

COVID-19 Weekly Epidemiological Update

Edition 129 published 8 February 2023

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Global overview

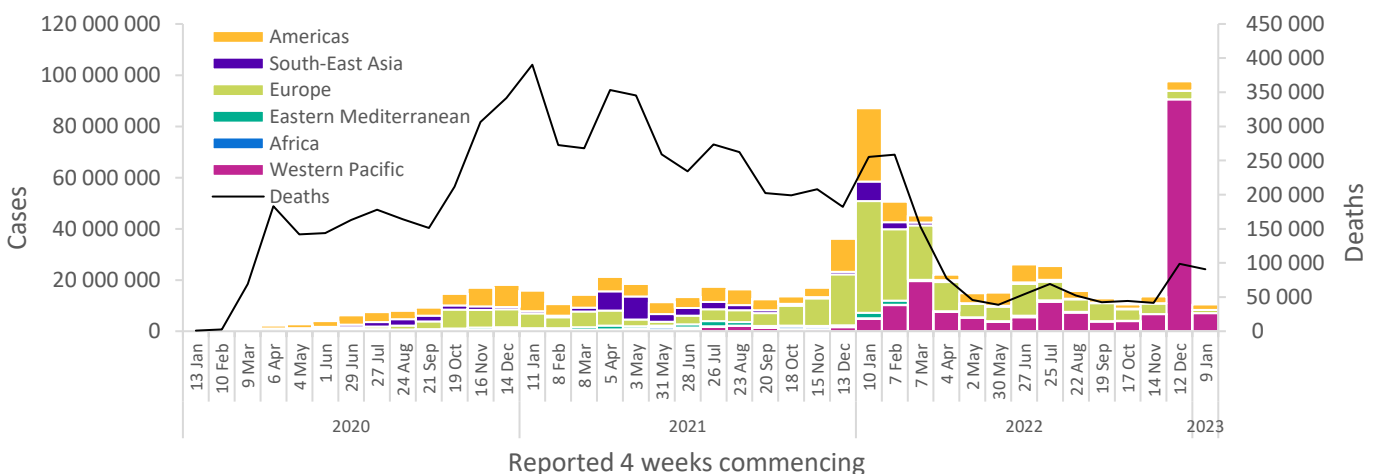
Data as of 5 February 2023

Globally, nearly 10.5 million new cases and over 90 000 deaths were reported in the last 28 days (9 January to 5 February 2023), a decrease of 89% and 8%, respectively, compared to the previous 28 days (Figure 1, Table 1). Epidemiologic trends in the previous 28 days have been dominated by a large wave of cases and deaths in the Western Pacific Region, notably in China. As of 5 February 2023, over 754 million confirmed cases and over 6.8 million deaths have been reported globally.

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 This is partly due to the reduction in testing and delays in reporting in many countries. Data presented in this report may be incomplete and should, therefore, be interpreted with caution. Additionally, data from previous weeks are continuously updated to incorporate retrospective changes in reported COVID-19 cases and deaths made by countries.

We present changes in epidemiological trends using a 28-day interval. This helps to account for delays in reporting, smooth out weekly fluctuations in case numbers, and provide a clear picture of where the pandemic is accelerating or decelerating. Weekly data are still accessible on the [WHO COVID-19 dashboard](#), where the full dataset is available for download.

Figure 1. COVID-19 cases reported by WHO Region, and global deaths by 28-day intervals, as of 5 February 2023**



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

At the regional level, the number of newly reported 28-day cases decreased or remained stable across all WHO regions: the Western Pacific Region (-92%), the South-East Asia Region (-65%), the European Region (-62%), the Region of the Americas (-43%), the African Region (-27%), and the Eastern Mediterranean Region (-2%). The number of newly reported 28-day deaths increased across three regions: the Eastern Mediterranean Region (+45%), the African Region (+21%), and the Region of the Americas (+14%). Deaths decreased or remained stable in three WHO regions: the South-East Asia Region (-61%), the European Region (-38%), and the Western Pacific Region (-3%).

