

COVID-19 Weekly Epidemiological Update

Edition 151 published 13 July 2023

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Global overview

Data as of 9 July 2023

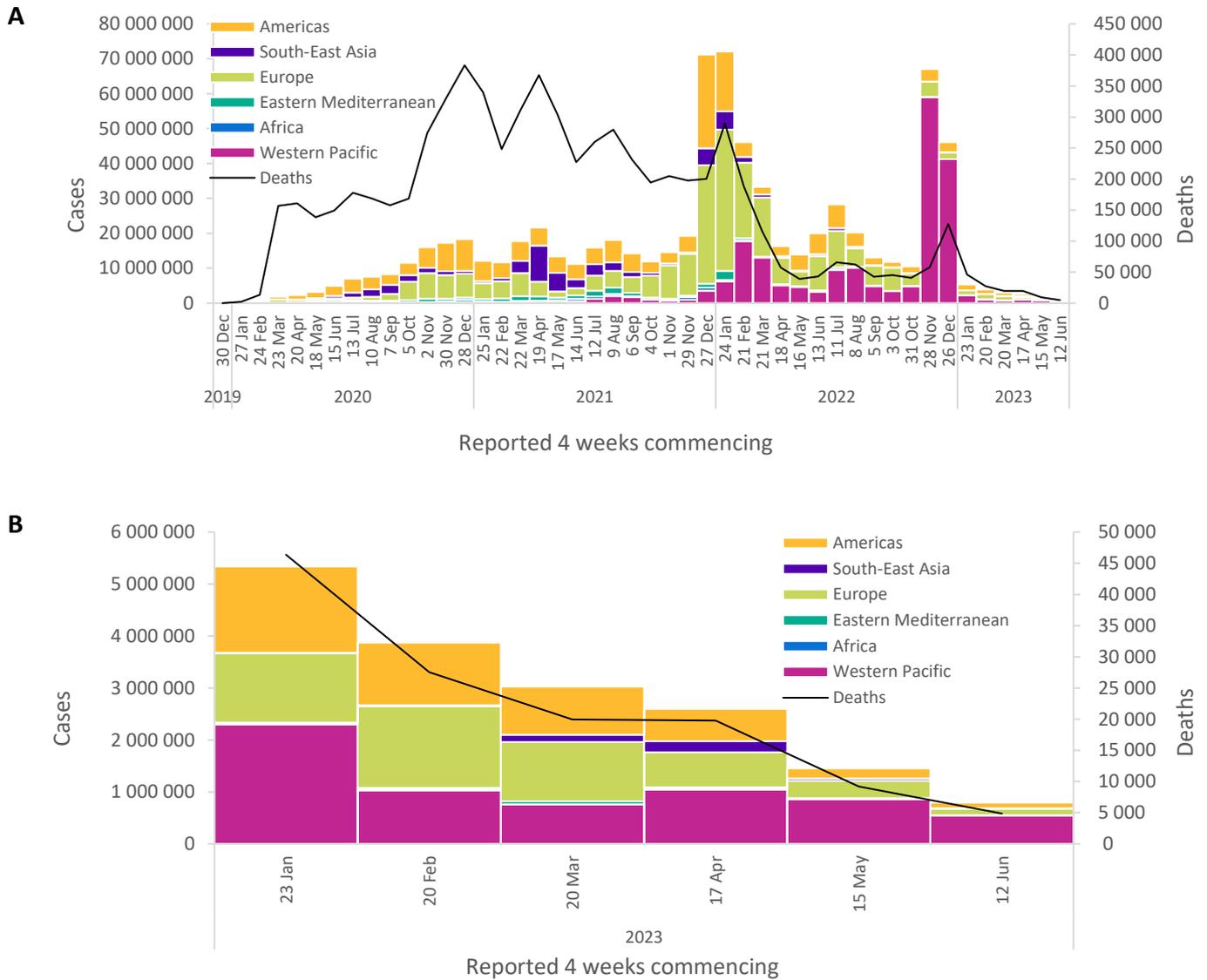
Globally, over 794 000 new COVID-19 cases and over 4800 deaths were reported in the last 28 days (12 June to 9 July 2023) (Figure 1, Table 1). While five WHO regions have reported decreases in the number of both cases and deaths, the African Region has reported a decline in cases but an increase in deaths – albeit from a relatively low baseline. As of 9 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 reduction in testing and reporting globally. During this 28-day period, 57% (133 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 9 July 2023 (A); and last six reporting periods, 23 January to 9 July 2023 (B)**



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

At the regional level, the number of newly reported cases within a 28-day period has decreased across all six WHO regions: the Eastern Mediterranean Region (-77%), the South-East Asia Region (-67%), the European Region (-65%), the Region of the Americas (-45%), the Western Pacific Region (-36%), and the African Region (-31%). The number of newly reported deaths within a 28-day period has decreased across five regions: the European Region (-67%), the Eastern Mediterranean Region (-60%), the South-East Asia Region (-57%), the Western Pacific Region (-23%), and the Region of the Americas (-19%); while deaths increased in the African Region (+43%).

