



Syrian Arab Republic: COVID-19 Situation Report

Issued on 30 of June.2020

HIGHLIGHTS

- Number of people confirmed by the Ministry of Health (MoH) to have COVID-19: **279** (including 9 fatalities, 99 recovered)
- Most of the new cases are caused by contacting with a confirmed case **35%** of the total cases.
- On the 20th of June, a lockdown was imposed on Jdeidet al-Fadil town, Al-Qunitra governorate, after announcing **11** new cases in the town, and that was to prevent the outbreak of the virus and to maintain the public health the safety of citizens.
- The total number of cases in Jdeidet al-Fadil town is **23** cases.
- Since the mid of June, the Syrian government established new treatment center in Rural Damascus and one in Aleppo. Moreover 3 new isolation centers in Rural Damascus.
- Areas of concern: Damascus, Rural Damascus especially Ras al-Ma'ara town, Jdeidet al-Fadil town, and Idleb based on the INFORM Global Risk Index, and those living in camps, and informal settlements in northeast Syria (NES), collective shelters throughout the country, as well as other areas including Deir-Ez-Zor, and where hostilities may be ongoing making sample collection more challenging.¹
- Populations of concern: All groups are susceptible to the virus. However, the elderly (those 60 years and above) and people with underlying health conditions are particularly at risk; as are a vulnerable refugee and IDP populations and healthcare workers with inadequate personal protective equipment (PPE).

