

COVID-19 Weekly Epidemiological Update

Edition 67, published 23 November 2021

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Global overview

Data as of 21 November 2021

Globally, weekly case incidence has continued to increase for more than one month, with just under 3.6 million confirmed new cases reported during the week of 15-21 November 2021, a 6% increase as compared to the previous week. Similarly, new weekly deaths increased by 6% in the past seven days as compared to the previous week, with over 51 000 new deaths reported. As of 21 November, over 256 million confirmed cases and over 5.1 million deaths have been reported globally.

The European Region reported an 11% increase in new weekly cases, while the South-East Asia and the Eastern Mediterranean Regions reported decreases of 11% and 9% respectively; the other regions reported similar weekly case incidences as compared to the previous week. While the Western Pacific Region and the Region of the Americas reported relatively stable case incidence, both regions reported large increases in new weekly deaths, 29% and 19% respectively. In contrast, the African and the South-East Asia Regions reported a decrease in new weekly deaths, while the other regions reported a similar trend as compared to the previous week.

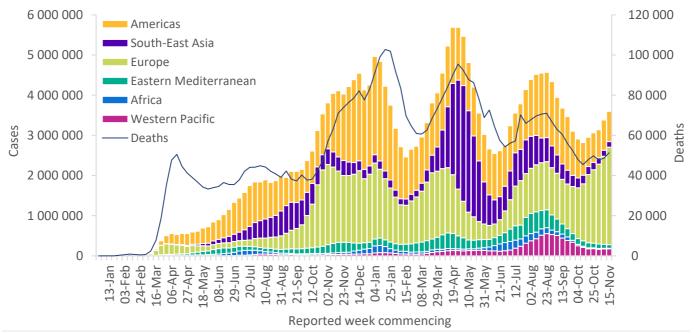


Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 21 November 2021**

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

The regions reporting the highest weekly case incidence per 100 000 population continue to be the European Region (260.2 new cases per 100 000 population) and the Region of the Americas (73.6 new cases per 100 000 population); these regions also reported the highest weekly incidence in deaths, of 3.2 and 1.3 per 100 000 population, respectively.

The highest numbers of new cases were reported from the United States of America (558 538 new cases; similar to the previous week's figures), Germany (333 473 new cases; a 31% increase), the United Kingdom (281 063 new cases; an 11% increase), the Russian Federation (260 484 new cases; similar to the previous week's figures) and Turkey (163 835 new cases; a 9% decrease).

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	2 427 657 (67%)	11%	83 419 825 (33%)	29 465 (57%)	3%	1 510 654 (29%)
Americas	753 140 (21%)	0%	95 847 458 (37%)	13 603 (26%)	19%	2 334 373 (45%)
Western Pacific	174 797 (5%)	0%	9 947 215 (4%)	3 161 (6%)	29%	137 793 (3%)
South-East Asia	136 120 (4%)	-11%	44 409 237 (17%)	2 842 (6%)	-19%	702 762 (14%)
Eastern Mediterranean	92 520 (3%)	-9%	16 657 029 (6%)	1 917 (4%)	-4%	307 333 (6%)
Africa	13 164 (0%)	-4%	6 198 494 (2%)	385 (1%)	-30%	152 074 (3%)
Global	3 597 398 (100%)	6%	256 480 022 (100%)	51 373 (100%)	6%	5 145 002 (100%)

