

COVID-19 Weekly Epidemiological Update

Edition 75, published 18 January 2022

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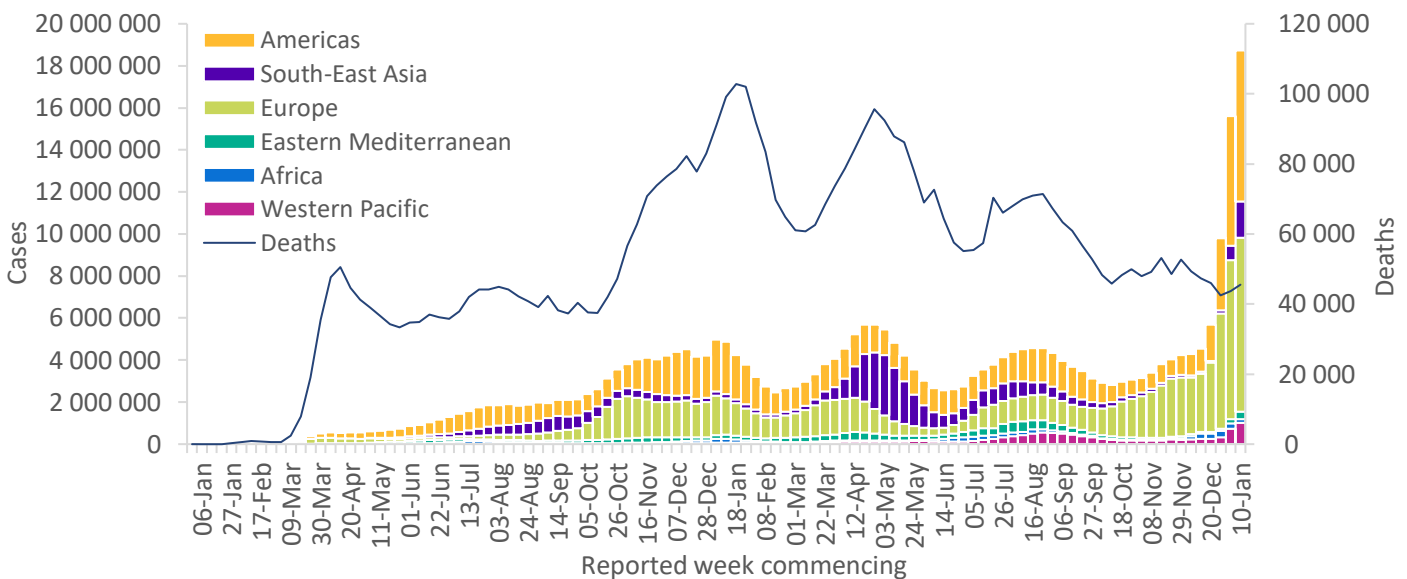
Global overview

Data as of 16 January 2022

Globally, the number of new COVID-19 cases increased in the past week (10-16 January 2022), while the number of new deaths remained similar to that reported during the previous week (Figure 1). Across the six WHO regions, over 18 million new cases were reported this week, a 20% increase, as compared to the previous week. Over 45 000 new deaths were also reported (Table 1). As of 16 January 2022, over 323 million confirmed cases and over 5.5 million deaths have been reported worldwide.

Despite a slowdown of the increase in case incidence at the global level, all regions reported an increase in the incidence of weekly cases with the exception of the African Region, which reported a 27% decrease. The South-East Asia Region reported the largest increase in new cases last week (145%), followed by the Eastern Mediterranean Region (68%), the Western Pacific Region (38%), the Region of the Americas (17%) and the European Region (10%). New weekly deaths increased in the South-East Asia Region (12%) and Region of the Americas (7%), while remaining similar to the number reported during the previous week in the other Regions.

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 16 January 2022**



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

At the country level, the highest numbers of new cases were reported from the United States of America (4 688 466 new cases; similar to previous week's figures), France (2 012 943 new cases; a 26% increase), India (1 594 160 new cases; a 150% increase), Italy (1 268 153 new cases; a 25% increase), and the United Kingdom (813 326 new cases; a 33% decrease).

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 16 January 2022**

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	8 281 997 (44%)	10%	119 133 975 (37%)	21 785 (48%)	3%	1 718 338 (31%)
Americas	7 198 756 (38%)	17%	118 339 517 (37%)	15 160 (33%)	7%	2 443 421 (44%)
South-East Asia	1 711 154 (9%)	145%	47 445 610 (15%)	2 579 (6%)	12%	726 828 (13%)
Western Pacific	1 011 609 (5%)	38%	13 135 837 (4%)	2 910 (6%)	5%	162 206 (3%)
Eastern Mediterranean	345 680 (2%)	68%	17 752 506 (5%)	1 071 (2%)	1%	318 268 (6%)
Africa	190 440 (1%)	-27%	7 802 161 (2%)	2 038 (4%)	-4%	160 619 (3%)
Global	18 739 636 (100%)	20%	323 610 370 (100%)	45 543 (100%)	4%	5 529 693 (100%)

