

# COVID-19 Weekly Epidemiological Update

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In this edition:

- [Global overview](#)
- [Hospitalizations and ICU admissions](#)
- [SARS-CoV-2 variants of interest and variants under monitoring](#)
- [WHO regional overviews](#)

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## Global overview

Data as of 16 July 2023

Globally, over 836 000 new COVID-19 cases and over 4500 deaths were reported in the last 28 days (19 June to 16 July 2023) (Figure 1, Table 1). While five WHO regions have reported decreases in the number of both cases and deaths, the Western Pacific Region has reported a decline in cases but an increase in deaths. As of 16 July 2023, over 768 million confirmed cases and over 6.9 million deaths have been reported globally.

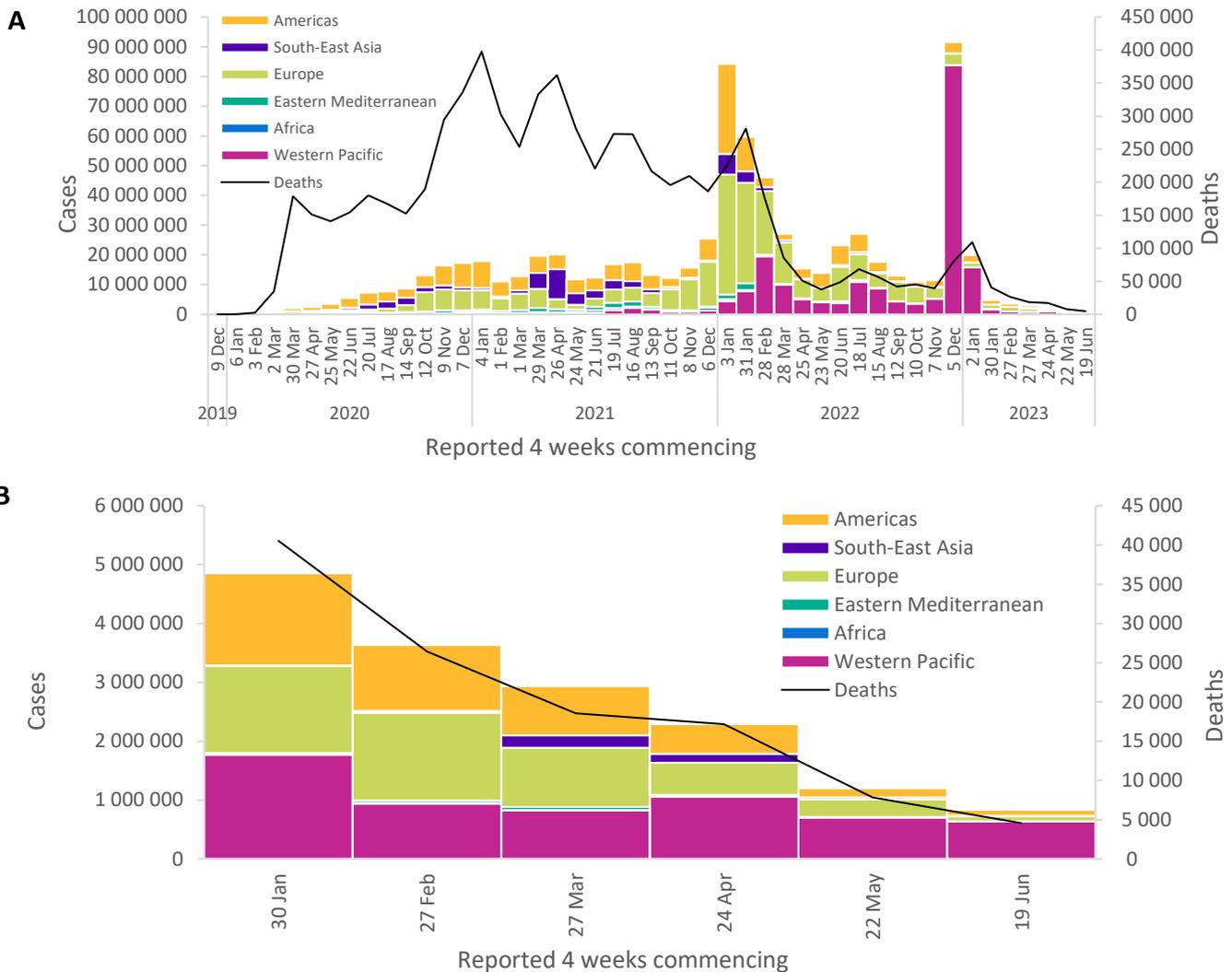
Please note, although the public health emergency of international concern for COVID-19 was declared over on 5 May 2023, COVID-19 remains a major threat. WHO continues to urge governments to maintain, not dismantle, their established COVID-19 infrastructure. It is crucial to sustain surveillance and reporting, variant tracking, early clinical care provision, administration of vaccine boosters to high-risk groups, improvements in ventilation, and regular communication.

