

# **COVID-19 Weekly Epidemiological Update**

### Edition 94, published 1 June 2022

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- WHO regional overviews

## Global overview

#### **Data as of 29 May 2022**

Globally, the number of new weekly cases has continued to decline since a peak in January 2022. During the week of 23 until 29 May 2022, over 3.3 million cases were reported, an 11% decrease as compared to the previous week (figure 1). The number of new weekly deaths also continues to decline, with over 9 600 fatalities reported, representing a 3% decrease as compared to the previous week.

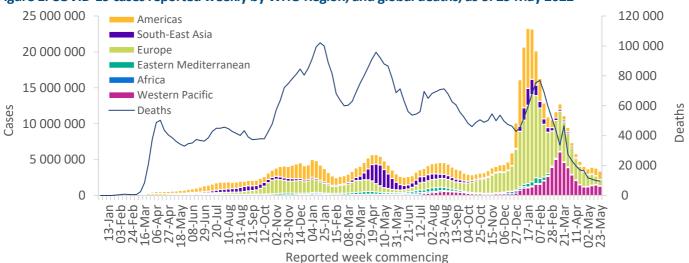
At the regional level, the number of new weekly cases increased in the American Region (+9%) and in the Eastern Mediterranean Region (+1%), while it decreased in the remaining four WHO regions.

The number of new weekly deaths increased in the Western Pacific Region (+18%), in the African Region (+15%), and in the Region of the Americas (+13%), while decreasing trends were observed in the remaining three regions.

As of 29 May 2022, over 526 million confirmed cases and over six million deaths have been reported globally.

These trends should be interpreted with caution as several countries have been progressively changing COVID-19 testing strategies, resulting in lower overall numbers of tests performed and consequently lower numbers of cases detected.

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 29 May 2022\*\*



<sup>\*\*</sup>See Annex 1: Data, table, and figure notes

At the country level, the highest number of new weekly cases were reported from the United States of America (736 298 new cases; +3%), China (576 367 new cases; +6%), Australia (294 128 new cases; -18%), Japan (203 365 new cases; -18%), and Germany (183 844 new cases; -38%).

The highest number of new weekly deaths were reported from the United States of America (2 461 new deaths; +25%), Brazil (826 new deaths; +16%), Italy (624 new deaths; -15%), the Russian Federation (605 new deaths; -11%), and China (578 new deaths; +82%).

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 29 May 2022\*\*

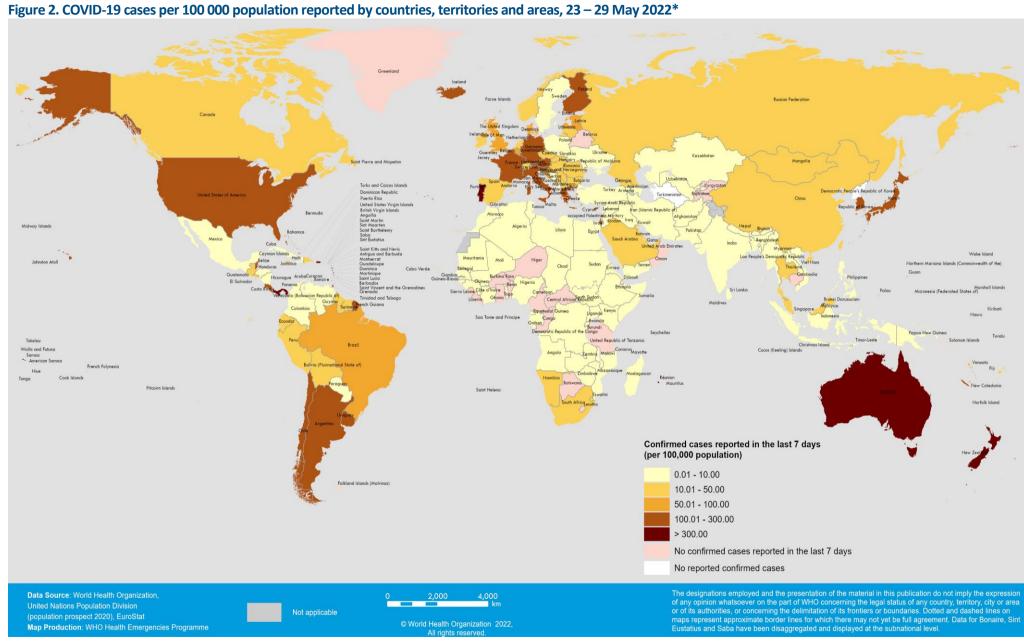
WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days *	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days *	Cumulative deaths (%)
Western Pacific	1 299 894 (38%)	-10%	59 958 154 (11%)	1 506 (16%)	18%	230 479 (4%)
Americas	1 139 104 (34%)	9%	157 027 750 (30%)	4 229 (44%)	13%	2 742 377 (44%)
Europe	842 866 (25%)	-30%	220 678 128 (42%)	3 117 (32%)	-22%	2 012 067 (32%)
South-East Asia	50 204 (1%)	-8%	58 122 050 (11%)	457 (5%)	-15%	788 614 (13%)
Africa	34 126 (1%)	-36%	8 988 466 (2%)	242 (3%)	15%	171 434 (3%)
Eastern Mediterranean	17 580 (1%)	1%	21 769 191 (4%)	96 (1%)	-45%	342 813 (5%)
Global	3 383 774 (100%)	-11%	526 544 503 (100%)	9 647 (100%)	-3%	6 287 797 (100%)

