

# **COVID-19 Weekly Epidemiological Update**

#### Edition 48, published 13 July 2021

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# **Global overview** Data as of 11 July 2021

The global number of new cases reported last week (5-11 July 2021) was nearly 3 million, a 10% increase as compared to the previous week (Figure 1). Following a steady decline for nine consecutive weeks, the number of weekly deaths increased by 3% this week compared to the previous week, with over 55,000 deaths reported. Globally, COVID-19 incidence increased with an average of over 400,000 cases reported each day as compared to 370,000 from the previous week. The cumulative number of cases reported globally is now over 186 million and the number of deaths exceeds 4 million.

This week, all Regions with the exception of the Americas recorded an increase in incidence. The Eastern Mediterranean Region recorded the largest increase in incidence (25%) followed by European Region with a 20% increase as compared to the previous week (Table 1). The African Region had the smallest percentage increase in incidence with a 5% increase. However, the region recorded a 50% increase in the number of deaths as compared to the previous week. The South-East Asia Region also recorded a significant increase in number of deaths, reporting a 26% increase as compared to the previous week. The Region of the Americas reported a 3% decline in incidence and an 11% decrease in number of deaths reported last week.





\*\*See Annex 2: Data, table and figure notes

The highest numbers of new cases were reported from Brazil (333 030 new cases; 9% decrease), India (291 789 new cases; 7% decrease), Indonesia (243 119 new cases; 44% increase), The United Kingdom (210 277 new cases; 30% increase), and Colombia (174 320 new cases; 15% decrease). Over the past week, the highest numbers of new cases per 100 000 population were reported from British Virgin Islands (2497 new cases per 100 000 pop), Seychelles (763 new cases per 100 000 pop), Cyprus (673 new cases per 100 000 pop), Jersey (628 new cases per 100 000 pop), and Fiji (490 new cases per 100 000 pop).

Globally, cases of the Alpha variant have been reported in 178 countries, territories or areas (six new countries in the past week), while 123 countries (three new countries) reported cases of the Beta variant; 75 countries (three new countries) reported cases of the Gamma variant; 111 countries (15 new countries) reported cases of the Delta variant.

WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days *	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days *	Cumulative deaths (%)
Americas	962 280 (32%)	-3%	73 767 194 (40%)	23 715 (42%)	-11%	1 938 190 (48%)
Europe	653 803 (22%)	20%	56 935 257 (31%)	6 926 (12%)	-1%	1 196 301 (30%)
South-East Asia	712 210 (24%)	16%	35 931 354 (19%)	14 600 (26%)	26%	510 539 (13%)
Eastern Mediterranean	306 986 (10%)	25%	11 440 249 (6%)	3 706 (7%)	7%	222 510 (6%)
Africa	213 694 (7%)	5%	4 386 419 (2%)	5 013 (9%)	50%	102 681 (3%)
Western Pacific	147 492 (5%)	15%	3 779 156 (2%)	1 870 (3%)	-3%	57 627 (1%)
Global	2 996 465 (100%)	10%	186 240 393 (100%)	55 830 (100%)	3%	4 027 861 (100%)

#### Table 1. Newly reported and cumulative COVID-19 cases and deaths, by WHO Region, as of 11 July 2021\*\*

\*Percent change in the number of newly confirmed cases/deaths in past seven days, compared to seven days prior \*\*See Annex 2: Data, table and figure notes

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

- WHO COVID-19 Dashboard
- <u>WHO COVID-19 Weekly Operational Update and previous editions of the Weekly Epidemiological</u> <u>Update</u>



#### Figure 2. COVID-19 cases per 100 000 population reported by countries, territories and areas, 5 – 11 July 2021\*\*

\*\*See Annex 2: Data, table and figure notes



#### Figure 3. COVID-19 deaths per 100 000 population reported by countries, territories and areas, 5 – 11 July 2021\*\*

\*\*See Annex 2: Data, table and figure notes

# Special Focus: Update on WHO COVID-19 global rapid risk assessment

The COVID-19 pandemic continues to evolve, as does our understanding of the SARS-CoV-2 virus, and the response needed to control the spread and impact of the virus. In WHO's most recent rapid risk assessment, conducted on 9 July 2021, the global public health risk remains very high.

