COVID-19 Weekly Epidemiological Update

Edition 154 published 3 August 2023

In this edition:

Global overview

Data as of 30 July 2023

Globally, over one million new COVID-19 cases and over 3100 deaths were reported in the last 28 days (3 to 30 July 2023) (Figure 1, Table 1). While five WHO regions have reported decreases in the number of both cases and deaths, the Western Pacific Region has reported an increase in the number of cases and a decrease in the number of deaths. As of 30 July 2023, over 768 million confirmed cases and over 6.9 million deaths have been reported globally.

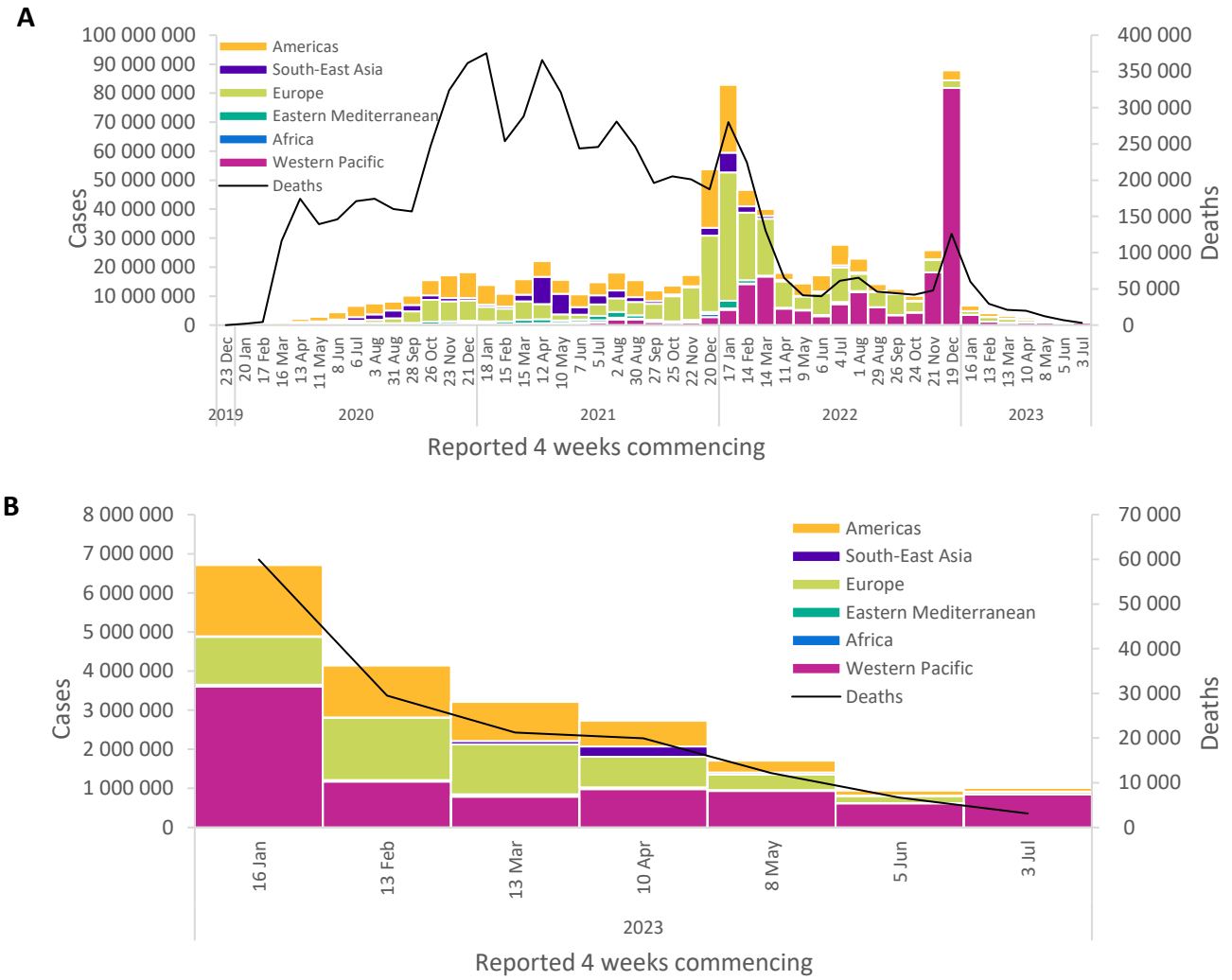
Although the public health emergency of international concern for COVID-19 was declared over on 5 May 2023, COVID-19 remains a major threat. WHO continues to urge Member States to maintain, not dismantle, their established COVID-19 infrastructure. It is crucial to sustain surveillance and reporting, variant tracking, early clinical care provision, administration of vaccine boosters to high-risk groups, improvements in ventilation, and regular communication.

Currently, reported cases do not accurately represent infection rates due to the reduction in testing and reporting globally. During this 28-day period, 46% (107 of 234) of countries reported at least one case to WHO – a proportion that has been declining since mid-2022. It is important to note that this statistic (107 of 234 countries reporting at least one case) does not necessarily reflect the actual number of countries where cases exist. Additionally, data from previous weeks are continuously being updated to incorporate retrospective changes in reported COVID-19 cases and deaths made by countries. Data presented in this report are therefore incomplete and should be interpreted in light of these limitations.

Some countries continue to report high burdens of COVID-19, including increases in newly reported cases and, more importantly, increases in hospitalizations and deaths – the latter of which are considered more reliable indicators given the reductions in testing.

We present changes in epidemiological trends using a 28-day interval. Disaggregated data are still accessible on the WHO COVID-19 dashboard, where the full dataset is available for download. Global and national data on SARS-CoV-2 PCR percent positivity are available on WHO's integrated dashboard provided by the Global Influenza Programme. Recent data show that the SARS-CoV-2 PCR percent positivity rate from reporting countries is approximately 9%.

Figure 1. COVID-19 cases reported by WHO Region, and global deaths by 28-day intervals, as of 30 July 2023 (A); 16 January to 30 July 2023 (B)**



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

At the regional level, the number of newly reported cases within a 28-day period has decreased across five of the six WHO regions: the European Region (-66%), the Eastern Mediterranean Region (-65%), the South-East Asia Region (-61%), the African Region (-56%), and the Region of the Americas (-31%); while cases have increased in the Western Pacific Region (+38%). The number of newly reported deaths within a 28-day period has decreased across six regions: the European Region (-75%), the South-East Asia Region (-73%), the Eastern Mediterranean Region (-59%), the African Region (-50%), the Western Pacific Region (-39%), and the Region of the Americas (-29%).

At the country level, the highest numbers of new cases reported within the 28-day period were from the Republic of Korea (751 484 new cases; +96%), Brazil (45 642 new cases; -35%), Australia (30 144 new cases; -72%), New Zealand (23 443 new cases; -13%), and Singapore (23 216 new cases; -38%). The highest numbers of new 28-day deaths were reported from Brazil (695 new deaths; -34%), Peru (321 new deaths; +28%), Australia (260 new deaths; -67%), the Russian Federation (251 new deaths; -50%), and the Republic of Korea (199 new deaths; +5%).

