

Safe Eid al Adha practices in the context of COVID-19

Interim guidance

13 July 2021



Key messages

To policy-makers:

- Cancelling or significantly modifying religious and social gatherings should always be an option to consider, especially in countries experiencing an uncontrolled COVID-19 epidemic or where health system response capacity is limited
- Event-specific precautionary measures should be considered and adopted on the basis of a risk assessment; their implementation should be monitored
- Communities and key stakeholders such as religious leaders should be actively engaged in decision-making and dissemination of information; they should be encouraged to adhere to safe practices at mosques, places of worship and other venues, if religious and social gatherings occur
- The use of centralized entities, agencies and institutions for the performance of the sacrifice and the distribution of meat should be encouraged to avoid any crowded gathering typically associated with these events
- Strict measures should be adopted around the selling and slaughtering of animals, and the handling and distribution of meat, in line with common safe practices

To the general public:

- Stay safe this Eid al Adha by following both public health and social measures applied in the country and specific precautionary measures for religious and social gatherings; remember that there is no zero-risk, so avoid exposing yourself and your community to unnecessary risks
- Refrain from attending events if you feel unwell, if you are required to stay in isolation or quarantine, or if you belong to vulnerable groups at risk of developing severe disease
- Find new ways to show solidarity and interact with others by using digital communication tools and platforms
- Get vaccinated, when it is your turn and you are offered. Keep observing precautionary measures even if you are vaccinated
- If you choose to have the sacrifice performed in the household, designate only one person to carry it out, and ensure that physical distancing and other precautionary measures are always in place

Introduction

This document is an update of the same title published by WHO on 25 July 2020 (1). Updates reflect the latest guidance on COVID-19 published by WHO since then, with a focus on transmission of SARS-CoV-2, critical preparedness, public health and social measures (PHSMs) adopted by countries to decrease transmission of SARS-CoV-2, precautionary measures specific to mass gatherings, ventilation of indoor venues, advice to high-risk and vulnerable groups, vaccination, and prevention of transmission at the animal–human interface. The advice included in this publication has been tailored to the Eid al Adha context.

Purpose and audience

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

Background

The Eid al Adha^a is one of the two major annual Islamic holidays. It is marked by social and religious gatherings where Muslim families and friends unite to pray together and give alms, especially in the form of sacrificed animal meat.^b This year, Eid al Adha is observed in late July 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. Infection occurs when such particles reach the eyes, nose or mouth of a susceptible individual, either directly through inhalation or inoculation when in close contact with an infected person, or indirectly through physical contact with inert surfaces contaminated by respiratory secretions (fomites). Aerosol transmission at longer distances can also occur in specific settings, particularly in indoor, crowded and inadequately ventilated spaces where infected people spend long periods of time with others (2,3). Generally speaking, the risk of transmission appears to be proportional to the proximity (within 1 metre), duration and frequency of the interaction between an infected individual and an individual who is not infected (2,3).

^a “Festival of the sacrifice” in Arabic; also known as Eid Qurban

^b Muslims around the world slaughter an animal – usually a goat, sheep, cow or camel – during Eid al Adha

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 face-to-face interactions between people. PHSMs can be applied at population level (e.g. movement restrictions and closure of venues), as well as at individual level (e.g. physical distancing of at least one metre or 3.3 feet, cleaning hands frequently, observing respiratory etiquette^c, wearing masks and ensuring adequate ventilation of indoor settings) (4). Some countries have also started implementing “individualized public health measures” based on a person’s risk of developing severe disease and SARS-CoV-2 immunity status following COVID-19 vaccination or past infection, notably in the context of contact tracing, international travel and private social gatherings; such relaxation of measures may contribute to containing their inherent economic and social burden, although its enactment should be carefully weighed in light of epidemiological considerations (4).

Given the potential risks of amplification of SARS-CoV-2 transmission and disruption of health services associated with mass gatherings, and the additional uncertainties brought about by SARS-CoV-2 variants of concern, it is imperative that everyone observes the holiday with caution and care. In particular, the strict monitoring and enforcement of PHSMs adopted by the relevant authorities, and the continued implementation of, and adherence to, additional precautionary measures applied to mass gatherings, are essential to avoid any increase in transmission (5).

In addition to social and religious gatherings, animal slaughter is also central to Eid al Adha. During the festival, Muslims around the world sacrifice most commonly goat, sheep, cow or camel, and subsequently distribute the meat to poor or vulnerable people.

While it has been shown that SARS-CoV-2 can infect a number of animal species, thus far small ruminants and cattle have not been found to be susceptible. While dromedary camels are known to be susceptible to other betacoronaviruses, including MERS-CoV, their susceptibility to SARS-CoV-2 has not been demonstrated.