Under the <u>Emergency Response Framework</u>, WHO undertakes risk assessments and situation analyses on a regular basis to inform our response to emerging situations. In addition, WHO periodically reviews the current risk status of public health events through an in-depth hazard, exposure and context assessment. This also includes a review of the vulnerabilities and capacities available to respond to the public health event and to investigate the current risk to human health, risks of ongoing spread globally, and risk of insufficient control capacities. Such assessments are used as an internal WHO decision-making tool; they are also used to support independent deliberations, including (but not limited to) meetings of the International Health Regulations (IHR 2005) Emergency Committee. To date, a total of 11 global rapid risk assessments have been undertaken for COVID-19, and additional assessments have been conducted for specific events surrounding the emergence of SARS-CoV-2 Variants of Concern (VOCs). Here, we provide a synopsis of the most recent in-depth global rapid risk assessment for COVID-19.

The global public health risks associated with COVID-19 remain very high. Following a two-month steady decline at the global level, case incidence rates remain high (once again approaching around 3 million new confirmed cases per week) and are increasing in most regions and in many countries. Following a decline in the death rate since the peak registered at the end of April 2021, a slight increase in deaths has been reported this week in comparison to the previous week, with several countries across all WHO regions with low levels of vaccination now reporting sharp increases in cases, hospitalizations, and deaths.

As the SARS-CoV-2 virus continues to circulate and evolve, emerging variants of interest and concern are being characterised by WHO and partners, to evaluate increased transmissibility and other potential phenotypic impacts. The four VOCs characterized to date (Alpha; Beta; Gamma, Delta) have demonstrated increased transmissibility. The Delta variant has now been detected in at least 111 countries across all six WHO regions in the last two months and has shown higher transmissibility than other VOCs identified to date. The increased transmissibility means that it is likely to become the dominant variant globally over the coming months. The emergence of more transmissible variants, coupled with the relaxation and inappropriate use of public health and social measures (PHSM) and increased social mobility and mixing, , and low vaccination coverage in many countries , continue to contribute to rapid surges in incidence, hospitalizations and deaths in many countries. Moreover, in large parts of the world, there remain gaps in epidemiological surveillance, testing, and genomic sequencing, and this limits our ability to monitor and assess the impact of current and future variants in a timely manner.

While almost a quarter (24.7%) of the world's population has received at least one dose of a COVID-19 vaccine (over three billion doses administered), there are vast inequities in vaccine distribution and administration with the majority of vaccines administered in a small number of high and upper-middle-income countries. The COVAX facility has been working to reduce this gap, but a large proportion of the world's population remains susceptible to SARS-CoV-2 infection. The breadth and quality of evidence of the efficacy and effectiveness of current vaccines against emerging variants remains limited; nevertheless, the available evidence suggests full vaccination offers high levels of protection against severe disease and death for all four VOCs, with mixed evidence as to the impacts on infection, mild-moderate disease, and transmission. Virus evolution and the phenotypic impacts of all variants, including potential immune escape, require close monitoring and assessment, including the possible need for future adjustments to vaccine composition, vaccination strategies and/or coverage targets.

In response to the COVID-19 pandemic, countries have moved in and out of restrictions of varying stringency over the past 18 months with many now facing considerable pressure to lift all remaining PHSM. Social mixing and mobility are increasing, in the forms of small- to large-scale gatherings and non-essential travel. Improper

planning or assessment of the risk of transmission during any gathering or travel provides opportunities for the virus to spread. Ongoing analyses evaluating the impact of VOCs in countries suggest that the individualand community-level PHSM and infection prevention and control (IPC) strategies remain effective, including against current VOCs/VOIs. Suboptimal epidemiological surveillance, testing and contact tracing, isolation of cases and quarantine of contacts, and waning support and adherence to PHSM, are currently undoing gains made to date in controlling the pandemic.

Finally, supply shortages in vaccines, medical oxygen, personal protective equipment, laboratory tests, and other critical items continue to present key challenges in responding to the pandemic in the worst-affected countries. In 2021, maintaining the COVID-19 Supply Chain System has taken on an added dimension of complexity, given the requirement for ultra-cold-chain storage from production facilities to points of vaccine administration for some of the COVID-19 vaccines. In addition to the supply chain, the U\$1.96 billion COVID-19 Strategic Preparedness and Response Plan for 2021 still has a 67% funding gap, straining resources for other urgent priorities such as vaccine deployment, epidemiological surveillance, contact tracing, and maintaining essential health services.