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 21
November 2021**

*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

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

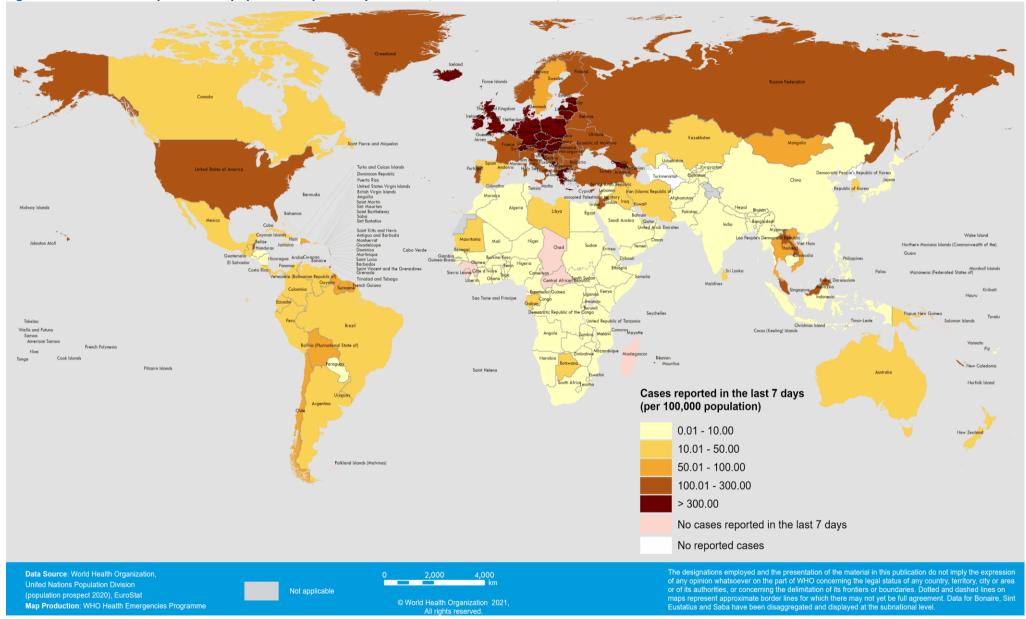


Figure 2. COVID-19 cases per 100 000 population reported by countries, territories and areas, 15-21 November 2021**

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

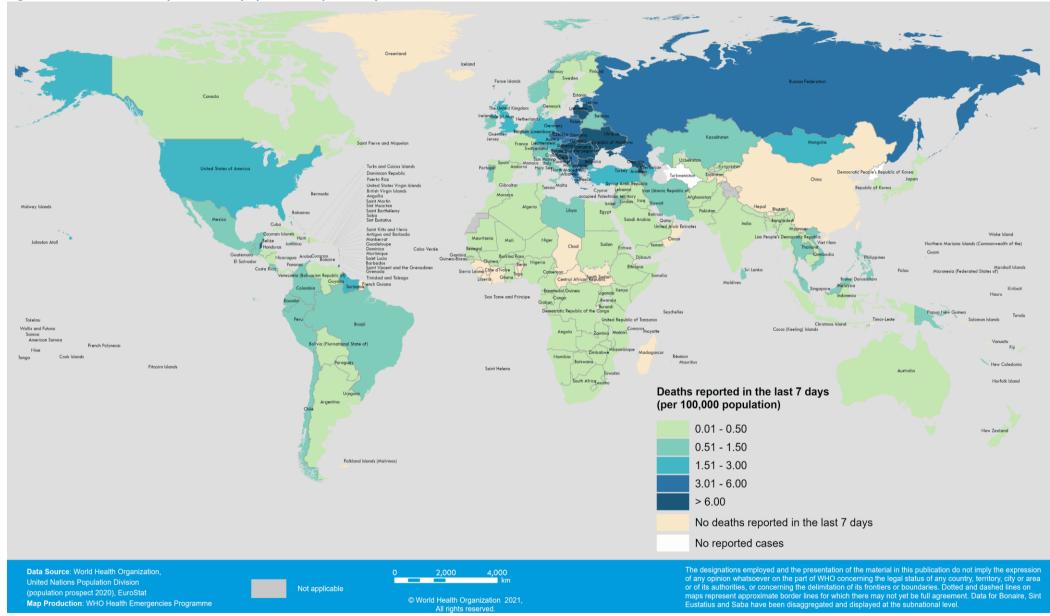


Figure 3. COVID-19 deaths per 100 000 population reported by countries, territories and areas, 15-21 November 2021**

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

Special Focus: Points of entry, international travel and transport in the context of the COVID-19 pandemic

Since the characterization of the COVID-19 outbreak as a pandemic in March 2020, international travel and transport, as well as related sectors such as tourism, have been substantially impacted. For example, the United Nations World Tourism Organization (UNWTO) estimates that around 100 million jobs directly related to tourism are at risk as a result of the impact of the pandemic on the sector. According to the International Civil Aviation Organization (ICAO)'s latest economic impact analysis, despite a moderate increase in domestic passenger air travel in 2021 (up to 17% more passengers) as compared to 2020, it is estimated that there will still be up to 73% fewer international passengers in 2021 as compared to 2019. This decrease in travel translates to approximately USD 250-252 billion loss of gross operating revenues from international passenger air travel in 2021¹ with ongoing losses predicted to occur in 2022, particularly in the international air travel industry.²

The pandemic also continues to have severe repercussions for the maritime sector, seafarers in particular, many of whom continue to be denied access to medical care in ports, remain stranded on ships unable to be repatriated at the end of their contract, and encounter substantial challenges to receive COVID-19 vaccines or meet the vaccine-related entry requirements of different countries.³ <u>WHO recommends</u> that in establishing policies on essential travel, governments should consider situations such as emergencies and humanitarian actions (e.g., emergency medical flights and medical evacuations); travel of essential personnel including emergency responders, providers of public health technical support, and critical personnel in the transport and security sectors (e.g., seafarers); and cargo transport for essential supplies such as food, medicines and fuel. Such considerations would help mitigate the current challenges faced by these particular areas so far in the pandemic.