Currently, reported cases do not accurately represent infection rates due to the reduction 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](#). Recent data show that the SARS-CoV-2 PCR percent positivity rate from reporting countries is approximately 12-14%.

**Figure 1. COVID-19 cases reported by WHO Region, and global deaths by 28-day intervals, as of 16 July 2023 (A); and last six reporting periods, 30 January to 16 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 WHO regions: the Eastern Mediterranean Region (-79%), the European Region (-71%), the South-East Asia Region (-70%), the African Region (-36%), the Region of the Americas (-36%), and the Western Pacific Region (-9%). The number of newly reported deaths within a 28-day period has decreased across five regions: the Eastern Mediterranean Region (-72%), the European Region (-70%), the South-East Asia Region (-63%), the African Region (-14%), and the Region of the Americas (-13%); while death numbers increased in the Western Pacific Region (+30%).

At the country level, the highest numbers of new cases reported within the 28-day period were reported from the Republic of Korea (501 931 new cases; +38%), Brazil (54 182 new cases; -37%), Australia (48 248 new cases; -65%), Singapore (26 445 new cases; -52%), and New Zealand (24 112 new cases; -45%). The highest numbers of new 28-day deaths were reported from Brazil (921 new deaths; -6%), Australia (690 new deaths; +108%), Peru (410 new deaths; +77%), the Russian Federation (402 new deaths; -30%), and Italy (206 new deaths; -54%).

**Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 16 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	634 625 (76%)	-9%	<b>204 980 522</b> (27%)	1 351 (30%)	30%	<b>414 881</b> (6%)
Americas	99 634 (12%)	-36%	<b>193 162 133</b> (25%)	1 750 (38%)	-13%	<b>2 958 126</b> (43%)
Europe	86 120 (10%)	-71%	<b>275 757 128</b> (36%)	1 230 (27%)	-70%	<b>2 245 144</b> (32%)
South-East Asia	9 730 (1%)	-70%	<b>61 194 466</b> (8%)	183 (4%)	-63%	<b>806 548</b> (12%)
Africa	4 458 (1%)	-36%	<b>9 543 490</b> (1%)	19 (<1%)	-14%	<b>175 408</b> (3%)
Eastern Mediterranean	1 777 (<1%)	-79%	<b>23 384 815</b> (3%)	27 (1%)	-72%	<b>351 356</b> (5%)
<b>Global</b>	<b>836 344</b> (100%)	<b>-30%</b>	<b>768 023 318</b> (100%)	<b>4 560</b> (100%)	<b>-42%</b>	<b>6 951 476</b> (100%)