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 30 July 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	850 263 (84%)	38%	**205 521 589 (27%)**	880 (28%)	-39%	**415 436 (6%)**
Americas	86 451 (9%)	-31%	**193 209 562 (25%)**	1 417 (45%)	-29%	**2 958 858 (43%)**
Europe	60 049 (6%)	-66%	**275 793 579 (36%)**	704 (22%)	-75%	**2 245 798 (32%)**
South-East Asia	6 980 (1%)	-61%	**61 197 697 (8%)**	91 (3%)	-73%	**806 588 (12%)**
Africa	3 001 (<1%)	-56%	**9 546 286 (1%)**	14 (<1%)	-50%	**175 418 (3%)**
Eastern Mediterranean	1 450 (<1%)	-65%	**23 385 491 (3%)**	26 (1%)	-59%	**351 372 (5%)**
Global	**1 008 194 (100%)**	**7%**	**768 654 968 (100%)**	**3 132 (100%)**	**-53%**	**6 953 483 (100%)**

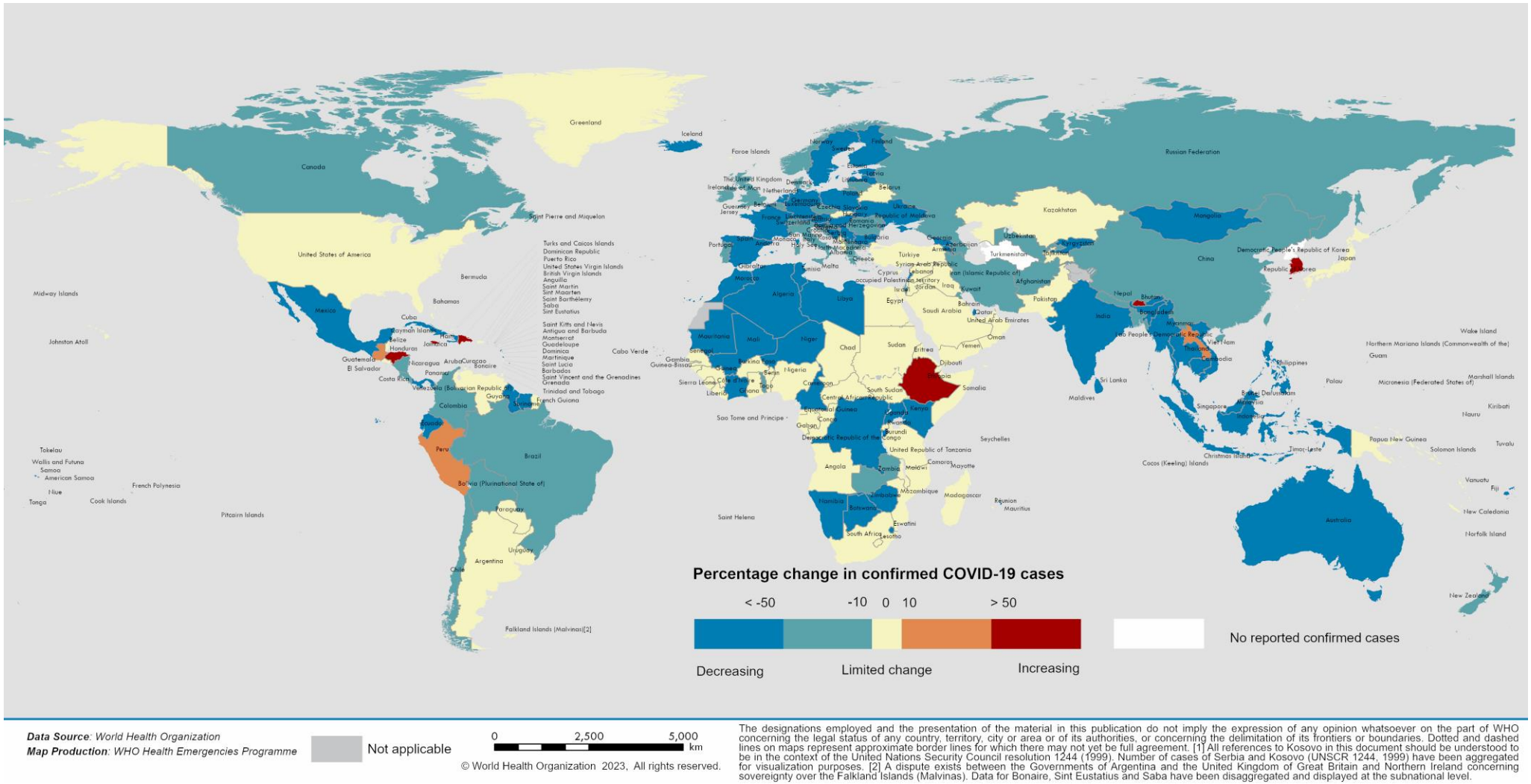
**Percent change in the number of newly confirmed cases/deaths in the past 28 days, compared to 28 days prior. Data from previous weeks are updated continuously with adjustments received from countries.*

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

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

- WHO COVID-19 Dashboard
- WHO 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 30 July 2023**

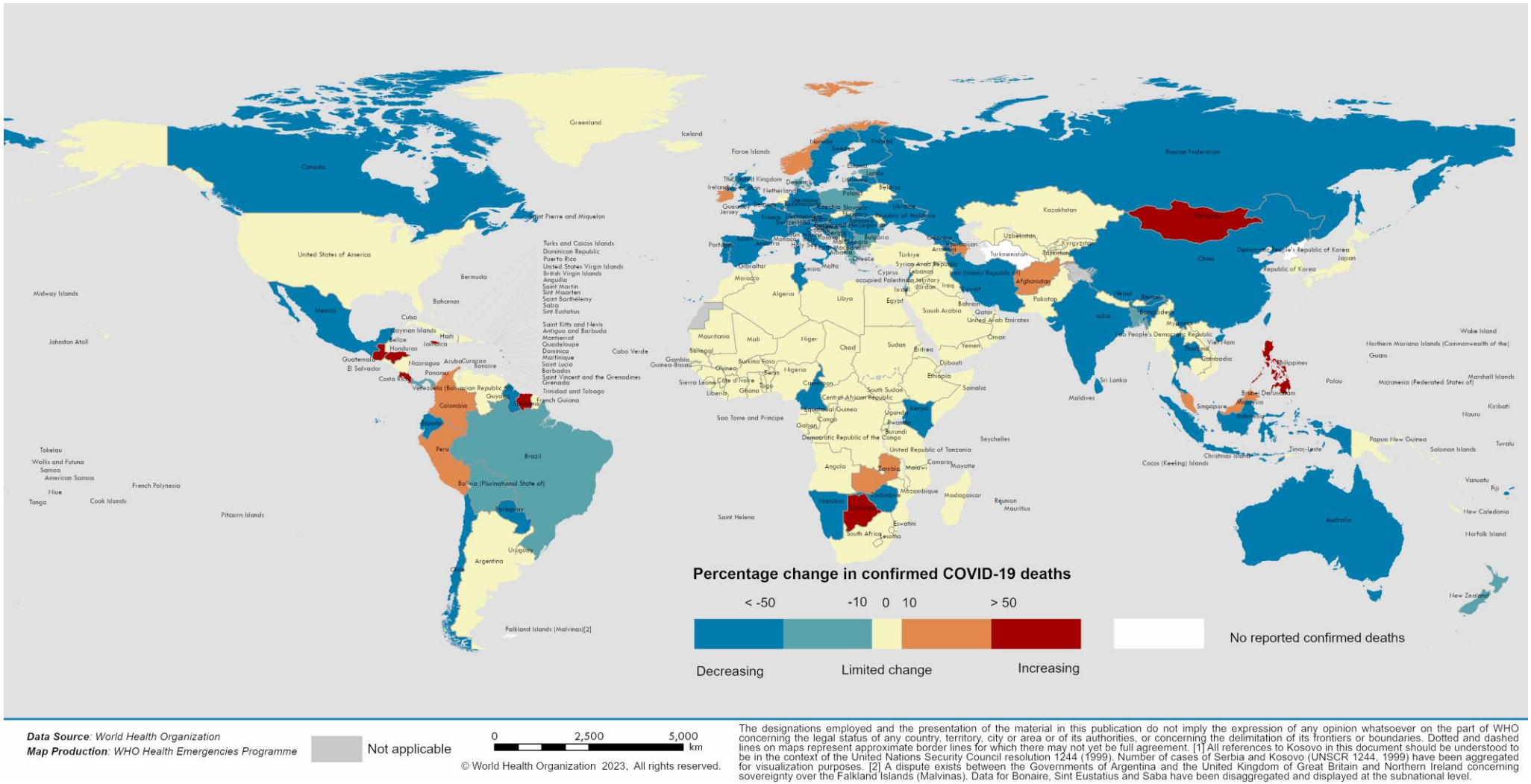


***Data Source**: World Health Organization*
***Map Production**: WHO Health Emergencies Programme*

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city 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. [1] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). 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). Data for Bonaire, Sint Eustatius and Saba have been disaggregated and displayed at the subnational level.

