COVID-19 Weekly Epidemiological Update

Edition 118 published 16 November 2022

In this edition:

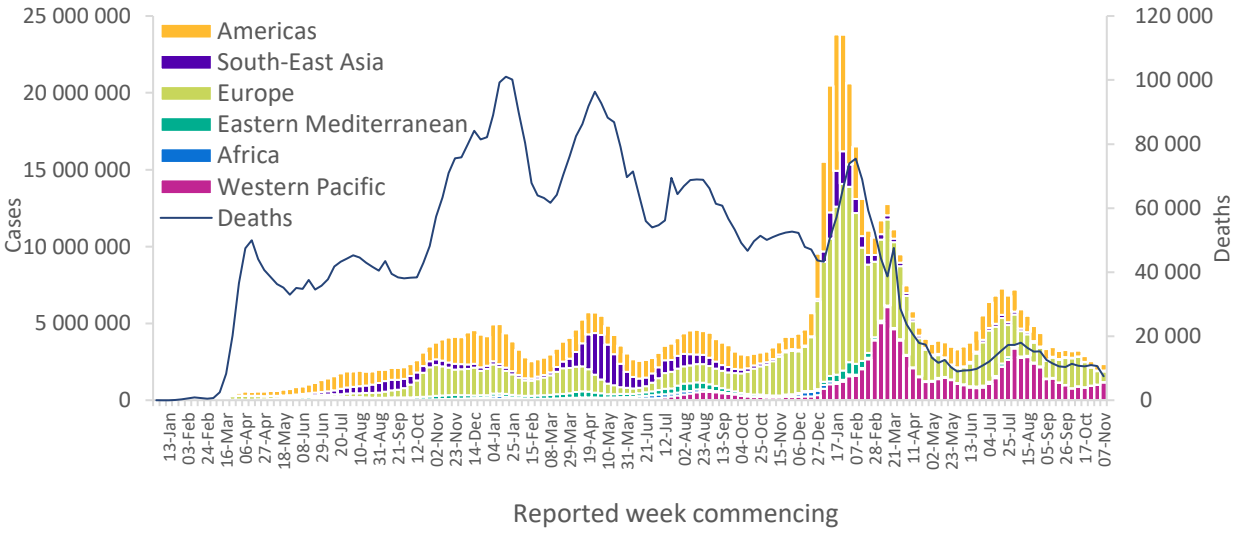
Global overview

Data as of 13 November 2022

Globally, the number of new weekly cases increased by 2% during the week of 7 to 13 November 2022 as compared to the previous week, with over 2.3 million new cases reported (Figure 1, Table 1). The true number of incident cases is an underestimate due to a decline in testing globally. The number of new weekly deaths decreased by 30% as compared to the previous week, with over 7400 fatalities reported. As of 13 November 2022, over 632 million confirmed cases and over 6.5 million deaths have been reported globally.

At the regional level, the number of newly reported weekly cases decreased across three of the six WHO regions: the European Region (-21%), the Eastern Mediterranean Region (-12%) and the African Region (-8%); while case numbers increased in the Western Pacific Region (+18%), the South-East Asia Region (+15%) and the Region of the Americas (+12%). The number of new weekly deaths decreased across four regions: the African Region (-86%), the South-East Asia Region (-80%), the European Region (-41%) and the Region of the Americas (-10%); while the number of deaths increased in the Western Pacific Region (+14%) and the Eastern Mediterranean Region (+7%).

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 13 November 2022**



**See *Annex 1: Data, table, and figure notes*

At the country level, the highest numbers of new weekly cases were reported from Japan (503 766 new cases; +25%), the Republic of Korea (355 990 new cases; +19%), the United States of America (281 955 new cases; +6%), Germany (184 987 new cases; -25%), and China (171 745 new cases; -22%). The highest numbers of new weekly deaths were reported from the United States of America (2323 new deaths; -6%), Japan (552 new deaths; +41%), the Russian Federation (436 new deaths; -10%), China (410 new deaths; -24%), and France (390 new deaths; -10%).

Current trends in reported COVID-19 cases 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. COVID-19 prevalence surveys conducted in a number of countries have found that the number of reported COVID-19 cases is an underestimate of the actual number of cases in the population.[1,2,3,4] Additionally, data from previous weeks are continuously updated to retrospectively incorporate changes in reported COVID-19 cases and deaths made by countries.

