

# COVID-19 Weekly Epidemiological Update

Edition 135 published 22 March 2023

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## Global overview

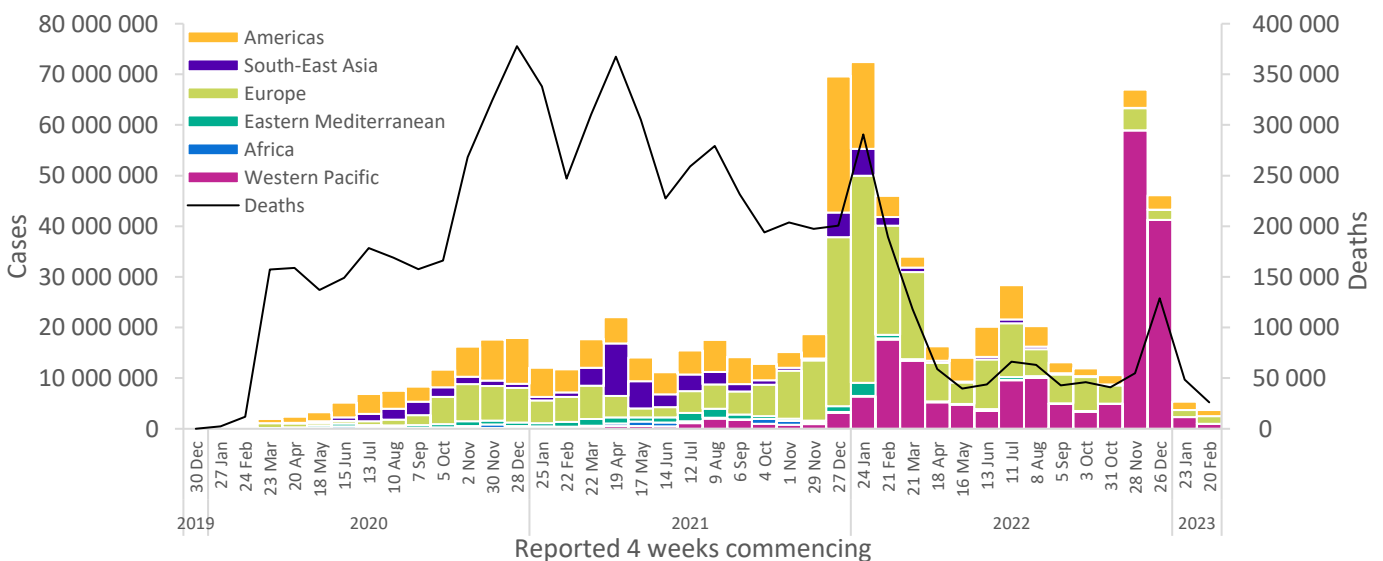
Data as of 19 March 2023

Globally, over 3.7 million new cases and over 26 000 deaths were reported in the last 28 days (20 February to 19 March 2023), a decrease of 31% and 46%, respectively, compared to the previous 28 days (23 January to 19 February 2023) (Figure 1, Table 1); however, there are significant regional differences including increases in some regions. As of 19 March 2023, over 760 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.<sup>1-4</sup> This is partly due to the reductions 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 being 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 wider time window helps to account for delays in reporting, smooth out weekly fluctuations in case numbers, and continue provide a clear picture of where the pandemic is accelerating or decelerating. Disaggregated 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 19 March 2023\*\***



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

At the regional level, the number of newly reported 28-day cases increased across three of the six WHO regions: the Eastern Mediterranean Region (+89%), the South-East Asia Region (+70%), and the European Region (+9%); while cases decreased in three WHO regions: the Western Pacific Region (-58%), the African Region (-43%), and the Region of the Americas (-28%). The number of newly reported 28-day deaths decreased across five regions: the Western Pacific Region (-76%), the African Region (-57%), the Region of the Americas (-38%), the South-East Asia Region (-24%), and the European Region (-15%); while deaths increased in the Eastern Mediterranean Region (+68%).

At the country level, the highest numbers of new 28-day cases were reported from the United States of America (792 202 new cases; -29%), the Russian Federation (339 564 new cases; +25%), China (320 029 new cases; -50%), Japan (291 672 new cases; -73%), and Germany (281 468 new cases; -18%). The highest numbers of new 28-day deaths were reported from the United States of America (8187 new deaths; -39%), the United Kingdom (2474 new deaths; -9%), Japan (1898 new deaths; -71%), Brazil (1587 new deaths; -15%), and China (1472 new deaths; -85%).

**Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 19 March 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 (%)
Europe	1 516 637 (41%)	9%	274 323 490 (36%)	9607 (37%)	-15%	2 202 559 (32%)
Americas	1 195 582 (32%)	-28%	191 176 559 (25%)	11 706 (45%)	-38%	2 939 344 (43%)
Western Pacific	966 810 (26%)	-58%	201 888 145 (27%)	4289 (16%)	-76%	407 958 (6%)
Eastern Mediterranean	28 236 (1%)	89%	23 281 781 (3%)	366 (1%)	68%	349 821 (5%)
South-East Asia	18 745 (1%)	70%	60 782 274 (8%)	156 (1%)	-24%	803 958 (12%)
Africa	12 565 (<1%)	-43%	9 509 869 (1%)	23 (<1%)	-57%	175 315 (3%)
<b>Global</b>	<b>3 738 575 (100%)</b>	<b>-31%</b>	<b>760 962 882 (100%)</b>	<b>26 147 (100%)</b>	<b>-46%</b>	<b>6 878 968 (100%)</b>

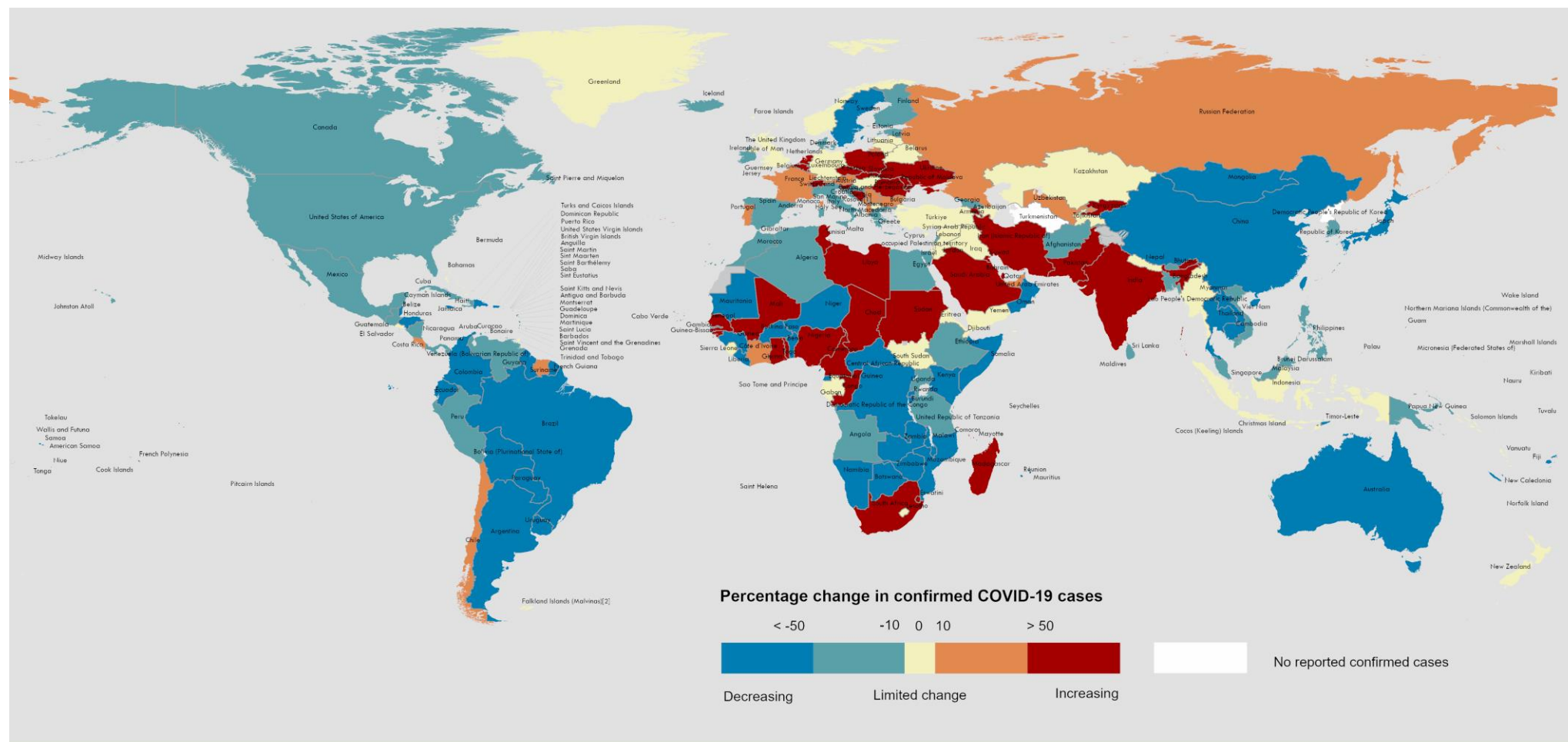
\*Percent change in the number of newly confirmed cases/deaths in the past 28 days, compared to 28 days prior. Data from previous weeks are updated continuously with adjustments received from countries.