**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 30 July 2023**



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

Hospitalizations and ICU admissions

At the global level, during the analysed 28-day period (26 June to 23 July 2023), 30 of 234 countries reported to WHO a total of 36 048 new hospitalizations and 25 of 234 countries reported to WHO 720 new intensive care unit (ICU) admissions (Figure 4). This represents a 38% and 67% decrease respectively, compared to the previous 28 days (29 May to 25 June 2023). Note that the absence of reported data from other countries to the WHO does not imply that there are no COVID-19 related hospitalizations in those countries. 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, 30 (13%) countries reported data to WHO on new hospitalizations at least once (Figure 5). The European Region had the highest proportion of countries reporting data on new hospitalizations (19 countries; 31%), followed by the South-East Asia Region (two countries; 20%), Region of the Americas (five countries; 9%), the Western Pacific Region (three countries; 9%), and the African Region (one country; 2%). The Eastern Mediterranean Region did not report hospitalization during the period. The proportion of countries that consistently[i] reported new hospitalizations for the period was 7% (16 countries) (Table 2).

Among the 16 out of 234 countries consistently reporting new hospitalizations to WHO, no country registered an increase of 20% or greater in hospitalizations during the past 28 days compared to the previous 28-day period. The highest numbers of new hospitalizations were reported from the United States of America (25 948 vs 25 890; +0.2 %), Brazil (1321 vs 2525; -48%), and Italy (1048 vs 3691; -72%).

Across all six WHO regions, in the past 28 days, a total of 25 (11%) countries reported data to WHO on new ICU admissions at least once (Figure 5). The European Region had the highest proportion of countries reporting data on new ICU admissions (16 countries; 26%), followed by the Western Pacific Region (five countries; 14%), the South-East Asia Region (one country; 10%), the Region of the Americas (three countries; 5%). The African Region and the Eastern Mediterranean Region did not report ICU admissions during the 28-day period. The proportion of countries that consistently reported new ICU admissions for the period was 7% (16 countries) (Table 2).

Among the 16 countries consistently reporting new ICU admissions to WHO, no country showed an increase of 20% or greater in new ICU admissions during the past 28 days compared to the previous 28-day period. The highest numbers of new ICU admissions were reported from Brazil (433 vs 804; -46%), Australia (113 vs 274; -59%), and Italy (32 vs 130; -75%).

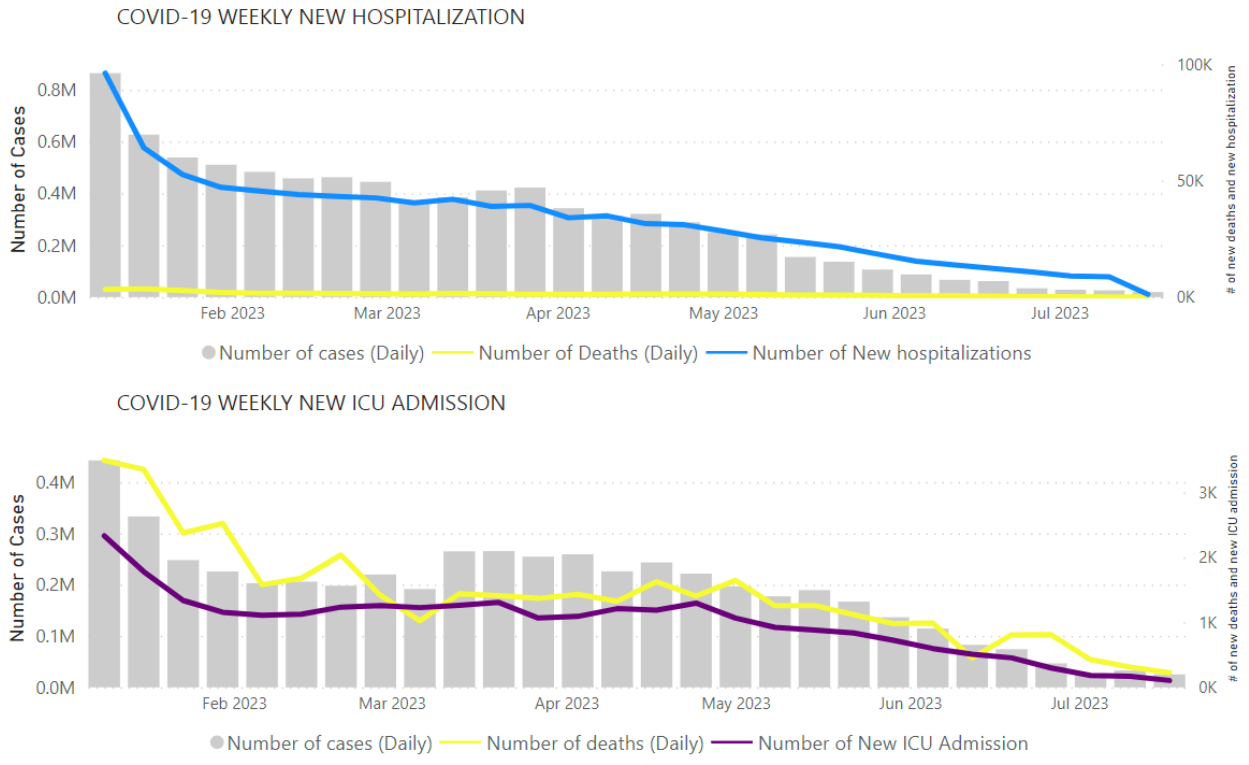
[i] "Consistently" as used here refers to countries that submitted data for new hospitalizations and intensive care unit admissions for the eight consecutive weeks (for the reporting and comparison period).

Table 2. New hospitalizations and ICU admissions in the last 28 days (with percent change) by WHO Region, 26 June to 23 July 2023 compared to 29 May to 25 June 2023

Region	New hospitalizations from countries that reported consistently in the last and previous 28 days			New ICU admissions from countries that reported consistently in the last and previous 28 days		
	Number of countries* (percentage)	Number of new hospitalizations	Percent change	Number of countries* (percentage)	Number of new ICU admissions	Percent change
Africa	1/50 (2%)	22	-35%	0/50 (<1%)	NA**	NA
Americas	3/56 (5%)	27 901	-4%	2/56 (4%)	445	-46%
Eastern Mediterranean	0/22 (<1%)	NA	NA	0/22 (<1%)	NA	NA
European	9/61 (15%)	2 976	-60%	9/61 (15%)	76	-67%
South-East Asia	1/10 (10%)	233	-83%	1/10 (10%)	14	-87%
Western Pacific	2/35 (6%)	568	-64%	4/35 (11%)	119	-60%
Global	**16/234 (7%)**	31 700	**-20%**	**16/234 (7%)**	**654**	**-55%**

