



Walsingham House
35 Seething Lane
London
EC3N 4AH

Tel +44 20 7090 1460

info@ics-shipping.org | ics-shipping.org

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19 October 2022

COVID-19(22)19

**TO: LABOUR AFFAIRS COMMITTEE
ALL MEMBERS & ASSOCIATE MEMBERS
BIWEEKLY MEMBERS MEETING PARTICIPANTS
INTERNATIONAL ASSOCIATION GROUP PARTICIPANTS**

COVID-19 AND MONKEYPOX UPDATE AS OF 19 OCTOBER 2022

Action Required: Globally, as of 18 October 2022, there have been 622,389,418 confirmed cases of COVID-19, including 6,548,492 deaths, reported to WHO. As of 12 October 2022, a total of 12,782,955,639 vaccine doses have been administered.

SITUATION IN NUMBERS BY WHO REGION

	Cases	Deaths
Global	622,389,418	6,548,492
Americas	179,234,782	2,846,919
Europe	258,423,319	2,105,754
South-East Asia	60,383,848	798,273
Eastern Mediterranean	23,126,948	348,558
Africa	9,343,931	174,634
Western Pacific	91,875,826	274,341

	TOP 12 COUNTRIES	MOST CASES YESTERDAY	HIGH FATALITIES YESTERDAY
1	USA	Germany	Ukraine
2	India	Korea	France
3	France	China	Italy
4	Germany	Ukraine	Russia
5	Brazil	Italy	China
6	Korea	USA	Philippines
7	UK	Russia	Poland
8	Italy	France	Denmark
9	Japan	Austria	Japan
10	Russia	Singapore	Indonesia

11	Turkey	Chile	Peru
12	Spain	Denmark	Estonia

Crew changes in UAE

Fujairah has revoked the PCR requirements for the joiners and off-signers. An official message was promised, but has not been released. The official message will take time and the Port has implemented the revoke for the ease of business. Crew changes were effected the last few days, without the PCR test requirements. For Khorfakkan, the PCR rules are still in place. The authorities are approached and made to understand that no intimations or changes from their superiors are received.

[COVID-19\(22\)19-Annex-1- ICAO Vaccination Report 11 Oct, 22](#)

[COVID-19\(22\)19-Annex-2- ICAO Travel Testing Report 12 Oct 2022](#)

[COVID-19\(22\)19-Annex-3- Weekly Epidemiological Update](#)

[COVID-19\(22\)19-Annex-4- Monkeypox Update](#)

[COVID-19\(22\)19-Annex-5- JSA Updates](#)

Ondrilla Fernandes
Employment Affairs Advisor

Vaccination Report – 11 October 2022

1. Vaccine Implementation

- WHO's Emergency Use Listing(EUL) Vaccines (Last Updated 21 September 2022)

	Manufacturer	Name of Vaccine	NRA of Record	Vaccine type
1	Pfizer-BioNTech (US)	BNT162b2/COMIRNATY Tozinameran (INN)	EMA,USFDA	Nucleoside modified mRNA
2	AstraZeneca (UK)	AZD1222 Vaxzevria	EMA, MFDS KOREA, Japan MHLW/PMDA, Australia TGA, COFEPRIS(Mexico), ANMAT(Argentina)	Recombinant ChAdOx1 adenoviral vector encoding the Spike protein antigen of the SARS-CoV-2
3	Serum Institute of India (India)	Covishield (ChAdOx1_nCoV-19)	DCGI	Recombinant ChAdOx1 adenoviral vector encoding the Spike protein antigen of the SARS-CoV-2
4	Johnson & Johnson (US)	Ad26.CoV2.S	EMA, DCGI	Recombinant, replication incompetent adenovirus type 26 (Ad26) vectored vaccine encoding the (SARS-CoV-2) Spike (S) protein
5	Moderna (US)	mRNA-1273	EMA, USFDA, MFDS	mRNA-based vaccine encapsulated in lipid nanoparticle (LNP)
6	Sinopharm Beijing (China)	SARS-CoV-2 Vaccine (Vero Cells)	NMPA	Inactivated virus (Vero Cells)
7	Sinovac (China)	COVID-19 Vaccine (Vero Cells)	NMPA	Inactivated virus (Vero Cell)
8	Bharat Biotech (India)	SARS-CoV-2 Vaccine, Inactivated (Vero Cell)/ COVAXIN	DCGI	Whole-Virion Inactivated (Vero Cell)
9	Serum Institute of India (India)	NVX-CoV2373/Covovax	DCGI	Recombinant nanoparticle prefusion spike protein formulated with Matrix-M™ adjuvant
10	NOVAVAX (US)	NVX-CoV2373/Nuvaxovid	EMA	Recombinant nanoparticle prefusion spike protein formulated with Matrix-M™ adjuvant
11	CanSinoBIO (China)	Ad5-nCoV	NMPA	Recombinant Novel Coronavirus Vaccine (Adenovirus Type 5 Vector)

- **47** Vaccines Approved by at Least One Country

Vaccine Type	mRNA	Non Replicating Viral vector	Inactivated virus	Protein Subunit	DNA	Virus-like Particles (VLP)	Total
In Use	8	9	11	17	1	1	47

Source: <https://covid19.trackvaccines.org/vaccines/approved/#vaccine-list> (Last Updated 7 Oct 2022)

- Vaccination against COVID-19 has now started in **218** locations
(Source: [Our World in Data](#). Last Updated 10 Oct 2022)

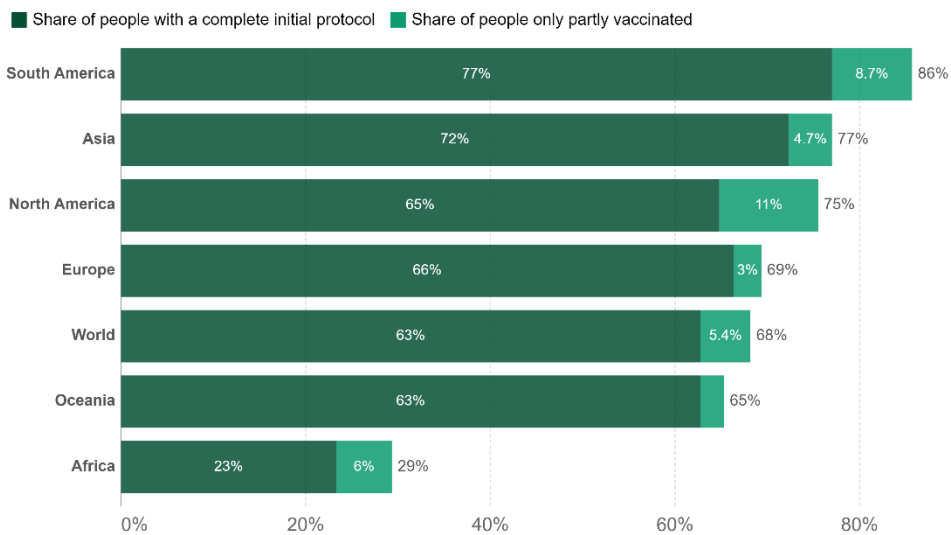
Location	Doses Given	Complete Initial Protocol (% of population)	Partly Vaccinated (% of population)
Worldwide	12.80 billion	4.96 billion (62.77 %)	5.39 billion (68.18 %)

About this data:

- a: This data changes rapidly and might not reflect doses still being reported. It may differ from other sites & sources.
- b: Where data for full vaccinations is available, it shows how many people have received at least 1 dose and how many people have been fully vaccinated (which may require more than 1 dose). Where data for full vaccinations isn't available, the data shows the total number of vaccine doses given to people. Since some vaccines require more than 1 dose, the number of fully vaccinated people is likely lower.
- c: It only has full vaccination totals in some locations.

Share of people vaccinated against COVID-19, Oct 10, 2022

Our World
in Data



Source: Official data collated by Our World in Data

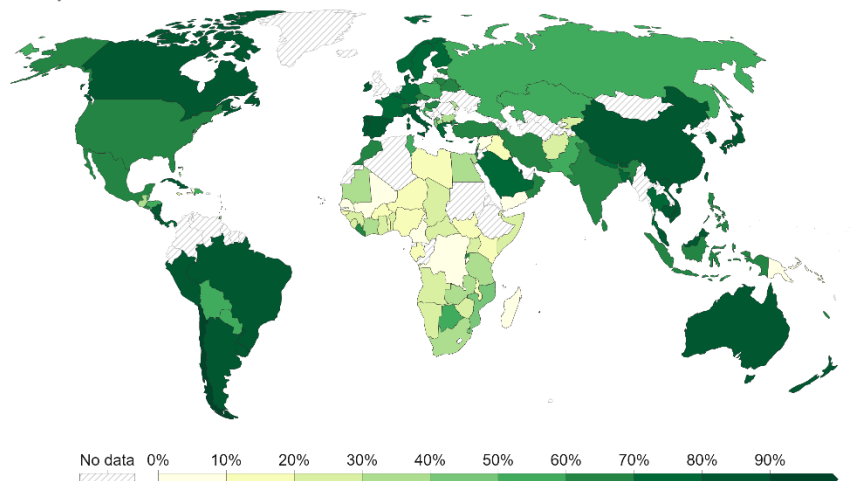
CC BY

Note: Alternative definitions of a full vaccination, e.g. having been infected with SARS-CoV-2 and having 1 dose of a 2-dose protocol, are ignored to maximize comparability between countries.

Share of people who completed the initial COVID-19 vaccination protocol, Oct 10, 2022

Our World
in Data

Total number of people who received all doses prescribed by the initial vaccination protocol, divided by the total population of the country.



Source: Official data collated by Our World in Data – Last updated 11 October 2022

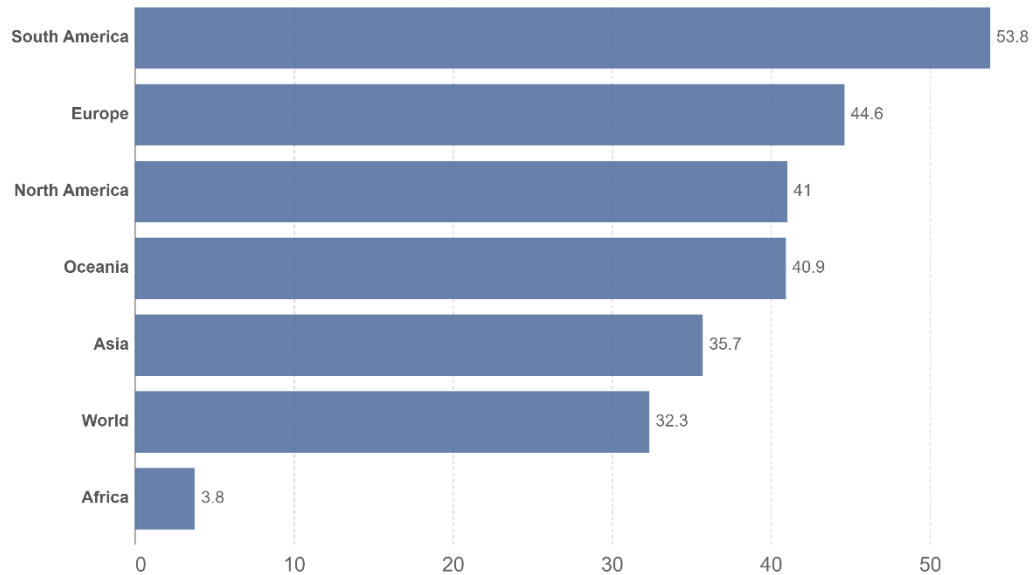
OurWorldInData.org/coronavirus • CC BY

Note: Alternative definitions of a full vaccination, e.g. having been infected with SARS-CoV-2 and having 1 dose of a 2-dose protocol, are ignored to maximize comparability between countries.

COVID-19 vaccine boosters administered per 100 people, Oct 10, 2022

Total number of vaccine booster doses administered, divided by the total population of the country. Booster doses are doses administered beyond those prescribed by the original vaccination protocol.

Our World in Data



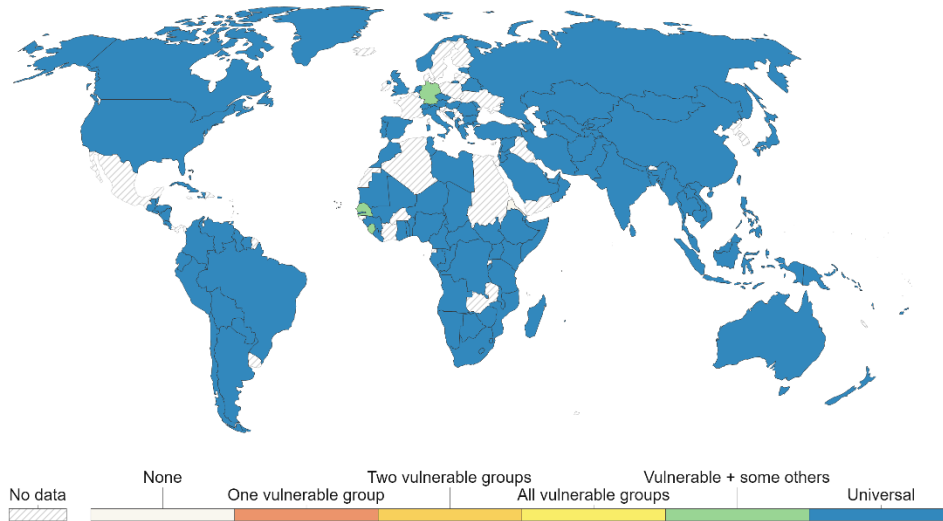
Source: Official data collated by Our World in Data – Last updated 11 October 2022

OurWorldInData.org/coronavirus • CC BY

COVID-19 vaccination policy, Oct 10, 2022

Policies for vaccine delivery. Vulnerable groups include key workers, the clinically vulnerable, and the elderly. "Others" include select broad groups, such as by age.