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

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

- [WHO COVID-19 Dashboard](#)
- [WHO Monthly Operational Update and past editions of the Weekly Epidemiological Update on COVID-19](#)
- [WHO COVID-19 detailed surveillance data dashboard](#)
- [WHO COVID-19 policy briefs](#)

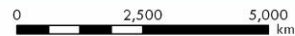
Figure 2. Percentage change in confirmed COVID-19 cases over the last 28 days relative to the previous 28 days, as of 19 March 2023\*\*



Data Source: World Health Organization

Map Production: WHO Health Emergencies Programme

Not applicable

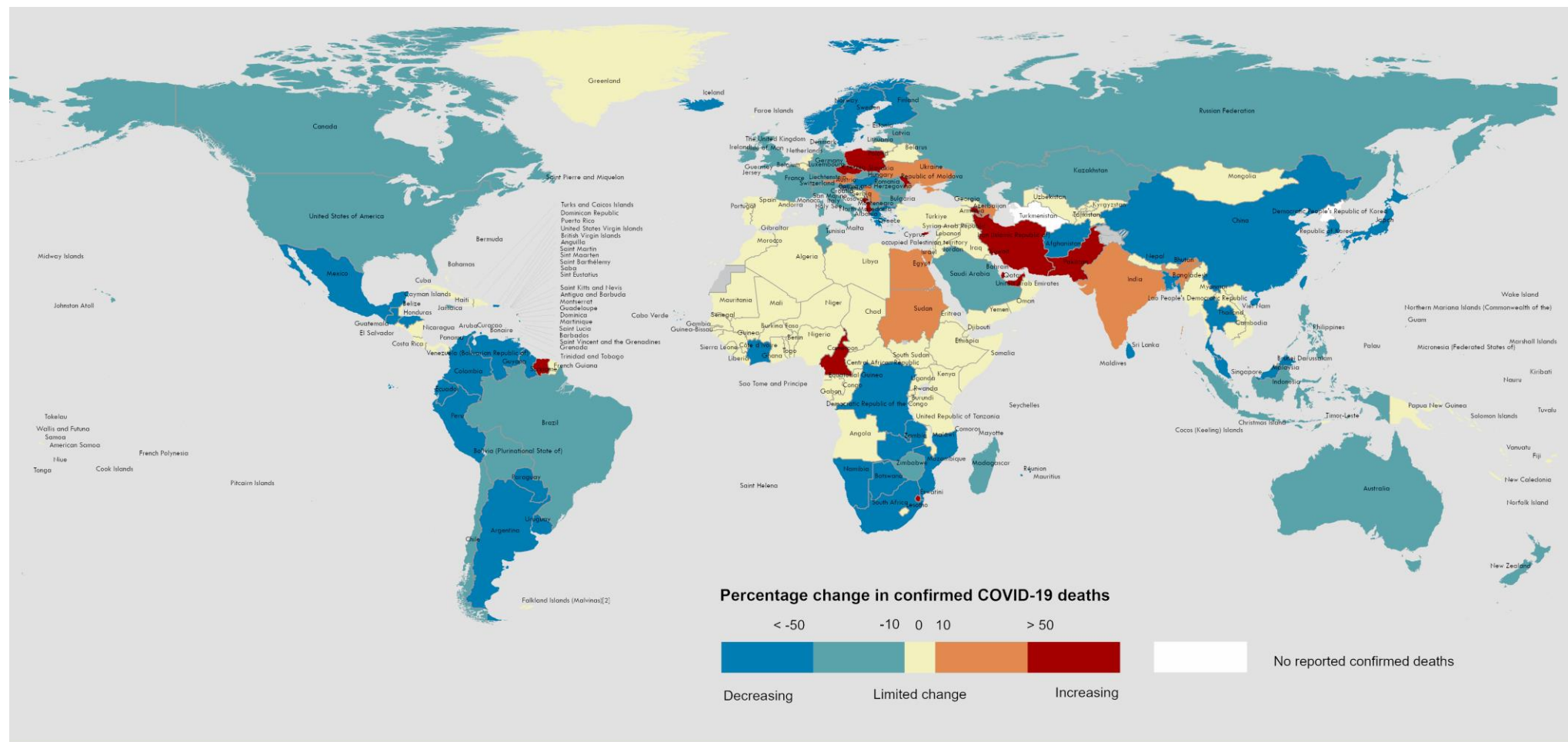


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\*\*See [Annex 1: Data, table, and figure notes](#)

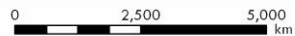
Figure 3. Percentage change in confirmed COVID-19 deaths over the last 28 days relative to the previous 28 days, as of 19 March 2023\*\*



Data Source: World Health Organization

Map Production: WHO Health Emergencies Programme

Not applicable



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

## SARS-CoV-2 variants of interest and variants under monitoring

### Geographic spread and prevalence

Globally, from 20 February to 19 March 2023 (28 days), 64 775 SARS-CoV-2 sequences were shared through GISAID. Currently, WHO is monitoring one VOI, XBB.1.5, and five variants under monitoring (VUMs). The VUMs are BQ.1, BA.2.75, CH.1.1, XBB and XBF.