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 13 November 2022**

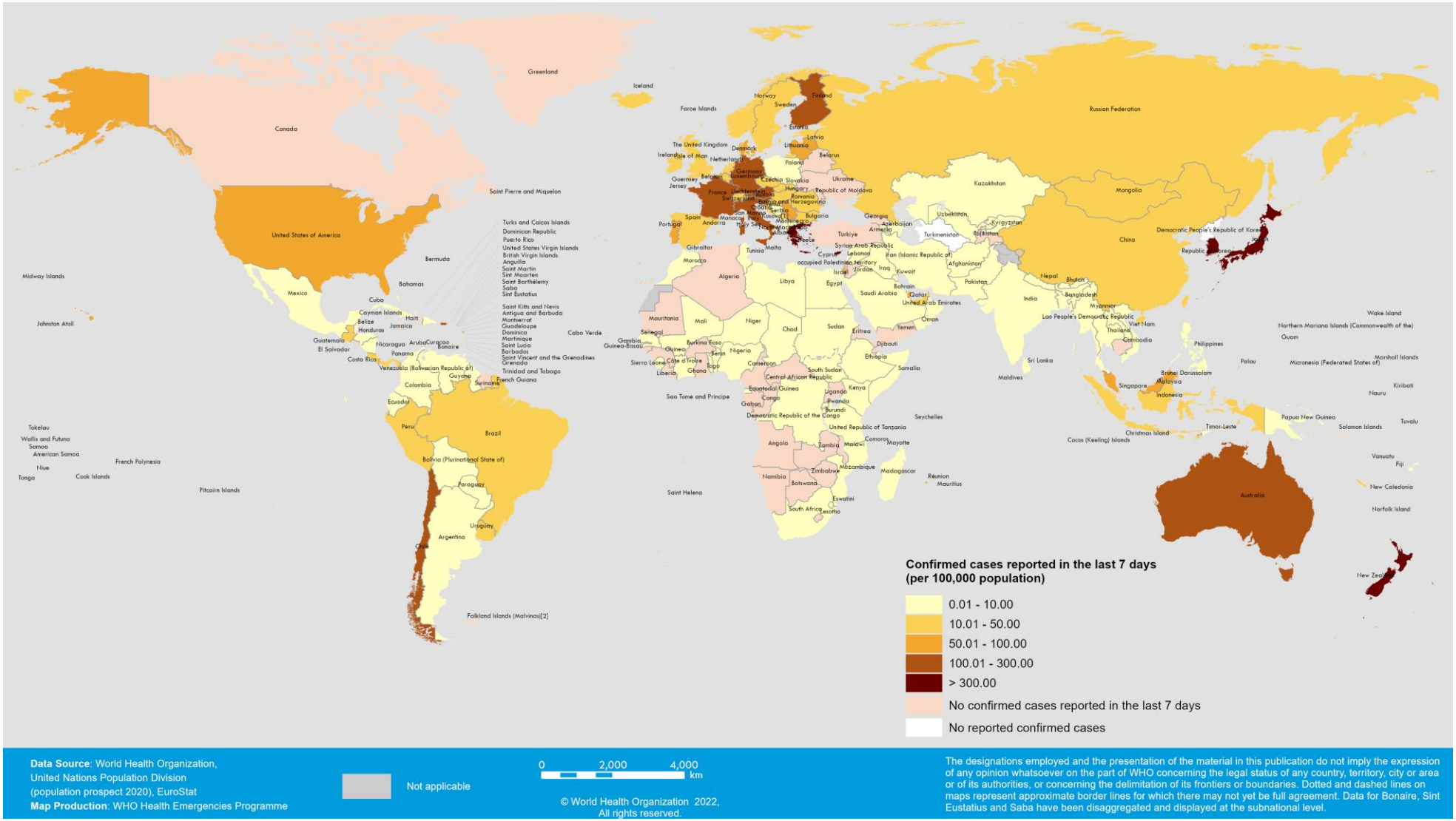
WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days *	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days *	Cumulative deaths (%)
Western Pacific	1 163 343 (50%)	18%	95 670 191 (15%)	643 (22%)	14%	278 833 (4%)
Europe	696 911 (30%)	-21%	262 602 977 (42%)	2341 (31%)	-41%	2 125 487 (32%)
Americas	418 334 (18%)	12%	180 816 250 (29%)	3051 (41%)	-10%	2 861 962 (43%)
South-East Asia	50 214 (2%)	15%	60 538 645 (10%)	353 (5%)	-80%	800 857 (12%)
Eastern Mediterranean	10 841 (<1%)	-12%	23 174 729 (4%)	61 (1%)	7%	348 805 (5%)
Africa	5894 (<1%)	-8%	9 376 260 (1%)	8 (<1%)	-86%	174 811 (3%)
Global	**2 345 537 (100%)**	**2%**	**632 179 816 (100%)**	**7457 (100%)**	**-30%**	**6 590 768 (100%)**

