

COVID-19 Weekly Epidemiological Update

Edition 121 published 7 December 2022

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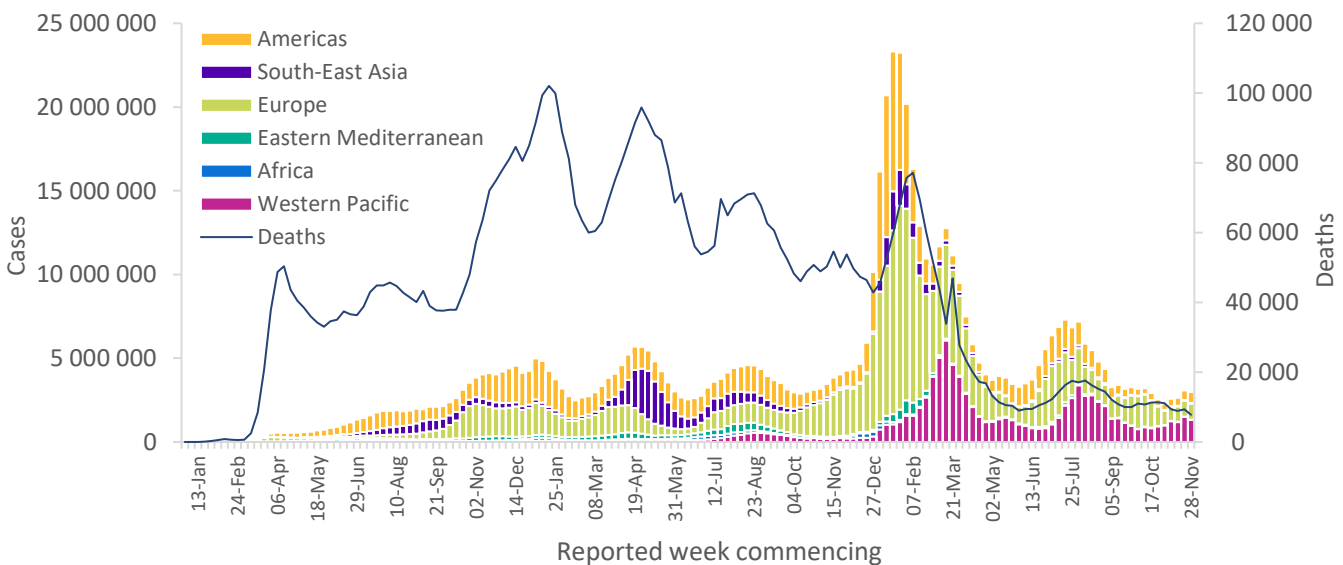
Global overview

Data as of 4 December 2022

Globally, the number of new weekly cases remained stable (-3%) during the week of 28 November to 4 December 2022 as compared to the previous week, with just under 3 million new cases reported (Figure 1, Table 1). The number of new weekly deaths decreased by 17% as compared to the previous week, with over 7800 new fatalities reported. As of 4 December 2022, over 641 million confirmed cases and over 6.6 million have been reported globally.

At the regional level, the number of newly reported weekly cases decreased or remained stable across five of the six WHO regions: the African Region (-78%), the South-East Asia Region (-27%), the European Region (<1%), the Western Pacific Region (-10%), and the Eastern Mediterranean Region (-4%); while case numbers increased in one WHO region: the Region of the Americas (+14%). The number of newly reported weekly deaths decreased or remained stable across all six regions: the African Region (-83%), the Eastern Mediterranean Region (-33%), the Region of the Americas (-22%), the European Region (-19%), the Western Pacific Region (-5%), and the South-East Asia Region (+3%).

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 4 December 2022**



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

At the country level, the highest numbers of new weekly cases were reported from Japan (749 895 new cases; +7%), France (385 716 new cases; +38%), the Republic of Korea (370 574 new cases; -2%), the United States of America (296 333 new cases; -1%), and Brazil (188 043 new cases; +25%). The highest numbers of new weekly deaths were reported from the United States of America (1744 new deaths; -33%), Japan (1063 new deaths; +6%), Brazil (632 new deaths; +18%), Italy (462 new deaths; -22%), and France (424 new deaths; +2%).