Our World in Data



Source: Oxford COVID-19 Government Response Tracker, Blavatnik School of Government, University of Oxford – Last updated 11 October 2022

OurWorldInData.org/coronavirus • CC BY

2. Effectiveness of Vaccine and/or Previous Infection against symptomatic infection for Alpha, Delta and Omicron variants

Vaccine Status	Vaccine Effectiveness		
	Alpha	Delta	Omicron
1 Dose (BNT162b2 or ChAdOx1 nCoV-19)	48.7% (95%CI: 45.5-51.7%) ¹ 66%(BNT162b2) ⁴ 64%(ChAdOx1) ⁴	30.7% (95%CI: 25.2-35.7%) ¹ 56%(BNT162b2) ⁴ 67%(ChAdOx1) ⁴ 82% (95% CI: 73- 91%) ⁷	
1 Dose (mRNA-1273)	83% ⁴	72% ⁴	

1 Dose (Sinopharm or Sinovac)		13.8% (95% CI: -60.2-54.8%) ³	
2 Doses (BNT162b2)	93.7% (95% CI: 91.6-95.3) ¹ 76% (95% CI: 69-81%) ² 89% ⁴	88% (95% CI: 85.3-90.1%) ¹ 42% (95% CI: 13-62%) ² 87% ⁴ 93% (95% CI: 88-97%/12-18Y) ⁵ 93% (95% CI: 88-97%) ⁷	50% (95% CI: 35%-62%) ⁸
2 Doses (ChAdOx1 nCoV-19)	74.5% (95% CI: 68.4-79.4%) ¹	67.0% (95% CI: 61.3-71.8%) ¹	
2 Doses (mRNA-1273)	86% (95% CI: 81-90.6%) ²	76% (95% CI: 58-87%) ²	30.4% (95% CI: 5.0%-49.0%) ⁹
2 Doses (Sinopharm or Sinovac)		59.0% (95% CI: 16.0-81.6%) ³	
3 Doses (BNT162b2)		95.33% (SD 6.44) ⁶ 86.1% (95% CI, 67.3 to 94.1) ¹¹	67.2% (95% CI: 66.5- 67.8%) at 2 to 4 weeks ¹⁰ 49.4% (95% CI, 47.1 to 51.6) ¹¹ 52.2% (95% CI, 48.1 to 55.9) ¹²
3 Doses (mRNA-1273)			62.5% (95% CI: 56.2-67.9%) ⁹ 47.3% (95% CI, 40.7 to 53.3) ¹¹
2 Doses (BNT162b2) + 1 Dose (mRNA-1273)			73.9% (95% CI: 73.1- 74.6%) at 2 to 4 weeks ¹⁰
2 Doses (ChAdOx1 nCoV-19)+1 Dose (BNT162b2)			62.4% (95% CI, 61.8- 63.0) at 2 to 4 weeks ¹⁰
2 Doses (ChAdOx1 nCoV-19)+ 1 Dose (mRNA-1273)			70.1% (95% CI, 69.5 to 70.7) at 2 to 4 weeks ¹⁰
2 Doses (BNT162b2) + Previous infection			55.1% (95% CI, 50.9 to 58.9) ¹²
3 Doses (BNT162b2) + Previous infection			77.3% (95% CI, 72.4 to 81.4) ¹²
Previous Omicron Infection			76.1% on BA.4 or BA.5 (95% CI: 54.9 to 87.3%) ¹³

References:

- 1) [Effectiveness of Covid-19 Vaccines against the B.1.617.2 \(Delta\) Variant](#)
- 2) [Comparison of two highly-effective mRNA vaccines for COVID-19 during periods of Alpha and Delta variant prevalence](#)
- 3) [Efficacy of inactivated SARS-CoV-2 vaccines against the Delta variant infection in Guangzhou: A test-negative case-control real-world study](#)
- 4) [Effectiveness of COVID-19 vaccines against variants of concern in Ontario, Canada](#)
- 5) [Effectiveness of BNT162b2 Vaccine against Delta Variant in Adolescents](#)
- 6) [A RCT of a third dose CoronaVac or BNT162b2 vaccine in adults with two doses of CoronaVac](#)
- 7) [Effectiveness of BNT162b2 Vaccine against Delta Variant in Adolescents](#)
- 8) [Effectiveness of BNT162b2 Vaccine against Omicron Variant in South Africa](#)
- 9) [Effectiveness of mRNA-1273 against SARS-CoV-2 omicron and delta variants](#)
- 10) [Covid-19 Vaccine Effectiveness against the Omicron \(B.1.1.529\) Variant](#)
- 11) [Effect of mRNA Vaccine Boosters against SARS-CoV-2 Omicron Infection in Qatar](#)
- 12) [Effects of Previous Infection and Vaccination on Symptomatic Omicron Infections](#)
- 13) [Protection of SARS-CoV-2 natural infection against reinfection with the BA.4 or BA.5 Omicron subvariants](#)

3. Latest Relevant Articles

- Duration of BA.5 neutralization in sera and nasal swabs from SARS-CoV-2 vaccinated individuals, with or without Omicron breakthrough infection (Published October 05, 2022)
- Protective Effect of Previous SARS-CoV-2 Infection against Omicron BA.4 and BA.5 Subvariants (Published October 5,2022)
- A Bivalent Omicron-Containing Booster Vaccine against Covid-19(Published October 6,2022)
- Safety, immunogenicity and antibody persistence of a bivalent Beta-containing booster vaccine against COVID-19: a phase 2/3 trial(Published October 6,2022)
- Effectiveness of mRNA COVID-19 Vaccine Boosters Against Infection, Hospitalization, and Death: A Target Trial Emulation in the Omicron (B.1.1.529) Variant Era(Published October 11,2022)

4. Other Information

- CDC : Updates on COVID-19 Vaccine Effectiveness during Omicron(Published September 1, 2022)
- SARS-CoV-2 variants of concern and variants under investigation in England(Published 7 October, 2022)

Member States Testing and Quarantine Protocols
(Updated on 12 October, 2022)

Member States	Pre departure test	Test on Arrival	Quarantine	Source
Afghanistan	No testing	No testing	No quarantine	https://af.usembassy.gov/covid-19-information/
Albania	No testing	No testing	No quarantine	https://www.gov.uk/foreign-travel-advice/albania/entry-requirements
Algeria	PCR test (72 hours prior to departure) for non-vaccinated travelers or vaccinations older than 9 months	No testing	No quarantine	https://www.gov.uk/foreign-travel-advice/algeria/entry-requirements
Andorra	No testing	No testing	No quarantine	https://visitandorra.com/en/covid-19-in-andorra/faq-if-you-re-spending-a-few-days-in-andorra/
Angola	RT-PCR test(72 hours prior to departure)	Rapid COVID-19 antigen test at the airport	7 days if test positive on arrival	https://www.gov.uk/foreign-travel-advice/angola/entry-requirements
Antigua and Barbuda	No testing	No testing	No quarantine	https://visitantiguabarbuda.com/travel-advisory/
Argentina	No testing	No testing	No quarantine	https://www.argentina.gob.ar/interior/migraciones/ddij-migraciones
Armenia	No testing	No testing	No quarantine	https://www.gov.am/en/covid-travel-restrictions/
Australia	No testing	No testing	No quarantine	https://www.health.gov.au/health-alerts/covid-19/international-travel/inbound
Austria	No testing	No testing	No quarantine	https://www.austria.info/en/service-and-facts/coronavirus-information/entry-regulations
Azerbaijan	No testing	No testing	No quarantine	https://az.usembassy.gov/covid-19-information-for-azerbaijan/
Bahamas	No testing	No testing	No quarantine	https://travel.gov.bs/
Bahrain	No testing	No testing	No quarantine	https://healthalert.gov.bh/en/article/entry-procedures-through-kingdom-of-bahrain

Bangladesh	RT PCR(72 hours prior to departure) for Partially/Unvaccinated travelers	Travelers showing symptoms of COVID-19 on arrival must take a RT-PCR/Antigen test.	7 days if test positive on arrival	http://caab.gov.bd/circul/AT-Circular-FSR-03-2022%20(02June22).pdf
Barbados	No testing	No testing	No quarantine	https://www.visitbarbados.org/covid-19-travel-guidelines-2022
Belarus	No testing	No testing	No quarantine	https://gpk.gov.by/covid-19/
Belgium	No testing	No testing	No quarantine	https://www.info-coronavirus.be/en/travels/
Belize	No testing	No testing	No quarantine	https://belizetourismboard.org/news-and-gallery/belize-covid-19-travel-updates/
Benin	No testing	No testing	No quarantine	https://bj.usembassy.gov/info-covid19/
Bhutan	No testing	Travelers are required to take a COVID-19 RT-PCR test on arrival	24 hours or until they receive their negative COVID-19 RT-PCR result.	https://www.drukair.com.bt/Travel-Information/COVID-19-travel-requirements
Bolivia (Plurinational State of)	RT-PCR test (72 hours prior to departure), or COVID-19 nasal antigen test (48 hours prior to departure) for partially/unvaccinated travelers	No testing	No quarantine	https://www.minsalud.gob.bo/es/
Bosnia and Herzegovina	No testing	No testing	No quarantine	https://granpol.gov.ba/Content/Read/74?title=COVID-19
Botswana	No testing	No testing	No quarantine	https://www.atta.travel/media/23172/botswana-release-28-sep.jpeg
Brazil	RT-PCR test (24 hours prior to departure) for partially/Unvaccinated travelers	No testing	No quarantine	https://www.in.gov.br/en/web/dou/-/portaria-interministerial-n-678-de-12-de-setembro-de-2022-428660501
Brunei Darussalam	No testing	No testing	No quarantine	https://www.bruneitourism.com/covid19-travellers-advisory/

Bulgaria	No testing	No testing	No quarantine	https://coronavirus.bg/bg/az-sum/zavrasham-se-bulgaria
Burkina Faso	PCR or rapid diagnostic test(5 days prior to departure) for partially/Unvaccinated travelers	PCR and RDT tests for travelers without a negative pre-departure test result or with symptoms of COVID-19	72 hours for positive cases of COVID-19 RDT test on arrival	https://www.sante.gov.bf/covid19
Burundi	No testing	PCR test	24 hours while awaiting the results of the PCR test	https://www.gov.uk/foreign-travel-advice/burundi/entry-requirements
Cabo Verde	PCR test (72 hours prior to departure) or an antigen test (48 hours prior to departure) for Partially/Unvaccinated travelers	No testing	No quarantine	https://travel.gov.cv/
Cambodia	No testing	No testing	No quarantine	https://www.embassyofcambodiadc.org/embassy-updates/pr-no-098-easing-of-entry-requirements-march-17-2022
Cameroon	COVID-19 PCR test (72 hours prior to departure)	Rapid flow testing at Yaoundé and Douala international airports.	Anyone that has developed symptoms of Coronavirus on their travel or tests positive on arrival at Yaoundé or Douala airport	https://www.gov.uk/foreign-travel-advice/cameroon/entry-requirements
Canada	No testing	No testing	No quarantine	https://travel.gc.ca/travel-covid?utm_campaign=gac-amc-covid1-22-23&utm_source=covid-19-testing-travellers-coming-into-canada&utm_medium=redirect&utm_content=en&utm_campaign=gac-amc-covid-20-21&utm_source=travel-covid_travel-restrictions_flying_&utm_medium=redirect&utm_content=en#:~:text=Travellers%20drive%20to%20Canada,ports%20of%20entry
Central African Republic	PCR test(72 hours prior to departure)	Any traveler without a negative PCR test results will be obliged to take both a rapid test (TDR) and RT-PCR test	14 days	https://cf.usembassy.gov/covid-19-information/

Chad	PCR test (96 hours prior to departure) for unvaccinated and partially vaccinated	No testing	No quarantine	https://www.gov.uk/foreign-travel-advice/chad/entry-requirements
Chile	PCR(48 hours prior to departure)	Randomly test	7 days if refusing arrival test or positive result	https://www.chile.travel/planviajarachile/
China	2 nucleic acid test (48 hours and 24 hours prior to departure).	5 molecular tests(day1, 2,3,5 and 7 after arriving)	7 days	http://us.china-embassy.gov.cn/chn/lsw/sjc/202205/t20220518_10688101.htm
Colombia	PCR test(72 hours prior to departure) or antigen test (48 hours prior to departure) for unvaccinated and partially vaccinated	No testing	No quarantine	https://coronaviruscolombia.gov.co/Covid19/index.html
Comoros	PCR test(72 hours prior to departure) for unvaccinated and partially vaccinated	No testing	No quarantine	https://www.gov.uk/foreign-travel-advice/comoros/entry-requirements
Congo	PCR test(72 hours prior to departure)	PCR test	Travellers who test positive are placed in strict quarantine,until their control tests are negative.	https://voyage-congo.com/en/
Cook Islands	No testing	No testing	No quarantine	https://cookislands.travel/entry
Costa Rica	No testing	No testing	No quarantine	https://www.visitcostarica.com/en/costa-rica/planning-your-trip/entry-requirements
Côte d'Ivoire	PCR test(72 hours prior to departure) for not or incompletely vaccinated	No testing	No quarantine	https://deplacement-aerien.gouv.ci/#/home
Croatia	No testing	No testing	No quarantine	https://hr.usembassy.gov/covid-19-information/

Cuba	No testing	Randomly RT-PCR test at airport	Arrival Test positive travelers	https://www.mintur.gob.cu/protocolos/
Cyprus	No testing	No testing	No quarantine	https://www.pio.gov.cy/coronavirus/uploads/27052022_airportsportsactionplanabolished_EN.pdf
Czechia	No testing	No testing	No quarantine	https://www.mvcr.cz/mvcren/article/as-of-december-27th-2021-the-rules-for-entry-into-the-czech-republic-will-be-tightened-for-foreign-nationals.aspx
Democratic People's Republic of Korea	NA	NA	NA	
Democratic Republic of the Congo	PCR test(48 hours prior to departure) for Unvaccinated and partially vaccinated	No testing	No quarantine	https://www.gov.uk/foreign-travel-advice/democratic-republic-of-the-congo/entry-requirements
Denmark	No testing	No testing	No quarantine	https://en.coronasmitte.dk/travel-rules/covidtravelrules
Djibouti	PCR test(72 hours prior to departure) for not fully vaccinated or unvaccinated	PCR test at airport for not fully vaccinated travellers	test COVID-19 positive on the arrival test	https://www.gov.uk/foreign-travel-advice/djibouti/entry-requirements#entry-rules-in-response-to-coronavirus-covid-19
Dominica	No testing	No testing	No quarantine	https://discoverdominica.com/en/travel-advisory-for-dominica
Dominican Republic	No testing	No testing	No quarantine	https://www.godomincanrepublic.com/newsroom/coronavirus/
Ecuador	RT-PCR test(72 hours prior to departure) for unvaccinated and partially vaccinated	Rapid antigen testing(nasopharyngeal swab) for who presents signs or symptoms of COVID-19 during the flight or at the time of arrival in Ecuador	10 days if testing positive on arrival	https://www.aeropuertoquito.aero/es/protocolo-covid-19.html

