COVID-19 Weekly Epidemiological Update

Edition 79, published 15 February 2022

In this edition:

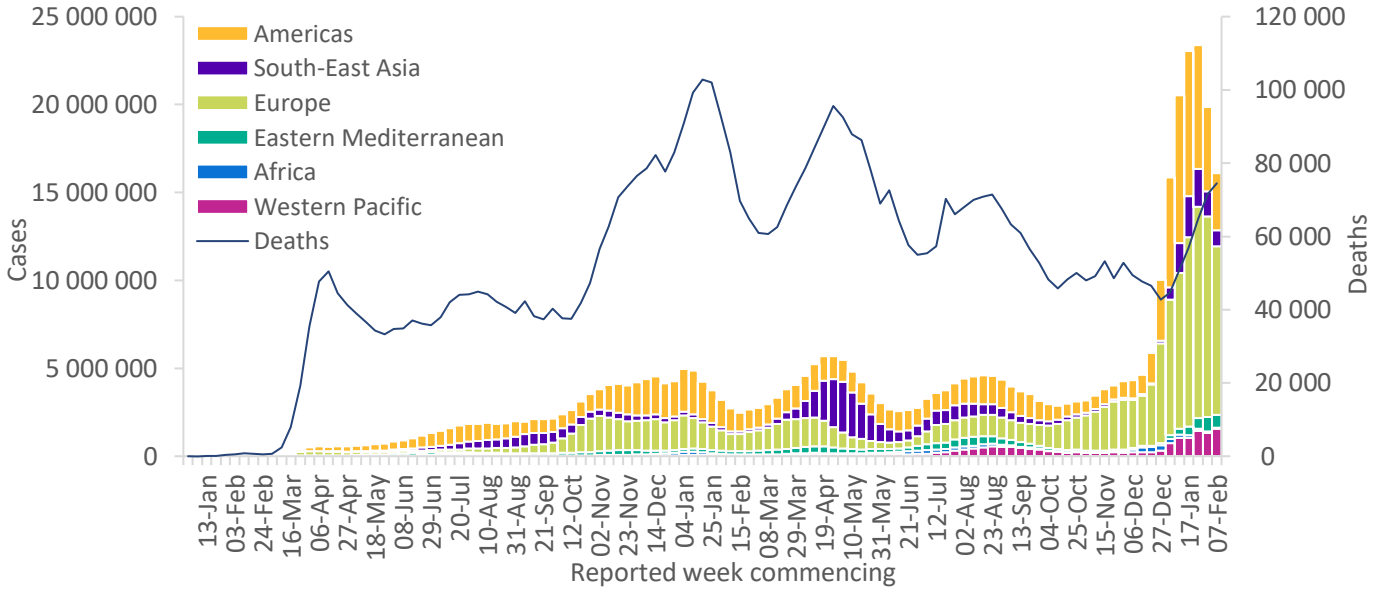
Global overview

Data as of 13 February 2022

Globally, during the week of 7 to 13 February 2022, the number of new COVID-19 cases decreased by 19% as compared to the number reported during the previous week, while the number of new deaths remained similar to that of the previous week (Figure 1). Across the six WHO regions, just over 16 million new cases and just under 75 000 new deaths were reported (Table 1). As of 13 February 2022, over 409 million confirmed cases and over 5.8 million deaths have been reported globally.

At the regional level, the Western Pacific Region reported an increase of 19% in the number of new weekly cases while all other regions reported decreases: the South-East Asia Region (37% decrease), the Region of the Americas (32% decrease), the African Region (30% decrease), the European Region (16% decrease) and the Eastern Mediterranean Region (12% decrease). The number of new weekly deaths increased in the Eastern Mediterranean Region (38%), the Western Pacific Region (27%), the African Region (14%) and the Region of the Americas (5%), while it remained similar to that of the previous week in the European Region and decreased in the South-East Asia Region (9%).

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 13 February 2022**



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

The highest numbers of new cases were reported from the Russian Federation (1 323 391 new cases; a 23% increase), Germany (1 322 071 new cases; similar to the previous week's figures), the United States of America (1 237 530 new cases; a 43% decrease), Brazil (1 009 678 new cases; a 19% decrease), and France (979 228 new cases; a 43% decrease). The highest number of new deaths were reported from the United States of America (17 225 new deaths; similar to the previous week's figures), India (6686 new deaths; a 15% decrease), Brazil (6658 new deaths; a 44% increase), the Russian Federation (4834 new deaths; similar to the previous week's figures) and Mexico (2530 new deaths; a 7% increase).