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

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

<sup>\*\*</sup>See Annex 1: Data, table, and figure notes



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Confirmed deaths reported in the last 7 days (per 100,000 population) 0.01 - 0.50 0.51 - 1.50 1.51 - 3.00 3.01 - 6.00 > 6.00 No confirmed deaths reported in the last 7 days No reported confirmed deaths Data Source: World Health Organization, maps represent approximate border lines for which there may not yet be full agreement. Data for Bonaire, Sint Eustatius and Saba have been disaggregated and displayed at the subnational level. © World Health Organization 2022, All rights reserved. Map Production: WHO Health Emergencies Programme

Figure 3. COVID-19 deaths per 100 000 population reported by countries, territories and areas, 23-29 May 2022\*

<sup>\*\*</sup>See Annex 1: 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 SARS-CoV-2 alter transmission or disease characteristics, or impact the 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.

The classifications of variants will be revised as needed to reflect the continuous evolution of circulating variants and their changing epidemiology. Criteria for variant classification, and the lists of currently circulating and previously circulating VOCs, VOIs and VUMs, are available on the WHO Tracking SARS-CoV-2 variants website. National authorities may choose to designate other variants and are strongly encouraged to investigate and report newly emerging variants and their impact.

#### **Geographic spread and prevalence of VOCs**

There continues to be a decline in the number of SARS-CoV-2 sequences submitted to GISAID, with 152 476 submitted within the last 30 days. The Omicron VOC remains the dominant variant circulating globally, accounting for nearly all sequences reported. Among the Omicron sublineages, BA.2 is the dominant sublineage, despite declining from 78% to 75% of Omicron sequences submitted in the last 30 days. The BA.1 sublineage has also declined in prevalence from 7% to 4%. Three Omicron sublineages have shown an increasing trend among Omicron sequences submitted in the last 30 days: BA.2.12.1 has risen from 11% to 16%; BA.4 has risen from 2% to 3%; and BA.5 has risen from 1% to 2%. During the same period, the prevalence of BA.3 has declined to <1%.

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 changes in sampling and sequencing strategies in multiple countries.

#### 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
- VIEW-hub: repository for the most relevant and recent vaccine data
- WHO Statement on Omicron sublineage BA.2

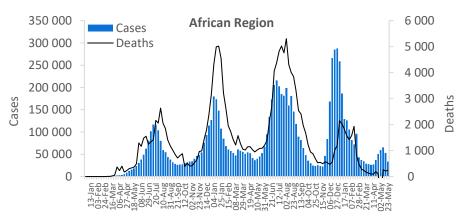
# **WHO** regional overviews:

Epidemiological week 23-29 May 2022\*\*

# **African Region**

After reporting increasing trends for a month, the African Region reported a decline in the number of new weekly cases for the second consecutive week, with over 34 000 new cases, a 36% decrease as compared to the previous week. However, eleven (22%) countries reported an increase in the number of new cases of over 20%, with the greatest proportional increases observed in Angola (234 vs 46 new cases; +409% and included batch reporting), Kenya (464 vs 211 new cases; +120%) and Ethiopia (889 vs 406 new cases; +119%). The highest numbers of new cases were reported from South Africa (25 541 new cases; 43.1 new cases per 100 000 population; -35%), Réunion (3252 new cases; 363.2 new cases per 100 000; -40%), and Ethiopia (889 new cases; <1 new case per 100 000; a +119%).

