COVID-19 Weekly Epidemiological Update

Edition 126 published 19 January 2023

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Global overview

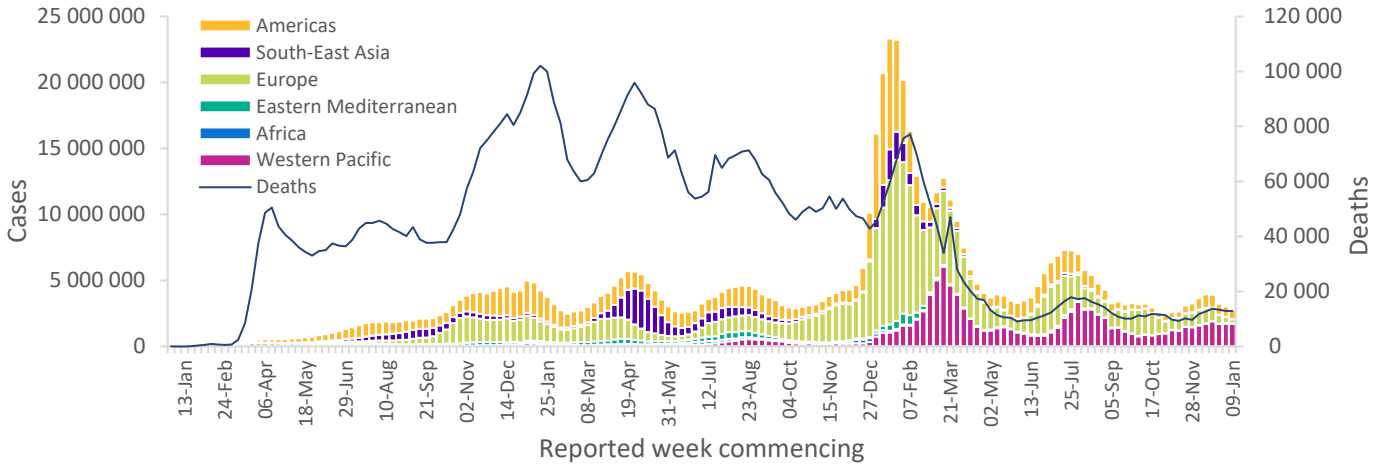
Data as of 15 January 2023

Globally, nearly 2.8 million new cases and over 13 000 deaths were reported in the week of 9 to 15 January 2023 (Figure 1, Table 1). In the last 28 days (19 December 2022 to 15 January 2023), nearly 13 million cases and almost 53 000 new deaths were reported globally – a decrease of 7% and an increase of 20%, respectively, compared to the previous 28 days. As of 15 January 2023, over 662 million confirmed cases and over 6.7 million deaths have been reported globally.

Weekly and monthly trends need to be interpreted carefully considering the reduction in testing and delays in reporting in many countries during the year-end holiday season. Therefore, data presented in this report, especially for the most recent weeks, are incomplete, and any decreasing trends may change as updated information is incorporated.

This update includes cases and deaths reported by China through the International Health Regulations as of 15 January 2023. It does not include the 59 938 COVID-19 related deaths announced by China[1] for the period of 8 December 2022 to 12 January 2023 as we await detailed provincial data disaggregated by week of reporting. Additional information about the COVID-19 situation in China is presented in Annex 3.

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 15 January 2023**



Note: Figure 1 does not yet include 59 938 COVID-19 related deaths announced by China for the period of 8 December 2022 to 12 January 2023.

**See *Annex 1: Data, table, and figure note*

[1] http://www.nhc.gov.cn/xcs/s3574/202301/a68301ee500b436b989ec5be2a35cad2.shtml

At the regional level, the number of newly reported weekly cases decreased or remained stable across five of the WHO regions: the African Region (-40%), the European Region (-35%), the South-East Asia Region (-17%), the Region of the Americas (-12%), and the Western Pacific Region (similar to the previous week); while case numbers increased in one WHO region: the Eastern Mediterranean Region (+6%). The number of newly reported weekly deaths increased across three regions: the Western Pacific Region (+43%), the Region of the Americas (+10%), and the Eastern Mediterranean Region (+9%); while death numbers decreased or remained stable in three WHO regions: the European Region (-40%), the South-East Asia Region (-13%), and the African Region (similar to the previous week).

