress [;..]. WHO stresses that mental health care is for all people, including children. It is ok not to be ok, especially during the COVID-19 epidemic, everyone has felt anxious or sad. But we need to know that it is ok to ask for help and ask others if they’re ok. Psychological First Aid in schools is a great first step in supporting the mental well-being of our students, and of making mental health care for all a reality.”

*Dr Li Ailan,
WHO Representative to Cambodia,.*

For further information, click [here](#).

Integrating COVID-19 and influenza sentinel surveillance – experiences from Mongolia

This article is the first of a series that showcases best practice examples of how countries quickly adapted existing influenza sentinel surveillance systems to include SARS-CoV-2 as part of their national response to COVID-19.

The National Influenza Centre (NIC) Mongolia has been participating in Global Influenza Surveillance and Response System (GISRS) since 1979. This entails collection of respiratory specimens collected from systematically sourced patients with influenza-like illness (ILI) and severe acute respiratory infection (SARI) from sentinel hospitals and clinics spread across the country, molecular testing for influenza by RT-PCR assays, weekly reporting of results to the WHO global database (FluMart), sharing of influenza viruses for detailed antigenic characterization with WHO Collaborating Centers, sequencing and uploading of genetic sequence data in publicly accessible databases such as GISAID.

In November 2020, the first community case of COVID-19 was reported in Mongolia. Very soon, the NIC was overwhelmed with the soaring demand for COVID-19 testing for diagnosis, treatment, and contact tracing; and the NIC was not ready for surge capacity in terms of human resources, transport of sample logistics, and laboratory testing for the generation of real-time evidence.

In response to these challenges, decision-makers and stakeholders quickly identified the solution of leveraging the existing functioning influenza sentinel surveillance for COVID-19 response. Within a month, the Ministry of Health Mongolia, issued an order for the integration of SARS-CoV-2 testing into influenza sentinel surveillance system. In addition to the 152 existing sentinel sites, surveillance was expanded with 21 new sites across the country; molecular testing capacity for SARS-CoV-2 was set up in all provincial laboratories.

Facing the shortage of surveillance and laboratory staff, graduate students in healthcare programs and retired healthcare workers were mobilized to support surveillance activities at sentinel sites. With dedicated physical spaces, laboratory and epidemiology specialists conducted on-site and online trainings for the newly recruited staff. All new sentinel sites were granted access to the national information system to ensure timely reporting of influenza and SARS-CoV-2 data to national and global platforms. Furthermore, the experiences gained in the COVID-19 pandemic facilitated the development of a plan to build capacity for next generation sequencing and variant genomic surveillance in the country.

By integrating SARS-CoV-2 testing into the well-functioning existing influenza surveillance system and rapidly expanding the surveillance network, near real-time COVID-19 situational risk assessment was made possible to inform its national public health interventions including COVID-19 vaccine deployment.



Pandemic learning response

New Myanmar learning channel hosts COVID-19 vaccination training in local languages

The WHO Country Office in Myanmar has prioritized the translation of an online [COVID-19 vaccination training](#) so that health workers can learn in their preferred languages

The course, which was developed to support safe and efficient COVID-19 vaccine administration, was translated into three key languages in Myanmar: Burmese, Sgaw Karen and Shan. All three language versions of the course are hosted on a new [Myanmar learning channel](#) available on WHO's free OpenWHO.org platform.



©WHO Myanmar

The Country Office initiated the translation of the course to strengthen the capacities of health care providers in Myanmar. The role of virtual learning is significant amidst the pandemic, and the team identified the OpenWHO platform as an effective way to disseminate WHO learning resources in local languages. Accessing learning in preferred languages enhances uptake and comprehension.

The courses are being used by both health professionals and interested non-health personnel. They are being disseminated through professional and personal networks, as well as through events such as trainings, meetings and workshops.

“When it comes to health emergencies, local capacities play a crucial role. OpenWHO is one of the best places to share the WHO learning resources to promote local capacities,” said Win Bo, National Professional Officer, WHO Health Emergencies Programme, Myanmar.

OpenWHO.org learning platform figures



Infection, prevention and control
Clinical management



Operations Support and Logistics

The COVID-19 pandemic has prompted an unprecedented global demand for Personal Protective Equipment (PPE), diagnostics and clinical care products.

To ensure market access for low- and middle-income countries, WHO and partners have created a COVID-19 Supply Chain System, which has delivered supplies globally.

The table below reflects WHO and PAHO-procured items that have been shipped as of 8 February 2022.