#### **Additional resources**

Further information about WHO risk assessment process

# Special Focus: Update on SARS-CoV-2 Variants of Interest and Variants of Concern

WHO, in collaboration with national authorities, institutions and researchers, routinely assesses if variants of SARS-CoV-2 alter transmission or disease characteristics, or impact vaccine, therapeutics, diagnostics or effectiveness of public health and social measures (PHSM) applied by national authorities to control disease spread. "Signals" of potential Variants of Concern (VOCs) or Variants of Interest (VOIs) are detected and assessed based on the risk posed to global public health. As these risks evolve, WHO will continue to update lists of global VOIs and VOCs to support setting priorities for surveillance and research, and ultimately guide response strategies (for more information, please see the <u>Tracking SARS-CoV-2 variants</u> website).

As surveillance activities to detect SARS-CoV-2 variants are strengthened at local and national levels, including by strategic genomic sequencing, the number of countries/areas/territories (hereafter countries) reporting VOCs has continued to increase (Figure 3, Annex 2). This distribution should be interpreted with due consideration of surveillance limitations, including differences in sequencing capacities and sampling strategies between countries. Nevertheless, an overall rise in COVID-19 cases due to the Delta variant is reported across all WHO regions. As of 13 July, at least 111 countries, territories and areas have reported detection of Delta variant, and this is expected to continue to increase, becoming the dominant variant globally in the coming months. The increased transmissibility associated with the Delta variant is likely to result in substantial increases in case incidence and greater pressure on healthcare systems, particularly in contexts of low vaccine coverage.

As countries gradually resume non-essential international travel, the introduction of risk mitigation measures aiming to reduce travel-associated exportation, importation and onward transmission of SARS-CoV-2 should be based on thorough risk assessments conducted systematically and routinely.

#### **Additional resources**

- COVID-19 new variants: Knowledge gaps and research
- Tracking SARS-CoV-2 variants
- Genomic sequencing of SARS-CoV-2: a guide to implementation for maximum impact on public health
- Considerations for implementing and adjusting PHSM in the context of COVID-19
- Technical considerations for implementing a risk-based approach to international travel in the context of COVID-19: Interim guidance, 2 July 2021
- Landscape of observational study designs on the effectiveness of COVID-19 vaccination

Figure 3. Countries, territories and areas reporting variants Alpha, Beta, Gamma and Delta, as of 13 July 2021\*\* **Countries, territories, and areas reporting Variants of Concern** (situation as of 13 July 2021)



\*Includes countries/territories/areas reporting the detection of B.1.617 without further specification of lineage at this time. These will be reallocated as further details become available.

\*\*Countries/territories/areas highlighted include both official and unofficial reports of VOC detections, and do not presently differentiate between detections among travellers (e.g., at Points of Entry) or local community cases. Please see Annex 2 for further details.

#### WHO regional overviews - Epidemiological week 5 – 11 July 2021

#### **African Region**

The weekly case incidence and deaths continues to increase for the past consecutive nine weeks and eight weeks, respectively. The African Region reported over 213 000 new cases and over 5000 new deaths, a 5% and a 50% increase respectively as compared to the previous week. In the past week, 62% of all new cases and 53% of all new deaths were reported from South Africa. The highest numbers of new cases were reported from South Africa (132 986 new cases; 224.2 new cases per 100 000 population; percentage difference similar to last week), Zimbabwe (13 188 new cases; 88.7 new cases per 100 000; a 72% increase), and Zambia (12 302 new cases; 66.9 new cases per 100 000; a 25% decrease).

The highest numbers of new deaths were reported from South Africa (2631 new deaths; 4.4 new deaths per 100 000 population; a 52% increase), Uganda (897 new deaths; 2.0 new deaths per 100 000; a 176% increase), and Zambia (378 new deaths; 2.1 new deaths per 100 000; a 12% decrease).



#### **Region of the Americas**

The Region of the Americas reported over 962 000 new cases and over 23 000 new deaths, a 3% and an 11% decrease respectively as compared to the previous week. Overall, cases continue to decline in the region, however, large increases in case incidence were reported in small islands such as British Virgin Islands, Martinique, Barbados and Turks and Caicos Islands. The highest numbers of new cases were reported from Brazil (333 030 new cases; 156.7 new cases per 100 000; a 9% decrease), Colombia (174 320 new cases; 342.6 new cases per 100 000; a 15% decrease), and the United States of America (128 482 new cases; 38.8 new cases per 100 000; a 38% increase).

