

COVID-19 Weekly Epidemiological Update

Edition 96, published 15 June 2022

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Global overview

Data as of 12 June 2022

Globally, the number of new weekly cases has continued to decline since a peak in January 2022. During the week of 6 until 12 June 2022, over 3.2 million cases were reported, similar to the number reported during the previous week (figure 1).

After five weeks of decline, the number of new weekly deaths has risen again, with over 8700 fatalities reported, a 4% increase as compared to the previous week.

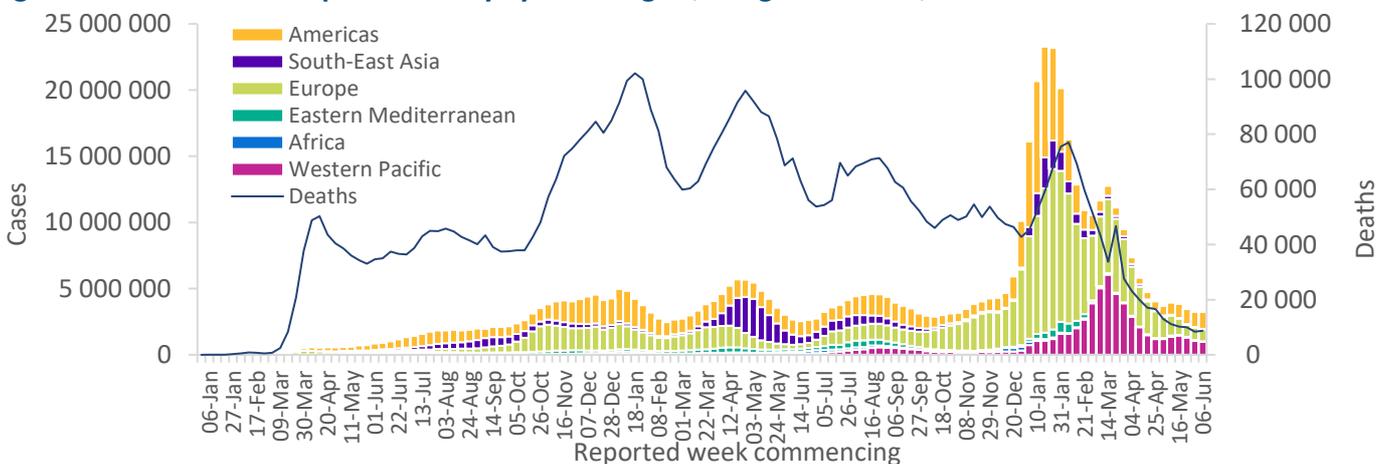
At the regional level, the number of new weekly cases increased in the Eastern Mediterranean Region (+58%), in the South-East Asia Region (+33%) and in the Region of the Americas (+13%), while it decreased in the other three WHO regions.

The number of new weekly deaths increased in the Region of the Americas (+21%) and Western Pacific Region (+17%), while decreasing trends were observed in the other four regions.

As of 12 June 2022, over 533 million confirmed cases and over 6.3 million deaths have been reported globally.

These trends should be interpreted with caution as several countries have been progressively changing COVID-19 testing strategies, resulting in lower overall numbers of tests performed and consequently lower numbers of cases detected.

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 12 June 2022**



**See [Annex 1: Data, table, and figure notes](#)

At the country level, the highest number of new weekly cases were reported from the United States of America (743 723 new cases; +13%), China (501 146 new cases; -5%), Germany (281 706 new cases; +16%), Brazil (279 862 new cases; +29%), and Australia (194 158 new cases; -13%).

The highest number of new weekly deaths were reported from the United States of America (2367 new deaths; +32%), China (1201 new deaths; +32%), Brazil (989 new deaths; +52%), the Russian Federation (500 new deaths; -12%), and Italy (443 new deaths; +17%).

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 12 June 2022**

| WHO Region | New cases in last 7 days (%) | Change in new cases in last 7 days * | Cumulative cases (%) | New deaths in last 7 days (%) | Change in new deaths in last 7 days * | Cumulative deaths (%) |
|-----------------------|------------------------------|--------------------------------------|-------------------------------|-------------------------------|---------------------------------------|-----------------------------|
| Americas | 1 278 169 (39%) | 13% | 159 473 940 (30%) | 4 105 (47%) | 21% | 2 750 430 (44%) |
| Western Pacific | 970 940 (30%) | -8% | 61 985 866 (12%) | 1 882 (22%) | 17% | 233 976 (4%) |
| Europe | 873 103 (27%) | -8% | 222 587 925 (42%) | 2 208 (25%) | -18% | 2 018 528 (32%) |
| South-East Asia | 67 795 (2%) | 33% | 58 240 686 (11%) | 261 (3%) | -25% | 789 225 (13%) |
| Eastern Mediterranean | 33 329 (1%) | 58% | 21 823 732 (4%) | 62 (1%) | -32% | 342 966 (5%) |
| Africa | 27 097 (1%) | -7% | 9 047 715 (2%) | 219 (3%) | -11% | 173 028 (3%) |
| Global | 3 250 433 (100%) | <1% | 533 160 628 (100%) | 8 737 (100%) | 4% | 6 308 166 (100%) |