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 13 February 2022**

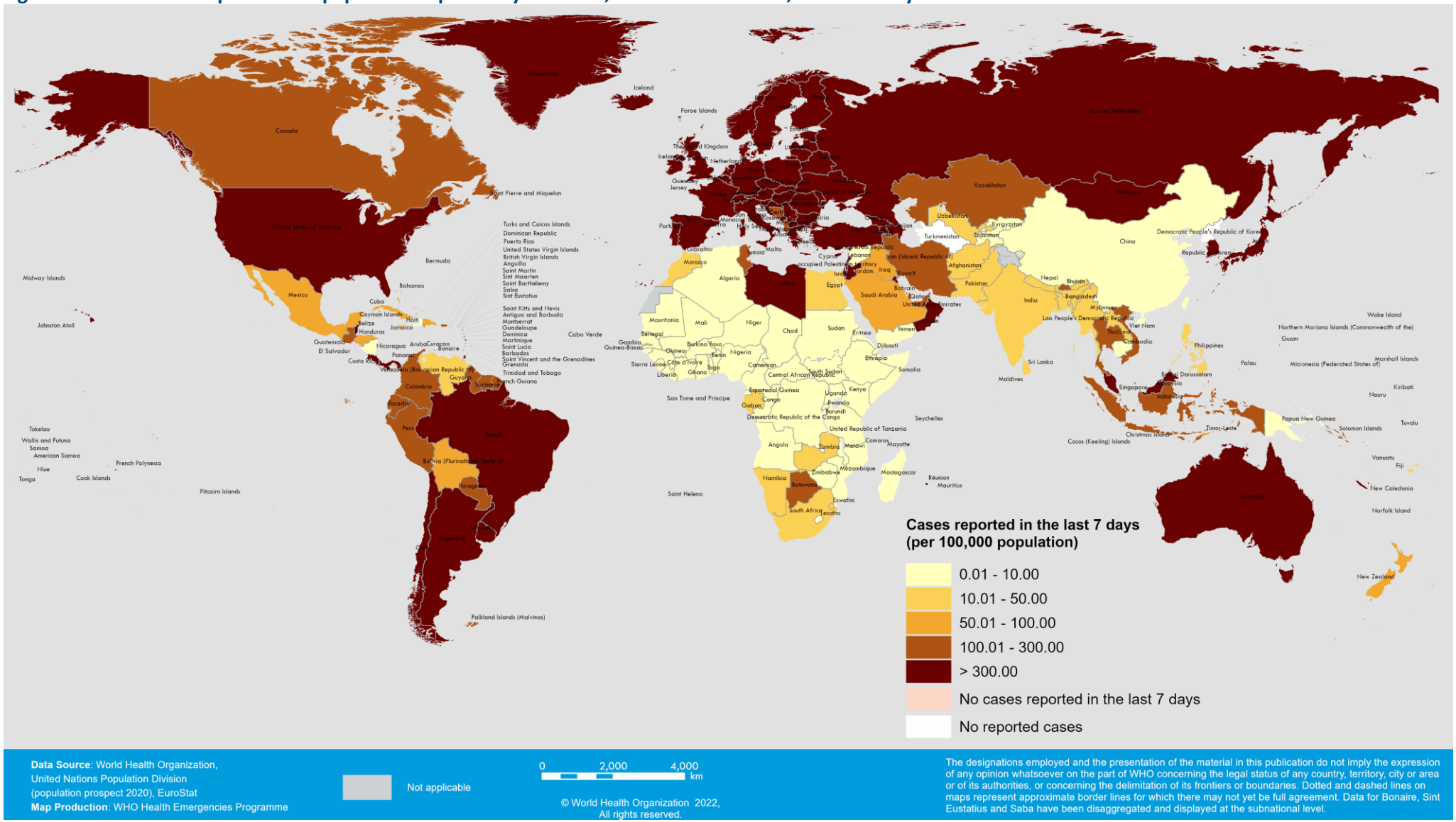
WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days *	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days *	Cumulative deaths (%)
Europe	9 595 045 (60%)	-16%	164 431 350 (40%)	24 817 (33%)	1%	1 815 834 (31%)
Americas	3 236 405 (20%)	-32%	142 966 356 (35%)	33 722 (45%)	5%	2 570 792 (44%)
Western Pacific	1 569 099 (10%)	19%	18 859 407 (5%)	3 087 (4%)	27%	172 864 (3%)
South-East Asia	915 448 (6%)	-37%	54 278 257 (13%)	7 983 (11%)	-9%	752 524 (13%)
Eastern Mediterranean	712 632 (4%)	-12%	20 349 089 (5%)	3 286 (4%)	38%	326 795 (6%)
Africa	69 013 (0%)	-30%	8 226 172 (2%)	1 599 (2%)	14%	167 003 (3%)
Global	**16 097 642 (100%)**	**-19%**	**409 111 395 (100%)**	**74 494 (100%)**	**4%**	**5 805 825 (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:

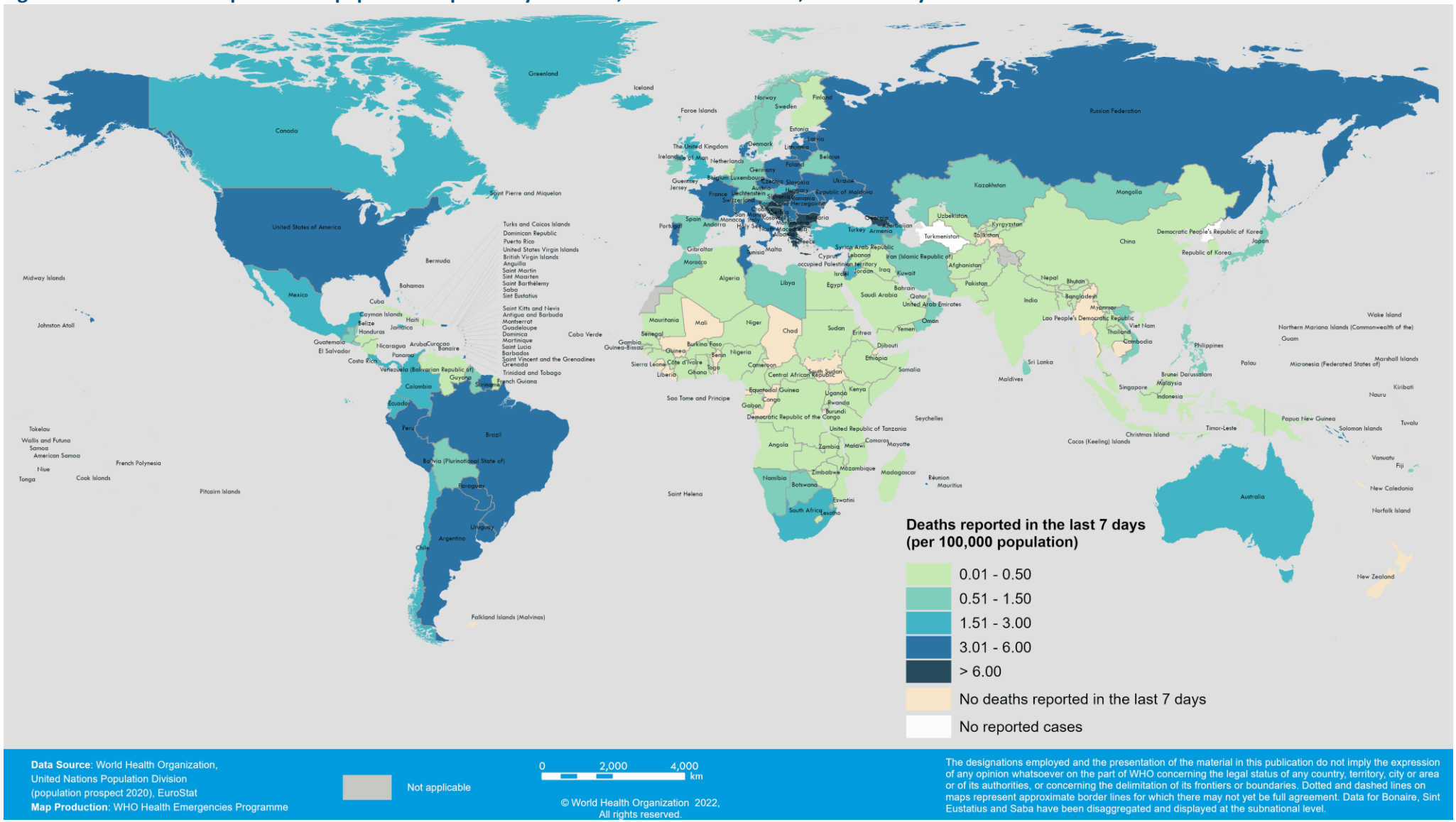
- WHO COVID-19 Dashboard
- WHO COVID-19 Weekly Operational Update and previous editions of the Weekly Epidemiological Update

