

# COVID-19 Weekly Epidemiological Update

Edition 63, published 26 October 2021

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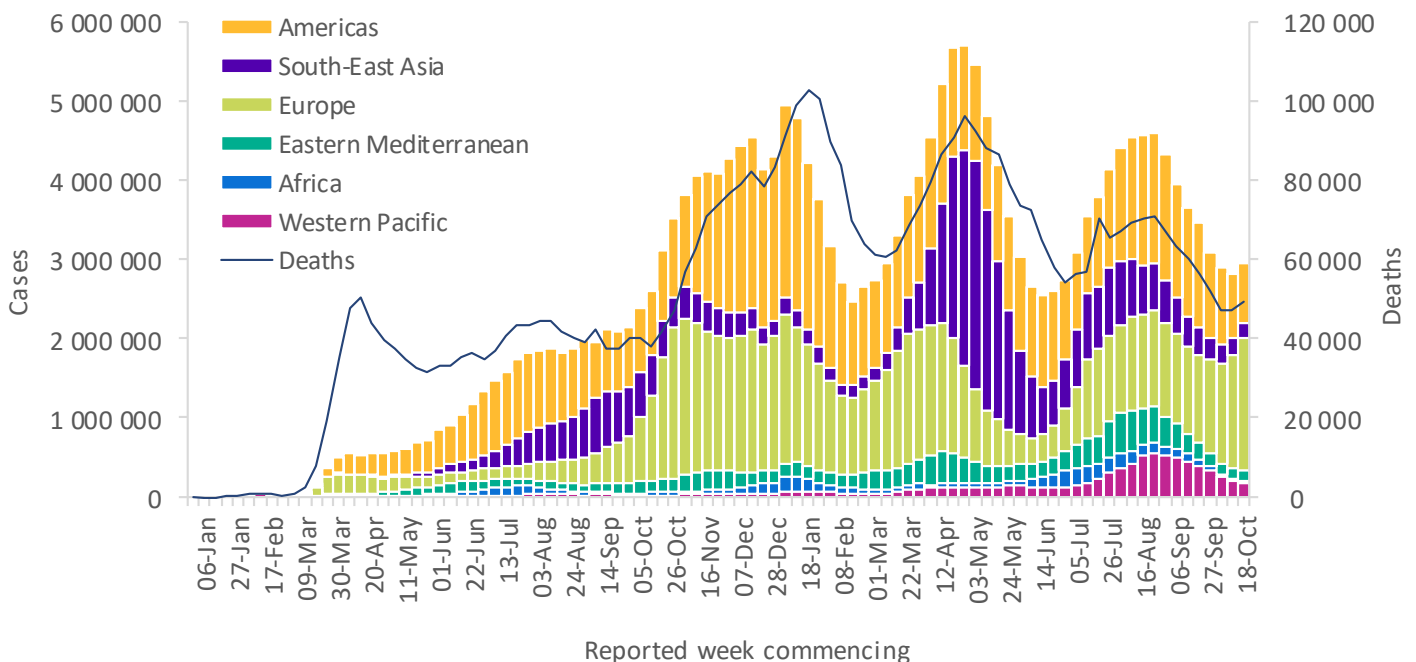
## Global overview

During the week of 18 to 24 October 2021, the global number of new cases increased slightly (4%) compared to that of the previous week, with just over 2.9 million new cases (Figure 1). The European Region accounted for more than half (57%) of global new weekly cases and was the only region which reported an increase (Table 1). Other regions reported declines in the number of new cases. The largest decrease in new cases was again reported from the African Region (21%), followed by the Western Pacific Region (17%).

The number of new deaths also increased slightly by 5% during the past week, with over 49 000 new deaths reported. Increases were reported in the European (14%) and South-East Asia (13%) regions; whereas the largest declines were observed in the Western Pacific (16%), Eastern Mediterranean (13%) and the African (11%) regions.

As of 24 October, over 243 million confirmed cases and over 4.9 million deaths have been reported since the start of the pandemic.

**Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 24 October 2021\*\***



\*\*See [Annex 2: Data, table and figure notes](#)

The regions reporting the highest weekly case incidence rates per 100 000 population were the European Region (179.1 new cases per 100 000 population) and the Region of the Americas (72.9 new cases per 100 000 population); the same two regions reported the highest weekly incidence in deaths, of 2.3 and 1.8 per 100 000 population, respectively.

The highest numbers of new cases were reported from the United States of America (512 956 new cases; 12% decrease), the United Kingdom (330 465 new cases; 16% increase), the Russian Federation (248 956 new cases; 15% increase), Turkey (196 850 new cases; 8% decrease) and Ukraine (134 235 new cases; 43% increase).

**Table 1. Newly reported and cumulative COVID-19 cases and deaths, by WHO Region, as of 24 October 2021\*\***

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 (%)
Europe	1 671 245 (57%)	18%	74 963 293 (31%)	21 475 (43%)	14%	1 400 894 (28%)
Americas	745 287 (25%)	-9%	92 891 596 (38%)	18 684 (38%)	1%	2 279 034 (46%)
South-East Asia	197 673 (7%)	-8%	43 782 373 (18%)	3 309 (7%)	13%	687 913 (14%)
Western Pacific	174 271 (6%)	-17%	9 243 232 (4%)	2 684 (5%)	-16%	126 708 (3%)
Eastern Mediterranean	129 949 (4%)	-5%	16 236 262 (7%)	2 420 (5%)	-13%	298 757 (6%)
Africa	21 911 (1%)	-21%	6 131 276 (3%)	841 (2%)	-11%	149 882 (3%)
<b>Global</b>	<b>2 940 336 (100%)</b>	<b>4%</b>	<b>243 248 796 (100%)</b>	<b>49 413 (100%)</b>	<b>5%</b>	<b>4 943 201 (100%)</b>

\*Percent change in the number of newly confirmed cases/deaths in the past seven days, compared to seven days prior

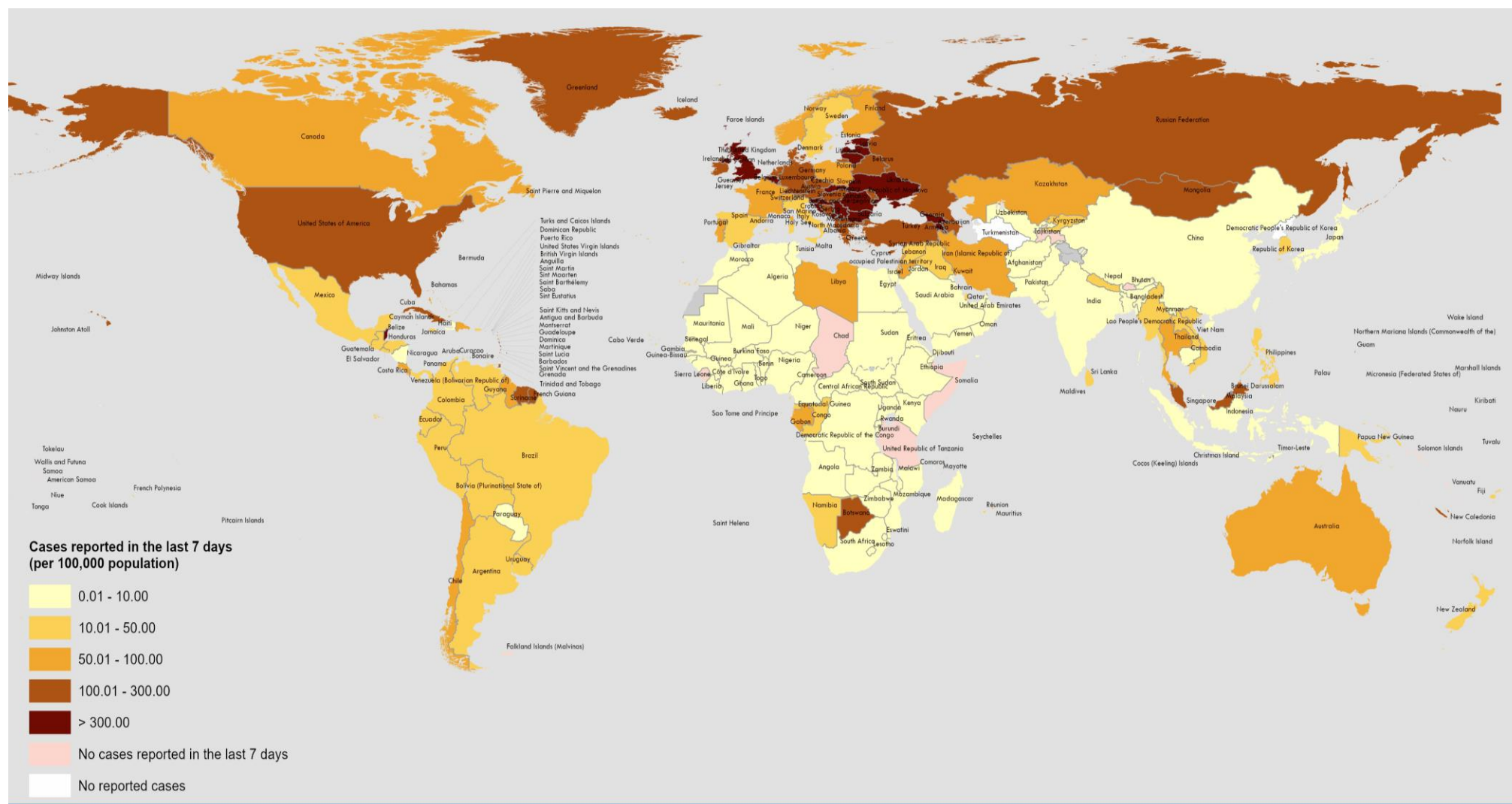
\*\*See [Annex 2: Data, table and figure notes](#)