At the country level, the highest numbers of new weekly cases were reported from Japan (1 025 321 new cases; -4%), the United States of America (415 864 new cases; -10%), the Republic of Korea (286 291 new cases; -29%), Australia (191 750; no cases reported in the previous three weeks), and China (190 451 new cases; -26%). The highest numbers of new weekly deaths were reported from the United States of America (3922 new deaths; +46%), Japan (2849 new deaths; +33%), China (802 new deaths; +3%), Australia (742; no deaths reported in the previous three weeks), and France (520 new deaths; -35%).

Current trends in reported COVID-19 cases are underestimates of the true number of global infections and reinfections as shown by prevalence surveys.[1–4] Therefore, the data should be interpreted with caution as several countries have progressively changed COVID-19 testing strategies, resulting in lower numbers of tests performed and consequently lower numbers of cases detected. Additionally, data from previous weeks are continuously updated to retrospectively incorporate changes in reported COVID-19 cases and deaths made by countries.

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 15 January 2023**

WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days *	New cases in last 28 days (%)	Change in new cases in last 28 days *	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days *	New deaths in last 28 days (%)	Change in new deaths in last 28 days *	Cumulative deaths (%)
Western Pacific	1 746 093 (63%)	<1%	7 100 104 (55%)	13%	**110 311 033 (17%)**	4938 (38%)	43%	14 679 (28%)	52%	**304 968 (5%)**
Americas	683 564 (25%)	-12%	3 298 569 (26%)	5%	**187 758 550 (28%)**	4978 (39%)	10%	19 091 (36%)	18%	**2 901 031 (43%)**
Europe	311 592 (11%)	-35%	2 452 965 (19%)	-43%	**270 884 416 (41%)**	2826 (22%)	-40%	18 301 (35%)	10%	**2 170 609 (32%)**
South-East Asia	4852 (<1%)	-17%	29 558 (<1%)	-77%	**60 748 827 (9%)**	121 (1%)	-13%	685 (1%)	-56%	**803 489 (12%)**
Africa	3975 (<1%)	-40%	26 170 (<1%)	-35%	**9 462 625 (1%)**	10 (<1%)	<1%	57 (<1%)	-76%	**175 165 (3%)**
Eastern Mediterranean	4369 (<1%)	6%	17 585 (<1%)	-41%	**23 231 283 (4%)**	50 (<1%)	9%	174 (<1%)	12%	**349 185 (5%)**
Global	**2 754 445 (100%)**	**-9%**	**12 924 951 (100%)**	**-7%**	**662 397 498 (100%)**	**12 923 (100%)**	**<1%**	**52 987 (100%)**	**20%**	**6 704 460 (100%)**