The highest numbers of new deaths were reported from Brazil (9736 new deaths; 4.6 new deaths per 100 000; a 10% decrease), Colombia (4008 new deaths; 7.9 new deaths per 100 000; a 9% decrease), and Argentina (2849 new deaths; 6.3 new deaths per 100 000; a 16% decrease).



Updates from the <u>Region of the Americas</u>

#### **Eastern Mediterranean Region**

The Eastern Mediterranean Region reported just under 307 000 new cases and over 3700 new deaths, a 25% and a 7% increase respectively as compared to the previous week. This is the fourth consecutive week of increase in cases reported in the region. The highest numbers of new cases were reported from the Islamic Republic of Iran (114 749 new cases; 136.6 new cases per 100 000; a 38% increase), Iraq (56 535 new cases; 140.6 new cases per 100 000; a 29% increase), and Tunisia (52 076 new cases; 440.6 new cases per 100 000; a 47% increase).

The highest numbers of new deaths were reported from the Islamic Republic of Iran (1067 new deaths; 1.3 new deaths per 100 000; a 16% increase), Tunisia (983 new deaths; 8.3 new deaths per 100 000; a 44% increase), and Afghanistan (525 new deaths; 1.3 new deaths per 100 000; a 4% decrease).



Updates from the Eastern Mediterranean Region

## **European Region**

Cases in the European Region have been steadily increasing over the past month and this week, the Region reported over 653 000 new cases, a 20% increase as compared to the previous week. The number of new deaths reported regionally this week was similar to that of the previous week. The highest numbers of new cases were reported from the United Kingdom (210 277 new cases; 309.8 new cases per 100 000; a 30% increase), Russian Federation (172 392 new cases; 118.1 new cases per 100 000; an 8% increase), and Spain (52 824 new cases; 111.6 new cases per 100 000; a 19% decrease).

The highest numbers of new deaths were reported from the Russian Federation (5077 new deaths; 3.5 new deaths per 100 000; a 9% increase), Turkey (318 new deaths; 0.4 new deaths per 100 000; a 9% decrease), and Germany (201 new deaths; 0.2 new deaths per 100 000; a 27% decrease).



Updates from the European Region

# South-East Asia Region

Although trends in the incidence of new cases in the South-East Asia Region are at much lower levels as compared to the region's highest peaks at the start of May, the Region is reporting another resurgence in cases with over 712 000 new cases reported in the Region this week, a 16% increase as compared to the previous week. More concerning is the number of new deaths: the past week saw over 14 000 new deaths, a 26% increase as compared to the previous week. The highest numbers of new cases were reported from India (291 789 new cases; 21.1 new cases per 100 000; a 7% decrease), Indonesia (243 119 new cases; 88.9 new cases per 100 000; a 44% increase), and Bangladesh (76 272 new cases; 46.3 new cases per 100 000; a 35% increase).

The highest numbers of new deaths were reported from India (6035 new deaths; 0.4 new deaths per 100 000; a 4% decrease), Indonesia (5882 new deaths; 2.2 new deaths per 100 000; a 71% increase), and Bangladesh (1354 new deaths; 0.8 new deaths per 100 000; a 52% increase).



Updates from the South-East Asia Region

### Western Pacific Region

The Western Pacific Region has reported increasing trends in case incidence for the past three weeks although deaths remain relatively stable. This week over 147 000 new cases and over 1800 new deaths were reported, a 15% increase and a 3% decrease respectively as compared to the previous week. The highest numbers of new cases were reported from Malaysia (54 584 new cases; 168.6 new cases per 100 000; a 24% increase), the Philippines (36 706 new cases; 33.5 new cases per 100 000; a 5% decrease), and Japan (13 314 new cases; 10.5 new cases per 100 000; a 22% increase).

The highest numbers of new deaths were reported from the Philippines (753 new deaths; 0.7 new deaths per 100 000; an 8% decrease), Malaysia (633 new deaths; 2.0 new deaths per 100 000; a 15% increase), and Cambodia (185 new deaths; 1.1 new deaths per 100 000; a 7% increase).