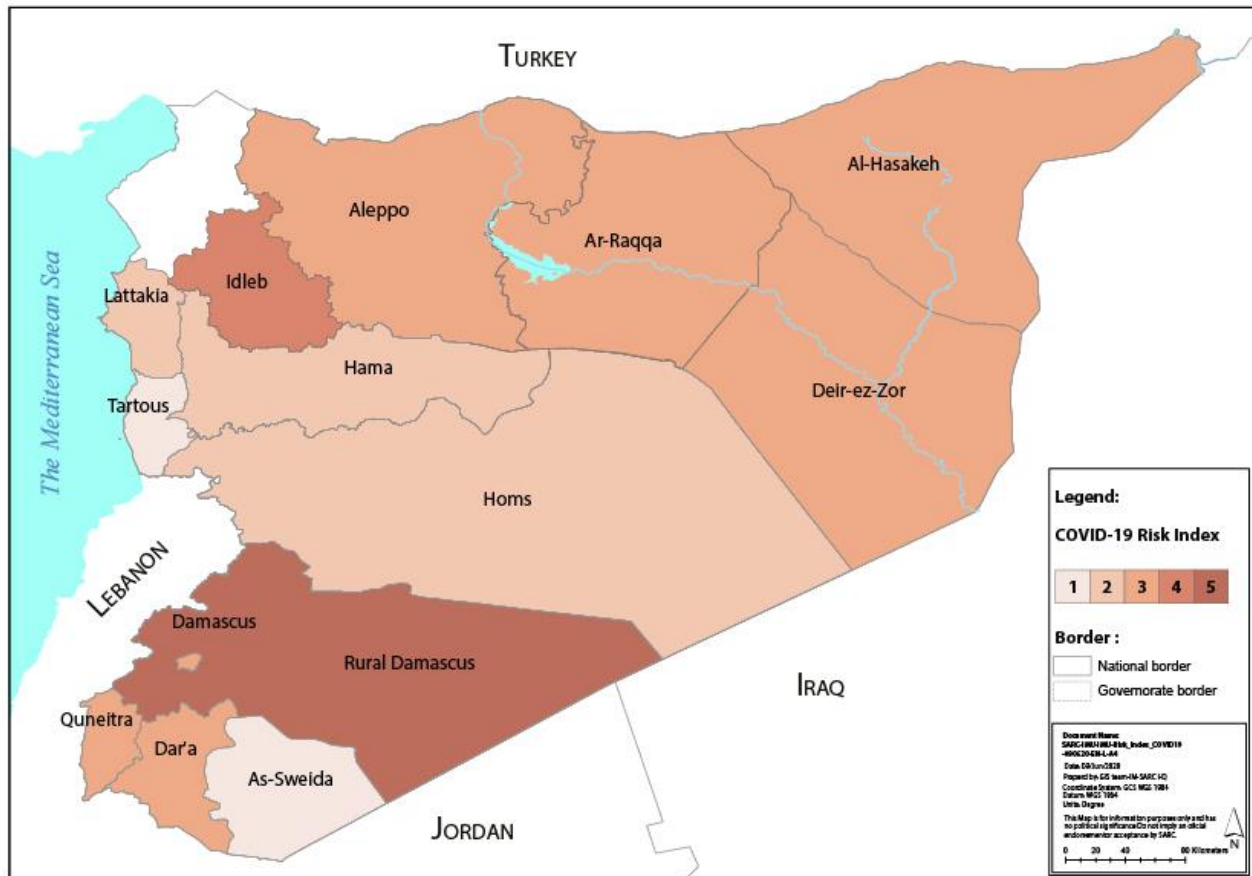
SITUATION OVERVIEW

The global situation remains highly fluid. However, at the time of writing, **10,436,954** laboratory-confirmed cases of COVID-19, including **508,876** deaths (**5** percent), had been reported globally. While the United States has the most confirmed cases globally (**2,683,301**).

In Syria, **279** laboratory-confirmed cases have been reported by authorities to date. The first positive case was announced on the 22nd of March, with the first fatality reported on the 29th of March. The MoH announced the most recent cases on the **30th** of June.

¹ WHO Situation Report

COVIS-19 Risk Index:



The INFORM Global Risk Index (GRI)² model is split into different levels to provide a quick overview of the underlying factors leading to humanitarian risk and builds up the picture of risk by 54 core indicators categorized into three dimensions of risk:

1. Hazards and Exposure;
2. Vulnerability;
3. Lack of Coping Capacity.

In response to the COVID-19 pandemic, INFORM has released a COVID Risk Index (COVID RI) to support the specific decision-making needs of humanitarian and other organizations.

