

COVID-19 Weekly Epidemiological Update

Edition 126 published 19 January 2023

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Global overview

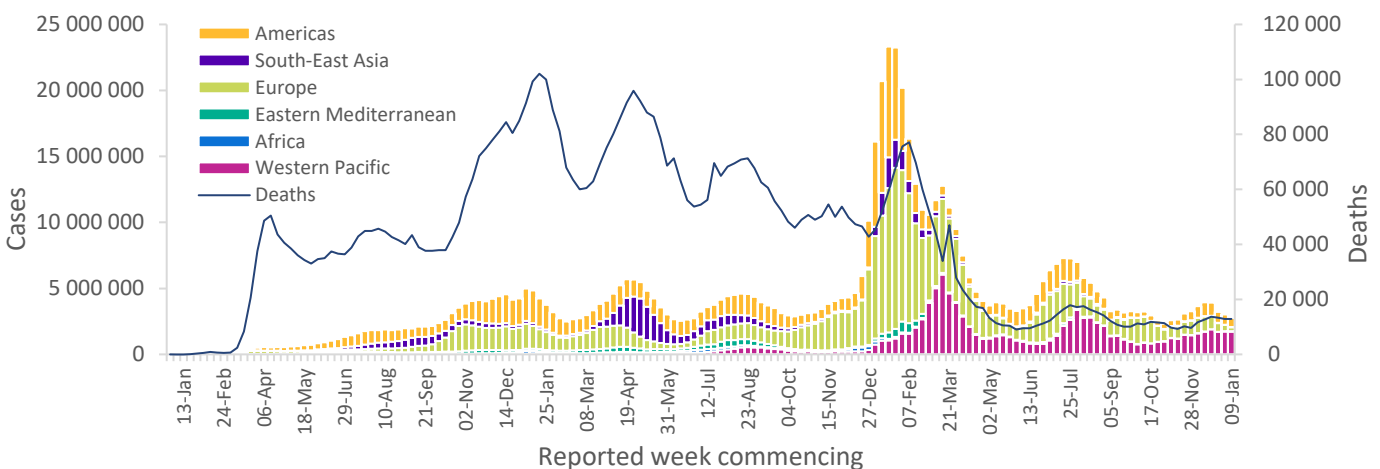
Data as of 15 January 2023

Globally, nearly 2.8 million new cases and over 13 000 deaths were reported in the week of 9 to 15 January 2023 (Figure 1, Table 1). In the last 28 days (19 December 2022 to 15 January 2023), nearly 13 million cases and almost 53 000 new deaths were reported globally – a decrease of 7% and an increase of 20%, respectively, compared to the previous 28 days. As of 15 January 2023, over 662 million confirmed cases and over 6.7 million deaths have been reported globally.

Weekly and monthly trends need to be interpreted carefully considering the reduction in testing and delays in reporting in many countries during the year-end holiday season. Therefore, data presented in this report, especially for the most recent weeks, are incomplete, and any decreasing trends may change as updated information is incorporated.

This update includes cases and deaths reported by China through the International Health Regulations as of 15 January 2023. It does not include the 59 938 COVID-19 related deaths announced by China¹ for the period of 8 December 2022 to 12 January 2023 as we await detailed provincial data disaggregated by week of reporting. Additional information about the COVID-19 situation in China is presented in [Annex 3](#).

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 15 January 2023**



Note: Figure 1 does not yet include 59 938 COVID-19 related deaths announced by China for the period of 8 December 2022 to 12 January 2023.

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

¹ <http://www.nhc.gov.cn/xcs/s3574/202301/a68301ee500b436b989ec5be2a35cad2.shtml>

At the regional level, the number of newly reported weekly cases decreased or remained stable across five of the WHO regions: the African Region (-40%), the European Region (-35%), the South-East Asia Region (-17%), the Region of the Americas (-12%), and the Western Pacific Region (similar to the previous week); while case numbers increased in one WHO region: the Eastern Mediterranean Region (+6%). The number of newly reported weekly deaths increased across three regions: the Western Pacific Region (+43%), the Region of the Americas (+10%), and the Eastern Mediterranean Region (+9%); while death numbers decreased or remained stable in three WHO regions: the European Region (-40%), the South-East Asia Region (-13%), and the African Region (similar to the previous week).

At the country level, the highest numbers of new weekly cases were reported from Japan (1 025 321 new cases; -4%), the United States of America (415 864 new cases; -10%), the Republic of Korea (286 291 new cases; -29%), Australia (191 750; no cases reported in the previous three weeks), and China (190 451 new cases; -26%). The highest numbers of new weekly deaths were reported from the United States of America (3922 new deaths; +46%), Japan (2849 new deaths; +33%), China (802 new deaths; +3%), Australia (742; no deaths reported in the previous three weeks), and France (520 new deaths; -35%).

Current trends in reported COVID-19 cases are underestimates of the true number of global infections and reinfections as shown by prevalence surveys.¹⁻⁴ Therefore, the data should be interpreted with caution as several countries have progressively changed COVID-19 testing strategies, resulting in lower numbers of tests performed and consequently lower numbers of cases detected. 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 15 January 2023**

WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days *	New cases in last 28 days (%)	Change in new cases in last 28 days *	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days *	New deaths in last 28 days (%)	Change in new deaths in last 28 days *	Cumulative deaths (%)
Western Pacific	1 746 093 (63%)	<1%	7 100 104 (55%)	13%	110 311 033 (17%)	4938 (38%)	43%	14 679 (28%)	52%	304 968 (5%)
Americas	683 564 (25%)	-12%	3 298 569 (26%)	5%	187 758 550 (28%)	4978 (39%)	10%	19 091 (36%)	18%	2 901 031 (43%)
Europe	311 592 (11%)	-35%	2 452 965 (19%)	-43%	270 884 416 (41%)	2826 (22%)	-40%	18 301 (35%)	10%	2 170 609 (32%)
South-East Asia	4852 (<1%)	-17%	29 558 (<1%)	-77%	60 748 827 (9%)	121 (1%)	-13%	685 (1%)	-56%	803 489 (12%)
Africa	3975 (<1%)	-40%	26 170 (<1%)	-35%	9 462 625 (1%)	10 (<1%)	<1%	57 (<1%)	-76%	175 165 (3%)
Eastern Mediterranean	4369 (<1%)	6%	17 585 (<1%)	-41%	23 231 283 (4%)	50 (<1%)	9%	174 (<1%)	12%	349 185 (5%)
Global	2 754 445 (100%)	-9%	12 924 951 (100%)	-7%	662 397 498 (100%)	12 923 (100%)	<1%	52 987 (100%)	20%	6 704 460 (100%)

*Percent change in the number of newly confirmed cases/deaths in the past seven days, compared to seven days prior, and past 28 days, compared to 28 days prior. Data from previous weeks are updated continuously with adjustments received from countries.