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 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 infections in the population.¹⁻⁴ 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 4 December 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	1 335 908 (45%)	-10%	99 756 658 (16%)	2006 (26%)	-5%	284 778 (4%)
Europe	955 767 (32%)	<1%	265 935 160 (41%)	2348 (30%)	-19%	2 138 393 (32%)
Americas	640 477 (21%)	14%	182 503 613 (28%)	3013 (38%)	-22%	2 872 278 (43%)
South-East Asia	36 462 (1%)	-27%	60 679 181 (9%)	431 (6%)	3%	802 107 (12%)
Eastern Mediterranean	7385 (<1%)	-4%	23 199 165 (4%)	27 (<1%)	-33%	348 923 (5%)
Africa	3224 (<1%)	-78%	9 412 553 (1%)	8 (<1%)	-83%	174 927 (3%)
Global	2 979 223 (100%)	-3%	641 487 094 (100%)	7833 (100%)	-17%	6 621 419 (100%)

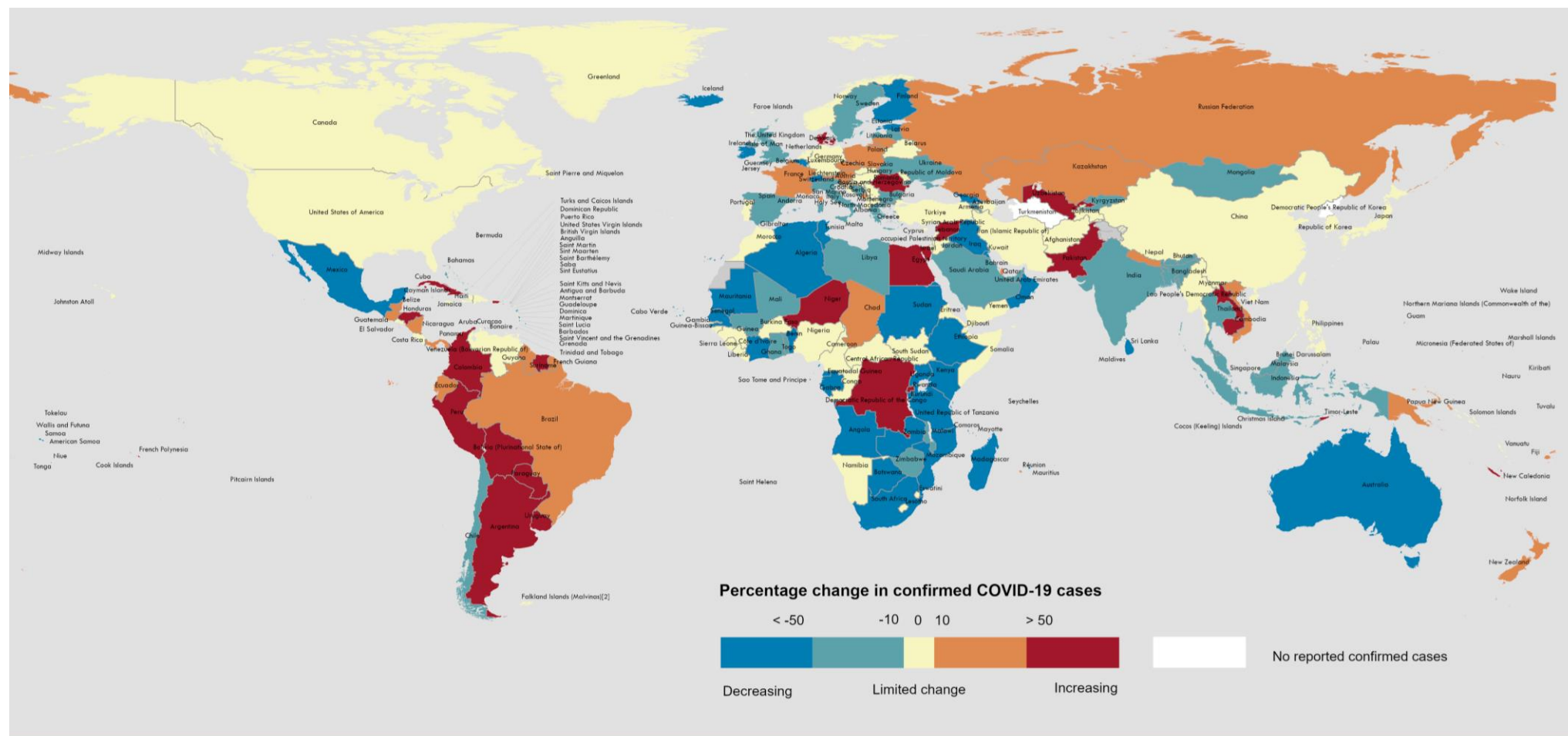
*Percent change in the number of newly confirmed cases/deaths in the past seven days, compared to seven days prior. Data from previous weeks are updated continuously with adjustments received from countries.