At the country level, the highest numbers of new 28-day cases were reported from the Republic of Korea (372 557 new cases; -22%), Australia (62 748 new cases; -59%), Brazil (56 744 new cases; -50%), New Zealand (38 949 new cases; +12%), and Singapore (28 333 new cases; -59%). The highest numbers of new 28-day deaths were reported from Brazil (868 new deaths; -26%), Australia (566 new deaths; +16%), the Russian Federation (423 new deaths; -18%), Peru (410 new deaths; +48%), and Italy (251 new deaths; -53%).

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 9 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	548 193 (69%)	-36%	204 801 452 (27%)	1 162 (24%)	-23%	414 690 (6%)
Europe	117 989 (15%)	-65%	275 743 394 (36%)	1 531 (31%)	-67%	2 244 653 (32%)
Americas	107 271 (14%)	-45%	193 143 707 (25%)	1 850 (38%)	-19%	2 957 891 (43%)
South-East Asia	13 520 (2%)	-67%	61 192 989 (8%)	259 (5%)	-57%	806 530 (12%)
Africa	4 961 (1%)	-31%	9 542 321 (1%)	20 (<1%)	43%	175 399 (3%)
Eastern Mediterranean	2 648 (<1%)	-77%	23 384 538 (3%)	45 (1%)	-60%	351 353 (5%)
Global	794 582 (100%)	-45%	767 809 165 (100%)	4 867 (100%)	-47%	6 950 529 (100%)

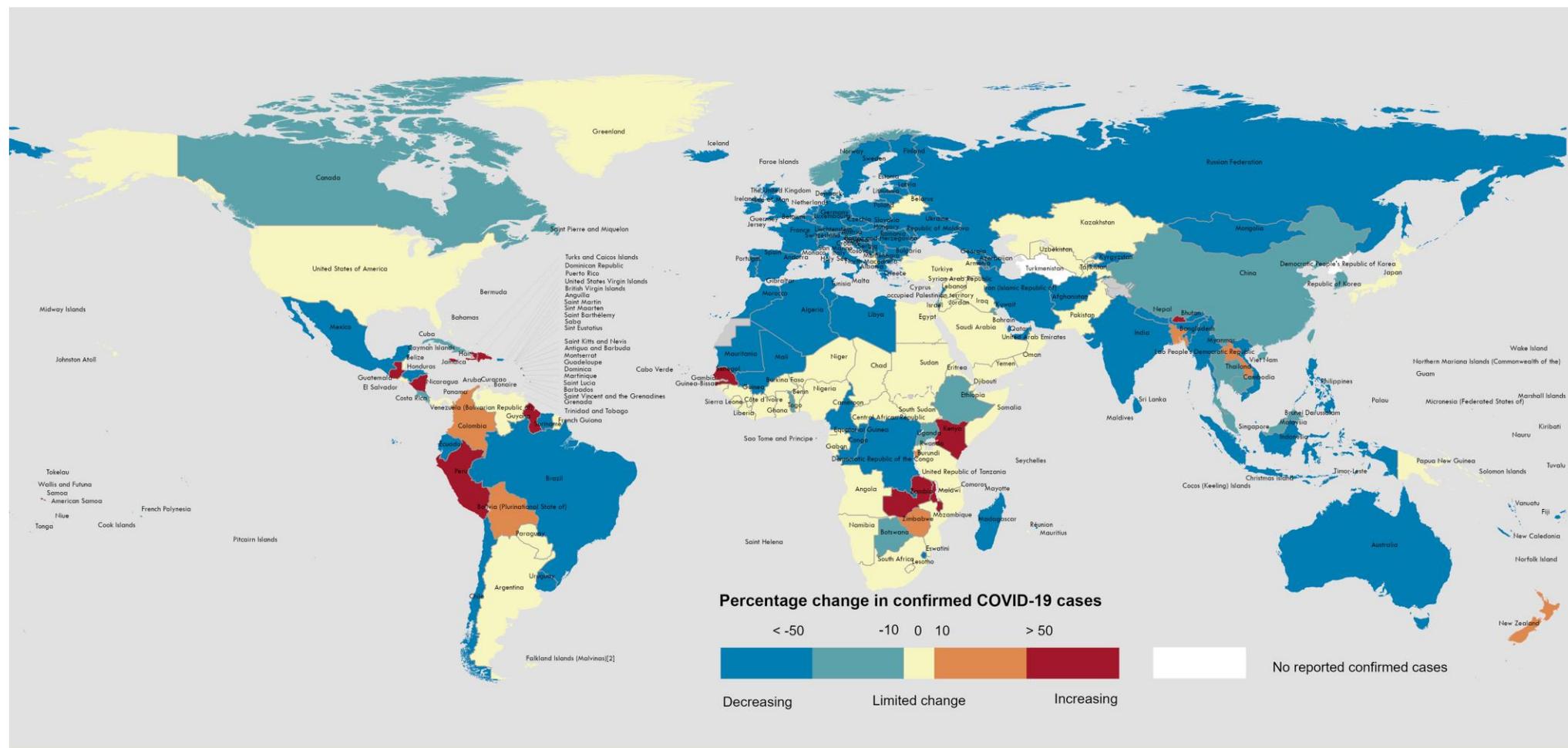
*Percent change in the number of newly confirmed cases/deaths in the past 28 days, compared to 28 days prior. Data from previous weeks are updated continuously with adjustments received from countries.