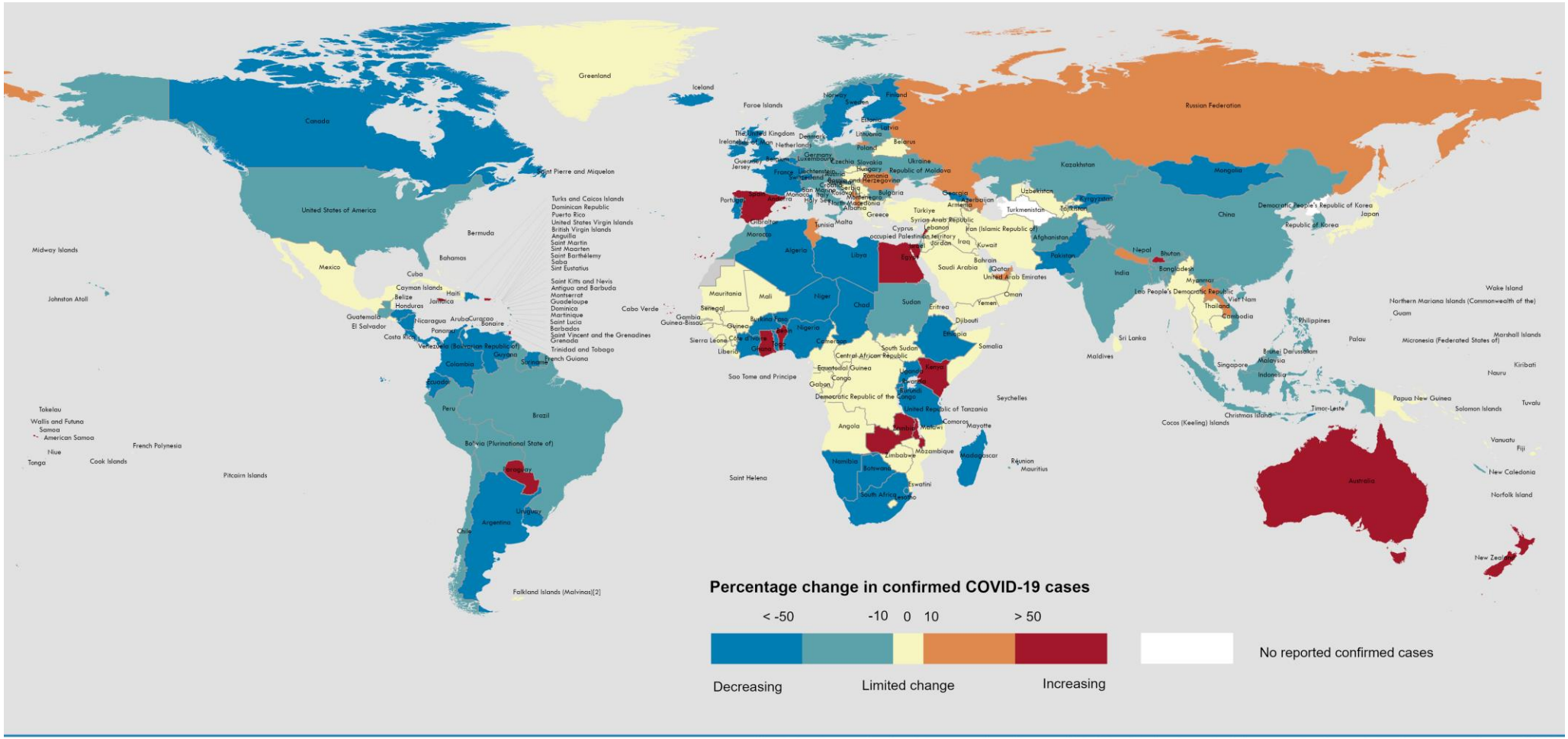
**Percent change in the number of newly confirmed cases/deaths in the past seven days, compared to seven days prior, and past 28 days, compared to 28 days prior. Data from previous weeks are updated continuously with adjustments received from countries.*

Table does not yet include 59 938 COVID-19 related deaths announced by China for the period of 8 December 2022 to 12 January 2023.
***See Annex 1: Data, table, and figure notes*

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

- WHO COVID-19 Dashboard
- WHO COVID-19 Monthly Operational Update and previous editions of the Weekly Epidemiological Update
- WHO COVID-19 detailed surveillance data dashboard
- WHO COVID-19 policy briefs

Figure 2. Percentage change in confirmed COVID-19 cases over the last seven days relative to the previous seven days, 9 to 15 January 2023**