**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. Percentage change in confirmed COVID-19 cases over the last seven days relative to the previous seven days, 28 November to 4 December 2022**



Data Source: World Health Organization

Map Production: WHO Health Emergencies Programme

Not applicable

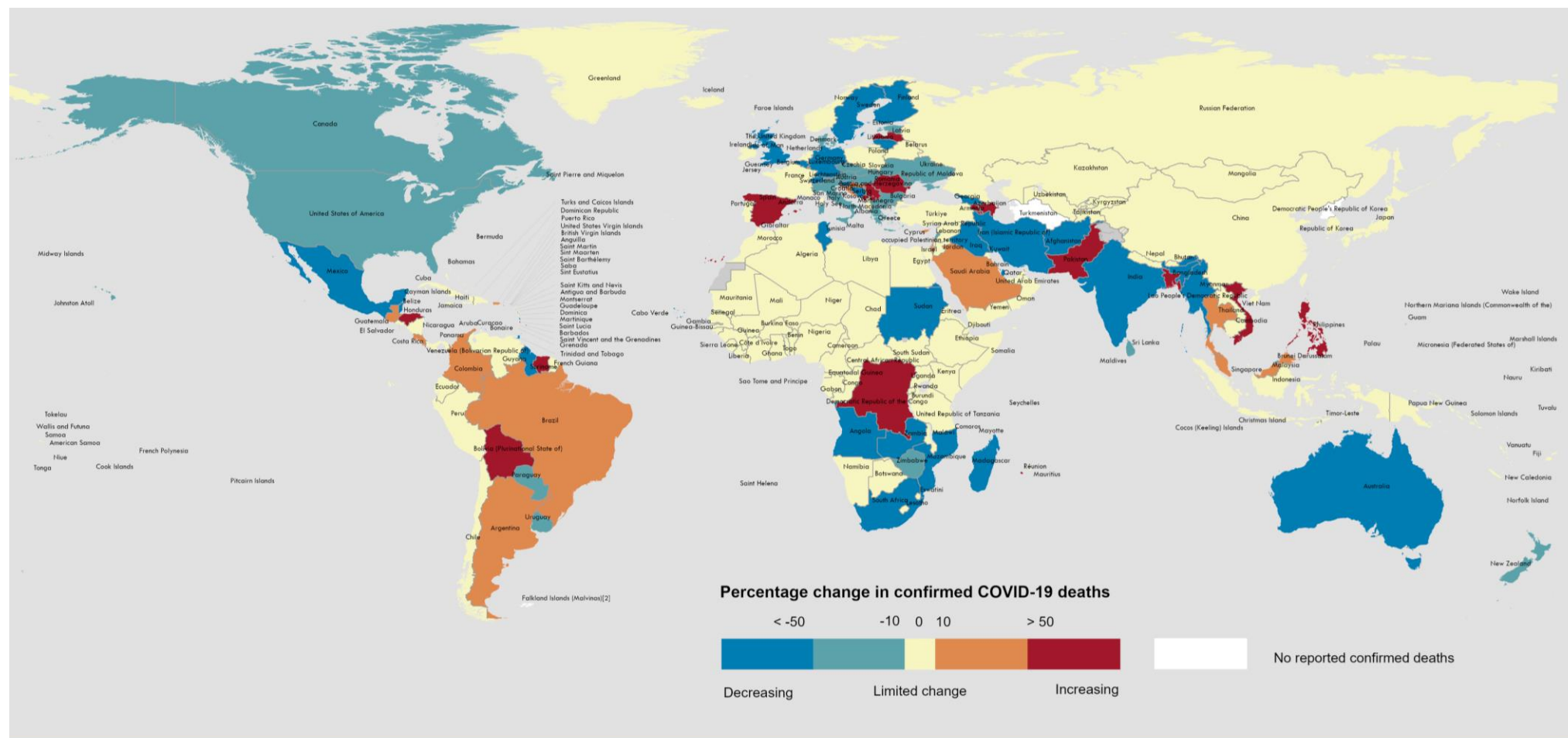
0 2,500 5,000 km

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

Figure 3. Percentage change in confirmed COVID-19 deaths over the last seven days relative to the previous seven days, 28 November to 4 December 2022**



Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme

Not applicable
0 2,500 5,000 km
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**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 5 November to 5 December 2022, 105 224 SARS-CoV-2 sequences were shared through GISAID. Among these, 92 399 sequences were the Omicron variant of concern (VOC), accounting for 87.8% of sequences reported globally in the past 30 days. Unassigned sequences (presumed to be Omicron) accounted for 12.2% of sequences submitted to GISAID in week 46.

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, and delays in sequence submission. The majority of sequences submitted to GISAID are from countries with high sequencing capacity, mostly high-income countries.⁵ Therefore, sequencing information provided may not be representative of the global situation of SARS-CoV-2.

During epidemiological week 46 (14 to 20 November 2022), BA.5 and its descendent lineages continued to be dominant globally, accounting for 70.1% of sequences submitted to GISAID. The prevalence of BA.2 and its descendent lineages increased from 9.6% in epidemiological week 45 (7 to 13 November) to 10.5% in week 46 (14 to 20 November 2022). During the same period, BA.4 descendent lineages declined from 2.8% to 2.0%.

Among the Omicron subvariants under monitoring, a comparison of sequences submitted during weeks 45 and 46 shows an increase from 27.6% to 36.2% for BQ.1 and its descendent lineages. During the same period, the prevalence of XBB and its descendent lineages increased from 4.2% to 5.0%. BA.2.75 increased from 6.8% to 7.8%, while BA.4.6 decreased from 2.5% to 1.7%. BA.2.3.20 remained stable at 0.3%.

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](#)

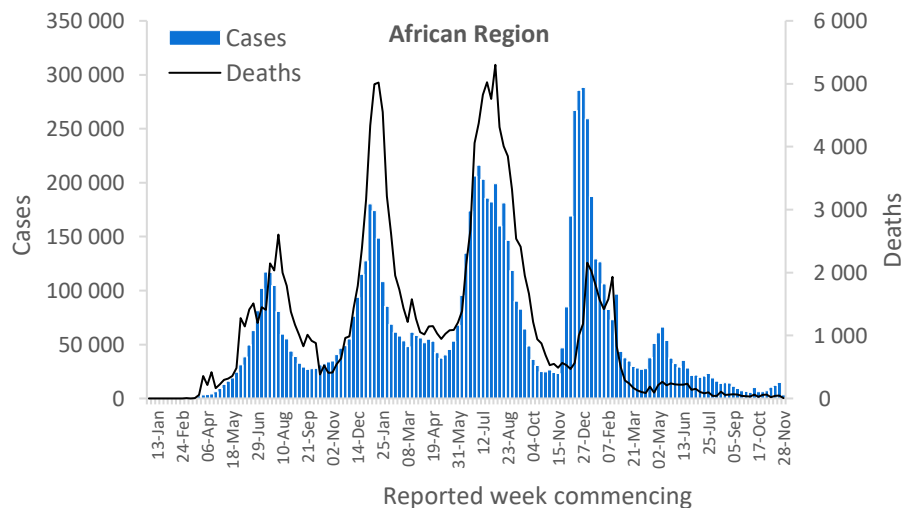
WHO regional overviews:

Epidemiological week 28 November to 4 December 2022

African Region

The African Region reported 3224 new cases, a 78% decrease as compared to the previous week. Four (8%) of the 50 countries for which data are available reported increases in new cases of 20% or greater, with some of the highest proportional increases observed in the Democratic Republic of the Congo (248 vs 49 new cases; +406%), Rwanda (81 vs 38 new cases; +113%), and Chad (five vs four new cases; +25%). The highest numbers of new cases were reported from Réunion (1217 new cases; 135.9 new cases per 100 000; +36%), Mauritius (515 new cases; 40.5 new cases per 100 000; -89%), and Mayotte (473 new cases; 173.4 new cases per 100 000; -20%).

The number of new weekly deaths in the region decreased by 83% as compared to the previous week, with eight new deaths reported. The highest numbers of new deaths were reported from Zimbabwe (four new deaths; <1 new death per 100 000; -20%), Angola (one new death; <1 new death per 100 000; -67%), and the Democratic Republic of the Congo (one new death; <1 new death per 100 000; no deaths reported the previous week).

