

Safe Ramadan practices in the context of COVID-19

Interim guidance

7 April 2021



Introduction

This document is an update of the same title published by WHO on 15 April 2020 (1). Updates reflect the latest guidance on COVID-19 published by WHO since then, with focus on areas of transmission of SARS-CoV-2, critical preparedness, public health and social measures (PHSMs)/precautionary measures, ventilation, high-risk and vulnerable groups, vaccination, and use of masks. The advice included in this publication has been tailored to the Ramadan context.

Key messages

To policymakers:

- Cancelling or significantly modifying religious and social gatherings should be seriously considered
- Safe practices at mosques, places of worship and other venues should be encouraged, if events occur
- Vaccination of eligible individuals should be encouraged during Ramadan
- Communities should be engaged to promote adherence to precautionary measures and uptake of COVID-19 vaccine
- PHSMs/precautionary measures should be implemented, monitored and enforced as needed and based on a risk assessment
- In settings where movement restrictions are in place, vigilance about incidents of domestic violence should be exercised

To the general public:

- Stay safe this Ramadan by maintaining a healthy lifestyle and following the five general precautionary measures on COVID-19; remember that there is no zero-risk
- There is no evidence to suggest that fasting can increase risk of COVID-19 infection. Should you experience lingering COVID-19 symptoms after infection, you may consider religious licenses to break your fast
- Refrain from attending events if you feel unwell or you belong to groups at high risk
- Find new ways to help and interact with others by using digital communication tools and platforms
- Get vaccinated, if you are eligible. Keep observing precautionary measures even if you are vaccinated

Background

The holy month of Ramadan is marked by social and religious gatherings where Muslim families and friends gather, either to break their fast together after sunset during *iftar* or to begin their fast before dawn during *suhour*. Many Muslims increase their attendance at mosques during the month and congregate for longer prayers for *taraweeh*¹ and *qiyam*.² Some Muslims also spend consecutive days and nights at mosques during the last 10 days of Ramadan (*i'tikaf*) for prayers. These traditional and religious practices are regularly observed throughout the month.

This year Ramadan falls between mid-April and mid-May 2021 as the COVID-19 pandemic continues into its second year.

The SARS-CoV-2 virus is spread through respiratory secretions released by an infected person's mouth or nose in small liquid particles when coughing, sneezing, singing, talking or breathing heavily. Infection occurs when such particles reach the eyes, nose or mouth of a susceptible individual, either directly through close contact with an infected person or indirectly through physical contact with inert surfaces contaminated by respiratory secretions (fomites) (2,3). In addition, aerosol transmission at longer distance may occur in specific settings, particularly in indoor, crowded and inadequately ventilated spaces where infected people spend long periods of time with others (2,3).

To mitigate the public health impact of the COVID-19 pandemic, countries have been implementing PHSMs aimed at decreasing SARS-CoV-2 transmission by reducing interaction between people. PHSMs can be applied at population level (e.g. movement restrictions and the closing of venues), as well as at individual level (e.g. physical distancing of at least one metre (3.3 feet),

¹ Voluntary prayers performed by Muslims after the Isha prayer during the first part of the night; these are organized in a congregational manner during the holy month of Ramadan.

² Voluntary prayers performed by Muslims after the Isha prayer but during the last third of any night; these are organized in a congregational manner during the holy month of Ramadan.

washing hands frequently, observing respiratory etiquette³, wearing masks and ensuring adequate ventilation of indoor locations) (4,5).

These measures will have direct implications for the social and religious gatherings central to Ramadan.

Given the surge in COVID-19 cases associated with Ramadan-related activities observed in 2020, and the additional uncertainties brought by SARS-CoV-2 variants and other factors contributing to increased transmission, it is imperative to observe the holiday with caution and care. In particular, the continued implementation of, and adherence to, individual-level precautionary measures, and the strict monitoring and enforcement of PHSMs adopted by the relevant authorities are important to avoid increased transmission.

Purpose and audience

This document provides public health advice on religious and social gatherings taking place during Ramadan that can be applied across different national contexts. Its target audience includes health authorities and religious institutions involved in the organization of events related to Ramadan, although the advice it proposes can also be used by the general public and communities.