Hazard & Exposure

- Population
- WASH Needs

Vulnerability

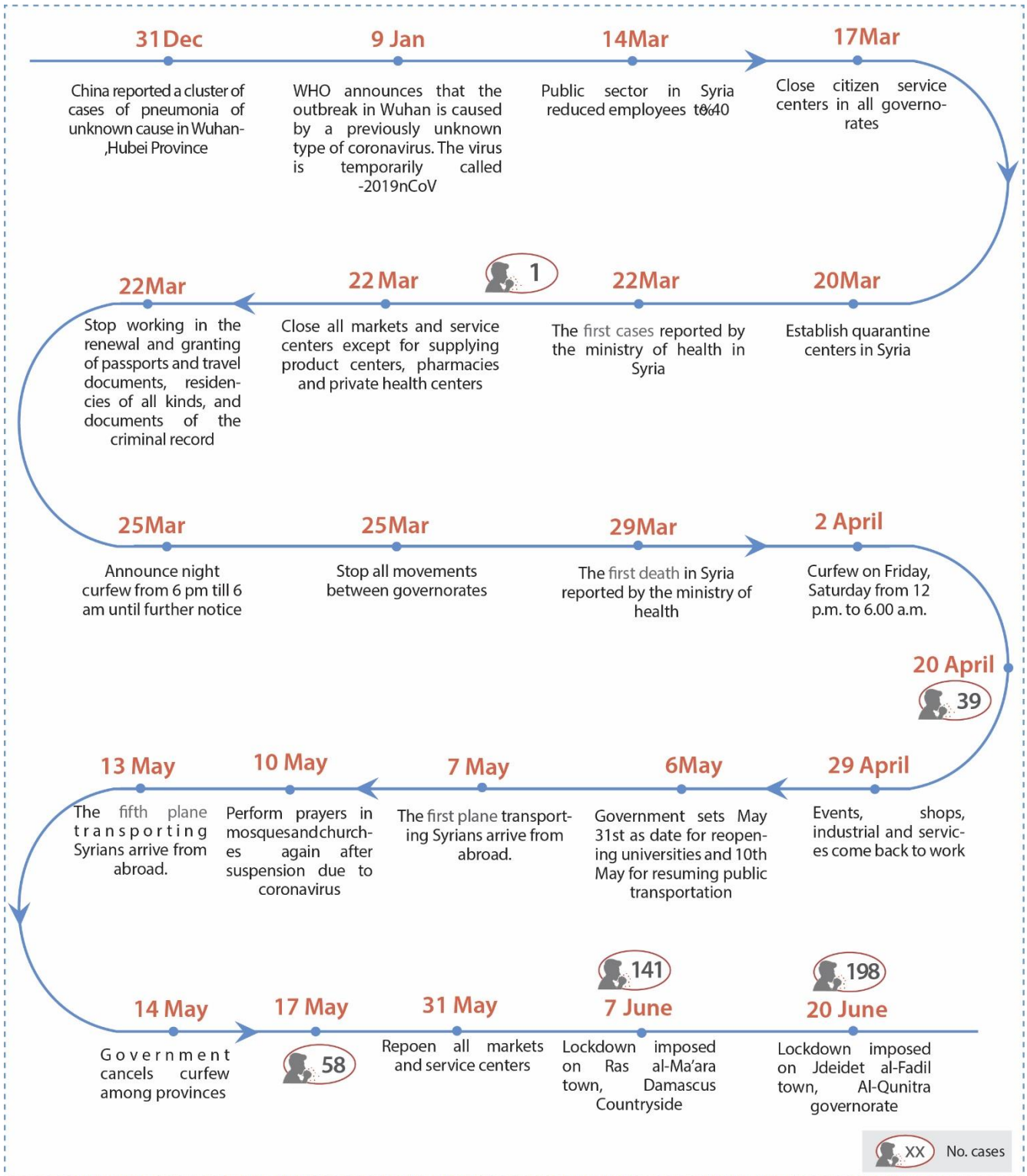
- Behaviour
- PWD
- IDPs
- Severity

Lack of coping capacity

- Health capacity
- Access to health care

² <https://drmkc.jrc.ec.europa.eu/inform-index>

Timeline:



National:

Since the conflict broke in 2011, Syria has endured many socioeconomical changes that brought a myriad of never-seen-before turbulences, including the displacement of the population. The fallout has critically hit the infrastructure nation-wide, including the health and education sectors, which left its horrendous impact on such elemental services. The perpetual state of semi-paralysis in the country puts its health sector at an especially abysmal state, which makes battling such pandemic a heavy burden onto an already fragile system if immediate humanitarian action is not duly taken.

The potential spread of COVID-19 could have catastrophic impacts on a population that already suffers the ramifications of war. With the recent announcement of the first confirmed case of COVID-19³, preparedness in this context is crucial and preventive measures are of critical importance. “Expected to remain complex” is how most humanitarian actors working in Syria assess the operational context of a potential COVID-19 epidemic. It is the most appropriate way to describe a setting where humanitarian needs are presented in more than 80 per cent of the population, regardless of how forgotten they might be by the international community.