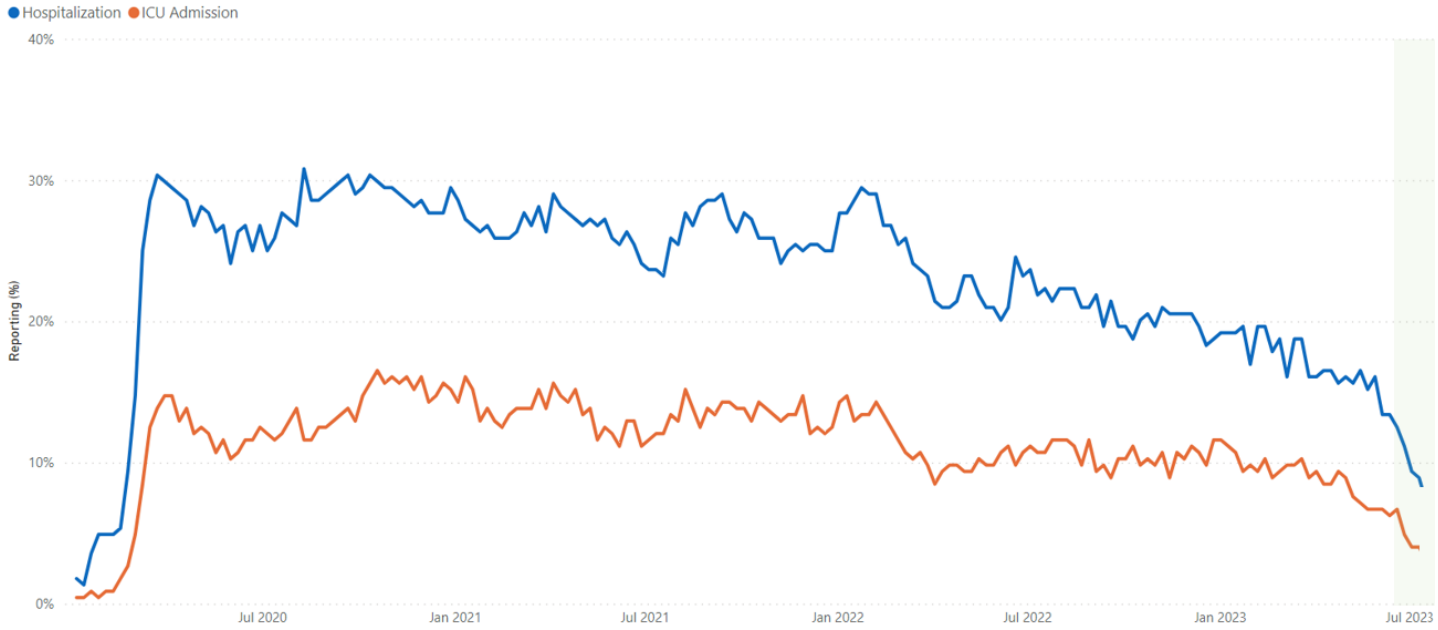
** To be able to compare two periods only the countries reported consistently in both (the last and previous 28 days) periods are included in the table*
*** NA represents not available*

Figure 4. COVID-19 cases, deaths, hospitalizations, and ICU admissions reported weekly to WHO, as of 23 July 2023



Note: Recent weeks are subject to reporting delays and data might not be complete, note to interpret the data with caution. Cases included in grey bars in the graph are only from countries reporting hospitalizations or ICU admissions, respectively.
Source: WHO Detailed Surveillance Dashboard

Figure 5. Weekly proportion of countries reporting new hospitalizations and ICU admissions, epidemiological week 1 of 2020 to week 30 of 2023



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

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

Geographic spread and prevalence

Globally, from 3 to 30 July 2023 (28 days), 8662 SARS-CoV-2 sequences were shared through GISAID.

WHO is currently tracking several SARS-CoV-2 variants, including:

- Two variants of interest (VOIs); XBB.1.5 and XBB.1.16.
- Seven variants under monitoring (VUMs) and their descendent lineages; BA.2.75, CH.1.1, XBB, XBB.1.9.1, XBB.1.9.2, XBB.2.3 and EG.5.

Current SARS-CoV-2 variant trends continue to differ across and within WHO regions and countries. Some countries have seen a recent rise in cases, driven by the VOIs and some VUMs. The rise in cases has in certain countries been accompanied by a rise in hospitalizations and deaths, although at lower levels compared to previous SARS-CoV-2 waves. Population immunity from vaccination and previous SARS-CoV-2 infection is among the factors contributing to the observed heterogeneity in the variant circulation dynamics, and decreased hospitalizations and deaths.

Globally, XBB.1.16 is the most prevalent VOI reported from a total of 100 countries since its emergence (Table 3). XBB.1.16 accounted for 18.4% of sequences in epidemiological week 28 (10 to 16 July 2023) compared to 20.9% in week 24 (12 to 18 June 2023) (Figure 6B, Table 3). At the regional level, the Western Pacific and South-East Asia regions reported the highest prevalence of XBB.1.16, constituting 15% and 36% of submitted sequences respectively (Figure 7).

As of 30 July 2023, a total of 120 countries have reported XBB.1.5 sequences (Table 3). XBB.1.5 has been declining in prevalence and accounted for 11.6% of sequences in week 28 (10 to 16 July 2023), a decline from 17.5% in week 24 (12 to 18 June 2023) (Figure 6A, Table 3). In spite of the declining prevalence, XBB.1.5 remained the most prevalent SARS-CoV-2 variant in the Region of the Americas and the European Region, with a prevalence of 25% and 20%, respectively (Figure 7).

Among the VUMs, EG.5 has shown an increasing trend in prevalence from 6.2% in week 24 to 11.6% by week 28. Conversely, BA.2.75 and XBB.1.9.1 have shown decreasing trends. Specifically, BA.2.75 went from representing 3.1% of sequences in week 24 to 1.7% in week 28, while XBB.1.9.1 decreased from a 16.4% prevalence in week 24 to 9.7% by week 28 (Table 3). Other VUMs have shown declining or stable trends during the same reporting period.

Table 3 shows the number of countries reporting the VOIs and VUMs, along with their prevalence, from week 24 to week 28. Over this five-week period, VOIs and VUMs showing increasing trends are highlighted in orange, those remaining stable are highlighted in blue, while those with decreasing trends are highlighted in green.

Table 3. Weekly prevalence of SARS-CoV-2 VOIs and VUMs, epidemiological week 24 to week 28 of 2023

Lineage	Countries[§]	Sequences[§]	2023-24	2023-25	2023-26	2023-27	2023-28
VOIs							
XBB.1.5*	120	260 650	17.5	16.4	13.1	13.0	11.6
XBB.1.16*	100	41 098	20.9	22.2	21.5	21.7	18.4
VUMs							
BA.2.75*	125	122 796	3.1	2.9	2.5	2.6	1.7
CH.1.1*	95	42 731	0.6	0.6	0.5	0.5	1.1
XBB*	130	66 722	6.9	6.1	6.0	6.5	6.0
XBB.1.9.1*	101	51 692	16.4	16.1	15.1	12.4	9.7
XBB.1.9.2*	85	24 351	8.0	7.7	7.2	6.2	7.3
EG.5*	45	4 722	6.2	7.3	10.4	11.2	11.6
XBB.2.3*	68	8 339	4.0	4.5	4.2	4.5	4.9
Unassigned	94	152 069	4.8	4.0	8.2	9.4	16.7
Other[+]	209	6 764 692	10.6	11.5	10.9	11.4	10.3