**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 9 July 2023**



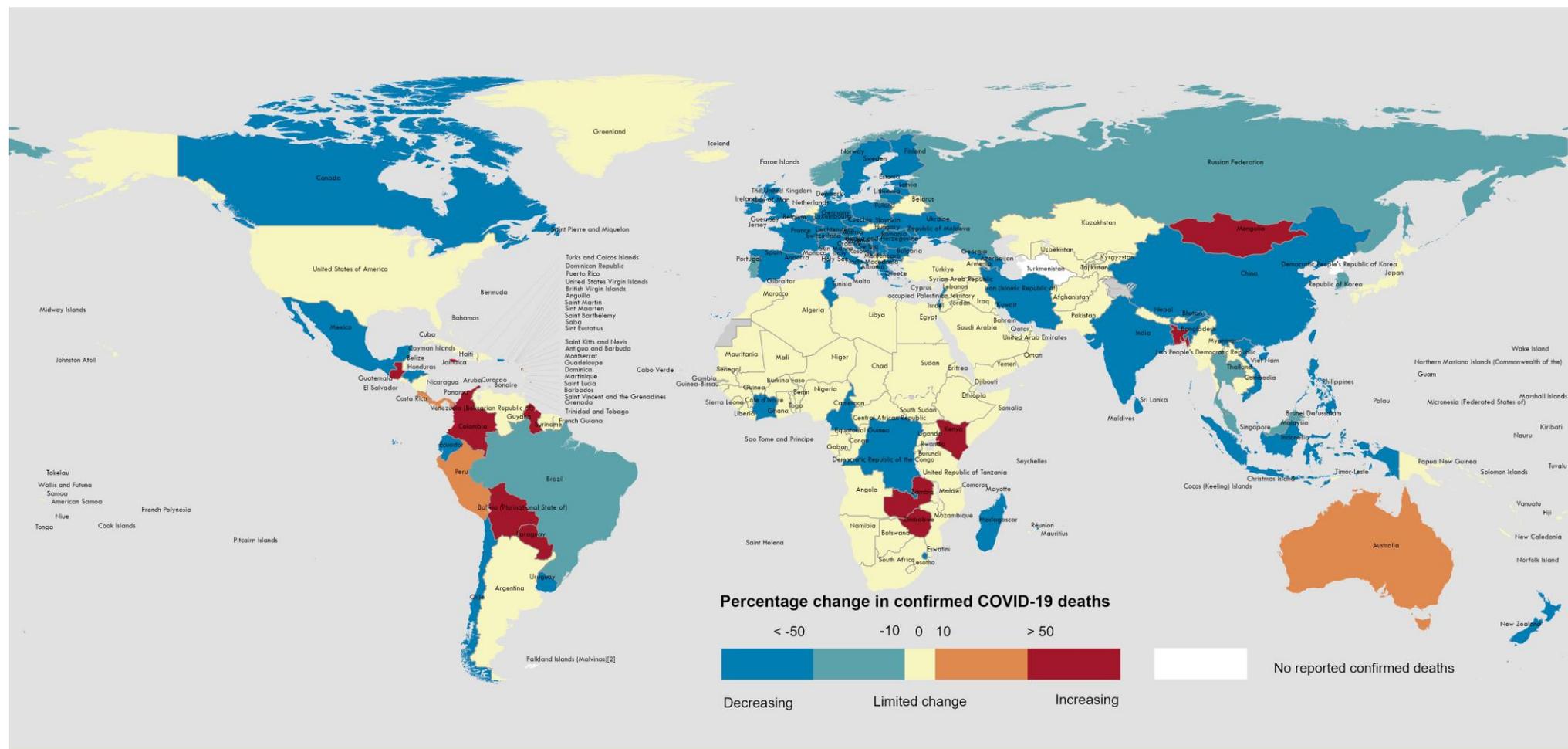
Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme

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Not applicable
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**See [Annex 1: Data, table, and figure notes](#)

Figure 3. Percentage change in confirmed COVID-19 deaths over the last 28 days relative to the previous 28 days, as of 9 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 analyzed 28-day periodⁱ (5 June to 2 July 2023), a total of 46 077 new hospitalizations and 1063 new intensive care unit (ICU) admissions were reported (Figure 4). This represents a 47% and 66% decrease in hospitalizations and ICU admissions, respectively, compared to the previous 28 days (8 May 2023 to 4 June 2023). The presented hospitalization data are preliminary and might change as new data become available. Furthermore, hospitalization data are subject to reporting delays. These data also likely include both hospitalizations with incidental cases of SARS-CoV-2 infection and those due to COVID-19 disease.

Globally, during the past 28 days, 38 (16%) 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 (three countries; 14%), Region of the Americas (seven countries; 13%), the Western Pacific Region (three countries; 9%), and the African Region (three countries; 6%). 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 during the past 28 days compared to the previous 28-day period: Malta (103 vs 69; +49%) and Bangladesh (236 vs 194; +22%). The highest number of new hospitalizations was reported from the United States of America (24 916 vs 32 407; -23%), Ukraine (4689 vs 7115; -34%), and Spain (2180 vs 5065; -57%).

Across all six WHO regions, in the past 28 days, a total of 27 (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 (16 countries; 26%), 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 (three countries; 5%). The African Region did not report ICU admissions during the period. The proportion of countries that consistently reported new ICU admissions for the period was 6% (15 countries) (Table 2).

Among the 15 countries consistently reporting new ICU admissions, no country showed an increase of 20% or greater during the past 28 days compared to the previous 28-day period. The highest numbers of new ICU admissions were reported from Australia (210 vs 364; -42%), Ukraine (137 vs 204; -33%), and Spain (99 vs 219; -55%).

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

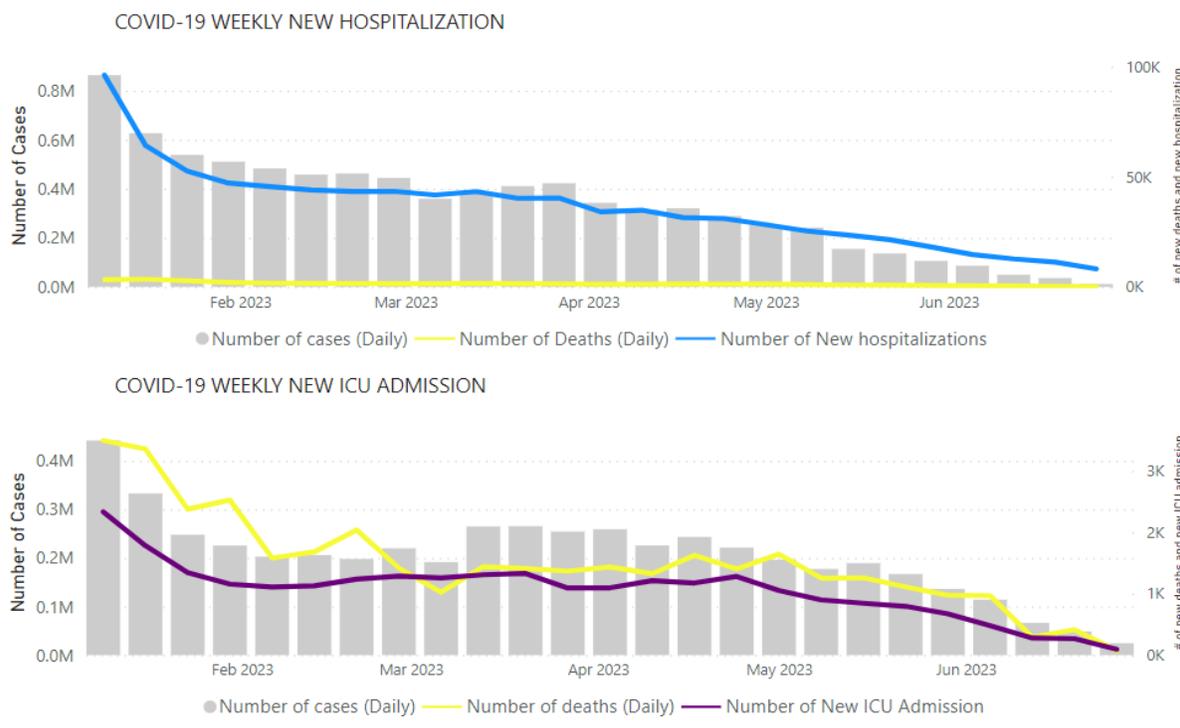
ⁱⁱ “Consistently” as used here refers to countries that submitted data for new hospitalizations and intensive care unit admissions for the eight consecutive weeks (for the reporting and comparison period).

