

COVID-19 Weekly Epidemiological Update

Edition 150 published 6 July 2023

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Global overview

Data as of 2 July 2023

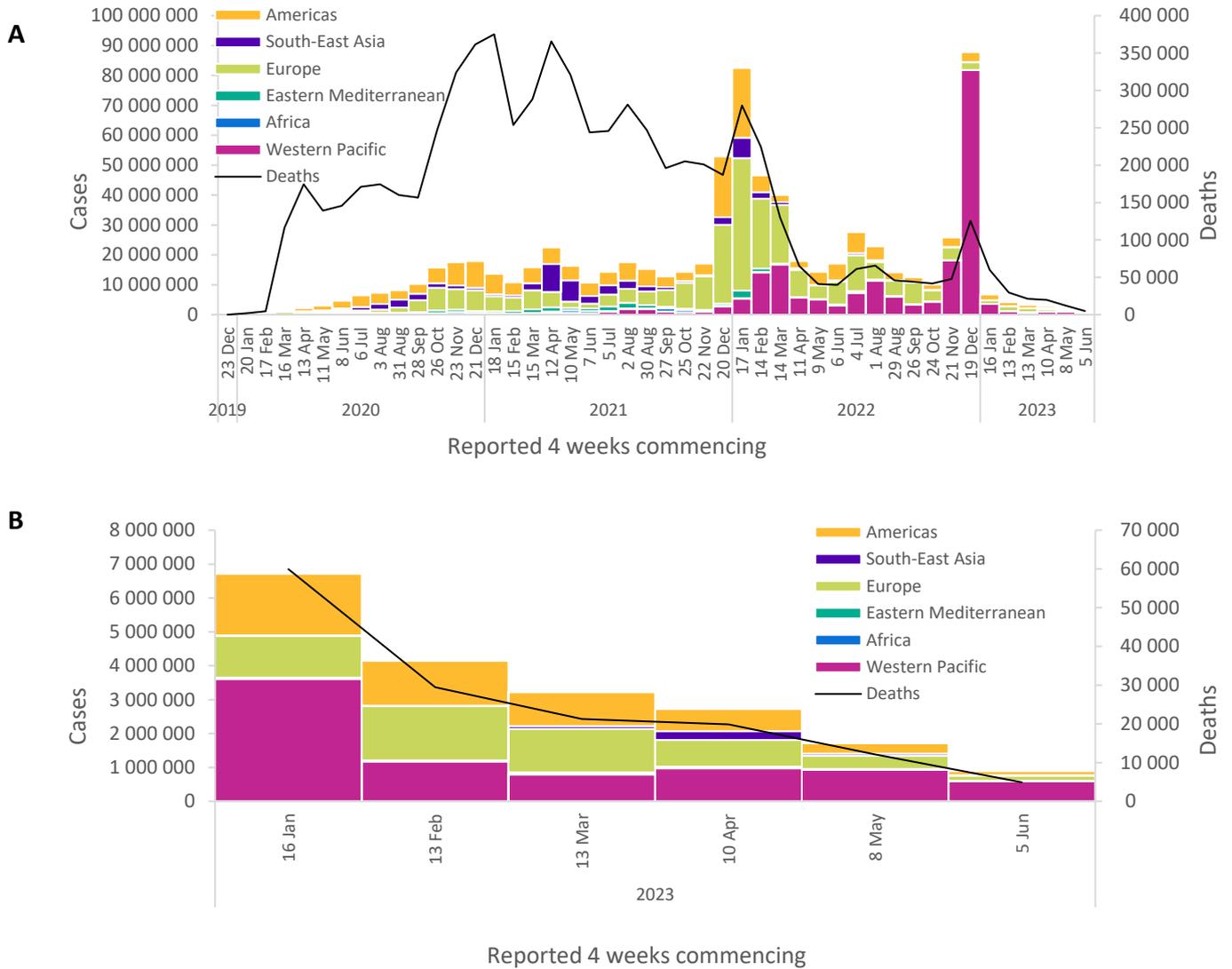
Globally, over 885 000 new cases and over 4900 deaths were reported in the last 28 days (5 June to 2 July 2023) (Figure 1, Table 1). While five WHO regions have reported decreases in the number of both cases and deaths, the African Region has reported a decline in cases but an increase in deaths – albeit from a relatively low baseline. As of 2 July 2023, over 767 million confirmed cases and over 6.9 million deaths have been reported globally.

Reported cases are not an accurate representation of infection rates due to the reductions in testing and reporting globally. During this 28-day period, 56% (131 of 234) of countries and territories reported at least one case – a proportion that has been declining since mid-2022. Additionally, data from previous weeks are continuously being updated to incorporate retrospective changes in reported COVID-19 cases and deaths made by countries. Data presented in this report are therefore incomplete and should be interpreted in light of these limitations.

Some countries continue to report high burdens of COVID-19, including increases in newly reported cases and, more importantly, increases in hospitalizations and deaths – the latter of which are considered more reliable indicators given the reductions in testing.

We present changes in epidemiological trends using a 28-day interval. Disaggregated data are still accessible on the [WHO COVID-19 dashboard](#), where the full dataset is available for download. Global and national data on SARS-CoV-2 PCR percent positivity are available on [WHO's integrated dashboard provided by the Global Influenza Programme](#).

Figure 1. COVID-19 cases reported by WHO Region, and global deaths by 28-day intervals, as of 2 July 2023 (A); and last six reporting periods, 16 January to 2 July 2023 (B)**



**See [Annex 1: Data, table, and figure note](#)

At the regional level, the number of newly reported 28-day cases decreased across all six WHO regions: the Eastern Mediterranean Region (-74%), the South-East Asia Region (-69%), the Region of the Americas (-62%), the European Region (-62%), the Western Pacific Region (-36%), and the African Region (-35%). The number of newly reported 28-day deaths decreased across five regions: the European Region (-64%), the Region of the Americas (-60%), the Eastern Mediterranean Region (-58%), the South-East Asia Region (-55%), and the Western Pacific Region (-41%); while deaths increased in the African Region (+17%).

At the country level, the highest numbers of new 28-day cases were reported from the Republic of Korea (383 767 new cases; -18%), Australia (85 167 new cases; -44%), Brazil (70 163 new cases; -38%), Singapore (32 562 new cases; -61%), and the Russian Federation (30 049 new cases; -40%). The highest numbers of new 28-day deaths were reported from Brazil (1057 new deaths; -2%), the Russian Federation (506 new deaths; -5%), Italy (317 new deaths; -46%), Peru (250 new deaths; -58%), and Australia (241 new deaths; -58%).

