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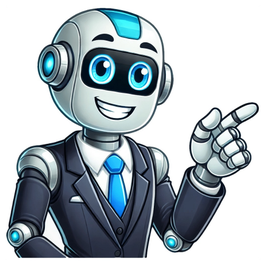

Abortion Abuse of older people Adolescent and young adult health Adolescent pregnancy Ageing and health Alcohol Ambient (outdoor) air pollution Anaemia Animal bites Antimicrobial resistance Anxiety disorders Arsenic Asbestos Assistive technology Asthma Autism Bacterial vaginosis Biodiversity Bipolar disorder Blindness and vision impairment Blood safety and availability Botulism Breast cancer Brucellosis Burns Buruli ulcer (Mycobacterium ulcerans infection) Campylobacter Cancer Candidiasis (yeast infection) Cardiovascular diseases (CVDs) Cervical cancer Chagas disease (also known as American trypanosomiasis) Chikungunya Child maltreatment Child mortality (under 5 years) Childhood cancer Chlamydia Cholera Chromoblastomycosis Chronic obstructive pulmonary disease (COPD) Civil registration and vital statistics Climate change Colorectal cancer Commercial determinants of health Community-based health insurance Condoms Congenital disorders Coronavirus disease (COVID-19) Corporal punishment and health Crimean-Congo haemorrhagic fever Deafness and hearing loss Deliberate events Dementia Dengue and severe dengue Depressive disorder (depression) Diabetes Diarrhoeal disease Dioxins Diphtheria Disability Dracunculiasis (Guinea-worm disease) Drinking-water Drowning E. coli Ebola disease Echinococcosis El Niño Southern Oscillation (ENSO) Electricity in health-care facilities Electronic waste (e-waste) Emergency contraception Endometriosis Epilepsy Essential medicines Falls Family planning/contraception methods Female genital mutilation Food additives Food safety Foodborne trematode infections Fragility fractures Free health care policies Gambling Gonorrhoea (Neisseria gonorrhoeae infection) Guillain-Barré syndrome Health literacy Health-care waste Healthy diet Heat and health Hepatitis A Hepatitis B Hepatitis C Hepatitis D Hepatitis E Herpes simplex virus HIV and AIDS HIV drug resistance Household air pollution Human papillomavirus and cancer Human rights Human T-lymphotropic virus type 1 Hypertension ICD-11 Immunization coverage Infant and young child feeding Infertility Influenza (avian and other zoonotic) Influenza (seasonal) Injuries and violence Ionizing radiation and health effects Japanese encephalitis Lassa fever Lead poisoning Legionellosis Leishmaniasis Leprosy Listeriosis Low back pain Lung cancer Lymphatic filariasis Malaria Malnutrition Marburg virus disease Maternal mortality Measles Meningitis Menopause Mental disorders Mental health Mental health at work Mental health in emergencies Mental health of adolescents Mental health of older adults Mercury Middle East respiratory syndrome coronavirus (MERS-CoV) Migraine and other headache disorders Millennium Development Goals (MDGs) Mpox Multi-drug resistant gonorrhoea Multiple sclerosis Musculoskeletal health Mycetoma Mycotoxins Natural toxins in food Newborn mortality Newborns: improving survival and well-being Nipah virus Noma Noncommunicable diseases Nursing and midwifery Obesity and overweight Occupational health: health workers Older children and young adolescent mortality (5 to 14 years) Onchocerciasis One Health Opioid overdose Oral health Oropouche virus disease Osteoarthritis Palliative care Parkinson disease Patient safety Pesticide residues in food Physical activity Plague Pneumonia in children Podoconiosis (non-filarial lymphoedema) Poliomyelitis Polycystic ovary syndrome Post COVID-19 condition (long COVID) Post-traumatic stress disorder Pre-eclampsia Prequalification of medicines by WHO Preterm birth Primary health care Protecting workers' health Quality health services Rabies Radon Refugee and migrant health Refugee and migrant mental health Rehabilitation Respiratory syncytial virus (RSV) Rheumatic heart disease Rheumatoid arthritis Rift Valley fever Ringworm (tinea) Road traffic injuries Rubella Salmonella (non-typhoidal) Sand and dust storms Sanitation Scabies Schistosomiasis Schizophrenia Self-care for health and well-being Sepsis Sexually transmitted infections (STIs) Shingles (herpes zoster) Snakebite envenoming Social determinants of health Sodium reduction Soil-transmitted helminth infections Spinal cord injury Sporotrichosis Substandard and falsified medical products Sugars and dental caries Suicide Syphilis Taeniasis/cysticercosis Tetanus The top 10 causes of death Tobacco Trachoma Trans fat Trichomoniasis Trypanosomiasis, human African (sleeping sickness) Tuberculosis Tungiasis Typhoid Ultraviolet radiation Universal health coverage (UHC) Urban health Vector-borne diseases Violence against children Violence against women West Nile virus White phosphorus Yaws Yellow fever Youth