At the country level, the highest numbers of new 28-day cases were reported from China (3 485 265 new cases; -96%), Japan (2 429 215 new cases; -42%), the United States of America (1 328 654 new cases; -27%), the Republic of Korea (736 811 new cases; -59%), and Brazil (389 444 new cases; -59%). The highest numbers of new 28-day deaths were reported from China (40 812 new deaths; -11%), the United States of America (15 294 new deaths; +40%), Japan (9874 new deaths; +28%), the United Kingdom (2671 new deaths; -32%), and Brazil (2566 new deaths; -37%).

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 5 February 2023**

WHO Region	New cases in last 28 days (%)	Change in new cases in last 28 days *	Cumulative cases (%)	New deaths in last 28 days (%)	Change in new deaths in last 28 days *	Cumulative deaths (%)
Western Pacific	7 026 725 (67%)	-92%	200 034 218 (27%)	54 153 (60%)	-3%	397 737 (6%)
Americas	2 103 134 (20%)	-43%	189 186 865 (25%)	22 043 (24%)	14%	2 918 740 (43%)
Europe	1 272 322 (12%)	-62%	271 922 049 (36%)	13 652 (15%)	-38%	2 184 182 (32%)
Africa	23 362 (<1%)	-27%	9 483 143 (1%)	99 (<1%)	21%	175 259 (3%)
Eastern Mediterranean	18 664 (<1%)	-2%	23 245 799 (3%)	231 (<1%)	45%	349 366 (5%)
South-East Asia	14 058 (<1%)	-65%	60 758 033 (8%)	342 (<1%)	-61%	803 710 (12%)
Global	10 458 265 (100%)	-89%	754 630 871 (100%)	90 520 (100%)	-8%	6 829 007 (100%)

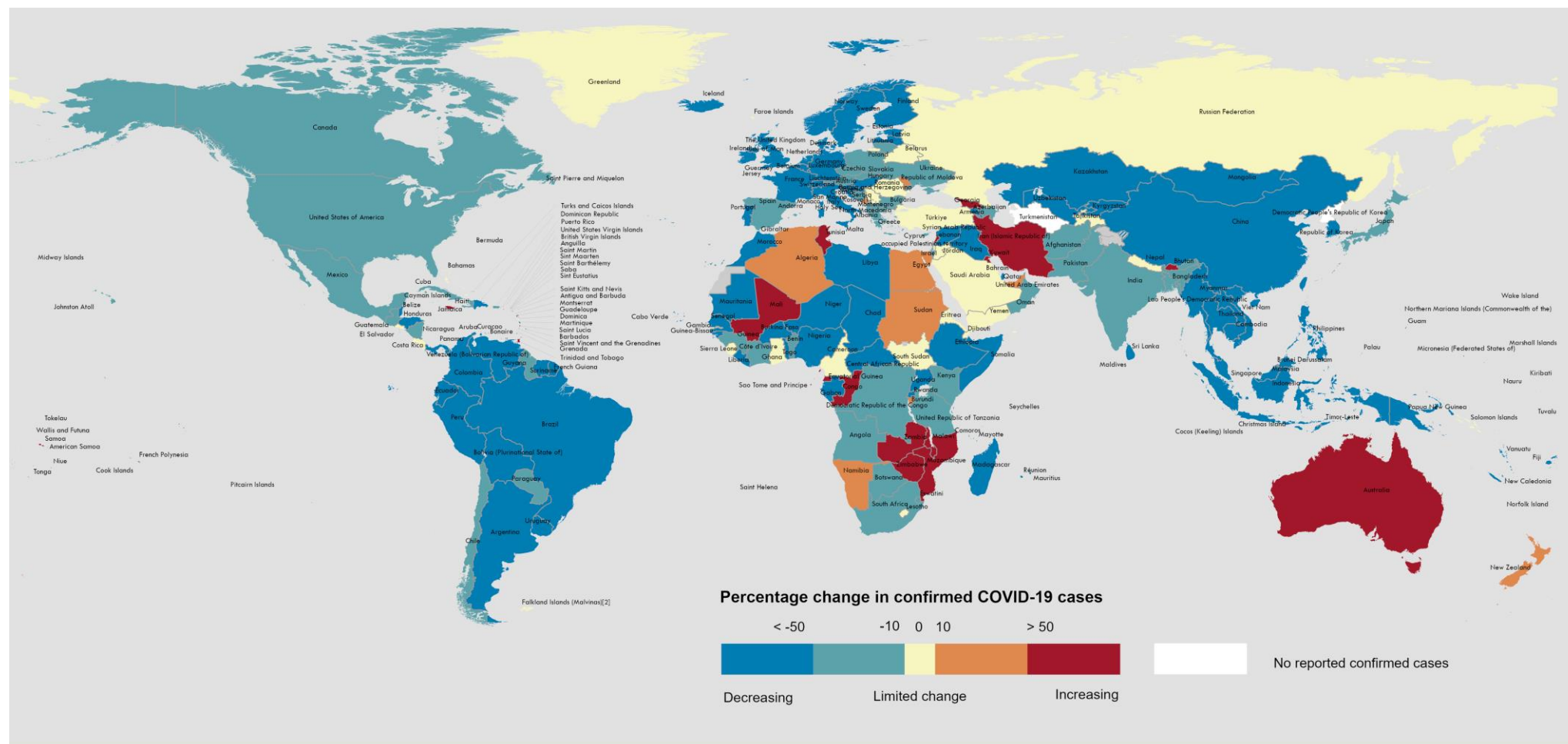
*Percent change in the number of newly confirmed cases/deaths in the past 28 days, compared to 28 days prior. Data from previous weeks are updated continuously with adjustments received from countries.