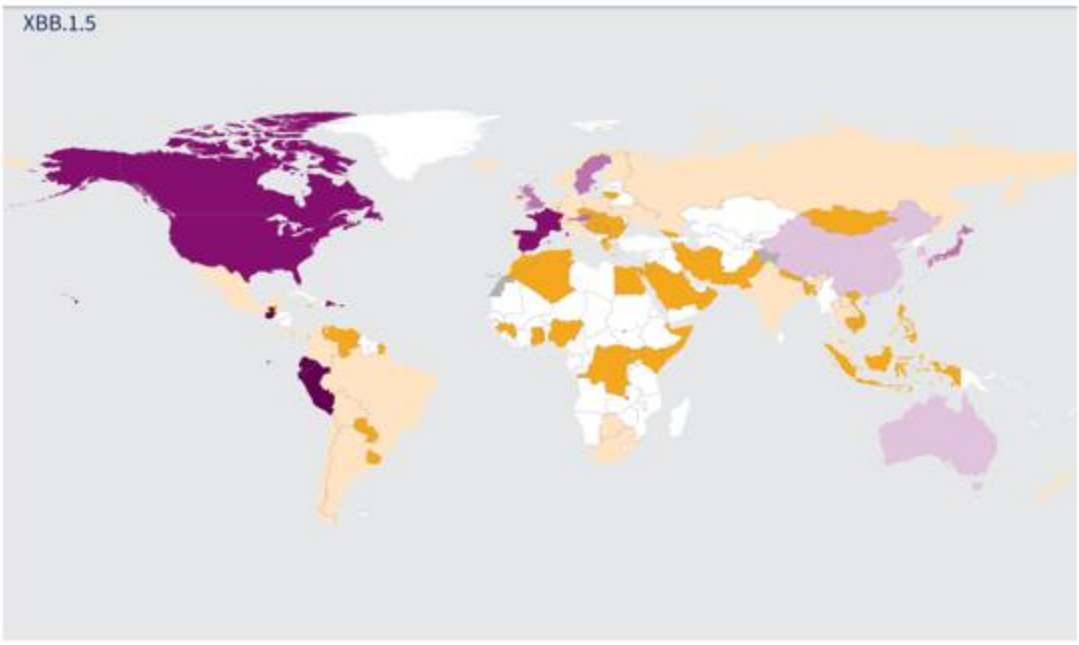
[§] Number of countries and sequences are since the emergence of the variants

* Includes descendant lineages, except those individually specified elsewhere in the table. For example, XBB* does not include XBB.1.5, XBB.1.9.1, XBB.1.9.2, XBB.1.16, XBB.2.3 and EG.5

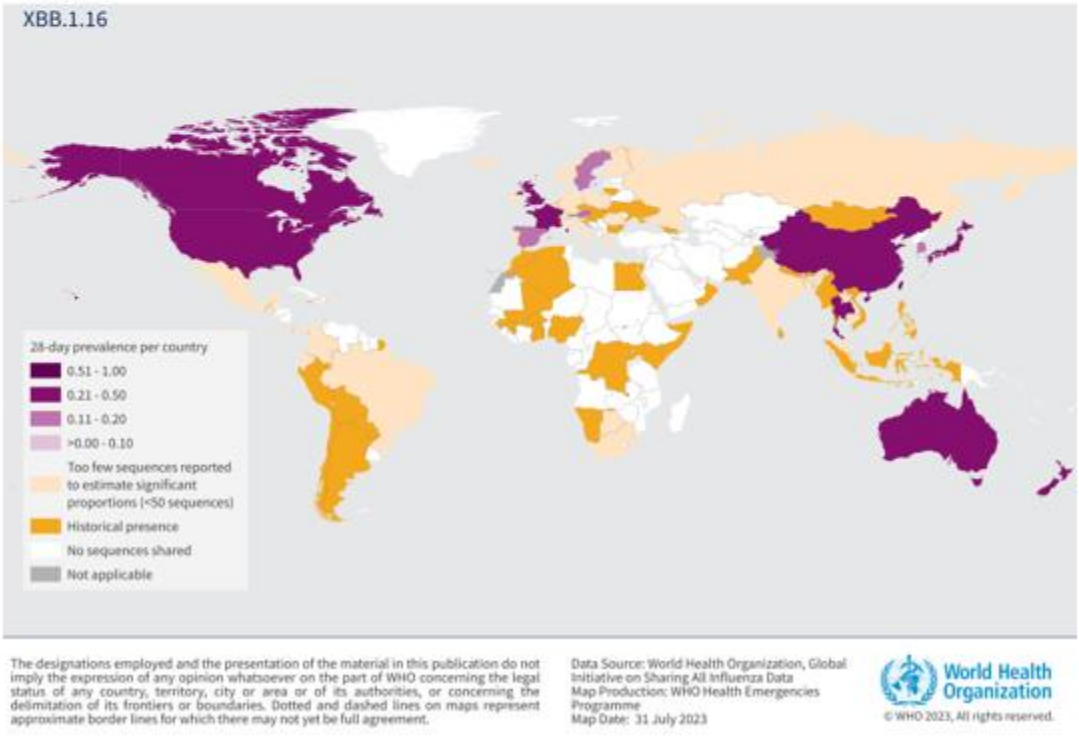
[+] Others are other circulating lineages excluding the VOI, VUMs, BA.1*, BA.2*, BA.3*, BA.4*, BA.5*.

Figure 6. Global 28-day prevalence of variants of interest XBB.1.5 (A) and XBB.1.16 (B), between 12 June to 9 July 2023*+

A

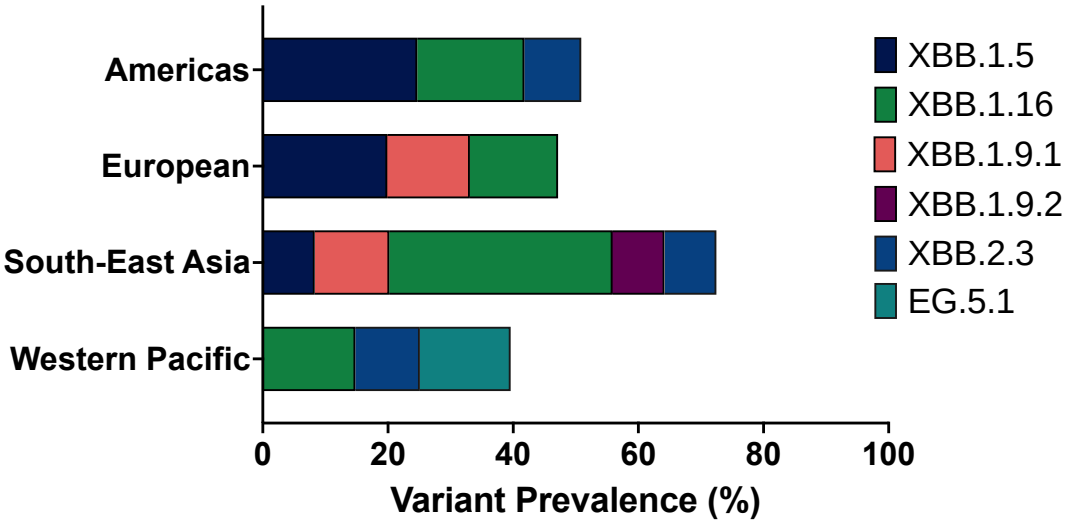


B



*Reporting period to account for delay in sequence submission to GISAID.
+Historical presence indicates countries previously reporting XBB.1.5 and XBB.1.6 sequences but that have not reported them within the period from 12 June to 9 July 2023.

Figure 7. Most prevalent SARS-CoV-2 variants (including non-VOIs/VUMs) by WHO region, epidemiological week 27 to 30 of 2023*



*The African Region and the Eastern Mediterranean Region submitted too few (less than five) sequences within the reporting period

Figure 8. The number and percentage of SARS-CoV-2 sequences, from 1 January to 15 July 2023