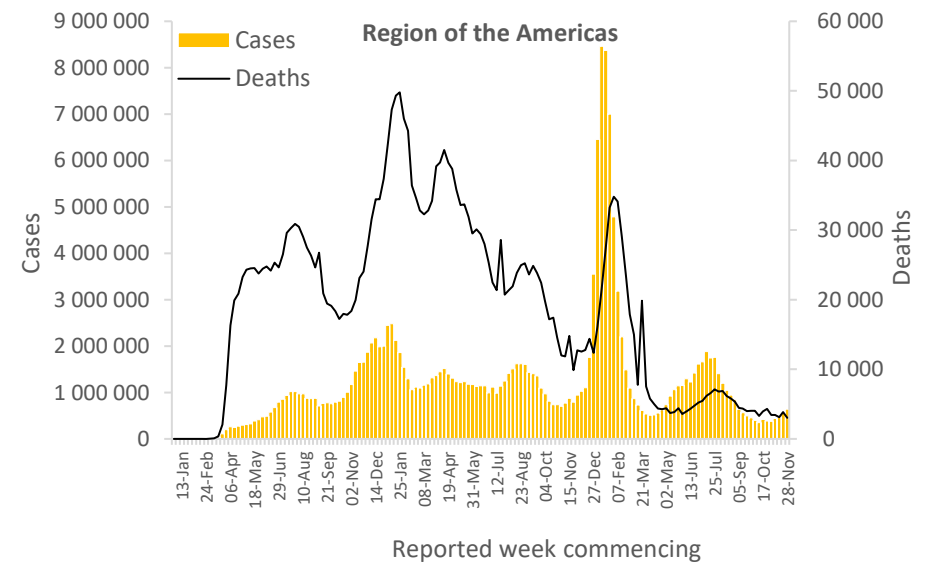


Updates from the [African Region](#)

Region of the Americas

The Region of the Americas reported over 640 000 new cases, a 14% increase as compared to the previous week. Sixteen (29%) of the 56 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Argentina (12 609 vs 3323 new cases; +279%), Paraguay (338 vs 93 new cases; +263%), and Bolivia (Plurinational State of) (1038 vs 438 new cases; +137%). The highest numbers of new cases were reported from the United States of America (296 333 new cases; 89.5 new cases per 100 000; -1%), Brazil (188 043 new cases; 88.5 new cases per 100 000; +25%), and Peru (61 929 new cases; 187.8 new cases per 100 000; +88%).

The number of new weekly deaths in the region decreased by 22% as compared to the previous week, with 3013 new deaths reported. The highest numbers of new deaths were reported from the United States of America (1744 new deaths; <1 new death per 100 000; -33%), Brazil (632 new deaths; <1 new death per 100 000; +18%), and Canada (228 new deaths; <1 new death per 100 000; -19%).