Egypt	No testing	No testing	No quarantine	https://www.visa-egypt.com/articles/travel-restrictions
El Salvador	No testing	No testing	No quarantine	https://www.dfa.ie/travel/travel-advice/a-z-list-of-countries/el-salvador/
Equatorial Guinea	PCR (48 hours prior to departure)	Rapid COVID-19 test	No quarantine	https://www.guineaecuatorialpress.com/noticias/orden_por_la_que_se_levanta_de_cuarantena_hotelera_obligatoria
Eritrea	PCR test (72 hours prior to departure)	Rapid antigen test	14 days if testing positive on arrival	https://www.gov.uk/foreign-travel-advice/eritrea/entry-requirements
Estonia	No testing	No testing	No quarantine	https://kriis.ee/en/travelling-crossing-state-border/travelling-estonia
Eswatini	PCR test(72 hours prior to departure) for unvaccinated	No testing	No quarantine	https://www.thekingdomofeswatini.com/travel-advice/
Ethiopia	RT PCR test (120 hours prior to departure)	No testing	14 days if without negative PCR COVID-19 test result on arrival	https://www.evisa.gov.et/travel-updates/entry-restrictions-to-ethiopia
Fiji	No testing	Randomly Rapid Antigen Test (within 72 hours of arrival)	A minimum of 5 days if test positive on arrival	https://www.mcttt.gov.fj/fiji-entry-conditions/
Finland	No testing	No testing	No quarantine	https://www.visitfinland.com/en/practical-tips/covid-19/
France	No testing	No testing	No quarantine	https://www.diplomatie.gouv.fr/en/coming-to-france/coming-to-france-your-covid-19-questions-answered/article/coming-to-france-your-covid-19-questions-answered?var_mode=calcul

Gabon	No testing	No testing	No quarantine	https://ga.usembassy.gov/u-s-citizen-services/coronavirus-update/
Gambia	RT-PCR test(72 hours prior to departure) for unvaccinated and partially vaccinated	Rapid Diagnostic Test	If testing positive on arrival	https://www.gov.uk/foreign-travel-advice/the-gambia/entry-requirements
Georgia	No testing	No testing	No quarantine	https://georgia.travel/en_US/article/covid-travel-alert
Germany	No testing	No testing	No quarantine	https://www.bmi.bund.de/SharedDocs/faqs/EN/topics/civil-protection/coronavirus/coronavirus-faqs.html
Ghana	PCR test (48 hours prior to departure) for partially vaccinated or Unvaccinated	Antigen test for Partially vaccinated or unvaccinated	7 days if testing positive on arrival	https://www.gacl.com.gh/updated_guidelines/
Greece	No testing	No testing	No quarantine	https://travel.gov.gr/#/
Grenada	No testing	No testing	No quarantine	https://bb.usembassy.gov/covid-information-grenada/
Guatemala	No testing	No testing	No quarantine	https://gt.usembassy.gov/alert-covid-19-2/
Guinea	No testing	No testing	No quarantine	https://www.gov.uk/foreign-travel-advice/guinea/entry-requirements#entry-rules-in-response-to-coronavirus-covid-19
Guinea-Bissau	PCR test(within 48 hours prior to departure)	Travlers display any symptoms for COVID-19 on arrival	14 days If someone on your flight is thought to have COVID-19,	https://www.gov.uk/foreign-travel-advice/guinea-bissau/entry-requirements

Guyana	No testing	No testing	No quarantine	https://www.health.gov.gy/
Haiti	Antigen or PCR test(72 hours prior to departure) for unvaccinated are required	No testing	No quarantine	https://www.mspp.gouv.ht/
Honduras	PCR, Antigen or ELISA test (72 hours prior to departure) for Unvaccinated	No testing	No quarantine	https://hn.usembassy.gov/covid-19-information/
Hungary	No testing	No testing	No quarantine	https://www.police.hu/en/content/for-the-attention-of-travelers
Iceland	No testing	No testing	No quarantine	https://island.is/en/p/entry
India	RT-PCR test(72 hours prior to departure) for Not fully vaccinated or Unvaccinated	Random testing(2% of the total passengers in the flight)	No quarantine	https://www.mohfw.gov.in/pdf/GuidelinesforInternationalarrivalsupdatedon02September2022.pdf
Indonesia	No testing	No testing	No quarantine	https://covid19.go.id/artikel/2022/07/08/surat-edaran-kasatgas-nomor-22-tahun-2022
Iran (Islamic Republic of)	PCR test(72 hours prior to departure)	at airport	14 days if testing positive on arrival	https://www.gov.uk/foreign-travel-advice/iran/entry-requirements
Iraq	Unvaccinated are required PCR test(72 hours prior to departure)	No testing	No quarantine	https://iq.usembassy.gov/covid-19-information/
Ireland	No testing	No testing	No quarantine	https://www.gov.ie/en/publication/77952-government-advice-on-international-travel/#passengers-arriving-into-ireland-from-outside-eueea-eu-iceland-lichtenstein-and-norway

Israel	No testing	PCR testing for who feels sick within 10 days of arriving	No quarantine	https://corona.health.gov.il/en/abroad/arriving-foreign-nationals/
Italy	No testing	No testing	No quarantine	https://www.esteri.it/en/ministero/normativaonline/focus-cittadini-italiani-in-rientro-dall-estero-e-cittadini-stranieri-in-italia/
Jamaica	No testing	No testing	No quarantine	https://www.gov.uk/foreign-travel-advice/jamaica/entry-requirements
Japan	PCR test (72 hours prior to departure) for not fully vaccinated and boosted	No testing	No quarantine	https://www.mofa.go.jp/ca/fna/page4e_001053.html
Jordan	No testing	No testing	No quarantine	http://international.visitjordan.com/MediaCenter/ShowNews/33#news
Kazakhstan	No testing	No testing	No quarantine	https://kz.usembassy.gov/covid-19-information/
Kenya	PCR test(72 hours prior to departure) for unvaccinated	Rapid antigen test for who with no proof of vaccination or a PCR test or those with flu-like symptoms	No quarantine	https://www.kcaa.or.ke/covid-19/covid-19-travel-requirements
Kiribati	No testing for fully vaccinated	Testing within three days of arrival.	No quarantine	https://mhms.gov.ki/
Kuwait	No testing	No testing	No quarantine	https://kw.usembassy.gov/covid-19-information/
Kyrgyzstan	No testing	No testing for fully vaccinated	No quarantine	https://kg.usembassy.gov/covid-19-information/

Lao People's Democratic Republic	ATK test (48 hours prior to departure) for unvaccinated	No testing	No quarantine	http://www.mofa.gov.la/index.php/statements/notices/3587-travel-advisory-for-entry-and-exit-of-lao-pdr-during-the-implementation-of-measures-to-prevent.-control-and-respond-to-the-covid-19-pandemic
Latvia	No testing	No testing	No quarantine	https://www.spkc.gov.lv/lv/valstusaslimstibas-raditaji-ar-covid-19-0
Lebanon	No testing	No testing	No quarantine	https://www.moph.gov.lb/en
Lesotho	No testing	No testing	No quarantine	https://www.gov.uk/foreign-travel-advice/lesotho/entry-requirements
Liberia	No testing	No testing	No quarantine	https://www.nphil.gov.lr/index.php/liberia-health-ministry-introduces-new-covid-19-protocols-for-travelers/
Libya	PCR test(48 hours prior to departure)	Antigen test for who with symptoms	10 days	https://ly.usembassy.gov/covid-19-information/
Lithuania	No testing	No testing	No quarantine	https://npsc.lrv.lt/en/information-on-covid-19/for-arrivals-from-abroad
Luxembourg	No testing	No testing	No quarantine	https://covid19.public.lu/en/travellers/visiting-luxembourg.html
Madagascar	No testing	No testing	No quarantine	https://madagascar-tourisme.com/en/travel-alerts-for-madagascar/
Malawi	PCR test(72 hours prior to departure) for partially vaccinated or Unvaccinated	No testing	No quarantine	https://www.malawitourism.com/travel-advice/

Malaysia	No testing	No testing	No quarantine	https://www.malaysia.travel/travel-alert
Maldives	No testing	No testing	No quarantine	https://immigration.gov.mv/faq-for-visiting-the-maldives/
Mali	PCR test(72 hours prior to departure) for partially vaccinated or Unvaccinated	Travelers who are suspected of having COVID-19	14 days if testing positive on arrival	https://www.gov.uk/foreign-travel-advice/mali/entry-requirements
Malta	No testing	No testing	No quarantine	https://deputyprimeminister.gov.mt/en/health-promotion/covid-19/Pages/travel.aspx
Marshall Islands	No testing (travelers must be fully vaccinated against Covid-19 with the Primary series and boosted as eligible)	Rapid Antigen Test	5 days	https://ndmo.gov.mh/rmi-covid19-information/
Mauritania	Partially vaccinated or Unvaccinated are required PCR test (three days prior to departure)	No testing	No quarantine	https://mr.usembassy.gov/covid-19-information-2/
Mauritius	No testing	No testing	No quarantine	https://mauritiusnow.com/mauritius-travel-advice/
Mexico	No testing	No testing	No quarantine	https://embamex.sre.gob.mx/eua/index.php/en/2016-04-09-20-40-51/tourism/1760-mexico-s-covid-19-monitoring-system
Micronesia (Federated States of)	Fully vaccinated (including booster doses if eligible)with PCR test (72 hours prior to departure)	No testing	No quarantine	https://gov.fm/index.php/fsmpio
Monaco	No testing	No testing	No quarantine	https://covid19.mc/en/travel/i-come-from-abroad/
Mongolia	No testing	No testing	No quarantine	https://www.gov.uk/foreign-travel-advice/mongolia/entry-requirements#entry-rules-in-response-to-coronavirus-covid-19

Montenegro	No testing	No testing	No quarantine	https://me.usembassy.gov/covid-19-information/
Morocco	No testing	No testing	No quarantine	https://www.onda.ma/Je-suis-Passager/Guide-du-voyageur/News-a%C3%A9roportuaires-COVID19
Mozambique	No testing	No testing	No quarantine	https://mz.usembassy.gov/covid-19-information/
Myanmar	Fully vaccinated with COVID-19 RDT antigen test (48 hours prior to departure)	Antigen Rapid Diagnostic Test	5 days if unable to show either a vaccination certificate or negative COVID-19 RDT antigen test result	https://tourism.gov.mm/covid-19/
Namibia	No testing	No testing	No quarantine	https://op.gov.na/
Nauru	PCR test(72 hours prior to departure)	Rapid Antigen Test on arrival at the airport	13 days if testing positive on arrival	https://www.nauruair.com/travel-info/covid-19-update
Nepal	RT-PCR, True NAAT, Gene Xpert Test(72 hours prior to departure) for partially vaccinated or Unvaccinated	Travelers with COVID-19 symptoms and unvaccinated travelers	No quarantine	https://www.immigration.gov.np/post/notice-5
Netherlands	No testing	No testing	No quarantine	https://www.government.nl/topics/coronavirus-covid-19/visiting-the-netherlands-from-abroad/checklist-entry
New Zealand	No testing	No testing	No quarantine	https://covid19.govt.nz/international-travel/travel-to-new-zealand-by-air/
Nicaragua	PCR test(72 hours prior to departure) for partially vaccinated or Unvaccinated	No testing	No quarantine	https://www.intur.gob.ni/2020/09/21/nicaragua-reanuda-vuelos-comerciales/

Niger	PCR test(72 hours prior to departure) for Partially vaccinated or Unvaccinated	antigen test for unvaccinated	7 days if without a negative pre-departure test or proof of vaccination	https://www.gouv.ne/index.php/les-communiques-du-gouvernement/296-au-conseil-des-ministres-le-gouvernement-reitere-son-engagement-a-replacer-les-salles-de-classe-en-paillote-par-des-salles-de-classe-en-materiaux-definitifs
Nigeria	PCR test(48hrs prior to departure)for unvaccinated and partially vaccinated	Days 2 and 7 post-arrival PCR tests for unvaccinated and partially vaccinated	No quarantine	https://covid19.ncdc.gov.ng/advisory/
North Macedonia	No testing	No testing	No quarantine	https://koronavirus.gov.mk/en/seek-help-or-report-irregularities/application-for-people-returning-from-travels
Norway	No testing	No testing	No quarantine	https://www.udi.no/en/corona/about-the-corona-situation/
Oman	No testing	No testing	No quarantine	https://www.omanairports.co.om/news/update-on-travel-restrictions-related-to-covid-19/
Pakistan	PCR test(72 hours prior to departure) for partially vaccinated or Unvaccinated	No testing	No quarantine	https://covid.gov.pk/travel-guidelines
Palau	No testing(Mandatory proof of vaccination)	No testing	10 days if close contact with someone with COVID-19	https://www.palau.gov.pw/travel/
Panama	No testing	No testing	No quarantine	https://www.tourismpanama.com/plan-your-vacation/advisories/
Papua New Guinea	No testing (Mandatory proof of vaccination for entry)	No testing	No quarantine	https://www.papuanewguinea.travel/travel-advice-update
Paraguay	RT-PCR / LAMP / NAAT test(72 hours prior to departure) for Partially vaccinated or Unvaccinated	No testing	No quarantine	https://www.migraciones.gov.py/index.php/tramites/ingreso-y-salida-del-pais/exigencias-sanitarias-vigentes-por-covid-19-para-el-ingreso-al-paraguay

Peru	Molecular test test(48 hours prior to departure) for partially vaccinated or Unvaccinated	No testing	No quarantine	https://busquedas.elperuano.pe/normaslegales/decreto-supremo-que-modifica-el-decreto-supremo-n-184-2020-decreto-supremo-no-151-2021-pcm-1988484-1/
Philippines	RT-PCR or antigen test(48 hours prior to departure) for Vaccinated travelers without a booster shot,Partially vaccinated, or Unvaccinated	No testing	exempted for Fully Vaccinated	https://philippines.travel/safetrip
Poland	No testing	No testing	No quarantine	https://www.gov.pl/web/koronawirus/informacje-dla-podrozujacych
Portugal	No testing	No testing	No quarantine	https://www.visitportugal.com/en/node/446781
Qatar	PCR test (48 hours prior to departure) or Rapid Antigen Test (24 hours prior to departure)	Rapid Antigen (RAT) test within a period of 24 hours upon arrival	Travelers who test positive for COVID-19 after arriving	https://covid19.moph.gov.qa/EN/travel-and-return-policy/Pages/default.aspx#visitors
Republic of Korea	No testing	PCR test (within 1 day after arrival)	No quarantine	https://overseas.mofa.go.kr/us-en/brd/m_4500/list.do
Republic of Moldova	No testing	No testing	No quarantine	https://www.border.gov.md/index.php/traversarea-frontierei-perioada-pandemica
Romania	No testing	No testing	No quarantine	https://romaniatourism.com/travel-advisory.html
Russian Federation	PCR test (48 hours prior to departure)	No testing	No quarantine	https://washington.mid.ru/en/
Rwanda	No testing	No testing	No quarantine	https://www.rbc.gov.rw/index.php?id=745