In epidemiological week 9 (27 February to 5 March 2023), the prevalence of XBB.1.5 was 37.7%, an increase when compared to epidemiological week 5 (30 January to 5 February 2023), when the prevalence of XBB.1.5 was 29.0%. To date, XBB.1.5 has been detected in 85 countries.

A comparison of sequences submitted to GISAID from week 5 to week 9 show declining or stable trends for all VUMs except XBB. BQ.1 declined from 26.8% to 9.3% and BA.2.75 from 7.8% to 1.6%, while CH.1.1 and XBF remained stable (7.1% to 6.8% and 1.5% to 1.1%, respectively). XBB increased from 5.7% to 12.5%. Table 2 shows the number of countries reporting the VOI and VUMs and their prevalence from week 5 to week 9.

**Table 2. Weekly prevalence of SARS-CoV-2 Variants of Interest and Variants under Monitoring, week 5 to week 9 of 2023**

Lineage	Countries	Sequences	2023-05	2023-06	2023-07	2023-08	2023-09
XBB.1.5*	85	92 352	28.94	35.37	37.72	36.52	37.65
BQ.1*	139	390 604	26.83	22.54	17.44	11.55	9.29
BA.2.75*	118	97 408	7.81	7.06	6.07	3.10	1.55
CH.1.1*	83	32 957	7.07	7.01	6.85	6.00	6.78
XBB*	119	66 082	5.69	6.09	7.02	7.74	12.51
XBF*	45	7446	1.53	1.37	1.22	1.11	5.35
Other <sup>†</sup>	207	6 684 921	1.01	1.06	1.23	0.90	1.09
Unassigned	101	289 979	7.39	8.05	13.50	26.17	25.78

\* Denotes descendent lineages. <sup>†</sup>Others are other circulating lineages excluding the VOI, VUMs, BA.1\*, BA.2\*, BA.3\*, BA.4\*, BA.5\*

### Additional resources

- [Tracking SARS-CoV-2 Variants](#)
- [WHO statement on updated tracking system on SARS-CoV-2 variants of concern and variants of interest](#)
- [WHO XBB.1.5 rapid risk assessment, 24 February 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](#)

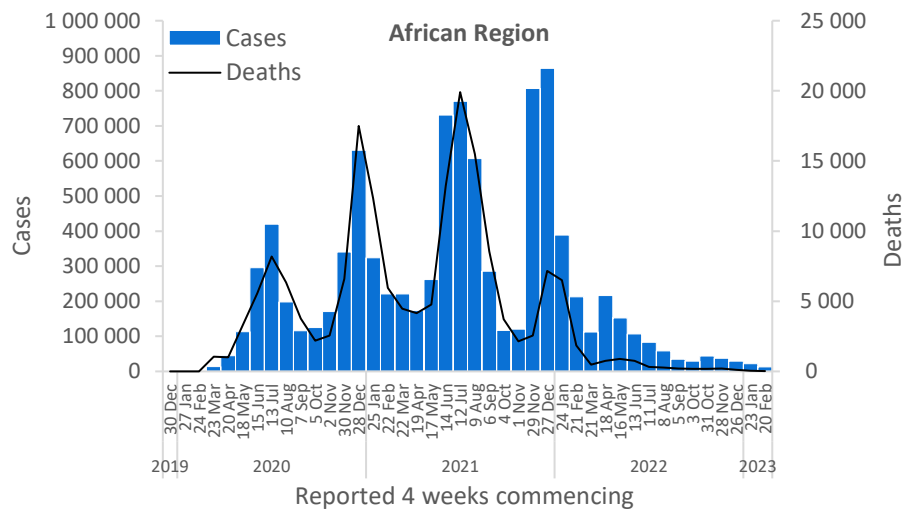
# WHO regional overviews

Data for 20 February to 19 March 2023

## African Region

The African Region reported over 12 000 new cases, a 43% decrease as compared to the previous 28-day period. Fifteen (30%) 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 Guinea-Bissau (180 vs one new cases; +17 900%), Sao Tome and Principe (16 vs one new cases; +1500%), and Comoros (50 vs six new cases; +733%). The highest numbers of new cases were reported from South Africa (7839 new cases; 13.2 new cases per 100 000; +27%), Zambia (933 new cases; 5.1 new cases per 100 000; -79%), and Zimbabwe (489 new cases; 3.3 new cases per 100 000; -79%).