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 2 July 2023**

| WHO Region | New cases in last 28 days (%) | Change in new cases in last 28 days * | Cumulative cases (%) | New deaths in last 28 days (%) | Change in new deaths in last 28 days * | Cumulative deaths (%) |
|-----------------------|---------------------------------|---------------------------------------|-------------------------------------|--------------------------------|--|-----------------------------------|
| Western Pacific | 595 338 (67%) | -36% | 204 648 568 (27%) | 846 (17%) | -41% | 413 963 (6%) |
| Europe | 149 087 (17%) | -62% | 275 706 125 (36%) | 1 872 (38%) | -64% | 2 243 822 (32%) |
| Americas | 113 608 (13%) | -62% | 193 111 732 (25%) | 1 767 (36%) | -60% | 2 957 229 (43%) |
| South-East Asia | 18 117 (2%) | -69% | 61 190 715 (8%) | 342 (7%) | -55% | 806 497 (12%) |
| Africa | 5 149 (1%) | -35% | 9 541 018 (1%) | 21 (<1%) | 17% | 175 397 (3%) |
| Eastern Mediterranean | 4 179 (<1%) | -74% | 23 384 041 (3%) | 64 (1%) | -58% | 351 346 (5%) |
| Global | 885 478 (100%) | -48% | 767 582 963 (100%) | 4 912 (100%) | -59% | 6 948 267 (100%) |

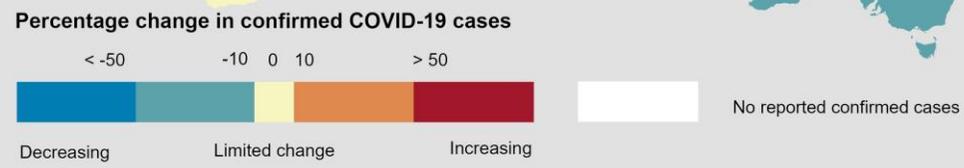
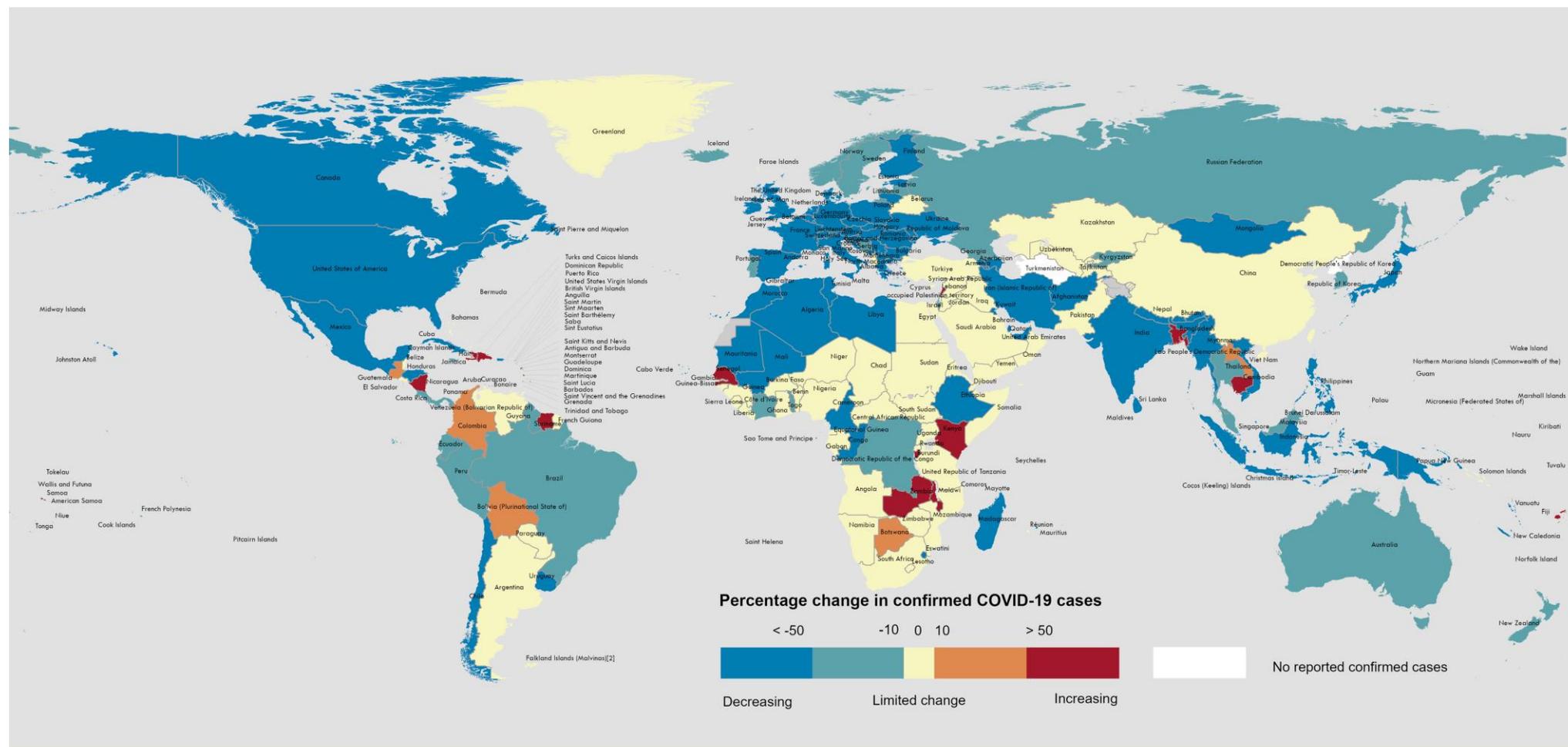
*Percent change in the number of newly confirmed cases/deaths in the past 28 days, compared to 28 days prior. Data from previous weeks are updated continuously with adjustments received from countries.

**See [Annex 1: Data, table, and figure notes](#)

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

- [WHO COVID-19 Dashboard](#)
- [WHO Monthly Operational Update and past editions of the Weekly Epidemiological Update on COVID-19](#)
- [WHO COVID-19 detailed surveillance data dashboard](#)
- [WHO COVID-19 policy briefs](#)

Figure 2. Percentage change in confirmed COVID-19 cases over the last 28 days relative to the previous 28 days, as of 2 July 2023**



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

Not applicable

0 2,500 5,000
km

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**See [Annex 1: Data, table, and figure notes](#)

Hospitalizations and ICU admissions

At the global level, during the most recent 28-day period analysedⁱ (29 May 2023 to 25 June 2023), a total of 50 985 new hospitalizations and 1463 new intensive care unit (ICU) admissions were reported (Figure 4). This represents a 46% and 59% decrease in hospitalizations and ICU admissions, respectively, compared to the previous 28 days (1 to 28 May 2023). The presented hospitalization data are preliminary and might change as new data become available. These data also likely include both hospitalizations with incidental cases of SARS-CoV-2 infection and those due to COVID-19 disease. Furthermore, hospitalization data are subject to reporting delays and in recent weeks, we observe decreases in both data completeness and timeliness.

Globally, during the most recent 28-day period analysed, 41 (18%) countries reported data to WHO on new hospitalizations at least once (Figure 5). The European Region had the highest proportion of countries reporting data on new hospitalizations (20 countries; 33%), followed by the South-East Asia Region (two countries; 20%), the Eastern Mediterranean Region (four countries; 18%), the Region of the Americas (eight countries; 14%), the Western Pacific Region (three countries; 9%), and the African Region (four countries; 8%). The proportion of countries that consistentlyⁱⁱ reported new hospitalizations for the period was 8% (19 countries) (Table 2).

Among the 19 countries consistently reporting new hospitalizations, two (11%) countries registered an increase of 20% or greater in hospitalizations during the current reporting period compared to the previous 28-day period: Bangladesh (276 vs 138; +100%) and Malta (93 vs 52; +79%). The highest number of new hospitalizations was reported from the United States of America (25 933 vs 34 678; -25%), Ukraine (5126 vs 7829; -35%), and Italy (2318 vs 7733; -70%).