violence Zika virus Zoonoses Skip to main content Skip to main content Home Health topics Our work News Emergencies About us Skip to main content Skip to main content World Health Organization Home Health topics Our work News Emergencies About us COVID-19 is the disease caused by the SARS-CoV-2 coronavirus. It usually spreads between people in close contact.COVID-19 vaccines provide strong protection against severe illness and death. Although a person can still get COVID-19 after vaccination, they are more likely to have mild or no symptoms. Anyone can get sick with COVID-19 and become seriously ill or die, but most people will recover without treatment. People over age 60 and those with existing medical conditions have a higher risk of getting seriously ill. These conditions include high blood pressure, diabetes, obesity, immunosuppression including HIV, cancer and pregnancy. Unvaccinated people also have a higher risk of severe symptoms. SymptomsPeople may experience different symptoms from COVID-19. Symptoms usually begin 5–6 days after exposure and last 1–14 days.The most common symptoms are:Less common symptoms are:muscle aches and heavy arms or legssevere fatigue or tirednessrunny or blocked nose, or sneezingheadachesore eyesdizzinessnew and persistent coughtight chest or chest painshortness of breathhoarse voicenumbness or tinglingappetite loss, nausea, vomiting, abdominal pain or diarrhoealoss or change of sense of taste or smelldifficulty sleeping.People with the following symptoms should seek immediate medical attention:difficulty breathing, especially at rest, or unable to speak in sentencesconfusiondrowsiness or loss of consciousnesspersistent pain or pressure in the chestskin being cold or clammy, or turning pale or a bluish colourloss of speech or movement.People who have pre-existing health problems are at higher risk when they have COVID-19; they should seek medical help early if worried about their condition. These include people taking immunosuppressive medication; those with chronic heart, lung, liver or rheumatological problems; those with HIV, diabetes, cancer. obesity or dementia.People with severe disease and those needing hospital treatment should receive treatment as soon as possible. The consequences of severe COVID-19 include death, respiratory failure, sepsis, thromboembolism (blood clots), and multiorgan failure, including injury of the heart, liver or kidneys.In rare situations, children can develop a severe inflammatory syndrome a few weeks after infection. Some people who have had COVID-19, whether they have needed hospitalization or not, continue to experience symptoms. These long-term effects are called long COVID (or post COVID-19 condition). The most common symptoms associated with long COVID include fatigue, breathlessness and cognitive dysfunction (for example, confusion, forgetfulness, or a lack of mental focus or clarity). Long COVID can affect a person's ability to perform daily activities such as work or household chores. TreatmentMost people will recover without needing treatment in a hospital. For those who need it, doctors will suggest treatments for COVID-19 based on the severity of the disease and the risk of it getting worse. They will consider the person's age and if they have other health problems.More on treatment PreventionPeople should get vaccinated as soon as it's their turn. They should follow local guidance on vaccination and ways to protect themselves against COVID-19.COVID-19 vaccines provide strong protection against serious illness, hospitalization and death. To prevent the spread of COVID-19:avoid crowds and keep a safe distance from others, even if they don't appear to be sick;wear a properly fitted mask if you feel sick, have been close to people who are sick, if you are at high-risk, or in crowded or poorly ventilated areas;clean your hands frequently with alcohol-based hand rub or soap and water;cover your mouth and nose with a bent elbow or tissue when you cough or sneeze;dispose of used tissues right away and clean your hands; and if you develop symptoms or test positive for COVID-19, self-isolate until you recover.Vaccination against COVID-19 is based on priority groups such as people aged 60 years and over, and those with underlying medical problems such as high blood pressure, diabetes, chronic health problems, immunosuppression (including HIV), obesity, cancer, pregnant persons, and unvaccinated people. In March 2023, WHO updated its recommendations on primary series vaccination (two doses of any vaccine) as well as the need for booster doses. These recommendations are time-limited and can change at any time depending on how the SARS-CoV-2 virus is circulating in your