Figure 2. COVID-19 cases per 100 000 population reported by countries, territories and areas, 7-13 February 2022**



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

Figure 3. COVID-19 deaths per 100 000 population reported by countries, territories and areas, 7-13 February 2022**



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

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 SARSCoV-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

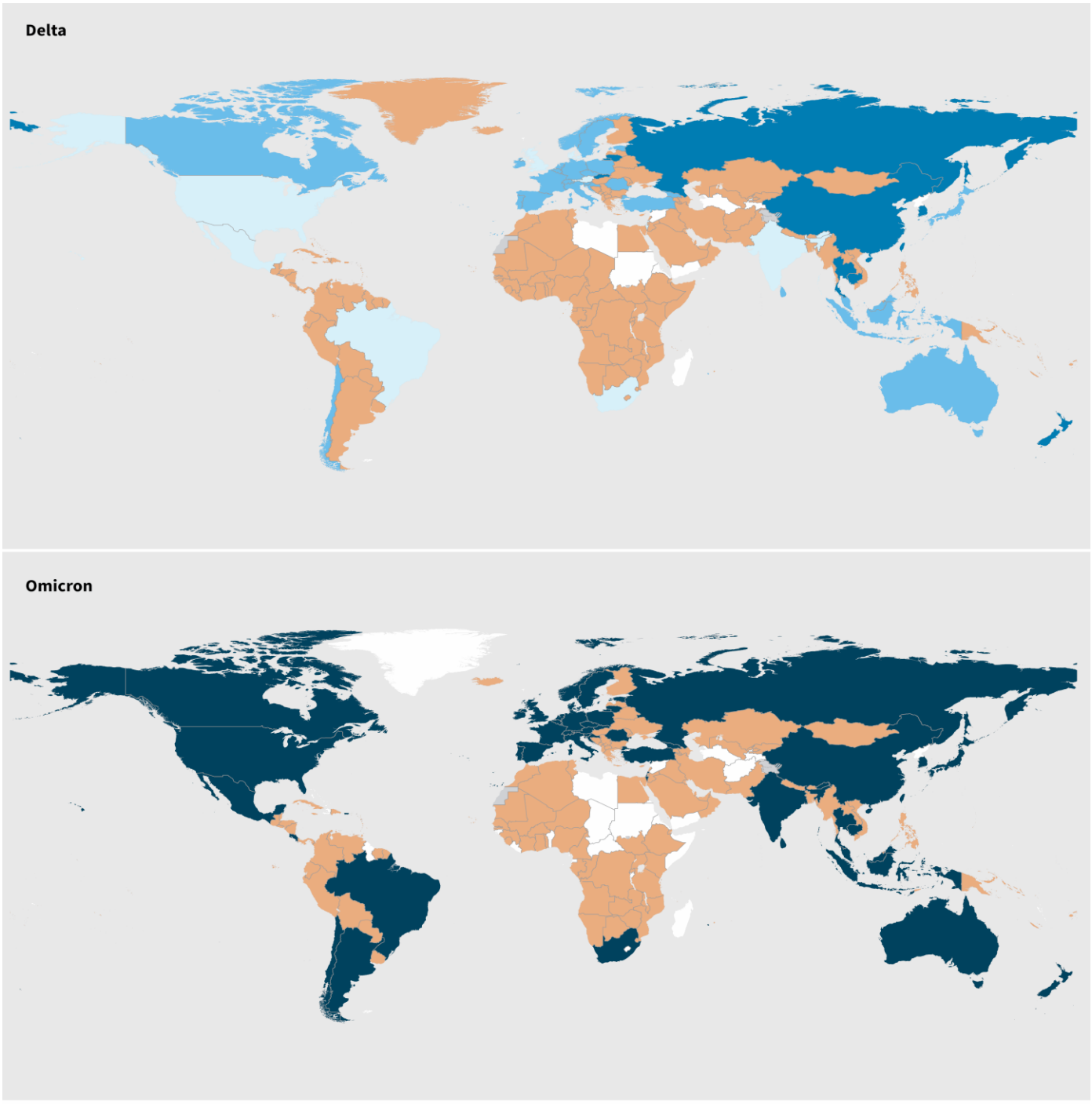
The current global epidemiology of SARS-CoV-2 is characterized by the global dominance of the Omicron variant. All other variants, including VOCs (Alpha, Beta, Gamma and Delta) and VOIs (Lambda and Mu) continue to decline in all six WHO regions. Among the 432 470 sequences uploaded to GISAID with specimens collected in the last 30 days[1], 425 227 (98.3%) were Omicron, 7 191 (1.7%) were Delta and one (<0.1%) was Lambda. During this same period, there were no Alpha, Beta, Gamma or Mu sequences reported. To note, global VOCs and VOIs 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

- 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 13 January to 11 February 2022 (last reported sample at the time of data extraction), excluding low coverage sequences.

Figure 5. Prevalence of variants of concern (VOCs) Delta and Omicron in the last 30 days, data as of 15 February 2022



See also Annex 2 for reported VOC detections by country/territory/area

Special Focus: Update on BA.2 Pango lineage of the Omicron variant of concern

Since the designation of B.1.1.529 as a VOC on 26 November 2021, several lineages have been identified. These include Pango lineages BA.1, BA.1.1, BA.2 and BA.3, which are all being monitored by WHO under the umbrella of 'Omicron'.