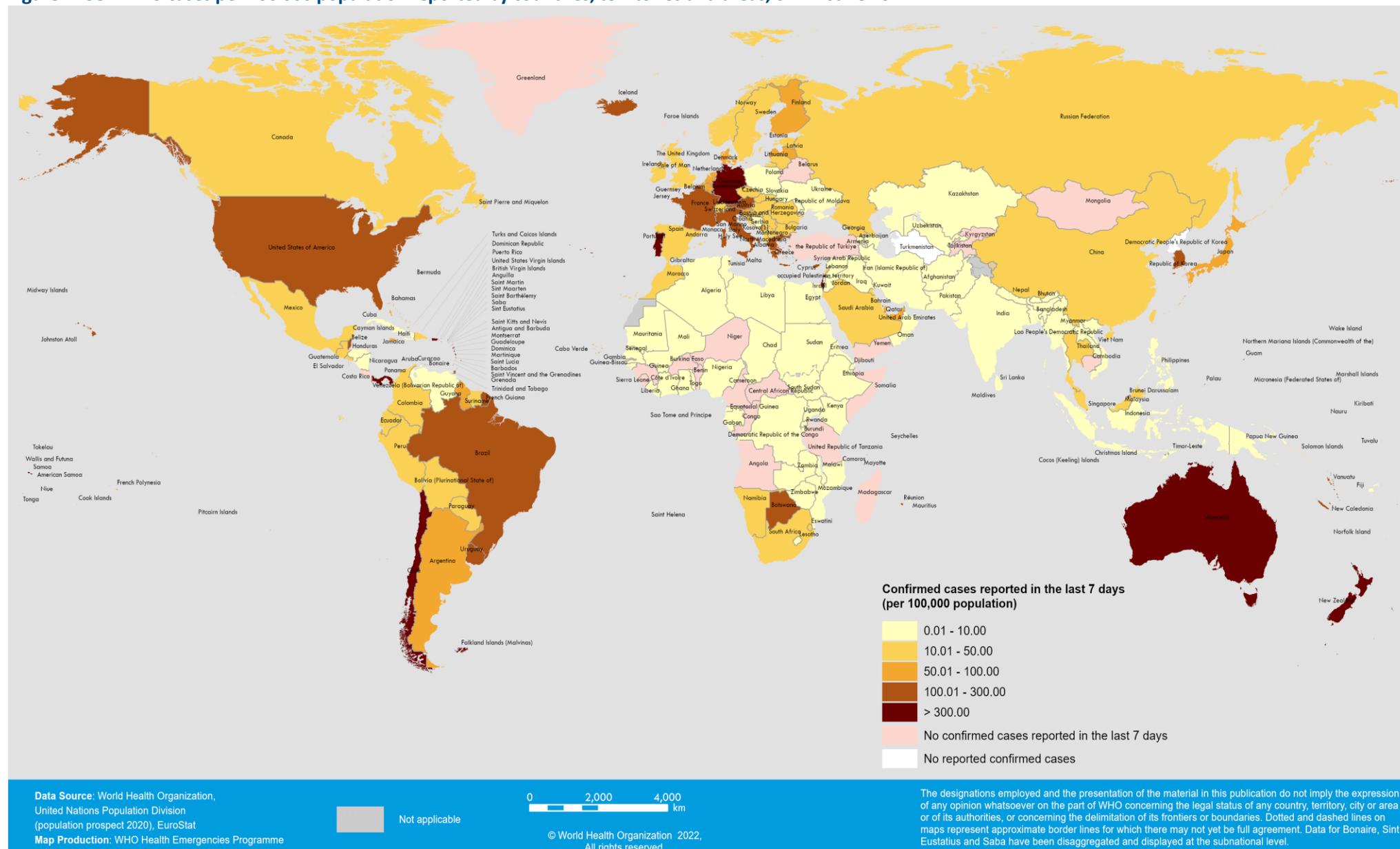
*Percent change in the number of newly confirmed cases/deaths in the past seven days, compared to seven days prior

**See [Annex 1: Data, table, and figure notes](#)

For the latest data and other updates on COVID-19, please see:

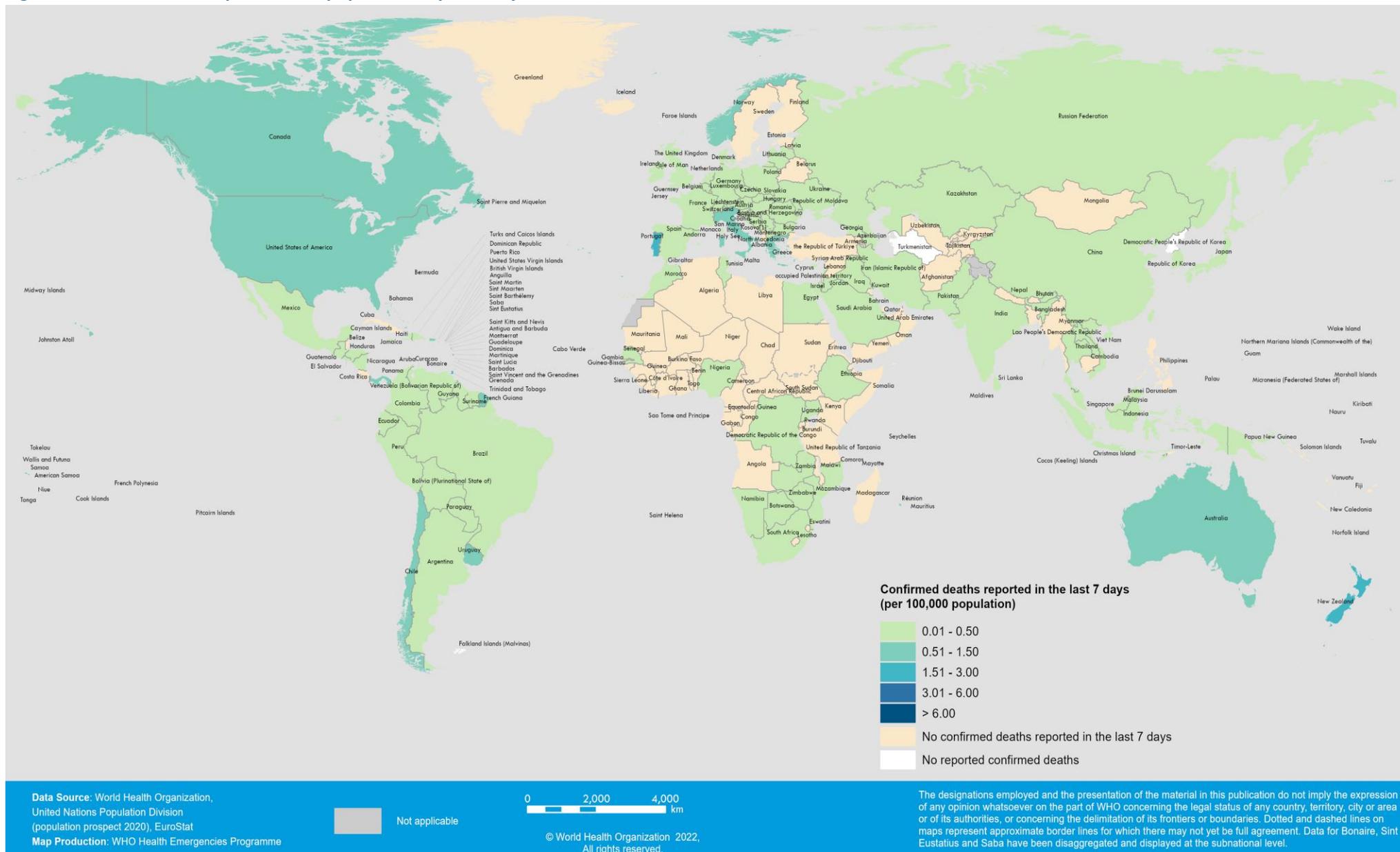
- [WHO COVID-19 Dashboard](#)
- [WHO COVID-19 Weekly Operational Update and previous editions of the Weekly Epidemiological Update](#)
- [WHO COVID-19 detailed surveillance data dashboard](#)