Across all six WHO regions, in the current 28-day reporting period, 29 (12%) countries reported data to WHO on new ICU admissions at least once (Figure 5). The European Region had the highest proportion of countries reporting data on new ICU admissions (17 countries; 28%), followed by the Western Pacific Region (five countries; 14%), the South-East Asia Region (one country; 10%), the Eastern Mediterranean Region (two countries; 9%), and the Region of the Americas (four countries; 7%). No country from the African Region submitted data on new ICU admissions during the 28-day period. The proportion of countries that consistently reported new ICU admissions for the period was 7% (16 countries) (Table 2).

Among the 16 countries consistently reporting new ICU admissions, two (13%) countries showed an increase of 20% or greater in new ICU admissions compared to the previous 28-day period: Lithuania (15 vs eight; +88%) and Mexico (23 vs 13; +77%). The highest numbers of new ICU admissions were reported from Australia (265 vs 340; -22%), Ukraine (152 vs 245; -38%), and Indonesia (110 vs 239; -67%).

ⁱ Due to delays in reporting of hospitalization data, the period of analysis excludes the past week.

ⁱⁱ “Consistently” as used here refers to countries that submitted data for new hospitalizations and intensive care unit admissions for the eight consecutive weeks (for the reporting and comparison period).

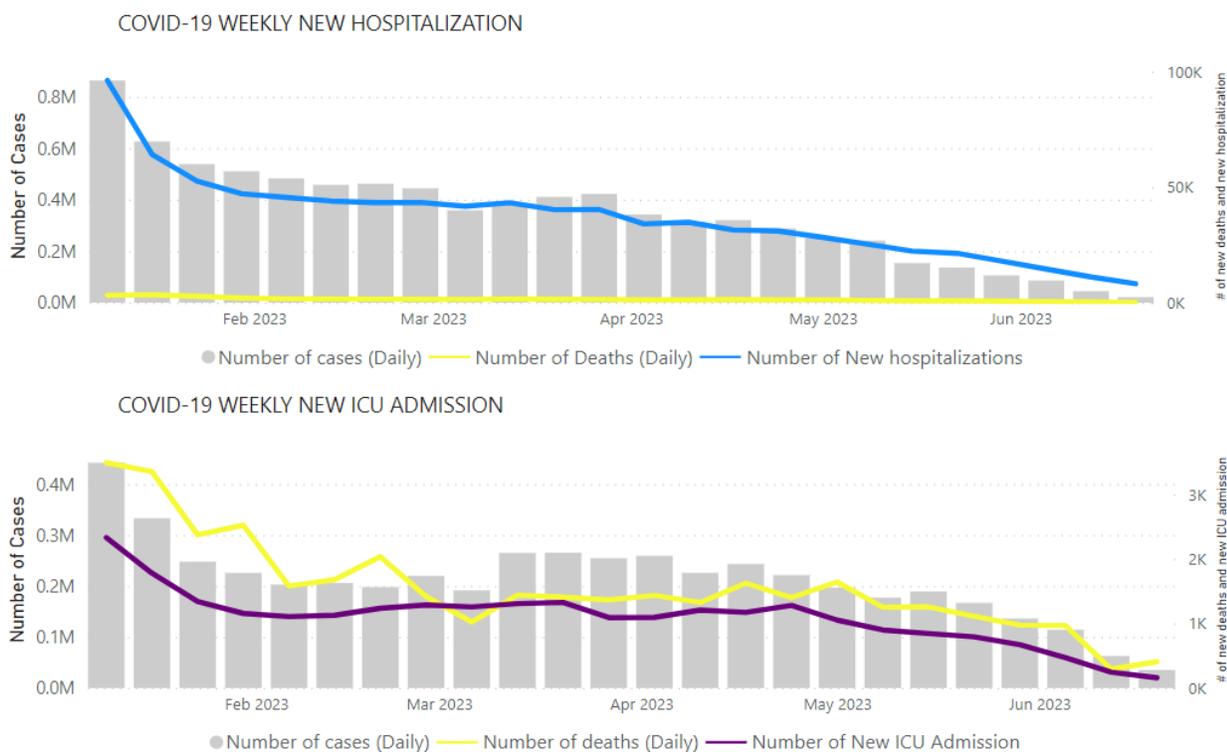
Table 2. New hospitalizations and ICU admissions in the last 28 days (with percent change) by WHO Region, 29 May to 25 June 2023 compared to 1 May to 28 May 2023

| Region | New hospitalizations from countries that reported consistently in the last and previous 28 days | | | New ICU admissions from countries that reported consistently in the last and previous 28 days | | |
|-----------------------|---|--------------------------------|----------------|---|------------------------------|------------------|
| | Number of countries* (percentage) | Number of new hospitalizations | Percent change | Number of countries* (percentage) | Number of new ICU admissions | Percent change** |
| Africa | 1/50 (4%) | 34 | -19% | 0/50 (<1%) | N/A | N/A |
| Americas | 2/56 (4%) | 26 665 | -26% | 1/56 (2%) | 23 | +77% |
| Eastern Mediterranean | 1/22 (5%) | 31 | -18% | 1/22 (5%) | 3 | N/D |
| European | 11/61 (18%) | 11 288 | -49% | 9/61 (15%) | 331 | -56% |
| South-East Asia | 2/10 (20%) | 1673 | -78% | 1/10 (10%) | 110 | -67% |
| Western Pacific | 2/35 (6%) | 1594 | -58% | 4/35 (11%) | 288 | -29% |
| Global | 19/234 (8%) | 41 280 | -41% | 16/234 (7%) | 755 | -50% |

* To be able to compare two periods only the countries reported consistently in both (the last and previous 28 days) periods are included in the table

** N/A and N/D represents not available and not definable respectively

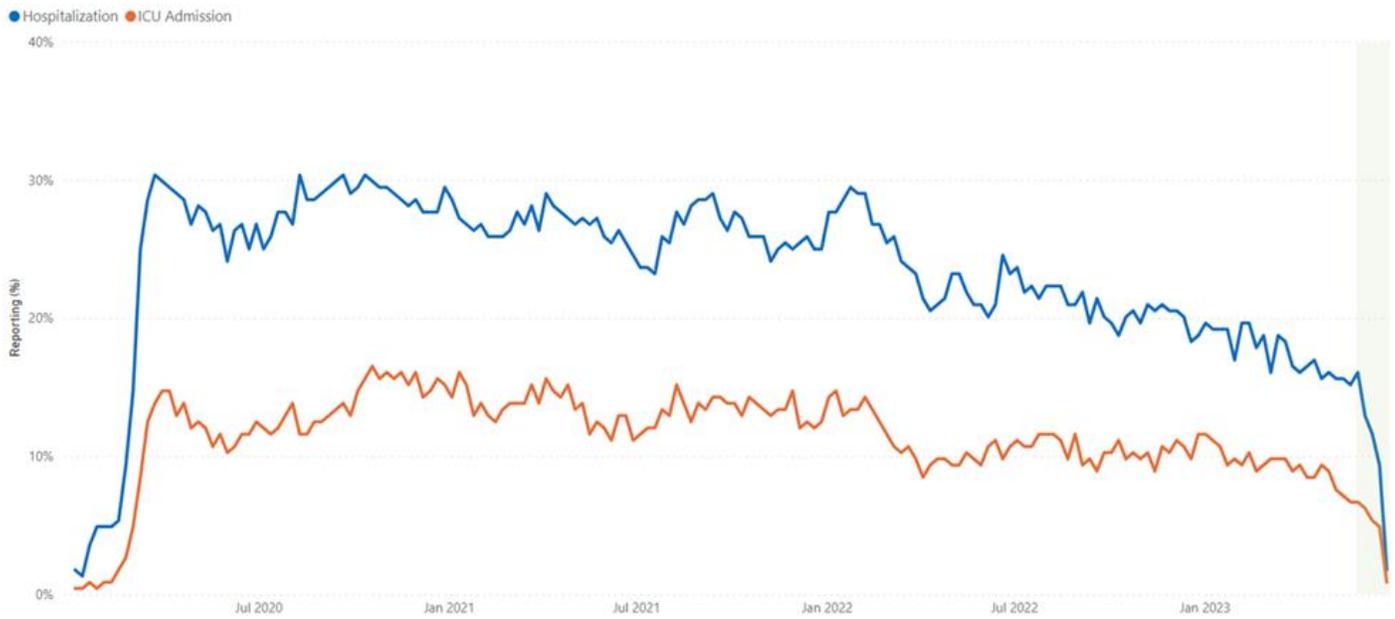
Figure 4. COVID-19 cases, deaths, hospitalizations, and ICU admissions reported weekly to WHO, as of 25 June 2023