The number of new weekly deaths increased by 15% as compared to the previous week, with over 200 new deaths reported. The highest numbers of new deaths were reported from South Africa (211 new deaths; <1 new death per 100 000 population; +19%), Réunion (seven new deaths; <1 new death per 100 000; -13%), and Zimbabwe (six new deaths; <1 new deaths per 100 000; -50%).



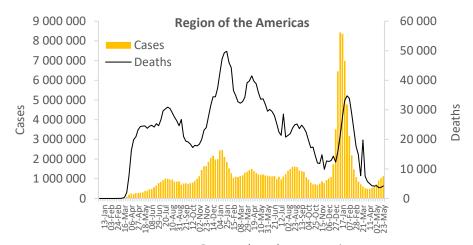
Reported week commencing

Updates from the African Region

## **Region of the Americas**

The Region of the Americas has continued to report an increasing trend in case incidence since mid-April 2022, with over 1.1 million new weekly cases, a 9% increase as compared to the previous week. Ten (18%) countries reported increases in the number of new cases of 20% or greater, with the greatest proportional increases observed in Saba (18 vs 4 new cases; +350%), Dominican Republic (1909 vs 838 new cases; +128%) and Brazil (158 732 vs 97 674 new cases; +63%). The highest number of new cases were reported from the United States of America (736 298 new cases; 222.4 new cases per 100 000; +3%), Brazil (158 732 new cases; 74.7 new cases per 100 000; +63%), and Argentina (51 778 new cases; 114.6 new cases per 100 000; +19%).

The number of new weekly deaths in the Region increased by 13% as compared to the previous week, with over 4200 new deaths reported. The highest numbers of new deaths were reported from the United States of America (2461 new deaths; <1 new death per 100 000; +25%), Brazil (826 new deaths; <1 new death per 100 000; +16%), and Canada (303 new deaths; <1 new death per 100 000; -32%).



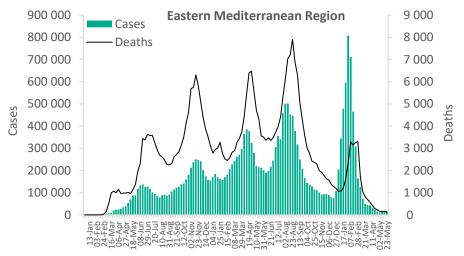
Reported week commencing

Updates from the Region of the Americas

## **Eastern Mediterranean Region**

The Eastern Mediterranean Region reported over 17 000 new weekly cases, representing a 1% increase as compared to the previous week. Seven (32%) countries reported increases in the number of new cases of 20% or greater, with the greatest proportional increases observed in Kuwait (751 vs 105 new cases; +615% and included batch reporting), Sudan (92 vs 34 new cases; +171%) and Morocco (1202 vs 824 new cases; +46%). The highest numbers of new cases were reported from Saudi Arabia (3621 new cases; 10.4 new cases per 100 000; -4%), Bahrain (3187 new cases; 187.3 new cases per 100 000; -16%), and the United Arab Emirates (2603 new cases; 26.3 new cases per 100 000; +13%).

The number of new weekly deaths in the Region decreased by 45% as compared to the previous week, with 96 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (35 new deaths; <1 new death per 100 000; -36%), Saudi Arabia (15 new deaths; <1 new death per 100 000; +7%), and Egypt (14 new deaths; <1 new death per 100 000; -33%).



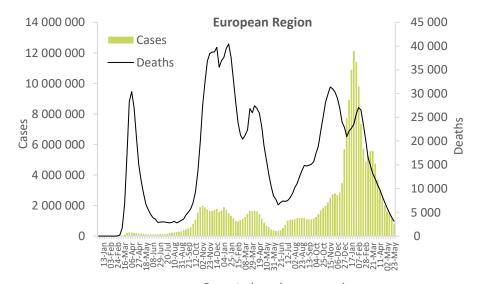
Reported week commencing

Updates from the Eastern Mediterranean Region

## **European Region**

In the European Region, the number of new cases has continued to decline since mid-March 2022, with over 842 000 new weekly cases, a 30% decrease as compared to the previous week. Three (5%) countries in the Region reported increases in new cases of 20% or greater: Armenia (25 vs 18 new cases; +39%), Denmark (4426 vs 3269 new cases; +35%) and Azerbaijan (49 vs 40 new cases; +23%). The highest numbers of new cases were reported from Germany (183 844 new cases; 221.1 new cases per 100 000; -38%), Portugal (176 910 new cases; 1718.3 new cases per 100 000; -8%), and Italy (144 478 new cases; 242.2 new cases per 100 000; -27%).

