

This report is produced by OCHA Syria in collaboration with WHO Syria and humanitarian partners. The next report will be issued on or around 5 March 2020.

HIGHLIGHTS

- Confirmed Cases: 0
- Suspected Cases: 5 (all tested negative for COVID-19)
- WHO global risk assessment: Very High
- Areas of concern: Damascus/Rural Damascus, densely populated areas and those experiencing hostilities where sample collection may be more challenging.
- Populations of concern: all groups are susceptible to the virus but the elderly and people with a travel history to countries/areas or territories reporting local transmission of COVID-19 are particularly at risk.

The basic principles to reduce the general risk of transmission of acute respiratory infections include the following:

- Avoid close contact with people suffering from acute respiratory infections.
- Wash hands frequently, especially after direct contact with ill people or their environment.
- Avoid unprotected contact with farm or wild animals.
- People with symptoms of acute respiratory infection should practice cough etiquette (maintain distance, cover coughs and sneezes with disposable tissues or clothing, and wash hands).
- In case of symptoms suggestive of respiratory illness either during or after travel, travelers are encouraged to seek medical attention and share their travel history with their health care provider.

SITUATION OVERVIEW

Across 58 countries a total of 87,137 cases of COVID-19 have been confirmed, including 2,977 associated deaths (CFR=3.4 per cent), of which 104 are from outside China. In the past 72 hours, twelve countries have reported cases for the first time: Azerbaijan, Denmark, Ecuador, Estonia, Iceland, Ireland, Lithuania, Monaco, Netherlands, Nigeria, Qatar and San Marino. In the Eastern Mediterranean Region, 728 cases of COVID-19 have been confirmed, including 43 deaths. Iran represents 81 per cent of cases recorded in the region and all deaths. In total, 26 provinces (84 per cent) in Iran have reported cases of COVID-19 since 19 February with cases exported to Afghanistan, Bahrain, Canada, Iraq, Kuwait, Lebanon, Oman, Pakistan and the United Arab Emirates (UAE). On 27 February, two Syrian nationals with a travel history to Iran were admitted to Mujtahid Hospital in Damascus and tested for COVID-19; both tested negative for the virus. To date, the Ministry of Health (MoH) has tested five cases for COVID-19, all of which were negative. As of 2 March, Cham Wings will suspend all flights between Iran and Syria.

PREPAREDNESS AND RESPONSE

The current focus of activities is preparedness and reinforcing existing stockpiles. In collaboration with WHO, the MoH has developed a national COVID-19 preparedness and response plan and agreed on Standard Operating Procedures (SOPs) for detection and surveillance at points-of-entry into Syria such as airports and border-crossings. Some 20,000 travel history cards have also been developed and personal protective equipment (PPE), along with detection and surveillance devices, distributed to medical staff at points-of-entry. Communication and community engagement in order to prevent the spread of the virus is ongoing and starting 1 March WHO, in collaboration with MoH, will conduct five workshops on risk communication in four cities (Aleppo, Damascus, Hama and Lattakia) targeting information, education and communication (IEC) professionals.

Overall, WHO is supporting the MoH to rapidly detect, diagnose, and prevent the further spread of COVID-19 in line with international health regulations (2005) through the following preparedness measures:

Information, education & communication

WHO has distributed 39 roll-up banners to 12 points-of-entry and provided more than 15,000 IEC posters and fliers to MoH to disseminate to public health facilities in the governorates in the coming days and weeks.

Infection, prevention & control

To date, WHO has provided MoH with PPE including 11,000 surgical masks, 2,000 gloves, 17,000 disposable gowns, and 200 googles, as well as other medical supplies and hygiene products. In total, WHO will procure 84 000 surgical masks, 150,000 medical masks, 200,000 gloves, 4,300 disposable gowns, and 10 oxygen concentrators to cover some of the needs in public health facilities across the country; 70 per cent of these items will be handed over to the MoH. WHO will also support MoH trainings for health care workers on infection, prevention and control measures.

Case management

WHO has shared protocols and guidelines with MoH and health partners; WHO will further support trainings for 25 health care workers in each governorate. MoH has identified referral health facilities for the treatment of COVID-19 in Damascus. WHO has also provided MoH with a portable X-ray machine.