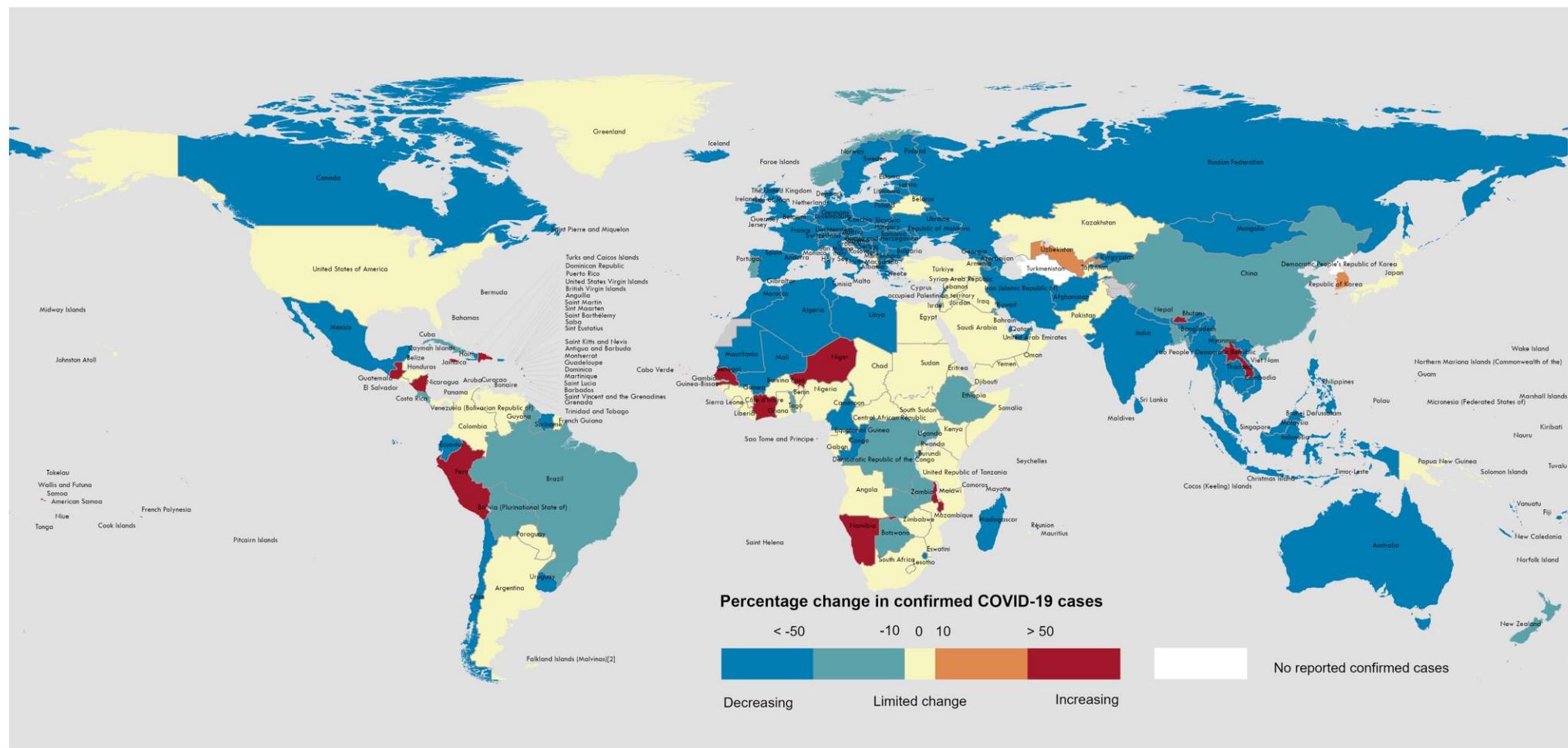
\*Percent change in the number of newly confirmed cases/deaths in the past 28 days, compared to 28 days prior. Data from previous weeks are updated continuously with adjustments received from countries.

\*\*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 16 July 2023\*\*



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

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 period (12 June to 9 July 2023), a total of 40 643 new hospitalizations and 11 252 new intensive care unit (ICU) admissions were reported (Figure 4). This represents a 47% and 58% decrease respectively, compared to the previous 28 days (15 May to 11 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, 36 (15%) 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 (19 countries; 31%), followed by the South-East Asia Region (two countries; 20%), the Eastern Mediterranean Region (three countries; 14%), Region of the Americas (six countries; 11%), the Western Pacific Region (three countries; 9%), and the African Region (three countries; 6%). The proportion of countries that consistently<sup>i</sup> reported new hospitalizations for the period was 6% (14 countries) (Table 2).

Among the 14 countries consistently reporting new hospitalizations, one (7%) country registered an increase of 20% or greater in hospitalizations during the past 28 days compared to the previous 28-day period: Malta (105 vs 72; +46%). The highest numbers of new hospitalizations were reported from the United States of America (23 445 vs 30 053; -22%), Italy (2135 vs 5600; -62%), and Brazil (1637 vs 2945; -44%).

Across all six WHO regions, in the past 28 days, a total of 26 (11%) 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 (two countries; 4%). 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 4% (10 countries) (Table 2).

Among the 10 countries consistently reporting new ICU admissions, no country showed an increase of 20% or greater in new ICU admissions during the past 28 days compared to the previous 28-day period. The highest numbers of new ICU admissions were reported from Brazil (566 vs 947; -40%), Australia (157 vs 364; -57%), and Italy (70 vs 226; -69%).