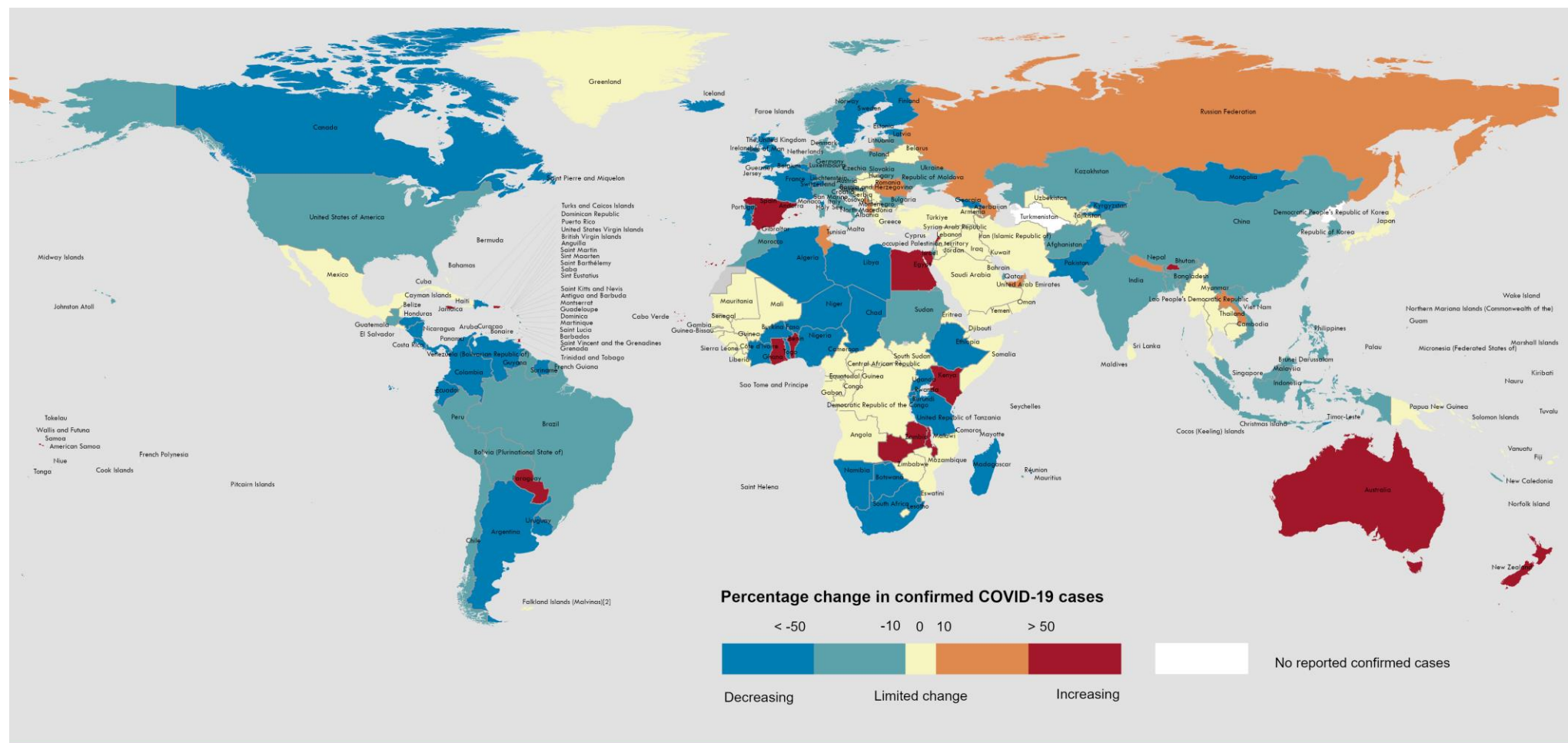
Table does not yet include 59 938 COVID-19 related deaths announced by China for the period of 8 December 2022 to 12 January 2023.