Overview of travel-related health measures

Under the International Health Regulations (IHR) (2005), a State Party implementing strengthened health measures on the basis of a risk to public health that significantly interferes with international traffic, shall share that information with WHO and provide the public health rationale and relevant scientific information for it. Since 6 February 2020, WHO, through its Regional Offices, has collected and shared information on strengthened health measures for 194 out of 196 State Parties on a weekly basis, publishing more than 82 updates on the Event Information Site (EIS), which is the secured platform through which WHO shares information with national focal points and other stakeholders.

Since the beginning of 2021, countries have gradually reopened their borders for international travel: at least 74 countries accept incoming travelers who present either proof of COVID-19 vaccination, a negative PCR test within a given timeframe, or proof of previous SARS-CoV-2 infection. Additionally, 121 countries require proof of a negative PCR or a rapid antigen test before departure regardless of the vaccination status, while 93 countries perform testing upon arrival and 131 countries require isolation or quarantine of some or all travelers. The cost of these measures is generally charged to the traveler, which is counter to the recommendations issued by the Director-General following the <u>ninth meeting of the IHR Emergency Committee</u> on 26 October 2021, given that this may be economically restrictive for many.

While at least 53 countries have recently reduced the duration of quarantine or testing requirements for vaccinated travelers, 22 countries require vaccination for entry, with limited exceptions for nationals or travelers with proof of previous SARS-CoV-2 infection. Vaccination-based entry requirements do not align with Article 42 of the IHR (2005), which advises that measures must be applied in a non-discriminatory manner, as nearly half of the global population have yet to receive one dose of vaccine.⁴ This point was further emphasized by the Director-General during the <u>ninth</u> meeting of the IHR Emergency Committee, which recommended that countries recognize all vaccines that have

received WHO Emergency Use Listing and all vaccine schedules as per SAGE recommendations, including in the context of international travel.

Currently, at least 85 countries are performing regular risk assessments to inform the public health measures taken for international travel, frequently updating and publishing a list of countries at higher risk to which they apply more restrictive quarantine and additional testing measures. Twenty-nine countries still have entry bans for travelers arriving from certain countries affected by SARS-CoV-2 variants of concern despite the dominance of the Delta variant globally.

Latest WHO travel-related guidance

In July 2021, WHO updated its international travel risk-based interim guidance (first issued in December 2020) and published two documents on <u>policy and technical considerations for implementing a risk-based approach to international travel in the context of COVID-19</u>. This guidance aims to support countries in implementing and calibrating their international travel-related measures, adapted to their specific epidemiological, health system and socioeconomic context, to ensure they are proportionate to the public health risk.

Key changes in the updated documents include the following:

- The inclusion of SARS-CoV-2 variants of concern (VOCs) and variants of interest (VOIs) in the risk assessment, and the application of a precautionary approach in the presence of scientific uncertainties.
- The extension of the temporary recommendation issued by the Director-General not to require proof of COVID-19 vaccination as the only pathway to allow entry to or exit from a country, in accordance with the <u>advice</u> <u>of the IHR Emergency Committee</u>.
- Considerations for the application of individualized approaches to calibrate travel-related quarantine and/or testing requirements for travelers who are fully vaccinated or have proof of previous SARS-CoV-2 infection.
- Reiteration that adherence to personal protective measures such as mask use and physical distancing should continue to be respected by all international travelers, both while onboard conveyances and at points of entry and exit.
- Updated body of evidence on the effectiveness and impact of risk mitigation measures applied in the context of international travel during the COVID-19 pandemic.

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. 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. As evidence becomes available, classifications of variants 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 VUMs, are available on the <u>WHO Tracking SARS-CoV-2 variants</u> <u>website</u>. National authorities may choose to designate other variants of local interest/concern and are encouraged to investigate and report on the impacts of these variants.

Geographic spread and prevalence of VOCs

The current global epidemiology of SARS-CoV-2 is characterized by a predominance of the Delta variant, with the prevalence of other variants continuing to decline among genomic sequences submitted to publicly available datasets or detections reported to WHO (Figure 4, Annex 1). Delta has outcompeted other variants, including other VOCs, in most countries.