Recent data on BA.2 is summarised based on a targeted literature search and an assessment based on the framework applied by the UK Health Security Agency (UKHSA).[1] The Annex 3 provides further information on how the evidence was gathered and appraised.

Epidemiology

The prevalence of BA.2 among sequenced Omicron cases globally submitted to GISAID has been steadily increasing,[2] reaching 21.09% in week 5 of 2022.[3] As of 14 February, 10 countries reported a predominance of BA.2 (>50%): Bangladesh, Brunei Darussalam, China, Denmark, Guam, India, Montenegro, Nepal, Pakistan, Philippines. However, there are differences between regions observed, with the South-East Asia Region reporting the highest prevalence of BA.2 among Omicron sequences (44.7%) and the Region of the Americas reporting the lowest prevalence (1%). This analysis is based on all sequences submitted to GISAID with samples collected from 13 January to 11 February 2022. These trends should be interpreted with due consideration of the limitations of surveillance systems, including differences in sequencing capacity and sampling strategies between countries, as well as laboratory turn-around times for sequencing and delays in reporting. Additionally, it is important to consider the relative proportions of the BA.2 sequences in the context of the case incidence when interpreting the spread and relative growth of different lineages.

Examples of countries which have seen an increase in the prevalence of BA.2 include: South Africa where the prevalence rose from 27% on 4 February 2022[4] to 86% by 11 February 2022[5]; the United Kingdom[6] where the prevalence increased six-fold from 17 to 31 January 2022 (from 2.2% to 12%); Denmark where the prevalence doubled from week 52 of 2021 to week 2 of 2022 (from 20% to 45%) and became the dominant variant (66% of sequenced by week 3 of 2022[7]) and the United States of America where the prevalence tripled from 1.2% during the week ending 29 January 2022 to 3.6% during the week ending 5 February 2022.[8] The prevalence of BA.2 appears to be increasing both in countries experiencing a decline in Omicron cases and in countries that are in the growing phase of the wave.

Transmission

Early evidence from limited studies suggests BA.2 is more transmissible as compared to BA.1. Estimates of growth rates in Denmark indicate that BA.2 is 30% more transmissible than BA.1.[7] An analysis of GISAID data[9] shows a growth rate advantage of BA.2 over BA.1 in all 43 countries with sufficient sequence data and co-circulation of the two lineages, translating to a pooled mean transmission advantage (i.e. relative difference in effective reproduction numbers) of 84% (95% CI: 68% – 101%) across epidemiological contexts under the assumption of an unchanged generation time.

Currently available evidence on the secondary attack rate (SAR) among contacts of BA.2 compared to BA.1 was obtained from household transmission studies in Denmark and the United Kingdom. Danish researchers[10] found higher SAR for BA.2 compared to BA.1 at one (8% vs 6%), seven (39% vs 29%) and 14 (42% vs 36%) days of follow-up. Similar results were reported in the United Kingdom[6] with a higher SAR for BA.2 (13.4%; 95% CI:10.7%-16.8%) compared to BA.1 (10.3%; 95% CI: 10.1%-10.4%). These estimates are likely to change over time as more data become available.

It is currently unclear what factors drive the growth advantage of BA.2 over BA.1. Preliminary data[11] show similar antibody responses to BA.1 and BA.2. This supports findings from a household transmission study[10] conducted in Denmark, in which unvaccinated primary cases infected with BA.2 were more likely to transmit to household contacts when compared to BA.1. The increase in proportion of BA.2 relative to BA.1 in contexts with decreasing case numbers also supports increased transmissibility of BA.2 in comparison to BA.1, rather than immune evasion.

Diagnostic testing

In contrast to Omicron Pango lineages BA.1 and BA.1.1, the BA.2 Pango lineage does not have the 69-70 deletion in the Spike protein which is responsible for S-gene target failure (SGTF) on certain PCR assays. The presence of SGTF was previously considered to screen for Omicron, enabling a proxy to distinguish between BA.1 and other VOCs, such as Delta, in the absence of sequencing. In settings where Omicron is the dominant circulating variant, employing this screening approach could enable some distinction between BA.1 (SGTF) and BA.2 in which the result would be S-gene target positive (SGTP).[6] This approach is only possible in settings where the prevalence of Omicron is very high and it should be noted that sequencing is the only way to definitively confirm a particular variant.

Following analysis of publicly available sequences, several antigen, antibody and PCR tests were found to perform equally well in detecting SARS-CoV-2 infections caused by BA.1 and BA.2.[12] Another study found differences in sensitivity of various PCR assays in detecting BA.1 and BA.2 Pango lineages (from 0% to 100%).[13] Further studies are underway to fully understand the impact of Omicron Pango lineages on diagnostic assays.

There are other mutations/deletions in Omicron that may overlap with primer or probe targets of commercially available PCR kits, leading to target failure. One example includes a report in which N-gene target failure (NGTF) has been reported for one assay in individuals with sequence-confirmed infection with Omicron variant (including BA.1 and BA.2) due to the lineage-defining ERS31-33 deletion, but not in those infected with the Delta variant.[14] This implies that multigene PCR assays which target this region of the N gene may be considered as a way to screen for Omicron (NGTF) to distinguish it from other VOCs, including Delta (NGTP) in settings where there is incomplete replacement of Delta by Omicron.

Disease severity

At present, there is limited evidence on the severity of BA.2 relative to BA.1 or other Omicron Pango lineages. As the proportion of BA.2 has steadily increased in recent weeks in the United Kingdom, there has been a consistent decrease in the number of hospitalizations and deaths.[15] In the United States of America,[8] there have been decreases in hospitalizations and increases in the number of deaths across successive weeks. In this context, a 5.9% reduction in the number of new deaths was reported during the week ending 8 February 2022 as compared to the previous week ending 1 February 2022. However, this does not allow inferences to be made as to the relative severity of BA.2 as in both these countries, BA.1 or BA.1.1 was the dominant Pango lineage during this period.