**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, 9 to 15 January 2023**



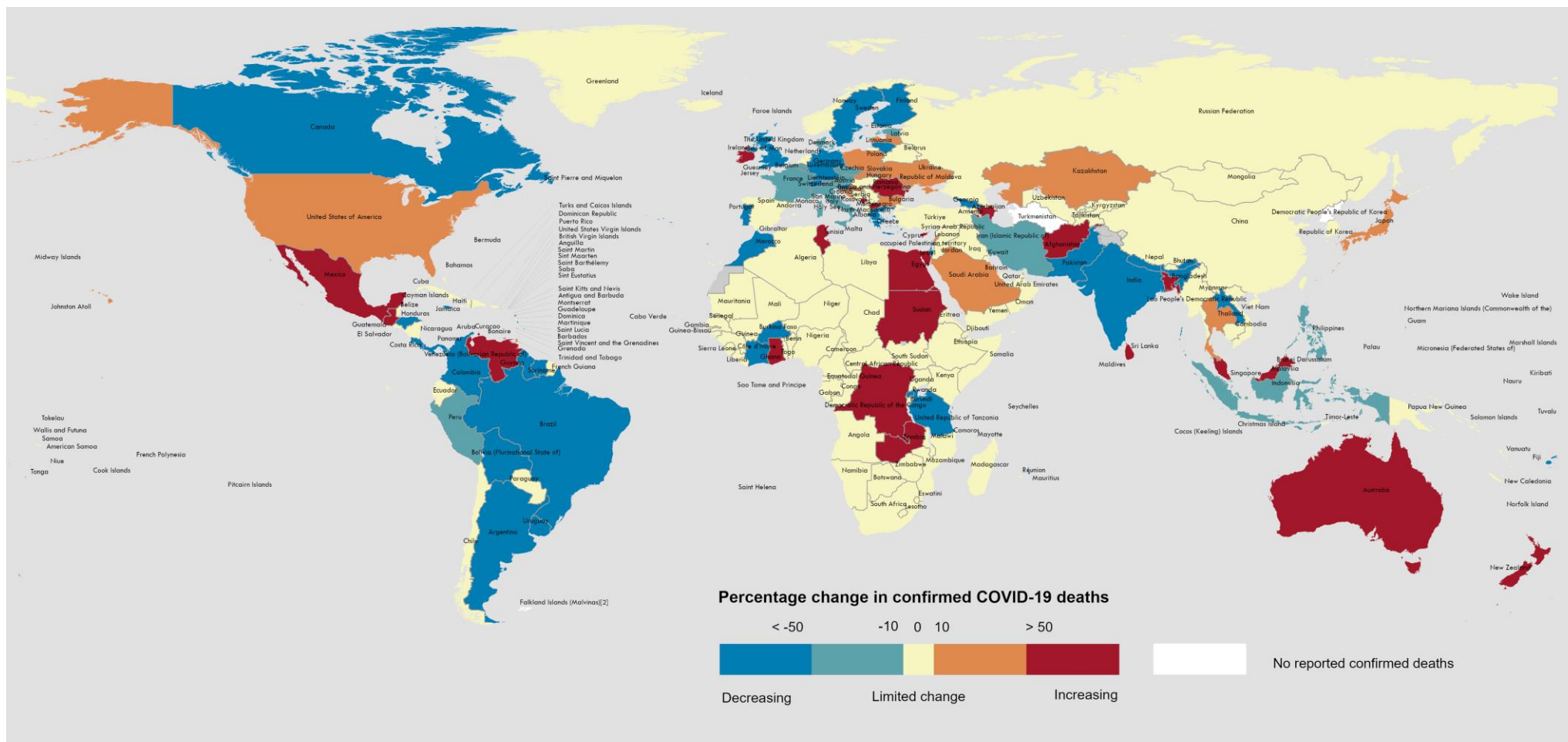
Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme

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, 9 to 15 January 2023**



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

Not applicable

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

Geographic spread and prevalence

Globally, from 16 December 2022 to 16 January 2023, 85 489 SARS-CoV-2 sequences were shared through GISAID. Among these, 85 461 sequences were the Omicron variant of concern (VOC), accounting for 99.9% of sequences reported in the past 30 days.

BA.5 and its descendent lineages are still dominant globally, with 13 684 sequences (70.5%) submitted to GISAID in week 52 (26 December to 1 January 2023) (Figure 4, Table 2). The prevalence of BA.2 and its descendent lineages is rising, a trend based on 3055 sequences (15.7%) submitted in week 52, compared to 11.8% in week 51 (19 to 25 December 2022, 4051 sequences). The prevalence of recombinants remained stable, with 1965 sequences (10.1%) submitted in week 52, compared to week 51 (3336 sequences, 9.7%). BA.4 and its descendent lineages continue to decline, with a prevalence of 0.6% in week 52. Unassigned sequences (presumably Omicron) account for 3.0% of sequences submitted to GISAID in week 52.

WHO is currently tracking four subvariants under monitoring (Table 2). These variants are included on the basis of their signals of transmission advantage relative to other circulating VOC lineages, and additional amino acid changes that are known or suspected to confer fitness advantage. The subvariants under monitoring are BF.7 (BA.5 + R346T mutation in spike), BQ.1 (and BQ.1.1, with BA.5 + R346T, K444T, N460K mutations in spike), BA.2.75 (including BA.2.75.2 and CH.1.1), and XBB (including XBB.1.5).

Compared to their parent lineages, laboratory evidence shows enhanced neutralization resistance of descendant lineages BQ.1, BQ.1.1, BF.7 and BA.2.75.2 to sera from vaccinated and SARS-CoV-2-infected participants. Of these, BA.2.75.2 showed the most substantial neutralization resistance, driven by the F486S mutation, while the neutralization resistance of BQ.1 and BQ.1.1 was driven largely by the N460K mutation.⁵⁻⁷ BA.2.75.2 and BQ.1.1 showed a decline (35 and 50-fold drop in titers, respectively) relative to the ancestral strain in 55 vaccinated individuals.⁸ Additionally, in individuals who had BA.5.1.2, BA.2.76 or BF.7 breakthrough infections, a study found significantly decreased neutralization activity against BQ.1 and BQ.1.1 compared to BA.1, BA.2, BA.2.75, BA.4, BA.5 and BF.7.⁹ Additional data on XBB.1.5 besides those previously reported¹⁰ are not yet available. Variant dynamics differ by WHO regions, and within regions among countries, due to a variety of factors including vaccination coverage and public health and social measures. These variants continue to be monitored for indicators of a rise in transmission and clinical severity.

Table 2. Omicron subvariants under monitoring, as of 16 January 2023

PANGO lineage [#]	GISAID clade	Next strain clade	Relationship to circulating VOC lineages	Spike genetic features	Earliest documented samples
BF.7 [*]	GRA	22B	BA.5 sublineage	BA.5 + S:R346T	24-01-2022
BQ.1 [§]	GRA	22E	BA.5 sublineage	BQ.1 and BQ.1.1: BA.5 + S:R346T, S:K444T, S:N460K	07-02-2022
BA.2.75 [§]	GRA	22D	BA.2 sublineage	BA.2.75: BA.2 + S:K147E, S:W152R, S:F157L, S:I210V, S:G257S, S:D339H, S:G446S, S:N460K, S:Q493R reversion BA.2.75.2: BA.2.75 + S:R346T, S:F486S, S:D1199N CH.1.1	31-12-2021
XBB ^μ		22F	Recombinant of BA.2.10.1 and BA.2.75 sublineages, i.e., BJ1 and BM.1.1.1, with a breakpoint in S1	BA.2+ S:V83A, S:Y144-, S:H146Q, S:Q183E, S:V213E, S:G252V, S:G339H, S:R346T, S:L368I, S:V445P, S:G446S, S:N460K, S:F486S, S:F490S XBB.1.5: XBB + S:F486P	13-08-2022

[#] includes descendent lineages

^{*} additional mutations outside of the spike protein: N: G30-, S33F, ORF9b: M26-, A29I, V30L