Figure 2. COVID-19 cases per 100 000 population reported by countries, territories and areas, 6 – 12 June 2022*



**See [Annex 1: Data, table, and figure notes](#)

Figure 3. COVID-19 deaths per 100 000 population reported by countries, territories and areas, 6-12 June 2022*



**See [Annex 1: Data, table, and figure notes](#)

Special Focus: Update on SARS-CoV-2 variants of interest and variants of concern

WHO, in collaboration with national authorities, institutions and researchers, routinely assesses if variants of SARS-CoV-2 alter transmission or disease characteristics, or impact the effectiveness of vaccines, therapeutics, diagnostics or public health and social measures (PHSM) applied to control disease spread. Potential variants of concern (VOCs), variants of interest (VOIs) or variants under monitoring (VUMs) are regularly assessed based on the risk posed to global public health.

The classifications of variants will be revised as needed to reflect the continuous evolution of circulating variants and their changing epidemiology. Criteria for variant classification, and the lists of currently circulating and previously circulating VOCs, VOIs and VUMs, are available on the [WHO Tracking SARS-CoV-2 variants website](#). National authorities may choose to designate other variants and are strongly encouraged to investigate and report newly emerging variants and their impact.

Geographic spread and prevalence of VOCs

Within the last 30 days (13 May to 12 June 2022), 169 940 SARS-CoV-2 sequences were submitted to GISAID. There continues to be a substantial decline in the number of SARS-CoV-2 submissions to GISAID, as compared to the number of sequences submitted during the month of January 2022, when 1 248 906 sequences were submitted to GISAID. The Omicron VOC remains the dominant variant circulating globally, accounting for 97% of sequences reported. Among Omicron lineages submitted to GISAID, BA.2 represents 39%, while BA.2.12.1 represents 28%, BA.5 represents 6%, and BA.4 represents 3%. For epidemiological week 20 (15 to 21 May 2022) and week 21 (22 to 28 May 2022), there was a 4% decline in the number of BA.2 sequences, while there were increases of 4%, 3%, and 2% in BA.5, BA.2.12.1, and BA.4 sequences respectively.

These trends should be interpreted with due consideration of the limitations of surveillance systems, including differences in sequencing capacity and sampling strategies between countries, as well as changes in sampling and sequencing strategies in multiple countries.

Additional resources

- [Tracking SARS-CoV-2 Variants](#)
- [COVID-19 new variants: Knowledge gaps and research](#)
- [Genomic sequencing of SARS-CoV-2: a guide to implementation for maximum impact on public health](#)
- [Considerations for implementing and adjusting public health and social measures in the context of COVID-19](#)
- [VIEW-hub: repository for the most relevant and recent vaccine data](#)
- [WHO Statement on Omicron sublineage BA.2](#)

Special Focus: WHO Mass Gatherings Global Event Database Analysis

Mass Gatherings (MGs) are events characterized by the concentration of people at a specific location for a specific purpose over a set period of time ([WHO, 2015](#)). As such, if inadequately planned and/or managed, mass gatherings have the potential to strain the response resources of the host country or community, also working as amplifiers of disease outbreaks. During the COVID-19 pandemic, the threshold for identifying such events as mass gatherings lowered significantly, as even smaller events and gatherings posed a risk to increased spread of the virus.

Since the beginning of the pandemic, WHO continues to recommend that the decision-making process related to holding, modifying, postponing or cancelling gatherings of any size in the context of the COVID-19 pandemic should rely on a [risk-based approach](#). Such risk assessment exercises should be tailored to the characteristics of the event under consideration and be repeated at regular intervals, throughout the planning period as well as during the gathering, stopping only after the event has ended when local systems have returned to normal. Following such an approach enables a factual and dynamic appraisal of the overall risk associated with the event and its implications, and a timely adaptation of the responseⁱ.

Recognized as a best practice for mass gatherings, public health authorities and event organizers are invited to apply WHO's recommended risk-based approach to decision-making for mass gatherings, tailoring it to the event under consideration.

WHO Mass Gatherings Global Event Database

In January 2020, WHO and its Collaborating Centre for Global Health Security – the Johns Hopkins Bloomberg School of Public Health (JHU) – developed a WHO Mass Gatherings Global Event Database to monitor the impact of the COVID-19 pandemic on mass gathering planning.