area or country. It is important to stay up to date with local guidelines and recommendations provided by your local health authority. Since its introduction, COVID-19 vaccines have saved millions of lives across the world by providing protection against severe disease, hospitalization, and death. Even though vaccines protect against severe disease and death, it is still possible to spread SARS-CoV-2 to others after being vaccinated. WHO responseThe World Health Organization is the global coordinating agency for the response to the COVID-19 pandemic. The Organization works with Member States and partners on all aspects of the pandemic response, including facilitating research, developing guidance, coordinating vaccine development and distribution, and monitoring daily case numbers and trends around the world. Since April 2020, the Access to COVID-19 Tools (ACT) Accelerator, launched by WHO and partners, has supported the fastest, most coordinated, and successful global effort in history to develop tools to fight a disease. COVAX, the vaccines pillar of the ACT-Accelerator is a ground-breaking global collaboration to accelerate the development, production, and equitable access to COVID-19 tests, treatments, and vaccines. WHO provides global coordination and member state support on vaccine safety monitoring. It developed the target product profiles for COVID-19 vaccines and provides R&D technical coordination.WHO also leads work to improve global capacity and access to oxygen production, distribution and supply to patients.Although WHO announced the end of the emergency phase of COVID-19 in May 2023, the Organization continues to coordinate the global response. Skip to main content Skip to main content The WHO global framework to define and guide studies into the origins of emerging and re-emerging pathogens with epidemic and pandemic potential.... This report outlines an analysis of 68 collected interviews telling stories of experience of the COVID-19 infodemic by infodemic managers to draw out learning... An informal consultation was held at WHO's headquarters, office in Lyon, France, at the end of November 2023. Over 30 participants from over... This document examines the risk-based approach to gatherings, mpox-associated risks during the current public health emergency of international concern,... The Scientific Advisory Group for the Origins of Novel Pathogens (SAGO) provided initial findings and recommendations to better understand the origins... The WHO strategic and operational plan for coronavirus disease threat management sets out the global framework for supporting Member States in the sustained,... Corrigendum: We have updated the document to remove the mutation, L455S, from the Spike mutations that differentiate NB.1.8.1 from JN.1. Extreme weather Skip to main content As of 24 November 2022, the Government of the Republic of Indonesia has reported 6.627.538 persons with confirmed COVID-19. There have been 159.524 deaths related to COVID-19 reported and 6.403.551 patients have recovered from the disease. WHO is working with the Indonesian Government to monitor the situation and prevent further spread of disease. This page shares information on coronavirus disease and advice for the public on how to keep healthy and prevent the spread of illness in Indonesia. The Ministry of Health (MoH) of the Republic of Indonesia has taken actions to enhance response efforts for COVID-19 in Indonesia, referring to WHO interim guidance on the novel coronavirus. Please see the links below for MoH COVID-19 related information. Coronavirus disease (COVID-19) pandemic Vaccine doses administered Skip to main content Skip to main content Sur cette page, vous trouverez des informations et des conseils de l'OMS concernant la pandémie en cours de maladie à coronavirus 2019 (COVID-19) dont les premiers cas ont été signalés pour la première fois à Wuhan, en Chine, le 31 décembre 2019. Cette page est mise à jour quotidiennement.L'OMS travaille en étroite collaboration avec les experts mondiaux, les gouvernements et les partenaires pour élargir rapidement les connaissances scientifiques sur ce nouveau virus, suivre sa propagation et sa virulence, et donner des conseils aux pays et aux individus sur les mesures à prendre pour protéger leur santé et empêcher la propagation de cette flambée. La COVID-19 pendant la saison des rhumes et des grippes Skip to main content Skip to main content Since mid-February 2025, according to data available from sentinel sites, global SARS-CoV-2 activity has been increasing, with the test positivity rate reaching 11%, levels that have not been observed since July 2024. This rise is primarily observed in countries in the Eastern