On 22 October, the ninth meeting of the Emergency Committee was convened by the WHO Director-General under the International Health Regulations (2005) (IHR) regarding the COVID-19 pandemic. The Director-General determined that the COVID-19 pandemic continues to constitute a Public Health Emergency of International Concern (PHEIC). He accepted the advice of the Committee and issued the Committee's advice to States Parties as Temporary Recommendations under the IHR. See the [statement summarising the meeting proceedings and Temporary Recommendations to State Parties](#) for further information.

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

- [WHO COVID-19 Dashboard](#)
- [WHO COVID-19 Weekly Operational Update and previous editions of the Weekly Epidemiological Update](#)

**Figure 2. COVID-19 cases per 100 000 population reported by countries, territories and areas, 18-24 October 2021\*\***



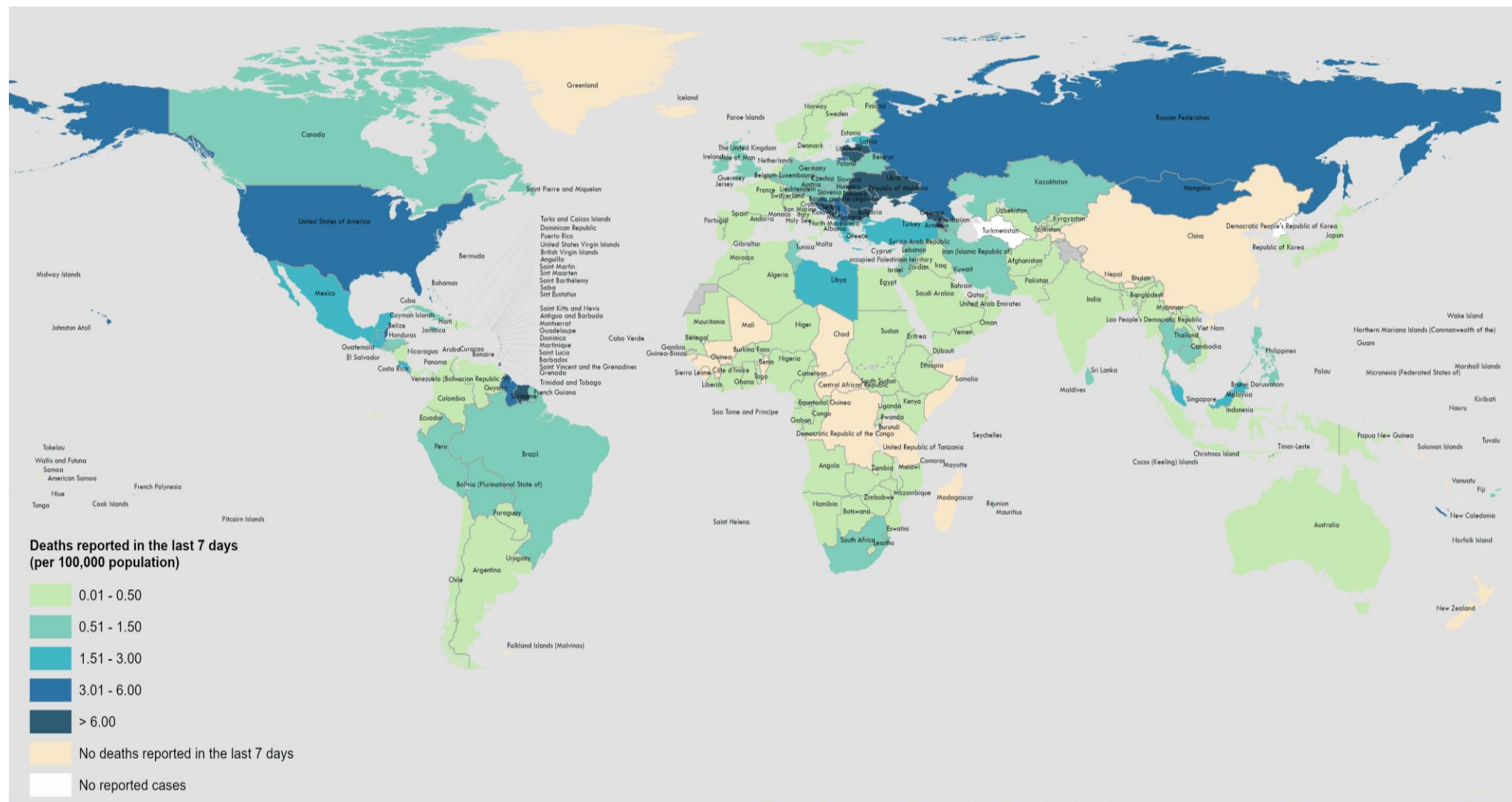
**Data Source:** World Health Organization  
 United Nations Population Division (Population prospect 2020)  
**Map Production:** WHO Health Emergencies Programme

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\*\*See [Annex 2: Data, table and figure notes](#)

Figure 3. COVID-19 deaths per 100 000 population reported by countries, territories and areas, 18-24 October 2021\*\*



**Data Source:** World Health Organization  
 United Nations Population Division (Population prospect 2020)  
**Map Production:** WHO Health Emergencies Programme

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\*\*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 18 October 2021, the global public health risk remains very high.

Under the [Emergency Response Framework](#), 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, and to support independent deliberations, including but not limited to meetings of the [International Health Regulations \(IHR 2005\) Emergency Committee regarding the COVID-19 pandemic](#). To date, 12 global rapid risk assessments have been undertaken for COVID-19, and additional assessments have been conducted for specific events such as the emergence of SARS-CoV-2 variants. Here, we provide a synopsis of the most recent in-depth global rapid risk assessment for COVID-19.

While COVID-19 case and death incidence has been decreasing in five out of the six WHO regions (except for the European Region) over a prolonged period, it remains high overall, and numerous countries are experiencing an increase in cases, hospitalizations, and deaths. These increases are due to multiple factors, including high prevalence of variants with increased transmissibility; easing of and/or poor adherence to public health and social measures (PHSM) coupled with increased social mixing and resumption of non-essential travel; reopening of schools; and continued susceptibility of a large proportion of the population due to limited vaccine access and coverage.

The rapid spread of the highly transmissible Delta variant has continued to drive sharp resurgences in the three months since the [last risk assessment](#) in many countries across all six WHO regions. In almost all countries in which Delta has been reported, it has replaced all other variants including other Variants of Concern (VOCs), quickly becoming the dominant circulating variant. These resurgences have come as many countries face considerable pressure to ease PHSM due to the prolonged duration of the pandemic and the impact of restrictions on societies and economies, SARS-CoV-2 evolution and epidemiology, including the impact of known and emerging variants, and may lead to additional challenges in outbreak containment, particularly as many countries move towards further reopening. Easing PHSM without robust surveillance and testing infrastructure, coupled with an increase in the number of regional and global mass gathering events, may increase the risk of new outbreaks and the emergence of additional VOCs. Additionally, as a proportion of all cases, an increase in the number of cases among those aged 0-24 year has been reported, particularly in the European and Western Pacific regions. This trend could be due to older age groups being more likely to be vaccinated, increased social mixing in younger age groups and in-person learning increasing the exposure potential among 0-24-year-olds. In addition, the reopening of schools has been accompanied by increased testing of this age group. However, overall rates of infection and severe disease remain relatively low among children and young adults.