An analysis conducted in Denmark showed no difference in risk of hospitalisation between those infected with BA.2 and those infected with BA.1, although as BA.2 has become the dominant variant, there has been a recent rise in the number of hospitalisations and deaths in the country.[16] In Nepal, as published on 1 February 2022, ten of eleven samples sequenced at Kathmandu University, Nepal were of the BA.2 lineage.[17] However, the number of patients in hospital in the Kathmandu Valley has been decreasing since a peak on 23 January 2022 with the numbers in intensive care and on mechanical ventilation also showing some initial signs of a decrease. In South Africa, BA.2 now accounts for 86% of all sequences; however, hospital admissions continue to decline.[18]

Overall, there is no difference in severity when looking at countries where BA.2 is dominant and those where BA.1 is dominant.

Impact on immunity:

- ***Neutralization***

A preprint study including eight individuals with a history of SARS-CoV-2 infection and 24 individuals who had received primary series vaccination and a booster with Pfizer BioNTech-Comirnaty showed similar neutralizing antibody titres to BA.1 and BA.2. [11]

- ***Vaccination***

Preliminary results from a test-negative case control study in the United Kingdom found no difference in vaccine effectiveness against symptomatic disease between BA.1 and BA.2 25 weeks after two doses of the primary series (9% [95%CI:7-10] vs13% [95%CI: -26-40]) or two weeks after an additional booster vaccine dose (63%% [95%CI:63-64] vs 70% [95%CI: 58-79]).[19]

Preliminary results from a household transmission study conducted in Denmark showed that primary cases infected with BA.2 who had received two doses of vaccine (OR = 0.60; 85%CI: 0.42-0.85) and primary cases infected with BA.2 who had received a booster dose (OR = 0.62; 95%CI: 0.42-0.91) were less likely to infect household contacts compared to primary cases infected with BA.1. There was no difference in susceptibility for vaccinated and unvaccinated household contacts of primary cases who were infected with either BA.1 or BA.2. This suggests that vaccination is at least equally effective in preventing acquisition of BA.2 and could be more effective in preventing transmission of BA.2 compared to BA.1.

Treatment

There is currently insufficient evidence on differences in efficacy of treatment options for BA.2 compared to other Omicron Pango lineages.

Summary

Summary assessment of evidence on BA.2 compared to BA.1

Indicator	Assessment	Confidence level	Rationale for assessment
Transmissibility	Red	Moderate	Evidence from Denmark and the UK indicating higher growth rates of BA.2 when compared to BA.1.~~,~~
Disease severity	Green	Low	No evidence of increase in severity of BA.2 relative to BA.1
Immune escape	Green	Moderate	Similar vaccine effectiveness on BA.2 and BA.1. Comparable neutralizing antibody titres against BA.1 and BA.2 in both previously infected and booster vaccinated individuals
Impact on detection capacity	Green	Low	No difference in diagnostic accuracy of some PCR, antigen and antibody tests that were assessed.
Impact on therapeutics			Insufficient data on differences in effectiveness of current treatments between BA.2 and other Pango lineages

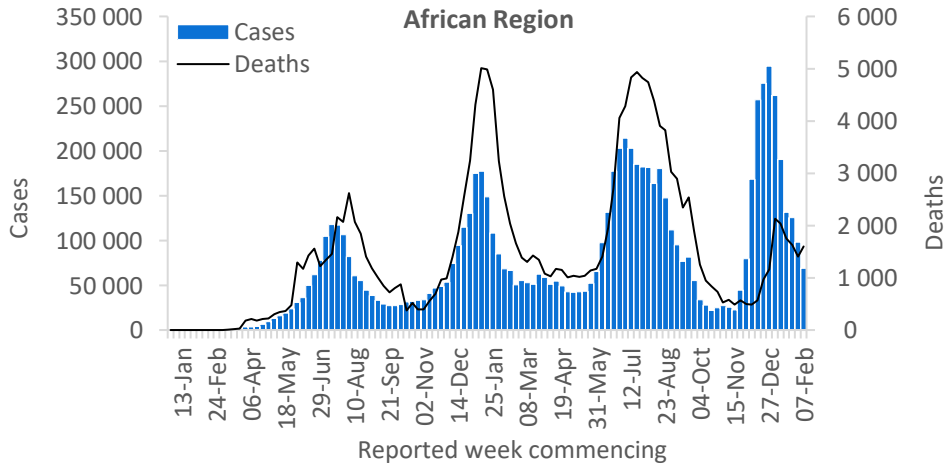
*Refer to the UKHSA framework on risk assessment for SARS-CoV-2 variants and Annex 3.

WHO regional overviews Epidemiological week 7-13 February 2022**

African Region

The African Region reported a continued decrease in the number of cases since the beginning of January with over 69 000 new cases reported, a 30% decrease as compared to the previous week. However, four countries reported an increase of over 20% in cases; Congo (130 vs 25 new cases; a 420% increase), Liberia (82 vs 22 new cases; a 273% increase), Lesotho (114 vs 82; a 39% increase) and Central African Republic (131 vs 104; a 26% increase). The highest numbers of new cases were reported from Réunion (30 782 new cases; 3438.1 new cases per 100 000 population; a 32% decrease), South Africa (17 952 new cases; 30.3 new cases per 100 000; a 13% decrease), and Algeria (3628 new cases; 8.3 new cases per 100 000; a 56% decrease).

The African Region reported just under 1600 new deaths, a 14% increase as compared to the previous week. The highest numbers of new deaths were reported from South Africa (1168 new deaths; 2.0 new deaths per 100 000 population; a 28% increase), Algeria (75 new deaths; <1 new death per 100 000; a 12% decrease), and Ethiopia (65 new deaths; <1 new death per 100 000; a 124% increase).