Updates from the Western Pacific Region

# Key weekly updates

#### WHO Director-General's key messages

- In his <u>opening remarks at the media briefing on COVID-19 7 July 2021</u>, the Director-General highlighted:
  - the need for vaccinating 10 per cent of people in all countries by September and 40 per cent by the end of the year to position the world on the path to vaccinating 70 percent of the people in all countries by the middle of 2022.
  - the use of Interleukin-6 receptor blockers in patients who are severely or critically ill with COVID-19, a class of medicines that is lifesaving, especially when administered alongside corticosteroids.
- In his introductory remarks at the high-level event: <u>Impact of violence on children's mental health- 8</u> <u>July 2021</u>, the Director-General emphasized the need to step up the efforts to improve the prevention, diagnoses and treatment of mental health conditions in children, and the need for building nurturing environments within families, schools and communities for children to achieve the right to be free from violence and enjoy high quality mental healthcare.

#### **Updates and publications**

- Infection prevention and control during health care when coronavirus disease (COVID-19) is suspected or confirmed
- <u>COVID-19 Vaccines: safety surveillance manual. Module on safety surveillance of COVID-19 vaccines in pregnant and breastfeeding women</u>
- Diagnostics, therapeutics, vaccine readiness, and other health products for COVID-19
- Modelling the health impacts of disruptions to essential health services during COVID-19
- <u>WHO Global Clinical Platform for the Clinical Characterization of COVID-19: Statistical Analysis Plan, 7 July 2021</u>
- Therapeutics and COVID-19: living guideline

# Annex

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: <u>https://covid19.who.int/table</u>

# Annex 1. List of countries/territories/areas reporting Variants of Concern as of 13 July 2021\*\*

Country/Territory/Area***	Alpha	Beta	Gamma	Delta	Unspecif ied
Afghanistan	•	-	-	•*	-
Albania	•	-	-	-	-
Algeria	•	-	-	•	-
Angola	•	•	-	-	-
Antigua and Barbuda	•	•	-	-	-
Argentina	•	•	•	•	-
Armenia	0	-	-	-	-
Aruba	•	•	•	•	-
Australia	•	•	•	•	-
Austria	٠	•	•	•	-
Azerbaijan	•	-	-	-	-
Bahrain	•	•	-	•	-
Bangladesh	•	•	-	•	-
Barbados	•	-	•	•	-
Belarus	•	-	-	0	-
Belgium	•	•	•	•	-
Belize	•	-	-	-	-
Benin	•*	-	-	-	-
Bermuda	•	•	-	-	-
Bhutan	•	•	-	•	-
Bolivia (Plurinational State of)	•	-	•	-	-
Bonaire	•	-	-	-	-
Bosnia and Herzegovina	0	-	-	° <b>*</b>	-
Botswana	•*	•	-	•	-
Brazil	•	•	•	•	-
British Virgin Islands	•	-	•	-	-

Country/Territory/Area***	Alpha	Beta	Gamma	Delta	Unspecif ied
Brunei Darussalam	•	•	-	-	-
Bulgaria	•	•	-	•	-
Burkina Faso	•	-	-	-	-
Cabo Verde	•	-	-	-	-
Cambodia	•	-	-	•	-
Cameroon	•	•	-	-	-
Canada	•	•	•	•	-
Cayman Islands	•	-	•*	-	-
Central African Republic	•	-	-	-	-
Chile	•	•	•	•	-
China	•	•	•	0	-
Colombia	•	-	•	-	-
Comoros	-	•	-	-	-
Congo	•	-	-	-	-
Costa Rica	•	•	•	-	-
Croatia	•	•	0	0	-
Cuba	•	•	-	-	-
Curaçao	•	-	•	-	•
Cyprus	•	•	-	o <b>*</b>	-
Czechia	•	•	•	•	-
Côte d'Ivoire	•	•	-	-	-
Democratic Republic of the Congo	•	•	-	•	-
Denmark	•	•	•	•	-
Djibouti	•	•	-	-	-
Dominica	•	-	-	-	-