While more than 6 billion COVID-19 vaccines doses have been administered, as of 18 October, less than half (47%) of the world's population have received at least one dose of vaccine. Nearly two-thirds of vaccines administered have been in ten high-income countries, while only 35% have been in low-income or lower-middle-income countries, highlighting ongoing vaccine inequities. The administration of additional/booster doses beyond those recommended by the Strategic Advisory Group of Experts on Immunization (SAGE) in a number of high-income countries further constrains the global vaccine supply and exacerbates the inequalities in vaccine distribution.

Despite improvements in the global supply chain, some countries continue to experience shortages and lack of access to testing, vaccines, medical oxygen, personal protective equipment, and other supplies that are essential to the pandemic response. These shortages place additional pressure on already strained health systems in many countries, which directly impacts the delivery of essential health services globally, including in well-resourced countries. Insufficient funding for the global response is an additional challenge; WHO faces a US\$ 900 million gap in its funding goal, approximately half of the target set in the COVID-19 Strategic Preparedness and Response Plan (SPRP) 2021.

Knowledge gaps remain, including the phenotypic impact of identified and emerging variants, details on waning immunity, and further characterization of the post-COVID-19 condition. In addition, further investigations are required to determine whether there are any changes in the severity profile those infected with VOCs, including children and adolescents.

#### **Additional resources**

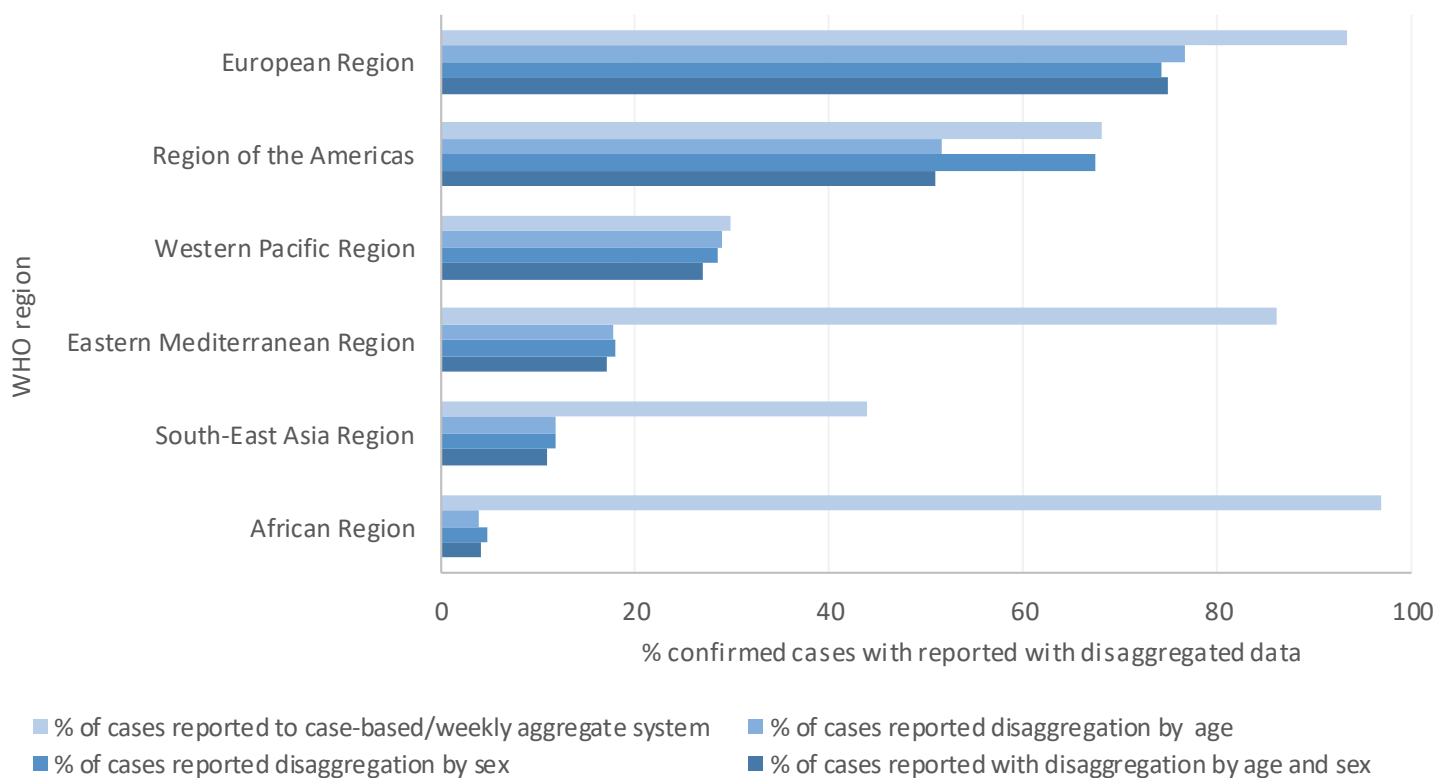
- [Further information about the WHO risk assessment process](#)
- [Statement on the ninth meeting of the International Health Regulations \(2005\) Emergency Committee regarding the coronavirus disease \(COVID-19\) pandemic](#)

## Special Focus: Update on age and sex distribution from WHO COVID-19 global surveillance

WHO has been supporting global COVID-19 epidemiological surveillance since January 2020. In addition to the daily count of confirmed cases and deaths, WHO requested Member States to report a minimal set of information via a case-based reporting system, using a [case reporting form](#) (CRF) or via the [weekly aggregated reporting system](#). Weekly aggregate surveillance data include the number of cases and deaths disaggregated by age groups and sex, health care workers status, the number of hospitalizations, recoveries, and tests performed.

As of 12 October 2021, over 20 months since the beginning of the pandemic, a total of 184 countries, territories and areas have shared detailed information on 167 million COVID-19 cases, representing over 70% of reported cases, globally. The completeness of these data varies by region (Figure 4), and among income categories, with data being less complete for lower-income countries. Regarding information on COVID-19 mortality, 184 countries reported 1 934 548 deaths to this case-based reporting system, representing less than 40% of the number of deaths reported globally.