**Percent change in the number of newly confirmed cases/deaths in the past seven days, compared to seven days prior. Data from previous weeks are updated continuously with adjustments received from countries.*
***See Annex 1: Data, table, and figure notes*

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

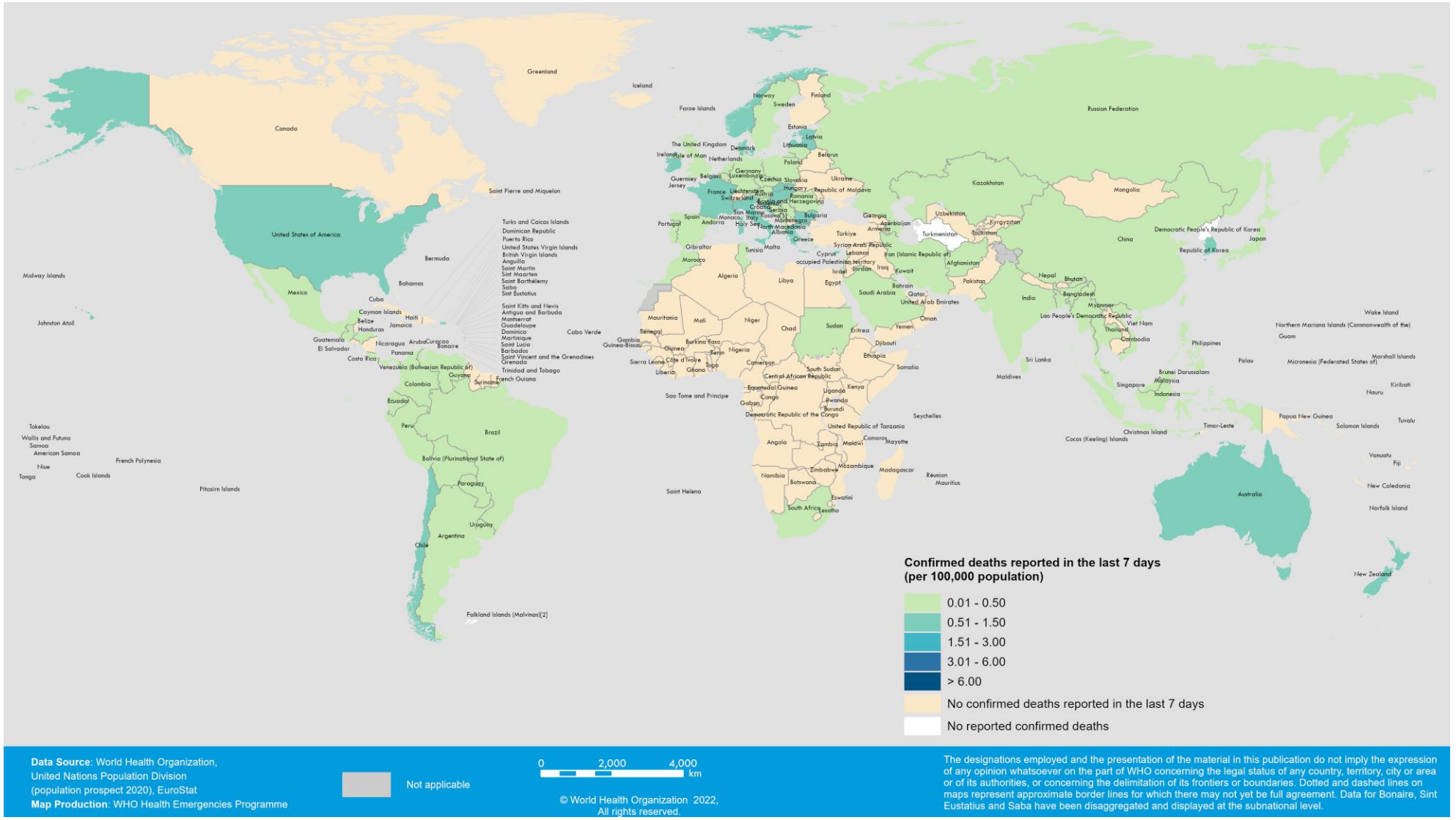
- WHO COVID-19 Dashboard
- WHO COVID-19 Monthly Operational Update and previous editions of the Weekly Epidemiological Update
- WHO COVID-19 detailed surveillance data dashboard
- WHO COVID-19 policy briefs