All these animals can therefore be slaughtered and consumed safely using usual precautions for sacrificial slaughter, described below, provided they do not appear sick. It is also important to remember that other zoonotic diseases are associated with livestock and have resulted in disease outbreaks in the past.

Informed decision-making for holding religious and social gatherings

Cancelling or significantly modifying religious and social gatherings should always be an option to consider (5), especially in countries experiencing an uncontrolled COVID-19 epidemic or where health system response capacity is limited (4). 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 (5).

WHO has developed risk-assessment tools to facilitate and guide the decision-making process related to holding generic mass gathering events in the context of COVID-19, as well as specific tools dedicated to religious events (6,7). Nevertheless, irrespective of whether such tools are used or not, the principles of a risk-based approach should be universally adopted to guide any decision related to mass gatherings.

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 Eid al Adha gatherings are allowed to proceed, event-specific precautionary measures should be applied and strictly implemented to mitigate the risk of SARS-CoV-2 transmission (5).

National and local health authorities should be considered the primary source of information and advice regarding precautionary measures related to COVID-19 applied in the context of Eid al Adha gatherings. Compliance with these established measures by all attendees should be assured (5). Key community stakeholders such as religious leaders should be involved in decision-making during early planning, so that they can be actively engaged in communicating and disseminating any decision affecting events connected with Eid al Adha.

To facilitate compliance, a strong risk communication strategy should be established, to explain to the population the rationale for decisions taken, and the modifications applied to common practices. Clear instructions should be given and the importance of following national policies emphasized. The risk communication strategy should include proactive messaging on healthy behaviours during the pandemic and use of different media platforms. It should also include elements of community engagement to ensure participatory approaches, to build trust and social cohesion and to better understand community perspectives, so that interventions may be adapted on the basis of those insights (8).

While the risk-based approach recommended by WHO offers a useful framework for relevant decision-makers to identify, address and communicate risk, attendees should always be reminded that zero risk does not exist.

Individual-level responsibility and a strong sense of civism should always be applied to any personal decisions and actions, with the aim of preserving one’s health and that of the people we interact with specifically, and, generally, to prevent any disruption or overwhelming of the response capacity of national health systems.

Precautionary measures

General infection prevention and control measures (2,3,5,9,10)

- Practicing physical distancing by strictly maintaining a distance of at least 1 metre (3.3 feet) between people at all times; using culturally and religiously sanctioned greetings that avoid physical contact, such as waving, nodding or placing the hand over the heart.

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

- Covering mouth and nose with the bent elbow or a tissue when coughing or sneezing; avoid touching eyes, nose and mouth.
- Regularly and thoroughly washing hands with soap and water, or cleaning them with an alcohol-based hand sanitizer (at least 80% ethanol or 75% isopropyl alcohol) (10).
- Holding events in outdoor rather than indoor venues; if indoors, adequate ventilation by natural or mechanical means should be ensured, e.g. by keeping windows open or regularly opening them, or by improving air supply and removal by powered air movement components.
- Following advice on the appropriate use of masks issued by relevant health authorities.

Advice to high-risk and vulnerable groups (5,11)

- People who are feeling unwell or who are required to stay in isolation (e.g. suspected, probable and confirmed COVID-19 cases) or quarantine (e.g. contacts of probable or confirmed COVID-19 cases), should not attend events and should follow the relevant national guidance.
- Older people (aged ≥ 60 years) and anyone with underlying medical conditions (diabetes, hypertension, cardiac disease, chronic lung disease, cerebrovascular disease, dementia, mental disorders, chronic kidney disease, immunosuppression, obesity and cancer) should be advised 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 and avoid non-essential travel (12,13). Special arrangements can be considered for them, e.g. dedicated areas in venues and preferential treatment in queues, or virtual alternative means (digital/streaming) to view or participate in the live event.

Advice on vaccination and to vaccinated individuals (14)

- Get vaccinated, when it is your turn and you are offered.
- Although preliminary evidence suggests that risk of onward SARS-CoV-2 transmission is likely to be lower in vaccinated than unvaccinated people, it is recommended that vaccinated individuals should continue to exercise all precautionary measures, notably the general infection prevention and control measures.
- Guidance on appropriate use of masks (as per advice provided below) should continue to be followed, irrespective of vaccination status.

Use of masks by the general population (2,3,5)

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 (4):

- In outdoor settings, masks should be worn where physical distancing cannot be maintained.
- In indoor settings where ventilation has been assessed to be adequate (3), masks should be worn if physical distancing cannot be maintained.
- In indoor settings where ventilation cannot be assessed or is known to be poor, or if the ventilation system is not

properly maintained (3), masks should be worn by all, regardless of whether physical distancing can be maintained.

In areas with known or suspected sporadic transmission, or no documented SARS-CoV-2 transmission (4):

- The decision if the general public should wear masks 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 vulnerable individuals. In addition, national guidelines should consider the local context, culture, availability of masks and resources required.