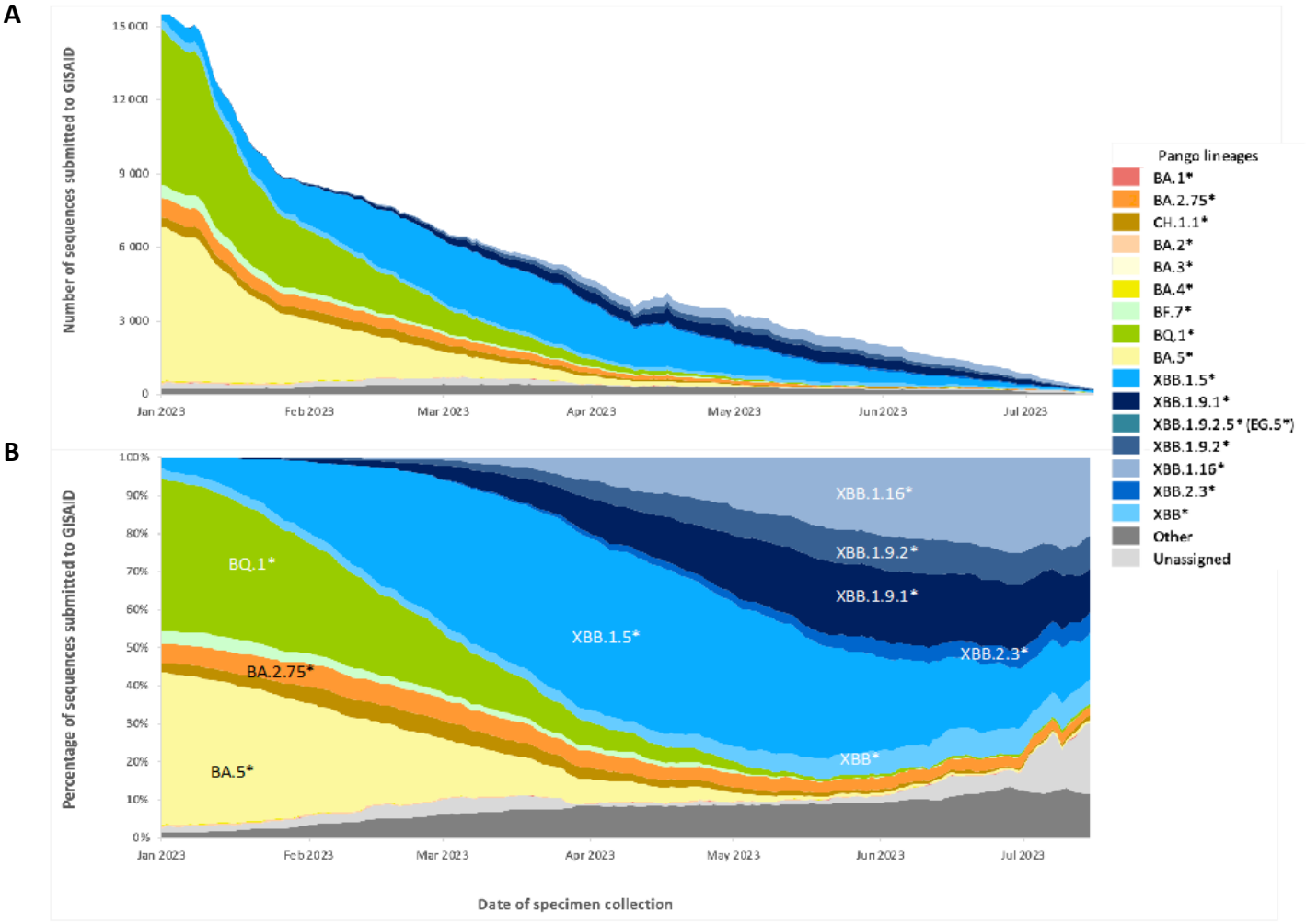


Figure 8. Panel A shows the number, and **Panel B** the percentage, of all circulating variants since January 2023. Omicron sister-lineages and additional Omicron VOC descendent lineages under further monitoring are shown. *BA.1*, BA.2*, BA.3*, BA.4* and BA.5** (* indicates inclusion of descendent lineages) include all BA.1, BA.2, BA.3, BA.4 and BA.5 pooled descendent lineages, except currently circulating variants 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 January 2023 to 15 July 2023.

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 Updated Risk Assessment, 20 June 2023
- WHO XBB.1.16 Updated Risk Assessment, 5 June 2023

Vaccine effectiveness of primary series and booster vaccination against the Omicron and its descendant lineages

Vaccine Effectiveness

The Forest plots displaying information on the effectiveness of COVID-19 vaccines against Omicron variants are available on View-hub.org and updated regularly (last updated on 31 July 2023). All data are collected as part of an ongoing systematic review of COVID-19 vaccine effectiveness (VE) studies (methods described here). COVID-19 VE results are summarized in the following plots, where data are available:

- VE of primary series and first booster dose by vaccine for all vaccines
- VE for various sub-populations of interest
- Absolute and relative VE of a second booster dose (for more information on interpreting relative VE, see the special focus on relative VE from the 29 June 2022 Weekly Epidemiological Update)
- Duration of VE for primary series, first booster dose, and second booster dose
- Absolute VE of bivalent vaccines given as a first, second, or third booster dose

A recent report suggests that VE against Omicron subvariant BA.4/BA.5 is likely lower than against BA.1, although this may be both due to a poorer vaccine performance against BA.4/BA.5 as well as methodological factors in how the VE studies were done. Evidence of VE against XBB/XBB.1.5 is still limited. One study from Singapore found that, among previously infected 12-17-year-olds, *absolute* VE of a first mRNA booster dose against *re-infection* due to XBB was 47.9% (95% confidence interval: 20.2%-66.1%) and 85.7% (95% confidence interval: 80.2%-89.6%) against BA.4/BA.5. However, it is important to note that the maximum duration of follow-up post final dose was longer during the XBB period (approximately 50 weeks) than the BA.4/BA.5 period (approximately 37 weeks); more time for waning against XBB than BA.4/BA.5 may partially explain the lower VE against XBB. Another study from the United States evaluated the *relative* VE of a bivalent mRNA vaccine (ancestral and Omicron BA.4/BA.5) given as a first, second, or third booster compared to individuals receiving two to four doses of monovalent mRNA vaccine; *relative* VE of the bivalent mRNA vaccine against *symptomatic disease* due to XBB.1.5 was similar to that against BA.5. A third study from Qatar, conducted during a period of XBB dominance, found that persons receiving a bivalent mRNA vaccine (ancestral/Omicron BA.1) as a first, second, or third booster dose had improved protection against XBB infection *relative* to persons who had not yet received a bivalent booster vaccine but had previously received two to four doses of a monovalent mRNA vaccine; no comparison to other subvariants was conducted.

Neutralization

Neutralizing antibody studies can provide early insights into vaccine performance against new and emerging VOCs and their subvariants. For more information about the capacity of COVID-19 vaccines to neutralize various Omicron subvariants, please see a systematic review of post-monovalent vaccination neutralization responses to Omicron BA.1, BA.2, BA.3, and BA.4/BA.5. In addition, neutralization plots displaying the results of a living systematic review of neutralization studies are updated regularly on VIEW-hub.org (last updated on 31 July 2023) and contain information on more recent subvariants, such as BQ.1 and XBB.

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 (suggesting poorer vaccine performance) 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. Evidence suggests even further reductions in neutralization capacity against the new subvariants BQ.1/BQ.1.1 and especially XBB/XBB.1/XBB.1.5. Primary series neutralization against Omicron (without a booster) was too poor to enable accurate comparisons of fold reductions for different subvariants.

Finally, a summary of neutralization responses comparing monovalent to bivalent mRNA vaccines is also available on VIEW-hub.org, providing preliminary evidence of improved performance of bivalent vaccines against more recent Omicron subvariants.