Saint Kitts and Nevis	No testing	No testing	No quarantine	https://www.stkittstourism.kn/travel-requirements
Saint Lucia	No testing	No testing	No quarantine	https://www.stlucia.org/en/covid-19/
Saint Vincent and the Grenadines	No testing	No testing	No quarantine	http://health.gov.vc/health/index.php/covid-19-protocols-documents
Samoa	No testing	No testing	No quarantine	https://www.health.gov.ws/
San Marino	No testing	No testing	No quarantine	https://www.esteri.sm/pub2/EsteriSM/en/Covid/Covid.html
Sao Tome and Principe	Antigen test(48 hours prior to departure)or PCR (72 hours prior to departure)for who do not have the valid digital vaccination certificate.	No testing	No quarantine	https://portaldascomunidades.mne.gov.pt/pt/vai-viajar/conselhos-aos-viajantes/africa/sao-tome-e-principe
Saudi Arabia	No testing	No testing	No quarantine	https://www.moi.gov.sa/wps/portal/Home/Home/dp-home!/ut/p/z1/rVK5cslwEO35Cqeg9GiRbC-FKDYVtrgwQLjUe4QMriWUOD07-PjKkSArwZMgWO7urfXvpIdGyrNZF0NqYxvmpHnaQ0PKsdrJUHzbval02goa9qdf3fQcPYclAeDDhy-EYCMwpWiKBRKTLfZmhTV4oK1aV1G2ozazLEycadJne0eLHNtSRNuiKQ121CLhZQieY
Senegal	PCR or RT-PCR test (72 hours prior to departure) for Unvaccinated	No testing	No quarantine	https://sn.usembassy.gov/covid-19-information/
Serbia	No testing	No testing	No quarantine	https://www.mfa.gov.rs/en/citizens/travel-serbia/covid-19-entry-requirements

Seychelles	PCR (72 hours prior to departure) or Rapid antigen test (24 hours prior to departure) for Partially vaccinated or Unvaccinated	No testing	No quarantine	http://www.health.gov.sc/index.php/2022/03/15/health-entry-conditions/
Sierra Leone	No testing	PCR test on arrival for unvaccinated travelers	while waiting for the results of arrival PCR test and if testing positive on arrival	https://travel.gov.sl/faq
Singapore	PCR test or Antigen Rapid Test(2 days prior to departure) for Not Fully Vaccinated	No testing	No quarantine	https://www.ica.gov.sg/enter-transit-depart/entering-singapore
Slovakia	No testing	No testing	No quarantine	https://www.mzv.sk/web/en/covid-19
Slovenia	No testing	No testing	No quarantine	https://www.gov.si/en/topics/coronavirus-disease-covid-19/border-crossing/
Solomon Islands	PCR test (72 hours prior to departure)	No testing	No quarantine	https://www.flysolomons.com/plan/australia-solomon-islands-travel-advice
Somalia	PCR (72 hours prior to departure) for partially vaccinated or Unvaccinated	Antigen Rapid Test for who are not fully vaccinated and do not have pre-departure testing proof on arrival	14 days if arrival test positive.	https://www.gov.uk/foreign-travel-advice/somalia/entry-requirements
South Africa	No testing	No testing	No quarantine	https://www.gov.za/covid-19/individuals-and-households/travel-coronavirus-covid-19
South Sudan	PCR (72 hours prior to departure) for Partially vaccinated or Unvaccinated	Ag-RDT Test for who presents signs or symptoms of COVID-19 on arrival	If arrival test positive.	https://ss.usembassy.gov/covid-19-information/

Spain	No testing	No testing	No quarantine	https://www.sanidad.gob.es/en/profesionales/saludPublica/ccayes/alertasActual/nCov/spth.htm
Sri Lanka	No testing	No testing	No quarantine	https://srilanka.travel/helloagain/
Sudan	No testing	No testing	No quarantine	https://sd.usembassy.gov/covid-19-information/
Suriname	PCR test (48 hours prior to departure) or antigen test(24 hours prior to departure) for non-vaccinated	No testing	No quarantine	https://www.flyslm.com/travel-information/pre-flight/travel-documents-and-requirements/travel-requirements
Sweden	No testing	No testing	No quarantine	https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/communicable-disease-control/covid-19/recommendations-for-those-travelling/
Switzerland	No testing	No testing	No quarantine	https://www.bag.admin.ch/bag/en/home/krankheiten/ausbrueche-epidemien-pandemien/aktuelle-ausbrueche-epidemien/novel-cov/empfehlungen-fuer-reisende/quarantaene-einreisende.html#-924144951
Syrian Arab Republic	PCR (72 hours prior to departure) for not fully vaccinated	No testing	No quarantine	https://www.gov.uk/foreign-travel-advice/syria/entry-requirements
Tajikistan	PCR test (72 hours prior to departure) for not fully vaccinated	Random PCR test on arrival.	if arrival test positive.	https://www.gov.uk/foreign-travel-advice/tajikistan/entry-requirements
Thailand	No testing	No testing	No quarantine	https://www.tatnews.org/

Timor-Leste	No testing	No testing	10 days for non-full vaccinated	https://www.gov.uk/foreign-travel-advice/timor-leste/entry-requirements
Togo	Partially vaccinated or Unvaccinated are required PCR test (5 days prior to departure)	No testing	No quarantine	https://voyage.gouv.tg/?language=en
Tonga	Rapid Antigen Test (three (3) days prior to departure)	No testing	5 days from the date of testing positive.	https://citizensregistration.gov.to/wp/
Trinidad and Tobago	No testing	No testing	No quarantine	https://health.gov.tt/preparation-for-entry
Tunisia	PCR test (48 hours prior to departure) or rapid lateral flow test (24 hours prior to departure) for not fully vaccinated	Random rapid lateral flow or PCR test.	5 days or more from the date of testing positive.	https://www.gov.uk/foreign-travel-advice/tunisia/entry-requirements
Türkiye	No testing	No testing	No quarantine	https://www.tga.gov.tr/fight-against-covid-19-in-turkey/
Turkmenistan	Partially vaccinated are required PCR test and a serology antibodies (IgM, IgG) test(48 hours prior to departure)	PCR test	7 days	https://usa.tmembassy.gov.tm/en
Tuvalu	NA(Scheduled commercial flights to and from Tuvalu have been suspended since mid-2020)			https://fj.usembassy.gov/u-s-citizen-services/covid-19-information/
Uganda	PCR test (72 hours prior to departure) for not fully vaccinated	No testing	No quarantine	https://www.gov.uk/foreign-travel-advice/uganda/entry-requirements#entry-rules-in-response-to-coronavirus-covid-19
Ukraine	NA	NA	NA	https://visitukraine.today/

United Arab Emirates	PCR test (48 hours prior to departure) for unvaccinated	No testing	No quarantine	https://covid19.ncema.gov.ae/en/News/Details/2316
United Kingdom	No testing	No testing	No quarantine	https://www.gov.uk/government/news/all-covid-19-travel-restrictions-removed-in-the-uk
United Republic of Tanzania	Unvaccinated, not fully vaccinated and those not eligible for vaccination due to their country policies are required RT-PCR test or Nucleic Acid Amplification Test (72 hours prior to departure)	Rapid test for not fully vaccinated, unvaccinated and those not eligible for vaccination due to their country policies and have no negative COVID-19 RT-PCR certificate	If arrival test positive.	https://www.moh.go.tz/en/search?q=travel
United States	No testing	No testing	No quarantine	https://www.cdc.gov/coronavirus/2019-ncov/travelers/noncitizens-US-air-travel.html
Uruguay	PCR-RT or antigen test (72 hours prior to departure) for Unvaccinated	No testing	No quarantine	https://www.gub.uy/ministerio-salud-publica/comunicacion/publicaciones/requisitos-para-ingreso-uruguay-personas-nacionales-extranjeras
Uzbekistan	No testing	No testing	No quarantine	https://uz.usembassy.gov/covid-19-information/
Vanuatu	No testing	No testing	No quarantine	https://covid19.gov.vu/
Venezuela (Bolivarian Republic of)	PCR-RT or antigen test (72 hours prior to departure) for Unvaccinated	No testing	No quarantine	https://ve.usembassy.gov/covid-19-information/
Viet Nam	No testing	No testing	No quarantine	https://en.baochinhphu.vn/viet-nam-to-scrap-covid-19-test-requirements-for-vaccinated-entrants-from-mid-may-11122051320312898.htm

Yemen	NA	NA	NA	
Zambia	PCR (72 hours prior to departure) for Unvaccinated	Antigen Rapid Test if no proof of vaccination or valid PCR test result, or showing symptoms of COVID-19 on arrival	until test result is negative.	https://www.zambiaimmigration.gov.zm/covid-19-news/guidelines-and-measures-at-zambian-international-airports/
Zimbabwe	PCR (48 hours prior to departure) for partially vaccinated and Unvaccinated	PCR test if no proof of vaccination or valid PCR test result, or showing symptoms of COVID-19 on arrival	No quarantine	https://zimbabwetourism.net/covid19-guidelines-for-travellers/

Note: The latest updated content is highlight in red.

COVID-19 Weekly Epidemiological Update

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In this edition:

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- [Special Focus: Update on SARS-CoV-2 variants of interest and variants of concern](#)
- [WHO regional overviews](#)

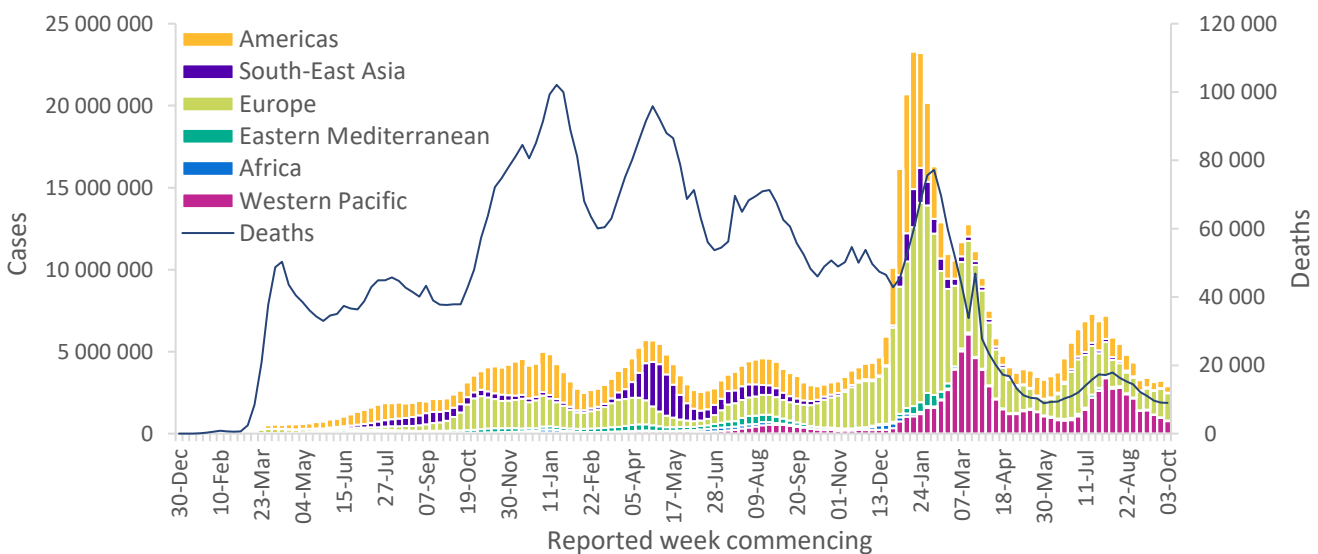
Global overview

Data as of 9 October 2022

Globally, the number of new weekly cases decreased by 10% during the week of 3 to 9 October 2022 as compared to the previous week, with over 2.8 million new cases reported (Figure 1, Table 1). The number of new weekly deaths remained stable (-1%) as compared to the previous week, with about 9000 fatalities reported. As of 9 October 2022, over 618 million confirmed cases and over 6.5 million deaths have been reported globally.

At the regional level, the number of newly reported weekly cases decreased or remained stable across the six WHO regions: the African Region (-41%), the South-East Asia Region (-25%), the Western Pacific Region (-21%), the Eastern Mediterranean Region (-14%), the Region of the Americas (-10%) and the European Region (-3%). The number of new weekly deaths decreased or remained stable across five regions: the African Region (-53%), the South-East Asia Region (-23%), the European Region (-12%), the Eastern Mediterranean Region (similar to the previous week) and the Western Pacific Region (+1%); while the number of deaths increased in the Region of the Americas (+11%).

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 9 October 2022**



**See [Annex 1: Data, table, and figure notes](#)

At the country level, the highest numbers of new weekly cases were reported from Germany (508 749 new cases; +12%), China (333 830 new cases; +10%), France (323 787 new cases; +4%), the United States of America (283 220 new cases; -9%) and Italy (280 947 new cases; +30%). The highest numbers of new weekly deaths were reported from the United States of America (2817 new deaths; +3%), Brazil (767 new deaths; +168%), the Russian Federation (731 new deaths; +3%), Japan (567 new deaths; +1%) and China (412 new deaths; +12%).

Current trends in reported COVID-19 cases and deaths should be interpreted with caution as several countries have been progressively changing COVID-19 testing strategies, resulting in lower overall numbers of tests performed and consequently lower numbers of cases detected. Additionally, data from previous weeks are continuously updated to retrospectively incorporate changes in reported COVID-19 cases and deaths made by countries.