**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 28 days relative to the previous 28 days, 9 January to 5 February 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](#)

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

Geographic spread and prevalence

Globally, from 10 January to 6 February 2023 (28 days), 70 276 SARS-CoV-2 sequences were shared through GISAID. Among these, 70 018 sequences were the Omicron variant of concern (VOC), accounting for over 99.6% of sequences reported globally.

Among the Omicron VOC, BA.5 and its descendent lineages are still dominant globally, but have declined in relative prevalence. In epidemiological week 3 (16 to 22 January 2023), they accounted for 53.9% prevalence (with 8393 sequences) of all submitted sequences to GISAID, a trend that is declining as compared to week 51 (19 to 25 December 2022, 74.2% prevalence with 46 718 sequences). During the same reporting period, the prevalence of BA.2 and its descendent lineages remained stable (12.6% as compared to 11.9% in week 51). In week 3, 2023, pooled recombinant variant sequences rose to a prevalence of 24.6% (with 3823 sequences) from 8.8% (with 5563 sequences) in week 51, 2022. The majority of these recombinant variants are XBB.1.5 sequences (17.7% in week 3) and are reported from the United States of America. Unassigned sequences (presumably Omicron) account for 8.7% of sequences submitted to GISAID in week 3. BA.1, BA.3 and BA.4 variants and their descendent lineages all account for <1% prevalence.

WHO is currently tracking four Omicron descendent lineages closely. These variants are included on the basis of signals of transmission advantage relative to other circulating variants 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* (including 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). To date, WHO has published two rapid risk assessments of XBB.1.5.#

Additional resources

- [Tracking SARS-CoV-2 Variants](#)
- [WHO updated rapid risk assessment of XBB.1.5, published on 25 January 2023](#)
- [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](#)

* indicates all descendent lineages

https://www.who.int/docs/default-source/coronaviruse/25012023xbb.1.pdf?sfvrsn=c3956081_1