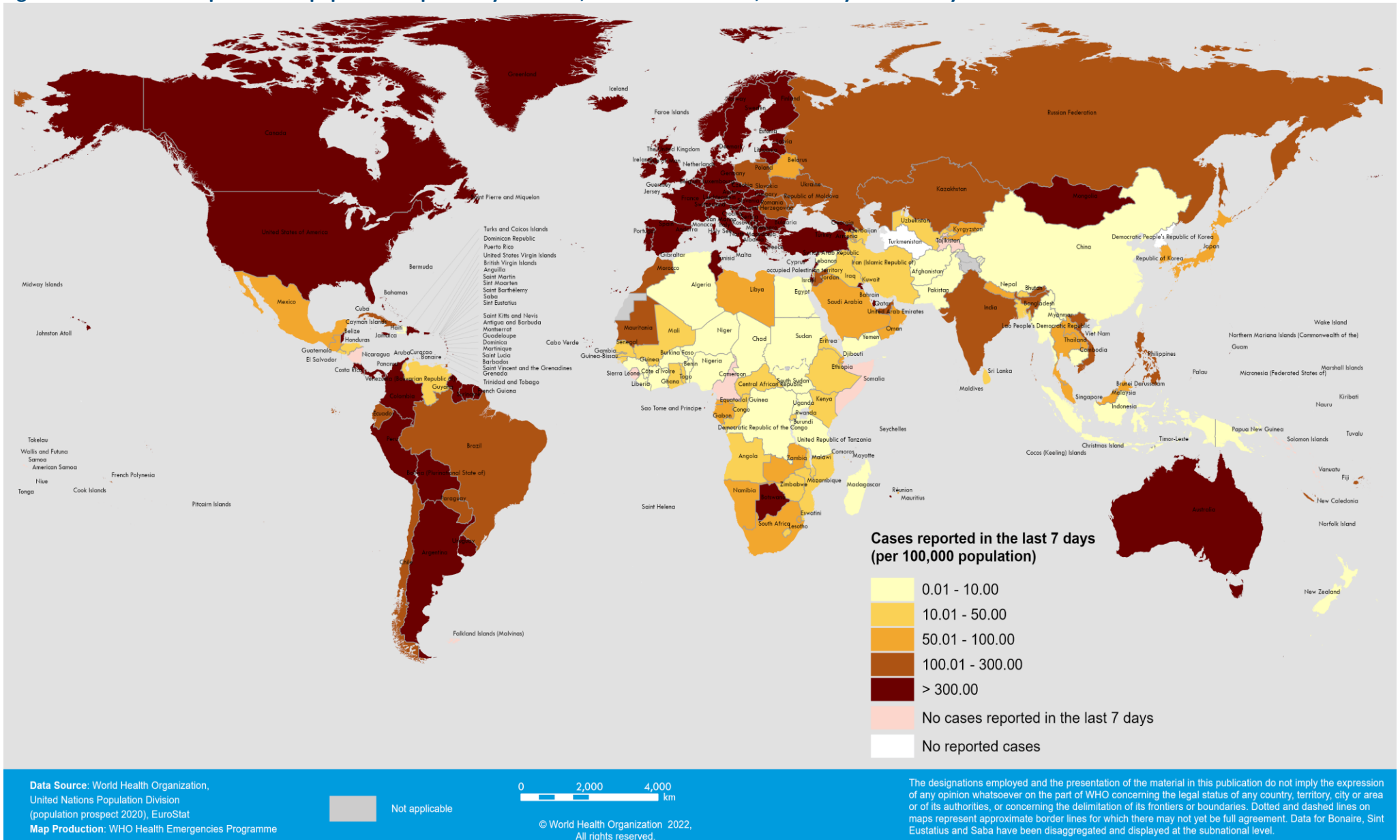
*Percent change in the number of newly confirmed cases/deaths in the past seven days, compared to seven days prior

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

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

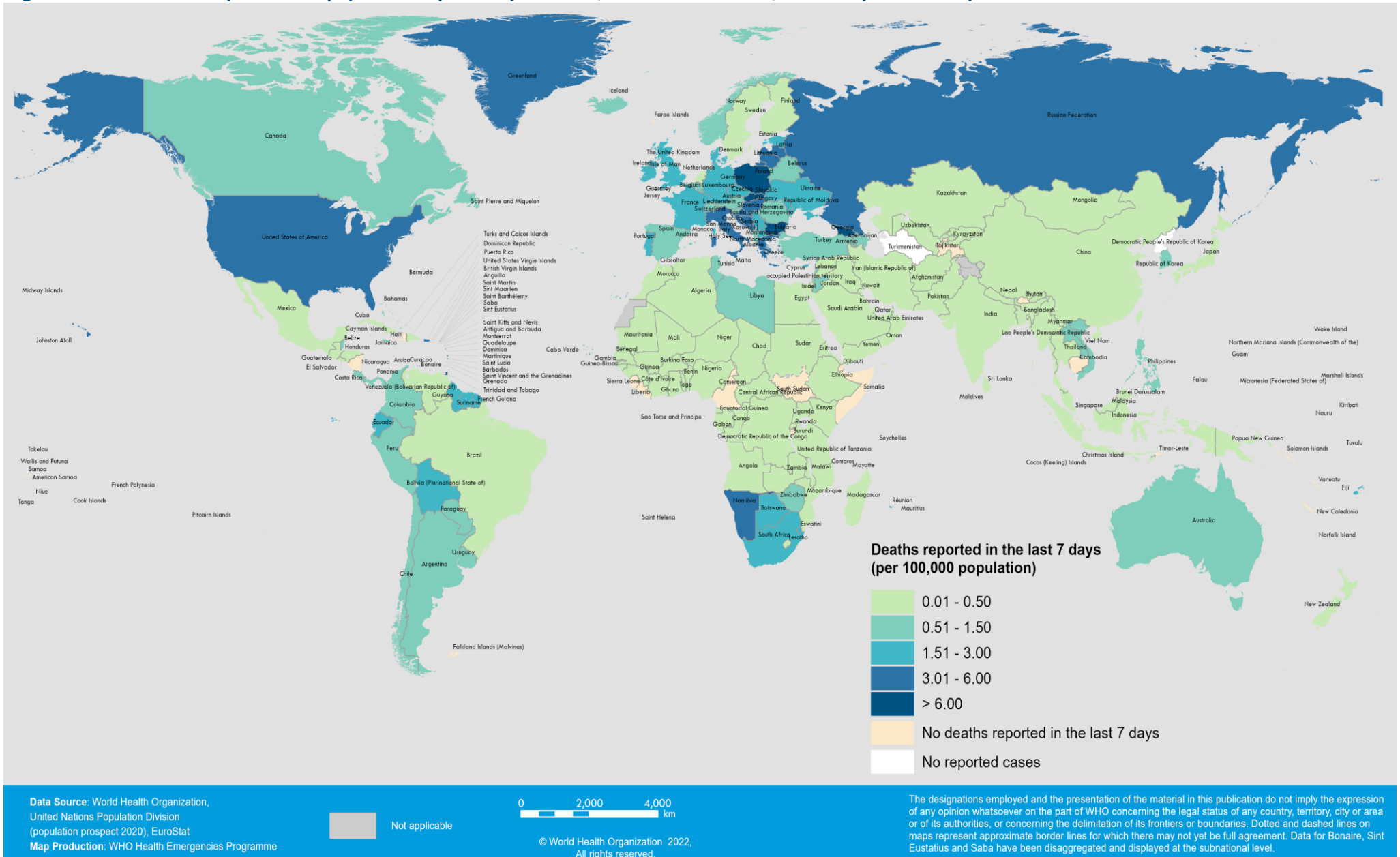
- [WHO COVID-19 Dashboard](#)
- [WHO COVID-19 Weekly Operational Update and previous editions of the Weekly Epidemiological Update](#)