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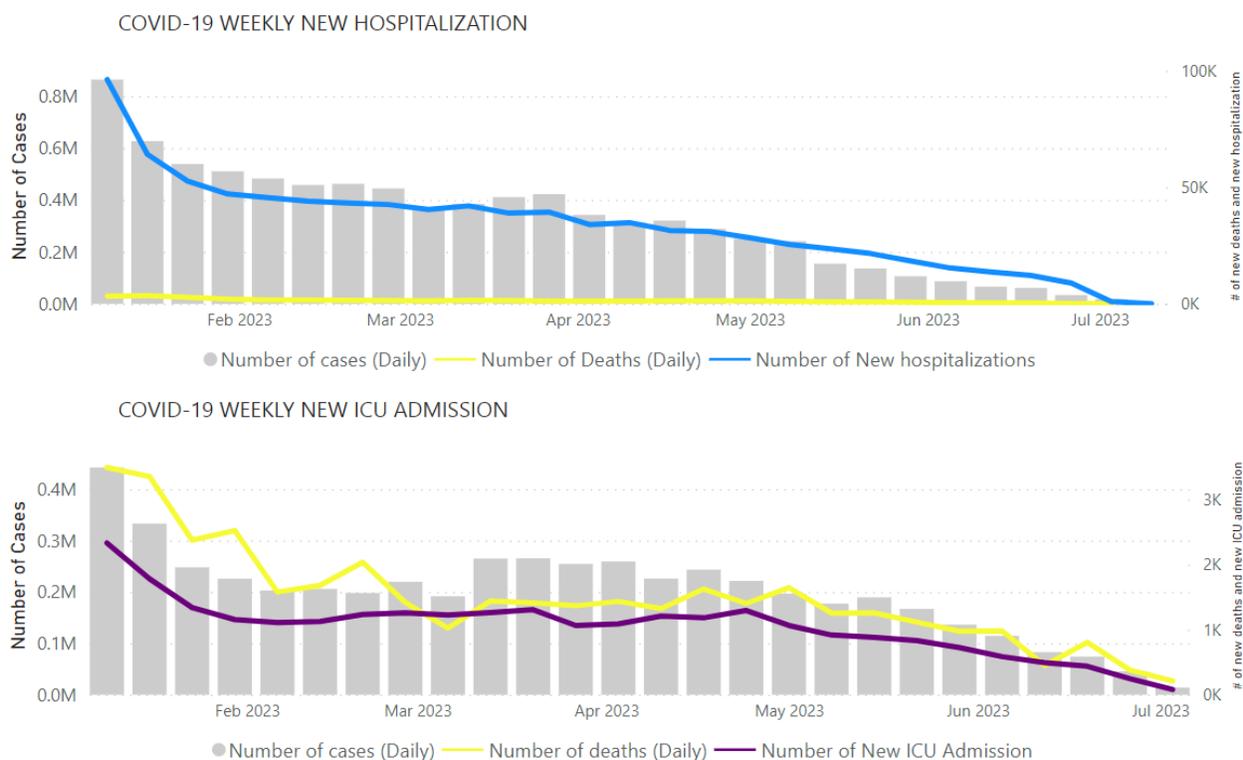
<sup>i</sup> “Consistently” as used here refers to countries that submitted data for new hospitalizations and intensive care unit admissions for the eight consecutive weeks (for the reporting and comparison period).

**Table 2. New hospitalizations and ICU admissions in the last 28 days (with percent change) by WHO Region, 12 June 2023 to 9 July 2023 compared to 15 May to 11 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%)	26	-52%	0/50 (<1%)	NA	N/A
Americas	3/56 (4%)	25 734	-24%	2/56 (2%)	581	+40%
Eastern Mediterranean	0/22 (<1%)	NA	N/A	0/22 (<1%)	NA	N/A
European	8/61 (20%)	4 564	-57%	5/61 (8%)	114	-58%
South-East Asia	0/10 (<1%)	NA	N/A	0/10 (<1%)	NA	N/A
Western Pacific	2/35 (6%)	848	-73%	3/35 (9%)	172	-57%
<b>Global</b>	<b>14/234 (6%)</b>	<b>31 172</b>	<b>-35%</b>	<b>10/234 (4%)</b>	<b>867</b>	<b>-48%</b>

\* 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 16 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 27 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 19 June to 16 July 2023 (28 days), 8712 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.
- Seven variants under monitoring (VUMs) and their descent lineages; BA.2.75, CH.1.1, XBB, XBB.1.9.1, XBB.1.9.2, XBB.2.3 and EG.5.