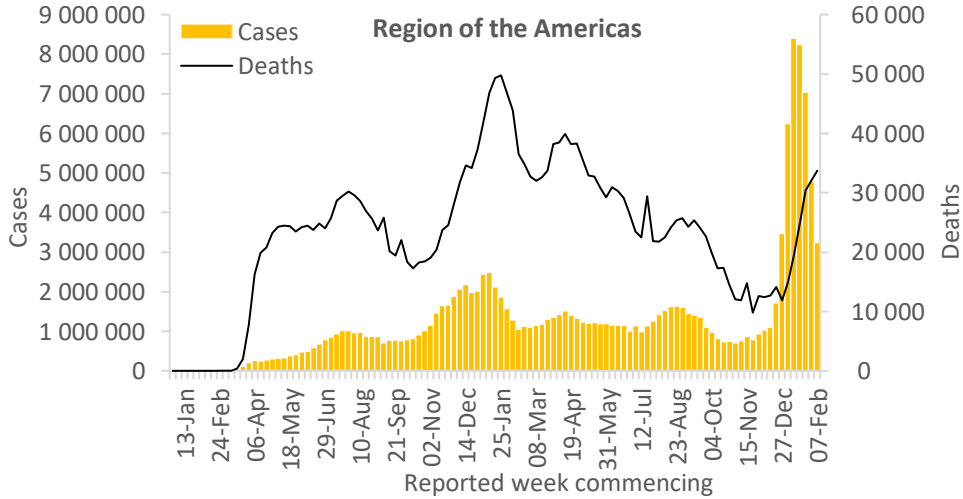


Updates from the African Region

Region of the Americas

The Region of the Americas reported over 3.2 million new cases, a 32% decrease as compared to the previous week, a trend that has continued since mid-January. However, ten countries reported increases in new cases of 20% or greater, with the highest proportional increases reported from the Falkland Islands (seven vs two new cases; an 250% increase), Antigua and Barbuda (559 vs 174 new cases; a 244% increase) and Haiti (358 vs 105 new cases; a 241% increase). The highest numbers of new cases were reported from the United States of America (1 237 530 new cases; 373.9 new cases per 100 000; a 43% decrease), Brazil (1 009 678 new cases; 475.8 new cases per 100 000; a 19% decrease) and Chile (247 900 new cases; 1296.8 new cases per 100 000; a 9% increase).

The Region reported over 33 000 new deaths this week, a 5% increase as compared to the previous week. The highest numbers of new deaths were reported from the United States of America (17 225 new deaths; 5.2 new deaths per 100 000; similar to the previous week's figures), Brazil (6658 new deaths; 3.1 new deaths per 100 000; a 44% increase) and Mexico (2530 new deaths; 2.0 new deaths per 100 000; a 7% increase).

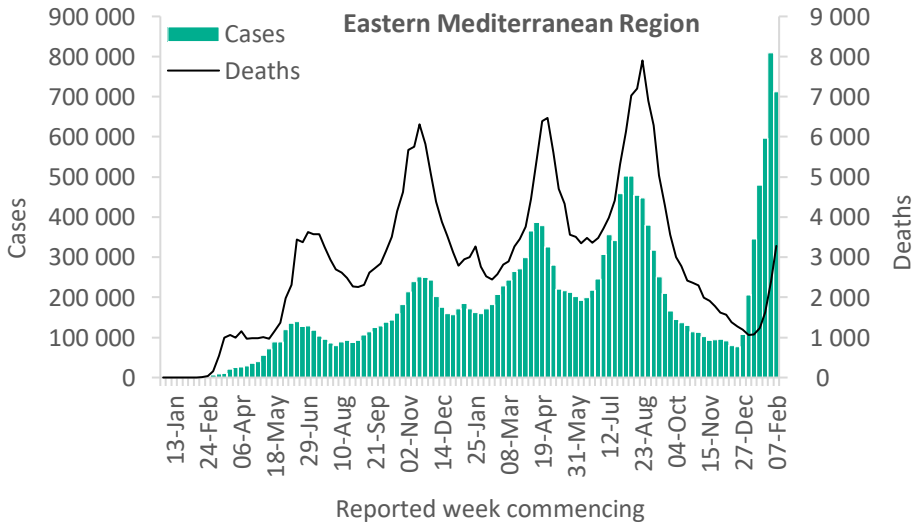


Updates from the Region of the Americas

Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 712 000 new cases this week, a 12% decrease as compared to the previous week. This is the first reported decline in incidence following weekly increases from early December 2021. An increase of over 20% in new cases was reported by two countries: Yemen (415 vs 251 new cases; a 65% increase) and the Syrian Arab Republic (800 vs 542 new cases; 48%). The highest numbers of new cases were reported from the Islamic Republic of Iran (236 616 new cases; 281.7 new cases per 100 000; a 7% increase), Jordan (136 567 new cases; 1338.5 new cases per 100 000; a 17% increase), and Lebanon (46 417 new cases; 680.1 new cases per 100 000; a 20% decrease).

Over 3200 new deaths were reported in the Region this week, a 38% increase as compared to the previous week. The highest numbers of new deaths were reported from the Islamic Republic of Iran (825 new deaths; 1.0 new death per 100 000; a 126% increase), Tunisia (453 new deaths; 3.8 new deaths per 100 000; an 18% increase), and Egypt (415 new deaths; <1 new death per 100 000; a 33% increase).

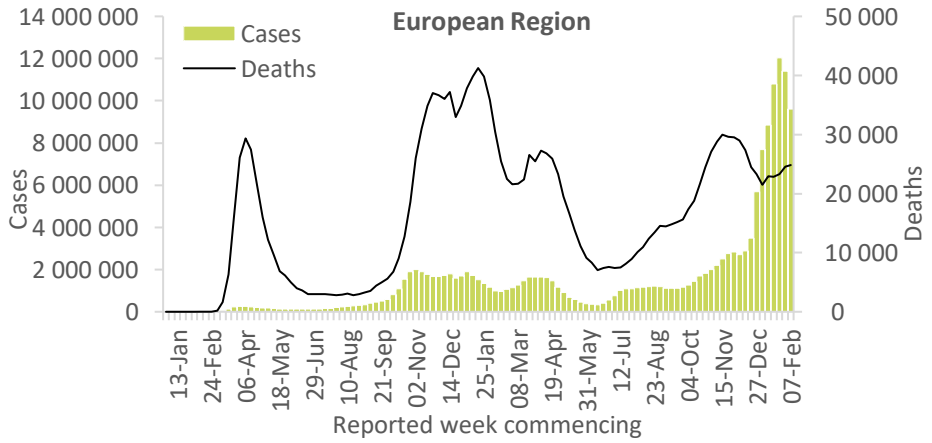


Updates from the Eastern Mediterranean Region

European Region

The European Region reported just under 9.6 million new cases, a 16% decrease as compared to the previous week, the second consecutive week of a decline in the number of new cases since the peak observed at the end of January. However, four countries reported increases of 20% or greater over the past week; Belarus (53 969 vs 30 475 new cases; a 77% increase), the Netherlands (877 154 vs 561 539 new cases; a 56% increase), Iceland (13 802 vs 9797 new cases; a 41% increase) and the Russian Federation. The highest numbers of new cases were reported from the Russian Federation (1 323 391 new cases; 906.8 new cases per 100 000; a 23% increase), Germany (1 322 071 new cases; 1589.7 new cases per 100 000; similar to the previous week's figures), and France (979 228 new cases; 1505.6 new cases per 100 000; a 43% decrease).

