KEY HIGHLIGHTS OF THE COVID-19
EPI SITUATION IN KAZAKHSTAN

• The is a rise in the reported cases in Kazakhstan, mainly in the cities. Between 30 May and 29 June 2022, the Ministry of Health reported 811 cases and three deaths in the country.

• Death cases were registered in the Nur-Sultan city and Kyzylordinaskaya oblast, the remaining regions reported zero deaths during weeks 22-25/2022.

• The COVID-19 14-day incidence increased from 0.8 to 4.2 cases per 100 000 (a 425% decrease).

• 292 634 PCR tests were performed nationwide between 30 May and 29 June 2022. The average number of tests was approximately 9 400 tests per day. The overall percentage of tests positive for a SARS-CoV-2 virus was 0.25%.

• As of 29 June 2022, the countrywide COVID-19 hospital bed occupancy was 4%.

• The COVID-19 complete vaccine series uptake of the general population remains at 49% of the total or 82% of the eligible population. Around 65% of adolescents (12-17 years), 12% of pregnant, and 34% of breastfeeding women have been vaccinated with two doses of the Pfizer COMIR-NATY vaccine.
30 May - 29 June 2022:

- **Cumulative cases**: 811
- **Confirmed cases**: 722
- **Probable cases**: 89
- **Incidence per 100,000 population**: 4.3
- **Cumulative deaths**: 3
- **Deaths/1 million**: 0.16
- **Total Laboratories**: 163
- **Total PCR tests**: 292,634
- **PCR Positivity rate**: 0.25%
- **Total infectious diseases hospitals**: 250
- **Occupied COVID-19 beds (4%)**: 93 on 29 June 2022
- **Total ICU beds**: 318
- **Occupied ICU beds (1.3%)**: 4 on 29 June 2022
- **Vaccinated with 1st component**
  - Received 1st booster on 24 June 2022
  - Received 2nd booster on 24 June 2022
- **Vaccinated with both doses**
  - on 24 June 2022
- **Tests performed**: 81,464
- **Tests per million population**: 0.28
- **Vaccinated with 1st component**: 9,301,797
- **Vaccinated with both doses**: 9,521,241
- **Out of the total 4,732,965 received 1st booster**
- **Out of the total 3,362,232 received 2nd booster**
As of 30 June 2022

Global

Number of cases: 545,226,550
Cumulative cases: 1,394,918

Number of deaths: 6,334,728
Cumulative deaths: 19,016

CFR: 1.36%
Deaths/1 million: 999

As of 30 June 2022, Kazakhstan

- Cumulative cases: 1,394,918
- Cumulative deaths: 19,016
- Cumulative CFR: 1.36%
- Deaths/1 million: 999
HIGHLIGHTS OF THE WHO SUPPORT IN KAZAKHSTAN

• On 2 June 2022, WHO CO KAZ conducted a webinar on monkeypox and covered the epidemiology, surveillance, case investigation, contact tracing, clinical features, and case management, laboratory testing, infection prevention and control, and risk assessment in the context of the current outbreak in non-endemic countries. About 330 accounts joined the webinar, including clinicians, epidemiologists, laboratory workers, representatives of medical universities, as well as other stakeholders.

• On 6 June 2022, phase 2 of the Global Laboratory Leadership Program (GLLP) delivered by WHO together with the National Center for Public Health (Scientific and Practical Center for Sanitary and Epidemiological Expertise and Monitoring) continued with an offline session covering Leadership and Laboratory system competencies. The goal of the Global Laboratory Leadership Programme (GLLP) is to foster and mentor current and emerging laboratory leaders to build, strengthen and sustain national laboratory systems. It is delivered in the One Health approach, and the five facilitators, as well as 14 participants of the program, come from public health, clinical and veterinary laboratories.

• On 8 June 2022, the second meeting of the national laboratory working group was held. A smaller group consisting of representatives of the national laboratory working group from public health, clinical-diagnostic, private laboratories, laboratory associations, research laboratories, and veterinary and ecology laboratories gathered to finalize the SWOT analysis. In the next session, it’s planned to start writing the policy statements, which will be followed by the development of strategic plans.

• On 13-14 and 15-16 June 2022, WHO CO KAZ conducted two validation and verification training for 48 public health and clinical-diagnostic laboratories involved in the COVID-19 response. The purpose of the training was to allow laboratory specialists to show that the methods used in their laboratory are fit for their purpose and laboratory’s customers can have confidence in the results produced by its application.

• On 16 and 17 June 2022, WHO CO KAZ conducted a webinar on myths and false contraindications against COVID-19 vaccination, which was attended by 220 participants.