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 9 October 2022**

WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days *	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days *	Cumulative deaths (%)
Europe	1 667 907 (58%)	-3%	256 019 483 (41%)	2 860 (32%)	-12%	2 099 252 (32%)
Western Pacific	770 302 (27%)	-21%	90 869 335 (15%)	1 573 (17%)	1%	272 778 (4%)
Americas	396 937 (14%)	-10%	178 832 851 (29%)	4 170 (46%)	11%	2 842 923 (43%)
South-East Asia	37 197 (1%)	-25%	60 339 540 (10%)	281 (3%)	-23%	797 934 (12%)
Eastern Mediterranean	17 913 (1%)	-14%	23 107 748 (4%)	100 (1%)	<1%	348 478 (5%)
Africa	3 749 (<1%)	-41%	9 337 461 (2%)	18 (<1%)	-53%	174 566 (3%)
Global	2 894 005 (100%)	-10%	618 507 182 (100%)	9 002 (100%)	-1%	6 535 944 (100%)

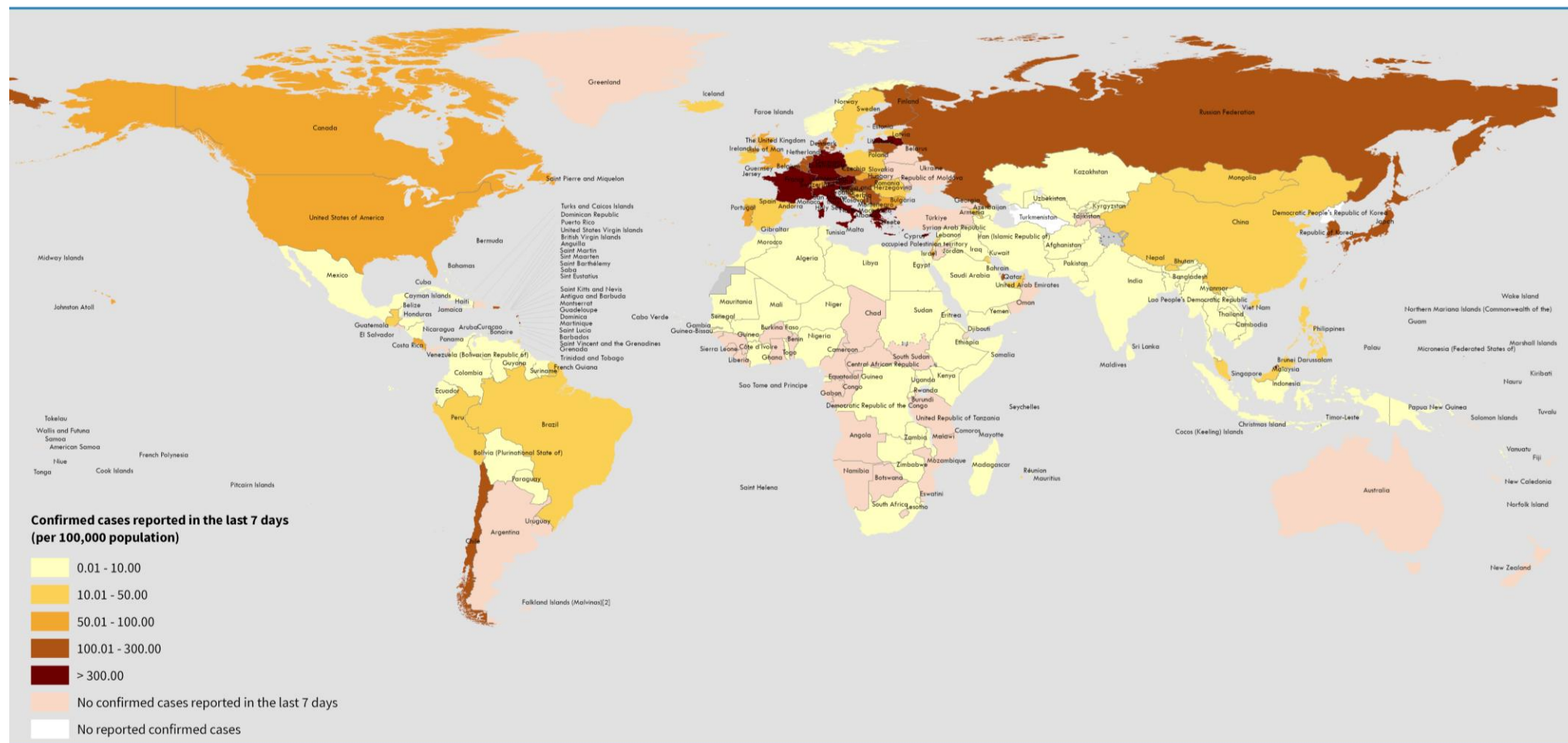
*Percent change in the number of newly confirmed cases/deaths in the past seven days, compared to seven days prior. Data from previous weeks are updated continuously with adjustments received from countries.

**See [Annex 1: Data, table, and figure notes](#)

For the latest data and other updates on COVID-19, please see:

- [WHO COVID-19 Dashboard](#)
- [WHO COVID-19 Weekly Operational Update and previous editions of the Weekly Epidemiological Update](#)
- [WHO COVID-19 detailed surveillance data dashboard](#)
- [WHO COVID-19 policy briefs](#)

Figure 2. COVID-19 cases per 100 000 population reported by countries, territories and areas, 3 - 9 October 2022*



Data Source: World Health Organization
 United Nations Population Division (Population prospect 2020)
 Map Production: WHO Health Emergencies Programme

Not applicable



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**See [Annex 1: Data, table, and figure notes](#)

Figure 3. COVID-19 deaths per 100 000 population reported by countries, territories and areas, 26 September - 3 - 9 October 2022**



Data Source: World Health Organization
 United Nations Population Division (Population prospect 2020)
Map Production: WHO Health Emergencies Programme

Not applicable

0 2,500 5,000 km

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**See [Annex 1: Data, table, and figure notes](#)

Special Focus: Update on SARS-CoV-2 variants of interest and variants of concern

Prevalence of VOCs

Globally, from 10 September to 10 October 2022, 101 538 SARS-CoV-2 sequences were shared through GISAID. Among these, 101 441 sequences were the Omicron variant of concern (VOC), accounting for 99.9% of sequences reported in the past 30 days. There continues to be a number of Omicron descendent lineages under monitoringⁱ.

During epidemiological week 37 (12 to 18 September 2022), Omicron BA.5 descendent lineages continued to be dominant accounting for 76.2% of sequences submitted to GISAID; followed by BA.4 descendent lineages (including BA.4.6), which accounted for 7.0%; and BA.2 descendent lineages (including BA.2.75), which accounted for 3.9% of sequences. During the same week (12 to 18 September), unassigned sequences (presumed to be Omicron) accounted for 12.8% of sequences submitted to GISAID.

ⁱ WHO tracking SARS-CoV-2 variants

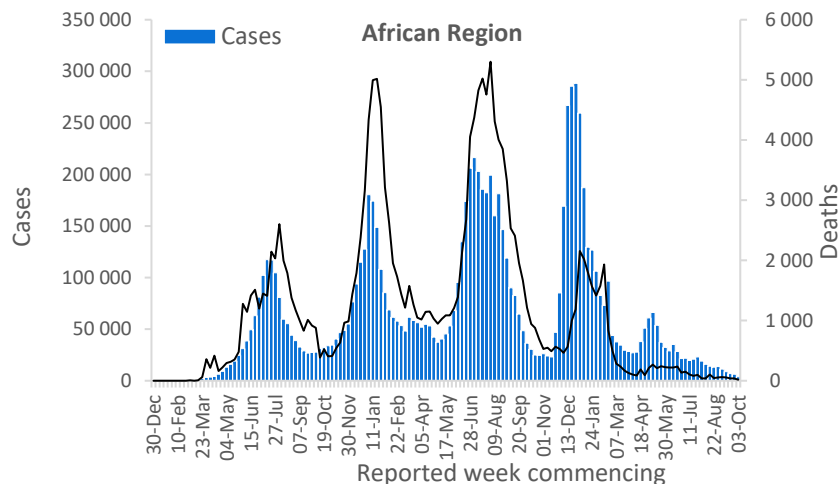
WHO regional overviews:

Epidemiological week 3 - 9 October 2022**

African Region

The African Region reported over 3700 new weekly cases, a 41% decrease as compared to the previous week. Nine (18%) countries reported increases in the number of new cases of 20% or greater, with some of the greatest proportional increases seen in Mauritania (46 vs 32 new cases; +44%), Mali (56 vs 40 new cases; +40%) and Eswatini (26 vs 20 new cases; +30%). The highest numbers of new cases were reported from South Africa (2020 new cases; 3.4 new cases per 100 000 population; +26%), Nigeria (385 new cases; <1 new case per 100 000; +57%) and Réunion (356 new cases; 39.8 new cases per 100 000; -43%).

The number of new weekly deaths in the Region decreased by 53% as compared to the previous week, with 18 deaths reported. The highest numbers of new deaths were reported from South Africa (nine new deaths; <1 new death per 100 000 population; -44%), Algeria (two new deaths; <1 new death per 100 000; no deaths reported in the previous week) and Zimbabwe (two new deaths; <1 new death per 100 000; -33%).

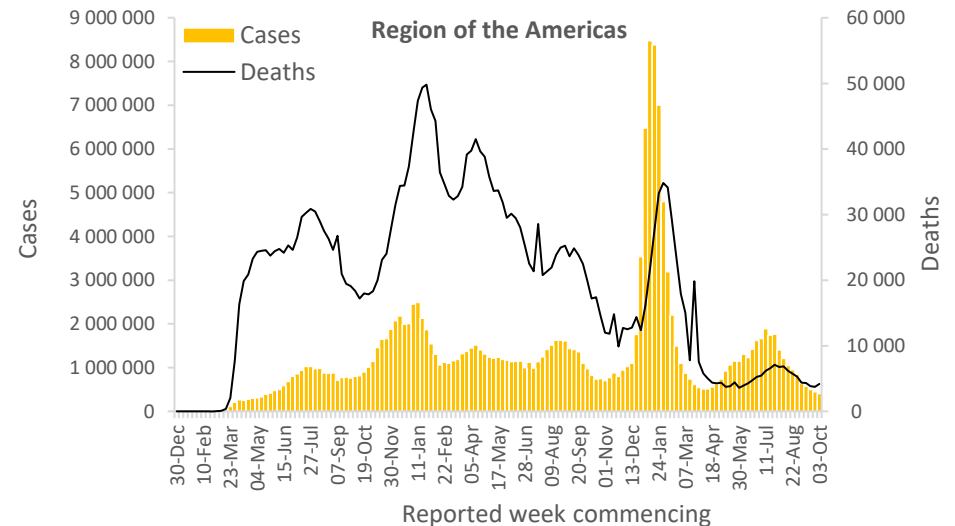


Updates from the [African Region](#)

Region of the Americas

The Region of the Americas reported just under 397 000 new cases, a 10% decrease as compared to the previous week. Six (11%) of the 56 countries for which data are available reported an increase in the number of new cases of 20% or greater, with the greatest proportional increases seen in Honduras (273 vs 55 new cases; +396%), Bermuda (66 vs 32 new cases; +106%) and Curaçao (22 vs 11 new cases; +100%). The highest numbers of new cases were reported from the United States of America (283 220 new cases; 85.6 new cases per 100 000; -9%), Brazil (42 613 new cases; 20.0 new cases per 100 000; -11%) and Chile (21 425 new cases; 112.1 new cases per 100 000; -12%).

The number of new weekly deaths increased by 11% in the Region as compared to the previous week, with over 4100 new deaths reported. The highest numbers of new deaths were reported from the United States of America (2817 new deaths; <1 new death per 100 000; +3%), Brazil (767 new deaths; <1 new death per 100 000; +168%) and Canada (176 new deaths; <1 new death per 100 000; -9%).

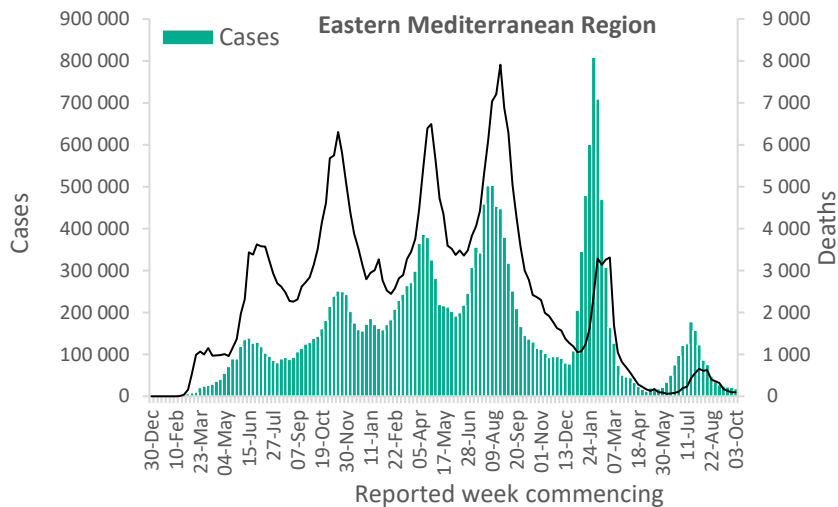


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 17 900 new cases, a 14% decrease as compared to the previous week. Three (22%) countries reported an increase in new cases of 20% or greater, with the highest proportional increases observed in Morocco (125 vs 89 new cases; +40%) and Kuwait (744 vs 579 new cases; +29%). The highest numbers of new cases were reported from Qatar (5144 new cases; 178.5 new cases per 100 000; -5%), the Islamic Republic of Iran (3389 new cases; 4.0 new cases per 100 000; +30%) and the United Arab Emirates (2545 new cases; 25.7 new cases per 100 000; -6%).

The number of new weekly deaths in the Region was similar to the previous week, with 100 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (62 new deaths; <1 new death per 100 000; +7%), Saudi Arabia (12 new deaths; <1 new death per 100 000; similar to the previous week), Lebanon (seven new deaths; 1 new death per 100 000; similar to the previous week) and Pakistan (seven new deaths; <1 new death per 100 000; +75%).

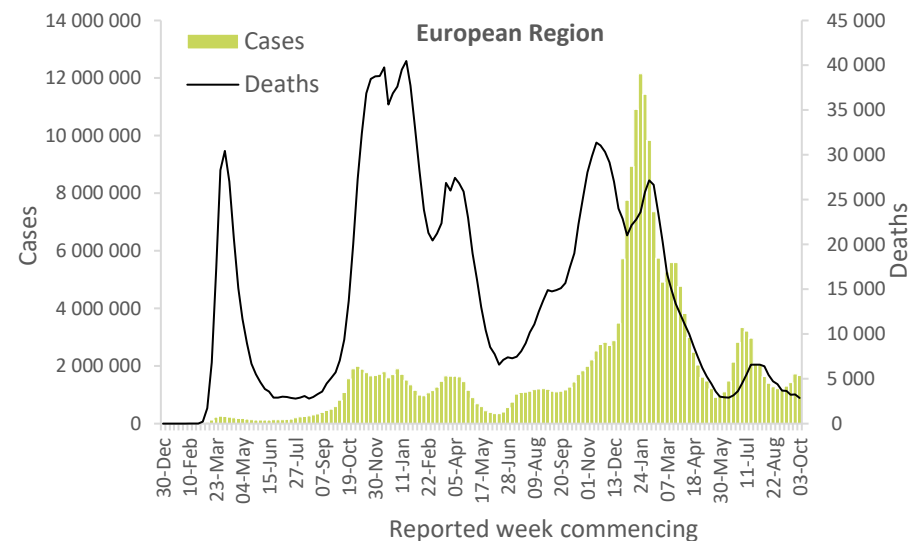


Updates from the [Eastern Mediterranean Region](#)

European Region

In the European Region, the number of new weekly cases remained similar (-3%) to the number of cases reported during the previous week, with over 1.6 million new cases reported. Five (8%) countries reported increases in new cases of 20% or greater, with some of the highest proportional increases observed in San Marino (221 vs 157 new cases; +41%), Austria (96 973 vs 77 688 new cases; +25%) and Greece (54 649 vs 45 001 new cases; +21%). The highest numbers of new cases were reported from Germany (508 749 new cases; 611.7 new cases per 100 000; +12%), France (323 787 new cases; 497.8 new cases per 100 000; +4%) and Italy (280 947 new cases; 471.1 new cases per 100 000; +30%).