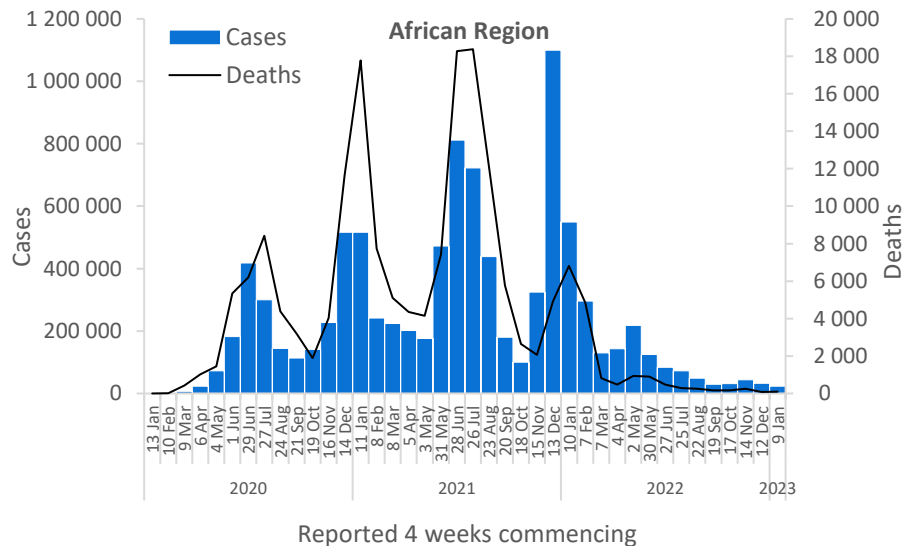
WHO regional overviews

Data for 9 January to 5 February 2023

African Region

The African Region reported over 23 000 new cases, a 27% decrease as compared to the previous 28-day period. 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 Equatorial Guinea (24 vs one new cases; +2300%), Zambia (4514 vs 832 new cases; +443%), and Mozambique (1600 vs 403 new cases; +297%). The highest numbers of new cases were reported from South Africa (5368 new cases; 9.1 new cases per 100 000; -27%), Zambia (4514 new cases; 24.6 new cases per 100 000; +443%), and Réunion (3290 new cases; 367.5 new cases per 100 000; -57%).

The number of new 28-day deaths in the region increased by 21% as compared to the previous 28-day period, with 99 new deaths reported. The highest numbers of new deaths were reported from South Africa (27 new deaths; <1 new death per 100 000; +50%), Zimbabwe (19 new deaths; <1 new death per 100 000; +12%), and Zambia (16 new deaths; <1 new death per 100 000; +220%).

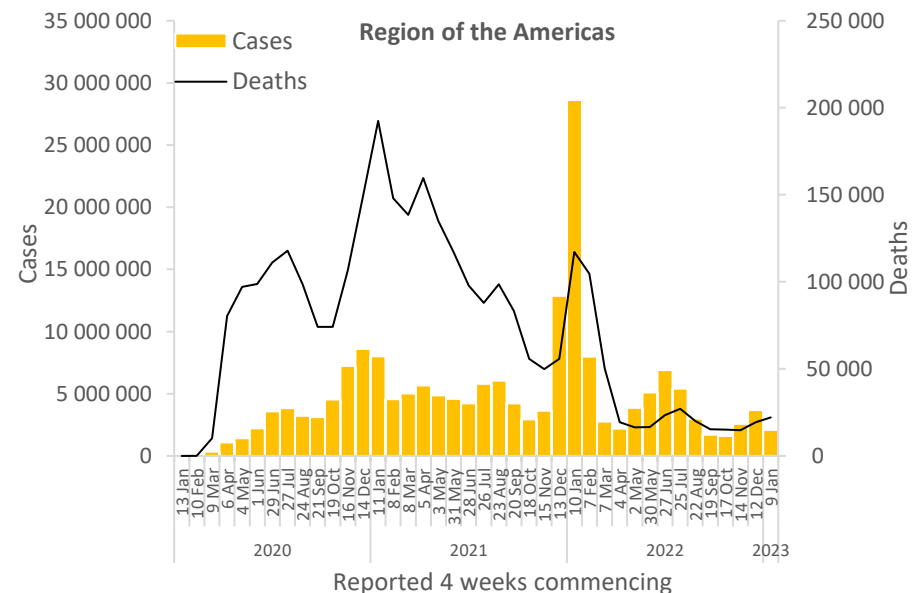


Updates from the [African Region](#)

Region of the Americas

The Region of the Americas reported over 2.1 million new cases, a 43% decrease as compared to the previous 28-day period. Six (11%) 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 Jamaica (802 vs 158 new cases; +408%), Saint Lucia (121 vs 25 new cases; +384%), and the United States Virgin Islands (753 vs 198 new cases; +280%). The highest numbers of new cases were reported from the United States of America (1 328 654 new cases; 401.4 new cases per 100 000; -27%), Brazil (389 444 new cases; 183.2 new cases per 100 000; -59%), and Mexico (91 617 new cases; 71.1 new cases per 100 000; -25%).