• WHO CO KAZ translated summaries of infection prevention and control and case management related to monkeypox outbreaks into the Russian language and shared them with national stakeholders.

• On 21-23 June 2022, WHO CO KAZ conducted Mass casualty coordination (MCM) and organization training for 31 health workers and hospital management staff involved in MCM plans. The purpose of the training was to provide an opportunity for Ministry of Health staff and national prehospital and hospital-level leadership to engage collectively and further strengthen the skills and knowledge necessary to coordinate surge requirements during major mass casualty scenarios. Upon the completion of the course, the revision of the mass casualty plans of their healthcare facilities and aligning them with the WHO’s recommended models was performed.

• On 21-23 June 2022, WHO EURO conducted a meeting of the Lab Task Force for high-threat pathogens (HTPs) in Antalya, Turkey. The meeting was attended by HTP focal points from the Member States, HQ, and WHO Collaborating Centers. Two focal points from Kazakhstan attended the meeting. Over the course of three days, the following topics were discussed, including what’s been achieved, lessons learned, and identified gaps: Networking, Biosafety and Biosecurity, Quality, Procurement, Transport, Genomic surveillance, Integration of capacities developed during the COVID-19 pandemic, Training needs, and opportunities, and Laboratories in emergencies. Following the discussions and presentations, an action plan has been drafted by the Lab Task Force group.
EPIDEMIOLOGICAL SITUATION ON COVID-19 IN THE KAZAKHSTAN,
BASED ON REPRODUCTIVE NUMBERS AND INCIDENCE RATES PER 100,000 POPULATION

First number in the map - Incidence per 100,000
Second number in the map - % change

- no restrictive measures required
- restrictive measures remain the same
- strict restrictive measures are required

* Based on MoH recommendations

Update Epi Week 22-25
Issuance date 6 July 2022 (30 May – 29 June 2022)
MINISTRY OF HEALTH PUBLIC HEALTH MEASURES IN KAZAKHSTAN

Current MoH measures:

- **As of 30 June 2022,** there are no regions in the “red” and “yellow” zones. All regions and cities are in the “green” zone. However, Nur-Sultan cities are close to moving to the “yellow” zone. On 6 July 2022 Almaty moved to the yellow zone.

- **People with at-risk health** - including those in nursing homes, outpatient care, or hospitals - should continue to be given special protection. Therefore, specific basic protective measures such as the obligation to wear masks and tests should remain in place in these facilities.

- **Travel restrictions:** Since 8 June 2022, neither a PCR test nor vaccination certificate is not required when crossing the state border of the Republic of Kazakhstan.

- **COVID-19 vaccination:** All persons, including foreign citizens residing in Kazakhstan for three or more months, are subject to COVID-19 revaccination. All persons who have received a full course of COVID-19 vaccination and persons who have previously received the first revaccination with an interval of 6 months after the previous dose are eligible for revaccination. The decree is effective from 25 May 2022.

According to the July 4 2022, Decree “On Measures to Prevent the Spread of Coronavirus Infection in the Territory of Almaty city”, it is recommended to introduce a mask regime indoors. It is also recommended to switch contact persons, pregnant women and those who cannot be vaccinated to a remote work mode.
• 722 confirmed and 89 probable cases were recorded between 30 May and 29 June 2022 in Kazakhstan.

• Weekly incidence has tripled in the last week from 0.8 to 2.5 per 100,000 population. A new variant of the SARS-CoV-2 virus circulation in the country should be investigated for a potential explanation for the incidence increase in the last weeks. Currently virus sequencing is ongoing in the National Center for Expertise.

• As of 29 June 2022, there were 528 active cases of COVID-19 in Kazakhstan; 93 of them are hospitalized, including 4 with severe disease. None of the patients is on pulmonary ventilation.

• The highest number of new cases were reported from Almaty city (53% of country cases) and Nur-Sultan city (25%).

• In the reported period only Mangistau oblast reported zero cases of COVID-19.

• Three deaths were registered in the current reporting period (one lethal case each in Almaty, Nur-Sultan, and Atyrau region).

Update Epi Week 22-25
Issuance date 6 July 2022 (30 May – 29 June 2022)
From 30 May to 29 June 2022, 292,634 PCR tests were performed. The average number of tests was around 9,400 tests per day. A 21% countrywide decrease in the testing rate was observed in most of the regions in the last two weeks (between 16-29 June).

The overall percentage of tests positive for a SARS-CoV-2 virus was 0.25% (varying from 0% in Mangistauska and East Kazakhstan oblasts to 1.9% in Almaty city). Testing positivity rate has increased in 6 regions and Nur-Sultan and Almaty cities over the last two weeks due to increase in registration of new cases of COVID-19.
As of 29 June 2022, there were 2,326 hospital and 318 ICU beds available for COVID-19 patients countrywide.