National laboratories

WHO has provided two diagnostic kits for COVID-19 that can cover 200 tests, as well as other laboratory supplies. On 18 and 19 February, WHO conducted a training for 10 MoH laboratory technicians to strengthen diagnostic capacity of COVID-19 and disseminated 4,000 swabs for sample collection.

Surveillance, rapid-response teams & case investigation

WHO has shared COVID-19 protocol and guidelines with the MoH and health partners and is supporting the Emergency Warning and Alert System (EWARS) which reports severe acute respiratory infection cases from all governorates. Within the next month, WHO will support MoH to deliver rapid response team training to 125 health workers across the country.

POINTS OF ENTRY

Currently, there are 15 points-of-entry accessible from within Syria – seven ground crossings (Rural Damascus [1], Deir-ez-Zor [1], Homs [3], Lattakia [1] and Tartous [1]) in addition to four seaports and four airports (Aleppo, Damascus, Lattakia and Qamishli). Of these, 12 are currently in use. The MoH, in collaboration with the Transportation and Interior ministries, have undertaken trainings to carry out entry screening, including temperature measurement and travel history, to detect suspected cases at crossing points in use.

CAMPS AND COLLECTIVE SHELTERS

In Al Hol camp, two rooms (four beds) have been identified in one field hospital to serve as an isolation center although require further upgrading. Any identified cases in other camps will be referred to Al-Hasakeh, Qamishli or Ar-Raqqa hospitals following completion of a capacity assessment by WHO. On 1 March, WHO conducted an awareness raising session on COVID-19 in Al Hol for health partners. IEC material is also being distributed to health partners implementing activities in camps and collective shelters across the northeast.

COORDINATION

NATIONAL: The MoH has finalized a national plan for COVID-19 outlining the roles of other ministries (Agriculture, Education, Interior and Transportation) in implementing preparedness measures. In collaboration with MoH, the MoE and UNICEF, WHO conducted a two-day workshop between 17 and 18 February to raise awareness of the virus and advocate for prevention measures among school health personnel from all 14 governorates. On 6 February, MoH and WHO

conducted a one-day workshop for 25 journalists on COVID-19 to raise awareness of the National Preparedness and Response plan, and on 1 March the first risk communication workshop was held in Damascus with 25 participants (journalists and IEC professionals) from As-Sweida, Dar'a, and Rural Damascus governorates. The Health Sector is sharing a COVID-19 Situation Report with all health partners, UN agencies and donors daily.

SUB-NATIONAL: WHO are working closely with local authorities, the Directorates of Health (DoH) and operating partners to raise awareness of the virus among local communities. A NES Preparedness and Response plan is also being developed and will be rolled out shortly.

FUNDING

On 1 March, the Emergency Relief Coordinator released US \$15 million from the Central Emergency Reserve Fund (CERF) to help fund global efforts to contain the COVID-19 virus. The funding, which will be allocated to WHO and UNICEF, will go towards monitoring the spread of the virus, investigating cases and the operation of national laboratories.

More Information

General information: <https://www.who.int/health-topics/coronavirus>

Global surveillance for human infection with coronavirus disease: [https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-\(2019-ncov\)](https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov))

Global research on coronavirus disease: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov>

Advice for public: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

Infection prevention and control during health care: [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)

Advice for international travel and trade: <https://www.who.int/ith/2020-24-01-outbreak-of-Pneumonia-caused-by-new-coronavirus/en/>

Introduction to COVID-19 online course: <https://openwho.org/courses/introduction-to-ncov>

For further information, please contact:

Dr Jamshed Ali Tanoli, Health Sector Coordinator- WHO Damascus, tanolij@who.int, Cell +963 953 888 559

Dr. Gabriel Novelo Sierra, Health Emergencies Team Lead- WHO Damascus, novelog@who.int, Cell +963 953 888 477

Ms. Akiko Takeuchi, Infectious Hazard Management- WHO Damascus, takeuchia@who.int, Cell +963 958 800 900

Ms. Lama Altaweel, Humanitarian Affairs Officer- OCHA Damascus, altaweel@un.org, Cell +963 953 300 074