Shipped items as of 28 February 2022	Laboratory supplies*			Personal protective equipment					
Region	Sample collection kits	Antigen RDTs	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	5 343 000	1 904 300	3 088 556	1 559 570	36 784 300	564 096	2 674 079	56 874 400	3 873 630
Americas (AMR)	1 446 132	21 062 950	11 246 176	3 341 840	4 859 000	322 940	1 639 720	55 168 330	7 716 960
Eastern Mediterranean (EMR)	2 660 518	2 465 875	2 417 572	1 617 785	39 885 000	351 760	3 156 222	34 297 550	2 590 695
Europe (EUR)	913 300	1 441 525	739 752	2 103 380	29 255 900	634 900	3 774 548	50 148 500	7 863 950
South East Asia (SEAR)	4 205 800	4 750 000	3 153 234	390 076	9 183 500	91 470	654 300	6 950 500	2 936 695
Western Pacific (WPR)	1 908 750	180 650	2 271 869	779 515	3 605 560	313 817	490 236	16 149 146	3 210 410
TOTAL	16 477 500	31 805 300	22 917 159	9 792 166	123 573 260	2 278 983	12 389 105	219 588 426	28 192 340

Note: PAHO procured items are only reflected in laboratory supplies not personal protective equipment. Data within the table above undergoes periodic data verification processes. Therefore, some subsequent small shifts in total numbers of procured items per category are anticipated.

**Laboratory supplies data are as of 14 February 2022*

For further information on the **COVID-19 supply chain system**, see [here](#).

COVID-19 Global Preparedness and Response Summary indicators

Progress on a subset of indicators from the [Strategic Preparedness and Response Plan \(SPRP 2021\) Monitoring and Evaluation Framework](#) are presented below.

Indicator (data as of)	Previous Status	Status Update	2021 Target
Pillar 3: Proportion of countries ^a testing for COVID-19 and timely reporting through established sentinel or non-sentinel ILI, SARI, ARI surveillance systems such as GISRS or other WHO platforms (N=116 ^b , as of epidemiological week 06/2022) ^c	66% (n=76)	59% (n=69)	50%
<p>This week (epidemiological week 06/2022), of the 116 countries in the temperate zone of the northern hemisphere and the tropics expected to report, 69 (59%) have timely reported COVID-19 data. An additional 6 countries in the temperate zones of the southern hemisphere have timely reported COVID-19 data for this week.</p>			
Pillar 10: Proportion of Member States that have started administration of COVID-19 vaccines (N=194, as of 28 February 2022) ^c	99% (n=192)	99% (n=192)	100%
Pillar 10: Number of COVID-19 doses administered globally (N=N/A, as of 7 February 2022) ^c	10 407 359 583	10 585 766 316	N/A
Pillar 10: Proportion of global population with at least one vaccine dose administered in Member States (N= 7.78 billion, as of 7 February 2022) ^c	62.5% (4.86 billion)	63% (4.897 billion)	N/A

^a The term "countries" should be understood as referring to "countries and territories"

^b countries and territories (the denominator) is the number of countries expected to conduct routine ILI, SARI and/or ARI surveillance at the time of year

^c Weekly reported indicator

N/A not applicable; TBD to be determined; ILI influenza like illness; SARI severe acute respiratory infection; ARI acute respiratory illness; GISRS: Global Influenza Surveillance and Response System



Key links and useful resources



GOARN

For updated GOARN network activities, click [here](#).

Emergency Medical Teams (EMT)

For updated EMT network activities, click [here](#).

WHO case definition

For the WHO case definitions for public health surveillance of COVID-19 in humans caused by SARS-CoV-2 infection, published December 2020, click [here](#).

WHO clinical case definition

For the WHO clinical case definitions of the post COVID-19 condition, click [here](#).

EPI-WIN

For EPI-WIN: WHO Information Network for Epidemics, click [here](#)

WHO Publications and Technical Guidance

For updated WHO Publications and Technical Guidance on COVID-19, click [here](#)

For more information on
COVID-19 regional
response:



- [African Regional Office](#)
- [Regional Office of the Americas](#)
- [Eastern Mediterranean Regional Office](#)
- [European Regional Office](#)
- [Southeast Asia Regional Office](#)
- [Western Pacific Regional Office](#)

For the 22 February 2022 **Weekly Epidemiological Update**, click [here](#). Highlights this week include:

The geographic distribution of circulating SARS-CoV-2 variants of concern (VOCs), including the prevalence and summary of current evidence of the Omicron variant. We also provide updates on vaccine effectiveness for the Delta and Omicron variants.

News

- [WHO Director General's opening remarks for 9th meeting of Act-A Facilitation Council](#)
- [Recommendations announced](#) for vaccine composition for the 2022-23 northern hemisphere influenza season
- WHO hosted the 3rd COVID-19 Global research and innovation forum and published its [achievement report](#)