Table 2. New hospitalizations and ICU admissions in the last 28 days (with percent change) by WHO Region, 5 June 2023 to 2 July 2023 compared to 8 May to 4 June 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%)	43	+13%	0/50 (<1%)	N/A**	N/A
Americas	2/56 (4%)	25 590	-24%	1/56 (2%)	20	+11%
Eastern Mediterranean	0/22 (<1%)	N/A	N/A	0/22 (<1%)	N/A	N/A
European	12/61 (20%)	11 041	-54%	9/61 (15%)	346	-58%
South-East Asia	2/10 (20%)	1 117	-80%	1/10 (10%)	81	-67%
Western Pacific	2/35 (6%)	1 198	-67%	4/35 (11%)	230	-45%
Global	19/234 (8%)	38 989	-41%	15/234 (6%)	677	-55%

* 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 represents not available

Figure 4. COVID-19 cases, deaths, hospitalizations, and ICU admissions reported weekly to WHO, as of 9 July 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 26 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 12 June to 9 July 2023 (28 days), 11 226 SARS-CoV-2 sequences were shared through GISAID.

WHO is currently tracking several SARS-CoV-2 variants, including:

- Two variants of interest (VOIs); XBB.1.5 and XBB.1.16.
- Six variants under monitoring (VUMs) and their descent lineages; BA.2.75, CH.1.1, XBB, XBB.1.9.1, XBB.1.9.2, and XBB.2.3.

Globally, 115 countries have reported the detection of XBB.1.5 since its emergence. Notably, its prevalence has been declining steadily. In epidemiological week 25 (19 to 25 June 2023), XBB.1.5 accounted for 19.8% of sequences, compared to 26.8% in week 21 (22 to 28 May 2023).

XBB.1.16 has been reported from 91 countries. In week 25, XBB.1.16 accounted for 22.1% of sequences, an increase from 18.5% in week 21. Its prevalence has surpassed that of XBB.1.5 in week 25. An analysis of available data indicates that countries with a low prior prevalence of XBB.1.5 have experienced a significant increase in the prevalence of XBB.1.16, while countries that had a high prevalence of XBB.1.5 have reported low circulation of XBB.1.16.

Table 3 shows the number of countries reporting the VOIs and VUMs and their prevalence from week 21 to week 25. During the period of the last five weeks, the VOI and the VUMs that have shown **increasing trends are highlighted in orange**, those that have remained **stable are highlighted in blue**, while those with **decreasing trends are highlighted in green**.

Among the VUMs, XBB, XBB.1.9.2, and XBB.2.3 have shown increasing trends in recent weeks. Overall, other VUMs show declining or stable trends during the same reporting period.

Table 3. Weekly prevalence (%) of SARS-CoV-2 VOIs and VUMs, week 21 to week 25 of 2023

Lineage	Countries [§]	Sequences [§]	2023-21	2023-22	2023-23	2023-24	2023-25
VOIs							
XBB.1.5*	115	253 438	26.75	23.17	21.36	20.67	19.84
XBB.1.16*	91	33 978	18.50	20.44	20.93	22.30	22.12
VUMs							
BA.2.75*	124	121 701	3.11	3.16	2.65	3.35	3.36
CH.1.1*	95	42 426	0.90	0.86	0.77	0.87	1.12
XBB*	130	64 219	5.53	5.76	5.91	7.61	7.60
XBB.1.9.1*	98	45 603	18.06	17.71	18.24	14.43	15.36
XBB.1.9.2*	83	24 091	11.25	12.25	13.23	12.04	14.24
XBB.2.3*	64	7 020	4.12	4.25	4.02	4.01	5.44
Unassigned	93	149 331	1.21	1.64	1.81	3.15	1.08
Other [†]	209	6 753 503	9.47	9.81	10.24	10.73	9.16

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

* 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*.

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](#)