Figure 2. COVID-19 cases per 100 000 population reported by countries, territories and areas, 10 January – 16 January 2022**



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

Figure 3. COVID-19 deaths per 100 000 population reported by countries, territories and areas, 10 January – 16 January 2022**



**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 global rapid risk assessment, conducted on 07 January 2022, the global public health risk was assessed as remaining 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 ongoing 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 global spread, and the 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 for the COVID-19 pandemic. To date, 13 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 global rapid risk assessment for COVID-19 which covers the period from mid-October to the end of December 2021 and was finalised on 7 January 2022.

Since the [last risk assessment](#), the incidence of COVID-19 has increased globally, initially driven predominantly by transmission of the Delta variant, particularly in the European Region. Subsequently, following the identification of the Omicron variant in South Africa, reported to WHO on 24 November 2021, there has been a sharp increase in the incidence of cases in the African Region. This has been followed by increases in the other WHO Regions in weeks 51 (20-26 December 2021) and 52 (27 December 2021 to 2 January 2022). In contrast, a global decline has been seen for COVID-19 mortality since a peak in August 2021. Nonetheless, a combination of the increased and rapid spread of the Omicron variant, increased population movements and social mixing during and after the end of year holiday period and challenges with ongoing adherence to public health and social measures (PHSM) are expected to lead to increased number of cases, hospitalizations and deaths in the coming weeks.

On 26 November, WHO designated Omicron as the fifth SARS-CoV-2 Variant of Concern (VOC) due to its large number of mutations, evidence indicative of a detrimental change in COVID-19 epidemiology and potential for increased risk of reinfection. The variant has since spread to countries in all six WHO regions, replacing the Delta variant in most countries for which data are available. As the capacity for sequencing variants varies among countries, genomic surveillance of SARS-CoV-2 continues to be strengthened globally to ensure representative and timely reporting on the evolution of the virus and the emergence of variants.

Early evidence of the phenotypic impacts of the Omicron variant suggests a substantial growth advantage compared to the Delta variant. This may be attributed to immune evasion, increased intrinsic transmissibility, efficient replication in the upper respiratory tract or a combination of these factors, resulting in a large proportion of the population becoming infected or reinfected, even in countries with high levels of population immunity from previous infection and/or vaccination. Despite early data that suggest that the severity of infection associated with the Omicron variant is lower than that of Delta, the very large number of cases, including amongst healthcare workers, has resulted in a substantial number of people requiring hospitalization, putting pressure on healthcare systems. Because of this, countries have been urged to develop mitigation plans to maintain essential health services which faced significant disruption during previous surges of COVID-19.

As of 29 December 2021, 8.6 billion doses of vaccine have been administered globally; 57% of the global population has received at least one dose and 47% have completed the primary vaccination series. The distribution of vaccines

remains unequal. As of 15 December, only 9% of those in low-income countries have received at least one dose, compared to 66% in high-income countries. Supply to low-income countries is expected to increase rapidly in 2022 through the COVAX and African Vaccine Acquisition Trust (AVAT), however, absorption remains a challenge with countries struggling to manage unpredictable deliveries with a short shelf-life. Additionally, vaccine hesitancy persists in a number of settings. Vaccines continue to protect against severe disease for both VOCs and non-VOCs, however, there is evidence of a reduction in vaccine effectiveness over time due to waning of the humoral immune response. WHO recommends an additional dose for those who are immunocompromised and did not respond sufficiently to initial doses in the primary series or who are no longer producing antibodies, and those aged 60 years and over who received primary vaccination with one of inactivated products (CoronaVac or the COVID-19 vaccine BIBP); however, more data are needed on the optimal timing, safety and dosage of booster doses. Individual countries need to balance decisions about their booster dose policy and local public health benefits against the need to support global equity in vaccine access.

There remain knowledge gaps in the phenotypic impact of identified and emerging variants (including the Omicron variant), the waning of the humoral immune response, and changes in the severity profile of VOCs, including amongst 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 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 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 [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 the impacts of these variants.