The European Region reported over 24 000 new deaths, similar to the previous week's figures. The highest numbers of new deaths were reported from the Russian Federation (4834 new deaths; 3.3 new deaths per 100 000; similar to the previous week's figures), Italy (2282 new deaths; 3.8 new deaths per 100 000; a 13% decrease), and France (2270 new deaths; 3.5 new deaths per 100 000; a 23% increase).

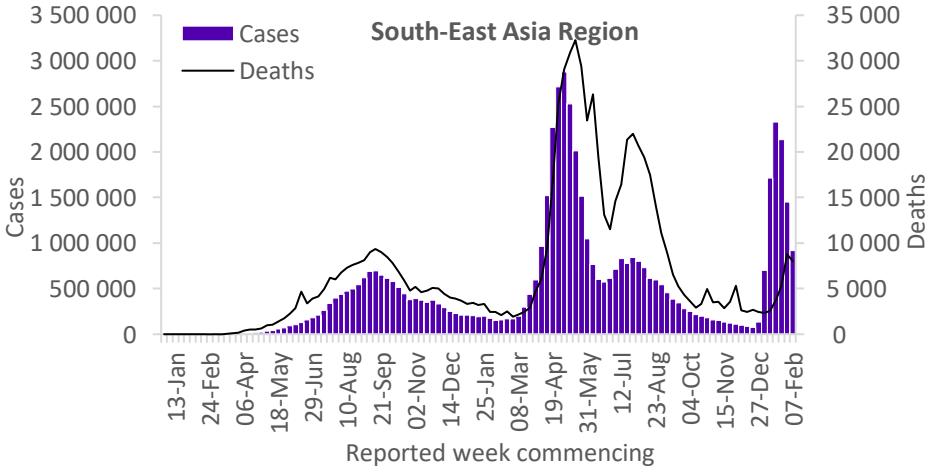


Updates from the European Region

South-East Asia Region

The number of new weekly cases has continued to decline in the South-East Asia Region since mid-January, with over 915 000 new cases reported, a 37% decrease as compared to the previous week. This week, four countries reported increases of 20% or greater: Myanmar (8870 vs 2647 new cases; a 235% increase), Timor-Leste (1228 vs 466 new cases; a 164% increase), Indonesia (291 298 vs 173 295 new cases; a 68% increase), and Thailand (96 326 vs 64 467 new cases; a 49% increase). The highest numbers of new cases were reported from India (443 283 new cases; 32.1 new cases per 100 000; a 60% decrease), Indonesia (291 298 new cases; 106.5 new cases per 100 000; a 68% increase), and Thailand (96 326 new cases; 138.0 new cases per 100 000; a 49% increase).

Over 7900 new deaths were reported in the Region this week, a 9% decrease as compared to the previous week. The highest numbers of new deaths were reported from India (6686 new deaths; <1 new death per 100 000; a 15% decrease), Indonesia (622 new deaths; <1 new death per 100 000; a 148% increase), and Bangladesh (230 new deaths; <1 new death per 100 000; similar to the previous week's figures).

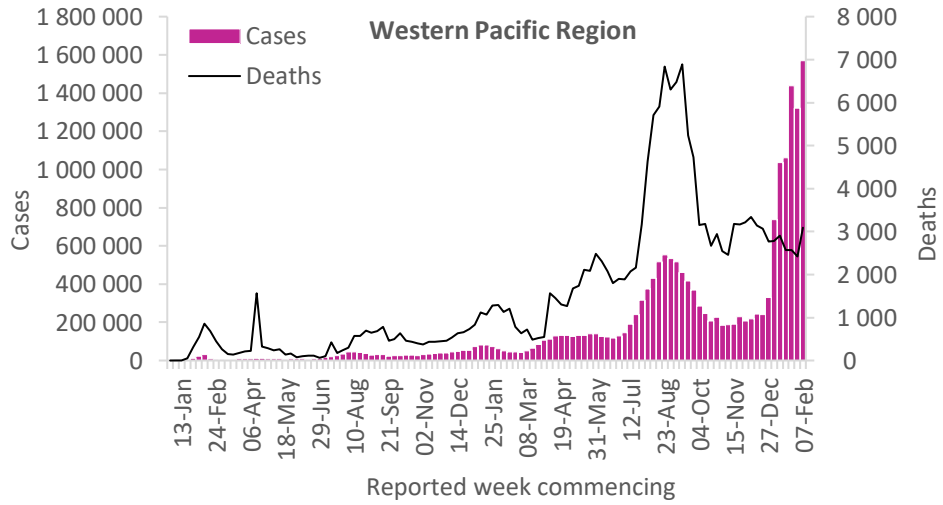


Updates from the South-East Asia Region

Western Pacific Region

The Western Pacific Region reported over 1.5 million new cases, a 19% increase as compared to the previous week. Half of the countries (14/28) and territories of the Region reported increases in new cases of 20% or greater, with the highest proportional increases reported from Tonga (62 vs 10 new cases; a 520% increase), China (7571 vs 1787 new cases; a 324% increase), and Brunei Darussalam (4175 vs 1059 new cases; a 294% increase). The highest numbers of new cases were reported from Japan (624 240 new cases; 493.6 new cases per 100 000; similar to the previous week's figures), the Republic of Korea (340 950 new cases; 665.0 new cases per 100 000; an 88% increase), and Australia (162 079 new cases; 635.6 new cases per 100 000; a 25% decrease).