EG.5 was added as a VUM on 19 July 2023. EG.5 is a descendent lineage of XBB.1.9.2 with an additional mutation, F456L, in the spike protein. EG.5 has shown rising sequence prevalence globally since epidemiological week 21 (22 to 28 May 2023). Currently, there is no evidence of rising cases and deaths or a change in disease severity associated with EG.5.

Globally, 118 countries have reported the detection of XBB.1.5 since its emergence. Notably, its prevalence has been declining steadily. In epidemiological week 26 (26 June to 2 July 2023), XBB.1.5 accounted for 15.8% of sequences, compared to 23.5% in week 22 (29 May to 4 June 2023).

XBB.1.16 has been reported from 98 countries. In week 26, XBB.1.16 accounted for 20.7% of sequences, similar to the prevalence of 20.2% observed in week 22. Its prevalence has surpassed that of XBB.1.5 in week 24 (12 to 18 June 2023). An analysis of available data indicates that countries with a low prior prevalence of XBB.1.5 have experienced increases 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 22 to week 26. 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.1.9.2 has shown an increasing trend in recent weeks, whilst other VUMs have shown declining or stable trends during the same reporting period.

**Table 3. Weekly prevalence (%) of SARS-CoV-2 VOIs and VUMs, week 22 to week 26 of 2023**

Lineage	Countries <sup>§</sup>	Sequences <sup>§</sup>	2023-22	2023-23	2023-24	2023-25	2023-26
<b>VOIs</b>							
XBB.1.5*	118	255 791	23.5	22.0	18.8	19.6	15.8
XBB.1.16*	98	35 817	20.2	20.5	21.9	22.7	20.7
<b>VUMs</b>							
BA.2.75*	124	122 038	3.2	2.9	3.4	2.9	1.9
CH.1.1*	95	42 538	0.9	0.8	0.7	0.7	0.7
XBB*	130	64 829	5.9	5.8	7.0	6.3	5.1
XBB.1.9.1*	99	47 080	17.7	18.2	16.2	15.0	13.7
XBB.1.9.2*	85	25 357	12.0	13.3	14.0	13.9	17.4
XBB.2.3*	66	7 373	4.2	3.9	4.0	5.2	4.4
Unassigned	92	149 884	1.8	1.7	2.2	2.1	9.5
Other <sup>†</sup>	209	6 754 797	9.6	10.1	11.1	10.7	9.9

<sup>§</sup> 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 The prevalence of EG.5 and its descendent lineages will be included in subsequent WEU editions.

<sup>†</sup> 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](#)

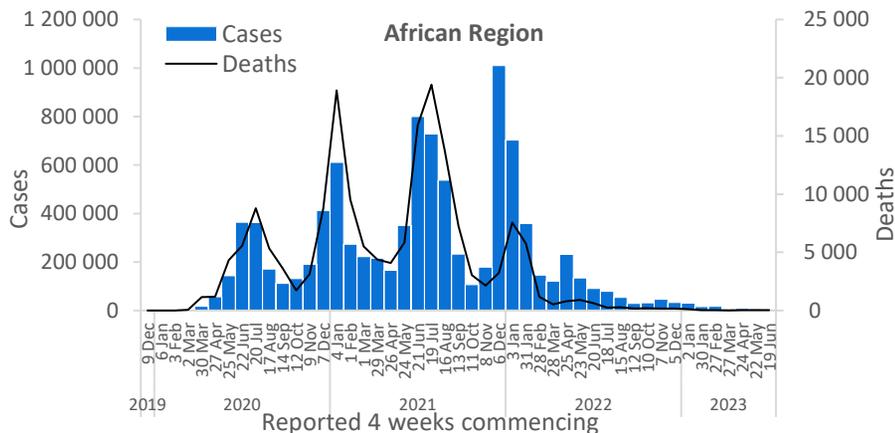
# WHO regional overviews

Data for 19 June to 16 July 2023

## African Region

The African Region reported over 4400 new cases, a 36% decrease as compared to the previous 28-day period. Three (6%) 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 (117 vs 36 new cases; +225%), Côte d'Ivoire (six vs two new cases; +200%), and Cabo Verde (176 vs 138 new cases; +28%). The highest numbers of new cases were reported from Zambia (1061 new cases; 5.8 new cases per 100 000; -46%), Namibia (688 new cases; 27.1 new cases per 100 000; no cases reported the previous 28-day period), and Mauritius (665 new cases; 52.3 new cases per 100 000; -72%).