Mediterranean, South-East Asia, and Western Pacific regions. Since early 2025, global SARS-CoV-2 variant trends have slightly shifted. Circulation of LP.8.1 has been declining, and reporting of NB.1.8.1, a Variant Under Monitoring (VUM), is increasing, reaching 10.7% of global sequences reported as of mid-May. Recent increases in SARS-CoV-2 activity are broadly consistent with levels observed during the same period last year, however, there still lacks a clear seasonality in SARS-CoV-2 circulation, and surveillance is limited. Continued monitoring is essential. WHO advises all Member States to continue applying a risk-based, integrated approach to managing COVID-19 as outlined in the Director-General's Standing Recommendations [1]. As part of comprehensive COVID-19 control programmes, vaccination remains a key intervention for preventing severe disease and death from COVID-19, particularly among at risk groups. There has been an increase in SARS-CoV-2 activity globally, based on SARS-CoV-2 data reported to the Global Influenza Surveillance and Response System (GISRS) from sentinel surveillance sites. As of 11 May 2025, the test positivity rate is 11% across 73 reporting countries, areas and territories. This level matches the peak observed in July 2024 (12% from 99 countries) and marks a rise from 2% reported by 110 countries back in mid-February 2025 (Figure 1). The increase in test positivity rate is mainly being driven by countries in the Eastern Mediterranean Region, the South-East Asia Region, and the Western Pacific Region. Countries in the African Region, European Region, and the Region of the Americas are currently reporting low levels of SARS-CoV-2 activity with percent positivity from sentinel or systematic virological surveillance sites ranging from 2% to 3%. However, some areas—particularly in the Caribbean and Andean subregions in the Region of the Americas showed increasing trends of SARS-CoV-2 test positivity as of 11 May. Publicly available wastewater monitoring data from countries in the European Region and the Northern America subregion remain low and, at present, do not indicate any upward trend in SARS-CoV-2 activity as of 11 May 2025.The reporting of COVID-19 associated hospitalizations, Intensive Care Unit (ICU) admissions, and deaths is very limited from the countries in the Eastern Mediterranean Region, the South-East Asia Region, and the Western Pacific Region and does not allow for evaluation of the impact on health systems by WHO. Figure 1. SARS-CoV-2 tested specimens and percent positive reported from sentinel sites to eGISRS from countries, areas and territories from January 2023 to May 2025**Most recent week's data may be incomplete. Source: Global Influenza ProgrammeSARS-CoV-2 Variant Evolution and CirculationSARS-CoV-2 continues to evolve, and between January and May 2025, there were shifts in global SARS-CoV-2 variant dynamics. At the beginning of the year, the most prevalent variant tracked by WHO at the global level was XEC, followed by KP.3.1.1. In February, circulation of XEC began to decline while that of LP.8.1 increased, with the latter becoming the most detected variant in mid-March. Since mid-April, the circulation of LP.8.1 has been slightly declining as NB.1.8.1 is increasingly being detected.Figure 2. SARS-CoV-2 Variants of Interest and Variants Under Monitoring proportions from January 2025 to May 2025.Source: GISAID and CoV-SPECTRUMThe most recently designated variant under monitoring (VUM) is NB.1.8.1, which is a descendent lineage of XDV.1.5.1, in turn a descendent of JN.1, with the earliest sample collected on 22 January 2025. In comparison to the currently dominant SARS-CoV-2 variant, LP.8.1, NB.1.8.1 has the following additional spike mutations: T22N, F59S, G184S, A435S, V445H, and T478I. Spike mutations at position 445 have been shown to enhance binding affinity to hACE2 receptor, which could increase the variant's transmissibility; mutations at position 435 have been shown to modestly reduce the neutralization potency of class 1 and class 1/4 antibodies; mutations at position 478 have been shown to enhance the evasion of Class 1/2 antibodies.