Figure 2. COVID-19 cases per 100 000 population reported by countries, territories and areas, 7-13 November 2022*



**See *Annex 1: Data, table, and figure notes*

Figure 3. COVID-19 deaths per 100 000 population reported by countries, territories and areas, 7-13 November 2022**



**See *Annex 1: Data, table, and figure notes*

SARS-CoV-2 variants of concern and Omicron subvariants under monitoring

Geographic spread and prevalence of VOCs

Globally, from 14 October to 14 November 2022, 107 240 SARS-CoV-2 sequences were shared through GISAID. Among these, 106 426 sequences were the Omicron variant of concern (VOC), accounting for 99.2% of sequences reported globally in the past 30 days.

The trends describing the circulation of Omicron descendent lineages should be interpreted with due consideration of the limitations of the COVID-19 surveillance systems. These include differences in sequencing capacity and sampling strategies between countries, changes in sampling strategies over time, reductions in tests conducted and sequences shared by countries around the world and delays in sequence submission.

During epidemiological week 43 (24 to 30 October 2022), pooled BA.5 and all its descendent lineages continued to be dominant globally, accounting for 73.2% of sequences submitted to GISAID. The prevalence of BA.2 and its descendent lineages remained relatively similar during the same period as compared to week 42 (6.3% versus 6.8%), while BA.4 descendent lineages continued to decline from 4.3% to 3.5%. Unassigned sequences (presumed to be Omicron) accounted for 14.4% of sequences submitted to GISAID in week 43.

The global variant circulation indicates a replacement of previously dominating BA.5 descendent lineages by the most recently emerging variants, notably by BQ.1, and BA.5 + R346X. BQ.1 rose from 13.3% to 16.2%, while BA.5 with additional mutations (R346X, K444X, V445X, N450D and/or N460X) continued to increase, rising from 22.4% to 23.3%; this rise has been mostly due to the increase of BA.5 + R346X (accounts for 83.9% among this group). BA.2.75 showed a rise in sequence prevalence from 4.1% to 5.4%. XBB and its descendent lineages rose from 1.5% to 2.0%. BA.2.3.20 is rising slowly, with a prevalence of <1%.

WHO continues to closely monitor the XBB and BQ.1 lineages as part of Omicron and requests countries to continue to be vigilant, to monitor and report sequences, as well as to conduct independent and comparative analyses of the different Omicron sublineages. WHO's Technical Advisory Group on SARS-CoV-2 Virus Evolution (TAG-VE) is working to improve variant risk assessment and work towards more quantitative indicators that can be used for such assessment.

Additional resources

- Tracking SARS-CoV-2 Variants
- TAG-VE statement on Omicron sublineages BQ.1 and XBB
- COVID-19 new variants: Knowledge gaps and research
- Genomic sequencing of SARS-CoV-2: a guide to implementation for maximum impact on public health
- VIEW-hub: repository for the most relevant and recent vaccine data

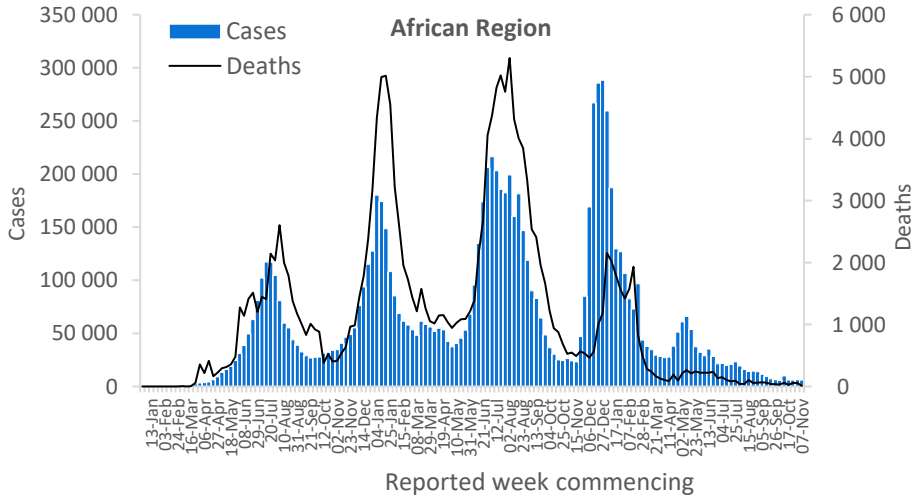
WHO regional overviews:

Epidemiological week 7-13 November 2022

African Region

The African Region reported almost 5900 new cases, an 8% decrease as compared to the previous week. Ten (20%) of the 50 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Mayotte (76 vs 19 new cases; +300%), Benin (seven vs three new cases; +133%) and Mozambique (44 vs 24 new cases; +83%). The highest numbers of new cases were reported from South Africa (3445 new cases; 5.8 new cases per 100 000 population; +73%), Kenya (700 new cases; 1.3 new cases per 100 000; +18%), and Réunion (509 new cases; 56.9 new cases per 100 000; +32%).

The number of new weekly deaths in the region decreased by 86% as compared to the previous week, with eight new deaths reported. All new deaths were reported from South Africa (eight new deaths; <1 new death per 100 000 population; -85%).

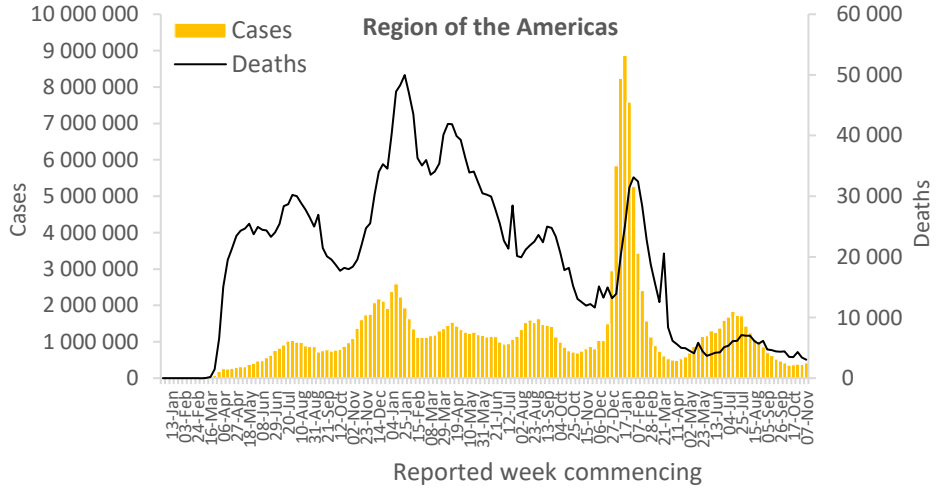


Updates from the African Region

Region of the Americas

The Region of the Americas reported over 418 000 new cases, a 12% increase as compared to the previous week. Seventeen (30%) of the 56 countries for which data are available reported increases in new cases of 20% or greater, with some of the highest proportional increases observed in Guyana (19 vs six new cases; +217%), Paraguay (69 vs 25 new cases; +176%) and Cuba (26 vs 10 new cases; +160%). The highest numbers of new cases were reported from the United States of America (281 955 new cases; 85.2 new cases per 100 000; +6%), Brazil (59 135 new cases; 27.8 new cases per 100 000; +120%), and Chile (46 640 new cases; 244.0 new cases per 100 000; +32%).

The number of new weekly deaths in the region decreased by 10% as compared to the previous week, with 3051 new deaths reported. The highest numbers of new deaths were reported from the United States of America (2323 new deaths; <1 new death per 100 000; - 6%), Brazil (324 new deaths; <1 new death per 100 000; +29%), and Chile (194 new deaths; 1.0 new death per 100 000; +42%).