Geographic spread and prevalence of VOCs

The current global epidemiology of SARS-CoV-2 is characterized by the emergence and rapid spread of the Omicron variant on a global scale, continued decline in the prevalence of the Delta variant, and a very low level of circulation of the Alpha, Beta and Gamma variants. Following the identification of travel-related cases of the Omicron variant, many countries are now reporting community transmission. Countries that experienced a rapid rise in Omicron cases in November and December 2021 are beginning to see declines in cases. The Omicron variant includes Pango lineages B.1.1.529, BA.1, BA.2 and BA.3. BA.1 accounts for >99% of sequences submitted to GISAID as of 18 January 2022. All these variants are being monitored by WHO under the umbrella of 'Omicron'.

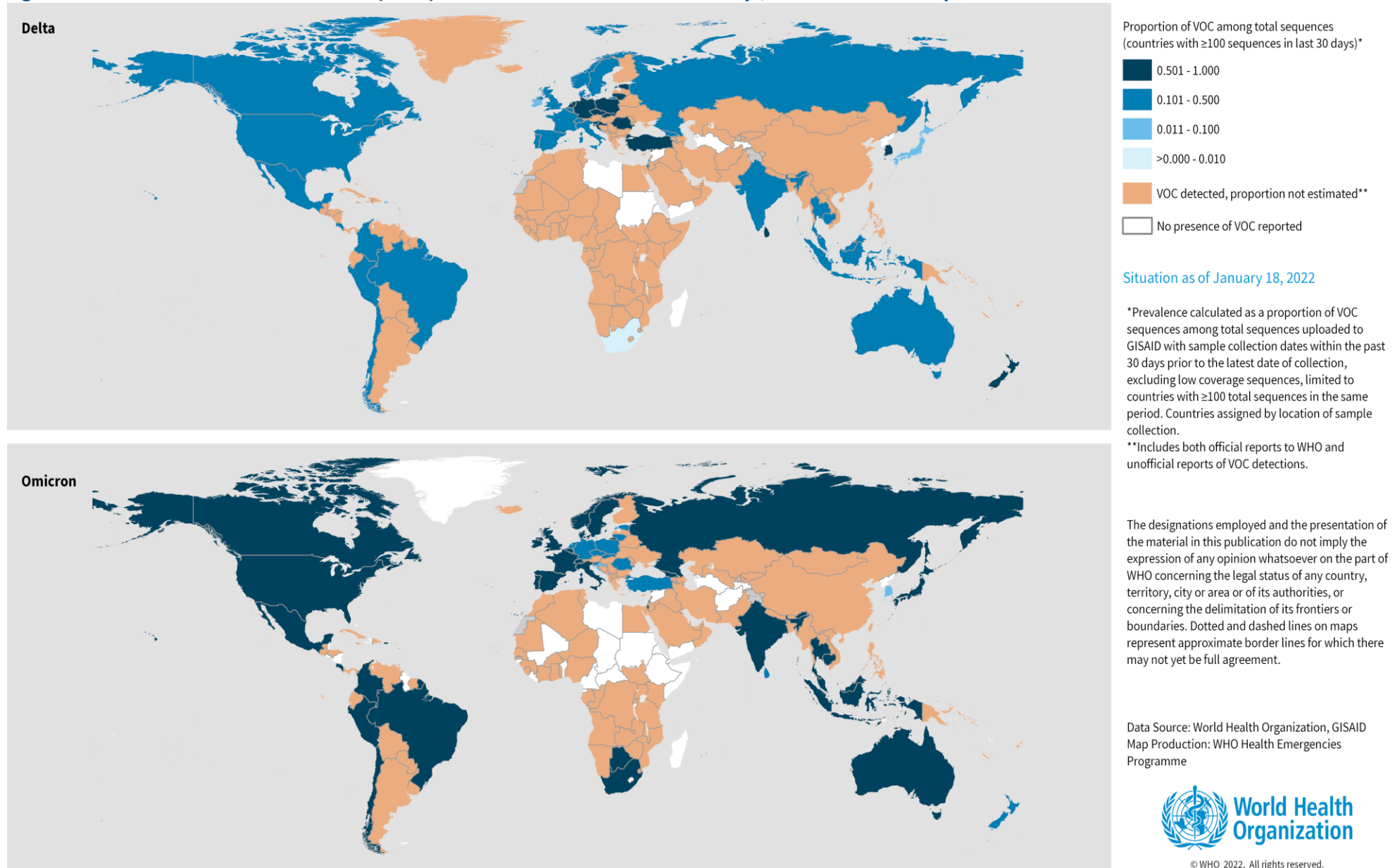
Among the 405 739 sequences uploaded to [GISAID](#) with specimens collected in the last 30 daysⁱ, 291 600 sequences (71.9%) were Omicron, 113 652 (28%) were Delta, 47 (<0.1%) were Gamma, ten (<0.1%) were Alpha and three sequences (<0.1%) comprised other circulating variants (including VOIs Mu and Lambda). To note, 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

- Detailed technical evidence on phenotypic impacts of the Omicron can be found in the [Weekly Epidemiological Update](#) and in the [Technical briefing on Omicron SARS-CoV-2 variant published on 7 January 2022](#).
- [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 public health and social measures in the context of COVID-19](#)

ⁱ Includes sequences submitted to [GISAID](#) with sample collected dates from 16 December 2021 to 14 January 2022 (last reported sample at the time of data extraction), excluding low coverage sequences.