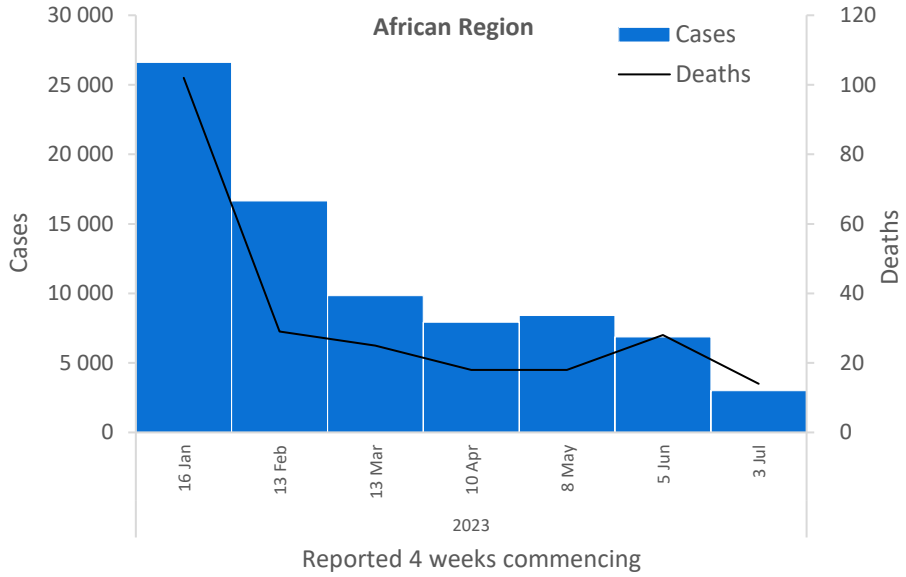
WHO regional overviews

Data for 3 to 30 July 2023

African Region

The African Region reported over 3000 new cases, a 56% decrease as compared to the previous 28-day period. One (2%) of the 50 countries for which data are available reported increases in new cases of 20% or greater: Ethiopia (26 vs 12 new cases; +117%). The highest numbers of new cases were reported from Zambia (1735 new cases; 9.4 new cases per 100 000; -30%), Mauritius (530 new cases; 41.7 new cases per 100 000; -57%), and Zimbabwe (169 new cases; 1.1 new cases per 100 000; -55%).

The number of new 28-day deaths in the Region decreased by 50% as compared to the previous 28-day period, with 14 new deaths reported. The highest numbers of new deaths were reported from Zambia (six new deaths; <1 new death per 100 000; +20%), Zimbabwe (five new deaths; <1 new death per 100 000; -58%), and Botswana (two new deaths; <1 new death per 100 000; no deaths reported the previous 28-day period).

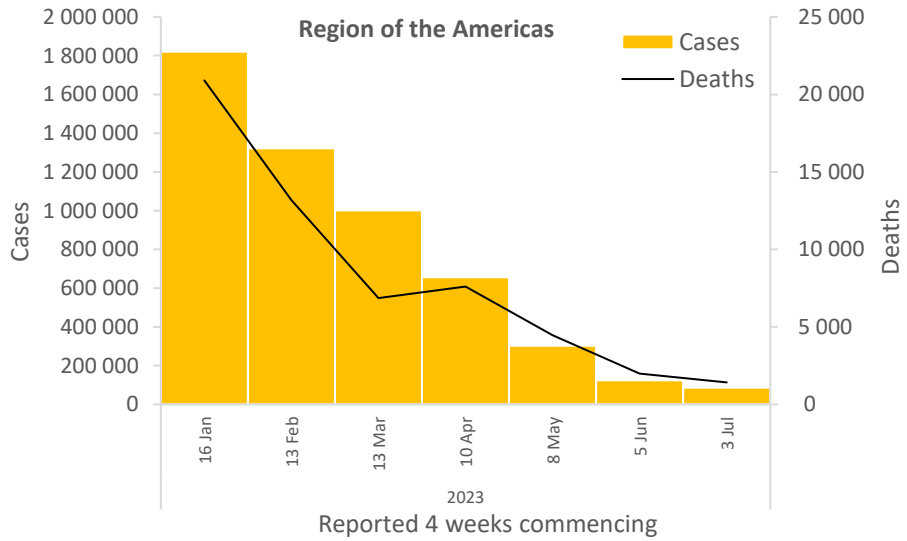


Updates from the African Region

Region of the Americas

The Region of the Americas reported over 86 000 new cases, a 31% decrease as compared to the previous 28-day period. Four (7%) 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 Honduras (1562 vs 303 new cases; +416%), Jamaica (636 vs 198 new cases; +221%), and the Dominican Republic (3853 vs 2019 new cases; +91%). The highest numbers of new cases were reported from Brazil (45 642 new cases; 21.5 new cases per 100 000; -35%), Guatemala (9530 new cases; 53.2 new cases per 100 000; +15%), and Canada (5746 new cases; 15.2 new cases per 100 000; -41%).

The number of new 28-day deaths in the Region decreased by 29% as compared to the previous 28-day period, with 1417 new deaths reported. The highest numbers of new deaths were reported from Brazil (695 new deaths; <1 new death per 100 000; -34%), Peru (321 new deaths; 1.0 new death per 100 000; +28%), and Canada (112 new deaths; <1 new death per 100 000; -63%).

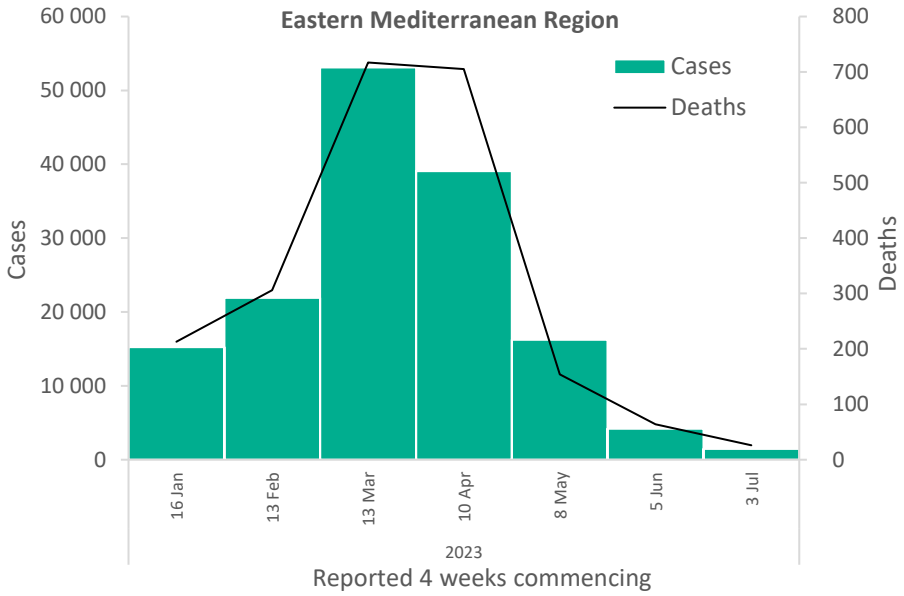


Updates from the Region of the Americas

Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 1400 new cases, a 65% decrease as compared to the previous 28-day period. No country has reported increases in new cases of 20% or greater compared to the previous 28-day period. The highest numbers of new cases were reported from Afghanistan (918 new cases; 2.4 new cases per 100 000; -29%), the Islamic Republic of Iran (398 new cases; <1 new case per 100 000; -34%), and Morocco (105 new cases; <1 new case per 100 000; -61%).

The number of new 28-day deaths in the Region decreased by 59% as compared to the previous 28-day period, with 26 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (14 new deaths; <1 new death per 100 000; -53%), and Afghanistan (12 new deaths; <1 new death per 100 000; +33%).