Country/Territory/Area***	Alpha	3eta	Gamma	Delta	Jnspecif ed
Dominican Republic		-	•	_	
Ecuador	•		•	•*	
Equat	•		•	•	
Equatorial Guipoa	•	-	-	-	-
	•	•	-	-	-
Estonia	•	•	0	-	0
Eswatini	•*	•	-	-	-
Ethiopia	0	-	-	-	-
Faroe Islands	•	-	•	-	-
Fiji	-	-	-	•	-
Finland	•	•	•	•	-
France	•	•	•	•	-
French Guiana	•	•	•	•	-
French Polynesia	•	•	•	•	-
Gabon	•	0	-	-	-
Gambia	٠	-	-	٠	-
Georgia	٠	0	-	٠	-
Germany	٠	٠	٠	٠	-
Ghana	٠	•	-	•	-
Gibraltar	٠	-	-	-	-
Greece	٠	•	•	•	-
Grenada	٠	-	-	-	-
Guadeloupe	•	•	•	•	-
Guam	•	•	•	•	-
Guatemala	•	•	•	-	-
Guinea	•	•	-	-	-
Guinea-Bissau	٠	•	-	-	-

Country/Territory/Area***	Alpha	Beta	Gamma	Delta	Unspecif ied
Guyana	-	-	•	-	-
Haiti	•	-	•	-	-
Honduras	•	-	-	-	-
Hungary	•	0	-	0	-
Iceland	•	-	-	-	-
India	•	•	•	•	-
Indonesia	•	•	-	•	-
Iran (Islamic Republic of)	٠	•	-	•	-
Iraq	٠	•	-	-	-
Ireland	•	•	•	•	-
Israel	•	•	•	•	-
Italy	٠	•	•	•	-
Jamaica	•	-	-	-	-
Japan	•	•	•	•	-
Jordan	•	•	•	•	-
Kazakhstan	0	0	-	•	-
Kenya	•	•	-	•	-
Kosovo <sup>[1]</sup>	•	0	-	0	-
Kuwait	•	-	-	•	-
Kyrgyzstan	•	•*	-	-	-
Lao People's Democratic Republic	•	-	-	•	-
Latvia	•	•	•	0	-
Lebanon	•	-	-	•	-
Lesotho	-	•	-	-	-
Liberia	•	-	-	-	-
Libya	•	•	-	-	-
Liechtenstein	•	-	-	-	-
Lithuania	•	•	•	0	-
Luxembourg	•	•	•	•	-
Madagascar	•*	•	-	-	-
Malawi	•	•	-	•	-

Country/Territory/Area***	Alpha	Beta	Gamma	Delta	Unspecif ied
Malaysia	٠	•	-	•	-
Maldives	•	-	-	•	-
Malta	•	0	•	0	-
Martinique	•	•	•	•	-
Mauritania	•	•	-	•	-
Mauritius	0	•	-	•	-
Mayotte	•	•	-	-	-
Mexico	•	•	•	•	-
Monaco	•	0	-	° <b>*</b>	-
Montenegro	•	-	-	-	-
Montserrat	٠	-	-	-	-
Morocco	•	-	-	•	-
Mozambique	-	•	-	•	-
Myanmar	•	-	-	-	-
Namibia	•*	•	-	•	-
Nepal	•	-	-	•	-
Netherlands	•	•	•	•	-
New Caledonia	•	-	-	-	-
New Zealand	•	•	0	0	-
Niger	•	-	-	-	-
Nigeria	•	-	-	•*	-
North Macedonia	•	•	-	° <b>*</b>	-
Norway	•	•	•	•	-
Occupied Palestinian Territory	•	•	-	•	-
Oman	•	•	-	•	-
Pakistan	•	•	•	•	-
Panama	•	•	•	-	•
Paraguay	•	-	•	-	-
Peru	•	-	•	•	-
Philippines	•	•	•	•	-
Poland	•	0	•	•	-
Portugal	•	•	•	•	-