The number of new 28-day deaths in the region increased by 14% as compared to the previous 28-day period, with 22 043 new deaths reported. The highest numbers of new deaths were reported from the United States of America (15 294 new deaths; 4.6 new deaths per 100 000; +40%), Brazil (2566 new deaths; 1.2 new deaths per 100 000; -37%), and Canada (977 new deaths; 2.6 new deaths per 100 000; -16%).

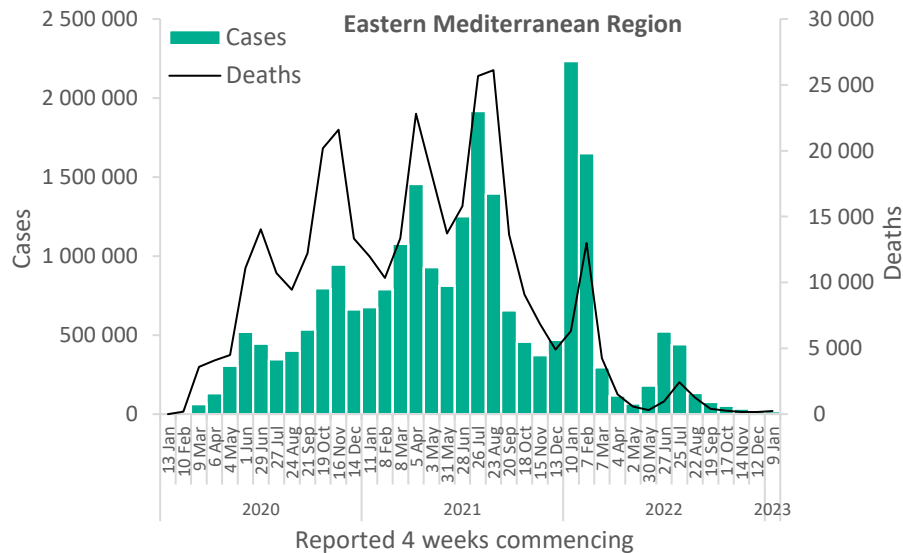


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 18 000 new cases, a 2% decrease as compared to the previous 28-day period. 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 Tunisia (2711 vs 500 new cases; +442%), Lebanon (5675 vs 2571 new cases; +121%), and the Islamic Republic of Iran (2855 vs 1703 new cases; +68%). The highest numbers of new cases were reported from Lebanon (5675 new cases; 83.1 new cases per 100 000; +121%), the Islamic Republic of Iran (2855 new cases; 3.4 new cases per 100 000; +68%), and Tunisia (2711 new cases; 22.9 new cases per 100 000; +442%).

The number of new 28-day deaths in the region increased by 45% as compared to the previous 28-day period, with 231 new deaths reported. The highest numbers of new deaths were reported from Saudi Arabia (50 new deaths; <1 new death per 100 000; +6%), the Islamic Republic of Iran (50 new deaths; <1 new death per 100 000; +4%), and Afghanistan (45 new deaths; <1 new death per 100 000; +275%).

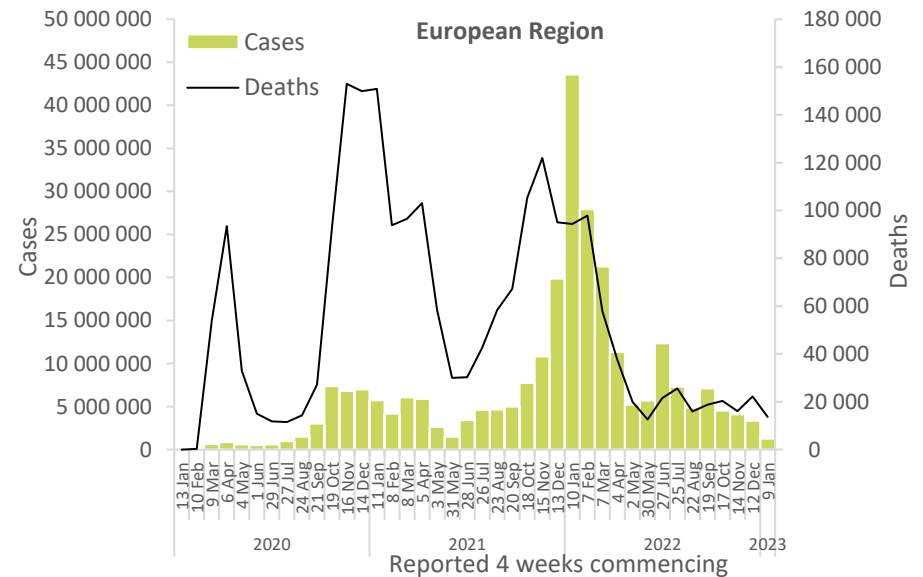


Updates from the [Eastern Mediterranean Region](#)