Hosts of mass gatherings, as well as all partners involved, are encouraged to enter information on events into an online form ([example data shown](#)) that feeds into the global database and is regularly reviewed and updated by JHU. Between January 2020 and 7 June 2022, the database featured over 5000 mass gatherings, of which 58% have applied WHO's risk-based approach in their decision-making process.

Mass Gatherings Indicators of risk-based approach implementation:

The database has been used to inform [WHO's COVID-19 Strategic Preparedness and Response Plan \(SPRP\)](#) and its associated mass gatherings country-based and event-based indicator(s) on a weekly and monthly basis, as described below (see Table 2).

Since the beginning of the COVID-19 pandemic, the use of risk-based approaches to mass gatherings has increased substantially. As of 7 June 2022, 174 out of 196 (88.7%) countries worldwide, including 90.2% (165/183) of Member States and 75% (9/13) of non-Member States, reported having a mass gathering event being affected by COVID-19 (cancelled, postponed, suspended, otherwise modified or re-opened in post-crisis scenario, i.e. their regular format) as a result of using a risk-based approach to decide if or how a mass gathering should be held.

ⁱ <https://apps.who.int/iris/handle/10665/332235>

The mass gatherings event-level SPRP indicator has remained relatively stable for the last six months at 68%-70% and as of 7 June 2022, 68.5% of events reported having been affected by COVID-19 (Table 2).

Table 2. Mass Gatherings country and event-level SPRP monitoring indicators

| <i>Indicator</i> | <i>Description</i> | <i>Percentage</i> | <i>Number</i> |
|-------------------------------------|---|-------------------|--------------------------|
| Country-level SPRP indicator | <i>Percentage of <u>countries</u> that reported having at least one mass gathering event affected by COVID-19 (cancelled, postponed, suspended, otherwise modified or re-opened in post crisis scenario) as a result of a risk assessment exercise/risk-based approach.</i> | 88.7% | 174 out of 196 countries |
| Event-level SPRP indicator | <i>Percentage of <u>events</u> that were affected by COVID-19 (cancelled, postponed, suspended, otherwise modified or re-opened in post crisis scenario) as a result of a risk assessment exercise/risk-based approach.</i> | 68.5 % | 2967 out of 4329 events |

The breakdown of the mass gatherings country-level SPRP indicator on the use of a risk assessment/risk-based approach for those affected by COVID-19 mass gathering events (88.7% in total) by WHO region and Member States status is described below (see Table 3).

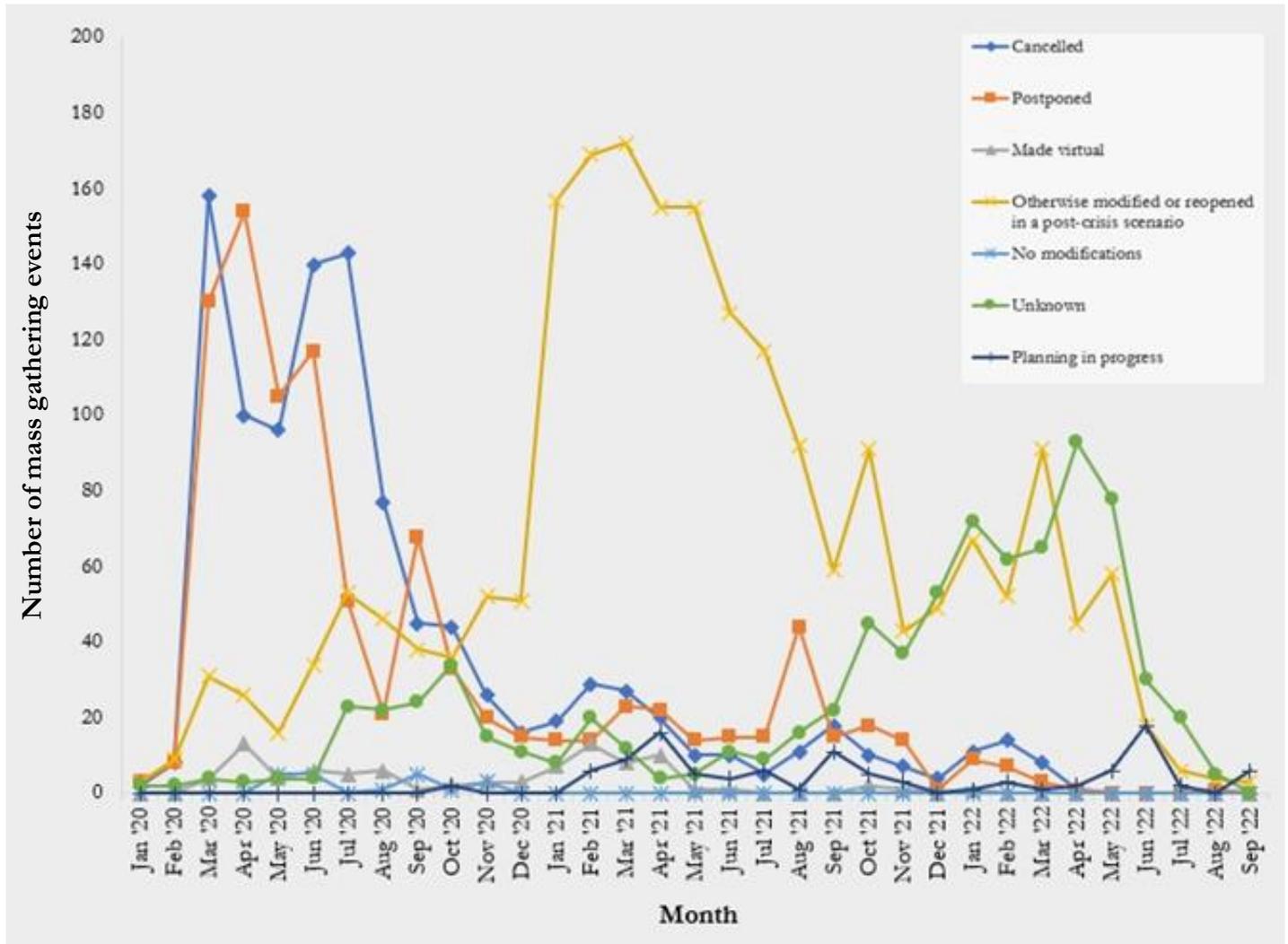
Table 3. Breakdown of the mass gatherings country-level SPRP indicator by WHO Region