Over 2800 new weekly deaths were reported in the Region, a 12% decrease as compared to the previous week. The highest numbers of new deaths were reported from the Russian Federation (731 new deaths; <1 new death per 100 000; +3%), Italy (348 new deaths; <1 new death per 100 000; +32%) and Spain (289 new deaths; <1 new death per 100 000; +70%).

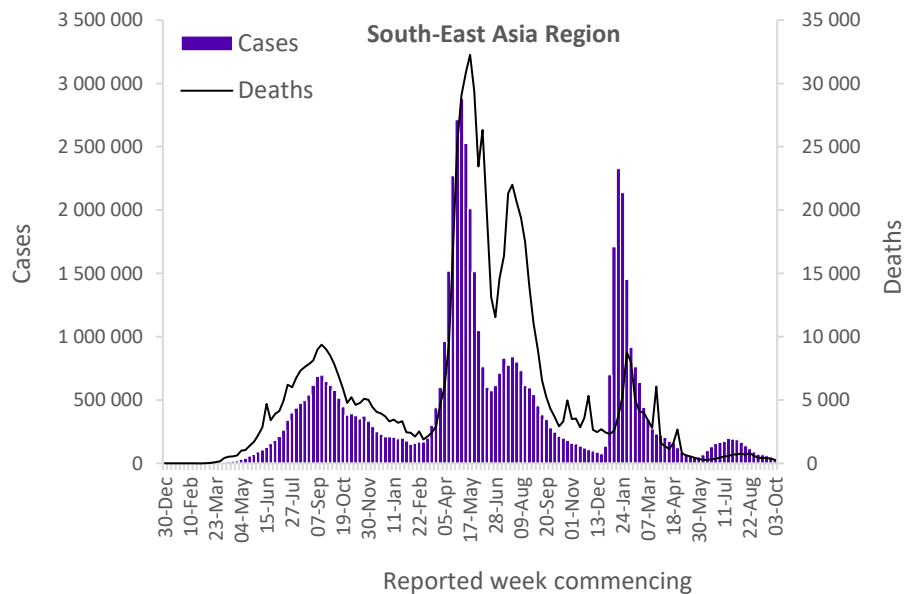


Updates from the [European Region](#)

South-East Asia Region

The South-East Asia Region reported over 37 000 new cases, a 25% decrease as compared to the previous week. One country (10%) in the Region for which data are available showed an increase in the number of new cases of 20% or greater: Timor-Leste (14 cases vs four new cases; +250%). The highest numbers of new cases were reported from India (17 526 new cases; 1.3 new cases per 100 000; -34%), Indonesia (10 363 new cases; 3.8 new cases per 100 000; -14%) and Bangladesh (3511 new cases; 2.1 new cases per 100 000; -22%).

The Region reported over 200 deaths, a 23% decrease as compared to the previous week. The highest numbers of new deaths were reported from India (126 new deaths; <1 new death per 100 000; -23%), Indonesia (73 new deaths; <1 new death per 100 000; -38%) and Thailand (58 new deaths; <1 new death per 100 000; +9%).

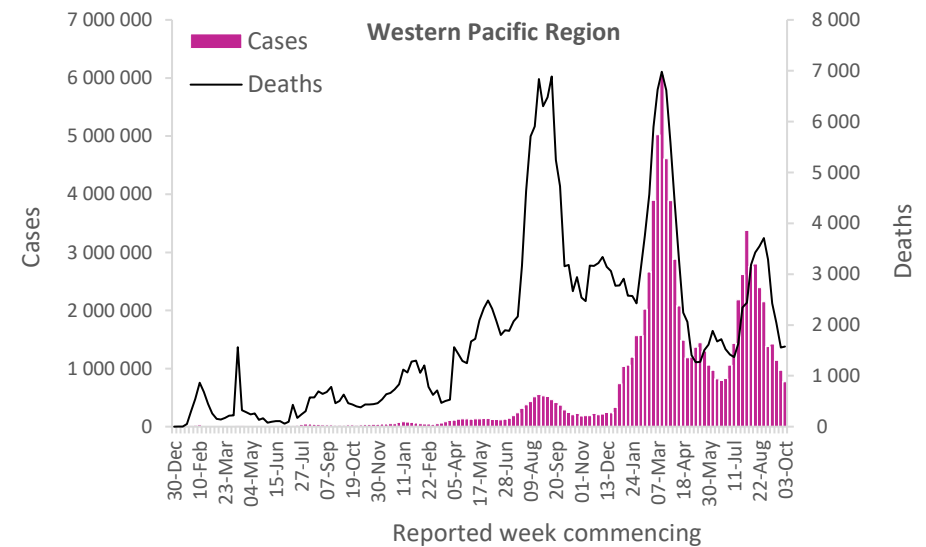


Updates from the [South-East Asia Region](#)

Western Pacific Region

The Western Pacific Region reported over 770 000 new cases, a 21% decrease as compared to the previous week. Four (12%) countries reported increases in new cases of 20% or greater, with the largest proportional increases observed in Mongolia (606 vs 304 new cases; +99%), Papua New Guinea (99 vs 53 new cases; +87%) and Singapore (36 985 vs 21 873 new cases; +69%). The highest numbers of new cases were reported from China (333 830 new cases; 22.7 new cases per 100 000; +10%), Japan (208 547 new cases; 164.9 new cases per 100 000; -32%) and the Republic of Korea (151 178 new cases; 294.9 new cases per 100 000; -24%).

The Region reported a 1% increase in new weekly deaths as compared to the previous week, with over 1500 deaths reported. The highest numbers of new deaths were reported from Japan (567 new deaths; <1 new death per 100 000; +1%), China (412 new deaths; <1 new death per 100 000; +12%) and the Philippines (348 new deaths; <1 new death per 100 000; +57%).



Updates from the [Western Pacific Region](#)

Annex 1. Data, table, and figure notes

Data presented are based on official laboratory-confirmed COVID-19 cases and deaths reported to WHO by country/territories/areas, largely based upon WHO [case definitions](#) and [surveillance guidance](#). While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change, and caution must be taken when interpreting these data as several factors influence the counts presented, with variable underestimation of true case and death incidences, and variable delays to reflecting these data at the global level. Case detection, inclusion criteria, testing strategies, reporting practices, and data cut-off and lag times differ between countries/territories/areas. A small number of countries/territories/areas report combined probable and laboratory-confirmed cases. Differences are to be expected between information products published by WHO, national public health authorities, and other sources.

A record of historic data adjustment made is available upon request by emailing epi-data-support@who.int. Please specify the countries of interest, time period, and purpose of the request/intended usage. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data. COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories, and areas, and WHO Region (reported in previous issues) are now available at: <https://covid19.who.int/table>.

'Countries' may refer to countries, territories, areas or other jurisdictions of similar status. The designations employed, and the presentation of these materials do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. Countries, territories, and areas are arranged under the administering WHO region. The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions except, the names of proprietary products are distinguished by initial capital letters.

^[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). In the map, the number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

^[2] A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

Updates on the COVID-19 outbreak in the Democratic People's Republic of Korea is not included in this report as the number of laboratory-confirmed COVID-19 cases is not reported.

Annex 2. SARS-CoV-2 variants assessment and classification

WHO, in collaboration with national authorities, institutions and researchers, routinely assesses if variants of SARS-CoV-2 alter transmission or disease characteristics, or impact the effectiveness of vaccines, therapeutics, diagnostics or public health and social measures (PHSM) applied to control disease spread. Potential variants of concern (VOCs), variants of interest (VOIs) or variants under monitoring (VUMs) are regularly assessed based on the risk posed to global public health.

The classifications of variants will be revised as needed to reflect the continuous evolution of circulating variants and their changing epidemiology. Criteria for variant classification, and the lists of currently circulating and previously circulating VOCs, VOIs and VUMs, are available on the [WHO Tracking SARS-CoV-2 variants website](#). National authorities may choose to designate other variants and are strongly encouraged to investigate and report newly emerging variants and their impact.

WHO continues to monitor SARS-CoV-2 variants, including descendent lineages of VOCs, to track changes in prevalence and viral characteristics. The current trends describing the circulation of Omicron descendent lineages should be interpreted with due consideration of the limitations of the COVID-19 surveillance systems. These include differences in sequencing capacity and sampling strategies between countries, changes in sampling strategies over time, reductions in tests conducted and sequences shared by countries, and delays in uploading sequence data to GISAID.

Multi-country outbreak of monkeypox

External Situation Report 7, published 5 October 2022

Data as received by WHO national authorities by 17:00 CEST, 3 October 2022

Risk assessment	Laboratory confirmed cases	Deaths	Countries/ areas/ territories
Global risk – Moderate	68 900	25	106
WHO Regional risk			
<ul style="list-style-type: none"> European Region, Region of the Americas – High African Region, Eastern Mediterranean Region, Southeast Asia Region – Moderate Western Pacific Region – Low-Moderate 			

Highlights

- During the week of 26 September to 2 October 2022, the number of monkeypox cases reported in the Regions of Europe and the Americas declined, driving the overall downward trend observed since August 2022.
- [Since the last edition published on 21 September 2022](#), 7147 new cases (11.6% increase in total cases) and three new deaths have been reported.
- On 5 October 2022, WHO launched its [Monkeypox Strategic Preparedness, Readiness and Response Plan](#) which outlines the priority actions needed to stop human-to-human transmission of monkeypox, minimize animal-human transmission of the virus in affected countries, and protect vulnerable groups at risk of severe disease.
- WHO reiterates the importance of using [standardized case and death definitions](#) and encourages its Member States to adopt and apply the monkeypox death definition as highlighted in the latest version of the monkeypox surveillance guidance.

Epidemiological Update

Data source: [WHO Multi-country Monkeypox Outbreak – Global Trends](#)

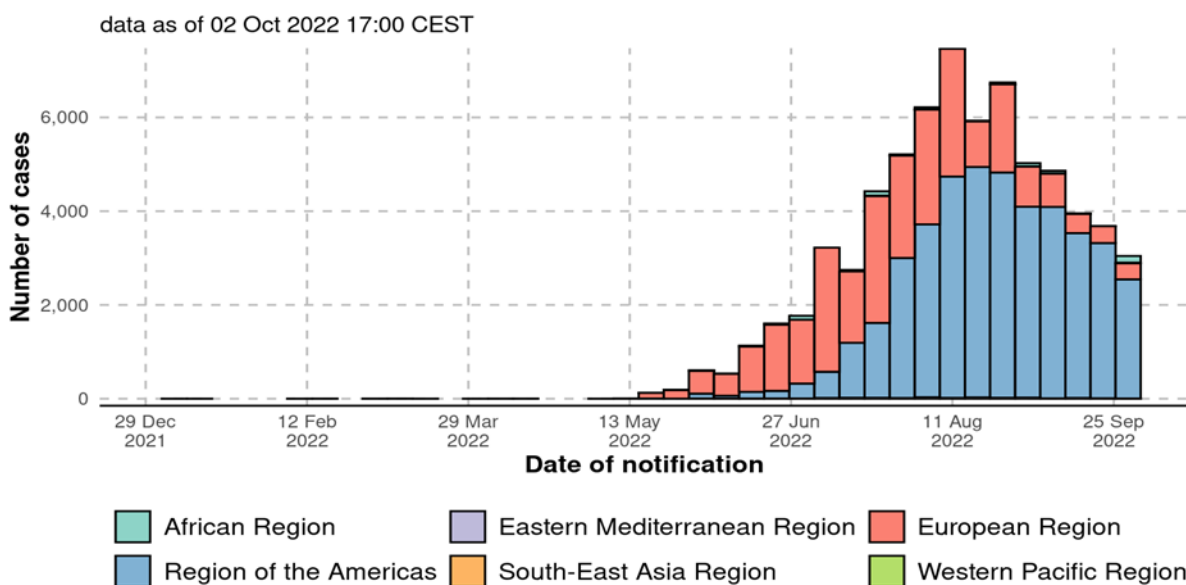
From 1 January through 2 October 2022, 68 900 laboratory-confirmed cases of monkeypox and 25 deaths have been reported to WHO from 106 countries/territories/areas (hereafter ‘countries’^[i]) in all six WHO Regions (Table 1). Since the last edition published on 21 September 2022, 7147 new cases (11.6% increase in total cases), and three new deaths have been reported.

In the past seven days, 26 countries reported an increase in the weekly number of cases, with the highest increase (44.4%) reported in Nigeria. One new country, Egypt, reported its first case in the past seven days (27 September). Overall, 39 countries have not reported new cases for over 21 days, the maximum incubation period of the disease.

The number of weekly new cases reported globally declined by 16.8% in week 39 (26 Sep – 02 Oct) (n=3045 cases) compared to week 38 (19 - 25 September) (n=3661 cases), with the largest proportional decrease observed in the Region of the Americas (-23%) and in the European Region (-5%). Despite these decreases, the majority of cases reported in the past four weeks were from the Region of the Americas (85.6%) and the European Region (12.8%). From 19 September through 2 October, a total of three deaths have been reported, in the United States of America (n=2), and Czechia (n=1). Overall, the African Region has reported the highest number of deaths among confirmed cases (13/25; 52%).

As of 2 October, the ten countries that have reported the highest cumulative number of cases globally are the United States of America (n = 25 672), Brazil (n = 7869), Spain (n = 7188), France (n = 3999), the United Kingdom (n = 3635), Germany (n = 3625), Peru (n = 2587), Colombia (n = 2042), Mexico (n = 1627), and Canada (n = 1400). Together, these countries account for 86.6% of the cases reported globally.

Figure 1. Epidemiological curve of weekly aggregated confirmed cases of monkeypox by region, from 1 January to 2 October 2022 17:00 CEST*.



Source: WHO

*This figure shows aggregated weekly data, for completed epidemiological weeks ending on Sundays. Data on the current week will be presented in the next situation report.

Table 1. Number of cumulative confirmed monkeypox cases and deaths reported to WHO, by WHO Region, from 1 January 2022 to 2 October 17:00 CEST

WHO Region	Confirmed cases	Deaths
African Region	714	13
Region of the Americas	43 181	6
Eastern Mediterranean Region	64	1
European Region	24 737	4
South-East Asia Region	23	1
Western Pacific Region	181	0
Cumulative	68 900	25

*The number of deaths reported from the Africa region has dropped from 14 [in Sitrep #6](#), to 13 in the current Sitrep#7, and due to retrospective adjustments in the number of deaths in Central African Republic.