European Region

The European Region reported over 1.2 million new cases, a 62% decrease as compared to the previous 28-day period. Three (5%) 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 Kosovo^[1] (273 vs 118 new cases; +131%), Georgia (4957 vs 3012 new cases; +65%), and Montenegro (1404 vs 1021 new cases; +38%). The highest numbers of new cases were reported from Germany (300 876 new cases; 361.8 new cases per 100 000; -59%), Italy (187 023 new cases; 313.6 new cases per 100 000; -66%), and the Russian Federation (169 762 new cases; 116.3 new cases per 100 000; +5%).

The number of new 28-day deaths in the region decreased by 38% as compared to the previous 28-day period, with 13 652 new deaths reported. The highest numbers of new deaths were reported from the United Kingdom (2671 new deaths; 3.9 new deaths per 100 000; -32%), Italy (1740 new deaths; 2.9 new deaths per 100 000; -40%), and France (1522 new deaths; 2.3 new deaths per 100 000; -51%).

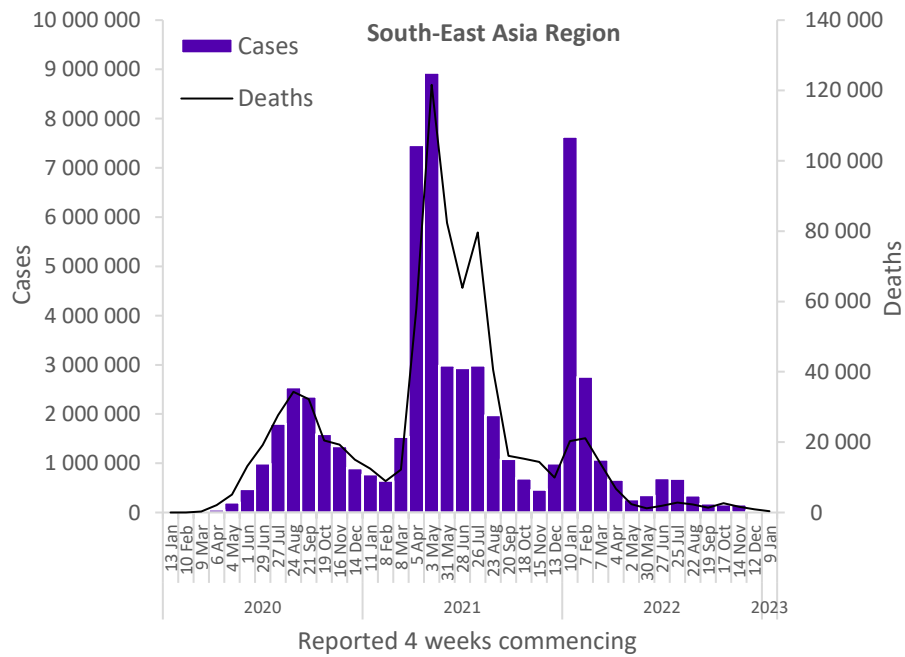


Updates from the [European Region](#)

South-East Asia Region

The South-East Asia Region reported over 14 000 new cases, a 65% decrease as compared to the previous 28-day period. One (10%) of the 10 countries for which data are available reported increases in new cases of 20% or greater: Bhutan (54 vs 30 new cases; +80%). The highest numbers of new cases were reported from Indonesia (7589 new cases; 2.8 new cases per 100 000; -69%), India (3439 new cases; <1 new case per 100 000; -33%), and Thailand (2320 new cases; 3.3 new cases per 100 000; -75%).

The number of new 28-day deaths in the region decreased by 61% as compared to the previous 28-day period, with 342 new deaths reported. The highest numbers of new deaths were reported from Thailand (155 new deaths; <1 new death per 100 000; -54%), Indonesia (149 new deaths; <1 new death per 100 000; -68%), and India (25 new deaths; <1 new death per 100 000; -60%).