Note: Recent weeks are subject to reporting delays and data might not be complete, note to interpret the data with caution. Cases included in grey bars in the graph are only from countries reporting hospitalizations or ICU admissions, respectively.

Source: WHO Detailed Surveillance Dashboard

Figure 5. Weekly proportion of countries reporting new hospitalizations and ICU admissions, epidemiological week 1 of 2020 to week 25 of 2023



Note: Recent weeks are subject to reporting delays and should not be interpreted as a declining trend.

SARS-CoV-2 variants of interest and variants under monitoring

Geographic spread and prevalence

Globally, from 5 June to 2 July 2023 (28 days), 13 018 SARS-CoV-2 sequences were shared through GISAID. WHO is currently tracking two variants of interest (VOIs), XBB.1.5 and XBB.1.16, and six variants under monitoring (VUMs) and their descendent lineages: BA.2.75, CH.1.1, XBB, XBB.1.9.1, XBB.1.9.2 and XBB.2.3.

Between 15 May and 11 June 2023 (28 days), 71 countries reported XBB.1.5 sequences, totaling 115 countries as of 18 June 2023 (Figure 6A, Table 3). During the same 28-day period, 64 countries reported XBB.1.16 sequences, bringing the cumulative total to 91 countries (Figure 6B, Table 3). XBB.1.5 has declined in prevalence, being replaced by XBB.1.16 as the dominant variant globally. In epidemiological week 24 (12 to 18 June 2023), XBB.1.5 accounted for 16.3% of sequences, down from 30.1% in week 20 (15 to 21 May 2023). Within the same reporting period, XBB.1.16 increased in prevalence, accounting for 21.2% of sequences in week 24 compared to 18.1% in week 20.

Table 3 shows the number of countries reporting VOIs and VUMs since their emergence, and their prevalence from week 20 to week 24. Among the VUMs, XBB, XBB.1.9.2, and XBB.2.3 have shown increasing trends; the other VUMs show declining trends. The VOI and VUMs exhibiting increasing trends are highlighted in orange, while those with decreasing trends are highlighted in green.

SARS-CoV-2 variant trends continue to differ across WHO regions and countries. Some countries have seen a recent rise in cases, driven by the VOIs and some VUMs. In some instances, the increase in cases has been accompanied by a rise in hospitalizations and deaths, although these are lower compared to previous waves. The observed heterogeneity in variant circulation dynamics, as well as the lower rate of morbidity and mortality, can partly be attributed to population immunity resulting from vaccination and prior SARS-CoV-2 infections. During weeks 20 to 24, XBB.1.5 was dominant in the Region of the Americas (40% of sequences), while XBB.1.16 was dominant in the European Region, South-East Asia Region and the Western Pacific Region (31%, 28%, and 17% percent of sequences, respectively). The African Region and the Eastern Mediterranean Region collectively submitted fewer than 20 sequences during the reporting period (Figure 7).

The global trends in the number and percentage of SARS-CoV-2 sequences are shown in Figure 8. With the declining trends of testing and sequencing globally, low and unrepresentative levels of SARS-CoV-2 genomic surveillance continue to pose challenges in adequately assessing the SARS-CoV-2 variant landscape.

Table 3. Weekly prevalence of SARS-CoV-2 VOIs and VUMs, epidemiological week 20 to week 24 of 2023

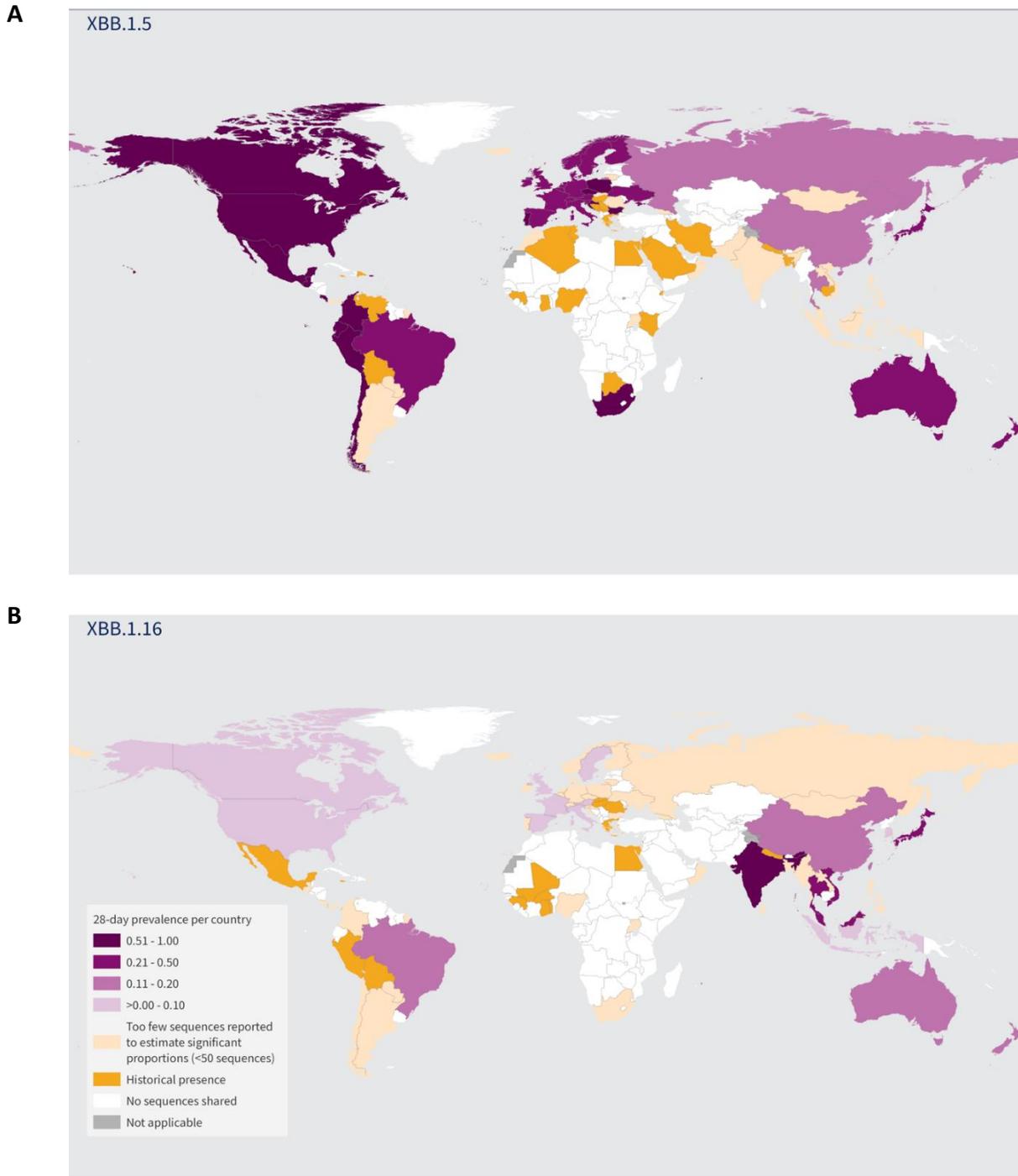
| Lineage | Countries [§] | Sequences [§] | 2023-20 | 2023-21 | 2023-22 | 2023-23 | 2023-24 |
|--------------------|------------------------|------------------------|---------|---------|---------|---------|---------|
| XBB.1.5* (VOI) | 115 | 250 410 | 30.14 | 26.66 | 22.56 | 21.12 | 16.26 |
| XBB.1.16* (VOI) | 91 | 31 367 | 18.12 | 18.59 | 20.53 | 21.70 | 21.18 |
| BA.2.75* | 124 | 121 110 | 2.91 | 2.64 | 2.71 | 2.27 | 2.33 |
| CH.1.1* | 95 | 42 312 | 1.12 | 0.89 | 0.88 | 0.83 | 0.78 |
| XBB* | 130 | 63 467 | 4.95 | 5.61 | 5.80 | 6.68 | 7.46 |
| XBB.1.9.1* | 98 | 43 728 | 18.24 | 18.20 | 18.37 | 18.00 | 16.04 |
| XBB.1.9.2* | 82 | 22 645 | 10.26 | 11.43 | 12.70 | 11.85 | 12.68 |
| XBB.2.3* | 63 | 6 522 | 3.47 | 4.10 | 4.26 | 3.93 | 4.25 |
| Unassigned | 92 | 149 333 | 0.97 | 1.29 | 1.88 | 2.73 | 6.36 |
| Other [†] | 209 | 6 751 730 | 8.95 | 9.53 | 9.35 | 9.97 | 11.97 |