Figure 4: Prevalence of variants of concern (VOCs) Delta and Omicron in the last 30 days, data as of 18 January 2022

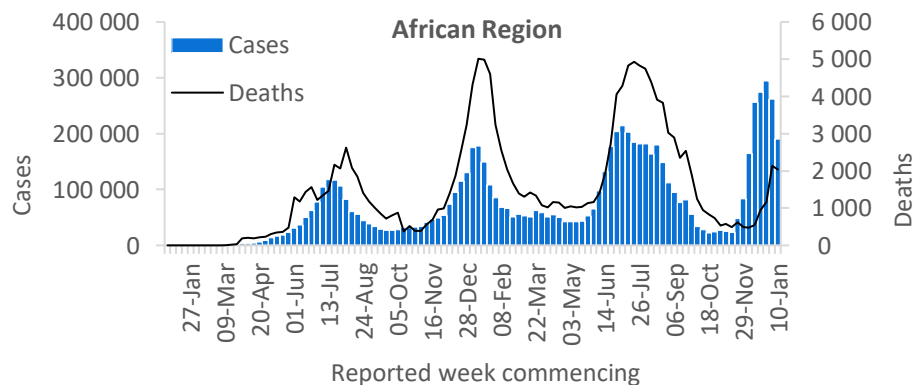


See also [Annex 1](#) for reported VOC detections by country/territory/area

African Region

The number of new cases in the Africa Region continues to decline following the most recent peak in December 2021, with over 190 000 new cases reported, a 27% decrease as compared to the previous week. While most countries in the region reported a decline in the number of new cases, nearly a third of the countries in the region (13/41; 32%) reported an increase of 10% or more as compared to the previous week. The largest proportional increase in cases was observed in Mayotte (9086 vs 2760 new cases, a 229% increase), Central African Republic (865 vs 291; 197%) and Eritrea (573 vs 277; 107%). The highest numbers of new cases were reported from South Africa (35 121 new cases; 59.2 new cases per 100 000 population; a 34% decrease), Réunion (16 256 new cases; 1815.7 new cases per 100 000; a 74% increase), and Zambia (13 452 new cases; 73.2 new cases per 100 000; a 43% decrease).

The number of new deaths reported in the Region was just over 2000, similar to the number reported during the previous week. The highest numbers of new deaths were reported from South Africa (907 new deaths; 1.5 new deaths per 100 000 population; a 23% decrease), Ethiopia (111 new deaths; <1 new death per 100 000; a 52% increase), and Namibia (106 new deaths; 4.2 new deaths per 100 000; a 63% increase).

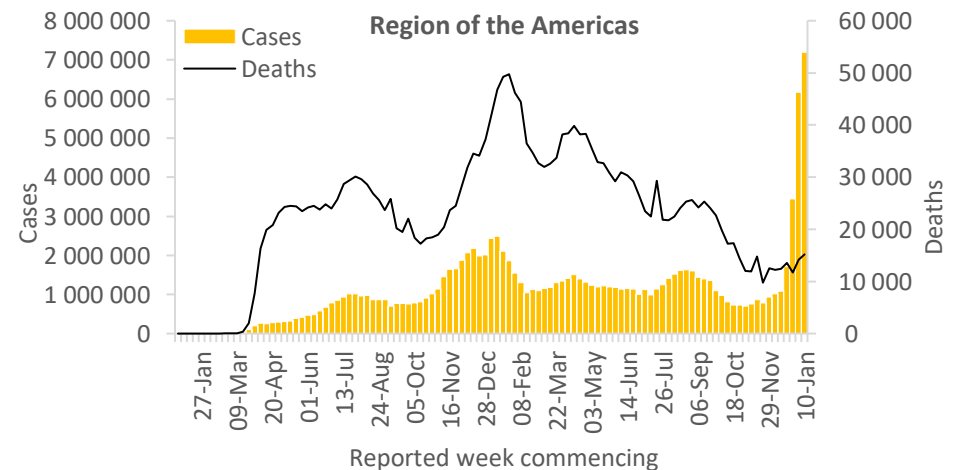


Updates from the [African Region](#)

Region of the Americas

The number of new cases in the Region of the Americas increased, albeit at a slower rate, in the past week, with just under 7.2 million new cases reported, a 17% increase as compared to the previous week. The majority of the countries in the Region reported increases of over 10% (39/56; 70%). The countries with the highest proportionate increases were Martinique (13 540 vs 1385; 638%) El Salvador (1343 vs 289; 365%) and Ecuador (42 992 vs 10 532; 308%). The highest numbers of new cases were reported from the United States of America (4 688 466 new cases; 1416.4 new cases per 100 000; similar to the previous week's figures), Argentina (797 136 new cases; 1763.7 new cases per 100 000; a 73% increase), and Brazil (476 981 new cases; 224.4 new cases per 100 000; a 193% increase).

The number of new deaths also increased in the past week, with over 15 000 new deaths, a 7% increase as compared to the number reported during the previous week. The highest numbers of new deaths were reported from the United States of America (10 412 new deaths; 3.1 new deaths per 100 000; a 5% decrease), Brazil (974 new deaths; <1 new death per 100 000; a 27% increase), and Canada (523 new deaths; 1.4 new deaths per 100 000; a 50% increase).