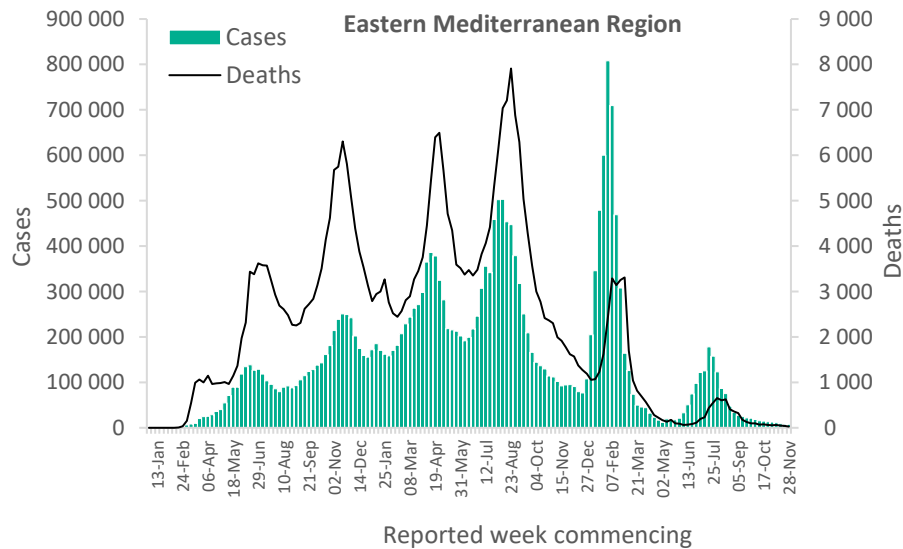


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region reported 7385 new cases, a 4% decrease as compared to the previous week. Four (18%) 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 Pakistan (325 vs 69 new cases; +371%), Egypt (22 vs 11 new cases; +100%), and the Syrian Arab Republic (11 vs seven new cases; +57%). The highest numbers of new cases were reported from Qatar (2679 new cases; 93 new cases per 100 000; +49%), Morocco (1001 new cases; 2.7 new cases per 100 000; -3%), and the United Arab Emirates (906 new cases; 9.2 new cases per 100 000; -38%).

The number of new weekly deaths in the region decreased by 33% as compared to the previous week, with 27 new deaths reported. The highest numbers of new deaths were reported from Saudi Arabia (14 new deaths; <1 new death per 100 000; +27%), Lebanon (five new deaths; <1 new death per 100 000; -29%), and the Islamic Republic of Iran (four new deaths; <1 new death per 100 000; -50%).

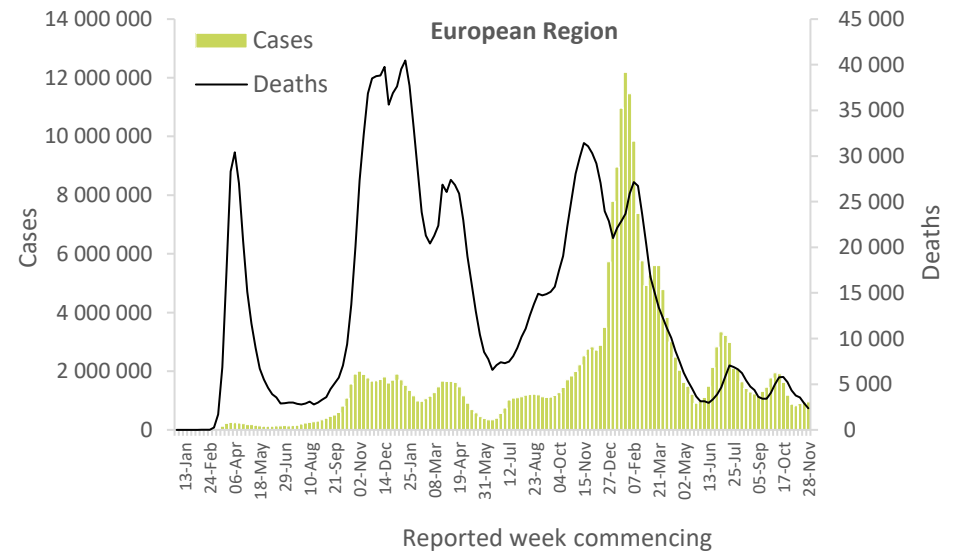


Updates from the [Eastern Mediterranean Region](#)

European Region

The European Region reported over 955 000 new cases, which is similar to the figure reported during the previous week. Eleven (18%) 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 Romania (2387 vs 382 new cases; +525%), Gibraltar (14 vs nine new cases; +56%), and Denmark (6266 vs 4089 new cases; +53%). The highest numbers of new cases were reported from France (385 716 new cases; 593.1 new cases per 100 000; +38%), Germany (165 996 new cases; 199.6 new cases per 100 000; -2%), and Italy (160 416 new cases; 269 new cases per 100 000; -30%).

The number of new weekly deaths in the region decreased by 19% as compared to the previous week, with 2348 new deaths reported. The highest numbers of new deaths were reported from Italy (462 new deaths; <1 new death per 100 000; -22%), France (424 new deaths; <1 new death per 100 000; +2%), and the Russian Federation (391 new deaths; <1 new death per 100 000; +1%).