The number of new 28-day deaths in the Region decreased by 57% as compared to the previous 28-day period, with 23 new deaths reported. The highest numbers of new deaths were reported from Zimbabwe (nine new deaths; <1 new death per 100 000; -18%), Zambia (six new deaths; <1 new death per 100 000; -57%), and Cameroon (three new deaths; <1 new death per 100 000; no death reported the previous 28-day period).

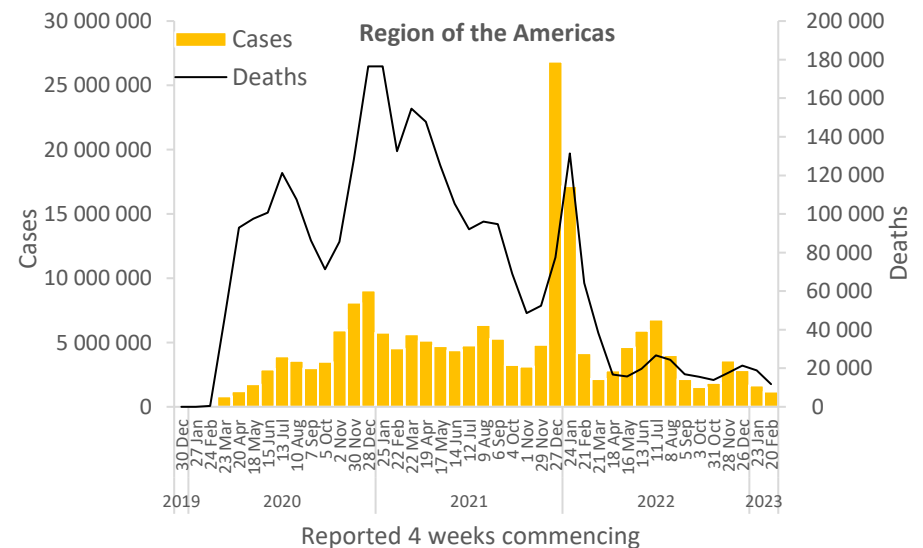


Updates from the [African Region](#)

## Region of the Americas

The Region of the Americas reported over 1.1 million new cases, a 28% decrease as compared to the previous 28-day period. Three (5%) 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 Chile (79 750 vs 45 846 new cases; +74%), Trinidad and Tobago (1774 vs 1307 new cases; +36%), and Costa Rica (20 019 vs 16 684 new cases; +20%). The highest numbers of new cases were reported from the United States of America (792 202 new cases; 239.3 new cases per 100 000; -29%), Brazil (157 832 new cases; 74.3 new cases per 100 000; -43%), and Chile (79 750 new cases; 417.2 new cases per 100 000; +74%).

The number of new 28-day deaths in the Region decreased by 38% as compared to the previous 28-day period, with 11 706 new deaths reported. The highest numbers of new deaths were reported from the United States of America (8187 new deaths; 2.5 new deaths per 100 000; -39%), Brazil (1587 new deaths; <1 new death per 100 000; -15%), and Canada (628 new deaths; 1.7 new deaths per 100 000; -30%).

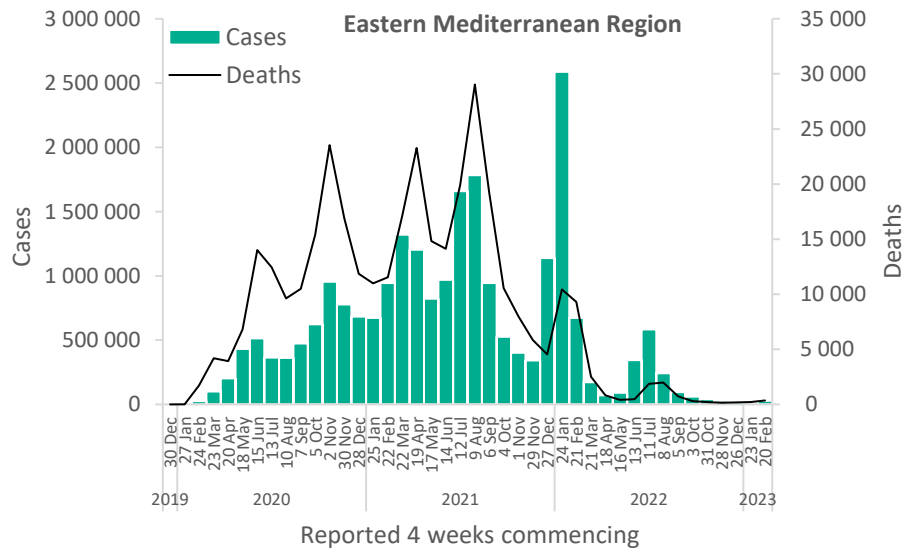


Updates from the [Region of the Americas](#)

## Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 28 000 new cases, an 89% increase as compared to the previous 28-day period. Ten (45%) 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 the Islamic Republic of Iran (12 635 vs 3163 new cases; +299%), Kuwait (946 vs 310 new cases; +205%), and Pakistan (1389 vs 482 new cases; +188%). The highest numbers of new cases were reported from the Islamic Republic of Iran (12 635 new cases; 15.0 new cases per 100 000; +299%), the United Arab Emirates (3912 new cases; 39.6 new cases per 100 000; +67%), and Lebanon (2700 new cases; 39.6 new cases per 100 000; -34%).