[§] additional mutation outside the spike protein: ORF1a: Q556K, L3829F, ORF1b: Y264H, M1156I, N1191S, N: E136D, ORF9b: P10F

[§] additional mutations outside of the spike protein: ORF1a: S1221L, P1640S, N4060S, ORF1b: G662S, E: T11A

^μ additional mutations outside of the spike protein: ORF1a: K47R, ORF1b: G662S, S959P, E: T11A, ORF8: G8*

Figure 4. Panel A and B: The number and percentage of SARS-CoV-2 sequences, from 1 July 2022 to 5 January 2023

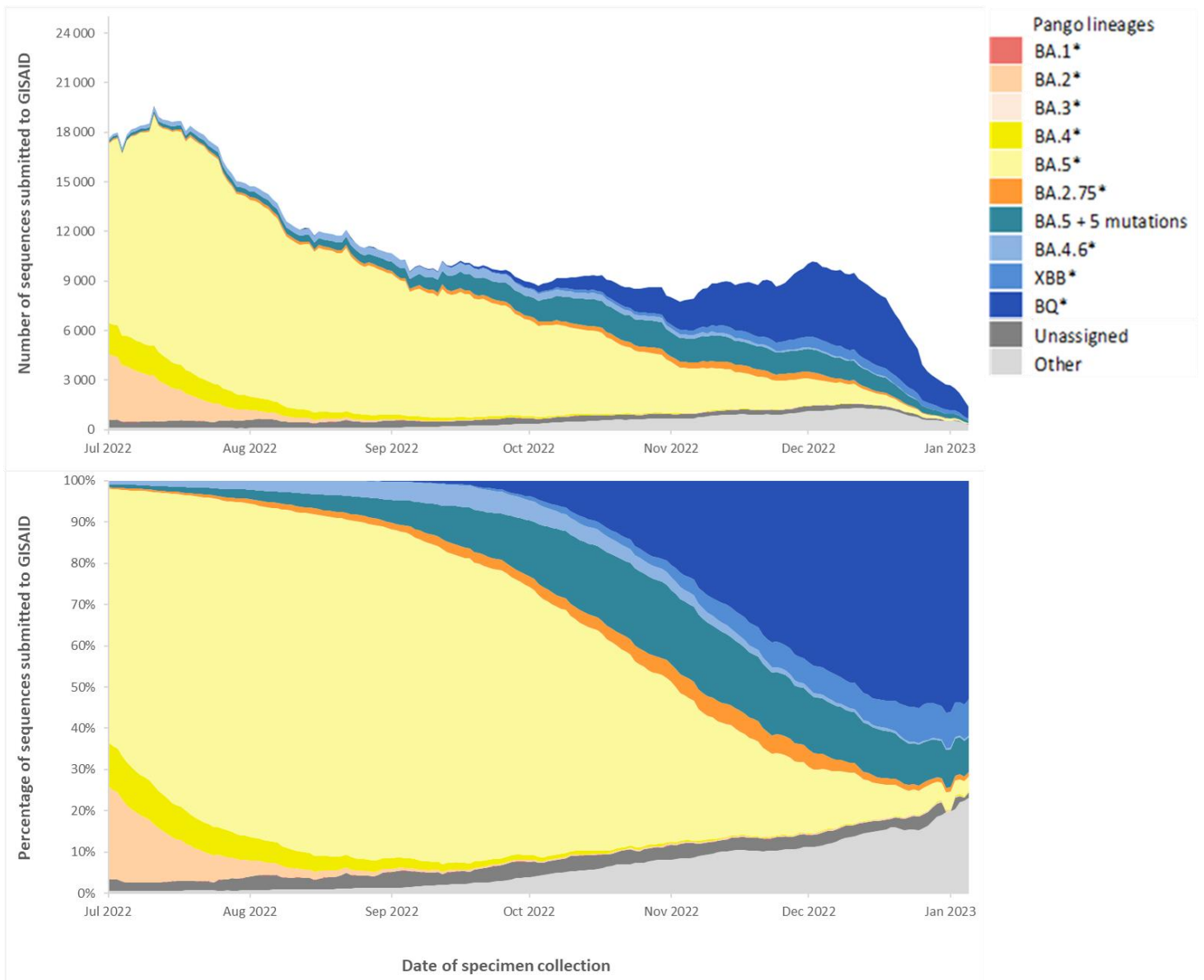


Figure 4 Panel A shows the number, and **Panel B** the percentage, of all circulating variants since July 2022. Omicron sister-lineages and additional Omicron VOC descendent lineages under further monitoring are shown. *BA.1.X*, *BA.2.X*, *BA.3.X*, *BA.4.X* and *BA.5.X* include all BA.1, BA.2, BA.3, BA.4 and BA.5 pooled descendent lineages, except the Omicron subvariants under monitoring shown individually. The *Unassigned* category includes lineages pending for a PANGO lineage name, whereas the *Other* category includes lineages that are assigned but not listed in the legend. Source: SARS- CoV-2 sequence data and metadata from GISAID, from 1 July 2022 to 5 January 2023.

Table 3. Relative proportions of SARS-CoV-2 sequences from 21 November 2022 to 1 January 2023, by specimen collection date

Lineage	Countries	Sequences	2022-47	2022-48	2022-49	2022-50	2022-51	2022-52
BA.1*	186	2 219 657	0.02	0.01	0.02	0.01	0.01	0.01
BA.2*	174	2 048 278	0.27	0.31	0.29	0.27	0.32	0.33
BA.3*	34	816	0.01	0.00	0.00			
BA.4*	136	119 967	0.14	0.11	0.14	0.07	0.10	0.16
BA.5*	156	1 358 002	18.76	14.97	12.30	8.08	5.93	4.02
BA.2.75*	96	43 201	4.62	3.64	2.31	1.59	1.24	1.11
BA.5 + 5 mutations	131	167 661	14.46	13.41	12.39	11.46	9.82	8.84
BA.4.6*	98	54 353	1.19	0.96	0.75	0.60	0.40	0.40
XBB*	87	36 348	6.24	6.60	6.40	6.72	8.47	8.36
BQ.1*	110	241 634	40.53	45.08	48.78	53.18	55.09	54.37
Unassigned	91	125 076	2.86	3.20	2.69	2.43	3.28	3.02
Other	207	6 744 067	10.71	11.56	13.77	15.47	15.22	19.33

Table 3 shows the number of countries reporting the highlighted lineages, the total number of sequences reported and the prevalence of the lineages for the last six weeks. *BA.1.X*, *BA.2.X*, *BA.3.X*, *BA.4.X* and *BA.5.X* include all BA.1, BA.2, BA.3, BA.4 and BA.5 pooled descendent lineages. The *Unassigned* category includes lineages pending for a PANGO lineage name, whereas the *Other* category includes lineages other than those listed in the legend. Data source: sequences and metadata from GISAID, retrieved on 16 January 2023. Proportions are shown as percent.