The number of new deaths in the Region decreased by 14% as compared to the previous 28-day period, with 19 new deaths reported. The highest numbers of new deaths were reported from Zimbabwe (nine new deaths; <1 new death per 100 000; -18%), Namibia (seven new deaths; <1 new death per 100 000; no deaths reported the previous 28-day period), and Zambia (two new deaths; <1 new death per 100 000; similar to the previous 28-day period).

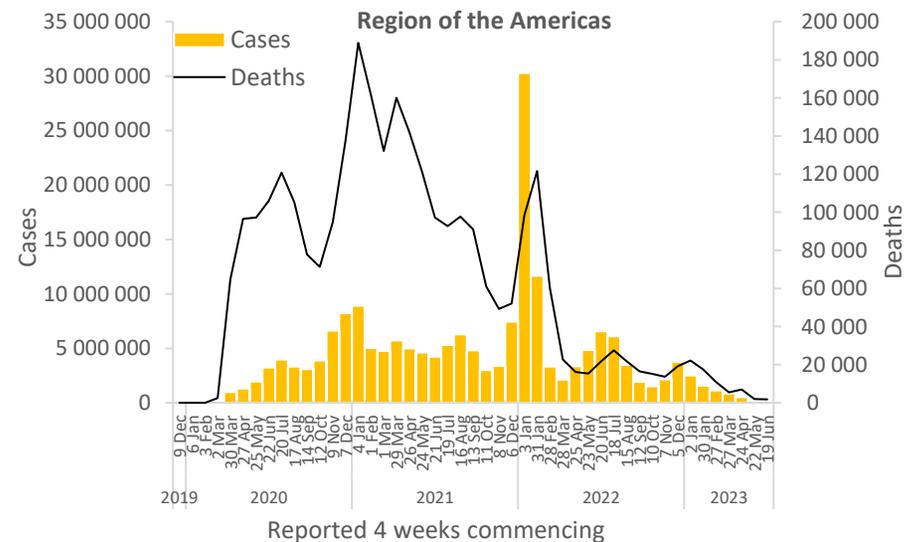


Updates from the [African Region](#)

## Region of the Americas

The Region of the Americas reported over 99 000 new cases, a 36% decrease as compared to the previous 28-day period. Seven (12%) 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%), the Dominican Republic (2524 vs 420 new cases; +501%), and Nicaragua (177 vs 54 new cases; +228%). The highest numbers of new cases were reported from Brazil (54 182 new cases; 25.5 new cases per 100 000; -37%), Guatemala (9684 new cases; 54.1 new cases per 100 000; +57%), and Peru (6579 new cases; 20.0 new cases per 100 000; +193%).

The number of new deaths reported in the Region decreased by 13% as compared to the previous 28-day period, with 1750 new deaths reported. The highest numbers of new deaths were reported from Brazil (921 new deaths; <1 new death per 100 000; -6%), Peru (410 new deaths; 1.2 new deaths per 100 000; +77%), and Canada (147 new deaths; <1 new death per 100 000; -62%).