Informed decision-making for conducting religious and social gatherings

Cancelling or significantly modifying religious and social gatherings should be seriously considered. WHO recommends that any decision to restrict, modify, postpone, cancel or proceed with holding a mass gathering should be based on a rigorous risk assessment exercise based on three steps: risk evaluation, risk mitigation and risk communication (6). These decisions should be part of a comprehensive approach taken by national authorities to respond to the pandemic, as was the case for the Hajj and Umrah pilgrimages in 2020 (7).

If the decision is taken to cancel social and religious gatherings, virtual alternatives using platforms such as television, radio, and digital and social media can be considered instead. If Ramadan gatherings are allowed to proceed, precautionary measures should be strictly implemented to mitigate the risk of SARS-CoV-2 transmission (6).

National and local health authorities should be considered the primary source of information and advice regarding physical distancing and other measures related to COVID-19 in the context of Ramadan. Compliance with these established measures should be assured (6).

Key stakeholders such as religious leaders should be encouraged to become involved in decision-making during early planning, so that they can be actively engaged in communicating any decision affecting events connected with Ramadan. They can play an important role in sharing information from public health authorities and in countering misinformation about COVID-19. This can help not only to control the spread of the disease by increasing compliance with precautionary measures but also to reduce fear and stigmatization, and provide reassurance to communities (8).

A strong risk communication strategy is essential to explain to the population the reasons for decisions taken. Clear instructions should be given and the importance of following national policies reinforced. The risk communication strategy should include proactive messaging on healthy behaviours during the pandemic, and use different media platforms (6). It should also include elements of community engagement to ensure participatory approaches, build trust and social cohesion, and better understand community perspectives, so that interventions may be adapted on the basis of those insights (9).

As in some countries PHSMs have been implemented for several months, it is important to ensure that risk communication strategies address issues related to pandemic fatigue and risk of low compliance.

Overarching considerations and precautionary measures

General precautionary measures (3,6,8,10)

- Practice physical distancing by strictly maintaining a distance of at least 1 metre (3.3 feet) between people at all times. Use culturally and religiously sanctioned greetings that avoid physical contact, such as waving, nodding or placing the hand over the heart.
- Cover your mouth and nose with your bent elbow or a tissue when coughing or sneezing; avoid touching your eyes, nose and mouth.
- Regularly and thoroughly wash hands with soap and water, or clean them with an alcohol-based hand rub (at least 80% ethanol or 75% isopropyl alcohol) (10).
- Privilege outdoor over indoor venues; if indoors, ensure good natural or mechanical ventilation to prevent SARS-CoV-2 from spreading between people.
- Follow advice on use of masks.

Advice to high-risk groups (6,11)

- People who are feeling unwell or have any symptoms suggestive of COVID-19 should not attend events and should follow the national guidance on follow-up and management of suspected cases.
- Advise older people (aged ≥ 60 years) and anyone with underlying noncommunicable diseases (diabetes, hypertension, cardiac disease, chronic lung disease, cerebrovascular disease, dementia, mental disorders, chronic kidney disease,

³ Cover your mouth and nose with your bent elbow or a tissue when coughing or sneezing; avoid touching your eyes, nose and mouth.

immunosuppression, obesity and cancer) to refrain from attending any gatherings, as these population groups are considered vulnerable to severe disease and death from COVID-19. In case of attendance, people belonging to these groups should be encouraged to strictly follow precautionary measures. Special arrangements can be considered for them, e.g. dedicated areas in venues and preferential treatment in queues.

Advice to vaccinated individuals

- Although preliminary evidence suggests that vaccinated individuals likely pose little risk of transmission to unvaccinated people, it is recommended that they should continue to exercise precautionary measures, including physical distancing of at least one metre (3.3 feet), respiratory etiquette and hand hygiene. Guidance on mask use (as per advice provided below) should also be followed.

Vaccination during Ramadan

Eligible individuals should be encouraged to get vaccinated during Ramadan to protect themselves and their communities, and religious leaders should promote vaccine uptake and advocate for the continuation of vaccination campaigns without interruption.