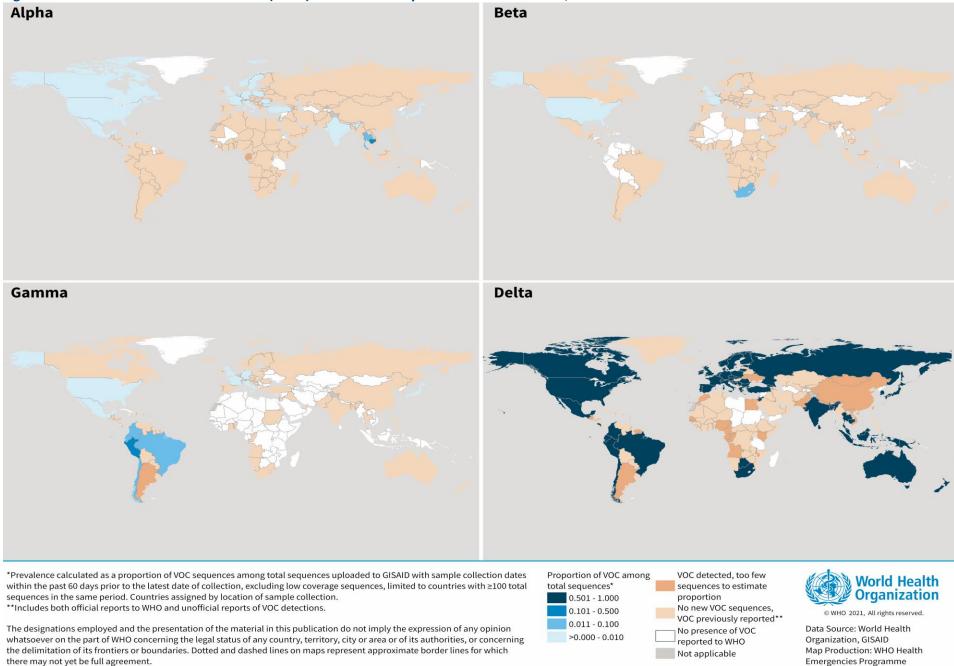
Of 845 087 sequences uploaded to GISAID with specimens collected in the last 60 days¹, 842 992 (99.8%) were Delta, 519 (0.1%) Gamma, 212 (<0.1%) Alpha, 16 (<0.1%) Beta, and 0.1% comprised other circulating variants (including VOIs Mu and Lambda). Sub-regional and country-level variation continues to 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, Lambda, Mu) still contribute a large proportion of reported sequences. Moreover, global VOCs distribution should be interpreted with due consideration of surveillance limitations, including differences in sequencing capacities and sampling strategies between countries, as well as delays in reporting.

Additional resources

- <u>Tracking SARS-CoV-2 Variants</u>
- <u>COVID-19 new variants: Knowledge gaps and research</u>
- Genomic sequencing of SARS-CoV-2: a guide to implementation for maximum impact on public health
- Considerations for implementing and adjusting public health and social measures in the context of COVID-19

¹ Includes sequences submitted to <u>GISAID</u> with sample collected dates from 20 September to 19 November 2021 (last reported sample at the time of data extraction), excluding low coverage sequences.

Figure 4. Prevalence of Variants of Concern (VOCs) in the last 60 days and historic detections, data as of 23 November 2021



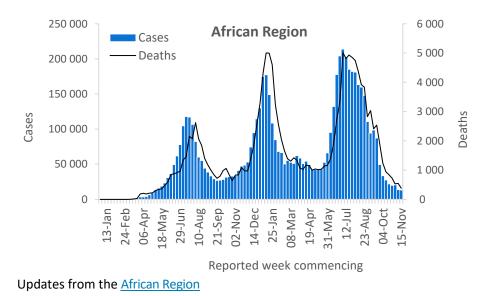
Prevalence data based on sequences reported to GISAID, excluding low coverage sequences. See also Annex 1 for reported VOC detections by country/territory/area

WHO regional overviews Epidemiological week 15-21 November 2021

African Region

Following a decline since late June 2021, the case incidence in the African Region appears to have stabilized in the past two weeks, with over 13 000 new cases reported during the week of 15-21 November. However, 14 of the 49 countries in the Region (29%) reported an increase of >10% in new cases as compared to the previous week, with the highest numbers of new cases reported from South Africa (3498 new cases; 5.9 new cases per 100 000 population; an 82% increase), Ethiopia (1408 new cases; 1.2 new cases per 100 000; an 11% decrease), and Réunion (1308 new cases; 146.1 new cases per 100 000; a 77% increase).