Country/Territory/Area***	Alpha	Beta	Gamma	Delta	Unspecif ied
Puerto Rico	•	•	•	•	-
Qatar	٠	•	-	•	-
Republic of Korea	٠	•	٠	•	-
Republic of Moldova	0	-	-	-	-
Romania	٠	•	•	•	-
Russian Federation	٠	•	-	•	-
Rwanda	•	0	-	-	-
Réunion	•	•	•	0	-
Saba	-	-	-	•	-
Saint Barthélemy	٠	-	-	-	-
Saint Lucia	•	-	-	-	-
Saint Martin	•	•	-	-	-
Sao Tome and Principe	•	-	-	-	-
Saudi Arabia	•	•	-	•	-
Senegal	٠	•	-	-	-
Serbia	•	-	-	-	-
Seychelles	-	•	-	-	-
Sierra Leone	-	-	-	0	-
Singapore	٠	•	٠	•	-
Sint Maarten	•	•	-	•	-
Slovakia	•	•	-	•	-
Slovenia	٠	•	•	•	-
Somalia	٠	-	-	-	-
South Africa	•	•	-	•	-
Spain	•	•	•	•	-
Sri Lanka	٠	•	-	•	-
Suriname	•	•	•	-	-
Sweden	•	•	•	•	-
Switzerland	•	•	0	•	-
Thailand	•	•	•	•	-
Timor-Leste	•	-	-	-	-
Тодо	•	•	-	-	-

Country/Territory/Area***	Alpha	Beta	Gamma	Delta	Unspecif ied
Trinidad and Tobago	٠	-	•	-	-
Tunisia	٠	•	-	•	-
Turkey	٠	•	•	•	-
Turks and Caicos Islands	٠	-	•	-	-
Uganda	٠	•	-	٠	-
Ukraine	٠	0	-	0	-

Country/Territory/Area***	Alpha	Beta	Gamma	Delta	Unspecif ied
United Arab Emirates	٠	•	•	•	-
United Kingdom	٠	•	•	•	-
United Republic of Tanzania	-	•	-	-	-
United States of America	٠	•	•	•	-
Uruguay	٠	-	•	-	-
Uzbekistan	•	•	-	0	-

Country/Territory/Area***	Alpha	Beta	Gamma	Delta	Unspecif ied
Venezuela (Bolivarian Republic of)	•	-	•	-	-
Viet Nam	•	•	-	•	-
Wallis and Futuna	•	-	-	-	-
Zambia	-	•	-	•	-
Zimbabwe	-	•	-	•	-

#### \*Newly reported in this update.

"Unspecified B.1.617" reflects countries/territories/areas reporting detection of B.1.617 without further specification of lineage at this time. These will be reallocated as further details become available.

*"•" indicates that information for this variant was received by WHO from official sources.* 

"o" indicates that information for this variant was received by WHO from unofficial sources and will be reviewed as more information become available.

\*\* Unspecified B.1.617 were excluded for Nigeria, Cyprus and North Macedonia this week based on further information.

\*\*\*Includes countries/territories/areas reporting the detection of VOCs among travelers (e.g., imported cases detected at points of entry), or local cases (detected in the community). Excludes countries, territories, and areas that have never reported the detection of a variant of concern

See also Annex 2: Data, table and figure notes.

#### Annex 2. Data, table and figure notes

Data presented are based on official laboratory-confirmed COVID-19 case and deaths reported to WHO by country/territories/areas, largely based upon WHO <u>case definitions</u> and <u>surveillance guidance</u>. 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 incidence, and variable delays to reflecting these data at 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. Due to public health authorities conducting data reconciliation exercises which remove large numbers of cases or deaths from their total counts, negative numbers may be displayed in the new cases/deaths columns as appropriate. When additional details become available that allow the subtractions to be suitably apportioned to previous days, graphics will be updated accordingly.

A record of historic data adjustment made is available upon request by emailing <u>epi-data-support@who.int</u>. Please specify the country(ies) of interest, time period(s), and purpose of the request/intended usage. Prior situation reports will not be edited; see <u>covid19.who.int</u> for the most up-to-date data.

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.

<sup>[1]</sup> All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). In the map, number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

#### Technical guidance and other resources

- WHO technical guidance
- WHO COVID-19 Dashboard
- WHO Weekly Operational Updates on COVID-19
- WHO COVID-19 case definitions
- <u>COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update</u>
- <u>Research and Development</u>
- <u>OpenWHO courses on COVID-19</u> in official UN languages and in <u>additional national languages</u>
- <u>WHO Academy COVID-19 mobile learning app</u>
- <u>The Strategic Preparedness and Response Plan (SPRP)</u> outlining the support the international community can provide to all countries to prepare and respond to the virus
- Recommendations and advice for the public:
  - o <u>Protect yourself</u>
  - o <u>Questions and answers</u>
  - o Travel advice
  - EPI-WIN: tailored information for individuals, organizations and communities