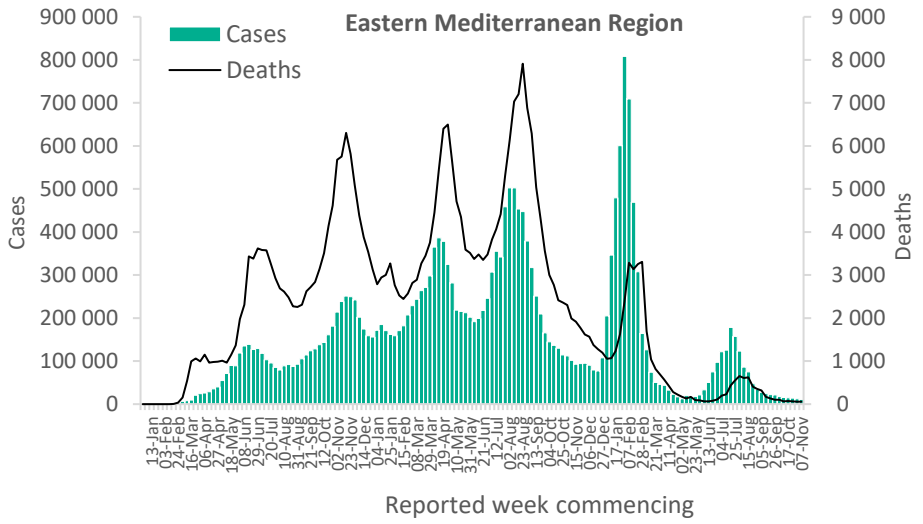


Updates from the Region of the Americas

Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 10 000 new cases, a 12% decrease as compared to the previous week. Five (23%) of the 22 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Somalia (11 vs six new cases; +83%), Sudan (64 vs 37 new cases; +73%) and Morocco (596 vs 393 new cases; +52%). The highest numbers of new cases were reported from Qatar (2436 new cases; 84.6 new cases per 100 000; -10%), Bahrain (1752 new cases; 103.0 new cases per 100 000; -14%), and the United Arab Emirates (1731 new cases; 17.5 new cases per 100 000; -16%).

The number of new weekly deaths in the region increased by 7% as compared to the previous week, with 61 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (18 new deaths; <1 new death per 100 000; -14%), Saudi Arabia (15 new deaths; <1 new death per 100 000; +25%), and Sudan (nine new deaths; no deaths reported in the previous week).

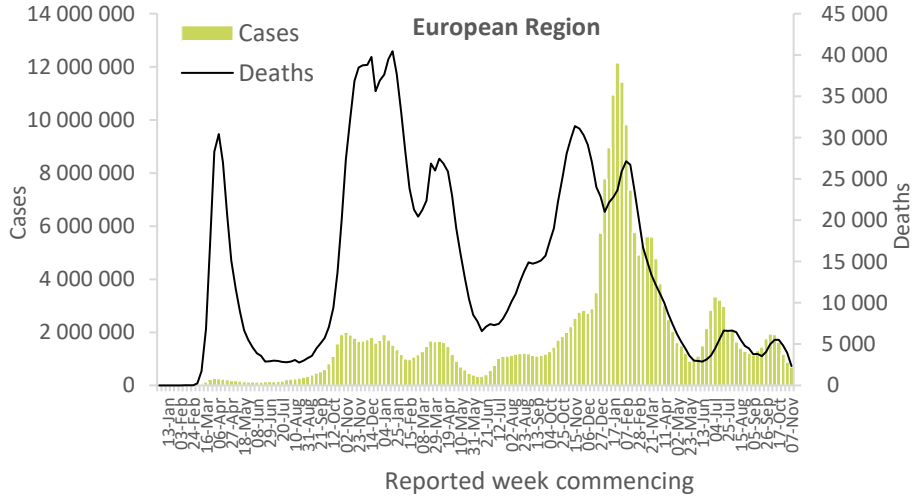


Updates from the Eastern Mediterranean Region

European Region

The European Region reported just under 697 000 new cases, a 21% decrease as compared to the previous week. Five (8%) of the 61 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in North Macedonia (196 vs 71 new cases; +176%), Andorra (76 vs 53 new cases; +43%) and Monaco (66 vs 50 new cases; +32%). The highest numbers of new cases were reported from Germany (184 987 new cases; 222.4 new cases per 100 000; -25%), France (151 950 new cases; 233.6 new cases per 100 000; -1%), and Italy (126 180 new cases; 211.6 new cases per 100 000; -24%).