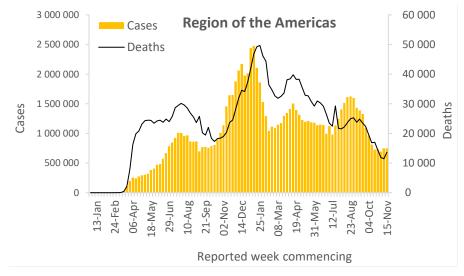
The Region reported the largest decline (30%) in new weekly deaths, with 385 new deaths reported this week. The majority of countries reported a decrease in weekly deaths; however, an increasing trend was observed in nine countries, with the highest numbers of new deaths reported from South Africa (96 new deaths; <1 new death per 100 000 population; a 39% decrease), Ethiopia (59 new deaths; <1 new death per 100 000; a 28% decrease), and Algeria (38 new deaths; <1 new death per 100 000; a 6% increase).



Region of the Americas

The case incidence rate in the Region of the Americas has been relatively stable over the past two weeks, with over 753 000 new cases reported this week. Thirty percent (17/56) of countries reported an increase of over 10% in the number of new cases in the past week. The highest numbers of new cases were reported from the United States of America (558 538 new cases; 168.7 new cases per 100 000; similar to the previous week's figures), Brazil (64 121 new cases; 30.2 new cases per 100 000; a 16% decrease), and Canada (17 085 new cases; 45.3 new cases per 100 000; similar to the previous week's figures).

Following a steady decrease since mid-September 2021, the Region reported a 19% increase in the incidence of deaths this week, with over 13 000 new deaths. Twenty-one percent (12/56) of the countries reported an increase of over 10%, with Ecuador reporting the largest proportionate increase (13 100%), followed by Mexico (50%) and Bahamas (50%). The highest numbers were reported from the United States of America (8906 new deaths; 2.7 new deaths per 100 000; a 20% increase), Brazil (1879 new deaths; <1 new death per 100 000; a 31% increase), and Mexico (1015 new deaths; <1 new death per 100 000; a 50% increase).

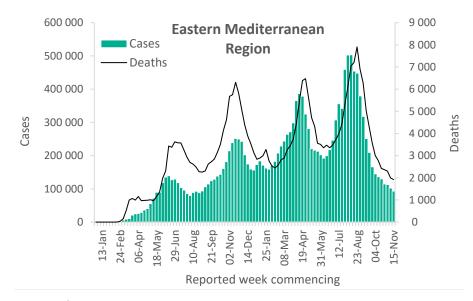


Updates from the Region of the Americas

Eastern Mediterranean Region

Case and death incidence rates in the Eastern Mediterranean Region have continued to decline since mid-July 2021, with over 92 000 new cases and over 1900 new deaths reported, a 9% decrease in cases and a similar number of deaths, as compared to the previous week. Out of the 22 countries in the Region, five, including Djibouti (50%), Afghanistan (49%), Oman (39%), Jordan (35%) and Sudan (34%), reported an increase of over 10% in new cases, in the past week. The highest numbers of new cases were reported from the Islamic Republic of Iran which contributed to nearly half of the cases in the Region (41 523 new cases; 49.4 new cases per 100 000; a 19% decrease), followed by Jordan (21 599 new cases; 6.3 new cases per 100 000; similar to the previous week's figures).

The highest numbers of new deaths were reported from the Islamic Republic of Iran (810 new deaths; 1.0 new deaths per 100 000; a 7% decrease), Egypt (437 new deaths; <1 new death per 100 000; similar to the previous week's figures), and Iraq (159 new deaths; <1 new death per 100 000; similar to the previous week's figures).

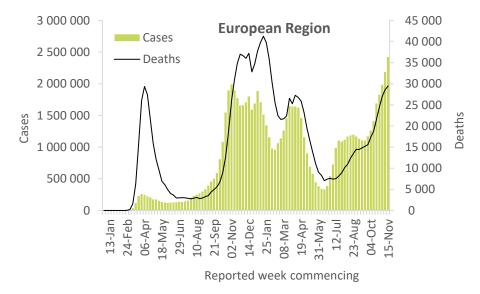


Updates from the Eastern Mediterranean Region

European Region

The European Region has continued to show an increase in both cases and deaths since early-October 2021, with over 2.4 million new cases reported (an increase of 11% compared to the previous week) and over 29 000 new deaths reported (similar to previous week's figures). Nearly 40% of countries in the Region (24/61) reported an increase in new cases of over 10%. Just over a third of all new cases are from three countries: Germany (333 473 new cases; 401.0 new cases per 100 000; a 31% increase), the United Kingdom (281 063 new cases; 414.0 new cases per 100 000; an 11% increase), and the Russian Federation (260 484 new cases; 178.5 new cases per 100 000; similar to the previous week's figures).