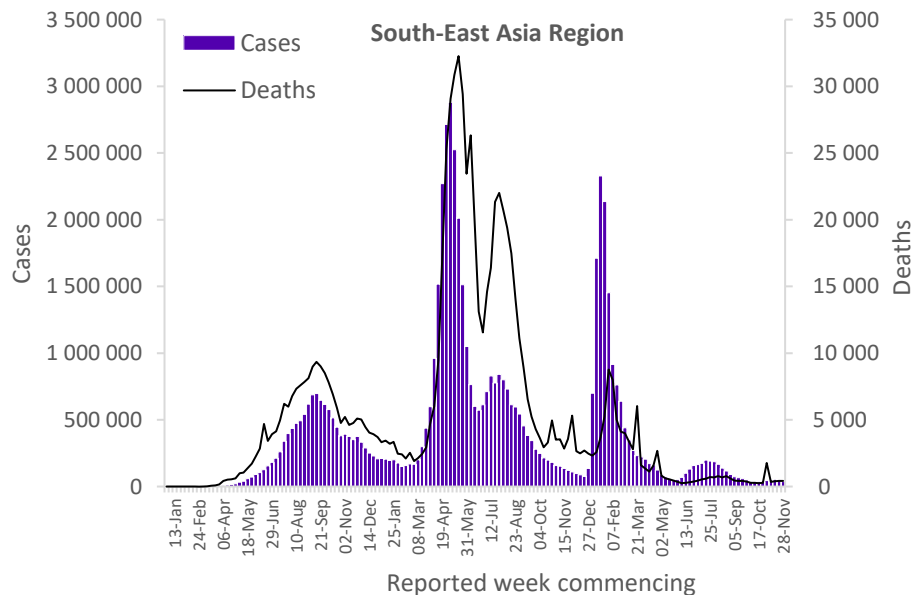


Updates from the [European Region](#)

South-East Asia Region

The South-East Asia Region reported over 36 000 new cases, a 27% decrease as compared to the previous week. One (10%) of the 10 countries for which data are available reported an increase in new cases of 20% or greater: Timor-Leste (17 vs 11 new cases; +55%). The highest numbers of new cases were reported from Indonesia (29 959 new cases; 11 new cases per 100 000; -28%), Thailand (4284 new cases; 6.1 new cases per 100 000; -13%), and India (1830 new cases; <1 new case per 100 000; -28%).

The number of new weekly deaths in the region increased by 3% as compared to the previous week, with 431 new deaths reported. The highest numbers of new deaths were reported from Indonesia (302 new deaths; <1 new death per 100 000; +2%), Thailand (105 new deaths; <1 new death per 100 000; +42%), and India (16 new deaths; <1 new death per 100 000; -58%).

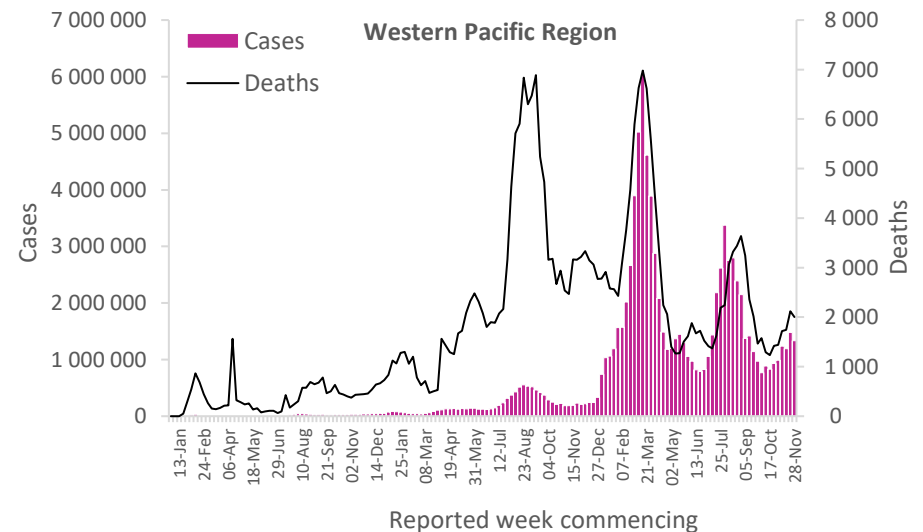


Updates from the [South-East Asia Region](#)

Western Pacific Region

The Western Pacific Region reported over 1.3 million new cases, a 10% decrease as compared to the previous week. Five (15%) 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 Niue (58 vs 11 new cases; +427%), French Polynesia (376 vs 72 new cases; +422%), and Cambodia (72 vs 35 new cases; +106%). The highest numbers of new cases were reported from Japan (749 895 new cases; 592.9 new cases per 100 000; +7%), the Republic of Korea (370 574 new cases; 722.8 new cases per 100 000; -2%), and China (146 141 new cases; 9.9 new cases per 100 000; +1%).