Over 3100 new weekly deaths were reported, a 22% decrease as compared to the previous week. The highest numbers of new deaths were reported from Italy (624 new deaths; 1.0 new death per 100 000; -15%), the Russian Federation (605 new deaths; <1 new death per 100 000; -11%), and the United Kingdom (314 new deaths; <1 new death per 100 000; -43%).



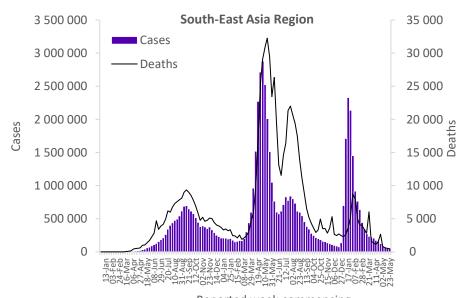
Reported week commencing

Updates from the European Region

## **South-East Asia Region**

The South-East Asia Region has continued to report decreasing trends in the incidence of weekly cases and deaths since mid-January 2022, with over 50 000 new cases and over 400 new deaths reported this week, decreases of 8% and 15% respectively as compared to the previous week. Two countries showed increases in the number of new cases of 20% or greater: Bhutan (40 vs 4 new cases; +900% but due to batch reporting) and Timor-Leste (17 vs 6 new cases; +183%). The highest numbers of new cases were reported from Thailand (31 154 new cases; 44.6 new cases per 100 000; -17%), India (16 672 new cases; 1.2 new cases per 100 000; +13%), and Indonesia (1825 new cases; <1 new case per 100 000; similar to the previous week's figures).

The highest numbers of new deaths in the Region were reported from Thailand (226 new deaths; <1 new death per 100 000; -18%), India (173 new deaths; <1 new death per 100 000; -13%), and Indonesia (52 new deaths; <1 new death per 100 000; -19%).



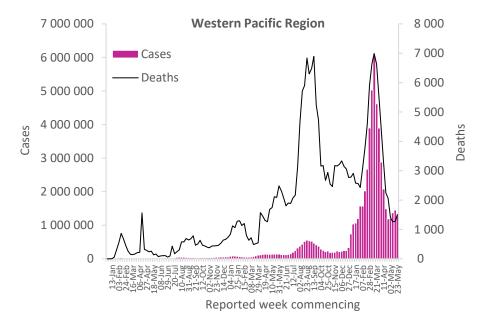
Reported week commencing

Updates from the South-East Asia Region

## **Western Pacific Region**

After an increasing trend in the number of new weekly cases observed during the last three weeks, the Western Pacific Region reported just under 1.3 million new cases this week, a 10% decrease as compared to the previous week. Two countries reported increases in new cases of 20% or greater: Northern Mariana Islands (Commonwealth of the) (18 vs 10 new cases; +80%) and French Polynesia (53 vs 37 new cases; +43%). The highest numbers of new cases were reported from China (576 367 new cases; 39.2 new cases per 100 000; +6%), Australia (294 128 new cases; 1153.4 new cases per 100 000; -18%), and Japan (203 365 new cases; 160.8 new cases per 100 000; -18%).

The Region reported over 1500 new weekly deaths, representing an 18% increase as compared to the previous week. The highest numbers of new deaths were reported from China (578 new deaths; <1 new death per 100 000; +82%), Australia (347 new deaths; 1.4 new deaths per 100 000; +13%), and Japan (244 new deaths; <1 new death per 100 000; -4%).



Updates from the Western Pacific Region

#### Annex 1. Data, table, and figure notes

Data presented are based on official laboratory-confirmed COVID-19 cases 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 <a href="mailto:epi-data-support@who.int">epi-data-support@who.int</a>. Please specify the countries of interest, time period, and purpose of the request/intended usage. Prior situation reports will not be edited; see <a href="mailto:covid19.who.int">covid19.who.int</a> 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: <a href="https://covid19.who.int/table">https://covid19.who.int/table</a>.

'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.

#### **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
- <u>The Strategic Preparedness and Response Plan (SPRP)</u> outlining the support the international community can provide to all countries to prepare and respond to the virus
- EPI-WIN: tailored information for individuals, organizations, and communities
- Recommendations and advice for the public: <u>Protect yourself</u>; <u>Questions and answers</u>; <u>Travel advice</u>