A quarter of countries in the Region reported an increase in new deaths of more than 10% in the past week, with the greatest change seen in the Faroe Islands (a 150% increase), Denmark (an 88% increase), and Poland (a 76% increase). The countries reporting the highest numbers of new deaths included the Russian Federation (8709 new deaths; 6.0 new deaths per 100 000; similar to the previous week's figures), Ukraine (4567 new deaths; 10.4 new deaths per 100 000; a 15% decrease).

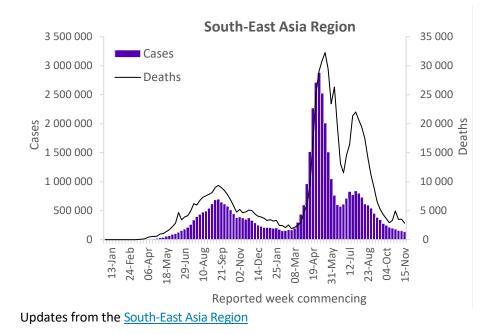


Updates from the European Region

South-East Asia Region

Since July 2021, the incidence of cases and deaths in the South-East Asia Region continues to decline with 136 000 new cases and 2800 new deaths, decreases of 11% and 19% respectively, as compared to the previous week. Only one country, Bhutan, reported an increase of over 10% in new cases in the past week (7 new cases; <1 new case per 100 000; a 250% increase), whilst the highest numbers of new cases were reported from India (73 106 new cases; 5.3 new cases per 100 000; an 11% decrease), Thailand (46 171 new cases; 66.1 new cases per 100 000; an 8% decrease), and Sri Lanka (5084 new cases; 23.7 new cases per 100 000; a 19% decrease).

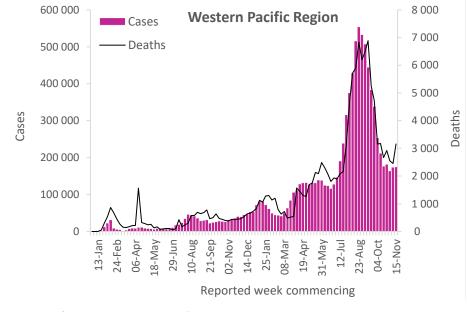
The highest numbers of new deaths were reported from India (2132 new deaths; <1 new death per 100 000; a 22% decrease), Thailand (351 new deaths; <1 new death per 100 000; an 8 % decrease), and Sri Lanka (132 new deaths; <1 new death per 100 000; similar to the previous week's figures).



Western Pacific Region

The weekly incidence in cases has been relatively stable over the past one month, with approximately 175 000 new cases reported this week. However, six countries, including the Northern Mariana Islands, Republic of Korea, Papua New Guinea, New Caledonia, Viet Nam and Lao People's Democratic Republic reported an increase of over 10%. The highest number of new cases were reported from Viet Nam (66 279 new cases; 68.1 new cases per 100 000; a 16% increase), Malaysia (40 600 new cases; 125.4 new cases per 100 000; similar to the previous week's figures) and Republic of Korea (19 965 new cases; 38.9 new cases per 100 000; a 29% increase).

The Region reported over 3100 new deaths this week, a 29% increase compared to the previous week. The highest numbers of new deaths were reported from the Philippines (1631 new deaths; 1.5 new death per 100 000; an 58% increase), Viet Nam (667 new deaths; <1 new death per 100 000; a 22% increase), and Malaysia (347 new deaths; 1.1 new deaths per 100 000; a 7% decrease).



Updates from the Western Pacific Region

Summary of the COVID-19 Weekly Operational Update

The <u>Weekly Operational Update</u> 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 <u>COVID-19</u> <u>SPRP 2021</u> framework, and to highlight country-level actions and WHO support to countries. In this week's edition published on 23 November, highlights include the following:

- Building capacity to create vaccine demand among health care and frontline community workers in Syria
- WHO Europe supports Serbia's public health laboratory financing system
- The Ministry of Health collaborates with district authorities to reduce COVID-19 transmission and mortality in Vientiane Capital, Lao People's Democratic Republic
- Building capacity of frontline health care workforce on latest COVID-19 clinical management practices in the Eastern Mediterranean Region
- Leadership in Emergencies: Building competencies for effective leadership in all-hazards emergency response
- COVID-19 Intra-Action Review (IAR) Training in Muscat, Oman
- 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 Dashboard
- <u>WHO Weekly Operational Updates on COVID-19</u>
- WHO COVID-19 case definitions
- COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update
- <u>Research and Development</u>
- OpenWHO courses on COVID-19 in official UN languages and in additional national languages
- <u>WHO Academy COVID-19 mobile learning app</u>
- <u>The Strategic Preparedness and Response Plan</u> (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:
 - o <u>Protect yourself</u>
 - o <u>Questions and answers</u>
 - o <u>Travel advice</u>
- EPI-WIN: tailored information for individuals, organizations, and communities