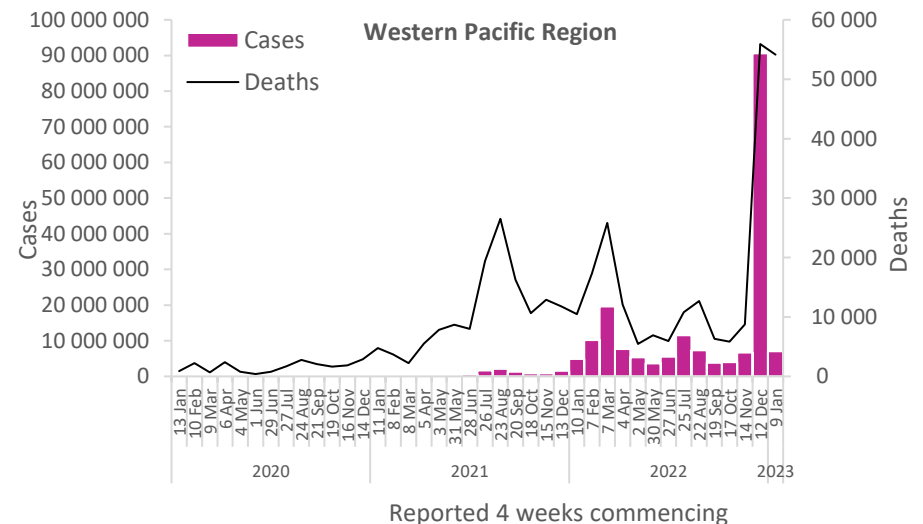


Updates from the [South-East Asia Region](#)

Western Pacific Region

The Western Pacific Region reported over seven million new cases, a 92% decrease as compared to the previous 28-day period. Four (11%) of the 35 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Samoa (118 vs 16 new cases; +638%), Australia (262 214 vs 109 078 new cases; +140%), and Guam (723 vs 302 new cases; +139%). The highest numbers of new cases were reported from China (3 485 265 new cases; 236.9 new cases per 100 000; -96%), Japan (2 429 215 new cases; 1920.7 new cases per 100 000; -42%), and the Republic of Korea (736 811 new cases; 1437.1 new cases per 100 000; -59%).

The number of new 28-day deaths in the region decreased by 3% as compared to the previous 28-day period, with 54 153 new deaths reported. The highest numbers of new deaths were reported from China (40 812 new deaths; 2.8 new deaths per 100 000; -11%), Japan (9874 new deaths; 7.8 new deaths per 100 000; +28%), and Australia (1866 new deaths; 7.3 new deaths per 100 000; +752%).



Updates from the [Western Pacific Region](#)

Hospitalizations and ICU admissions

At the global level, during the past 28 days (2 January 2023 to 29 January 2023), a total of 189 367 new hospitalizations and 3936 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.

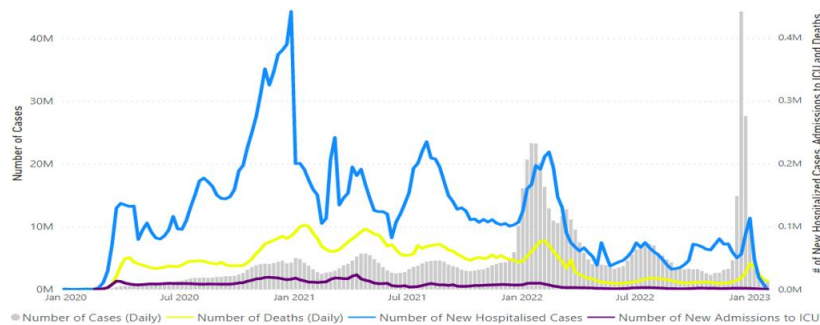
Globally, during the past 28 days, 46 (20%) countries reported data to WHO on new hospitalizations at least once. The region with the highest proportion of countries reporting data on new hospitalizations was the European Region (24 countries; 39%), followed by the Eastern Mediterranean Region (four countries; 18%), the Region of the Americas (seven countries; 13%), the African Region (six countries; 12%), the Western Pacific Region (four countries; 11%), and the South-East Asia Region (one country; 9%). The proportion of countries that consistently [§] reported new hospital admissions for the period was 12% (28 countries).