[2]As of 18 May 2025, 518 NB.1.8.1 sequences were submitted to GISAID from 22 countries, representing 10.7% of the globally available sequences in epidemiological week (EW) 17 of 2025 (21 to 27 April 2025). While the percentage remains low, this presents a significant rise from 2.5% four weeks prior in EW14 of 2025 (31 March to 6 April 2025). Between EW14 and EW17 of 2025, increased circulation of NB.1.8.1 was detected in all three WHO regions that are consistently sharing SARS-CoV-2 sequences, i.e. from 8.9% to 11.7% for the Western Pacific region, from 1.6% to 4.9% for the region of the Americas, and from 1.0% to 6.0% for the European region. There are only 5 NB.1.8.1 sequences from the South-East Asia Region, and none from the African Region or the Eastern Mediterranean Region.COVID-19 Vaccination UpdateFrom the latest available global data covering the period between 1 January and 30 September 2024, overall COVID-19 vaccine uptake among high-risk groups remains low, with significant disparities across regions and income levels. Among older adults[3], just 1.68% were reported as having received a dose so far in 2024 up to 30 September 2024 across 75 reporting Member States, and among health and care workers, uptake stood at 0.96% across 54 reporting Member States. An estimated 39.2 million individuals, across 90 reporting Member States covering 31% of the global population, had received a dose in 2024 through 30 September 2024, including 14.8 million in the third quarter. Uptake was notably higher in the Region of the Americas and the European Region, with older adult coverage reaching 5.1% in the European Region and 3.6% in the Region of the Americas compared to less than 0.5% in other regions. A similar disparity was observed when comparing countries by income level. High and upper middle-income countries (HIC/UMIC) reported higher vaccine uptake among older adults with 4.3% and 1.2% respectively, compared to less than 0.5% in low-income countries (LIC) and lower middle-income countries (LMIC). Similar patterns were seen among health and care workers, with uptake in the Region of the Americas (2.8%) far exceeding the less than 0.5% seen in other regions. Among income groups, UMICs reported 2.1% coverage, compared to just 0.3% in LICs and 0.1% in LMICs. Complete vaccination data for 2024 is being collected now and will be released in mid-July 2025. Currently approved COVID-19 vaccines continue to provide protection against severe disease and death. To ensure approved vaccines remain effective, the WHO Technical Advisory Group on COVID-19 Vaccine Composition (TAG-CO-VAC) continues to monitor and review the impact of SARS-CoV-2 evolution on the performance of available vaccines. In May 2025, TAG-CO-VAC advised that monovalent vaccines targeting the JN.1 or KP.2 lineages remain appropriate. They also noted that vaccines targeting the LP.8.1 lineage can be considered as a suitable alternative. Vaccination should not be delayed. However, in anticipation of access to latest variant-containing vaccines, there is a greater benefit in ensuring that persons at high risk of developing severe COVID-19 receive a dose of any available vaccine as compared to delaying vaccination.Overview of selected WHO regionsEastern Mediterranean RegionIn the Eastern Mediterranean Region, sentinel surveillance data have been reported from 12 countries via test positivity rates from sentinel sites in 2025. The test positivity rate increased from 4% in EW13 to 17% in EW17 and then declined to 15% in EW19. Following lower circulation in the first ten weeks of 2025, a sharp upward trend surpassed the levels of last year (11% in EW17 2024). Across the region, recent reports of increases in circulation have been observed in five countries to date, including Egypt, Kuwait, Oman, Saudi Arabia, United Arab Emirates and Pakistan. Figure 3. SARS-CoV-2 tested specimens reported from sentinel sites to eGISRS from countries, areas and territories in the Eastern Mediterranean Region for 2024 and 2025**Most recent week's data may be incomplete. Source: Global Influenza ProgrammeSouth-East Asia RegionIn the South-East Asia Region, sentinel surveillance data have been reported by eight countries in 2025. Since the beginning of April, the test positivity rate increased from 0.5% in EW15 to 5% in EW19. Although at a lower level, a similar upward trend was observed during the same period in 2024, with rates rising from 4% in EW15 to 6% in EW19, and further to 10% by EW24. The recent increases are observed in the Maldives and Thailand. As per published national reports, a rise in COVID-19 case detections was observed in India [4] in EW20 and Thailand [5] between EW16 to EW20.Figure 4. SARS-CoV-2 tested specimens reported from sentinel sites to eGISRS from countries, areas and territories in the South-East Asia Region for 2024 and 2025**Most recent week's data may be incomplete. Source: Global Influenza ProgrammeWestern Pacific RegionIn the Western Pacific Region, sentinel surveillance data have been reported by ten countries and areas via test positivity rates from sentinel sites in 2025. In the past month, the test positivity rate increased from 5% in EW14 to 11% in EW19. Following lower circulation in the first ten weeks of the year, a