Taking the COVID-19 vaccine is permissible according to *Shariah* law (12). Islamic authorities in several countries have stated that receiving COVID-19 vaccination as an intramuscular injection, the only route for the vaccines currently available, does not invalidate the fast.⁴

Use of masks by the general population (3,11,13)

Guidance issued by relevant national/local authorities should be followed. In its absence, WHO recommendations should be used as reference, as follows:

In areas with known or suspected community or cluster transmission of SARS-CoV-2:

- In outdoor settings, masks should be worn where physical distancing of at least one metre (3.3 feet) cannot be maintained.
- In indoor settings where ventilation has been assessed to be adequate (3), masks should be worn if physical distancing of at least one metre (3.3 feet) cannot be maintained.
- In indoor settings where ventilation cannot be assessed, is known to be poor, or the ventilation system is not properly maintained, masks should be worn by all regardless of whether physical distancing of at least one metre (3.3 feet) can be maintained.

In areas with known or suspected sporadic transmission, or no documented SARS-CoV-2 transmission:

- In areas with known or suspected sporadic transmission, or no documented transmission of SARS-CoV-2, the decision on wearing masks by the general public should be taken according to a risk-based approach. This requires assessment of the risk of exposure to SARS-CoV-2, individual vulnerabilities, population density, feasibility of implementation of other precautionary measures (including access to clean water to wash fabric masks), and the need to prioritize medical masks for health workers and at-risk individuals. In addition, national guidelines should consider the local context, culture, availability of masks and resources required.

What masks should be worn:

- Individuals at higher risk of developing severe illness from COVID-19 (those aged ≥ 60 years and those with underlying medical conditions) should wear a medical mask.
- Other individuals can wear non-medical/fabric masks, noting that they should be manufactured according to the recommended essential parameters (three-layer structure for homemade masks; compliance with filtration, breathability and fit thresholds for factory-made masks) (13).

Precautionary measures related to venues (3,6,8)

The following measures should be applied to any gatherings occurring during Ramadan, such as prayers, pilgrimages, communal meals or banquets:

- Consider holding the event outdoors if possible; otherwise, ensure that the indoor venue has enough space to accommodate participants with appropriate physical distancing, as well as adequate ventilation and air flow.
- Shorten the length of the event as much as possible to limit potential exposure to SARS-CoV-2.
- Give preference to holding smaller services with fewer attendees more often, rather than hosting large gatherings.
- Consider limiting events such as *iftar* and *suhour* meals to members of the immediate family only.
- Put effective measures in place to prevent large numbers of people gathering in places associated with Ramadan activities, such as entertainment venues, markets and shops.
- Enforce adherence to physical distancing of at least one metre (3.3 feet) among attendees, both when seated and standing, through establishing and assigning fixed places, including when praying, performing *wudu* (ritual ablutions) in communal washing facilities, as well as in areas dedicated to shoe storage.
- Regulate the number and flow of people approaching, entering, attending and departing from worship spaces, pilgrimage sites or other social or religious venues, to avoid crowds and ensure safe distancing at all times.⁵

⁴ Subcutaneous, subdermal, intramuscular, interosseous or intra-articular injections for non-nutritional purposes whilst fasting do not invalidate the fast, regardless of the injected content entering the blood circulation; these routes are not classed as entry sites that would invalidate a fast.

⁵ Consider increased frequency of public transport, staggered arrival, numbered entries, floor marking, crowd barriers, separate accesses and way outs, one-way pathways and corridors.

- Consider designating staff as crowd controllers and supervisors to oversee entrance to venues and monitor adherence to precautionary measures in place.
- Consider measures to facilitate contact tracing in the event that an ill person is identified among the attendees of the event.

Ensure adequate ventilation of indoor spaces (3)

- The risk of getting COVID-19 is higher in crowded and inadequately ventilated spaces where infected people spend long periods of time together in close proximity. These environments are where the virus appears to be spread by respiratory droplets or aerosols more efficiently, so taking precautions is even more important.
- Understanding and controlling building ventilation can improve the quality of the air we breathe and reduce the risk of indoor health concerns including prevention of SARS-CoV-2 from spreading indoors.
- Event organizers and building managers should be encouraged to ensure that key considerations on ventilation recommended by WHO are adequately addressed.

Encourage healthy hygiene

Muslims perform *wudu* (ablution) before prayers, which helps maintain healthy hygiene. The following additional measures should be considered:

- Encourage performing *wudu* at home, where feasible.
- Ensure that hand-washing facilities are adequately equipped with soap and water, and provide alcohol-based hand-rub (60-80% alcohol) at the entrance to and inside mosques.
- Ensure the availability of disposable tissues and bins with disposable liners and lids, and guarantee the safe disposal of waste.
- Encourage the use of personal prayer rugs to place over carpets.
- Provide visual displays of advice on physical distancing, hand hygiene, respiratory etiquette, mask wearing and general messages on COVID-19 prevention.