Additional resources

- [Tracking SARS-CoV-2 Variants](#)
- [XBB.1.5 Rapid Risk Assessment, 11 January 2023](#)
- [TAG-VE statement on the situation in China, published on 3 January 2023](#)
- [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](#)

Vaccine effectiveness (VE) of primary series and booster vaccination against the Omicron variant of concern

Forest plots displaying the effectiveness of COVID-19 vaccines against Omicron are available on [View-hub.org](https://view-hub.org) and updated regularly (last updated 13 January 2023). All data are collected as part of an ongoing systematic review of COVID-19 vaccine effectiveness studies (methods described [here](#)). The following plots are available:

- Primary series and booster dose vaccine effectiveness for those vaccines where data is available
- Vaccine effectiveness for various sub-populations of interest
- Absolute and relative vaccine effectiveness of a second booster dose (for more information on interpreting relative vaccine effectiveness, see the special focus from the [29 June 2022 Weekly Epidemiological Update](#))
- Duration of vaccine effectiveness over time for vaccines with available data.

In summary, findings from vaccine effectiveness studies show reduced VE of COVID-19 primary series vaccines against the Omicron variant for all outcomes (*severe disease*, *symptomatic disease*, and *infection*) compared to those that have been observed for the original SARS-CoV-2 strain and the four previous VOCs. Importantly though, VE estimates against the Omicron variant remain higher for *severe disease* than the other outcomes for Omicron. VE of primary series vaccination against *symptomatic disease* and *infection* decreased rapidly over time. First booster vaccination, regardless of the vaccine used in the primary series, substantially improves VE for all outcomes with VE declining more in the first six months after the first booster vaccination for symptomatic disease and infection than it does for severe disease. VE of a second booster dose with an mRNA vaccine showed similar patterns of improved VE followed by waning as after first booster dose.

Neutralizing antibody studies can provide early insights into vaccine performance against new and emerging variants of concern and their subvariants. For more information about the capacity of COVID-19 vaccines to neutralize various Omicron sub-variants, please see a [recent systematic review](#) of post-vaccination neutralization responses to Omicron BA.1, BA.2, BA.3, and BA.4/BA.5. In addition, results of a living systematic review of neutralization studies are updated regularly on [VIEW-hub.org](https://view-hub.org) (last updated 9 January 2023).

The totality of the evidence to date suggests that neutralizing antibody response of first booster vaccination against Omicron BA.1 is approximately six-fold lower compared to the ancestral strain, which is a greater reduction than observed with previous VOCs. In addition, the median fold-reduction in geometric mean titers was two times lower for BA.4/BA.5 relative to BA.1. Early evidence suggests even further reductions of neutralization capacity against the new subvariants BQ.1/BQ.1.1 and XBB/XBB.1. Primary series neutralization against Omicron (without a booster) was too poor to enable accurate comparisons fold reductions for subvariants.

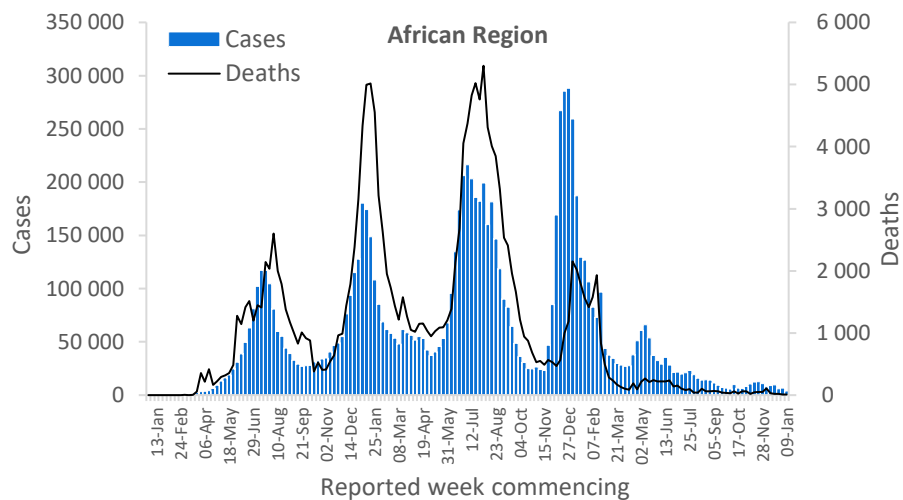
WHO regional overviews:

Epidemiological week 9 to 15 January 2023

African Region

The African Region reported over 3970 new cases, a 40% decrease as compared to the previous week. Three (6%) of the 50 countries for which data are available reported increases in new cases of 20% or greater: Malawi (68 vs three new cases; +2167%), Ghana (18 vs five new cases; +260%), and Cabo Verde (13 vs seven new cases; +86%). The highest numbers of new cases were reported from Réunion (1213 new cases; 135.5 new cases per 100 000; -42%), Zambia (1063 new cases; 5.8 new cases per 100 000; no case reported the previous week), and South Africa (772 new cases; 1.3 new cases per 100 000; -55%).

The number of new weekly deaths in the region remained stable as compared to the previous week, with 10 new deaths reported. The highest numbers of new deaths were reported from Réunion (four new deaths; <1 new death per 100 000; similar to the previous week), Zambia (four new deaths; <1 new death per 100 000; no deaths reported the previous week), and the Democratic Republic of the Congo (one new death; <1 new death per 100 000; no deaths reported the previous week).