* Includes descendant lineages, except those individually specified elsewhere in the table. For example, XBB* does not include XBB.1.5, XBB.1.9.1, XBB.1.9.2, XBB.1.16, and XBB.2.3.

[†] Others are other circulating lineages excluding the VOI, VUMs, BA.1*, BA.2*, BA.3*, BA.4*, BA.5*.

[§] Number of countries and sequences are since the emergence of the variants

Figure 6. Global 28-day prevalence of variants of interest XBB.1.5 (A) and XBB.1.16 (B), between 15 May to 11 June 2023**



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city 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.

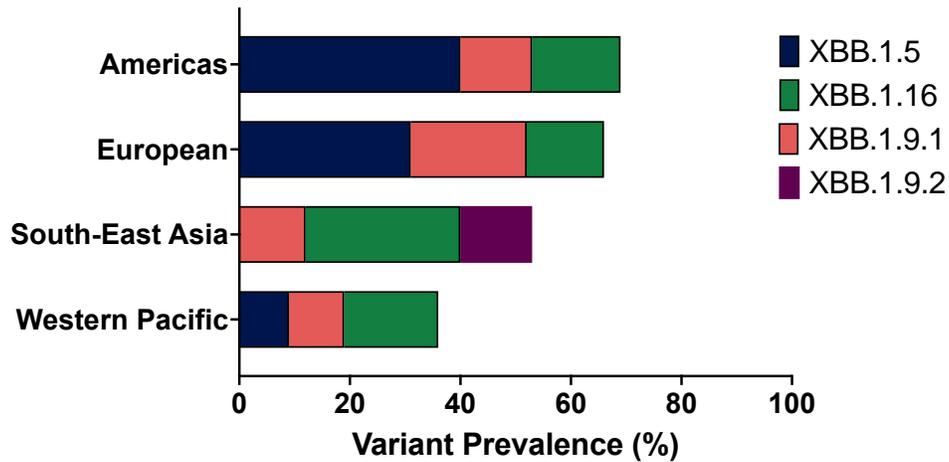
Data Source: World Health Organization, Global Initiative on Sharing All Influenza Data
 Map Production: WHO Health Emergencies Programme
 Map Date: 3 July 2023



*Reporting period to account for delay in sequence submission to GISAID.

**Historical presence indicates countries previously reporting XBB.1.5 and XBB.1.6 sequences but that have not reported them within the period from 15 May to 11 June 2023.

Figure 7. Top three SARS-CoV-2 variants (including non-VOIs/VUMs) by WHO region, epidemiological week 20 to week 24 of 2023*



*The African Region and the Eastern Mediterranean Region collectively submitted fewer than 20 sequences within the reporting period.

Figure 8. The number and percentage of SARS-CoV-2 sequences, from 1 January to 18 June 2023