Annex 1. List of countries/territories/areas reporting variants of concern as of 23 November 2021

Country/Territory/Area	Alpha	Beta	Gamma	Delta
Afghanistan	•	-	-	•
Albania	•	-	-	0
Algeria	•	-	-	•
Andorra	0	0	-	0
Angola	•	٠	٠	•
Anguilla	•	-	-	•
Antigua and Barbuda	•	•	•	•
Argentina	•	•	٠	•
Armenia	•	-	-	•
Aruba	•	•	•	•
Australia	•	•	•	•
Austria	•	•	•	•
Azerbaijan	•	-	-	0
Bahamas	•	-	•	•
Bahrain	•	•	•	•
Bangladesh	•	•	0	•
Barbados	•	-	•	•
Belarus	•	-	-	0
Belgium	•	•	•	•
Belize	٠	-	٠	•
Benin	٠	•	•	•
Bermuda	٠	•	-	•
Bhutan	٠	•	-	•
Bolivia (Plurinational State of)	٠	-	•	•
Bonaire	•	-	•	•
Bosnia and Herzegovina	•	•	٠	0
Botswana	0	•	-	•
Brazil	٠	•	٠	•
British Virgin Islands	•	-	٠	•
Brunei Darussalam	•	•	-	•
Bulgaria	•	•	-	•
Burkina Faso	•	-	-	•
Burundi	•	٠	-	•

Country/Territory/Area	Alpha	Beta	Gamma	Delta
Cabo Verde	٠	-	-	٠
Cambodia	•	•	-	٠
Cameroon	•	•	-	٠
Canada	•	•	•	٠
Cayman Islands	•	•	•	٠
Central African Republic	•	•	-	٠
Chad	٠	-	-	-
Chile	٠	٠	•	٠
China	٠	٠	٠	٠
Colombia	٠	-	٠	٠
Comoros	-	٠	-	-
Congo	•	0	•	٠
Costa Rica	٠	٠	•	٠
Croatia	•	•	•	0
Cuba	•	٠	-	٠
Curaçao	٠	٠	•	٠
Cyprus	٠	٠	-	0
Czechia	٠	٠	•	٠
Côte d'Ivoire	•	•	-	0
Democratic Republic of the Congo	٠	٠	-	٠
Denmark	•	•	•	٠
Djibouti	•	•	-	-
Dominica	•	-	-	٠
Dominican Republic	•	-	•	٠
Ecuador	•	-	•	٠
Egypt	•	-	-	٠
El Salvador	•	-	•	٠
Equatorial Guinea	•	•	-	0
Estonia	٠	٠	0	0
Eswatini	0	•	-	٠
Ethiopia	•	-	-	•
Falkland Islands (Malvinas)	•	٠	-	-
Faroe Islands	•	-	•	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta
Fiji	0	-	-	•
Finland	•	•	•	•
France	•	•	•	•
French Guiana	•	•	•	•
French Polynesia	•	•	•	•
Gabon	•	•	-	•
Gambia	•	-	-	•
Georgia	•	0	-	•
Germany	•	•	•	•
Ghana	•	•	•	•
Gibraltar	•	-	-	0
Greece	•	•	•	•
Greenland	-	-	-	•
Grenada	•	-	-	•
Guadeloupe	•	•	•	•
Guam	٠	٠	٠	•
Guatemala	٠	٠	٠	•
Guinea	•	•	-	•
Guinea-Bissau	•	•	-	•
Guyana	-	-	٠	•
Haiti	•	-	•	•
Honduras	•	-	٠	•
Hungary	•	0	٠	0
Iceland	٠	•	•	•
India	٠	•	•	•
Indonesia	•	•	-	•
Iran (Islamic Republic of)	٠	•	-	•
Iraq	•	•	•	•
Ireland	٠	•	•	•
Israel	•	•	•	•
Italy	•	•	•	•
Jamaica	•	-	-	•
Japan	•	•	•	•