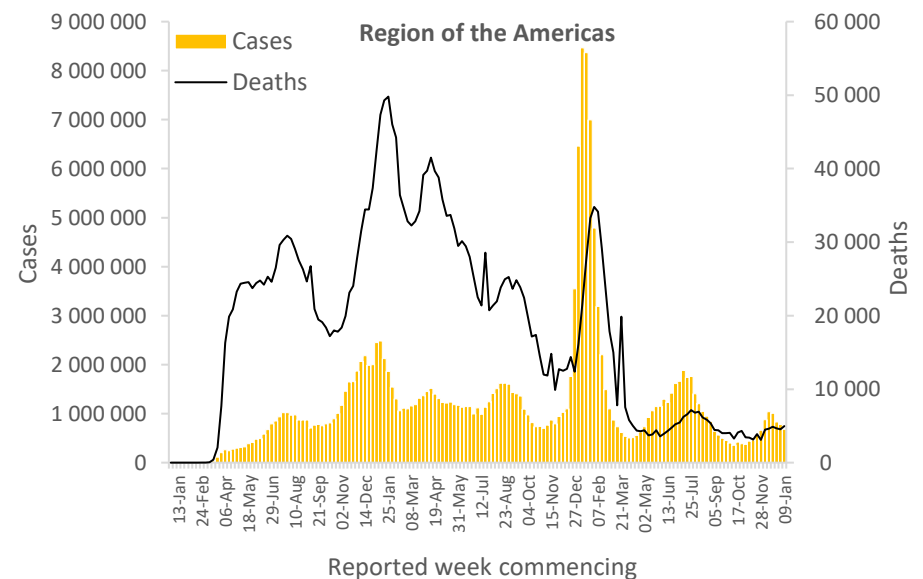


Updates from the [African Region](#)

Region of the Americas

The Region of the Americas reported over 683 000 new cases, a 12% decrease as compared to the previous week. Five (9%) 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 the United States Virgin Islands (201 vs 50 new cases; +302%), Jamaica (141 vs 36 new cases; +292%), and Trinidad and Tobago (406 vs 246 new cases; +65%). Some of the highest numbers of new cases were reported from the United States of America (415 864 new cases; 125.6 new cases per 100 000; -10%), Brazil (120 721 new cases; 56.8 new cases per 100 000; -17%), and Mexico (25 609 vs 24 561 new cases; 19.9 new cases per 100 000; +4%).

The number of new weekly deaths in the region increased by 10% as compared to the previous week, with 4978 new deaths reported. The highest numbers of new deaths were reported from the United States of America (3922 new deaths; 1.2 new deaths per 100 000; +46%), Brazil (457 new deaths; <1 new death per 100 000; -51%), and Mexico (194 new deaths; <1 new death per 100 000; +126%).

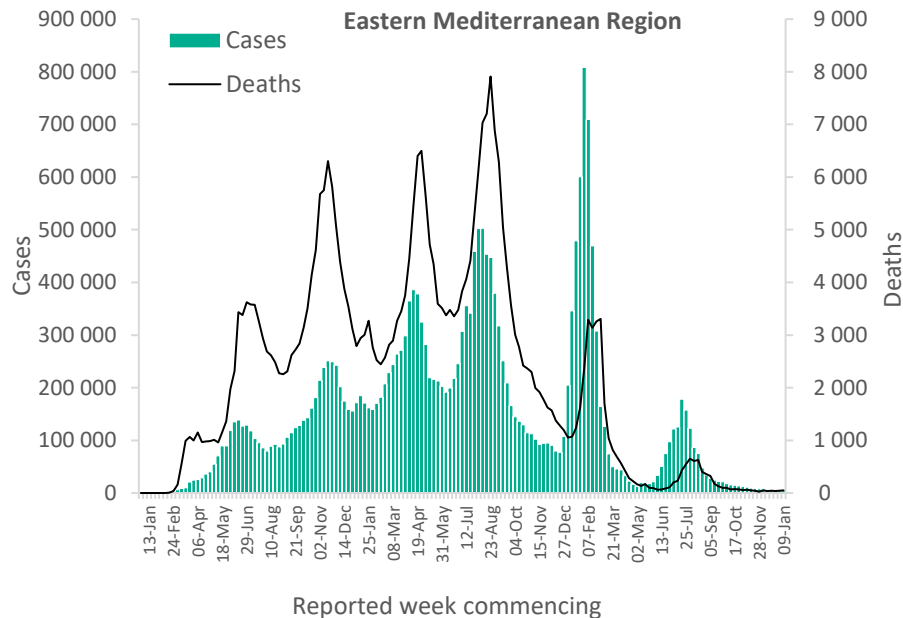


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 4360 new cases, a 6% increase as compared to the previous week. Two (9%) of the 22 countries for which data are available reported increases in new cases of 20% or greater: Lebanon (1536 vs 907 new cases; +69%) and the United Arab Emirates (556 vs 456 new cases; +22%). The highest numbers of new cases were reported from Lebanon, Qatar (811 new cases; 28.1 new cases per 100 000; -24%), and the Islamic Republic of Iran (687 new cases; <1 new case per 100 000; +3%).

The number of new weekly deaths in the region increased by 9% as compared to the previous week, with 50 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 (13 new deaths; <1 new death per 100 000; +18%), and Lebanon (seven new deaths; <1 new death per 100 000; +17%).

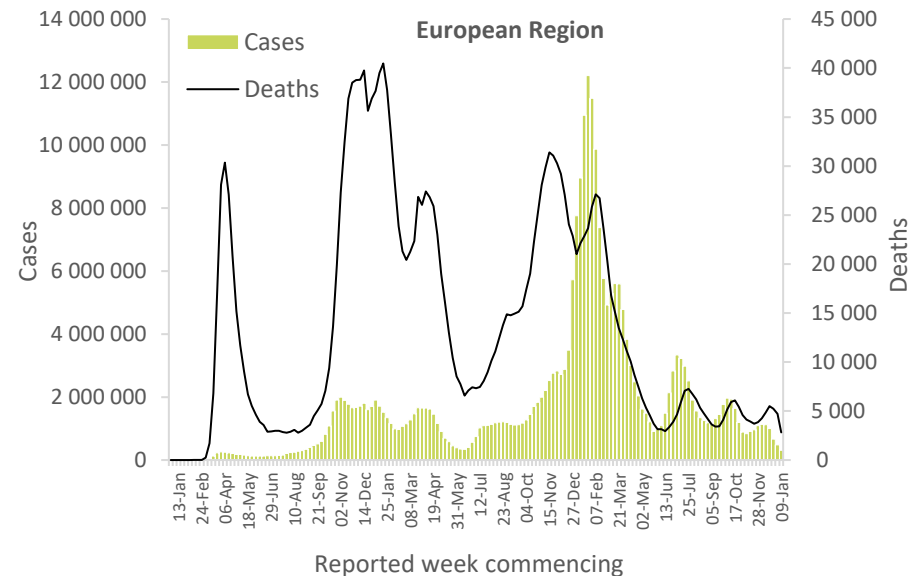


Updates from the [Eastern Mediterranean Region](#)