Among 15 countries that reported consistently during the period with more than 200 total new hospitalizations, only one country showed an increasing trend compared to the previous 28-day period (5 December 2022 to 1 January 2023): Greece (6027 vs 5552 new hospitalizations; +9%). The rest showed a decreasing trend compared to the previous 28-day period.

Across the six WHO regions, in the past 28 days, a total of 34 (14%) countries reported data to WHO on new ICU admissions at least once. The region with the highest proportion of countries reporting data on new ICU admissions was the European Region (17 countries; 28%) followed by the Eastern Mediterranean Region (six countries; 27%), the Western Pacific Region (four countries; 11%), the Region of the Americas (five countries; 9%), and the African Region (two countries; 4%). No country in the South-East Asia Region reported data on new ICU admissions during the past 28 days. The proportion of countries that consistently reported new ICU admissions for the period was 8% (18 countries).

Among 11 countries that reported consistently during the period with more than 40 total new ICU admissions, three countries showed an increasing trend compared to the previous 28-day period: Latvia (56 vs 42 new ICU admissions; +33%), Greece (220 vs 193 new ICU admissions; +14%), and Mexico (67 vs 65 new ICU admissions; +3%).

Figure 4. COVID-19 cases, deaths, hospitalizations, and ICU admissions reported weekly to WHO, as of 29 January 2023



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

Source: [WHO Detailed Surveillance Dashboard](#)

[§] “Consistently” as used here refers to countries that submitted data for new hospitalizations and intensive care unit admissions for the four consecutive weeks that make up the 28-day period.

Summary of Monthly Operational Update

The [Monthly Operational Update](#) has broadened its scope and now features articles on WHO's work in all health emergencies, including the COVID-19 pandemic response. In the latest edition, highlights of COVID-19-related country-level actions and WHO support to countries include:

- WHO's global analysis of COVID-19 intra-action reviews: consolidating national experiences to encourage peer learning
- The **Marshall Islands'** Medical Assistance Team trains to rapidly respond during emergencies
- WHO/Europe supports the strengthening of **North Macedonia's** Public Health Emergency Operations Centre through a table-top simulation exercise
- PAHO/WHO facilitates the installation of genomic surveillance in **Honduras**
- WHO supports **Sudan** to assess oxygen access and identify gaps
- WHO and the Polish Statistical Office publish results from an unprecedented survey, helping to understand health needs of Ukrainian refugees in **Poland**, and informing public health action
- The Republic of **Indonesia** and WHO agree to strengthen health emergency operational readiness and emergency medical teams in countries
- Three years of pandemic preparedness and response learning: reaching learners across the world with life-saving health knowledge
- WHO Contingency Fund for Emergencies (CFE): Saving lives through rapid interventions
- WHO's Health Emergency Appeal 2023: responding to health emergencies across the world

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. PHSM announcements

Since the launching of the COVID-19 Public Health and Social Measures (PHSM) data visualization on the [WHO COVID-19 Global Dashboard](#) in August 2021, the maintenance of the global COVID-19 PHSM database has been largely supported by the collaboration between WHO and the London School of Hygiene and Tropical Medicine ([link](#)). Since September 2022, we have transitioned our global PHSM data set to be sourced from a combination of WHO country / regional reporting and [the University of Oxford's COVID-19 Government Response Tracker](#).

The updated global COVID-19 PHSM data include indicators for the six PHSM categories: masks, schools, businesses, gatherings, domestic movement and international travel, along with an overall PHSM severity index. While the structure and the overall trend of these indicators over time remain comparable to the previous data set, some differences (such as variation in the overall severity index and some indicators; indicators for some countries are not included; and data for some territories and areas are reported as part of the mainland in the Oxford data) can be expected.

As of 31 December 2022, the global PHSM monitoring data will no longer be updated on our dashboard. As we enter the fourth year of the pandemic and the world is adapting to live with COVID-19, there have been less frequent changes in the PHSM managed by governments and local health authorities. Even though our global PHSM monitoring discontinues, WHO will continue working closely with all Member States to integrate COVID-19 response into strengthened surveillance systems and disease control programmes.

Annex 3. 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.⁵

References

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