Other key epidemiological findings:

- The outbreak continues to affect primarily young men, with 97.5% (36 468/37 417) of cases with available data being men, with a median age of 35 years (Interquartile Range: 29 – 42 years). Less than 1% of cases with age data available are aged 0-17 years, out of which 93 (0.2%) are aged 0-4 years. This proportion differs between regions, with the largest proportion of cases aged 0-17 years being reported from the Region of the Americas (191/328; 58%).
- Among cases with sexual orientation reported, 89.9% (15 592/17 337) identified as gay, bisexual and other men who have sex with men. Of all reported types of transmission, transmission through skin and mucosal contact during sexual activities was most commonly reported, with 10 520 of 12 070 (87.1%) of all reported transmission events.
- Of all settings in which cases reported their likely exposure setting, the most commonly reported was in a party setting with sexual contacts, comprising 3225 of 6612 (48.8%) reported exposure settings.
- Among cases with known HIV status, 49.2% (9476/19 242) are HIV-positive.
- Among the cases who reported at least one symptom, the most common symptom is any rash, and is reported in 83.4% of cases, followed by fever at 57.8%, and systemic and genital rash (49.6% and 45.4%, respectively).

Monkeypox deaths

As of 2 October, there have been 25 monkeypox deaths reported to WHO through IHR notification. Considering the current case count, the crude reported case fatality rate of this multi-country outbreak is very low, approximately 0.04% (25/68 900). In addition to these 25 officially reported deaths, other deaths have been reported from alternative sources such as through media or through the local health authorities among patients affected by monkeypox. In several of these cases, the main cause of the death has been attributed to a more severe underlying health condition and therefore has not been reported as a monkeypox death.

Throughout the current outbreak, some Member States have reclassified previously reported monkeypox deaths as no longer being attributable to monkeypox. WHO reiterates the importance of using standardized definitions and encourages its Member States to adopt and apply the monkeypox death definition as highlighted in the latest version of the [monkeypox surveillance guidance](#). WHO defines a monkeypox death as ‘a death resulting from a clinically compatible illness in a probable or confirmed monkeypox case, unless there is a clear alternative cause of death that cannot be related to monkeypox infection (e.g. trauma).’ Thus, for monkeypox surveillance

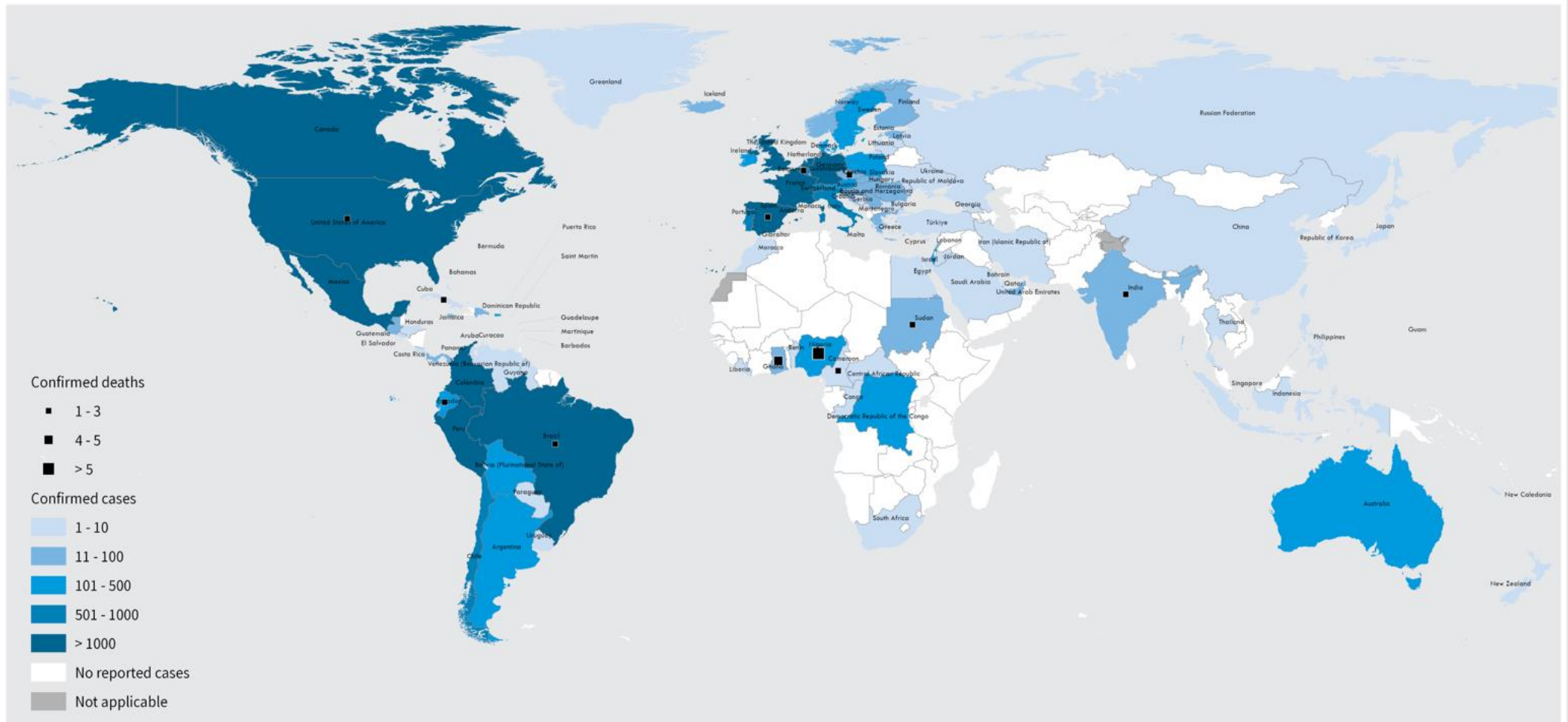
purposes, patients with underlying conditions, whose death is precipitated by monkeypox infection, should be classified as monkeypox deaths; in this regard, the classification of monkeypox death for surveillance purposes may differ from practices used in death certificate coding, wherein the 'underlying' cause of death (e.g. chronic comorbidity) may be considered the most relevant indicator.

WHO continues to report only deaths in probable and confirmed monkeypox cases in its global deaths count (i.e. deaths in suspected cases are not counted, due to the low specificity of the suspected case definition).

Note that countries may use their own case definitions separate from those outlined in the above document.

Nine of the 25 reported deaths (36%) have case-based information available. Among the nine cases for which information was available, the majority, eight out of nine (88%), were male; and six out of six (100%) had self-identified as gay, bisexual, and other men who have sex with men. The median age was 41 years (range 31 – 65 years). Five of the reported deaths were in individuals who were HIV-positive, one person had a negative HIV status, the HIV status was unknown for one case, and for two individuals, the information was missing. The most common symptoms were fever, rash, and genital lesions. Seven out of the nine deceased patients were reported to have been hospitalized, and out of these, four had been admitted to the intensive care unit.

Figure 3. Geographic distribution of confirmed cases of monkeypox reported to or identified by WHO from official public sources from 1 January 2022 to 2 October 17:00 CEST



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
 Map Production: WHO Health Emergencies Programme
 Map Date: 4 October 2022

Updates and WHO Advice

WHO continues to closely monitor and respond to the outbreak and support international coordination and information sharing with Member States and partners. Clinical and public health incident response have been activated by Member States to coordinate comprehensive case finding, contact tracing, laboratory investigation, supported isolation, clinical management, implementation of infection prevention and control measures, risk communication and community engagement, and vaccination activities, as well as support ongoing epidemiological and countermeasures research.

Surveillance and Laboratory

WHO continues to collect information on the daily number of monkeypox cases and deaths through IHR communication, as well as detailed information through the WHO [case reporting form \(CRF\)](#). Currently, WHO has received the CRF for around 93% of the total confirmed cases reported at the global level, and the latest epidemiological information is included in the online [2022 Monkeypox outbreak: Global trends](#).

Laboratory confirmation of monkeypox is done primarily using real time polymerase chain reaction (RT-PCR). There are currently few commercially available kits and WHO is working with partners, including the Robert Koch Institute, to validate these assays. To support countries, WHO has procured 39 000 tests for 58 countries. The procurement of more tests is ongoing. WHO has also established a mechanism to ship samples internationally for confirmatory testing, with 85 samples shipped to reference laboratories from ten countries to date. More information on testing can be found in the [interim guidance on laboratory testing for the monkeypox virus](#).

One Health

Monkeypox is a zoonotic disease. In areas where monkeypox is enzootic (occurs in animals), the virus is thought to be maintained through circulation among a number of susceptible mammals, including a range of as well as non-human primates, with occasional spill-over to humans. Infection may occur through exposure to live animals resulting in bites, scratches or direct contact with the body fluids and/or through consumption of insufficiently cooked meat of infected animals. Effective infection prevention practices in interacting with wildlife can reduce the risk of spill over events and research in this area is critical to improving our collective understanding of monkeypox.

In addition to animal-to-human transmission, there is a risk of spillback from infected humans to susceptible animals. As of today, there have been at least two reports of pet dogs suspected of acquiring monkeypox infection through very close contact with their owner. These are the first documented cases of human-to-animal transmission of the monkeypox virus. To avoid spillback into animals and minimize the potential of formation of new animal reservoirs, people who are suspected or confirmed to be infected with monkeypox virus should, whenever possible, avoid close direct contact with animals, including domestic pets, livestock, and other captive animals, as well as wildlife. In addition, always ensure that all waste, including medical waste, is safely disposed of and made inaccessible to rodent or other scavenger animals.

For more information, consult the recently published World Organization for Animal Health (WOAH, founded as OIE) [Risk Guidance on Reducing Spillback of Monkeypox Virus from Humans to Wildlife, Pet Animals and other Animals - WOAH - World organization for Animal Health](#).

Countries are encouraged to report cases of monkeypox in animals to WOA as significant animal health information, as described in Article 1.1.5 of the Terrestrial Animal Health Code.

Infodemic Management and WHO Information Network for Epidemics (EPI-WIN)

WHO global infodemic monitoring is being conducted weekly, and insights shared on monkeypox revealed that most of the digital conversations on the topic were in USA, followed by the United Kingdom, Colombia, and Nigeria. Narratives that were mostly engaged included a range of issues:

- questions about **transmission**, including whether monkeypox is a sexually transmitted infection
- **access to monkeypox vaccines**, including claims of inequitable vaccine distribution in some of the most affected communities, and concerns over procurement of vaccines
- concerns about **stigma and discrimination**, including in healthcare settings
- concerns about **monkeypox in children**
- confusion about monkeypox and COVID-19, including rumours that monkeypox is a side-effect of COVID-19 vaccines

WHO EPI-WIN held a monkeypox briefing for the multi-faith organization, Religions for Peace, with whom WHO has had a Memorandum of Understanding (MoU) since July 2022, where the important role of faith-based leaders in supporting their communities in this emergency was discussed.

At the request of the Cruise Lines International Association (CLIA), WHO held a briefing with representatives of major global cruise lines and their medical personnel. The briefing emphasized what cruise lines could do to make cruises safe, and how to manage any possible cases. A similar briefing for the travel and tourism sectors took place on 5 October 2022.

Three [EPI-WIN Updates](#) were developed in August 2022 on the evolving epidemiological situation, transmission and how to mitigate the risk of monkeypox during small and large gatherings. The update on transmission addressed public queries around how monkeypox is transmitted and the most vulnerable populations, while emphasizing the uncertainty that the science is also evolving and the information is based on what is known so far. EPI-WIN updates on mass gatherings highlighted WHO recommendations in simple terms.

Six EPI-WIN webinars focused on issues pertaining to stigma around monkeypox disease, transmission of the virus, public health measures to put in place for gatherings, and managing monkeypox patients in cruises and in the travel and tourism industry. All webinars included regional perspectives and had participation from over 70 countries. WHO guidance was shared, as well as perspectives from a patient from the European Region and two healthcare professionals from the Region of the Americas.

Gatherings

Common exposure settings for monkeypox include certain gatherings such as parties, pride events, parades, festivals, concerts, and other ways in which people gather that may include activities involving skin-to-skin contact which pose a higher risk for the spread of monkeypox. WHO recommends using a risk-based approach for decision making related to planning, modifying, or postponing gatherings, which should be tailored to the context of the event under consideration, and repeated at regular intervals.

The risk-based approach entails three steps:

1. Risk evaluation: identification and quantification of the baseline risks based on the characteristics of the event, associated activities and the context in which they take place.
2. Risk mitigation: application of a package of precautionary measures aimed at reducing the baseline risk;
3. Risk communication: proactive dissemination of information on the precautionary measures adopted, their rationale and purpose, and on how relevant decisions were taken.

WHO also suggests that health authorities collaborate with event organizers to raise awareness of the risk of monkeypox related to expected planned or spontaneous activities, of the monkeypox epidemiological situation in the host area, and to facilitate the adoption of appropriate public health and social measures (PHSM) intended to reduce the risk of transmission of monkeypox in relation to the event and the activities of attendees. Additionally, it is suggested that health authorities work to instruct event personnel on how to manage possible cases of monkeypox during the event and to facilitate the adoption of appropriate PHSM aimed at reducing the risk of transmission.

It is important to note that postponing or cancelling gatherings in areas where monkeypox cases have been detected is not required as a default measure; rather a risk-based approach can inform the decision-making process in this regard.