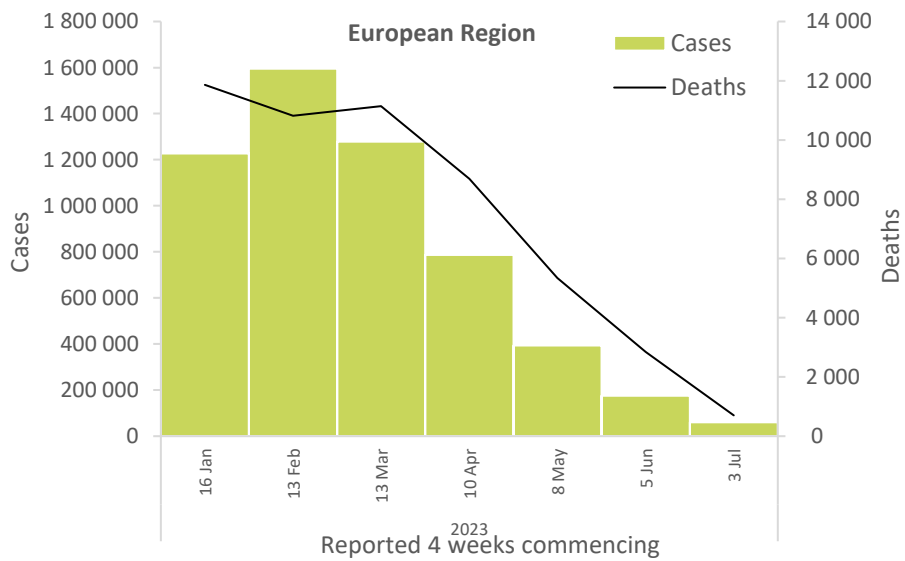


Updates from the Eastern Mediterranean Region

European Region

The European Region reported over 60 000 new cases, a 66% decrease as compared to the previous 28-day period. One (2%) of the 61 countries for which data are available reported increases in new cases of 20% or greater: Kosovo[1] (nine vs seven new cases; +29%). The highest numbers of new cases were reported from the Russian Federation (15 091 new cases; 10.3 new cases per 100 000; -50%), Italy (13 533 new cases; 22.7 new cases per 100 000; -48%), and the United Kingdom (10 964 new cases; 16.2 new cases per 100 000; -19%).

The number of new 28-day deaths in the Region decreased by 75% as compared to the previous 28-day period, with 704 new deaths reported. The highest numbers of new deaths were reported from the Russian Federation (251 new deaths; <1 new death per 100 000; -50%), Italy (125 new deaths; <1 new death per 100 000; -63%), and Portugal (52 new deaths; <1 new death per 100 000; -61%).

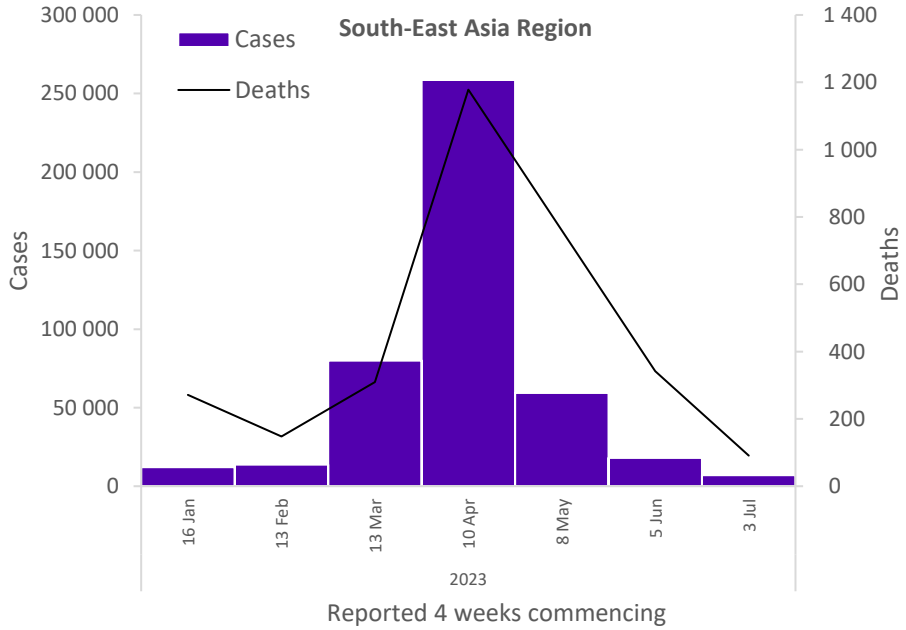


Updates from the European Region

South-East Asia Region

The South-East Asia Region reported over 6900 new cases, a 61% 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 (18 vs one new cases; +1700%). The highest numbers of new cases were reported from Thailand (2753 new cases; 3.9 new cases per 100 000; -63%), Bangladesh (1708 new cases; 1.0 new case per 100 000; -44%), and India (1307 new cases; <1 new case per 100 000; -52%).

The number of new 28-day deaths in the Region decreased by 73% as compared to the previous 28-day period, with 91 new deaths reported. The highest numbers of new deaths were reported from Thailand (54 new deaths; <1 new death per 100 000; -74%), Indonesia (17 new deaths; <1 new death per 100 000; -81%), and Bangladesh (10 new deaths; <1 new death per 100 000; -29%).

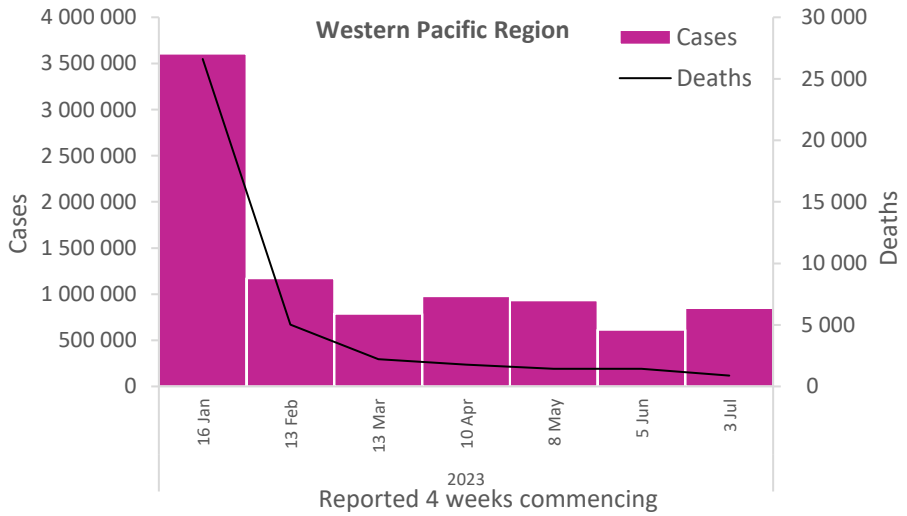


Updates from the South-East Asia Region

Western Pacific Region

The Western Pacific Region reported over 850 000 new cases, a 38% increase as compared to the previous 28-day period. Six (17%) 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 (109 vs two new cases; +5350%), Micronesia (Federated States of) (12 vs two new cases; +500%), and Tokelau (57 vs 18 new cases; +217%). The highest numbers of new cases were reported from the Republic of Korea (751 484 new cases; 1465.8 new cases per 100 000; +96%), Australia (30 144 new cases; 118.2 new cases per 100 000; -72%), and New Zealand (23 443 new cases; 486.1 new cases per 100 000; -13%).

The number of new 28-day deaths in the Region decreased by 39% as compared to the previous 28-day period, with 880 new deaths reported. The highest numbers of new deaths were reported from Australia (260 new deaths; 1.0 new death per 100 000; -67%), the Republic of Korea (199 new deaths; <1 new death per 100 000; +5%), and Mongolia (148 new deaths; 4.5 new deaths per 100 000; no deaths reported the previous 28-day period).



Updates from the Western Pacific Region

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 excepted, 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.

[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.

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

WHO, in collaboration with national authorities, institutions and researchers, routinely assesses if variants of SARS-CoV-2 alter transmission or disease characteristics, or impact the effectiveness of vaccines, therapeutics, diagnostics or public health and social measures (PHSM) applied to control disease spread. Potential variants of concern (VOCs), variants of interest (VOIs) or variants under monitoring (VUMs) are regularly assessed based on the risk posed to global public health.

The classifications of variants will be revised as needed to reflect the continuous evolution of circulating variants and their changing epidemiology. Criteria for variant classification, and the lists of currently circulating and previously circulating VOCs, VOIs and VUMs, are available on the WHO Tracking SARS-CoV-2 variants webpage. National authorities may choose to designate other variants and are strongly encouraged to investigate and report newly emerging variants and their impact.

WHO continues to monitor all 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.[1]

References

1. Chen Z, Azman AS, Chen X, et al. Global landscape of SARS-CoV-2 genomic surveillance and data sharing. *Nature genetics*. 2022;54(4). doi:10.1038/s41588-022-01033-y