What masks should be worn (2):

- Vulnerable 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 efficacy, breathability and snug fit thresholds for factory-made masks).

Precautionary measures related to venues (2,3,5,9)

The following measures should be applied to any gatherings occurring during Eid al Adha, 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 (3).
- Shorten the duration of the event as much as possible, to limit frequency and duration of interactions and consequently risk of potential exposure to SARS-CoV-2.
- Give preference to holding smaller events with fewer attendees more often, rather than hosting large gatherings.
- Implement effective measures to prevent large numbers of people gathering in places associated with Eid al Adha activities, such as entertainment venues, markets and shops.
- Enforce adherence to physical distancing among attendees, both when seated and standing, 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, by increasing the frequency of public transport, staggering arrivals, registering attendees, numbering entries, designating seating or standing places, marking the floor, employing crowd barriers, separating entries and exits, and adopting one-way pathways and corridors to ensure unidirectional flow.

Ensure adequate ventilation of indoor spaces (3)

- The risk of spread of SARS-CoV-2 is higher when indoors, especially in crowded and inadequately ventilated spaces where infected people spend long periods of time together in close proximity. These environments appear to facilitate spread of the virus by respiratory droplets and/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 spread of SARS-CoV-2. Event organizers and building managers should be encouraged to ensure that key considerations on ventilation recommended by WHO are adequately addressed (3).

Encourage healthy hygiene (5,9)

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 sanitizer at key entry and exit points.
- 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 communal carpets.
- Provide visual displays of advice on physical distancing, hand hygiene, respiratory etiquette, mask wearing and general messages on COVID-19 prevention.

Clean worship spaces, sites and buildings thoroughly and frequently (5,15)

- Enforce thorough routine cleaning of venues where people gather and all commonly used facilities before and after each event, using detergents and disinfectants.^d
- 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 disinfectants.^d

Animal–human interface and sacrificial slaughter

According to common safe practices when handling meat, countries should adopt strict measures around the selling and slaughtering of animals and the distribution of meat while ensuring that national food safety and hygiene regulations are enforced (16,17,18).

Animal management

- Encourage and enforce proper procurement of animals to abide by safety standards, especially for importation of livestock; veterinary controls along the trade chain should be encouraged.
- Allocate enough space in dedicated enclosures to safely house an increased influx of animals and avoid unsanitary overcrowding in anticipation of the slaughter;

practices ensuring animal welfare during transportation and preslaughter should also be promoted.

- Do not slaughter animals that appear sick, and plan for dedicated space for quarantine and isolation of suspected ill animals.
- Perform adequate veterinary checks for livestock to detect other zoonoses and mitigate any risk of transmission.
- Always procure animals through a trusted official procedure.

Slaughter facilities and practices

- Discourage home slaughtering; increase the number or capacity of slaughter facilities to encourage best practices and ensure safety and physical distancing standards, for both public and staff.
- Properly equip slaughter facilities (e.g. with drains to carry away waste liquids); both facilities and equipment should be properly maintained and kept hygienic (16). Facilities should be inspected periodically to uphold standards.
- Ensure that people responsible for slaughtering animals are practicing infection prevention and control measures for COVID-19 (e.g. physical distancing, hand hygiene, respiratory etiquette, wearing masks), and are using adequate personal protective equipment while processing animals (e.g. gloves, apron, shoes/boots) (16). Staff should be familiar with standard operating procedures related to safety practices, and be aware of COVID-19 signs and symptoms.
- Ensure that waste management for unused animal by-products is in place and that facilities have a contingency plan in the event of contamination or an outbreak.

Marketplaces (17,18)

- Provide basic infrastructure to promote sanitation, such as toilet and hand-washing facilities, safe water supplies, cleanable walls and floors, and drainage.
- Ensure regular and thorough sanitation of stalls and equipment.
- Ensure that all waste materials, including solid and liquid waste, are collected and disposed of regularly from the market, ideally at least once daily.
- Protect market areas and food from environmental hazards, including rain, sun, dust, insects, rodents and other animals.

Charity

When distributing meat, the faithful should always consider the physical distancing and other precautionary measures in place. Families should encourage nominating only one household member to perform the sacrifice, although preferably the sacrifice should be booked through centralized agencies or services. Centralized entities or institutions can also be used to distribute meat, in order to avoid the usual crowded gatherings. In this case, it is important to ensure that workers follow physical distancing and other precautionary measures throughout the cycle (collecting, packaging, storing and distribution).

^d For disinfection, the following products may be used: 70–90% ethanol (ethyl alcohol) for equipment and objects, and sodium hypochlorite at 0.1% (equivalent to 1000 ppm for surfaces) (15)

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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 prepared based on the previous version published by WHO on 25 July 2020, as well as on latest WHO guidance on COVID-19. The draft 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.

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/Eid_al_Adha/2021.1