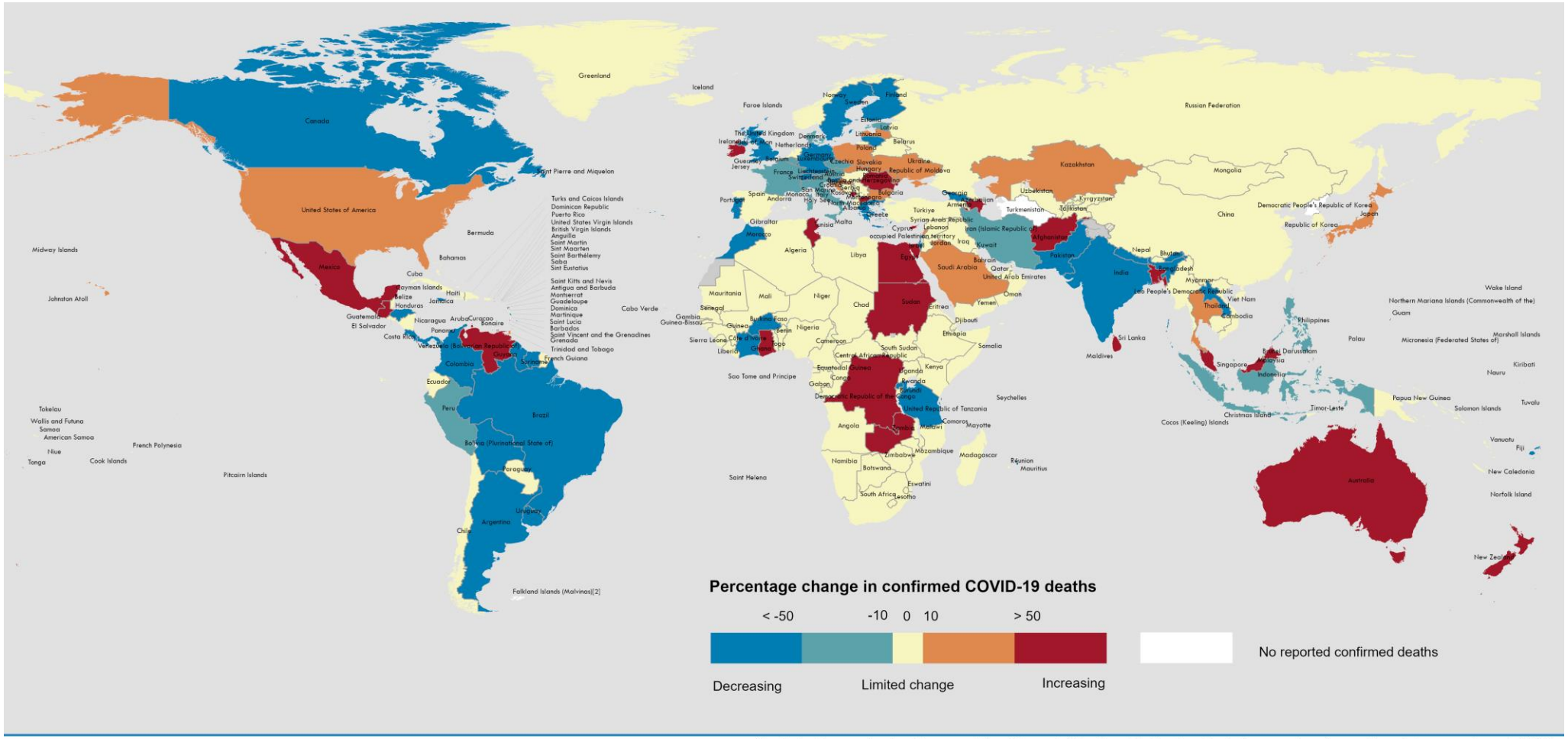


***Data Source**: World Health Organization*
***Map Production**: WHO Health Emergencies Programme*

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. [1] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). Number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes. [2] A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas). Data for Bonaire, Sint Eustatius and Saba have been disaggregated and displayed at the subnational level.

**See *Annex 1: Data, table, and figure notes*

Figure 3. Percentage change in confirmed COVID-19 deaths over the last seven days relative to the previous seven days, 9 to 15 January 2023**



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**See *Annex 1: Data, table, and figure notes*

SARS-CoV-2 variants of concern and Omicron subvariants under monitoring

Geographic spread and prevalence

Globally, from 16 December 2022 to 16 January 2023, 85 489 SARS-CoV-2 sequences were shared through GISAID. Among these, 85 461 sequences were the Omicron variant of concern (VOC), accounting for 99.9% of sequences reported in the past 30 days.