There was a 27% increase in the number of new deaths as compared to the previous week, with over 3000 new deaths reported in the Region. The highest numbers of new deaths were reported from Japan (945 new deaths; <1 new death per 100 000; a 79% increase), the Philippines (716 new deaths; <1 new death per 100 000; a 109% increase), and Viet Nam (601 new deaths; <1 new death per 100 000; a 16% 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 15 February, highlights include the following:

- Strengthening South Sudan's emergency response with phase two of public health emergency operations center
- Romania: boosting the mobility of health-care workers to support communities during the pandemic and beyond
- WHO and the Syrian Arab Republic combine efforts to raise COVID-19 vaccine accessibility and uptake
- Maintaining influenza surveillance and SARS-CoV-2 monitoring in Indonesia
- Online courses in Ukrainian support national response to the COVID-19 pandemic and other emergencies
- 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

Annex 1. List of countries/territories/areas reporting variants of concern as of 13 February 2022

Country/Territory/Area	Alpha	Beta	Delta	Gamma	Omicron
Afghanistan	●	-	●	-	-
Albania	●	-	○	-	●
Algeria	●	-	●	-	●
American Samoa	-	-	○	-	○
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	●	-	●	●	●
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	●	-	●	●	●
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	●	●	●	-	-
Guyana	●*	-	●	●	-
Haiti	●	-	●	●	-
Honduras	●	-	●	●	●
Hungary	●	○	○	●	●
Iceland	●	●	●	●	●
India	●	●	●	●	●
Indonesia	●	●	●	-	●
Iran (Islamic Republic of)	●	●	●	-	●
Iraq	●	●	●	●	●
Ireland	●	●	●	●	●

Country/Territory/Area	Alpha	Beta	Delta	Gamma	Omicron
Israel	●	●	●	●	●
Italy	●	●	●	●	●
Jamaica	●	-	●	-	●
Japan	●	●	●	●	●
Jordan	●	●	●	●	●
Kazakhstan	●	○	●	-	●
Kenya	●	●	●	●	●
Kiribati	-	-	-	-	●
Kosovo[1]	●	○	○	-	●
Kuwait	●	●	●	-	●
Kyrgyzstan	●	●	●	-	●
Lao People's Democratic Republic	●	-	●	-	○
Latvia	●	●	○	●	●
Lebanon	●	-	●	-	●
Lesotho	●	●	●	-	-
Liberia	●	●	●	-	-
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	●	●	●	●	●
Nicaragua	●	●	●	●	●
Niger	○	-	●	-	●
Nigeria	●	●	●	-	●
North Macedonia	●	●	○	-	○
Northern Mariana Islands (Commonwealth of the)	○	-	●	-	○*
Norway	●	●	●	●	●
Occupied Palestinian Territory	●	●	●	-	●
Oman	●	●	●	-	●
Pakistan	●	●	●	●	●
Palau	-	-	○	-	-
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	●	●	○	-	-
Saudi Arabia	●	●	●	-	●
Senegal	●	●	●	-	●
Serbia	●	-	●	○	○
Seychelles	●	●	●	-	●
Sierra Leone	●	●	●	-	●
Singapore	●	●	●	●	●
Sint Maarten	●	●	●	●	●
Slovakia	●	●	●	-	●
Slovenia	●	●	●	●	●
Solomon Islands	-	-	●	-	●
Somalia	●	●	●	-	-
South Africa	●	●	●	●	●
South Sudan	●	●	●	-	●
Spain	●	●	●	●	●
Sri Lanka	●	●	●	-	●
Sudan	●	●	-	●	-
Suriname	●	●	●	●	●
Sweden	●	●	●	●	●
Switzerland	●	●	●	●	●
Thailand	●	●	●	●	●
Timor-Leste	●	-	●	-	●
Togo	●	●	●	●	●
Tonga	-	-	-	-	○*
Trinidad and Tobago	●	-	●	●	●
Tunisia	●	●	●	-	●
Turkey	●	●	●	●	●

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

Country/Territory/Area	Alpha	Beta	Delta	Gamma	Omicron
United States of America	●	●	●	●	●
Uruguay	●	●	●	●	●
Uzbekistan	●	●	○	-	●
Vanuatu	-	-	●	-	-
Venezuela (Bolivarian Republic of)	●	-	●	●	●
Viet Nam	●	●	●	-	●

Country/Territory/Area	Alpha	Beta	Delta	Gamma	Omicron
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 co untries, 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.

Annex 3. Methods for the update on BA.2 Pango lineage of the Omicron variant of concern

We conducted a search for published and unpublished studies on the BA.2 Pango lineage of the Omicron variant. The search for published studies was conducted in Medline while the search for unpublished literature was conducted in MedRxiv, which is a repository for preprints. We searched for studies and reports with an abstract in English, that were accessible up to 14 February 2022. Search terms used were "BA.2" and "Omicron Pango lineages".

We also searched the GISAID website and websites of the following public health agencies: Health Security Agency (UKHSA) of the United Kingdom, Centers for Disease Control and Prevention of the United States of America (USCDC), Statens Serum Institute (SSI) of Denmark, the National Institute for Communicable Diseases (NICD) of South Africa and the European Centre for Disease Prevention and Control (ECDC).

The summary of the evidence was done based on the risk assessment framework implemented by the UKHSA. Following the assessment, each indicator was assigned one of four colours: red, amber, yellow and green. Red implies a difference in the indicator between BA.2 and BA.1. Amber implies there is a difference in the indicator between BA.2 and BA.1 in

certain population subgroups. Yellow implies there is limited evidence suggesting a difference in the indicator between BA.2 and BA.1. Green implies there is no difference in the indicator between BA.2 and BA.1. Grey implies there is insufficient data on the indicator. The confidence grading was classified as: “Low” when there was little or poor-quality evidence, uncertainty or conflicting views amongst experts or no experience with previous similar incidents; “Moderate” when there was adequate quality evidence - including consistent results published only in grey literature, reliable source(s), assumptions made on analogy and agreement between experts or opinion of at least 2 trusted experts; and “High” when there was good quality evidence, multiple reliable sources, verified, expert opinion concurs, and experience of previous similar incidents.

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