The number of new 28-day deaths in the Region increased by 68% as compared to the previous 28-day period, with 366 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (257 new deaths; <1 new death per 100 000; +308%), Lebanon (36 new deaths; <1 new death per 100 000; -14%), and Saudi Arabia (24 new deaths; <1 new death per 100 000; -47%).

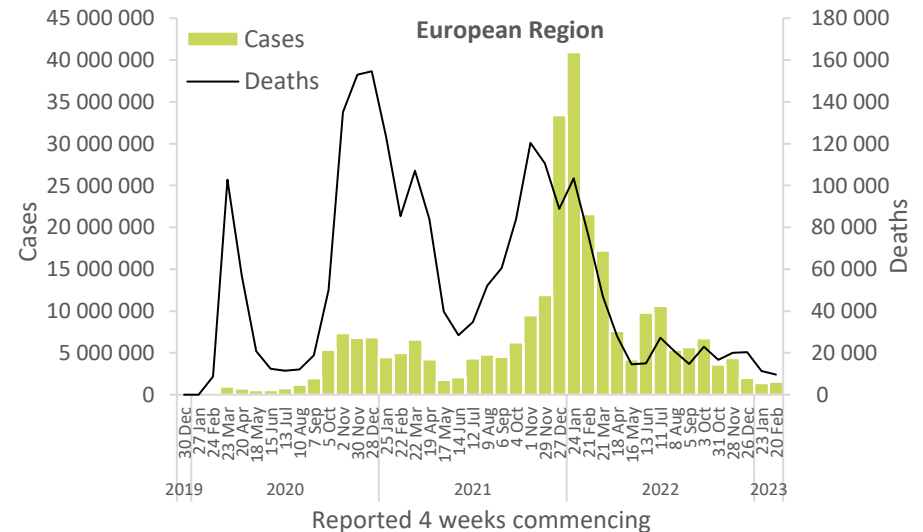


Updates from the [Eastern Mediterranean Region](#)

## European Region

The European Region reported over 1.5 million new cases, a 9% increase as compared to the previous 28-day period. Twenty-nine (48%) 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 Kyrgyzstan (129 vs 23 new cases; +461%), Armenia (1497 vs 473 new cases; +216%), and Ukraine (45 265 vs 15 063 new cases; +201%). The highest numbers of new cases were reported from the Russian Federation (339 564 new cases; 232.7 new cases per 100 000; +25%), Germany (281 468 new cases; 338.4 new cases per 100 000; -18%), and Austria (139 925 new cases; 1572.0 new cases per 100 000; +33%).

The number of new 28-day deaths in the Region decreased by 15% as compared to the previous 28-day period, with 9607 new deaths reported. The highest numbers of new deaths were reported from the United Kingdom (2474 new deaths; 3.6 new deaths per 100 000; -9%), the Russian Federation (1035 new deaths; <1 new death per 100 000; -6%), and Germany (985 new deaths; 1.2 new deaths per 100 000; -27%).