BA.5 and its descendent lineages are still dominant globally, with 13 684 sequences (70.5%) submitted to GISAID in week 52 (26 December to 1 January 2023) (Figure 4, Table 2). The prevalence of BA.2 and its descendent lineages is rising, a trend based on 3055 sequences (15.7%) submitted in week 52, compared to 11.8% in week 51 (19 to 25 December 2022, 4051 sequences). The prevalence of recombinants remained stable, with 1965 sequences (10.1%) submitted in week 52, compared to week 51 (3336 sequences, 9.7%). BA.4 and its descendent lineages continue to decline, with a prevalence of 0.6% in week 52. Unassigned sequences (presumably Omicron) account for 3.0% of sequences submitted to GISAID in week 52.

WHO is currently tracking four subvariants under monitoring (Table 2). These variants are included on the basis of their signals of transmission advantage relative to other circulating VOC lineages, and additional amino acid changes that are known or suspected to confer fitness advantage. The subvariants under monitoring are BF.7 (BA.5 + R346T mutation in spike), BQ.1 (and BQ.1.1, with BA.5 + R346T, K444T, N460K mutations in spike), BA.2.75 (including BA.2.75.2 and CH.1.1), and XBB (including XBB.1.5).

Compared to their parent lineages, laboratory evidence shows enhanced neutralization resistance of descendant lineages BQ.1, BQ.1.1, BF.7 and BA.2.75.2 to sera from vaccinated and SARS-CoV-2-infected participants. Of these, BA.2.75.2 showed the most substantial neutralization resistance, driven by the F486S mutation, while the neutralization resistance of BQ.1 and BQ.1.1 was driven largely by the N460K mutation.[5-7] BA.2.75.2 and BQ.1.1 showed a decline (35 and 50-fold drop in titers, respectively) relative to the ancestral strain in 55 vaccinated individuals.[8] Additionally, in individuals who had BA.5.1.2, BA.2.76 or BF.7 breakthrough infections, a study found significantly decreased neutralization activity against BQ.1 and BQ.1.1 compared to BA.1, BA.2, BA.2.75, BA.4, BA.5 and BF.7.[9] Additional data on XBB.1.5 besides those previously reported [10] are not yet available. Variant dynamics differ by WHO regions, and within regions among countries, due to a variety of factors including vaccination coverage and public health and social measures. These variants continue to be monitored for indicators of a rise in transmission and clinical severity.

Table 2. Omicron subvariants under monitoring, as of 16 January 2023

PANGO lineage[#]	GISAID clade	Next strain clade	Relationship to circulating VOC lineages	Spike genetic features	Earliest documented samples
BF.7*	GRA	22B	BA.5 sublineage	BA.5 + S:R346T	24-01-2022
BQ.1[$]	GRA	22E	BA.5 sublineage	BQ.1 and BQ.1.1: BA.5 + S:R346T, S:K444T, S:N460K	07-02-2022
BA.2.75[§]	GRA	22D	BA.2 sublineage	BA.2.75: BA.2 + S:K147E, S:W152R, S:F157L, S:I210V, S:G257S, S:D339H, S:G446S, S:N460K, S:Q493R reversion BA.2.75.2: BA.2.75 + S:R346T, S:F486S, S:D1199N CH.1.1	31-12-2021
XBB[µ]		22F	Recombinant of BA.2.10.1 and BA.2.75 sublineages, i.e., BJ1 and BM.1.1.1, with a breakpoint in S1	BA.2+ S:V83A, S:Y144-, S:H146Q, S:Q183E, S:V213E, S:G252V, S:G339H, S:R346T, S:L368I, S:V445P, S:G446S, S:N460K, S:F486S, S:F490S XBB.1.5: XBB + S:F486P	13-08-2022

[#] includes descendent lineages

* additional mutations outside of the spike protein: N: G30-, S33F, ORF9b: M26-, A29I, V30L

[$] additional mutation outside the spike protein: ORF1a: Q556K, L3829F, ORF1b: Y264H, M1156I, N1191S, N: E136D, ORF9b: P10F

[§] additional mutations outside of the spike protein: ORF1a: S1221L, P1640S, N4060S, ORF1b: G662S, E: T11A