In both urban and rural settings, infrastructure is either destroyed or in disrepair, which limits access to shelter, basic services and livelihood opportunities. These factors severely undermine the ability of communities to combat or recover from an epidemic such as COVID-19. Based on the current epidemiological situation in the Middle East, and with the rapid spread of cases in neighboring countries, the threat to Syria is **very high**, with additional risk factors that include:

- A population already in need of humanitarian assistance of 11 million, of which 4.5 million in acute need;
- A large number of vulnerable persons, including 6 million internally displaced persons, refugees and returnees;
- Ongoing largescale population movements especially in the north west;
- A fragile public health system and its limited moderate response capacity of 2/5.⁴

The situation in numbers

Confirmed Cases

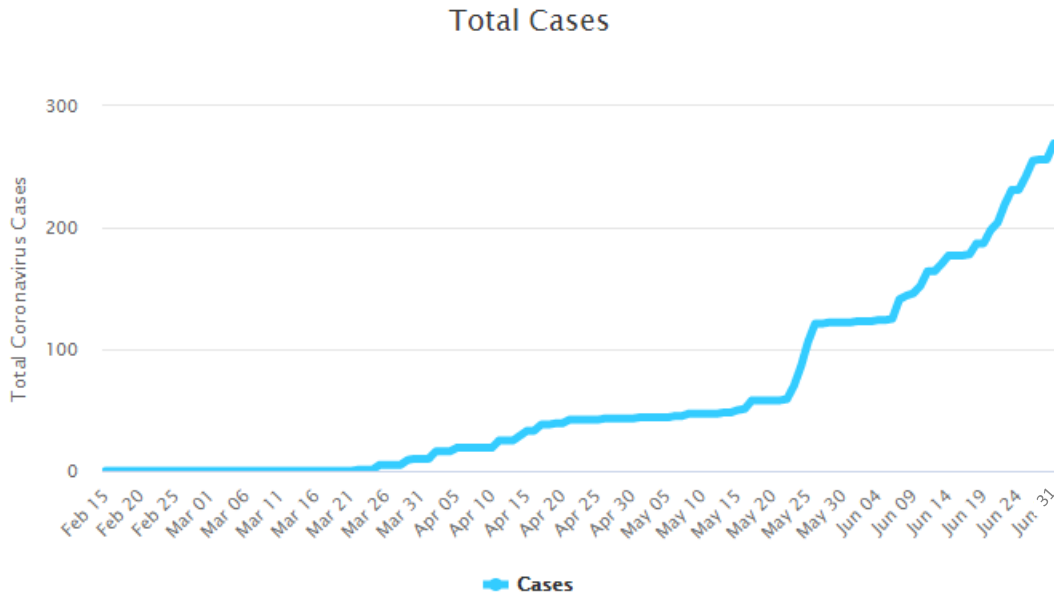
279

Active		Recovered		Death	
170	61%	100	36%	9	3%

³ 22 March 2020, Damascus <https://www.sana.sy/en/?p=188673>

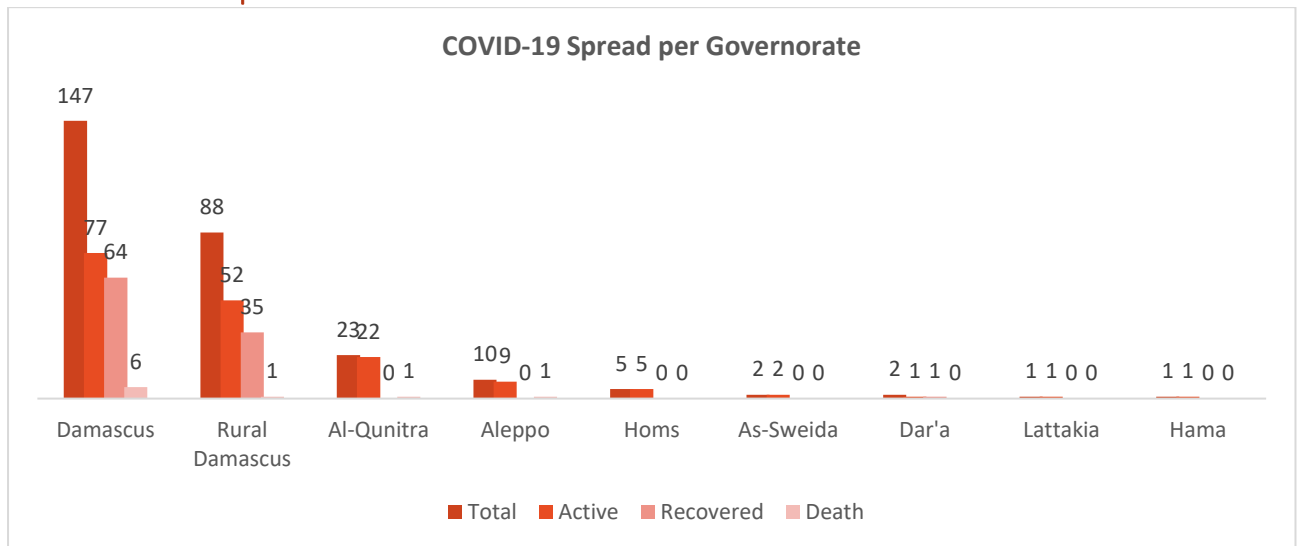
⁴ Based on the 2019 IHR Annual Report and OCHA Syria in collaboration with WHO Syria and humanitarian partners report 11 March 2020