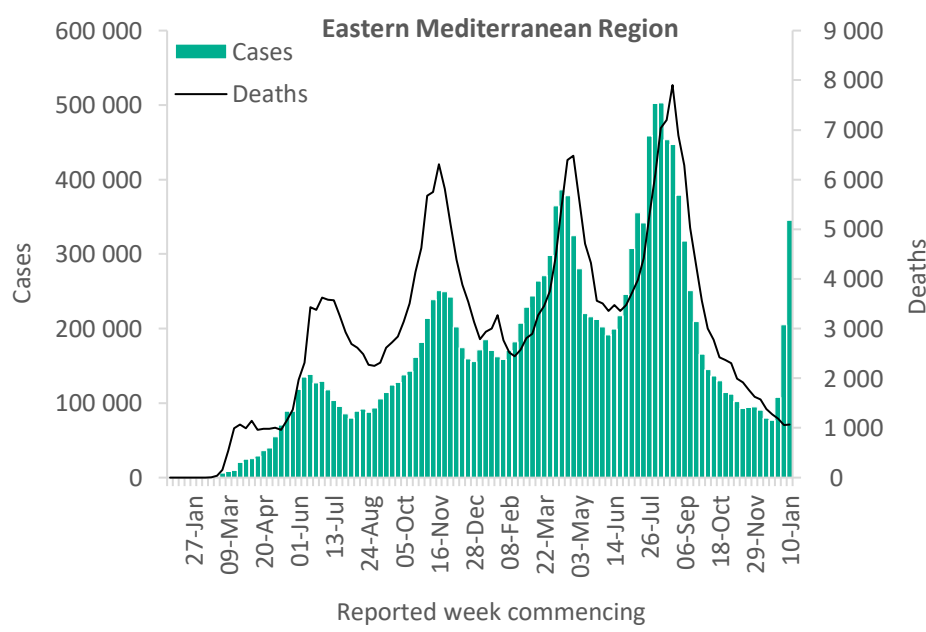


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region showed a substantial increase in new cases reported during this past week, with over 345 000 new cases, a 68% increase as compared to the previous week. All but two countries (Libya and Somalia) in the Region reported increases in the number of new cases in the past week. The highest numbers of new cases were reported from Morocco (46 104 new cases; 124.9 new cases per 100 000; a 45% increase), Lebanon (45 231 new cases; 662.7 new cases per 100 000; a 19% increase), and Tunisia (39 487 new cases; 334.1 new cases per 100 000; a 194% increase).

The number of new deaths remained similar to the number reported during the previous week, with just over 1000 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (197 new deaths; <1 new death per 100 000; a 5% decrease), Egypt (185 new deaths; <1 new death per 100 000; a 9% increase), and Tunisia (122 new deaths; 1.0 new deaths per 100 000; a 54% increase).

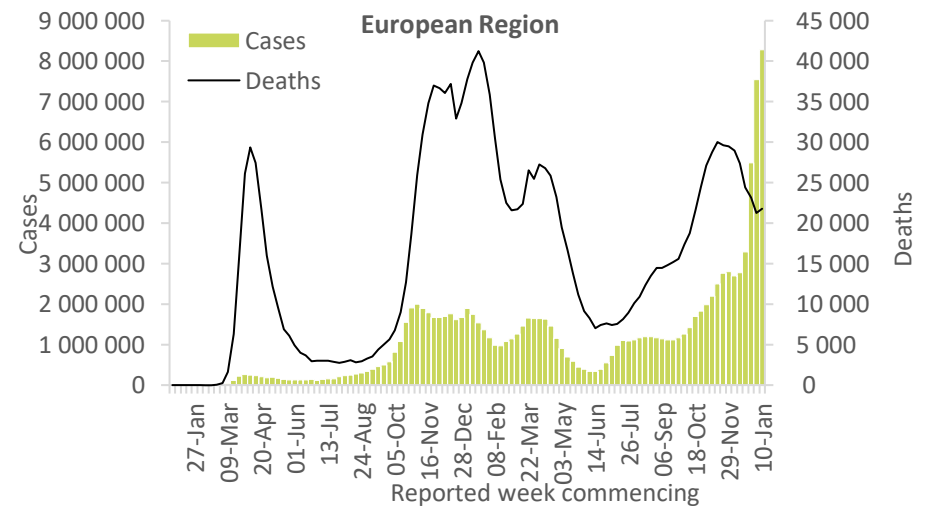


Updates from the [Eastern Mediterranean Region](#)

European Region

The number of new cases continued to increase this week in the European Region with over 8.2 million new cases reported, a 10% increase as compared to the previous week. Most of the countries in the Region (39/61; 64%) reported an increase greater than 10%, with the highest increases reported from Kazakhstan (54 927 vs 6672 new cases, a 723% increase), Uzbekistan (4744 vs 1223 new cases, a 287% increase) and Kosovo^[1] (2990 vs 842 new cases, a 255% increase). The highest numbers of new cases were reported from France (2 012 943 new cases; 3095.0 new cases per 100 000; a 26% increase), Italy (1 268 153 new cases; 2126.3 new cases per 100 000; a 25% increase), and the United Kingdom (813 326 new cases; 1198.1 new cases per 100 000; a 33% decrease).

The number of weekly deaths was similar to the previous week, with over 21 000 new deaths reported. The highest numbers of new deaths were reported from the Russian Federation (5157 new deaths; 3.5 new deaths per 100 000; a 9% decrease), Poland (2563 new deaths; 6.8 new deaths per 100 000; a 19% increase), and Italy (1975 new deaths; 3.3 new deaths per 100 000; a 44% increase).

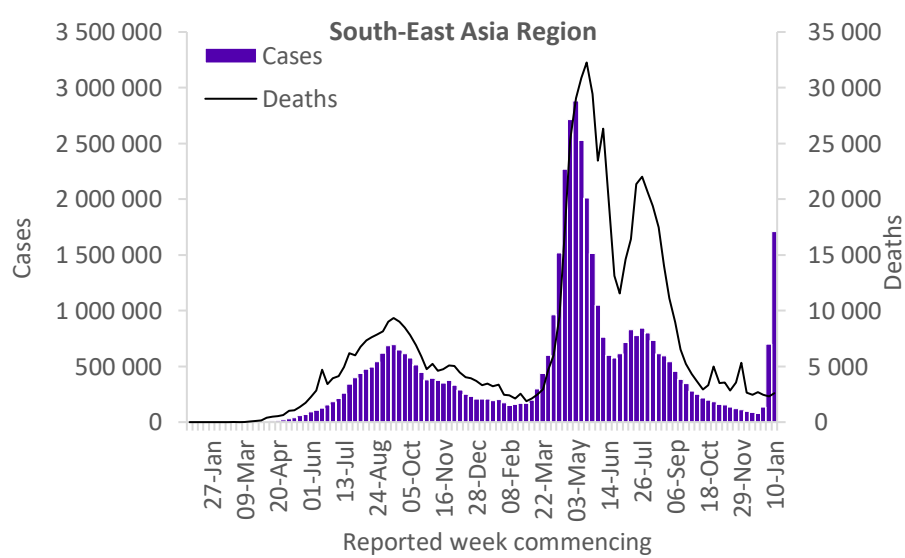


Updates from the [European Region](#)