sharp upwards trend reached similar levels as last year (10% in EW18 2024). The recent increases have been observed in four countries and areas to date: Cambodia, China, Hong Kong SAR and Singapore. Figure 5. SARS-CoV-2 tested specimens reported from sentinel sites to eGISRS from countries, areas and territories in the Western Pacific Region for 2024 and 2025**Most recent week's data may be incomplete. Source: Global Influenza Programme Since the formal ending of the public health emergency of international concern (PHEIC) in May 2023, Member States have adopted diverse approaches to sustaining COVID-19 and broader coronavirus disease threat management. While some countries have integrated COVID-19 activities into existing respiratory disease programmes, others remain in transitional phases, maintaining targeted vertical interventions while adapting systems and structures for integrated management of infectious diseases. This variation reflects differing national contexts, resource availability, health system capacities and other national priorities.Routine public health measures for COVID-19 are increasingly being embedded within broader surveillance and response systems. Countries have been moving to operate integrated respiratory disease surveillance platforms – such as eGISRS and Coronavirus Network (CoVNet) – which include sentinel surveillance, virological characterization and wastewater monitoring, enabling the detection of circulating SARS-CoV-2 variants and providing insight into broader trends in viral respiratory illness. Clinical pathways developed during the acute phase of the COVID-19 pandemic are being refined and sustained, supporting access to diagnosis, treatment, and care for individuals with COVID-19 and post-COVID-19 (long COVID) condition. Vaccination efforts remain a cornerstone of protection for high-risk groups, with updated vaccines being offered through routine or targeted immunization strategies, often alongside those for seasonal influenza and respiratory syncytial virus (RSV). Risk communication and community engagement activities continue to inform and empower the public, adapted to local contexts and evolving levels of perceived risk.However, the long-term sustainability of these activities and the financing to support this remain a challenge in many countries. Health systems face an increasing number of competing priorities, including other infectious disease threats, the growing burden of non-communicable diseases, health workforce strain, and the persistent need to recover essential services disrupted during the pandemic. Beyond the health sector, broader societal and economic pressure, such as inflation, political instability, and humanitarian crises, further complicate efforts to maintain COVID-19 disease threat management at scale. WHO and partners continue to support countries in navigating these realities by promoting context-sensitive integration, prioritization, and long-term investment in respiratory disease threat management systems.WHO continues to support Member States by convening and coordinating global stakeholders and relevant networks, developing evidence-based guidance and policy recommendations, and providing tailored support to assist Member States in building and sustaining core capabilities, in collaboration with other key partners. As per the latest WHO global risk assessment, covering the period July-December 2024, the global public health risk associated with COVID-19 remains high. There has been evidence of decreasing impact on human health throughout 2023 and 2024 compared to 2020-2023, driven mainly by: 1) high levels of population immunity, achieved through infection, vaccination, or both; 2) similar virulence of currently circulating JN.1 sublineages of the SARS-CoV-2 virus as compared with previously circulating Omicron sublineages; and 3) the availability of diagnostic tests and improved clinical case management. SARS-CoV-2 circulation nevertheless continues at considerable levels in many areas, as indicated in regional trends, without any established seasonality and with unpredictable evolutionary patterns. WHO produces global COVID-19 risk assessments every six months; the global risk assessment covering the period January-June 2025 is currently under development. WHO continues to monitor emerging SARS-CoV-2 variants and undertakes risk evaluation for designated variants of interest (VOI) and VUMs with the support of the Technical Advisory Group of Virus Evolution (TAG-VE). Evaluation of the currently predominant VUM, LP.8.1, and the most recently designated VUM, NB.1.8.1, suggests no increased public health risk posed by these variants compared to other circulating variants. To