Detailed Information on the COVID-19:



Since the mid of June, the number of COVID-19 cases has increased 109 cases till the time of writing. On the 22nd of June, the highest number of new cases was recorded 15 cases.

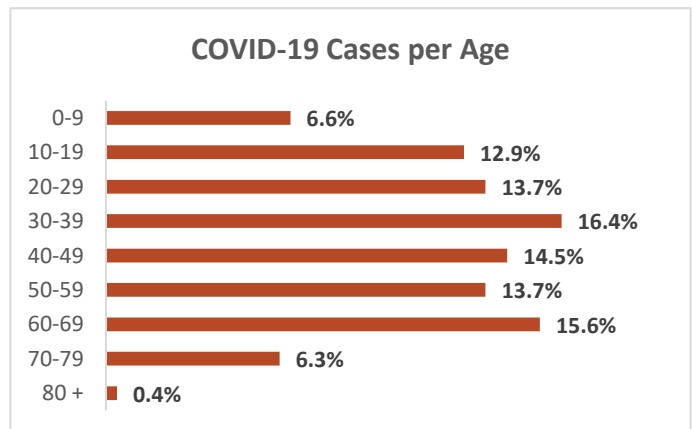
COVID-19 Cases per Governorate:



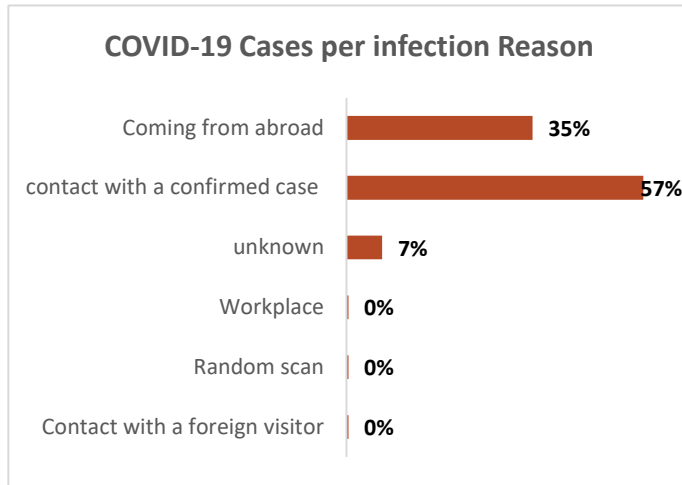
The total number of COVID-19 cases in Syria is **279** in **9** governorates, with **9** death.

Damascus has the highest number of active cases **77**. As in Ras al-Ma'ara town in Rural Damascus, there are **50** cases.

63% of the cases are males, and the rest 45% are females. The female cases have increased by **7%** since the mid of June. The highest age category of the cases is people between 30 and 39 years old.