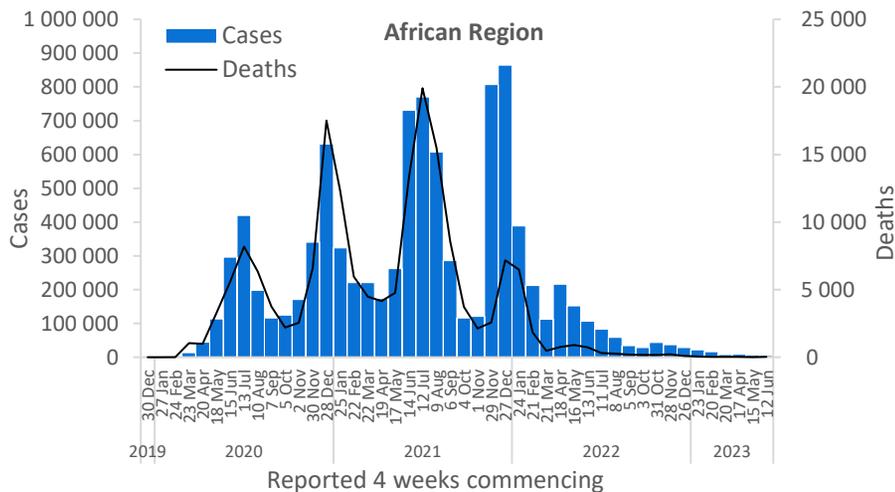
WHO regional overviews

Data for 12 June to 9 July 2023

African Region

The African Region reported over 4900 new cases, a 31% decrease as compared to the previous 28-day period. Six (12%) 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 Senegal (eight vs one new case; +700%), Malawi (108 vs 24 new cases; +350%), and Kenya (474 vs 238 new cases; +99%). The highest numbers of new cases were reported from Zambia (1964 new cases; 10.7 new cases per 100 000; +85%), Mauritius (724 new cases; 56.9 new cases per 100 000; -78%), and Kenya (474 new cases; <1 new case per 100 000; +99%).

The number of new deaths over the 28-day period in the Region increased by 43% as compared to the previous 28-day period, with 20 new deaths reported. The highest numbers of new deaths were reported from Zimbabwe (14 new deaths; <1 new death per 100 000; +180%), Zambia (four new deaths; <1 new death per 100 000; no deaths reported the previous 28-day period), and Kenya (one new death; <1 new death per 100 000; no deaths reported the previous 28-day period).

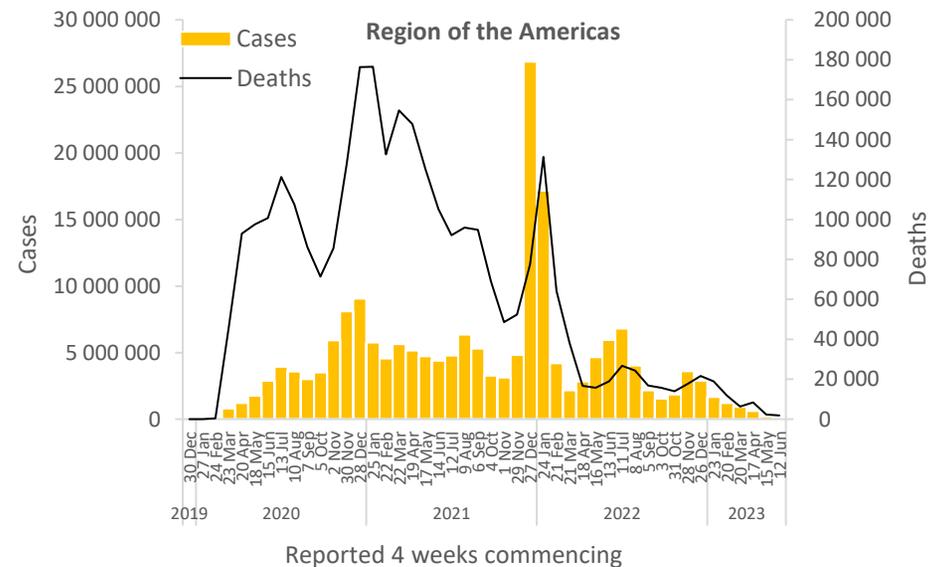


Updates from the [African Region](#)

Region of the Americas

The Region of the Americas reported over 107 000 new cases, a 45% decrease as compared to the previous 28-day period. Fifteen (27%) 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 Curaçao (66 vs five new cases; +1220%), 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 (56 744 new cases; 26.7 new cases per 100 000; -50%), Guatemala (9421 new cases; 52.6 new cases per 100 000; +93%), and Canada (7532 new cases; 20.0 new cases per 100 000; -49%).

The number of new deaths over the 28-day period in the Region decreased by 19% as compared to the previous 28-day period, with 1850 new deaths reported. The highest numbers of new deaths were reported from Brazil (868 new deaths; <1 new death per 100 000; -26%), Peru (410 new deaths; 1.2 new deaths per 100 000; +48%), and Canada (208 new deaths; <1 new death per 100 000; -51%).