| WHO Region | Member-States percentage (N) | Non-Member States percentage (N) | WHO Region percentage (N) |
|-----------------------|-------------------------------------|---|----------------------------------|
| Africa | 86.7% (39) | 100% (1) | 87.0% (40) |
| Americas | 87.1% (27) | 100% (1) | 77.8% (28) |
| Eastern Mediterranean | 81.8% (18) | - | 81.8% (18) |
| Europe | 98.1% (53) | 100% (2) | 98.2% (55) |
| South-East Asia | 81.8% (9) | - | 81.8% (9) |
| Western Pacific | 95.0% (19) | 100% (5) | 96% (24) |
| Total | 90.2% (165 out of 183) | 75.0% (9 out of 13) | 88.7% (174 out of 196) |

Monitoring of mass gathering events status

Monitored modifications to mass gatherings include cancellation, postponement, made virtual, otherwise modified or reopened in post-crisis scenario, held with no modifications, with unknown status, and planning in progress. Data collection for each calendar year includes all events that are happening through the end of December of the current year in order to forecast potential situations of concern. Events that have not yet occurred are recorded as “Planning in progress.” Events for which no data could be found on the event status are recorded as “Unknown”. Figure 4 (below) provides a temporal analysis of decisions made to mass gatherings by host authorities throughout the COVID-19 pandemic.

Figure 4. Monitoring of the mass gathering events status using the WHO Mass Gatherings Global Event Database, 2020- 2022



The majority of mass gatherings were postponed or cancelled in early to mid-2020, most likely as a default measure, but the majority of mass gatherings in late 2020 to 2021 were held in a modified format (i.e. online or hybrid format) as organizers began to embrace the risk-based approach process. The trend also generally follows the decline in mass gatherings coinciding with peaks in incidence of Delta and Omicron VOCs, respectively. The drop in recorded mass gatherings in the database during the latter half of 2022 is likely more attributable to ongoing data collection efforts rather than a true representation of the number of events being held during that time period. However, the proportional rise in events not reporting their status, as compared to reporting modifications or postponements, is being observed. More work is needed to convey the continued risks of SARS-CoV-2 transmission to mass gathering event organizers to encourage the ongoing use and reporting of a risk assessment/risk-based approach (RA/RBA).

Mass gatherings that indicated using a RA/RBA were most often reported to be otherwise modified rather than cancelled or postponed (see Table 4). Fifty-two percent of events (1581 out of 3045) that indicated the use of RA/RBA reported a modification to the event. However, there are still gaps in the data where it could not be determined

whether event organizers used a RA/RBA to make decisions about their events. Over 40% (2134 out of 5244) of all recorded events have not reported whether a RA/RBA was used.

The continuous process of cataloguing and analyzing global mass gatherings demonstrates its value and practicality for the WHO SPRP during the COVID-19 pandemic. Knowing where and when mass gatherings will occur can inform resource mobilization efforts and public health operational response during COVID-19 and other outbreaks.

Additionally, the decision to modify, postpone, or cancel a mass gathering often depends on financial and other considerations alongside health and safety concerns. Applying the risk assessment/risk-based approach can facilitate the delivery of a safe and successful event that, in turn, may yield important psychosocial benefits for participants and spectators and generate revenues for host countries and organizers. However, it is also clear that applying a set of precautionary measures also requires significant levels of human and financial resources. Event organizers, therefore, must account for these factors when planning gatherings of all sizes.

Table 4. Breakdown of usage of a risk assessment for recorded mass gathering events globally (n=5244) as of 7 June 2022

| Use of risk assessment | Status of mass gatherings | | | | | | | Total |
|------------------------|---------------------------|-----------------|---------------|--------------------|------------------|-----------------|----------------------|-------------------|
| | Cancelled | Postponed | Made virtual | Otherwise modified | No modifications | Unknown | Planning in progress | |
| <i>Yes</i> | 801 (15.27%) | 523 (9.97%) | 89 (1.70%) | 1581 (30.15%) | 4 (0.08%) | 16 (0.31%) | 31 (0.59%) | 3045 (58.07%) |
| <i>No</i> | 34 (0.65%) | 7 (0.13%) | 0 (0.00%) | 19 (0.36%) | 3 (0.06%) | 2 (0.04%) | 0 (0.00%) | 65 (1.24%) |
| <i>Not reported</i> | 249 (4.75%) | 440 (8.39%) | 2 (0.04%) | 553 (10.55%) | 13 (0.25%) | 800 (15.26%) | 77 (1.47%) | 2134 (40.69%) |
| Total | 1084 (20.67%) | 970 (18.50%) | 91 (1.74%) | 2153 (41.06%) | 20 (0.38%) | 818 (15.60%) | 108 (2.06%) | 5244 (100.00%) |