[µ] additional mutations outside of the spike protein: ORF1a: K47R, ORF1b: G662S, S959P, E: T11A, ORF8: G8*

Figure 4. Panel A and B: The number and percentage of SARS-CoV-2 sequences, from 1 July 2022 to 5 January 2023

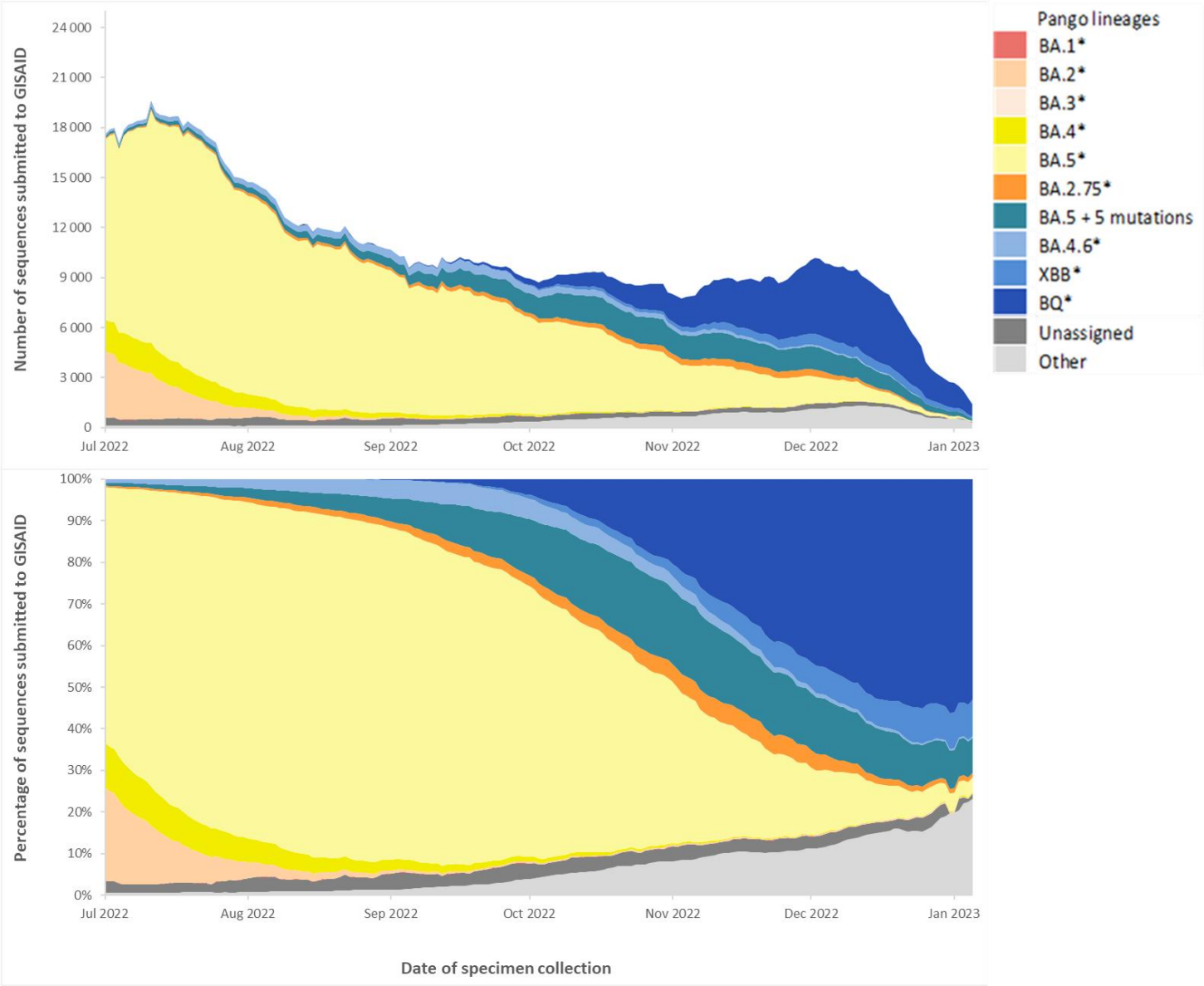


Figure 4 Panel A shows the number, and **Panel B** the percentage, of all circulating variants since July 2022. Omicron sister-lineages and additional Omicron VOC descendent lineages under further monitoring are shown. *BA.1.X, BA.2.X, BA.3.X, BA.4.X* and *BA.5.X* include all BA.1, BA.2, BA.3, BA.4 and BA.5 pooled descendent lineages, except the Omicron subvariants under monitoring 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 July 2022 to 5 January 2023.

Table 3. Relative proportions of SARS-CoV-2 sequences from 21 November 2022 to 1 January 2023, by specimen collection date

Lineage	Countries	Sequences	2022-47	2022-48	2022-49	2022-50	2022-51	2022-52
BA.1*	186	2 219 657	0.02	0.01	0.02	0.01	0.01	0.01
BA.2*	174	2 048 278	0.27	0.31	0.29	0.27	0.32	0.33
BA.3*	34	816	0.01	0.00	0.00			
BA.4*	136	119 967	0.14	0.11	0.14	0.07	0.10	0.16
BA.5*	156	1 358 002	18.76	14.97	12.30	8.08	5.93	4.02
BA.2.75*	96	43 201	4.62	3.64	2.31	1.59	1.24	1.11
BA.5 + 5 mutations	131	167 661	14.46	13.41	12.39	11.46	9.82	8.84
BA.4.6*	98	54 353	1.19	0.96	0.75	0.60	0.40	0.40
XBB*	87	36 348	6.24	6.60	6.40	6.72	8.47	8.36
BQ.1*	110	241 634	40.53	45.08	48.78	53.18	55.09	54.37
Unassigned	91	125 076	2.86	3.20	2.69	2.43	3.28	3.02
Other	207	6 744 067	10.71	11.56	13.77	15.47	15.22	19.33