Technical guidance and other resources

International Health Regulations Emergency committee and Temporary Recommendations of the Director-General

- WHO Second meeting of the International Health Regulations (2005) (IHR) Emergency Committee regarding the multi-country outbreak of monkeypox, 23 July 2022. [https://www.who.int/news/item/23-07-2022-second-meeting-of-the-international-health-regulations-\(2005\)-\(ihr\)-emergency-committee-regarding-the-multi-country-outbreak-of-monkeypox](https://www.who.int/news/item/23-07-2022-second-meeting-of-the-international-health-regulations-(2005)-(ihr)-emergency-committee-regarding-the-multi-country-outbreak-of-monkeypox)
- WHO Director-General's statement at the press conference following IHR Emergency Committee regarding the multi-country outbreak of monkeypox, 23 July 2022. <https://www.who.int/director-general/speeches/detail/who-director-general-s-statement-on-the-press-conference-following-IHR-emergency-committee-regarding-the-multi-country-outbreak-of-monkeypox--23-july-2022>

WHO Interim Guidance and Public Health Advice

- WHO Surveillance, case investigation and contact tracing for Monkeypox: Interim guidance, 25 August 2022. <https://www.who.int/publications/i/item/WHO-MPX-Surveillance-2022.3>
- WHO Vaccines and immunization for monkeypox: Interim guidance, 24 August 2022. <https://apps.who.int/iris/bitstream/handle/10665/361894/WHO-MPX-Immunization-2022.2-eng.pdf>
- WHO Global clinical data platform for monkey case report form (CRF), 21 July 2022, <https://www.who.int/publications/i/item/WHO-MPX-Clinical-CRF-2022.3>
- Public health advice for gatherings during the current monkeypox outbreak, 28 June 2022: <https://www.who.int/publications/i/item/WHO-MPX-Gatherings-2022.1>
- Clinical management and infection prevention and control for monkeypox: Interim rapid response guidance, 10 June 2022. <https://www.who.int/publications/i/item/WHO-MPX-Clinical-and-IPC-2022.1>
- Emergency use of unproven clinical interventions outside clinical trials: ethical considerations: <https://www.who.int/publications-detail-redirect/9789240041745>
- WHO Technical brief (interim) and priority actions: enhancing readiness for monkeypox in WHO South-East Asia Region, 7 July 2022. <https://cdn.who.int/media/docs/default-source/searo/whe/monkeypox/searo-mpx-tbrief22.pdf>

Data management

- Case and contact investigation form (CIF), 19 August 2022 [https://www.who.int/publications/m/item/monkeypox-minimum-dataset-case-reporting-form-\(crf\)](https://www.who.int/publications/m/item/monkeypox-minimum-dataset-case-reporting-form-(crf))

- The WHO Global Clinical Platform for monkeypox, 14 June 2022. <https://www.who.int/tools/global-clinical-platform/monkeypox>
- WHO Go.Data: Managing complex data in outbreaks. <https://www.who.int/tools/godata>
- Monkeypox Case investigation form (CIF) and minimum dataset Case reporting form (CRF). 19 August 2022. [https://www.who.int/publications/m/item/monkeypox-minimum-dataset-case-reporting-form-\(crf\)](https://www.who.int/publications/m/item/monkeypox-minimum-dataset-case-reporting-form-(crf))

Risk communication and community engagement

- Risk communication and community engagement public health advice on understanding, preventing and addressing stigma and discrimination related to monkey pox 1 September 2022. <https://www.who.int/publications/m/item/communications-and-community-engagement-interim-guidance-on-using-inclusive-language-in-understanding--preventing-and-addressing-stigma-and-discrimination-related-to-monkeypox>
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- Risk communication and community engagement (RCCE) for monkeypox outbreaks: Interim guidance, 24 June 2022. <https://www.who.int/publications/i/item/WHO-MPX-RCCE-2022.1>
- Interim advice for public health authorities on summer events during the monkeypox outbreak in Europe, 2022. 14 June 2022. <https://www.who.int/europe/publications/m/item/interim-advice-for-public-health-authorities--on-summer-events-during-the-monkeypox--outbreak-in-europe--2022>
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- WHO Monkeypox outbreak: update and advice for health workers, 26 May 2022. https://www.who.int/docs/default-source/coronaviruse/risk-comms-updates/update_monkeypox-.pdf?sfvrsn=99baeb03_1
- Risk communication and community engagement. Public health advice on the recent outbreak of monkeypox in the WHO European Region, 24 May 2022. https://www.euro.who.int/_data/assets/pdf_file/0004/538537/public-health-advice-monkeypox-eng.pdf

EPI - WIN Webinars and Updates

Upcoming EPI-WIN Webinar:

- WHO monkeypox technical briefing. For transport and tourism sector; October 5, 2022 13:00 – 14:15 CET
Registration at: <https://www.who.int/news-room/events/detail/2022/10/05/default-calendar/technical-briefing-on-monkeypox-for-transport-and-tourism-sector>

The recordings of the previous [EPI-WIN Webinars](#) related to current monkeypox outbreak:

- [Managing stigma and discrimination in health-care settings in public health emergencies such as monkeypox](#) (Sept. 22, 2022)
- [How is monkeypox spreading? What do we know so far](#) (July 27, 2022)
- [Monkeypox outbreak and mass gatherings](#) (June 24, 2022)

EPI-WIN updates

- [Update 79: Monkeypox outbreak update: Situation - transmission - countermeasures](#)
- [Update 78: Monkeypox and mass gatherings](#)
- [Update 77: Monkeypox outbreak, update and advice for health workers](#)

Laboratory and diagnostics

- Monkeypox: experts give virus variants new names, 12 August 2022. <https://www.who.int/news/item/12-08-2022-monkeypox--experts-give-virus-variants-new-names>
- WHO Laboratory testing for the monkeypox virus: Interim guidance, 23 May 2022. <https://apps.who.int/iris/handle/10665/354488>
- WHO Guidance on regulations for the transport of infectious substances 2021-2023, 25 February 2021. <https://www.who.int/publications/i/item/9789240019720>
- Genomic epidemiology of monkeypox virus. <https://nextstrain.org/monkeypox?c=country>

Disease Outbreak News and situation reports

- Monkeypox outbreak 2022: <https://www.who.int/emergencies/situations/monkeypox-oubreak-2022>
- Multi-country outbreak of monkeypox, External situation report #6- 21 September 2022: <https://www.who.int/publications/m/item/multi-country-outbreak-of-monkeypox--external-situation-report--6---21-september-2022>
- Multi-country outbreak of monkeypox, External situation report #5- 7 September 2022: <https://www.who.int/publications/m/item/multi-country-outbreak-of-monkeypox--external-situation-report--5---7-september-2022>
- Multi-country outbreak of monkeypox, External situation report #4- 24 August <https://www.who.int/publications/m/item/multi-country-outbreak-of-monkeypox--external-situation-report--4---24-august-2022>
- Multi-country outbreak of monkeypox, External situation report #3 - 10 August 2022: <https://www.who.int/publications/m/item/multi-country-outbreak-of-monkeypox--external-situation-report--3---10-august-2022>
- WHO Multi-country outbreak of monkeypox, External situation report #2 – 25 July 2022: <https://www.who.int/publications/m/item/multi-country-outbreak-of-monkeypox--external-situation-report--2---25-july-2022>
- WHO Multi-country outbreak of monkeypox, External situation report #1 - 6 July 2022: <https://www.who.int/publications/m/item/multi-country-outbreak-of-monkeypox--external-situation-report--1---6-july-2022>
- WHO disease outbreak news: Monkeypox, all items related to multi-country outbreak: <https://www.who.int/emergencies/emergency-events/item/2022-e000121>
- WHO disease outbreak news: Monkeypox, all previous items including endemic countries and traveler-associated outbreaks: <https://www.who.int/emergencies/emergency-events/item/monkeypox>

Training and Education

- WHO monkeypox outbreak toolbox, June 2022. <https://www.who.int/emergencies/outbreak-toolkit/disease-outbreak-toolboxes/monkeypox-outbreak-toolbox>
- WHO factsheet on monkeypox, 19 May 2022. <http://www.who.int/news-room/fact-sheets/detail/monkeypox>
- Health topics – Monkeypox: <https://www.who.int/health-topics/monkeypox>
- Open WHO. Online training module. Monkeypox: Introduction. 2020
English: <https://openwho.org/courses/monkeypox-introduction>
Français: <https://openwho.org/courses/variole-du-singe-introduction>
- Open WHO. Extended training. Monkeypox epidemiology, preparedness and response. 2021.
English: <https://openwho.org/courses/monkeypox-intermediate>;
Français: <https://openwho.org/courses/variole-du-singe-intermediaire>

Other Resources

- WHO AFRO Weekly Bulletin on Outbreaks and Other Emergencies, all previous items: <https://www.afro.who.int/health-topics/disease-outbreaks/outbreaks-and-other-emergencies-updates>
- WHO 5 moments for hand hygiene. <https://www.who.int/campaigns/world-hand-hygiene-day>
- WHO One Health. <https://www.who.int/health-topics/one-health>
- World Organisation for Animal Health, founded as OIE: Monkeypox. <https://www.woah.org/en/disease/monkeypox/>
- Joint WHO Regional Office for Europe - European Centre for Disease Prevention and Control, Monkeypox surveillance bulletin [Situation reports \(who.int\)](https://www.who.int/europe/situation-reports/monkeypox)
- Joint WHO Regional Office for Europe - European Centre for Disease Prevention and Control, Monkeypox Resource toolkit to support national authorities and event organizers in their planning and coordination of mass and large gathering events. <https://www.who.int/europe/tools-and-toolkits/monkeypox-resource-toolkit-for-planning-and-coordination-of-mass-and-large-gathering-events/>
- WHO. Monkeypox & mass gatherings. Recommendations for mass gatherings during a monkeypox outbreak. https://cdn.who.int/media/docs/default-source/epi-win/update78_monkeypox-mass-gatherings.pdf?sfvrsn=dfc9ee5a_1&download=true

- WHO European Region Interim advice for public health authorities on summer events during the monkeypox outbreak in Europe, 2022 <https://www.who.int/europe/publications/m/item/interim-advice-for-public-health-authorities--on-summer-events-during-the-monkeypox--outbreak-in-europe--2022>
- Weekly epidemiological record (WER) no.11, 16 March 2018, Emergence of monkeypox in West Africa and Central Africa 1970-2017. <http://apps.who.int/iris/bitstream/handle/10665/260497/WER9311.pdf;jsessionid=7AB72F28D04CFE6CE24996192FC478FF?sequence=1> Jezek Z., Fenner F.: Human Monkeypox. Monogr Virol. Basel, Karger, 1988, vol 17, pp 1-5. doi: 10.1159/isbn.978-3-318-04039-5
- Clinical management and infection prevention and control for monkeypox: Interim rapid response guidance, 10 June 2022. <https://www.who.int/publications/i/item/WHO-MPX-Clinical-and-IPC-2022.1>
- Monkeypox in the Region of the Americas - Risk assessment. <https://www.paho.org/en/documents/monkeypox-region-americas-risk-assessment>

Annex 1: Data, table and figure notes

Caution must be taken when interpreting all data presented. Differences are to be expected between information products published by WHO, national public health authorities, and other sources using different inclusion criteria and different data cut-off times. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change. Case detection, definitions, testing strategies, reporting practice, and lag times differ between countries/territories/areas. These factors, amongst others, influence the counts presented, with variable underestimation of true case and death counts, and variable delays to reflecting these data at the global level.

^[i]'Countries' may refer to countries, territories, areas or other jurisdictions of similar status. The designations employed, and the presentation of these materials do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Annex 2: Confirmed cases of monkeypox by WHO region and country from 1 January 2022 to 2 October 2022, 17:00 CEST.

*Countries with no reported cases for more than 21 days

WHO Region	Country	Total Confirmed Cases	Total Deaths
African Region	Benin*	3	0
	Cameroon	8	2
	Central African Republic	9	0
	Congo	5	0
	Democratic Republic of the Congo	190	0
	Ghana	91	4
	Liberia *	3	0
	Nigeria	400	7
South Africa *	5	0	
Eastern Mediterranean Region	Bahrain	1	0
	Egypt	1	0
	Iran (Islamic Republic of) *	1	0
	Jordan *	1	0
	Lebanon *	11	0
Morocco *	3	0	

	Qatar	5	0
	Saudi Arabia *	8	0
	Sudan	17	1
	United Arab Emirates *	16	0
European Region	Andorra *	4	0
	Austria	314	0
	Belgium	770	1
	Bosnia and Herzegovina	5	0
	Bulgaria *	6	0
	Croatia	29	0
	Cyprus *	5	0
	Czechia	67	1
	Denmark	185	0
	Estonia *	11	0
	Finland	40	0
	France	3999	0
	Georgia *	2	0
	Germany	3625	0
	Gibraltar *	6	0
	Greece	81	0
	Greenland *	2	0
	Hungary	77	0
	Iceland	14	0
	Ireland	183	0
	Israel	253	0
	Italy	850	0
	Latvia	5	0
	Lithuania *	5	0
	Luxembourg *	55	0
	Malta *	33	0
	Monaco *	3	0
	Montenegro *	2	0
	Netherlands	1219	0
	Norway	92	0
	Poland	188	0
	Portugal	926	0
	Republic of Moldova *	2	0
Romania	40	0	
Russian Federation *	2	0	
Serbia	40	0	
Slovakia *	14	0	
Slovenia	47	0	
Spain	7188	2	
Sweden	195	0	
Switzerland	513	0	
The United Kingdom	3635	0	
Türkiye *	1	0	

	Ukraine	4	0
Region of the Americas	Argentina	396	0
	Aruba *	3	0
	Bahamas *	2	0
	Barbados *	1	0
	Bermuda *	1	0
	Bolivia (Plurinational State of)	200	0
	Brazil	7869	2
	Canada	1400	0
	Chile	915	0
	Colombia	2042	0
	Costa Rica	5	0
	Cuba	4	1
	Curaçao	3	0
	Dominican Republic	31	0
	Ecuador	142	1
	El Salvador	9	0
	Guadeloupe *	1	0
	Guatemala	30	0
	Guyana *	2	0
	Honduras	6	0
	Jamaica	14	0
	Martinique *	1	0
	Mexico	1627	0
	Panama	16	0
	Paraguay	2	0
	Peru	2587	0
	Puerto Rico	186	0
	Saint Martin *	1	0
United States of America	25 672	2	
Uruguay	8	0	
Venezuela (Bolivarian Republic of)	5	0	
South-East Asia Region	India	12	1
	Indonesia *	1	0
	Thailand	10	0
Western Pacific Region	Australia	136	0
	China	5	0
	Guam *	1	0
	Japan *	4	0
	New Caledonia *	1	0
	New Zealand	9	0
	Philippines *	4	0
	Republic of Korea *	2	0
Singapore	19	0	
Cumulative	106 countries/territories/areas	68 900	25

JSA UPDATE

New requirement for inbound travel from October 11, 2022

The government announced that they would change the criteria for inbound people who may enter Japan by air effective from October 11, 2022.

Before departure from their home countries

Regardless of the countries' categories by the Japanese quarantine authority, all seafarers from all countries and areas shall follow the following criteria.

[Travelers who had a vaccination certificate (Boosted: 3 doses or more)]

- A COVID-19 certificate (negative certificate) is not required.
They must have a vaccination certificate (boosted) by WHO's Emergency Use Listing (EUL).
(https://extranet.who.int/pqweb/sites/default/files/documents/Status_COVID_VAX_21September2022.pdf).

[For other travelers]

- Persons who are going to visit Japan shall get a negative certificate of COVID-19 test (PCR test or other method authority allows) seventy-two (72) hours before flight departure.

On-arrival Testing at the airport

All countries: NOT required (all travelers must show a vaccination certificate or COVID-19 certificate (negative certificate)).

Note: Airport testing is required for travelers who have symptoms of COVID-19. Persons who may be positive by the airport testing cannot pass an immigration check until released (5 days without testing/ 3 days with testing on the third day). In this regard, seafarers may not enter Japan if the vessel they would join had already left the final Japanese port when they were released.

Isolation after arrival

Not required. Public transportation is available, but passengers must wear a face mask.

Other Information

- No visa is required for travelers from the listed countries who may stay in Japan within 90 days (see the following URL). https://www.mofa.go.jp/j_info/visit/visa/short/novisa.html
- The government will lift the number of daily arrival restrictions (50,000 currently).
- International flights will be available at all Japanese (International) airports (kindly ask a travel agent).