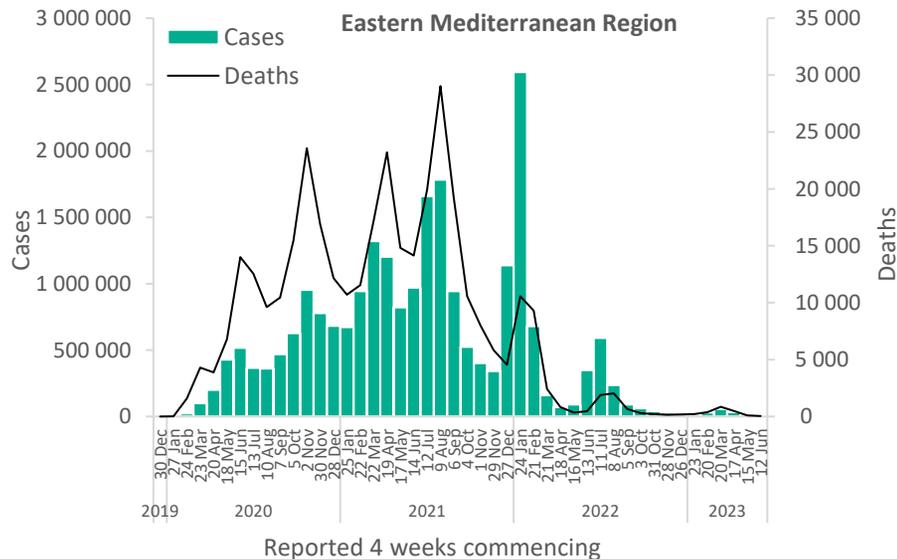


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 2600 new cases, a 77% 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 Afghanistan (1080 new cases; 2.8 new cases per 100 000; -71%), the Islamic Republic of Iran (661 new cases; <1 new case per 100 000; -50%), and Qatar (479 new cases; 16.6 new cases per 100 000; -84%).

The number of new deaths over the 28-day period in the Region decreased by 60% as compared to the previous 28-day period, with 45 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (28 new deaths; <1 new death per 100 000; -59%), Afghanistan (11 new deaths; <1 new death per 100 000; -8%), and Lebanon (six new deaths; <1 new death per 100 000; -62%).

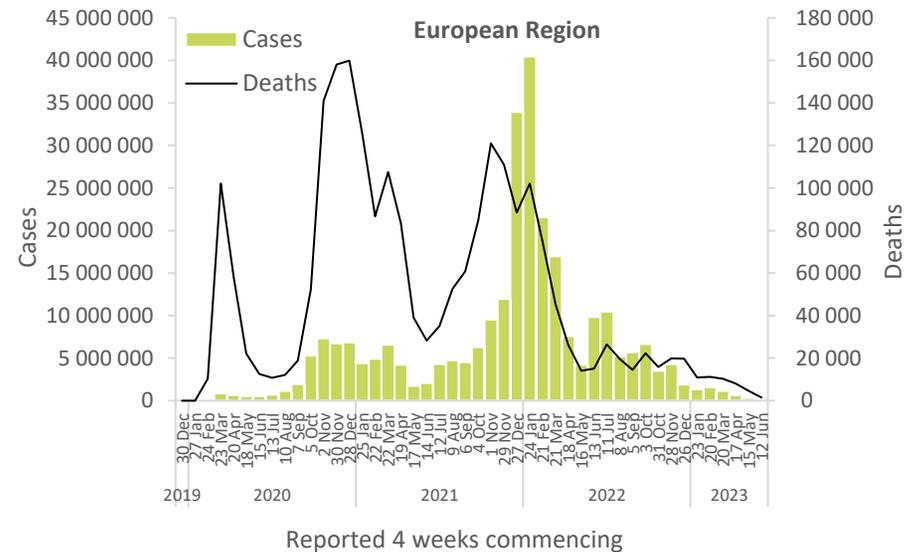


Updates from the [Eastern Mediterranean Region](#)

European Region

The European Region reported nearly 118 000 new cases, a 65% 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 (21 230 new cases; 14.5 new cases per 100 000; -52%), Italy (19 233 new cases; 32.2 new cases per 100 000; -61%), and France (19 182 new cases; 29.5 new cases per 100 000; -76%).

The number of new deaths over the 28-day period in the Region decreased by 67% as compared to the previous 28-day period, with 1531 new deaths reported. The highest numbers of new deaths were reported from the Russian Federation (423 new deaths; <1 new death per 100 000; -18%), Italy (251 new deaths; <1 new death per 100 000; -53%), and France (129 new deaths; <1 new death per 100 000; -74%).