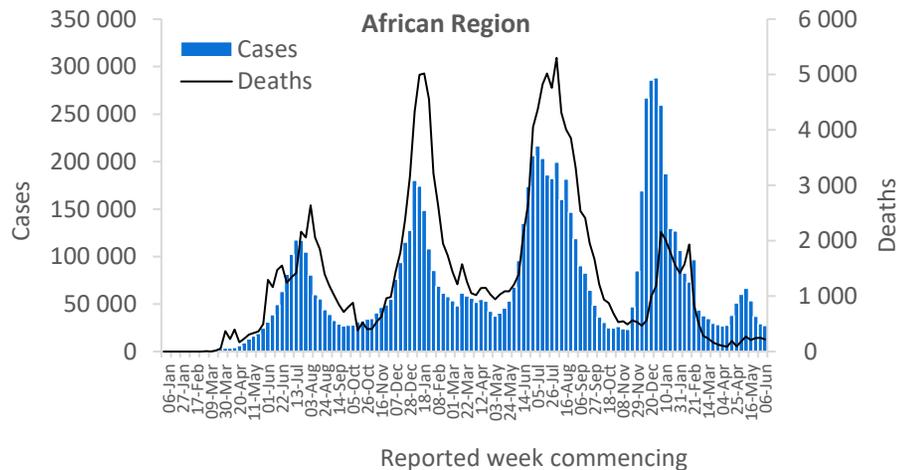
WHO regional overviews:

Epidemiological week 6-12 June 2022**

African Region

The African Region reported a decline in the number of new weekly cases for the third consecutive week, with over 27 000 new cases, a 7% decrease as compared to the previous week. However, 13 (27%) countries reported an increase in the number of new cases of 20% or greater, with some of the greatest proportional increases seen in Malawi (89 vs 37 new cases; +141%), Uganda (572 vs 267 new cases; +114%) and Cabo Verde (540 vs 266 new cases; +103%). The countries that reported the highest numbers of new cases were South Africa (10 550 new cases; 17.8 new cases per 100 000 population; -29%), Ethiopia (3829 new cases; 3.3 new cases per 100 000; +54%), and Réunion (1924 new cases; 214.9 new cases per 100 000; -6%)

The number of new weekly deaths in the Region decreased by 11% as compared to the previous week, with over 200 new deaths reported. The highest numbers of new deaths were reported from South Africa (164 new deaths; <1 new death per 100 000 population; -4%), Réunion (12 new deaths; 1.3 new deaths per 100 000; +71%), and Zimbabwe (11 new deaths; <1 new deaths per 100 000; +10%).

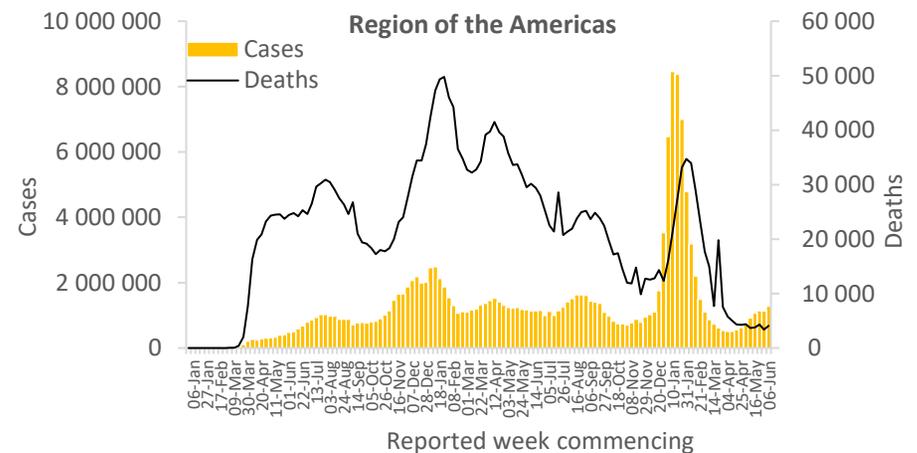


Updates from the [African Region](#)

Region of the Americas

The Region of the Americas has continued to report increases in case incidence since mid-April 2022, with over 1.2 million new weekly cases, a 13% increase as compared to the previous week. Seventeen (30%) countries reported increases in the number of new cases of 20% or greater, with the greatest proportional increases observed in Saint Martin (74 vs 38 new cases; +95%), the British Virgin Islands (137 vs 75 new cases; +83%) and Bolivia (Plurinational State of) (2002 vs 1250 new cases; +60%). The highest number of new cases were reported from the United States of America (743 723 new cases; 224.7 new cases per 100 000; +13%), Brazil (279 862 new cases; 131.7 new cases per 100 000; +29%), and Chile (69 174 new cases; 361.9 new cases per 100 000; +25%).

The number of new weekly deaths in the Region increased by 21% as compared to the previous week, with over 4100 new deaths reported. The highest numbers of new deaths were reported from the United States of America (2367 new deaths; <1 new death per 100 000; +32%), Brazil (989 new deaths; <1 new death per 100 000; +52%), and Canada (199 new deaths; <1 new death per 100 000; -35%).