Table 3 shows the number of countries reporting the highlighted lineages, the total number of sequences reported and the prevalence of the lineages for the last six weeks. *BA.1.X, BA.2.X, BA.3.X, BA.4.X* and *BA.5.X* include all BA.1, BA.2, BA.3, BA.4 and BA.5 pooled descendent lineages. The *Unassigned* category includes lineages pending for a PANGO lineage name, whereas the *Other* category includes lineages other than those listed in the legend. Data source: sequences and metadata from GISAID, retrieved on 16 January 2023. Proportions are shown as percent.

Additional resources

- Tracking SARS-CoV-2 Variants
- XBB.1.5 Rapid Risk Assessment, 11 January 2023
- TAG-VE statement on the situation in China, published on 3 January 2023
- TAG-VE statement on Omicron sublineages BQ.1 and XBB
- COVID-19 new variants: Knowledge gaps and research
- Genomic sequencing of SARS-CoV-2: a guide to implementation for maximum impact on public health
- VIEW-hub: repository for the most relevant and recent vaccine data

Vaccine effectiveness (VE) of primary series and booster vaccination against the Omicron variant of concern

Forest plots displaying the effectiveness of COVID-19 vaccines against Omicron are available on View-hub.org and updated regularly (last updated 13 January 2023). All data are collected as part of an ongoing systematic review of COVID-19 vaccine effectiveness studies (methods described here). The following plots are available:

- Primary series and booster dose vaccine effectiveness for those vaccines where data is available
- Vaccine effectiveness for various sub-populations of interest
- Absolute and relative vaccine effectiveness of a second booster dose (for more information on interpreting relative vaccine effectiveness, see the special focus from the 29 June 2022 Weekly Epidemiological Update)
- Duration of vaccine effectiveness over time for vaccines with available data.