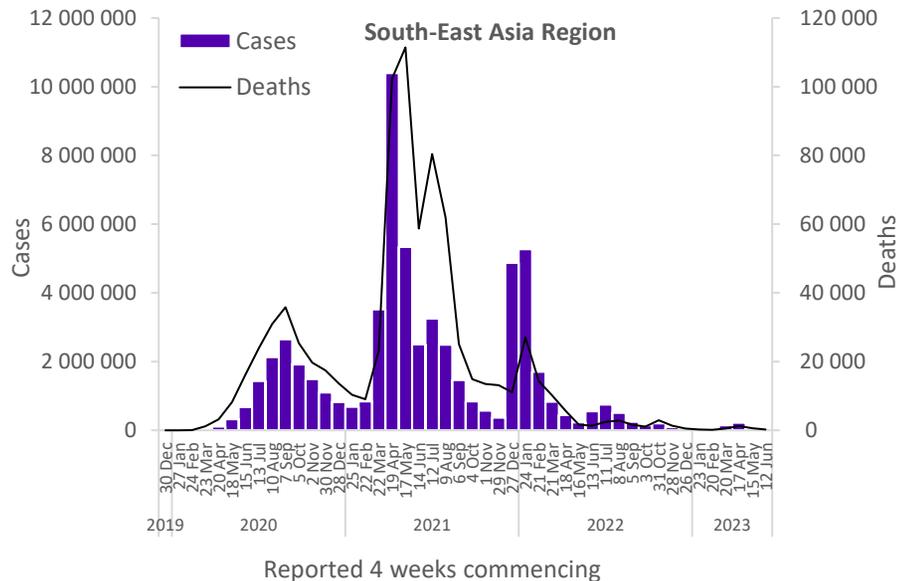


Updates from the [European Region](#)

South-East Asia Region

The South-East Asia Region reported over 13 000 new cases, a 67% decrease as compared to the previous 28-day period. Two (20%) of the 10 countries for which data are available reported increases in new cases of 20% or greater: Bhutan (11 vs four new cases; +175%) and Bangladesh (2691 vs 1992 new cases; +35%). The highest numbers of new cases were reported from Thailand (5863 new cases; 8.4 new cases per 100 000; -49%), Bangladesh (2691 new cases; 1.6 new cases per 100 000; +35%), and Indonesia (2008 new cases; <1 new case per 100 000; -84%).

The number of new deaths over the 28-day period in the Region decreased by 57% as compared to the previous 28-day period, with 259 new deaths reported. The highest numbers of new deaths were reported from Thailand (164 new deaths; <1 new death per 100 000; -33%), Indonesia (58 new deaths; <1 new death per 100 000; -73%), and India (22 new deaths; <1 new death per 100 000; -82%).

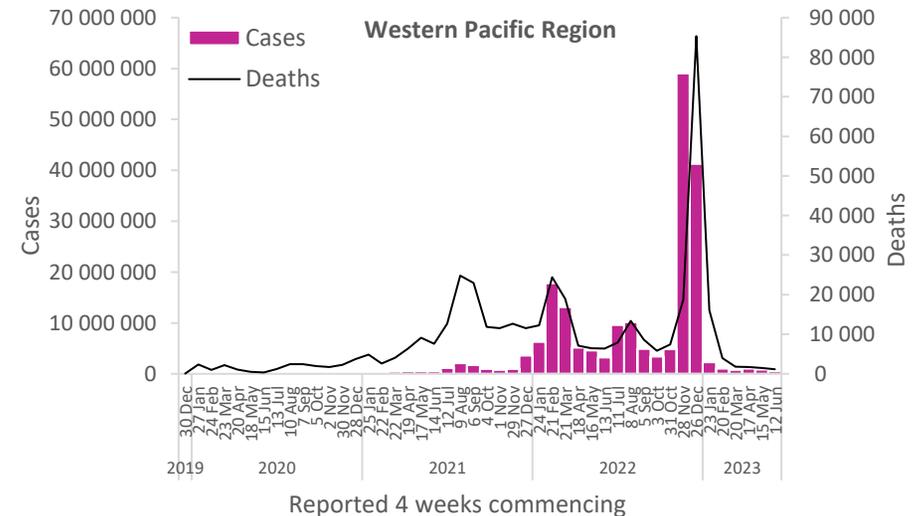


Updates from the [South-East Asia Region](#)

Western Pacific Region

The Western Pacific Region reported over 548 000 new cases, a 36% decrease as compared to the previous 28-day period. One (3%) of the 35 countries for which data are available reported increases in new cases of 20% or greater: Kiribati (45 vs 12 new cases; +275%). The highest numbers of new cases were reported from the Republic of Korea (372 557 new cases; 726.7 new cases per 100 000; -22%), Australia (62 748 new cases; 246.1 new cases per 100 000; -59%), and New Zealand (38 949 new cases; 807.7 new cases per 100 000; +12%).

The number of new deaths over the 28-day period in the Region decreased by 23% as compared to the previous 28-day period, with 1162 new deaths reported. The highest numbers of new deaths were reported from Australia (566 new deaths; 2.2 new deaths per 100 000; +16%), the Republic of Korea (178 new deaths; <1 new death per 100 000; -37%), and Mongolia (148 new deaths; 4.5 new deaths per 100 000; no deaths reported the previous 28-day period).



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