permit robust COVID-19 risk assessment and management, WHO reiterates its recommendations to Member States to continue to monitor and report SARS-CoV-2 activity and burden, public health and healthcare system impacts of COVID-19, strengthen genomic sequencing capacity and reporting, in particular information on SARS-CoV-2 variants [6], promptly and transparently to support global public health efforts. WHO advises all Member States to continue applying a risk-based, integrated approach to managing COVID-19, embedded within broader disease prevention and control programmes, in particular those for other respiratory disease threats, in line with the WHO Director-General's Standing Recommendations. Sustained investment in core public health capabilities, notably collaborative surveillance, community protection, clinical care, access to and delivery of medical countermeasures, and coordination, is critical to monitoring SARS-CoV-2 circulation and evolution, and mitigating its ongoing health and socioeconomic impacts.Following the expiration of the last Global Strategic Preparedness and Response Plan (SPRP) from 2023-2025, WHO has published a high level strategic and operational plan for coronavirus disease threat management that sets out the global framework for supporting Member States in the sustained, integrated, evidence-based management of coronavirus disease threats, including COVID-19, MERS, and potential novel coronavirus diseases of public health importance. The plan builds on and supersedes previous WHO strategic preparedness and response plans for COVID-19. It emphasizes long-term, routine management of COVID-19 and other coronavirus diseases, embedded within national healthcare and health emergency systems and aligned with broader respiratory disease management strategies. An 'At a glance' document is available and provides a high-level overview of the plan in advance of a more detailed plan's release. WHO released an updated package of policy briefs in December 2024 designed to help countries formulate evidence-based policies to manage SARS-CoV-2 transmission, particularly in high-risk and vulnerable populations, and to reduce morbidity, mortality and long-term sequelae from COVID-19. The briefs outline essential actions that national and sub-national policy-makers can implement to work towards comprehensive COVID-19 prevention and control. Member States should prioritize efforts to:Maintain multi-source, multi-tiered collaborative surveillance systems for early detection, variant monitoring, and disease burden assessment, using both sentinel and wastewater surveillance, integrated into respiratory pathogen monitoring platforms.[7-8]Ensure continued equitable access to and uptake of COVID-19 vaccines, particularly among high-risk groups, guided by national immunization strategies aligned with WHO SAGE recommendations.[9-10]Strengthen healthcare delivery systems to ensure high-quality clinical management of COVID-19 and Post-COVID-19 Condition (PCC), embedded in scalable care models and featuring robust infection prevention and control standards.Enhance risk communication and community engagement to empower individuals to make informed decisions, counter misinformation, and support community-led protection strategies.Institutionalize national and subnational coordination mechanisms, including those developed during the acute phase of the pandemic, into long-term respiratory disease threat management systems, aligned with a One Health approach.WHO further reminds Member States that the International Health Regulations (IHR) Standing Recommendations on COVID-19, issued by the Director-General following the expiration of the PHEIC in May 2023, remain valid through 30 April 2026. These recommendations provide ongoing guidance for sustained COVID-19 threat management, and WHO encourages countries to align their national policies with these recommendations to ensure continued vigilance and preparedness.WHO recommends that countries remain vigilant, adapt to evolving epidemiological trends, and leverage COVID-19 management strategies to strengthen systems for all respiratory disease threats. Member States should continue offering COVID-19 vaccines in line with WHO recommendations.[11]Based on the current risk assessment of this event, WHO advises against imposing travel or trade restrictions. تأمين تكوفيد-19 والتمديدي التعرض لخطر الإصابة حالة مرجعية وجمعة (المطر السؤال أعلاه) أصدرت المنظمة توصيات بشأن العلاجات الدوائية المعالجة في تحسين الصحة العالمية وتوصيات بشأن الاستشارات الطبية عن بعد والتشخيص الذاتي للأمراض المعدية وكيف يمكن للأطفال المصابين بالأمراض المعدية وكيف يمكن للأطفال المصابين بالأمراض المعدية وكيف يمكن للأطفال المصابين بال