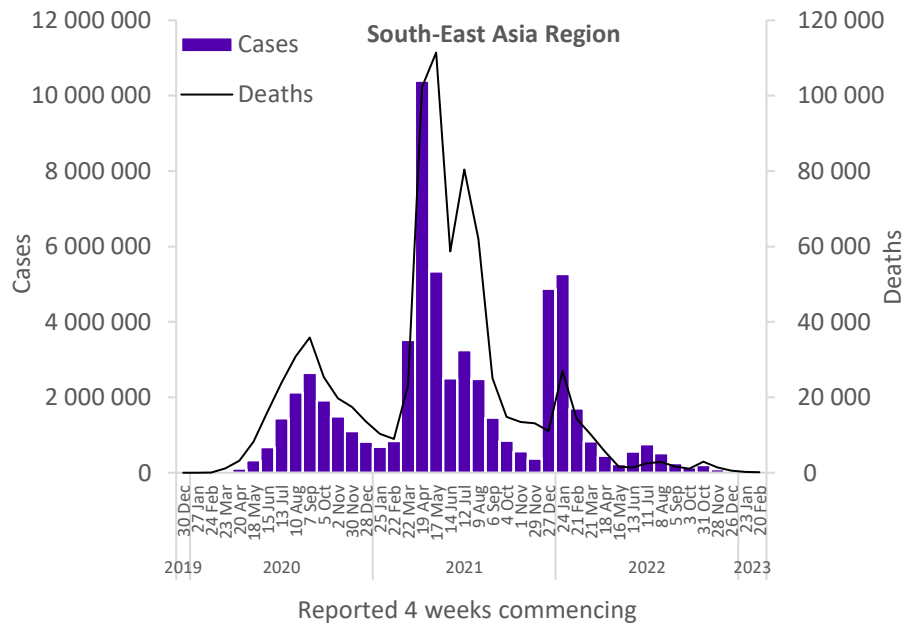


Updates from the [European Region](#)

## South-East Asia Region

The South-East Asia Region reported over 18 000 new cases, a 70% increase as compared to the previous 28-day period. Three (27%) of the 11 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in India (10 503 vs 2 996 new cases; +251%), Bhutan (32 vs 17 new cases; +88%), and the Maldives (26 vs 16 new cases; +62%). The highest numbers of new cases were reported from India (10 503 new cases; <1 new case per 100 000; +251%), Indonesia (7139 new cases; 2.6 new cases per 100 000; +16%), and Thailand (651 new cases; <1 new case per 100 000; -51%).

The number of new 28-day deaths in the Region decreased by 24% as compared to the previous 28-day period, with 156 new deaths reported. The highest numbers of new deaths were reported from Indonesia (85 new deaths; <1 new death per 100 000; -19%), India (42 new deaths; <1 new death per 100 000; +56%), and Thailand (27 new deaths; <1 new death per 100 000; -59%).

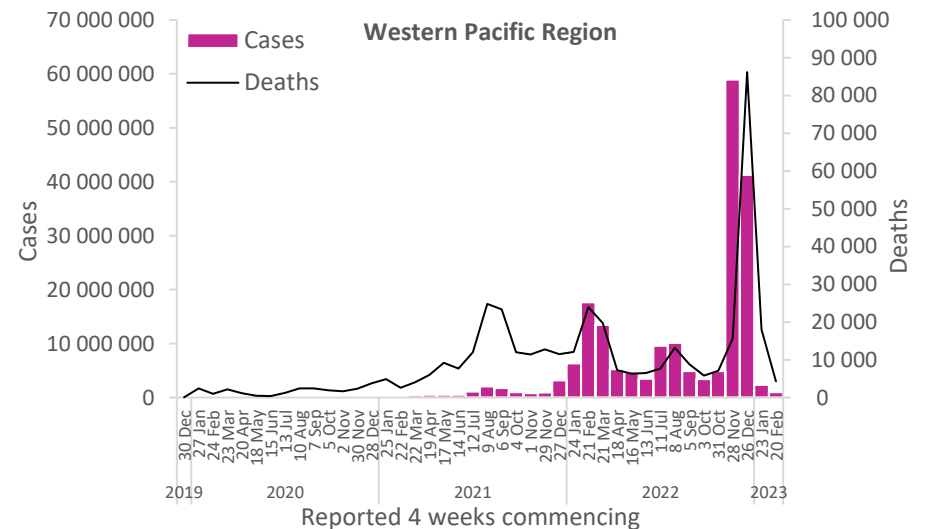


Updates from the [South-East Asia Region](#)

## Western Pacific Region

The Western Pacific Region reported over 966 000 new cases, a 58% decrease as compared to the previous 28-day period. Three (9%) 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 Palau (seven vs two new cases; +250%), Marshall Islands (122 vs 57 new cases; +114%), and Singapore (19 249 vs 12 035 new cases; +60%). The highest numbers of new cases were reported from China (320 029 new cases; 21.8 new cases per 100 000; -50%), Japan (291 672 new cases; 230.6 new cases per 100 000; -73%), and the Republic of Korea (269 459 new cases; 525.6 new cases per 100 000; -37%).

The number of new 28-day deaths in the Region decreased by 76% as compared to the previous 28-day period, with 4289 new deaths reported. The highest numbers of new deaths were reported from Japan (1898 new deaths; 1.5 new deaths per 100 000; -71%), China (1472 new deaths; <1 new death per 100 000; -85%), and the Republic of Korea (306 new deaths; <1 new death per 100 000; -53%).



Updates from the [Western Pacific Region](#)



## Hospitalizations and ICU admissions

At the global level, during the past 28 days (13 February to 12 March 2023), a total of 54 672 new hospitalizations and 2446 new intensive care unit (ICU) admissions were reported. This represents a reduction in new hospitalizations and ICU admissions of 31% and 14%, respectively, compared to the previous 28 days (16 January to 12 February 2023). The presented hospitalization data are preliminary and might change as new data become available. Furthermore, hospitalization data are subject to reporting delays. These data also likely include both hospitalizations with incidental cases of SARS-CoV-2 infection and those due to COVID-19 disease.