The number of new weekly deaths in the region decreased by 5% as compared to the previous week, with 2006 new deaths reported. The highest numbers of new deaths were reported from Japan (1063 new deaths; <1 new death per 100 000; +6%), the Republic of Korea (360 new deaths; <1 new death per 100 000; +7%), and China (359 new deaths; <1 new death per 100 000; -9%).



Updates from the [Western Pacific Region](#)

Hospitalizations and ICU admissions

At the global level, during epidemiological week 47 (21 to 27 November 2022), a total of 61 117 new hospitalizations and 962 new intensive care unit (ICU) admissions were reported. The presented hospitalization data are preliminary and might change as new data become available. Furthermore, hospitalization data are subject to reporting delays. These data are also likely to include both hospitalizations with incidental cases of SARS-CoV-2 infection and those due to COVID-19 disease.

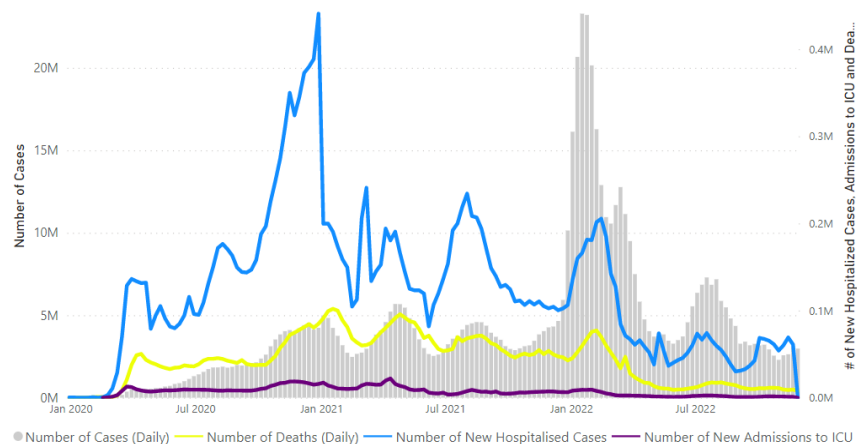
Globally, in week 47, 31 (13%) countries reported data to WHO on new hospitalizations. The region with the highest proportion of countries reporting data on new hospitalizations was the European Region (21 countries; 30%), followed by the Eastern Mediterranean Region (six countries; 27%), the South-East Asia Region (one country; 9%), the Region of the Americas (four countries; 7%) and the Western Pacific Region two countries; 6%). To date, no country in the African Region has reported data on new hospital admissions during week 47.

Across the six WHO regions, in week 47, a total of 20 (9%) countries reported data to WHO on new ICU admissions. The region with the highest proportion of countries reporting data on new ICU admissions was the Eastern Mediterranean Region (five countries; 23%), followed by the European Region (11 countries; 18%), the Western Pacific region two countries; 6%) and the Region of the Americas (two countries; 4%). So far, no country in the South-East Asia Region and the African Region has reported data on new ICU admissions during week 47.

Among the 20 countries that reported more than 50 new hospitalizations, seven countries showed an increasing trend compared to the previous week: Uzbekistan (346 vs 210 new hospitalizations; +65%), China (23 062 vs 14 803 new hospitalizations; +56%), Latvia (196 vs 144 new hospitalizations; +36%), Qatar (71 vs 55 new hospitalizations; +29%), Belgium (416 vs 330 new hospitalizations; +26%), Argentina (106 vs 96 new hospitalizations; +10%) and France (5572 vs 5303 new hospitalizations; +5%). Uzbekistan, China, and Argentina reported increasing hospital admissions for four consecutive weeks.

Among the seven countries that reported more than 10 new ICU admissions, three countries showed an increasing trend compared to the previous week: Netherlands (22 vs 13 new ICU admissions; +69%), France (530 vs 477 new ICU admissions; +11%) and Malaysia (95 vs 93 new ICU admissions; +2%). France and Malaysia reported increasing ICU admissions for three and four consecutive weeks, respectively.

Figure 4. COVID-19 cases, deaths, hospital, and ICU admissions reported weekly to WHO, as of 27 November 2022



Note: Recent weeks are subject to reporting delays and should not be interpreted as a declining trend.

Source: [WHO Detailed Surveillance Dashboard](#)

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 are 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 website](#). 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.

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