European Region

The European Region reported over 311 000 new cases, a 35% decrease as compared to the previous week. Six (10%) 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 Spain (17 773 vs 9220 new cases; +93%), Albania (157 vs 113 new cases; +39%), and Montenegro (447 vs 329 new cases; +36%). The highest numbers of new cases were reported from Germany (83 605 new cases; 100.5 new cases per 100 000; -36%), Italy (62 599 new cases; 105 new cases per 100 000; -42%), and France (39 757 new cases; 61.1 new cases per 100 000; -52%).

The number of new weekly deaths in the region decreased by 40% as compared to the previous week, with 2826 new deaths reported. The highest numbers of new deaths were reported from France (520 new deaths; <1 new death per 100 000; -35%), Italy (461 new deaths; <1 new death per 100 000; -25%), and Spain (346 new deaths; <1 new death per 100 000; +9%).

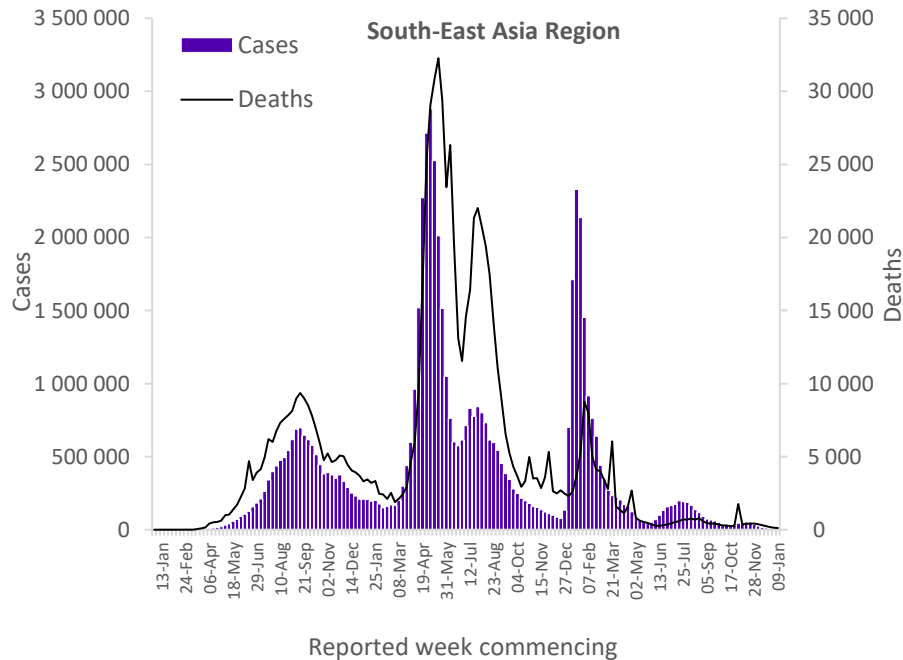


Updates from the [European Region](#)

South-East Asia Region

The South-East Asia Region reported over 4850 new cases, a 17% decrease 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: Bhutan (26 vs 13 new cases; +100%) and Nepal (29 vs 20 new cases; +45%). The highest numbers of new cases were reported from Indonesia (2540 new cases; <1 new case per 100 000; -25%), India (1116 new cases; <1 new case per 100 000; -12%), and Thailand (969 new cases; 1.4 new cases per 100 000; -3%).

The number of new weekly deaths in the region decreased by 13% as compared to the previous week, with 121 new deaths reported. The highest numbers of new deaths were reported from Thailand (65 new deaths; <1 new death per 100 000; +12%), Indonesia (44 new deaths; <1 new death per 100 000; -31%), and India (six new deaths; <1 new death per 100 000; -60%).

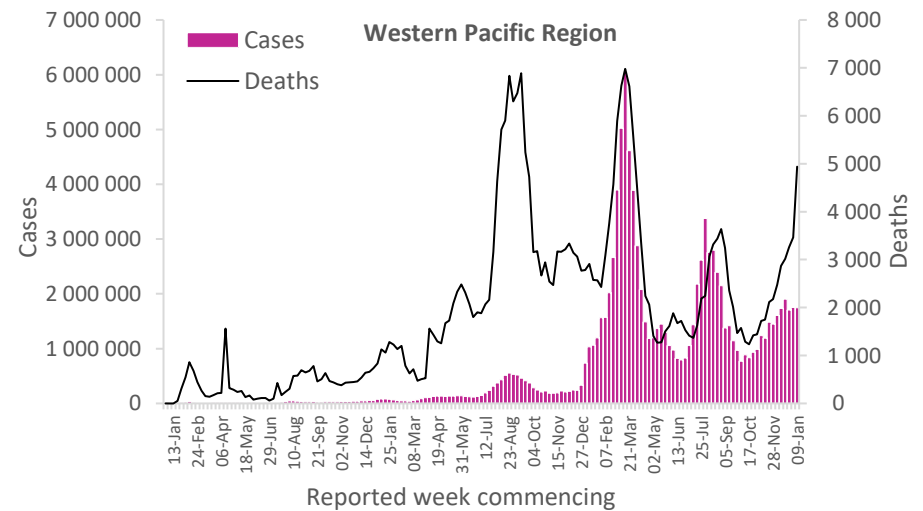


Updates from the [South-East Asia Region](#)

Western Pacific Region

The Western Pacific Region reported over 1.7 million new cases, which is similar to the number of cases reported during the previous week. No country has reported increases in new cases of 20% or greater compared to the previous week. The highest numbers of new cases were reported from Japan (1 025 321 new cases; 810.7 new cases per 100 000; -4%), the Republic of Korea (286 291 new cases; 558.4 new cases per 100 000; -29%), and Australia (191 750 new cases; 752 new cases per 100 000; no cases reported the previous three weeks).