**Figure 4. Data completeness by WHO region, data as of 12 October 2021 (n=237 973 361)**

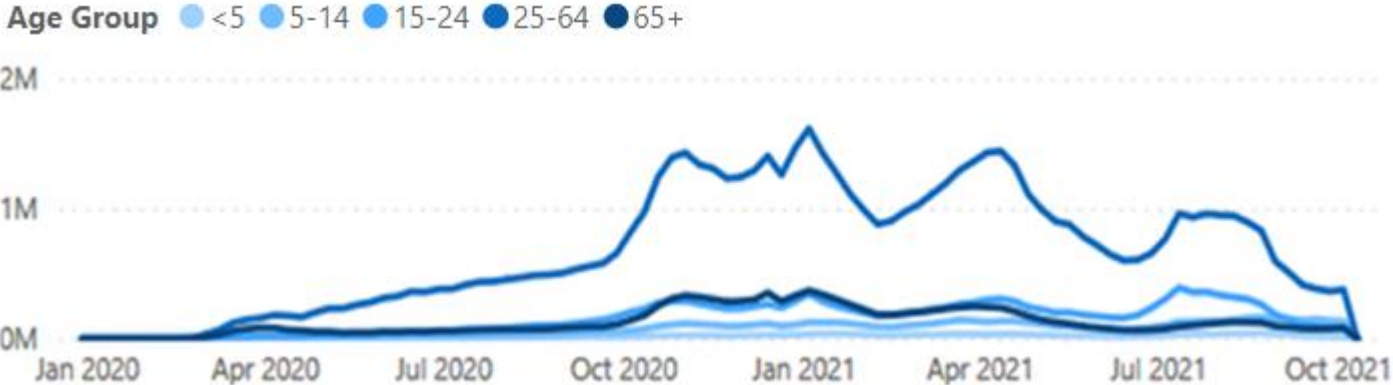


### Distribution by age and sex

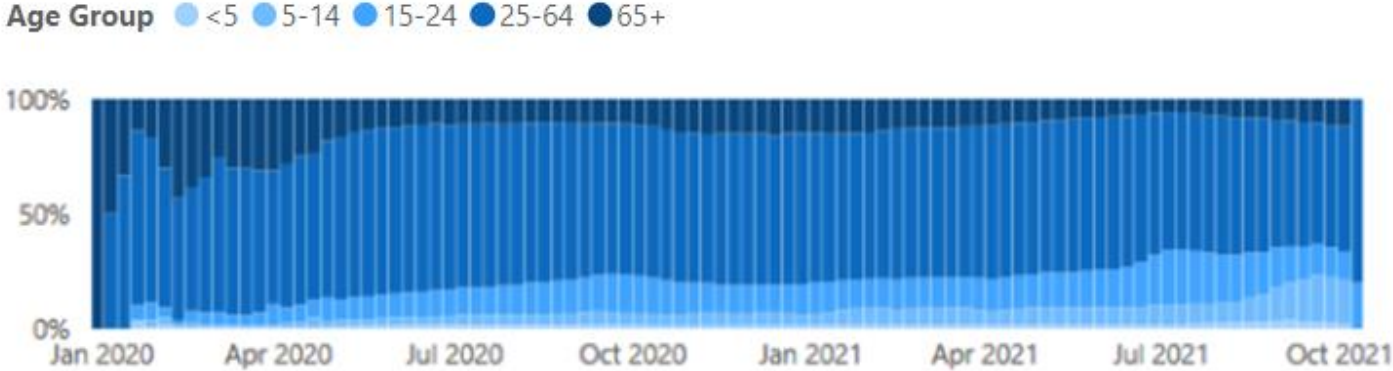
Data on sex was reported for 122 921 974 cases, representing 52% of global cases. Of these, 51% (n=62 191 734) were female. However, males accounted for a larger proportion of deaths, 58% (n=1 201 236). These ratios vary by region, for example, in the Eastern Mediterranean and African regions, there is a greater proportion of males in both cases and in deaths.

Age was reported from a total of 99 067 915 cases, representing 40% of global cases (Figure 5). Since the beginning of July 2021, an increase in the proportion of cases among those aged 0-24 years began to have been observed (Figure 6), especially in the European and Western Pacific regions. This is likely due in part to the prioritization of older age groups for vaccination in most countries. Additionally, resumption of in-person schooling, together with the implementation of strengthened testing strategies among children and young people, may also have contributed to the observed increase in reported cases among those aged 0-24 years. However, overall rates of infection and disease remain low among children and young adults.

**Figure 5: Distribution by age of confirmed COVID-19 cases per week, COVID-19 WHO surveillance, January 2020 to 12 October 2021 (n=99 067 915)**



**Figure 6: Proportion by age of confirmed COVID-19 cases per week, COVID-19 WHO surveillance, January 2020 to 12 October 2021 (n=99 067 915)**

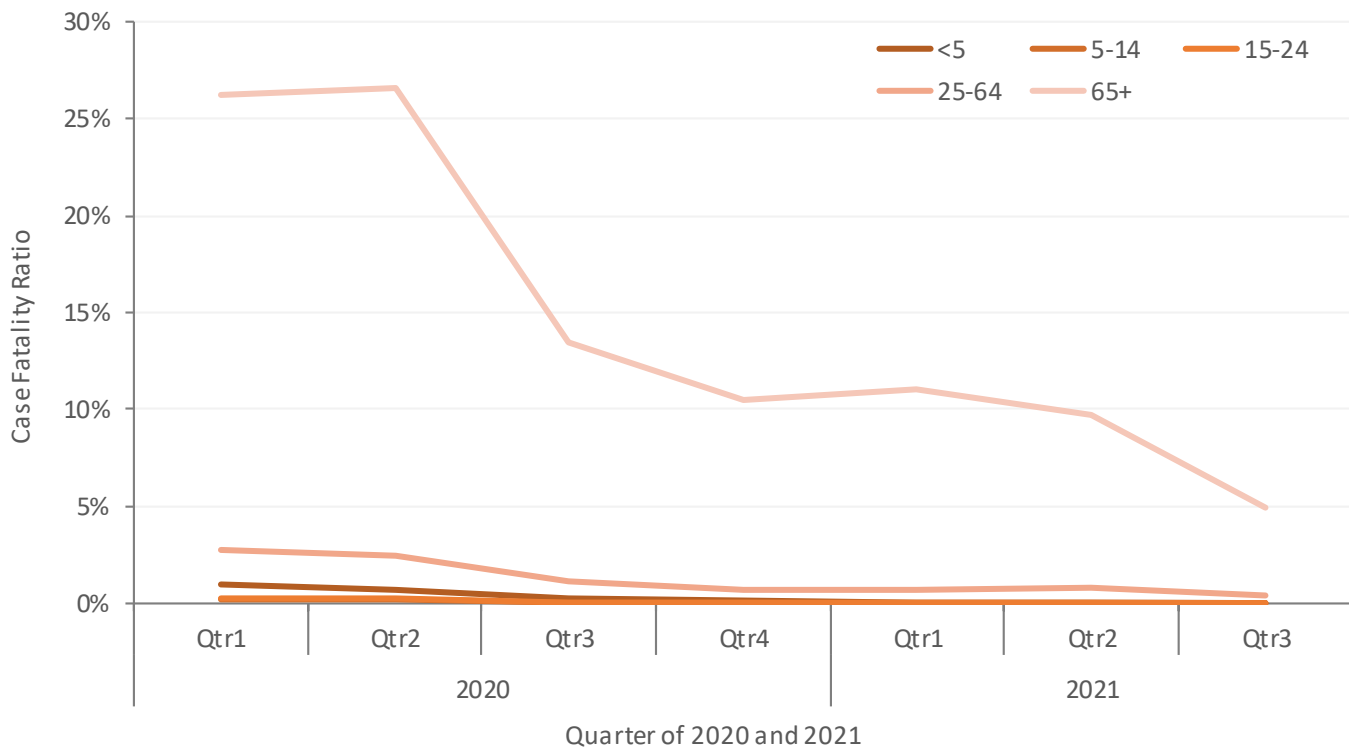


**Trends in age-specific case fatality ratios (CFR)**

Figure 7 shows CFRs by age-group and year-quarter. Among those aged under 64 years, the CFR has remained below 2.5% throughout the pandemic. Since the second quarter of 2020 (April-September), the CFR substantially decreased among those aged 65 years and over, declining from 26% in the second quarter of 2020, to 5% in the third quarter of 2021, likely as result of the implementation of targeted COVID-19 preventive measures including but not limited to vaccination in this age group as well as the improvements in clinical care over time.



**Figure 7. COVID-19 Case fatality ratio (CFR) by age group and quarter, 2020 to 2021 Quarter 3, as of 12 October 2021**



**Conclusions and recommendations**

Data submitted to the WHO has highlighted differences in the proportion of COVID-19 cases by age groups and sex, including a recent surge of cases in younger age groups (0-24 years-old), although these proportions are not evenly distributed worldwide. The CFR in people over 65 years has dropped to below 5% recently, which may be due to several factors including, but not limited to, non-pharmaceutical interventions, improved clinical understanding and management of COVID-19, and the impact of vaccination.

Despite the great effort in COVID-19 surveillance being made by Member States, there is still room for improvement. The completeness of surveillance data is still low and varies regionally and among income categories, with lower-income countries reporting less complete data. WHO recommends ongoing surveillance for COVID-19 in order to understand the incidence and mortality among different age groups, which populations are at higher risk for severe disease and death, and potential epidemiological changes over time.

**Additional resources**

- [WHO COVID-19 Detailed Surveillance Data Dashboard](#)
- [Global surveillance of COVID-19: WHO process for weekly reporting aggregated data](#)
- [WHO COVID-19 Detailed Surveillance Data Dashboard](#)
- [Public health surveillance for COVID-19: interim guidance](#)

## 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 effectiveness of vaccines, therapeutics, diagnostics or 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 evidence becomes available, classification for VOIs or VOCs will be revised to reflect the continuous evolution of circulating variants and their changing epidemiology. Criteria for variant classification and the current lists of VOCs, VOIs and other Variants Under Monitoring are available on the [WHO Tracking SARS-Cov-2 variants website](#). National authorities may choose to designate other variants of local interest/concern and are encouraged to investigate and report on impacts of these variants.