The number of new weekly deaths in the region decreased by 41% as compared to the previous week, with 2341 new deaths reported. The highest numbers of new deaths were reported from the Russian Federation (436 new deaths; <1 new death per 100 000; -10%), France (390 new deaths; <1 new death per 100 000; -10%), and Italy (330 new deaths; <1 new death per 100 000; -40%).

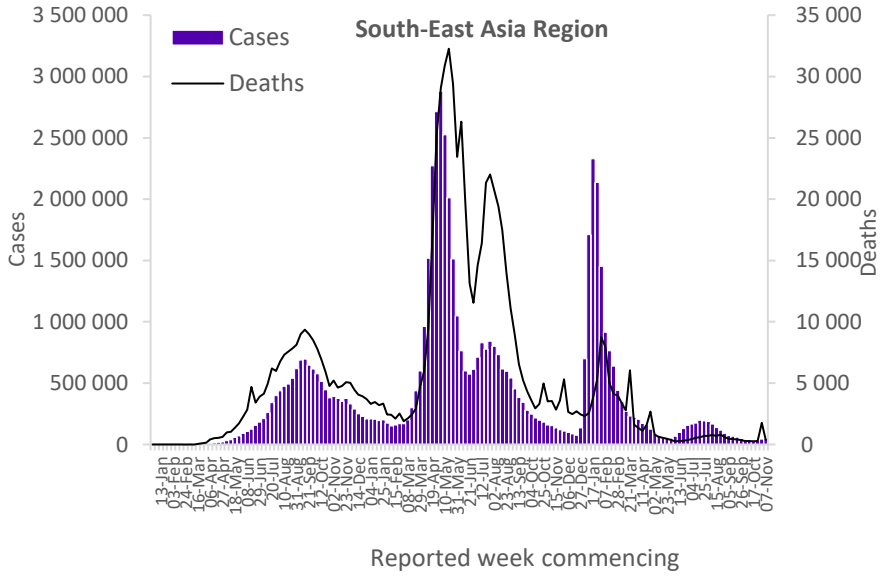


Updates from the European Region

South-East Asia Region

The South-East Asia Region reported over 50 000 new cases, a 15% increase as compared to the previous week. Two (20%) of the 10 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Timor-Leste (nine vs four new cases; +125%) and Indonesia (40 212 vs 30 670 new cases; +31%). The highest numbers of new cases were reported from Indonesia (40 212 new cases; 14.7 new cases per 100 000; +31%), India (5798 new cases; <1 new case per 100 000; -30%), and Thailand (3166 new cases; 4.5 new cases per 100 000; +15%).

The number of new weekly deaths in the region decreased by 80% as compared to the previous week, with 353 new deaths reported. The highest numbers of new deaths were reported from Indonesia (275 new deaths; <1 new death per 100 000; +19%), Thailand (42 new deaths; <1 new death per 100 000; +5%), and India (31 new deaths; <1 new death per 100 000; -98%).

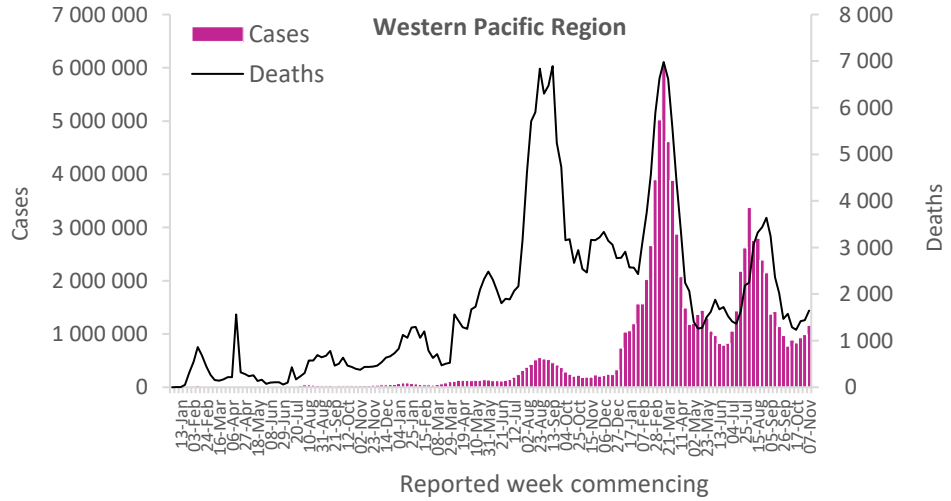


Updates from the South-East Asia Region

Western Pacific Region

The Western Pacific Region reported over 1.1 million new cases, an 18% increase as compared to the previous week. Ten (29%) of the 34 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in French Polynesia (63 vs six new cases; +950%), Tuvalu (1096 vs 140 new cases; +683%) and New Caledonia (127 vs 44 new cases; +189%). The highest numbers of new cases were reported from Japan (503 766 new cases; 398.3 new cases per 100 000; +25%), the Republic of Korea (355 990 new cases; 694.4 new cases per 100 000; +19%), and China (171 745 new cases; 11.7 new cases per 100 000; -22%).