South-East Asia Region

The number of new cases in the South-East Asia Region continues to increase, with over 1.7 million new cases reported, a 145% increase as compared to the previous week. All but one country (Timor-Leste; a 58% decrease) reported an increase in the number of new weekly cases, with the largest proportional increases observed in Nepal (21149 vs 3603 new cases, a 486% increase), Bangladesh (24011 vs 7234; a 231% increase) and the Maldives (5529 vs 2000, a 176% increase). The highest numbers of new cases were reported from India (1 594 160 new cases; 115.5 new cases per 100 000; a 150% increase), Thailand (54 935 new cases; 78.7 new cases per 100 000; a 37% increase), and Bangladesh (24 011 new cases; 14.6 new cases per 100 000; a 232% increase).

Over 2500 new weekly deaths were reported, a 12% increase as compared to the previous week. The highest numbers of new deaths were reported from India (2276 new deaths; <1 new death per 100 000; a 13% increase), Thailand (100 new deaths; <1 new death per 100 000; a 5% decrease), and Sri Lanka (92 new deaths; <1 new death per 100 000; an 8% decrease).

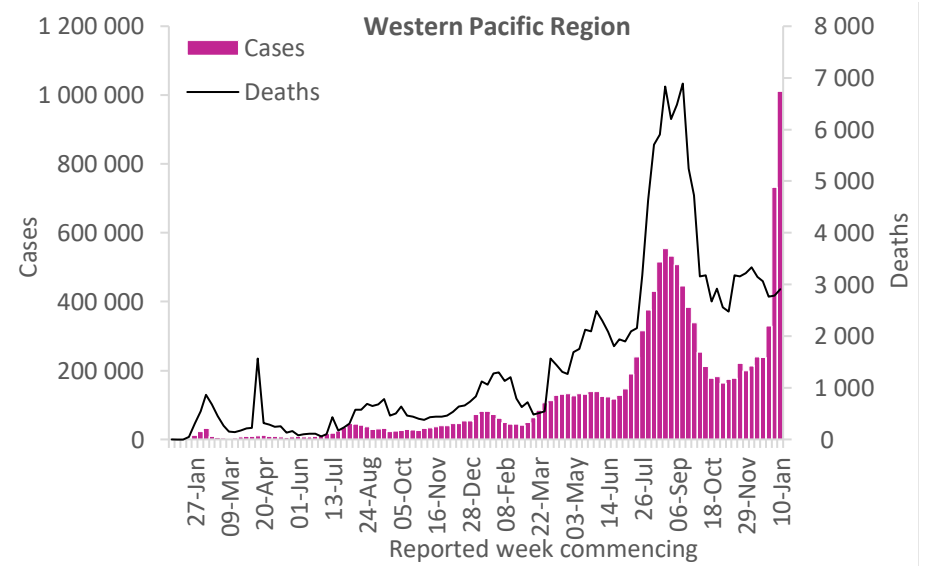


Updates from the [South-East Asia Region](#)

Western Pacific Region

The numbers of new weekly cases and deaths have continued to increase in the Western Pacific Region, with over one million new cases and over 2900 new deaths, increases of 38% and 5% increase respectively as compared to the previous week. Twelve countries in the Region (44%), reported increases of over 10% in new cases, with the highest increases reported from Palau (46 vs 5 new cases; an 820% increase), French Polynesia (475 vs 109 new cases; a 335% increase) and Japan (95498 vs 23168; a 312% increase). The highest numbers of new cases were reported from Australia (472 564 new cases; 1853.2 new cases per 100 000; a 12% increase), the Philippines (231 502 new cases; 211.3 new cases per 100 000; a 159% increase), and Viet Nam (131 468 new cases; 135.1 new cases per 100 000; similar to the previous week's figures).

The highest numbers of new deaths were reported from Viet Nam (1363 new deaths; 1.4 new deaths per 100 000; a 10% decrease), the Philippines (723 new deaths; <1 new death per 100 000; a 23% increase), and Australia (288 new deaths; 1.1 new deaths per 100 000; a 213% increase).



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 18 January, highlights include the following:

- Supporting COVID-19 control measures in Islamic Republic of Iran with donation of new equipment
- Providing continued support to countries on the detection of Variants of Concern (VOC) in the European Region
- COVAX delivering its 1 billionth COVID-19 vaccine dose
- Providing lifesaving medical-grade oxygen to the Philippines to fight against new COVID-19 variants
- Supporting prevention measures and COVID-19 vaccination for migrants struggling during lockdown in Thailand
- Mitigating the COVID-19 outbreak through global data sharing: The WHO Global Clinical Platform for COVID-19 Call to action
- Updates on WHO's financing to support countries on COVID-19 response implementation to suppress transmission, reduce exposure, and protect the vulnerable and save lives
- Progress on a subset of global indicators that demonstrate country and global progress to end the acute phase of the pandemic