		Beta	Gamma	Delta
Jordan	•	•	•	•
Kazakhstan	•	0	-	•
Kenya	•	•	-	•
Kosovo[1]	•	0	-	0
Kuwait	•	•	-	•
Kyrgyzstan	•	•	-	•
Lao People's Democratic Republic	•	-	-	•
Latvia	•	•	•	0
Lebanon	•	-	-	•
Lesotho	-	•	-	0
Liberia	•	•	-	•
Libya	•	•	-	-
Liechtenstein	•	-	0	0
Lithuania	•	•	•	0
Luxembourg	•	•	•	•
Madagascar	•	•	-	-
Malawi	•	•	-	•
Malaysia	•	•	-	•
Maldives	•	-	-	•
Mali	-	-	-	•
Malta	•	0	•	0
Martinique	•	•	•	•
Mauritania	•	•	-	•
Mauritius	•	•	-	•
Mayotte	•	•	-	0
Mexico	•	•	•	•
Monaco	•	•	-	•
Mongolia	•	-	-	•
Montenegro	•	-	0	0
Montserrat	•	-	•	•
Morocco	•	•	-	•
Mozambique	•	•	-	•
Myanmar	•	-	-	•
Namibia	•	•	0	•

Country/Territory/Area	Alpha	Beta	Gamma	Delta
Nepal	٠	-	-	•
Netherlands	٠	•	•	•
New Caledonia	٠	-	-	•
New Zealand	٠	•	0	•
Nicaragua	•	•	•	•
Niger	•	-	-	-
Nigeria	•	•	-	•
North Macedonia	•	•	-	0
Northern Mariana Islands (Commonwealth of the)	0	-	-	•
Norway	٠	•	•	•
Occupied Palestinian Territory	•	•	-	•
Oman	•	•	-	•
Pakistan	•	•	•	•
Panama	٠	•	•	•
Papua New Guinea	-	-	-	•
Paraguay	٠	-	•	•
Peru	•	-	•	•
Philippines	٠	•	•	•
Poland	٠	0	•	•
Portugal	٠	•	•	•
Puerto Rico	•	•	•	•
Qatar	٠	•	-	•
Republic of Korea	٠	•	•	•
Republic of Moldova	•	-	-	•
Romania	•	•	•	•
Russian Federation	٠	•	0	•
Rwanda	٠	•	-	•
Réunion	٠	•	•	0
Saba	-	-	-	•
Saint Barthélemy	•	-	-	•
Saint Kitts and Nevis	-	-	-	•
Saint Lucia	•	-	-	•
Saint Martin	•	•	-	•
Saint Pierre and Miquelon	-	-	-	•

Country/Territory/Area	Alpha	Beta	Gamma	Delta
Saint Vincent and the Grenadines	-	-	•	•
Sao Tome and Principe	•	-	-	0
Saudi Arabia	•	•	-	•
Senegal	•	•	-	•
Serbia	•	-	-	•
Seychelles	•	•	-	•
Sierra Leone	-	•	-	•
Singapore	•	•	•	•
Sint Maarten	•	•	•	•
Slovakia	•	•	-	•
Slovenia	•	•	•	•
Somalia	•	•	-	-
South Africa	•	•	0	•
South Sudan	•	•	-	•
Spain	•	•	•	•
Sri Lanka	•	•	-	•
Sudan	•	•	•	-
Suriname	•	•	•	•
Sweden	•	•	•	•
Switzerland	•	•	•	•
Thailand	•	•	•	•
Timor-Leste	•	-	-	•
Тодо	•	•	•	•
Trinidad and Tobago	•	-	•	•
Tunisia	•	•	-	•
Turkey	•	•	•	•
Turks and Caicos Islands	•	-	•	•
Uganda	•	•	-	•
Ukraine	•	0	-	0
United Arab Emirates	•	•	•	•
United Kingdom	•	•	•	•
United Republic of Tanzania	-	•	-	-
United States Virgin Islands	•	•	•	•
United States of America	•	•	•	•

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Country/Territory/Area	Alpha	Beta	Gamma	Delta	Country/Territory/Area B B P
Uruguay	٠	•	•	•	Viet Nam	•	•	-	•	Zambia • • - •
Uzbekistan	٠	٠	-	0	Wallis and Futuna	•	-	-	-	Zimbabwe • • - •
Venezuela (Bolivarian Republic of)	•	-	•	•	Yemen	•	٠	-	-	

*Newly reported in this update. "•" 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. **Includes countries/territories/areas reporting the detection of VOCs among travellers (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 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.

Due to public health authorities conducting data reconciliation exercises that 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 countries of interest, time period, 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. 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>.

The designations employed, and the presentation of these materials do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. Countries, territories, and areas are arranged under the administering WHO region. The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions except, the names of proprietary products are distinguished by initial capital letters.

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

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