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 [Tracking SARS-CoV-2 variants](#) website). The prevalence of different variants is being monitored in light of other co-circulating variants, such as Delta. The global distribution should nonetheless be interpreted with due consideration of surveillance limitations, including differences in sequencing capacities and sampling strategies between countries, and delays in reporting.

### Geographic spread and prevalence of VOCs

The current global genetic epidemiology is characterized by a predominance of Delta variant, with declining prevalence of other variants among SARS-CoV-2 sequences submitted to publicly available datasets or reported to WHO (Figure 5, Annex 1). Delta has outcompeted other variants, including other VOCs, in most countries. However, sub-regional and country-level variation continues to be observed; most notably within some South American countries, where the progression of the Delta variant has been more gradual, and other variants (e.g. Gamma, Mu) still contribute a large proportion of sequences.

Global VOCs distribution should be interpreted with due consideration of surveillance limitations, including differences in sequencing capacities, sampling strategies between countries and delays in reporting. Current efforts are underway to strengthen genomic surveillance in several regions and countries to enhance coverage of sequencing and detection of variants globally.

### Lineage AY.4.2

With ongoing spread and evolution of SARS-CoV-2, new branches of the COVID-19 evolutionary tree continue to be defined, including within the Delta VOC. The characterization of Pango lineages and Nextstrain clades, together with other genomic systems and tools, assists researchers and public health agencies worldwide to track the evolution of SARS-CoV-2. [Nextstrain](#) has recently identified two additional subclades of Delta that have grown in frequency globally, and therefore currently divides the Delta variant into 3 clades: 21A, 21I, 21J. As per the latest [Pango nomenclature](#), which is more fine-scaled, 67 lineages have been designated within Delta. Each of the three Nextstrain clades (21A, 21I and 21J) correspond to multiple Pango AY lineages. New lineages are regularly assigned as new sequencing data becomes available and processed to define epidemiologically relevant phylogenetic clusters, e.g. an introduction into a district geographic area with evidence of onward transmission.<sup>1</sup> Past sequences and associated metadata are also retrospectively updated, which should be taken into account when interpreting GISAID data. WHO, in collaboration with the SARS-CoV-2 Virus Evolution Working Group, continues to monitor and assess SARS-CoV-2 variants, including the AY lineages within Delta VOC.

AY.4.2 is a newly designated Pango lineage within Delta VOC, which has three additional mutations, including two in the spike protein: A222V and Y145H. An increase in AY.4.2 sequence submissions has been observed since July 2021, and as of 25 October, over 26 000 AY.4.2 sequences have been uploaded to GISAID from 42 countries. The majority (93%) of these sequences were reported from the United Kingdom, where a gradual increase in the proportional contribution of AY.4.2 has been observed; accounting for an estimated 5.9% of overall Delta cases reported in the week beginning 3 October 2021.<sup>2</sup> Epidemiological and laboratory studies are ongoing to assess if AY.4.2 confers any additional phenotypic impacts (e.g. a change in transmissibility or a decrease in the ability of antibodies to block the virus).

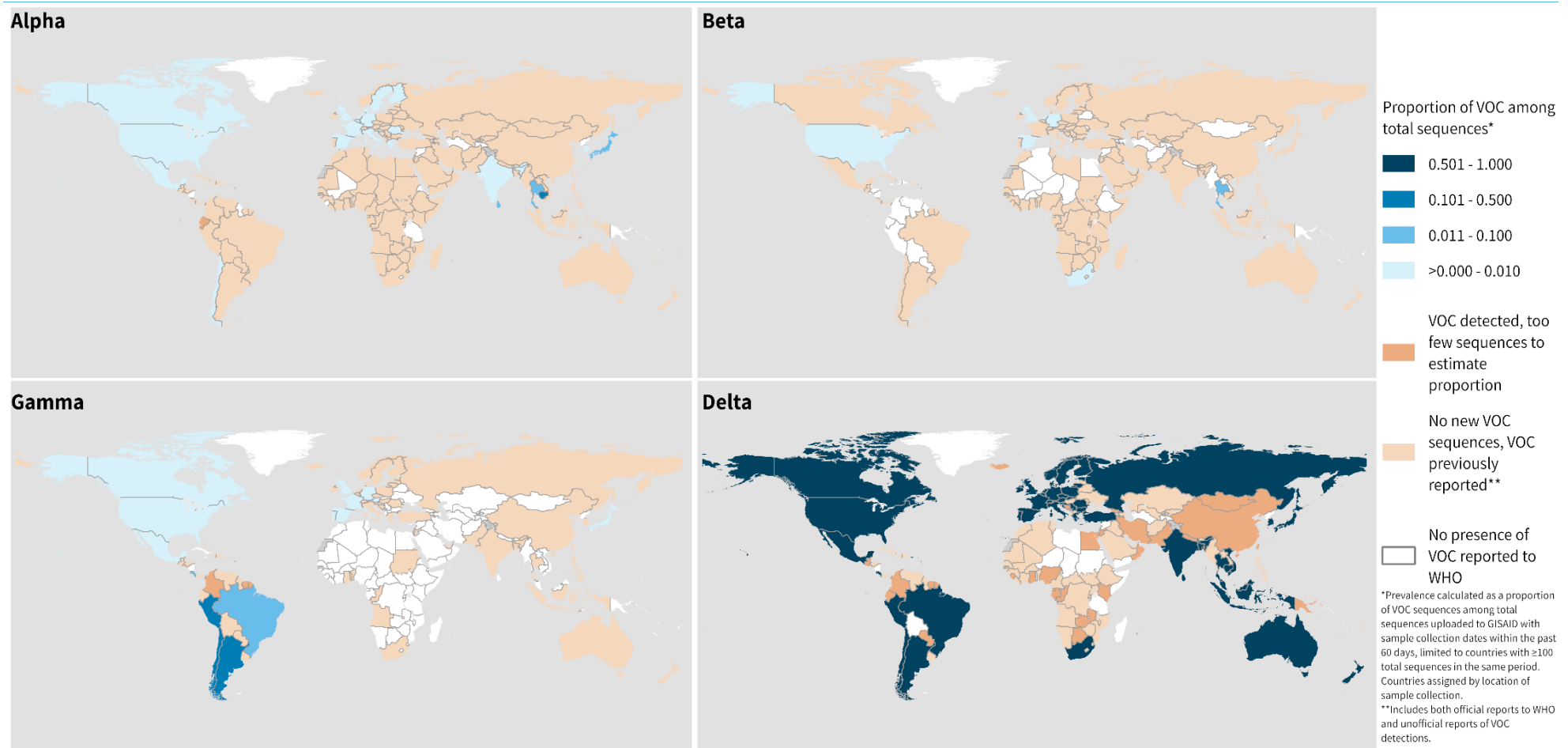
### Additional resources

- [Tracking SARS-CoV-2 Variants](#)
- [COVID-19 new variants: Knowledge gaps and research](#)
- [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](#)

### References

1. Rambaut A, Holmes EC, O'Toole Á, et al. A dynamic nomenclature proposal for SARS-CoV-2 lineages to assist genomic epidemiology. *Nature Microbiology*. 2020;5(11):1403-1407. doi:10.1038/s41564-020-0770-5
2. Public Health England. *SARS-CoV-2 Variants of Concern and Variants under Investigation in England-Technical Briefing 26*.; 2021.  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1028113/Technical\\_Briefing\\_26.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1028113/Technical_Briefing_26.pdf)

Figure 5: Prevalence of Variants of Concern (VOCs) in the last 60 days and historic detections, data as of 26 October 2021