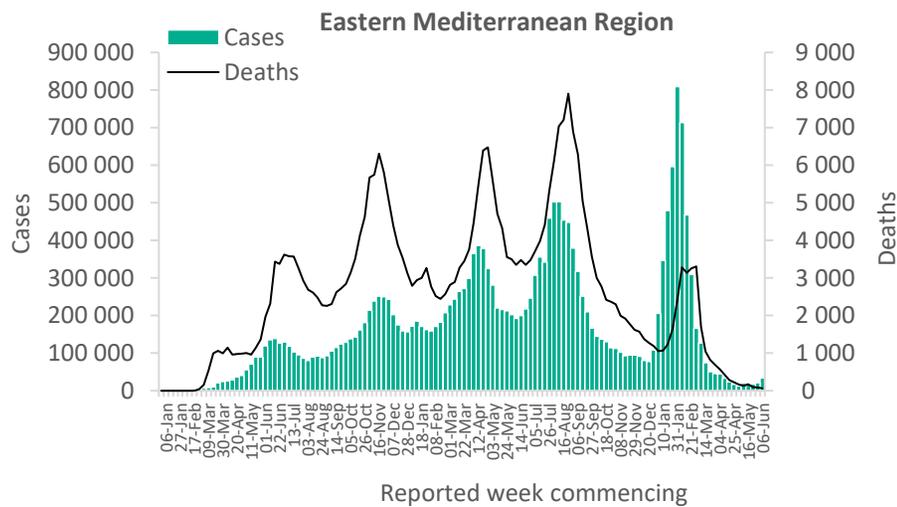


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 33 000 new weekly cases, representing a 58% increase as compared to the previous week. Twelve (55%) countries reported increases in the number of new cases of 20% or greater, with the greatest proportional increases observed in Morocco (5184 vs 2188 new cases; +137), Kuwait (1701 vs 851 new cases; +100%) and the United Arab Emirates (5909 vs 3269 new cases; +81%). The highest numbers of new cases were reported from Bahrain (6551 new cases; 385.0 new cases per 100 000; +60%), Saudi Arabia (6149 new cases; 17.7 new cases per 100 000; +35%), and the United Arab Emirates (5909 new cases; 59.7 new cases per 100 000; +81%).

The number of new weekly deaths in the Region decreased by 32% as compared to the previous week, with 62 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (21 new deaths; <1 new death per 100 000; -5%), Saudi Arabia (15 new deaths; <1 new death per 100 000; +25%), and Lebanon (eight new deaths; <1 new death per 100 000; -11%).

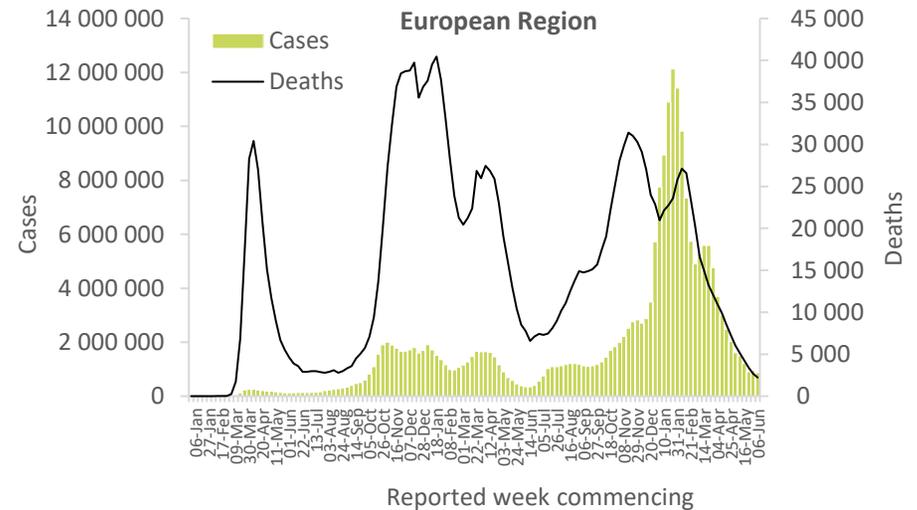


Updates from the [Eastern Mediterranean Region](#)

European Region

After decreases in the number of new weekly cases observed since mid-March 2022, the European Region reported over 873 000 new cases this week, an 8% increase compared to the previous week. Twenty-one (34%) countries in the Region reported increases in new cases of 20% or greater, with some of the greatest proportional increases observed in the Republic of Moldova (227 vs 34 new cases; +568%), Jersey (308 vs 167 new cases; +84%) and Israel (29 248 vs 16 476 new cases; +78%). The highest numbers of new cases were reported from Germany (281 706 new cases; 338.7 new cases per 100 000; +16%), Italy (143 614 new cases; 240.8 new cases per 100 000; +23%), and France (136 360 new cases; 209.7 new cases per 100 000; -2%).

Over 2200 new weekly deaths were reported, an 18% decrease as compared to the previous week. The highest numbers of new deaths were reported from the Russian Federation (500 new deaths; <1 new death per 100 000; -12%), Italy (443 new deaths; <1 new death per 100 000; +17%), and France (240 new deaths; <1 new death per 100 000; -26%).



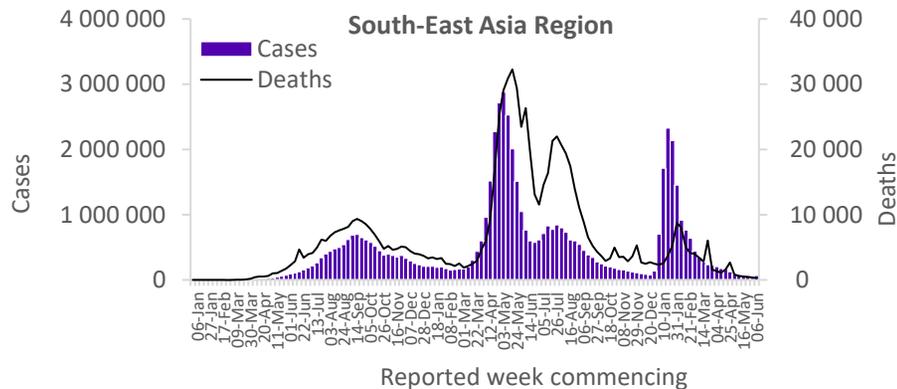
Updates from the [European Region](#)

South-East Asia Region

After the declining trend in new cases observed since mid-January 2022, the South-East Asia Region reported over 67 000 new cases, a 33% increase compared to the previous week. Five (50%) countries showed increases in the number of new cases of 20% or greater, with the greatest proportional increases observed in Bangladesh (492 vs 216 new cases; +128%), India (45 200 vs 23 774 new cases; +90%) and Indonesia (3688 vs 2385 new cases; +55%). The highest numbers of new cases were reported from India (45 200 new cases; 3.3 new cases per 100 000; +90%), Thailand (18 070 new cases; 25.9 new cases per 100 000; -25%), and Indonesia (3688 new cases; 1.3 new cases per 100 000; +55%).