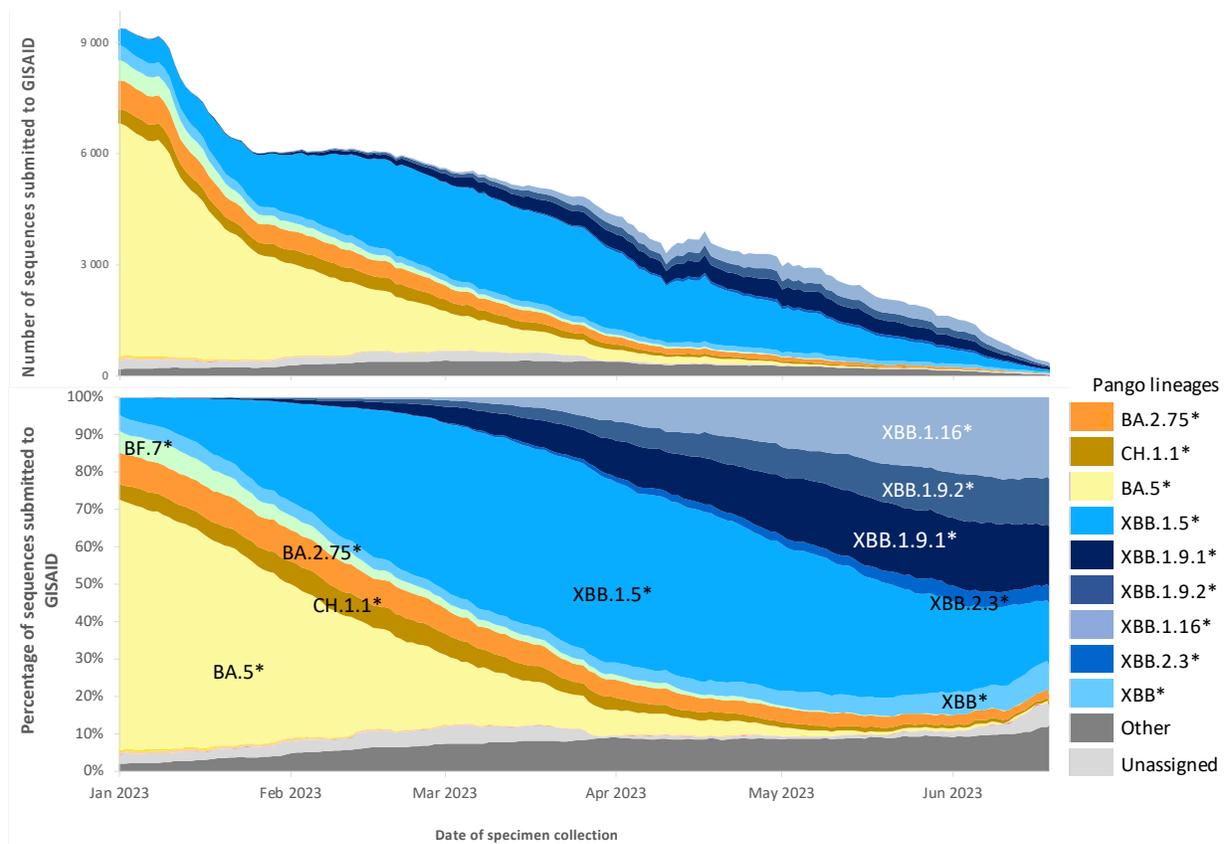


Figure 8. Panel A shows the number, and **Panel B** the percentage, of all circulating variants since January 2023. Omicron sister-lineages and additional Omicron VOC descendent lineages under further monitoring are shown. *BA.1**, *BA.2**, *BA.3**, *BA.4** and *BA.5** (* indicates inclusion of descendent lineages) include all BA.1, BA.2, BA.3, BA.4 and BA.5 pooled descendent lineages, except currently circulating variants shown individually. The *Unassigned* category includes lineages pending for a PANGO lineage name, whereas the *Other* category includes lineages that are assigned but not listed in the legend. Source: SARS- CoV-2 sequence data and metadata from GISAID, from 1 January 2023 to 18 June 2023

Additional resources

- [Tracking SARS-CoV-2 Variants](#)
- [WHO statement on updated tracking system on SARS-CoV-2 variants of concern and variants of interest](#)
- [WHO XBB.1.5 Updated Risk Assessment, 20 June 2023](#)
- [WHO XBB.1.16 Updated Risk Assessment, 5 June 2023](#)

Vaccine effectiveness of primary series and booster vaccination against Omicron and its descendant lineages

Vaccine Effectiveness

The [Forest plots](#) displaying information on the effectiveness of COVID-19 vaccines against Omicron variants are available on [View-hub.org](#) and updated regularly (last updated on 3 July 2023). All data are collected as part of an ongoing systematic review of COVID-19 vaccine effectiveness (VE) studies (methods described [here](#)). COVID-19 VE results are summarized in the following plots, where data are available:

- VE of primary series and first booster dose by vaccine for all vaccines
- VE for various sub-populations of interest
- Absolute and relative VE of a second booster dose (for more information on interpreting relative VE, see the special focus on relative VE from the [29 June 2022 Weekly Epidemiological Update](#))
- Duration of VE over time for vaccines
- Absolute VE of bivalent vaccines given as a first, second, or third booster dose

A [recent report](#) suggests that VE against the Omicron subvariant BA.4/BA.5 might be lower compared to BA.1, although this finding might be due to both the poorer vaccine performance against BA.4/BA.5 and methodological factors in how the VE studies were conducted. Evidence of VE against XBB/XBB.1.5 is still limited. A [study](#) from Singapore found that absolute VE of a primary series of Comirnaty (Pfizer BioNTech) against re-infection among previously infected children was slightly reduced against XBB (5-11-years-old: 62.8%, 95% CI: 42.3-76.0; 12-17-years-old: 57.9%, 95% CI: 33.6-73.3) compared to BA.4/BA.5 (5-11-years-old: 74.0%, 95% CI: 67.7-79.1; 12-17-years-old: 84.9%, 95% CI: 77.0-90.1). This reduction was larger for a first booster dose of Comirnaty (Pfizer BioNTech) among 12-17-years-old: absolute VE against infection due to XBB was 47.9% (20.2-66.1) and 85.7% (80.2-89.6) against BA.4/BA.5. However, it is important to note that the maximum follow-up time post final dose was longer during the XBB period than the BA.4/BA.5 period; further waning may thus partially explain the reduced VE against XBB compared to BA.4/BA.5. Another [study](#) from the United States of America evaluated the *relative* VE of a bivalent ancestral/Omicron BA.4/BA.5 mRNA vaccine given as a first, second, or third booster dose compared to individuals receiving two to four doses of monovalent mRNA vaccine and found that relative VE against symptomatic disease due to XBB.1.5 was similar to that of BA.5. A [third study](#), from Qatar, conducted during a period when XBB was the dominant circulating variant, found that persons receiving a bivalent ancestral/Omicron BA.1 mRNA vaccine as a first, second, or third booster dose had improved protection against XBB infection relative to persons who had not yet received a bivalent booster vaccine but had previously received two to four doses of monovalent mRNA vaccination.

Neutralization

Neutralizing antibody studies can provide early insights into vaccine performance against new and emerging VOCs and their subvariants. For more information about the capacity of COVID-19 vaccines to neutralize various Omicron subvariants, please see a [systematic review](#) of post-monovalent vaccination neutralization responses to Omicron BA.1, BA.2, BA.3, and BA.4/BA.5. In addition, [neutralization plots](#) displaying the results of a living systematic review of neutralization studies are updated regularly on [VIEW-hub.org](#) (last updated 3 July 2023) and contain information on more recent subvariants, such as BQ.1 and XBB.

Finally, a [summary](#) of neutralization responses comparing monovalent to bivalent mRNA vaccines is also available on [VIEW-hub.org](#), providing preliminary evidence of improved performance of bivalent over monovalent vaccines against more recent Omicron subvariants.

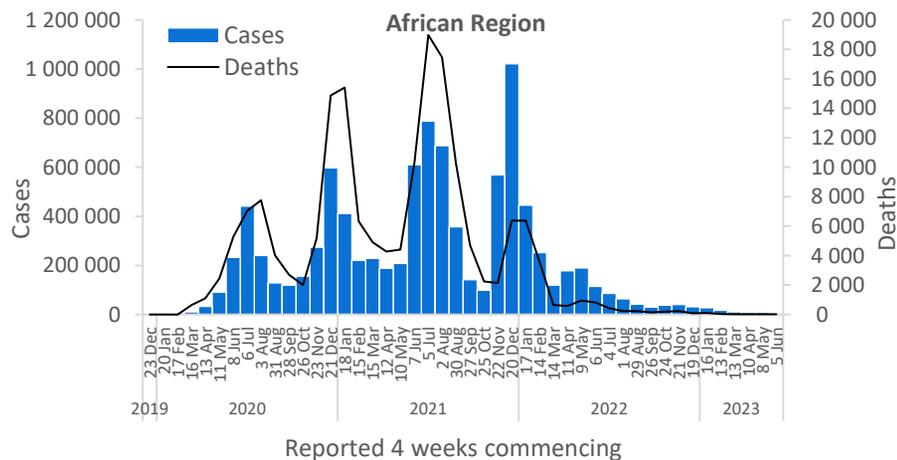
WHO regional overviews

Data for 5 June to 2 July 2023

African Region

The African Region reported over 5100 new cases, a 35% decrease as compared to the previous 28-day period. Five (10%) of the 50 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Malawi (86 vs 15 new cases; +473%), Burundi (352 vs 96 new cases; +267%), and Senegal (six vs two new cases; +200%). The highest numbers of new cases were reported from Zambia (1964 new cases; 10.7 new cases per 100 000; +71%), Mauritius (1240 new cases; 97.5 new cases per 100 000; -71%), and Kenya (474 new cases; <1 new case per 100 000; +99%).