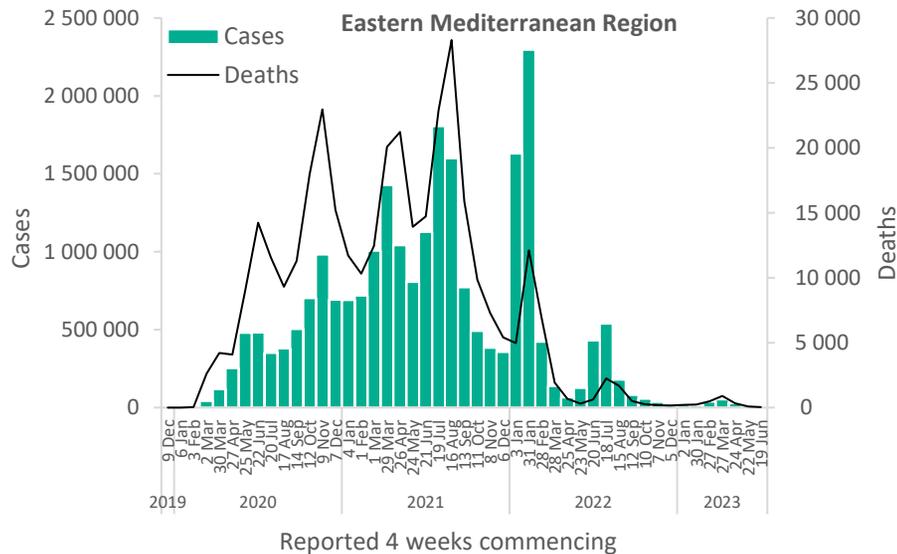


Updates from the [Region of the Americas](#)

## Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 1700 new cases, a 79% 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 (825 new cases; 2.1 new cases per 100 000; -70%), the Islamic Republic of Iran (448 new cases; <1 new case per 100 000; -61%), and Qatar (188 new cases; 6.5 new cases per 100 000; -92%).

The number of new deaths in the Region decreased by 72% as compared to the previous 28-day period, with 27 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (13 new deaths; <1 new death per 100 000; -78%), Afghanistan (10 new deaths; <1 new death per 100 000; +11%), and Lebanon (four new deaths; <1 new death per 100 000; -78%).

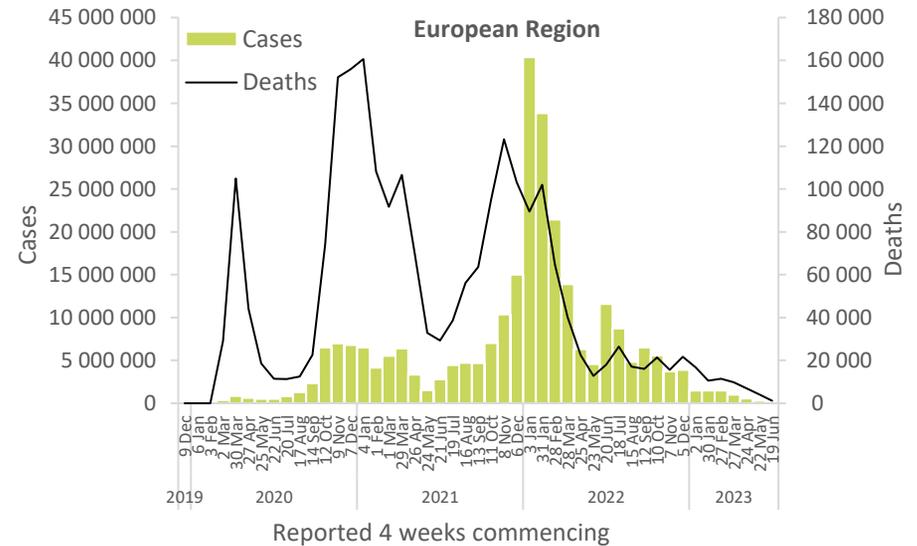


Updates from the [Eastern Mediterranean Region](#)

## European Region

The European Region reported over 86 000 new cases, a 71% 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 (20 854 new cases; 14.3 new cases per 100 000; -55%), Italy (15 725 new cases; 26.4 new cases per 100 000; -63%), and France (7982 new cases; 12.3 new cases per 100 000; -89%).

The number of new deaths in the Region decreased by 70% as compared to the previous 28-day period, with 1230 new deaths reported. The highest numbers of new deaths were reported from the Russian Federation (402 new deaths; <1 new death per 100 000; -30%), Italy (206 new deaths; <1 new death per 100 000; -54%), and Portugal (81 new deaths; <1 new death per 100 000; -50%).