The number of new weekly deaths in the region increased by 14% as compared to the previous week, with 1643 new deaths reported. The highest numbers of new deaths were reported from Japan (552 new deaths; <1 new death per 100 000; +41%), China (410 new deaths; <1 new death per 100 000; -24%), and the Republic of Korea (291 new deaths; <1 new death per 100 000; +35%).



Updates from the Western Pacific Region

Summary of Monthly Operational Update

The Monthly Operational Update is a report provided by the COVID-19 Strategic Preparedness and Response Plan (SPRP) monitoring and evaluation team which aims to update on the ongoing global progress against the COVID-19 SPRP 2021 framework. In this edition, highlights of country-level actions and WHO support to countries include:

- Strengthening local preparedness in Cambodia
- WHO/Europe and Long COVID Europe host side event on post COVID-19 condition during the 72nd Regional Committee
- Minister of Health of the Lao People's Democratic Republic highlights the importance of listening to communities
- Masked superheroes return to prevent respiratory diseases among children in Costa Rica
- Somalia achieves historic landmark in its fight against COVID-19, with 30% of its eligible population fully vaccinated
- Mauritius opens the first COVID-19 testing centre in Rodrigues Island
- Timor-Leste rolls out an integrated campaign to bolster routine immunization and COVID-19 vaccination coverage
- New WHO/Europe publication shares lessons learned from COVID-19 training on occupational health and safety for health workers in south-eastern Europe
- Over 100 media professionals trained on covering health emergencies and outbreaks in Iraq, including COVID-19
- WHO, UNICEF and MSF partner to develop an innovative and rapidly deployable Health Emergency Facility
- WHO leads effort to align divergent COVID-19 messaging, in collaboration with global public health centres
- Strengthening infodemic management across the world in response to COVID-19 and future health emergencies
- Cities leading the way and transitioning to complex risk management: UNDRR GETI, UNOSSC, PAHO/WHO and WHO hold joint online training programme with South-South Cities Exchange
- Updated WHO guidance and publications

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.

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] A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

Updates on the COVID-19 outbreak in the Democratic People's Republic of Korea is not included in this report as the number of laboratory-confirmed COVID-19 cases is not reported.

Annex 2. SARS-CoV-2 variants assessment and classification

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 webpage. National authorities may choose to designate other variants and are strongly encouraged to investigate and report newly emerging variants and their impact.

WHO continues to monitor SARS-CoV-2 variants, including descendent lineages of VOCs, to track changes in prevalence and viral characteristics. The current trends describing the circulation of Omicron descendent lineages should be interpreted with due consideration of the limitations of the COVID-19 surveillance systems. These include differences in sequencing capacity and sampling strategies between countries, changes in sampling strategies over time, reductions in tests conducted and sequences shared by countries, and delays in uploading sequence data to GISAID.

References

1. Cohen C, Kleynhans J, von Gottberg A, et al. SARS-CoV-2 incidence, transmission, and reinfection in a rural and an urban setting: results of the PHIRST-C cohort study, South Africa, 2020–21. *The Lancet Infectious Diseases*. 2022;22(6):821-834. doi:10.1016/S1473-3099(22)00069-X

2. UK Office for National Statistics. Coronavirus (COVID-19) Infection Survey, UK: 4 November 2022. Published 2022. Accessed November 9, 2022.

3. Parikh S, O'Laughlin K, Ehrlich HY, et al. Point Prevalence Testing of Residents for SARS-CoV-2 in a Subset of Connecticut Nursing Homes. *JAMA*. 2020;324(11):1101-1103. doi:10.1001/jama.2020.14984

4. Real-time dashboard. Coronavirus disease 2019. Accessed November 15, 2022. https://covid19.sph.hku.hk/dashboard