The number of new 28-day deaths in the Region increased by 17% as compared to the previous 28-day period, with 21 new deaths reported. The highest numbers of new deaths were reported from Zimbabwe (12 new deaths; <1 new death per 100 000; +71%), Zambia (four new deaths; <1 new death per 100 000; no deaths reported the previous 28-day period), and Cameroon (two new deaths; <1 new death per 100 000; no deaths reported the previous 28-day period).

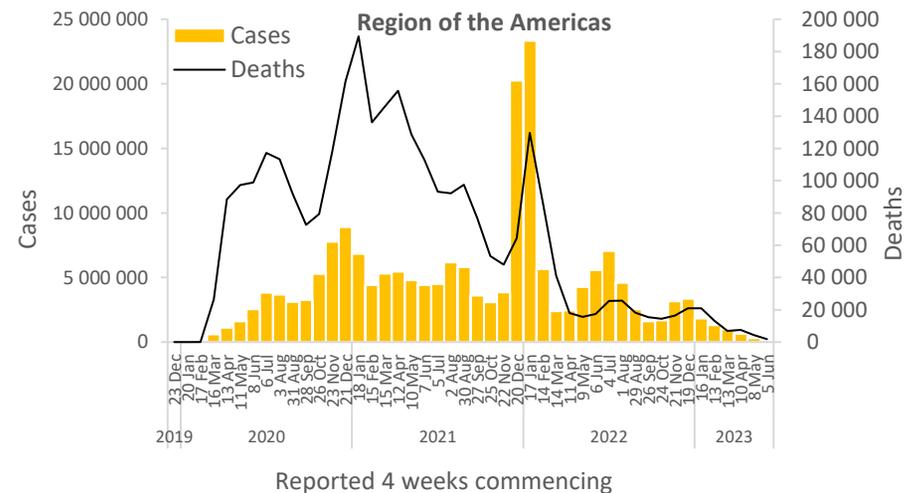


Updates from the [African Region](#)

Region of the Americas

The Region of the Americas reported over 113 000 new cases, a 62% decrease as compared to the previous 28-day period. Twelve (21%) of the 56 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in the Dominican Republic (1242 vs 73 new cases; +1601%), Saint Martin (21 vs three new cases; +600%), and Martinique (379 vs 75 new cases; +405%). The highest numbers of new cases were reported from Brazil (70 163 new cases; 33.0 new cases per 100 000; -38%), Mexico (7680 new cases; 6.0 new cases per 100 000; -69%), and Canada (6774 new cases; 17.9 new cases per 100 000; -58%).

The number of new 28-day deaths in the Region decreased by 60% as compared to the previous 28-day period, with 1767 new deaths reported. The highest numbers of new deaths were reported from Brazil (1057 new deaths; <1 new death per 100 000; -2%), Peru (250 new deaths; <1 new death per 100 000; -58%), and Canada (128 new deaths; <1 new death per 100 000; -71%).

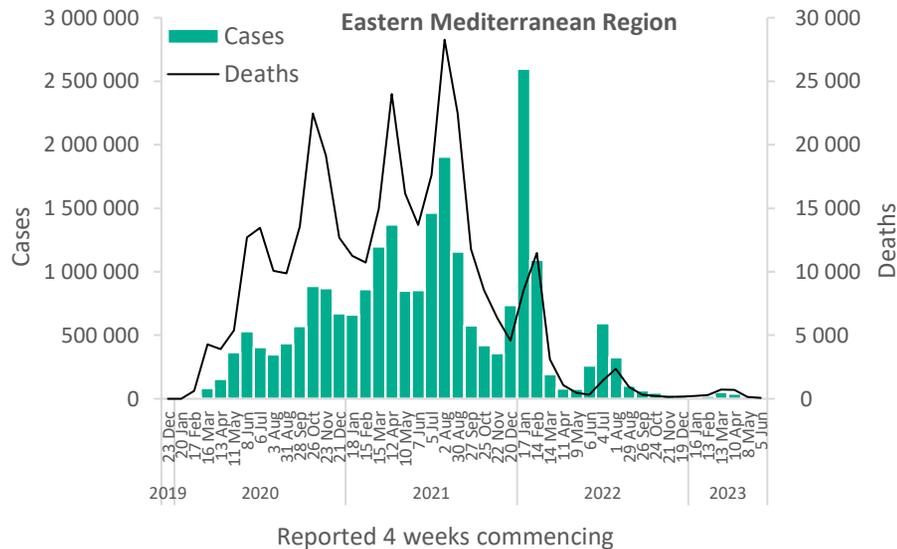


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 4100 new cases, a 74% decrease as compared to the previous 28-day period. One (5%) of the 22 countries for which data are available reported increases in new cases of 20% or greater: Lebanon (996 vs 429 new cases; +132%). The highest numbers of new cases were reported from Afghanistan (1285 new cases; 3.3 new cases per 100 000; -75%), Lebanon (996 new cases; 14.6 new cases per 100 000; +132%), and Qatar (944 new cases; 32.8 new cases per 100 000; -77%).

The number of new 28-day deaths in the Region decreased by 58% as compared to the previous 28-day period, with 64 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (30 new deaths; <1 new death per 100 000; -71%), Lebanon (22 new deaths; <1 new death per 100 000; +175%), and Afghanistan (nine new deaths; <1 new death per 100 000; -59%).

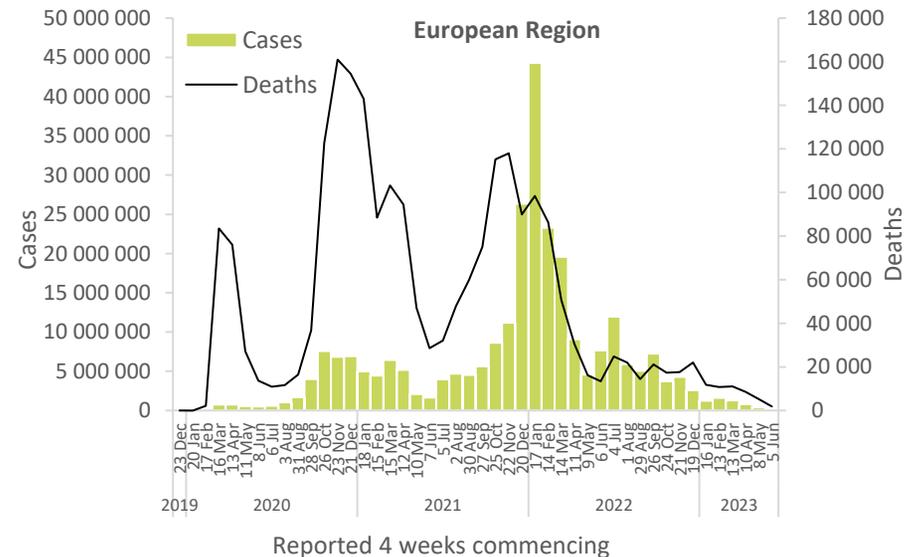


Updates from the [Eastern Mediterranean Region](#)

European Region

The European Region reported over 149 000 new cases, a 62% decrease as compared to the previous 28-day period. No country has reported increases in new cases of 20% or greater compared to the previous 28-day period. The highest numbers of new cases were reported from the Russian Federation (30 049 new cases; 20.6 new cases per 100 000; -40%), France (26 705 new cases; 41.1 new cases per 100 000; -70%), and Italy (25 006 new cases; 41.9 new cases per 100 000; -56%).