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

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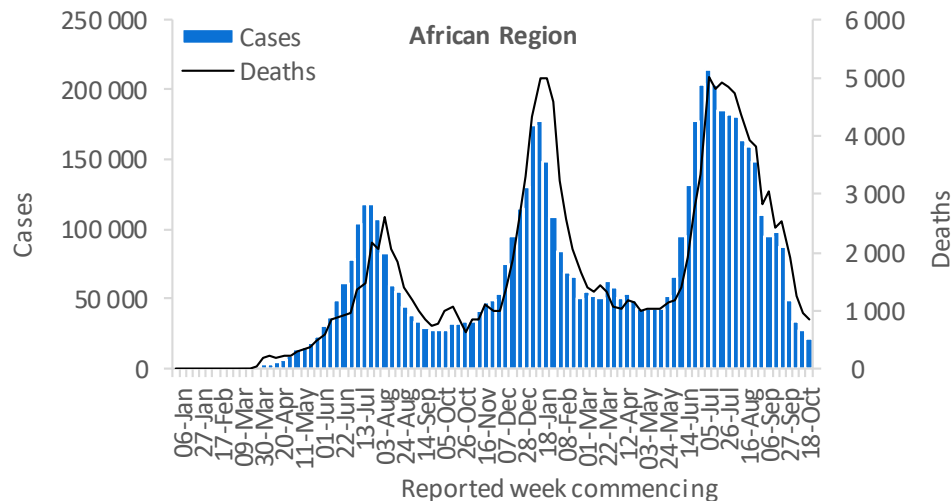


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## African Region

The declining trend observed in the African Region since mid-July continued this week with over 22 000 new cases and over 800 new deaths reported, a decrease of 21% and 11% respectively as compared to the previous week. While this is reassuring, ten out of the 49 countries (20%) in the Region reported increases in new weekly cases as compared with the previous week, with the greatest increase observed in Réunion (578%), Botswana (116%), and Gambia (100%). The highest numbers of new cases were reported from South Africa (3153 new cases; 5.3 new cases per 100 000 population; a 33% decrease), Botswana (3063 new cases; 130.3 new cases per 100 000; a 116% increase), and Ethiopia (2908 new cases; 2.5 new cases per 100 000; a 38% decrease).

The highest numbers of new deaths were reported from South Africa (327 new deaths; <1 new death per 100 000 population; an 11% increase), Ethiopia (136 new deaths; <1 new death per 100 000; a 45% decrease), and Nigeria (52 new deaths; <1 new death per 100 000; a 12% decrease).

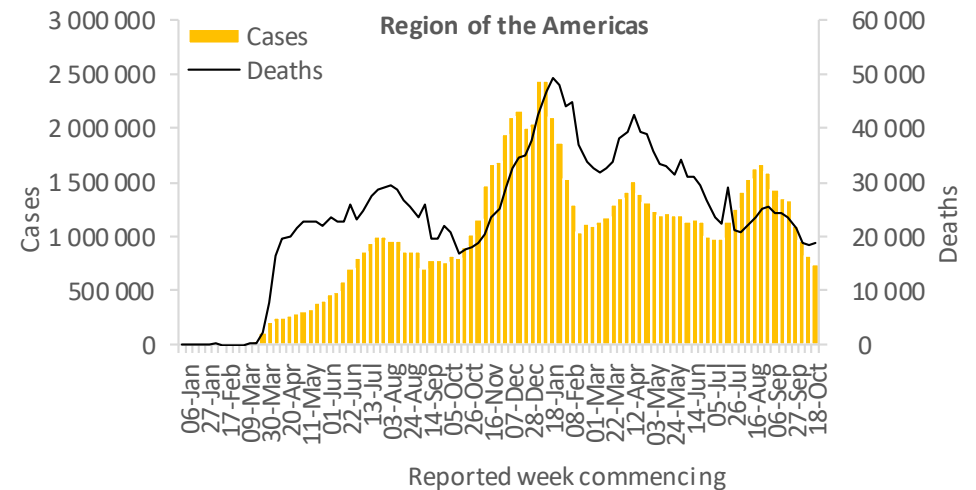


Updates from the [African Region](#)

## Region of the Americas

The Region of the Americas reported over 745 000 new cases this week, a 9% decline as compared to the previous week and a continuation of the declining trend in the region observed since the end of August 2021. Nevertheless, 25% of countries (14/56) reported an increase in new cases this week as compared to the previous week, with the largest increases observed in Dominica (166%), Cayman Islands (156%) and Paraguay (136%). The highest numbers of new cases were reported from the United States of America (512 956 new cases; 155.0 new cases per 100 000; a 12% decrease), Brazil (84 367 new cases; 39.7 new cases per 100 000; a 10% increase), and Mexico (32 940 new cases; 25.5 new cases per 100 000; a 7% decrease).

Deaths remain stable as compared with the previous week, with the highest numbers of new deaths reported from the United States of America (11 604 new deaths; 3.5 new deaths per 100 000; similar to the number reported last week), Brazil (2470 new deaths; 1.2 new deaths per 100 000; a 10% increase), and Mexico (2324 new deaths; 1.8 new deaths per 100 000; similar to the number reported last week).



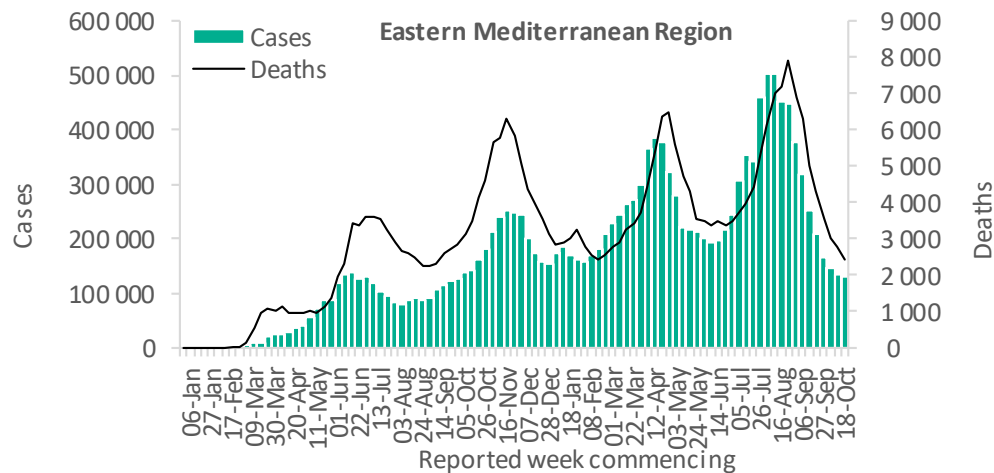
Updates from the [Region of the Americas](#)



## Eastern Mediterranean Region

The number of cases and deaths continued to decline this week in the Eastern Mediterranean Region, with just under 130 000 new cases and over 2400 new deaths reported, a 5% and a 13% decrease respectively as compared to the previous week. This declining trend in both cases and deaths has been observed since late July 2021. In the past week, just under one third of the countries (6/22; 27%) in the region reported an increase in new cases and the highest increases were observed in Sudan (57%) and the Syrian Arab Republic (26%). The highest numbers of new cases were reported from the Islamic Republic of Iran (78 251 new cases; 93.2 new cases per 100 000; similar to the number reported in the previous week), Iraq (11 290 new cases; 28.1 new cases per 100 000; similar to the number reported in the previous week), and Jordan (9641 new cases; 94.5 new cases per 100 000; a 25% increase).

The highest numbers of new deaths were reported from the Islamic Republic of Iran (1176 new deaths; 1.4 new deaths per 100 000; a 22% decrease), Egypt (316 new deaths; <1 new death per 100 000; an 18% increase), and Iraq (199 new deaths; <1 new death per 100 000; similar to the number reported in the previous week).