The number of new weekly deaths in the Region decreased by 25% as compared to the previous week, with over 200 new deaths reported. The highest numbers of new deaths were reported from Thailand (163 new deaths; <1 new death per 100 000; -18%), India (69 new deaths; <1 new death per 100 000; -35%), and Indonesia (28 new deaths; <1 new death per 100 000; -32%).

Reports of an outbreak of COVID-19 reported in the Democratic People's Republic of Korea continue through official media on 12 May 2022; however, at present, no confirmed cases or deaths have been reported to WHO.

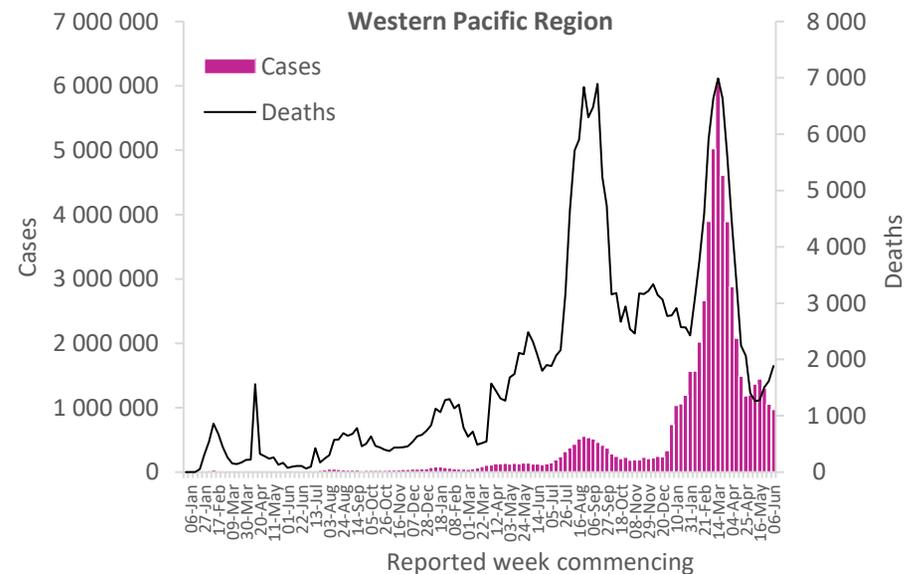


Updates from the [South-East Asia Region](#)

Western Pacific Region

With just under 971 000 new cases reported last week, the Western Pacific Region continues the decreasing trend observed for the third consecutive week. This represents an 8% decline in new cases as compared to the previous week. Six (18%) countries reported increases in new cases of 20% or greater, with the largest proportional increases observed in Guam (688 vs 126 new cases; +446%), French Polynesia (160 vs 35 new cases; +357%) and Palau (80 vs 45 new cases; +78%). The highest numbers of new cases were reported from China (501 146 new cases; 34.1 new cases per 100 000; -5%), Australia (194 158 new cases; 761.4 new cases per 100 000; -13%), and Japan (125 577 new cases; 99.3 new cases per 100 000; +3%).

The Region reported over 1800 new weekly deaths, representing a 17% increase as compared to the previous week. The highest numbers of new deaths were reported from China (1201 new deaths; <1 new death per 100 000; +32%), Australia (295 new deaths; 1.2 new deaths per 100 000; +2%), and Japan (144 new deaths; <1 new death per 100 000; -28%).



Updates from the [Western Pacific Region](#)

Annex 1. Data, table, and figure notes

Data presented are based on official laboratory-confirmed COVID-19 cases and deaths reported to WHO by country/territories/areas, largely based upon WHO [case definitions](#) and [surveillance guidance](#). While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change, and caution must be taken when interpreting these data as several factors influence the counts presented, with variable underestimation of true case and death incidences, and variable delays to reflecting these data at the global level. Case detection, inclusion criteria, testing strategies, reporting practices, and data cut-off and lag times differ between countries/territories/areas. A small number of countries/territories/areas report combined probable and laboratory-confirmed cases. Differences are to be expected between information products published by WHO, national public health authorities, and other sources.

Due to public health authorities conducting data reconciliation exercises that remove large numbers of cases or deaths from their total counts, negative numbers may be displayed in the new cases/deaths columns as appropriate. When additional details become available that allow the subtractions to be suitably apportioned to previous days, graphics will be updated accordingly. A record of historic data adjustment made is available upon request by emailing epi-data-support@who.int. Please specify the countries of interest, time period, and purpose of the request/intended usage. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data. COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories, and areas, and WHO Region (reported in previous issues) are now available at: <https://covid19.who.int/table>.

‘Countries’ may refer to countries, territories, areas or other jurisdictions of similar status. The designations employed, and the presentation of these materials do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. Countries, territories, and areas are arranged under the administering WHO region. The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions except, the names of proprietary products are distinguished by initial capital letters.

^[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). In the map, the number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

^[2] Since 21 May, data for COVID-19 cases and deaths in Northern Ireland was no longer included in the United Kingdom updates (see here for the official announcement).

Technical guidance and other resources

- [WHO technical guidance](#)
- [WHO COVID-19 Dashboard](#)
- [WHO Weekly Operational Updates on COVID-19](#)
- [WHO COVID-19 case definitions](#)
- [COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update](#)
- [Research and Development](#)
- [Open WHO courses on COVID-19](#) in official UN languages and in [additional national languages](#)
- [WHO Academy COVID-19 mobile learning app](#)
- [The Strategic Preparedness and Response Plan](#) (SPRP) outlining the support the international community can provide to all countries to prepare and respond to the virus
- [EPI-WIN: tailored information for individuals, organizations, and communities](#)
- Recommendations and advice for the public: [Protect yourself](#); [Questions and answers](#); [Travel advice](#)