The number of new weekly reported deaths in the region increased by 43% as compared to the previous week, with 4938 new deaths reported. The highest numbers of new deaths were reported from Japan (2849 new deaths; 2.3 new deaths per 100 000; +33%), China (802 new deaths; <1 new death per 100 000; +3%), and Australia (742 new deaths; 2.9 new deaths per 100 000; no deaths reported the previous three weeks). Additional information about the COVID-19 situation in China, including 59 938 COVID-19 related deaths announced by China for the period of 8 December 2022 to 12 January 2023 is presented in [Annex 3](#). These deaths are not yet included in the figure below.



Updates from the [Western Pacific Region](#)

Hospitalizations and ICU admissions

At the global level, during epidemiological week 1 (02 to 08 January 2023), a total of 79 246 new hospitalizations and 1092 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.

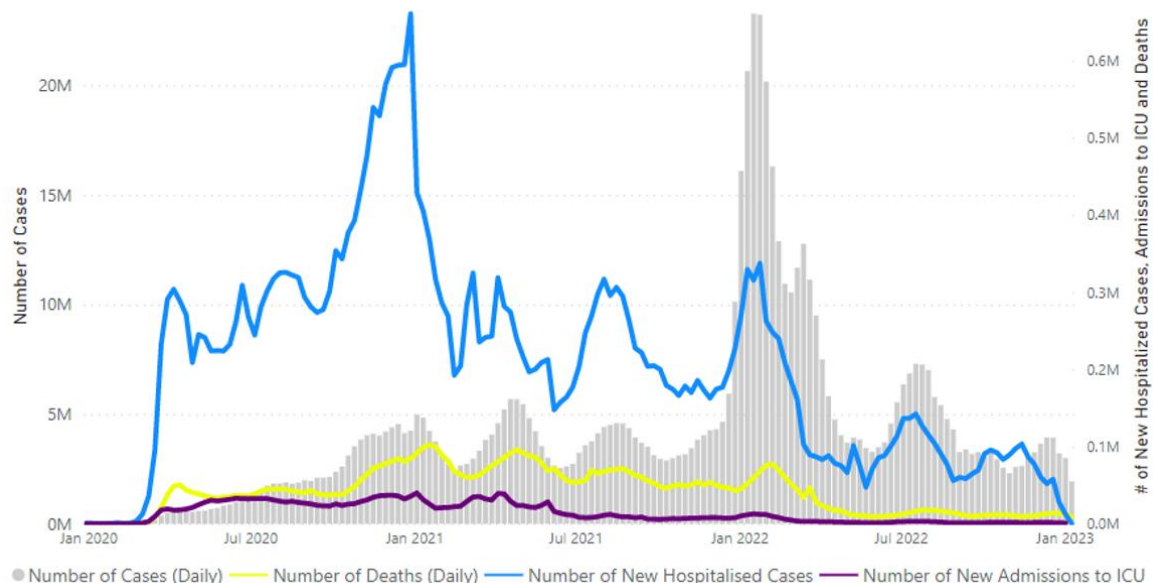
Globally, in week 1, 28 (12%) countries reported data to WHO on new hospitalizations. The region with the highest proportion of countries reporting data on new hospitalizations was the European Region (14 countries; 23%) followed by the Region of the Americas (five countries; 9%), the Western Pacific Region (four countries; 11%), the South-East Asia Region (one country; 9%), the African Region (three countries; 6%), and the Eastern Mediterranean Region (one country; 5%).

Across the six WHO regions, in week 1, a total of 18 (8%) 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 European Region (16%; 10 countries) followed by the Western Pacific Region (four countries; 11%), the Region of the Americas (5%; three countries), and the Eastern Mediterranean Region (5%; one country). So far, no country in the South-East Asia Region the African Region, or Western Pacific Region has reported data on new ICU admissions during week 1.

Among the 16 countries that reported more than 50 new hospitalizations, three countries showed an increasing trend compared to the previous week: China (63 307 vs 37 215 new hospitalizations; +70%), Ireland (558 vs 510 new hospitalizations; +9%), Greece (1632 vs 1519 new hospitalizations; +7%).

Among the nine countries that reported more than 10 new ICU admissions, one country showed an increasing trend compared to the previous week: Latvia (17 vs 11 new ICU admissions; +55%).

Figure 5. COVID-19 cases, deaths, hospitalizations, and ICU admissions reported weekly to WHO, as of 8 January 2023



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.¹¹

Annex 3. Summary of the information about the COVID-19 situation released by China's Joint Prevention and Control Mechanism of the State Council on 14 January 2023

On 14 January, China's Joint Prevention and Control Mechanism of the State Council issued an overview of the COVID-19 situation in the country. Below is a summary of what was reported. WHO has not yet conducted an independent analysis of the COVID-19 pandemic situation in China as we do not have access to the data underpinning this overview.

A report on the COVID-19 situation in China, shared during a press conference held on 14 January 2023 by China's Joint Prevention and Control Mechanism of the State Council, reported that from 8 December 2022 to 12 January 2023, 59 938 hospital deaths related to COVID-19 occurred in healthcare facilities across the country. Among them, 5503 were caused by respiratory failure due to COVID-19. The average age of the fatal cases was over 80 years old, and approximately 90% were aged over 65 years and older. Most of the fatal cases had underlying medical conditions.

Using proxy indicators to assess the burden of COVID-19, the health authorities in China report they have been monitoring outpatient visits to the 59,500 fever clinics set up in primary and secondary health care facilities across the country. They report reaching a peak of 2.867 million visits on 23 December 2022, and that these visits have since been declining.

As per the analysis released by China, the number of patients reported to be in emergency wards and the proportion of patients positive for SARS-CoV-2 is also declining after reaching a nationwide peak of over 1.5 million on 2 January 2023. They also reported that from 27 December 2022 to 3 January 2023, the number of newly hospitalized SARS-CoV-2 positive patients classified as severe increased rapidly, and reached approximately 10 000 new patients per day. As of 12 January, the occupancy rate of critical beds was 75.3%.

WHO will continue to work with China as we do with all Member States, providing technical advice and support, and engaging on analysing the situation. WHO will also continue to request that detailed provincial data disaggregated by week of reporting be shared to support ongoing surveillance efforts.

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