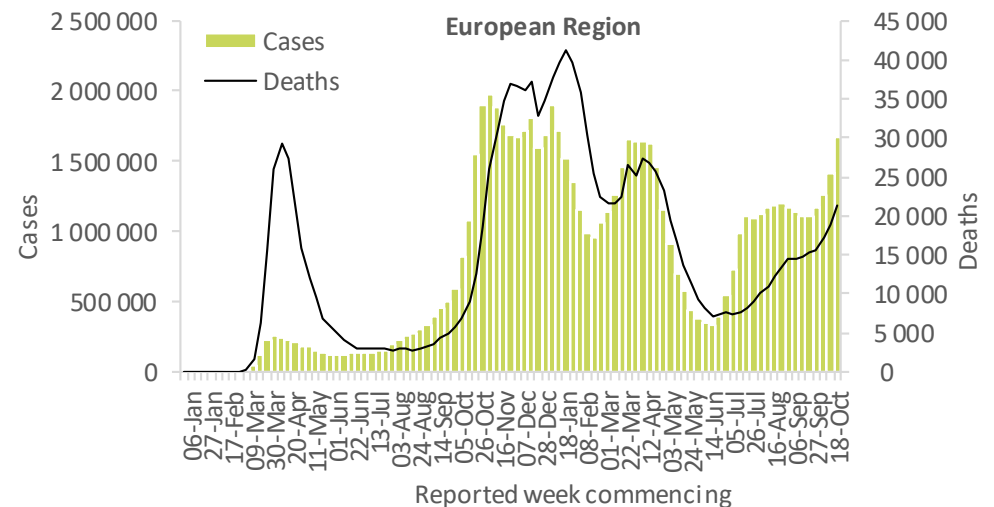


Updates from the [Eastern Mediterranean Region](#)

## European Region

The European Region reported over 1.6 million new cases and over 21 000 new deaths, an 18% and a 14% increase respectively compared to the previous week. The trend observed since the end of September continued this week with an increasing number of new cases and deaths reported in the Region. More than half (42/61; 69%) of the countries in the European Region reported an increase in cases in the past week. The highest numbers of new cases were reported from the United Kingdom (330 465 new cases; 486.8 new cases per 100 000; a 16% increase), the Russian Federation (248 956 new cases; 170.6 new cases per 100 000; a 15% increase), and Turkey (196 850 new cases; 233.4 new cases per 100 000; an 8% decrease).

The highest numbers of new deaths were reported from the Russian Federation (7288 new deaths; 5.0 new deaths per 100 000; a 6% increase), Ukraine (3239 new deaths; 7.4 new deaths per 100 000; a 51% increase), and Romania (2889 new deaths; 14.9 new deaths per 100 000; a 22% increase).

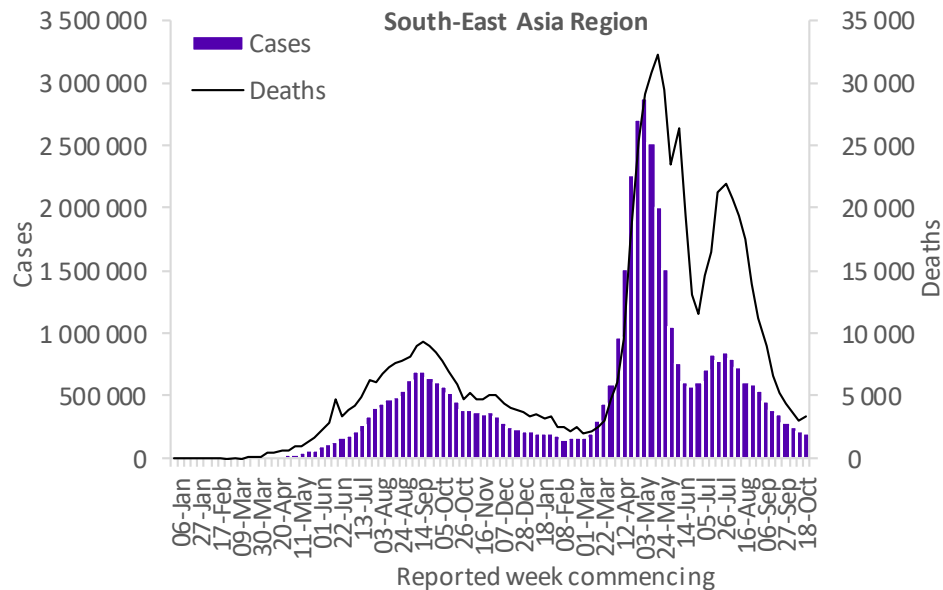


Updates from the [European Region](#)

## South-East Asia Region

Since the end of July 2021, new weekly cases continue to decline in the Region, with 197 000 new cases reported this week, an 8% decrease as compared with the previous week. All the countries reported a decreasing trend except for Maldives (23% increase), Timor-Leste (37% increase) and Nepal (42% increase). The highest numbers of new cases were reported from India (107 749 new cases; 7.8 new cases per 100 000; a 6% decrease), Thailand (66 781 new cases; 95.7 new cases per 100 000; an 8% decrease), and Myanmar (6410 new cases; 11.8 new cases per 100 000; a 30% decrease).

On the other hand, new weekly deaths increased by 13% this week as compared with the previous week, largely driven increases in India (40% increase) and Nepal (21% increase). The highest numbers of new deaths were reported from India (2145 new deaths; <1 new death per 100 000; a 40% increase), Thailand (482 new deaths; <1 new death per 100 000; a 17% decrease), and Indonesia (253 new deaths; <1 new death per 100 000; a 16% decrease).

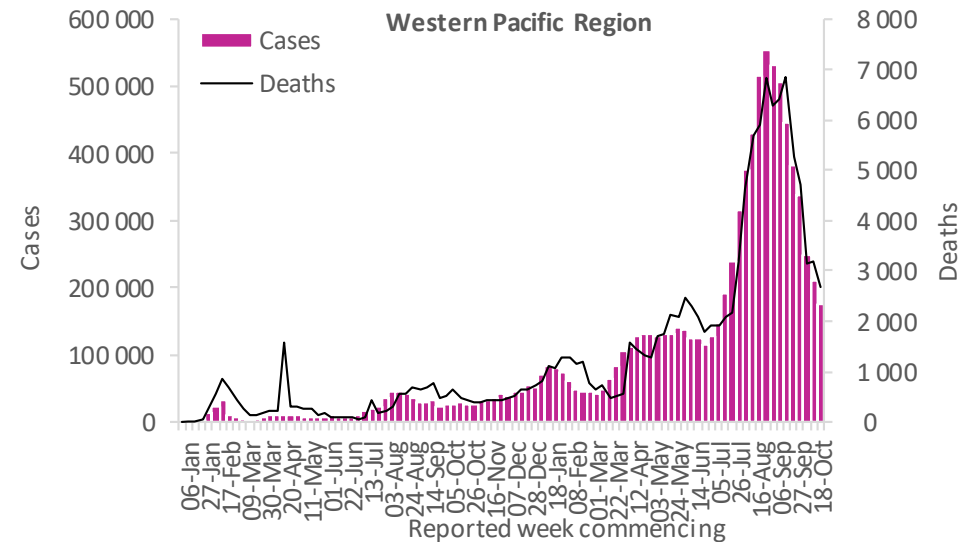


Updates from the [South-East Asia Region](#)

## Western Pacific Region

The Western Pacific Region reported over 174 000 new cases and over 2600 new deaths, a 17% and a 16% decrease respectively, as compared to the previous week. Despite the ongoing declining trends in the Region, of the countries reporting cases (19/26; 73%), more than a quarter (5/19; 26%) still reported increases in new cases in the past week. The highest numbers of new cases were reported from Malaysia (41 508 new cases; 128.2 new cases per 100 000; a 21% decrease), the Philippines (38 189 new cases; 34.8 new cases per 100 000; a 35% decrease), and Singapore (24 141 new cases; 412.6 new cases per 100 000; a 15% increase).

The highest numbers of new deaths were reported from the Philippines (1005 new deaths; <1 new death per 100 000; a 7% decrease), Malaysia (496 new deaths; 1.5 new deaths per 100 000; a 16% decrease), and Viet Nam (489 new deaths; <1 new death per 100 000; a 29% decrease).



Updates from the [Western Pacific Region](#)

## Summary of the COVID-19 Weekly Operational Update

The [Weekly Operational Update](#) is a report provided by the COVID-19 Strategic Preparedness and Response Plan (SPRP) Monitoring and Evaluation team, which aims to update on the ongoing global progress against the [COVID-19 SPRP 2021](#) framework, and to highlight country-level actions and WHO support to countries. In this week's edition published on 25 October, highlights include the following:

- Rapid Response Mobile Laboratory (RRML/GOARN) initiative strengthens international RRML deployment capabilities
- PAHO and US Centers for Disease Control and Prevention Partner to Bolster COVID-19 Response in Jamaica
- Leveraging polio campaign to integrate COVID-19 vaccination in Nigeria
- HealthBuddy+ in Bulgaria: innovative COVID-19 chatbot supports mental health during the pandemic
- Online courses support rollout of Go.Data outbreak investigation tool
- Progress on a subset of indicators from the SPRP 2021 Monitoring and Evaluation Framework
- Updates on WHO's financing to support countries in SPRP 2021 implementation and provision of critical supplies.