The country's bed occupancy rate has risen from 2% to 4% as cases are growing. As of 29 June, COVID-19 95 cases remained in hospitals (including patients admitted during the last weeks).

4 severe and critical COVID-19 cases were in the ICUs. As of 29 June 2022, around 1.3% of available ICU beds were occupied.

Zero bed occupancy was reported in ten regions, while Almaty city had 38% occupancy, followed by Zhambylskaya oblast with 20% bed occupancy.
As of 24 June 2022, 9 521 241 people received two doses of COVID-19 vaccines. Coverage by the primary series vaccines against COVID-19 of the adult (18+) population stands at a moderate level of approximately 49% when about half of all adults were vaccinated with the first and second components of the primary series vaccine and 50% of the general population remains unvaccinated.

The COVID-19 vaccination speed remains slow, and the coverage is unevenly spread in regions. The highest proportion of fully vaccinated populations (those who received two doses of vaccine) is in East Kazakhstan oblast (67.4% of the total or 100% of the eligible population), and North Kazakhstan oblast (57.3% of the total or 83.6% of the eligible population). The least fully vaccinated population remains in Mangistauskaya oblast (29.2% of the total or 55% of the eligible population %).

As of 24 June 2022, 65.3% of adolescents, 11.7% of pregnant, and 33.7% of breastfeeding women received the primary series of the COVID-19 vaccine.
• As of 29 June 2022 – 4 732 965 people received the first booster of the vaccine, which constitutes 25% of the total population or 66% of the eligible population.

• Revaccination coverage is high in East Kazakhstan, Turkestan, and Zhambyl oblasts (92%, 86%, and 86% of the eligible population respectively). The lowest coverage is observed in Nur-Sultan (38%), Atyrau oblast (42%) and West Kazakhstan (49%).

• Vaccination and revaccination campaigns should be enhanced in the regions with low coverage, proactive outreach to priority groups for vaccination is encouraged, focusing on a vulnerable population.
ANNEX: KEY DEFINITIONS

“Probable case of SARS-CoV-2 infection”
A. A patient who meets clinical criteria above AND is a contact of a probable or confirmed case, or linked to a COVID-19 cluster
B. A suspect case with chest imaging showing findings suggestive of COVID-19 disease
C. A person with recent onset of anosmia (loss of smell) or ageusia (loss of taste) in the absence of any other identified cause.
D. Death, not otherwise explained, in an adult with respiratory distress preceding death AND was a contact of a probable or confirmed case or linked to a COVID-19 cluster

“Confirmed case of SARS-CoV-2 infection”
A. A person with a positive Nucleic Acid Amplification Test (NAAT)
B. A person with a positive SARS-CoV-2 Antigen-RDT AND meeting either the probable case definition or suspect criteria A OR B
C. An asymptomatic person with a positive SARS-CoV-2 Antigen-RDT who is a contact of a probable or confirmed case
(Note: Clinical and public health judgment should be used to determine the need for further investigation in patients who do not strictly meet the clinical or epidemiological criteria. Surveillance case definitions should not be used as the sole basis for guiding clinical management.)

A contact of COVID-19 case is defined as anyone who had direct contact or was within 1 meter for at least 15 minutes with a person infected with the virus that causes COVID-19, even if the person with the confirmed infection did not have symptoms.

Severe & Critical cases are those who experience more severe symptoms and require hospitalization with intensive care.

Quarantine means separation of a person or a group of people in respect of whom there is a reasonable assumption that they have been exposed to infection, but do not yet have symptoms, from other people who have not been exposed to such exposure in order to prevent the possible spread of an infectious disease. The objective of Quarantine is to monitor the appearance of symptoms and early detection of cases.

Isolation is for those who have a laboratory-confirmed test or have symptoms of the disease.

Non-Pharmaceutical interventions (NPIS) include both action that individuals and households can take (e.g. frequent hand washing? Covering coughs and sneezes, and keeping a distance from sick people) and physical distancing policies that communities can enact (e.g. closing schools, working from home, restricting public gathering) that are specifically geared to limiting the spread of a disease that is transmitted from person to person.

Case fatality ratio (CFR%) is the measure of the number of deaths among all persons with a disease. CFR measures the severity of the disease that cause death. It is calculated as:
\[ \frac{\text{# of deaths from disease}}{\text{# of confirmed cases of the disease}} \times 100 \]

7-day moving average is the average daily number of newly reported COVID-19 cases over 7-day period. It is mainly used to provide a more accurate idea of the incidence over time by reducing variations due to temporary events.

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