Technical guidance and other resources

- [WHO technical guidance](#)
- [WHO COVID-19 Dashboard](#)
- [WHO Weekly Operational Updates on COVID-19](#)
- [WHO COVID-19 case definitions](#)
- [COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update](#)
- [Research and Development](#)
- [Open WHO 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
- [EPI-WIN: tailored information for individuals, organizations, and communities](#)
- Recommendations and advice for the public:
 - [Protect yourself](#)
 - [Questions and answers](#)
 - [Travel advice](#)

Annexes

Annex 1. List of countries/territories/areas reporting variants of concern as of 18 January 2022

Country/Territory/Area	Alpha	Beta	Delta	Gamma	Omicron
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	○	●	●	-	●
Brazil	●	●	●	●	●
British Virgin Islands	●	-	●	●	○

Country/Territory/Area	Alpha	Beta	Delta	Gamma	Omicron
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	●	●	●	-	●
Denmark	●	●	●	●	●
Djibouti	●	●	●	-	-
Dominica	●	-	●	-	-
Dominican Republic	●	-	●	●	●

Country/Territory/Area	Alpha	Beta	Delta	Gamma	Omicron
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	●	●	●	●	●
Greenland	-	-	●	-	-
Grenada	●	-	●	●	●
Guadeloupe	●	●	●	●	●
Guam	●	●	●	●	-
Guatemala	●	●	●	●	●
Guernsey	-	-	-	-	●
Guinea	●	●	●	-	●
Guinea-Bissau	●	●	●	-	-

Country/Territory/Area	Alpha	Beta	Delta	Gamma	Omicron
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	●	●	●	-	-
Libya	●	●	-	-	-
Liechtenstein	●	-	○	○	○
Lithuania	●	●	○	●	●
Luxembourg	●	●	●	●	●
Madagascar	●	●	-	○	-
Malawi	●	●	●	-	●

Country/Territory/Area	Alpha	Beta	Delta	Gamma	Omicron
Malaysia	●	●	●	-	●
Maldives	●	-	●	-	●
Mali	●	●	●	-	-
Malta	●	○	○	●	●
Martinique	●	●	●	●	●
Mauritania	●	●	●	-	●
Mauritius	●	●	●	-	●
Mayotte	●	●	○	-	●
Mexico	●	●	●	●	●
Monaco	●	●	●	-	-
Mongolia	●	-	●	-	○
Montenegro	●	-	○	○	○
Montserrat	●	-	●	●	-
Morocco	●	●	●	-	●
Mozambique	●	●	●	-	●
Myanmar	●	-	●	-	●
Namibia	●	●	●	●	●
Nepal	●	-	●	-	●
Netherlands	●	●	●	●	●
New Caledonia	●	-	●	-	●
New Zealand	●	●	●	●	●
Nicaragua	●	●	●	●	-
Niger	●	-	●	-	●
Nigeria	●	●	●	-	●
North Macedonia	●	●	○	-	○
Northern Mariana Islands (Commonwealth of the)	○	-	●	-	-
Norway	●	●	●	●	●
Occupied Palestinian Territory	●	●	●	-	●
Oman	●	●	●	-	●
Pakistan	●	●	●	●	●
Panama	●	●	●	●	●

Country/Territory/Area	Alpha	Beta	Delta	Gamma	Omicron
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	●	●	○	-	-
Saudi Arabia	●	●	●	-	●
Senegal	●	●	●	-	●
Serbia	●	-	●	-	○
Seychelles	●	●	●	-	●
Sierra Leone	●	●	●	-	●
Singapore	●	●	●	●	●
Sint Maarten	●	●	●	●	●
Slovakia	●	●	●	-	●
Slovenia	●	●	●	●	●

Country/Territory/Area	Alpha	Beta	Delta	Gamma	Omicron
Solomon Islands	-	-	●*	-	●
Somalia	●	●	●	-	-
South Africa	●	●	●	●	●
South Sudan	●	●	●	-	●
Spain	●	●	●	●	●
Sri Lanka	●	●	●	-	●
Sudan	●	●	-	●	-
Suriname	●	●	●	●	●*
Sweden	●	●	●	●	●
Switzerland	●	●	●	●	●
Thailand	●	●	●	●	●
Timor-Leste	●	-	●	-	-

Country/Territory/Area	Alpha	Beta	Delta	Gamma	Omicron
Togo	●	●	●	●	●
Trinidad and Tobago	●	-	●	●	●
Tunisia	●	●	●	-	●
Turkey	●	●	●	●	●
Turks and Caicos Islands	●	-	●	●	-
Uganda	●	●	●	-	●
Ukraine	●	○	○	-	●
United Arab Emirates	●	●	●	●	●
United Kingdom	●	●	●	●	●
United Republic of Tanzania	●	●	●	●	○
United States Virgin Islands	●	●	●	●	-
United States of America	●	●	●	●	●

Country/Territory/Area	Alpha	Beta	Delta	Gamma	Omicron
Uruguay	●	●	●	●	●
Uzbekistan	●	●	○	-	●
Vanuatu	-	-	●	-	-
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 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 [case definitions](#) and [surveillance guidance](#). While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change, and caution must be taken when interpreting these data as several factors influence the counts presented, with variable underestimation of true case and death incidences, and variable delays to reflecting these data at the global level. Case detection, inclusion criteria, testing strategies, reporting practices, and data cut-off and lag times differ between countries/territories/areas. A small number of countries/territories/areas report combined probable and laboratory-confirmed cases. Differences are to be expected between information products published by WHO, national public health authorities, and other sources.

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 epi-data-support@who.int. Please specify the countries of interest, time period, and purpose of the request/intended usage. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data. COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories, and areas, and WHO Region (reported in previous issues) are now available at: <https://covid19.who.int/table>.

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