## Technical guidance and other resources

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

## Annex 1. List of countries/territories/areas reporting variants of concern as of 26 Oct 2021\*\*

Country/Territory/Area	Alpha	Beta	Gamma	Delta
Afghanistan	●	-	-	●
Albania	●	-	-	○
Algeria	●	-	-	●
Andorra	○	○	-	○
Angola	●	●	●	●
Anguilla	●	-	-	●
Antigua and Barbuda	●	●	●	●
Argentina	●	●	●	●
Armenia	●	-	-	●
Aruba	●	●	●	●
Australia	●	●	●	●
Austria	●	●	●	●
Azerbaijan	●	-	-	○
Bahamas	●	-	●	●
Bahrain	●	●	●	●
Bangladesh	●	●	○	●
Barbados	●	-	●	●
Belarus	●	-	-	○
Belgium	●	●	●	●
Belize	●	-	●	●
Benin	●	●	●	●
Bermuda	●	●	-	●
Bhutan	●	●	-	●
Bolivia (Plurinational State of)	●	-	●	-
Bonaire	●	-	●	●
Bosnia and Herzegovina	●	●	●	○
Botswana	○	●	-	●

Country/Territory/Area	Alpha	Beta	Gamma	Delta
Brazil	●	●	●	●
British Virgin Islands	●	-	●	●
Brunei Darussalam	●	●	-	●
Bulgaria	●	●	-	●
Burkina Faso	●	-	-	●
Burundi	●	●	-	●
Cabo Verde	●	-	-	●
Cambodia	●	●	-	●
Cameroon	●	●	-	●
Canada	●	●	●	●
Cayman Islands	●	●	●	●
Central African Republic	●	●	-	●
Chad	●	-	-	-
Chile	●	●	●	●
China	●	●	●	○
Colombia	●	-	●	●
Comoros	-	●	-	-
Congo	●	○	●	●
Costa Rica	●	●	●	●
Croatia	●	●	●	○
Cuba	●	●	-	●
Curaçao	●	●	●	●
Cyprus	●	●	-	○
Czechia	●	●	●	●
Côte d'Ivoire	●	●	-	○
Democratic Republic of the Congo	●	●	-	●

Country/Territory/Area	Alpha	Beta	Gamma	Delta
Denmark	●	●	●	●
Djibouti	●	●	-	-
Dominica	●	-	-	●
Dominican Republic	●	-	●	●
Ecuador	●	-	●	●
Egypt	●	-	-	●
El Salvador	●	-	●	●
Equatorial Guinea	●	●	-	○
Estonia	●	●	○	○
Eswatini	○	●	-	●
Ethiopia	●	-	-	●
Falkland Islands (Malvinas)	●	●	-	-
Faroe Islands	●	-	●	-
Fiji	○	-	-	●
Finland	●	●	●	●
France	●	●	●	●
French Guiana	●	●	●	●
French Polynesia	●	●	●	●
Gabon	●	●	-	●
Gambia	●	-	-	●
Georgia	●	○	-	●
Germany	●	●	●	●
Ghana	●	●	●	●
Gibraltar	●	-	-	○
Greece	●	●	●	●
Grenada	●	-	-	●
Guadeloupe	●	●	●	●

Country/Territory/Area	Alpha	Beta	Gamma	Delta
Guam	●	●	●	●
Guatemala	●	●	●	●
Guinea	●	●	-	●
Guinea-Bissau	●	●	-	●
Guyana	-	-	●	●
Haiti	●	-	●	●
Honduras	●	-	●	●
Hungary	●	○	●	○
Iceland	●	●	●	●
India	●	●	●	●
Indonesia	●	●	○	●
Iran (Islamic Republic of)	●	●	-	●
Iraq	●	●	-	●
Ireland	●	●	●	●
Israel	●	●	●	●
Italy	●	●	●	●
Jamaica	●	-	-	●
Japan	●	●	●	●
Jordan	●	●	●	●
Kazakhstan	●	○	-	●
Kenya	●	●	-	●
Kosovo[1]	●	○	-	○
Kuwait	●	●	-	●
Kyrgyzstan	●	●	-	●
Lao People's Democratic Republic	●	-	-	●
Latvia	●	●	●	○
Lebanon	●	-	-	●
Lesotho	-	●	-	○
Liberia	●	●	-	●

Country/Territory/Area	Alpha	Beta	Gamma	Delta
Libya	●	●	-	-
Liechtenstein	●	-	-	○
Lithuania	●	●	●	○
Luxembourg	●	●	●	●
Madagascar	●	●	-	-
Malawi	●	●	-	●
Malaysia	●	●	-	●
Maldives	●	-	-	●
Mali	-	-	-	●
Malta	●	○	●	○
Martinique	●	●	●	●
Mauritania	●	●	-	●
Mauritius	●	●	-	●
Mayotte	●	●	-	○
Mexico	●	●	●	●
Monaco	●	●	-	●
Mongolia	●	-	-	●
Montenegro	●	-	○	○
Montserrat	●	-	●	●
Morocco	●	●	-	●
Mozambique	●	●	-	●
Myanmar	●	-	-	●
Namibia	●	●	-	●
Nepal	●	-	-	●
Netherlands	●	●	●	●
New Caledonia	●	-	-	●
New Zealand	●	●	○	●
Niger	●	-	-	-
Nigeria	●	●	-	●
North Macedonia	●	●	-	○

Country/Territory/Area	Alpha	Beta	Gamma	Delta
Northern Mariana Islands (Commonwealth of the)	○	-	-	●
Norway	●	●	●	●
Occupied Palestinian Territory	●	●	-	●
Oman	●	●	-	●
Pakistan	●	●	●	●
Panama	●	●	●	●
Papua New Guinea	-	-	-	●
Paraguay	●	-	●	●
Peru	●	-	●	●
Philippines	●	●	●	●
Poland	●	○	●	●
Portugal	●	●	●	●
Puerto Rico	●	●	●	●
Qatar	●	●	-	●
Republic of Korea	●	●	●	●
Republic of Moldova	●	-	-	●
Romania	●	●	●	●
Russian Federation	●	●	○	●
Rwanda	●	●	-	●
Réunion	●	●	●	○
Saba	-	-	-	●
Saint Barthélemy	●	-	-	●
Saint Kitts and Nevis	-	-	-	●
Saint Lucia	●	-	-	●
Saint Martin	●	●	-	●
Saint Pierre and Miquelon	-	-	-	●
Saint Vincent and the Grenadines	-	-	●	●
Sao Tome and Principe	●	-	-	○



Country/Territory/Area	Alpha	Beta	Gamma	Delta
Saudi Arabia	●	●	-	●
Senegal	●	●	-	●
Serbia	●	-	-	●
Seychelles	●	●	-	●
Sierra Leone	-	●	-	●
Singapore	●	●	●	●
Sint Maarten	●	●	●	●
Slovakia	●	●	-	●
Slovenia	●	●	●	●
Somalia	●	●	-	-
South Africa	●	●	○	●
South Sudan	●	●	-	●
Spain	●	●	●	●
Sri Lanka	●	●	-	●
Sudan	●	●	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta
Suriname	●	●	●	●
Sweden	●	●	●	●
Switzerland	●	●	●	●
Thailand	●	●	●	●
Timor-Leste	●	-	-	●
Togo	●	●	●	●
Trinidad and Tobago	●	-	●	●
Tunisia	●	●	-	●
Turkey	●	●	●	●
Turks and Caicos Islands	●	-	●	●
Uganda	●	●	-	●
Ukraine	●	○	-	○
United Arab Emirates	●	●	●	●
United Kingdom	●	●	●	●

Country/Territory/Area	Alpha	Beta	Gamma	Delta
United Republic of Tanzania	-	●	-	-
United States Virgin Islands	●	●	○	●
United States of America	●	●	●	●
Uruguay	●	●	●	●
Uzbekistan	●	●	-	○
Venezuela (Bolivarian Republic of)	●	-	●	●
Viet Nam	●	●	-	●
Wallis and Futuna	●	-	-	-
Yemen	●	●	-	-
Zambia	●	●	-	●
Zimbabwe	●	●	-	●

\*Newly reported in this update.

“●” indicates that information for this variant was received by WHO from official sources.

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

\*\*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 [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 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.

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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 country(ies) of interest, time period(s), 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>.

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.