The number of new 28-day deaths in the Region decreased by 64% as compared to the previous 28-day period, with 1872 new deaths reported. The highest numbers of new deaths were reported from the Russian Federation (506 new deaths; <1 new death per 100 000; -5%), Italy (317 new deaths; <1 new death per 100 000; -46%), and France (173 new deaths; <1 new death per 100 000; -69%).

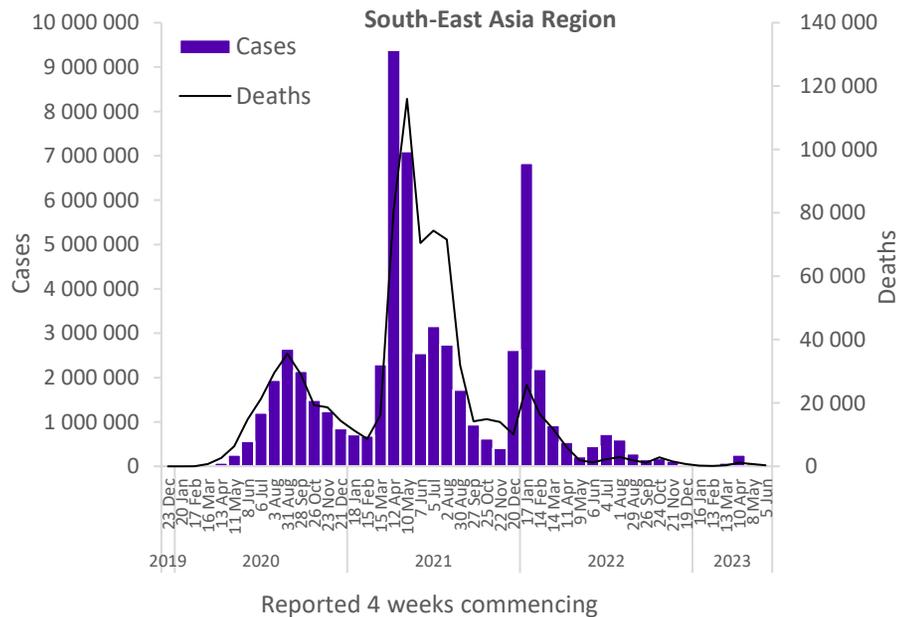


Updates from the [European Region](#)

South-East Asia Region

The South-East Asia Region reported over 18 000 new cases, a 69% decrease as compared to the previous 28-day period. One (10%) of the 10 countries for which data are available reported increases in new cases of 20% or greater: Bangladesh (3063 vs 1301 new cases; +135%). The highest numbers of new cases were reported from Thailand (7379 new cases; 10.6 new cases per 100 000; -33%), Indonesia (3550 new cases; 1.3 new cases per 100 000; -83%), and Bangladesh (3063 new cases; 1.9 new cases per 100 000; +135%).

The number of new 28-day deaths in the Region decreased by 55% as compared to the previous 28-day period, with 342 new deaths reported. The highest numbers of new deaths were reported from Thailand (208 new deaths; <1 new death per 100 000; +6%), Indonesia (89 new deaths; <1 new death per 100 000; -73%), and India (27 new deaths; <1 new death per 100 000; -86%).

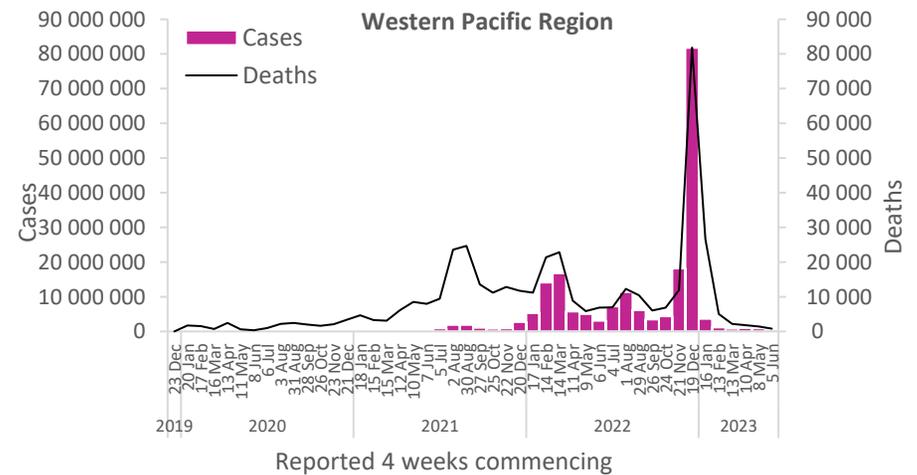


Updates from the [South-East Asia Region](#)

Western Pacific Region

The Western Pacific Region reported over 595 000 new cases, a 36% decrease as compared to the previous 28-day period. Four (11%) of the 35 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Kiribati (44 vs 12 new cases; +267%), Tonga (two vs one new cases; +100%), and Cambodia (115 vs 68 new cases; +69%). The highest numbers of new cases were reported from the Republic of Korea (383 767 new cases; 748.5 new cases per 100 000; -18%), Australia (85 167 new cases; 334.0 new cases per 100 000; -44%), and Singapore (32 562 new cases; 556.6 new cases per 100 000; -61%).

The number of new 28-day deaths in the Region decreased by 41% as compared to the previous 28-day period, with 846 new deaths reported. The highest numbers of new deaths were reported from Australia (241 new deaths; <1 new death per 100 000; -58%), China (229 new deaths; <1 new death per 100 000; +4%), and the Republic of Korea (190 new deaths; <1 new death per 100 000; -35%).



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 [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.

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 excepted, the names of proprietary products are distinguished by initial capital letters.

Updates on the COVID-19 outbreak in the Democratic People's Republic of Korea are not included in this report as the number of laboratory-confirmed COVID-19 cases is not reported.

Annex 2. SARS-CoV-2 variants assessment and classification

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.

WHO continues to monitor all SARS-CoV-2 variants and to track changes in prevalence and viral characteristics. The current trends describing the circulation of variants should be interpreted with due consideration of the limitations of the COVID-19 surveillance systems. These include differences in sequencing capacity and sampling strategies between countries, changes in sampling strategies over time, reductions in tests conducted and sequences shared by countries, and delays in uploading sequence data to GISAID.¹

References

1. Chen Z, Azman AS, Chen X, et al. Global landscape of SARS-CoV-2 genomic surveillance and data sharing. *Nature genetics*. 2022;54(4). doi:10.1038/s41588-022-01033-y