Frequently clean worship spaces, sites and buildings

- Enforce thorough routine cleaning of venues where people gather and all commonly used facilities before and after each event, using detergents and disinfectants.
- In mosques, keep the premises and *wudu* facilities clean, and maintain general hygiene and sanitation.
- Frequently clean often-touched objects such as doorknobs, light switches and stair railings with detergents and disinfectant.

Charity

- When distributing *sadaqat* or *zakat* during this Ramadan, always observe the physical distancing measures in place.
- Avoid the crowded gathering associated with *iftar* banquets and consider using individual pre-packaged boxes or servings of food. These can be organized by centralized entities and institutions, which should adhere to physical distancing, hand hygiene and other precautionary measures throughout the whole cycle (collecting, packaging, storing and distribution).
- Using digital technology to arrange for distribution of *sadaqat* or *zakat* is encouraged.
- Spending some of the *zakat* on supporting vaccine campaigns is permissible according to *Shariah* law (12).

Well-being

Fasting

There is no evidence to suggest that fasting can increase risk of COVID-19 infection. Healthy people should be able to fast during this Ramadan as in previous years, while COVID-19 patients may consider religious licenses regarding breaking the fast in consultation with their doctors, as they would do with any other disease.

Physical activity

During the COVID-19 pandemic, many people are restricted in their movements by the enforcement of PHSMs; but, if restrictions allow, always practice physical distancing, hand hygiene and other precautionary measures even during any exercise activity. Outdoor activities are preferable; however, if occurring indoors, physical activity should take place at home, in well-ventilated rooms. Online physical activity classes are also encouraged.

Healthy diet and nutrition

Proper nutrition and hydration are vital during the month of Ramadan. Once fast is broken, people should eat a variety of fresh and unprocessed foods every day and drink plenty of water.

Tobacco use

Tobacco use is ill-advised under any circumstances, especially during Ramadan and the COVID-19 pandemic. Frequent smokers may already have lung disease, or reduced lung capacity, which greatly increases the risk of serious COVID-19 illness. Extra caution should be taken by smokers to prevent transmission of SARS-CoV-2: when smoking cigarettes, the fingers (and possibly contaminated cigarettes) should not touch the lips, which increases the likelihood of the virus entering the respiratory system. When waterpipes are used, mouth pieces and hoses should not be shared.

Promoting mental and psychosocial health

Despite the different execution in practices this year, it is important to reassure the faithful that they can still reflect, improve, pray, share and care – all from a healthy distance. Ensuring that family, friends and elders are still engaged in light of physical distancing needs to be considered; encouraging digital communication tools and platforms for interaction is paramount. Offering

special prayers for the sick, alongside messages of hope and comfort, are methods to observe the tenets of Ramadan while maintaining public health.

Responding to situations of domestic violence

In settings where movement restrictions are in place, incidents of intimate partner violence and violence against women, children and marginalized people, are likely to increase. Religious leaders can actively speak out against violence and provide support or encourage victims to seek help. WHO has issued evidence-based guidance on appropriate actions (14,15).

Post COVID-19 condition (11)

Individuals suffering from lingering COVID-19 symptoms after infection may consider religious licenses regarding breaking the fast in consultation with their doctors.

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Acknowledgements

The WHO Regional Office for the Eastern Mediterranean led the development of this document in consultation with the WHO Health Emergencies Programme at headquarters, other WHO regional offices, WHO collaborating centres and external experts. A first draft of the document was developed based on the previous version published by WHO on 15 April 2020, as well as on latest WHO guidance. It was then circulated within WHO (headquarters and regional offices), as well as to WHO collaborating centres, external experts and stakeholders, for input, before consolidation. All non-WHO contributors were required to sign a Declaration of Interest form and a Confidentiality Undertaking form. Compliance of recommended health advice with religious prescriptions was validated by WHO/EMRO's Islamic Advisory Group.

WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

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WHO reference number: [WHO/2019-nCoV/Ramadan/2021.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-Ramadan-2021.1)