Globally, during the past 28 days, 42 (18%) 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 (25 countries; 41%), followed by the Eastern Mediterranean Region (four countries; 18%), the South-East Asia Region (two countries; 18%), the Region of the Americas (six countries; 11%), the African Region (four countries; 8%), and the Western Pacific Region (one country; 3%). The proportion of countries that consistently<sup>#</sup> reported new hospital admissions for the period was 11% (27 countries).

Among 27 countries consistently reporting new hospitalizations, 33% (nine countries) registered an increase of 20% or greater when comparing the two 28-days periods: Tunisia (94 vs 42; +124%), the Netherlands (2470 vs 1217; +103%), Czechia (1787 vs 931; +92%), Malta (78 vs 43; +81%), Belgium (2962 vs 1684; +76%), Slovakia (1134 vs 730; +55%), Luxembourg (70 vs 46; +52%), Singapore (391 vs 267; +46%), and Ukraine (13 872 vs 9887; +40%). The highest number of new hospitalizations was reported from Ukraine (13 872 vs 9887; +40%), France (7562 vs 7711; -2%), Italy (5115 vs 6833; -25%), Greece (3710 vs 4465; -17%), Spain (3463 vs 4465; -22%), and Lithuania (3224 vs 8729; -6%).

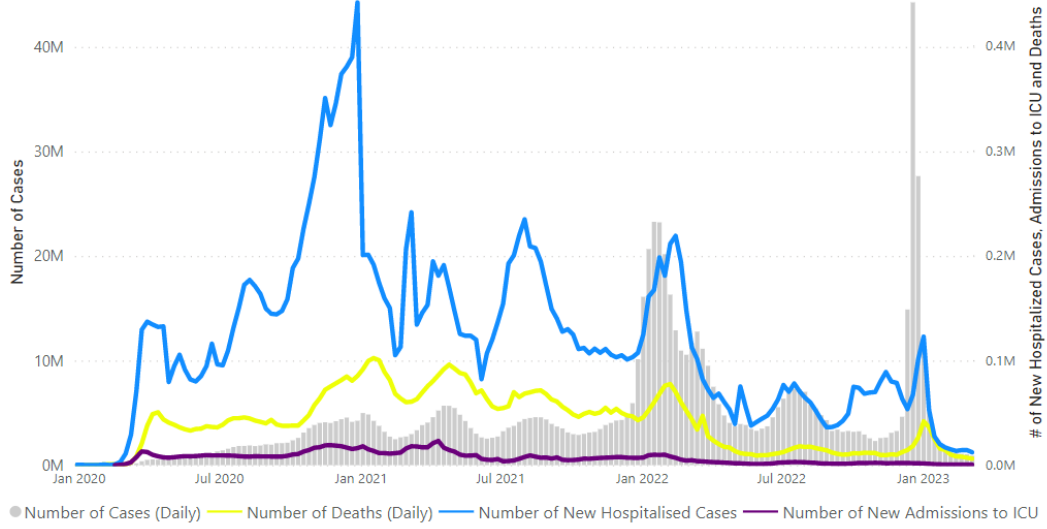
Across the six WHO regions, in the past 28 days, a total of 29 (12%) countries reported data to WHO on new ICU admissions at least once. The region with the highest proportion of countries reporting data on new ICU admissions was the European Region (17 countries; 28%) followed by the Eastern Mediterranean Region (three countries; 14%), the Western Pacific Region (three countries; 9%), the South-East Asia Region (one country; 9%), the Region of the Americas (three countries; 5%), and the African Region (two countries; 4%). The proportion of countries that consistently<sup>#</sup> reported new ICU admissions for the period was 8% (19 countries).

Among 19 countries that consistently reported ICU admission data, 26% (five countries) showed an increase of 20% or greater in new ICU admissions during the 28 days period compared to the previous 28 days. These were Singapore (16 vs three; +433%), the Netherlands (169 vs 70; +141%), Czechia (126 vs 73; +73%), and Estonia (eight vs five; +60%). The highest number of new ICU admissions was reported from France (722 vs 814; -11%), Ukraine (451 vs 396; +14%), Italy (215 vs 282; -24%), the Netherlands (169 vs 70; +141%), and Australia (144 vs 197; -27%).

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<sup>#</sup> “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.

Figure 4. COVID-19 cases, deaths, hospitalizations, and ICU admissions reported weekly to WHO, as of 12 March 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](mailto: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](https://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.

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 and to track changes in prevalence and viral characteristics. The current trends describing the circulation of variants 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.<sup>5</sup>

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