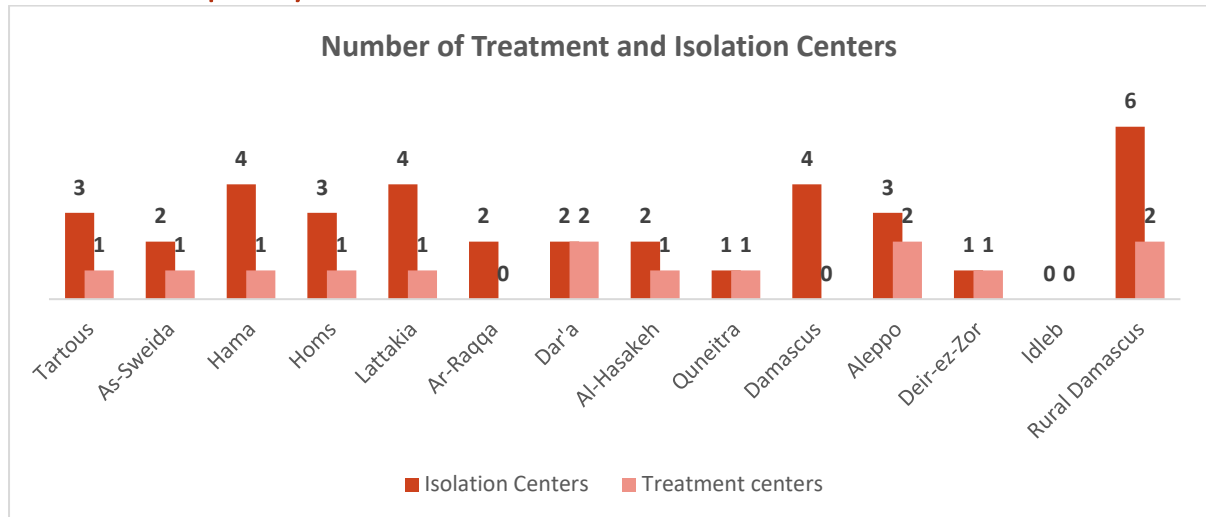
COVID-19 Infection Reason:



Most of the cases are caused by contacting with a confirmed case, most of the cases are in Ras al-Ma'ara town, Rural Damascus and Jdeidet al-Fadil town, Al-Qunitra governorate.

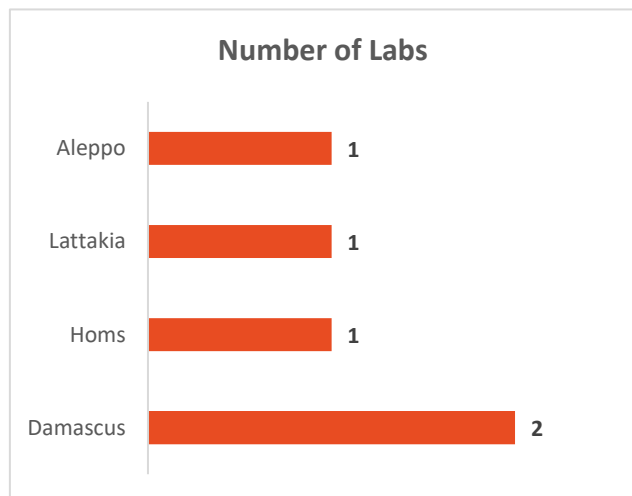
Since the mid of June, the percentage of new cases that infected by contacting with a confirmed case increased by 18%, after announcing lockdown on Ras al-Ma'ara town, Rural Damascus and Jdeidet al-Fadil town, Al-Qunitra governorate.

National Capacity:



There are 14 treatment centers in 11 governorates, 2 centers in each of Rural Damascus, Aleppo and Darra, while there is no treatment center in Idleb, Ar-Raqqa and Damascus. Also, there are 37 isolation centers among Syria except Idleb.

Since the mid of June, the Syrian government established a new treatment center in Rural Damascus and one treatment center in Aleppo. Moreover 3 new isolation centers in Rural Damascus.



The total number of labs in Syria is 5.