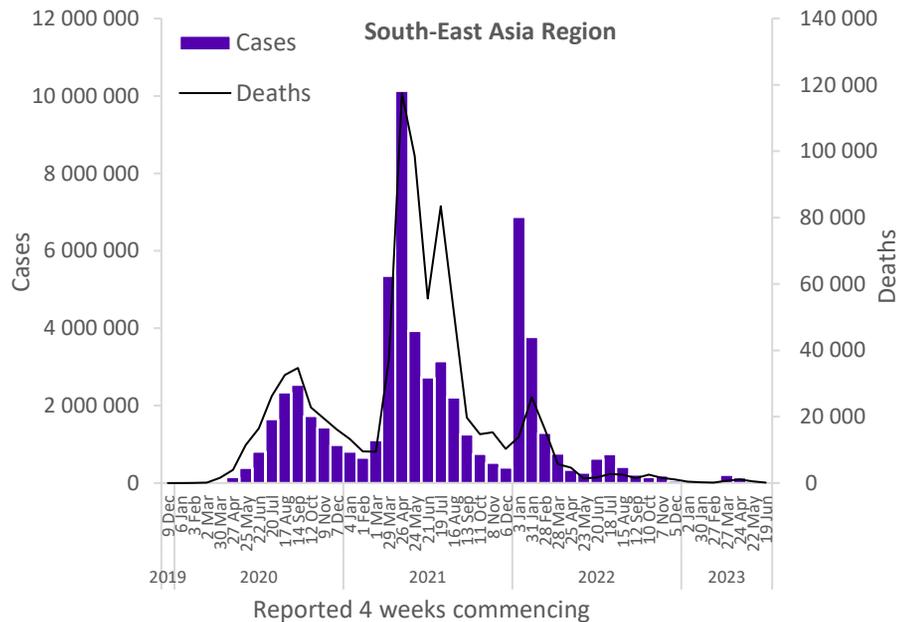


Updates from the [European Region](#)

## South-East Asia Region

The South-East Asia Region reported over 9700 new cases, a 70% 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: Bhutan (18 vs two new cases; +800%). The highest numbers of new cases were reported from Thailand (4318 new cases; 6.2 new cases per 100 000; -60%), Bangladesh (2107 new cases; 1.3 new cases per 100 000; -26%), and India (1398 new cases; <1 new case per 100 000; -80%).

The number of new deaths in the Region decreased by 63% as compared to the previous 28-day period, with 183 new deaths reported. The highest numbers of new deaths were reported from Thailand (118 new deaths; <1 new death per 100 000; -51%), Indonesia (35 new deaths; <1 new death per 100 000; -79%), and India (20 new deaths; <1 new death per 100 000; -68%).

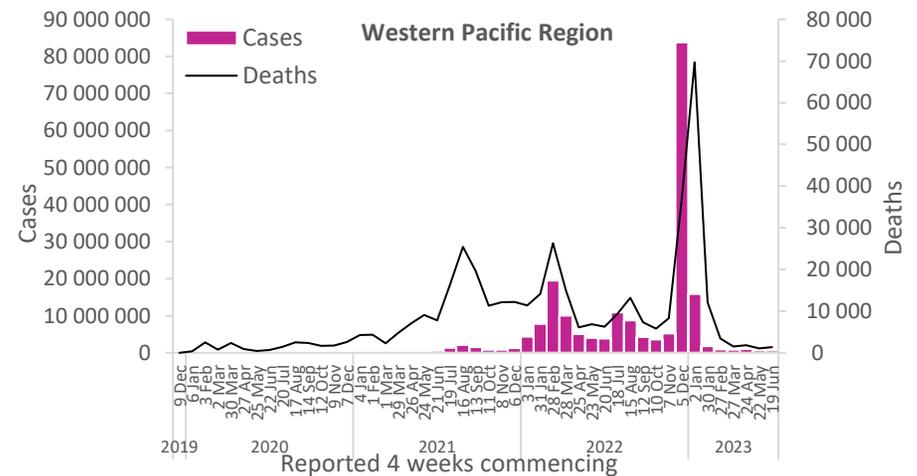


Updates from the [South-East Asia Region](#)

## Western Pacific Region

The Western Pacific Region reported over 634 000 new cases, a 9% decrease as compared to the previous 28-day period. Seven (20%) 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 Samoa (11 vs one new cases; +1000%), Palau (19 vs four new cases; +375%), and Kiribati (45 vs 10 new cases; +350%). The highest numbers of new cases were reported from the Republic of Korea (501 931 new cases; 979.0 new cases per 100 000; +38%), Australia (48 248 new cases; 189.2 new cases per 100 000; -65%), and Singapore (26 445 new cases; 452.0 new cases per 100 000; -52%).

The number of new deaths in the Region increased by 30% as compared to the previous 28-day period, with 1351 new deaths reported. The highest numbers of new deaths were reported from Australia (690 new deaths; 2.7 new deaths per 100 000; +108%), the Republic of Korea (178 new deaths; <1 new death per 100 000; -14%), 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](mailto: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](https://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.<sup>1</sup>

## 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