In summary, findings from vaccine effectiveness studies show reduced VE of COVID-19 primary series vaccines against the Omicron variant for all outcomes (*severe disease*, *symptomatic disease*, and *infection*) compared to those that have been observed for the original SARS-CoV-2 strain and the four previous VOCs. Importantly though, VE estimates against the Omicron variant remain higher for *severe disease* than the other outcomes for Omicron. VE of primary series vaccination against *symptomatic disease* and *infection* decreased rapidly over time. First booster vaccination, regardless of the vaccine used in the primary series, substantially improves VE for all outcomes with VE declining more in the first six months after the first booster vaccination for symptomatic disease and infection than it does for severe disease. VE of a second booster dose with an mRNA vaccine showed similar patterns of improved VE followed by waning as after first booster dose.

Neutralizing antibody studies can provide early insights into vaccine performance against new and emerging variants of concern and their subvariants. For more information about the capacity of COVID-19 vaccines to neutralize various Omicron sub-variants, please see a recent systematic review of post-vaccination neutralization responses to Omicron BA.1, BA.2, BA.3, and BA.4/BA.5. In addition, results of a living systematic review of neutralization studies are updated regularly on VIEW-hub.org (last updated 9 January 2023).

The totality of the evidence to date suggests that neutralizing antibody response of first booster vaccination against Omicron BA.1 is approximately six-fold lower compared to the ancestral strain, which is a greater reduction than observed with previous VOCs. In addition, the median fold-reduction in geometric mean titers was two times lower for BA.4/BA.5 relative to BA.1. Early evidence suggests even further reductions of neutralization capacity against the new subvariants BQ.1/BQ.1.1 and XBB/XBB.1. Primary series neutralization against Omicron (without a booster) was too poor to enable accurate comparisons fold reductions for subvariants.

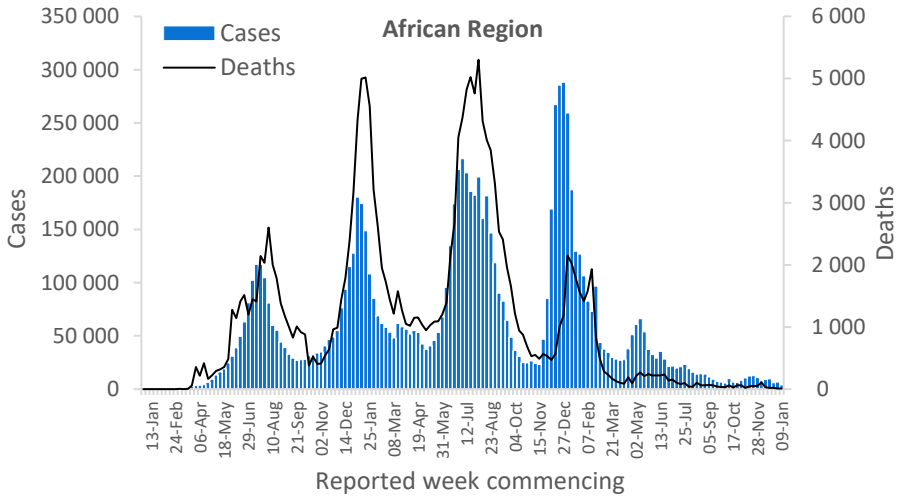
WHO regional overviews:

Epidemiological week 9 to 15 January 2023

African Region

The African Region reported over 3970 new cases, a 40% decrease as compared to the previous week. Three (6%) of the 50 countries for which data are available reported increases in new cases of 20% or greater: Malawi (68 vs three new cases; +2167%), Ghana (18 vs five new cases; +260%), and Cabo Verde (13 vs seven new cases; +86%). The highest numbers of new cases were reported from Réunion (1213 new cases; 135.5 new cases per 100 000; -42%), Zambia (1063 new cases; 5.8 new cases per 100 000; no case reported the previous week), and South Africa (772 new cases; 1.3 new cases per 100 000; -55%).

The number of new weekly deaths in the region remained stable as compared to the previous week, with 10 new deaths reported. The highest numbers of new deaths were reported from Réunion (four new deaths; <1 new death per 100 000; similar to the previous week), Zambia (four new deaths; <1 new death per 100 000; no deaths reported the previous week), and the Democratic Republic of the Congo (one new death; <1 new death per 100 000; no deaths reported the previous week).

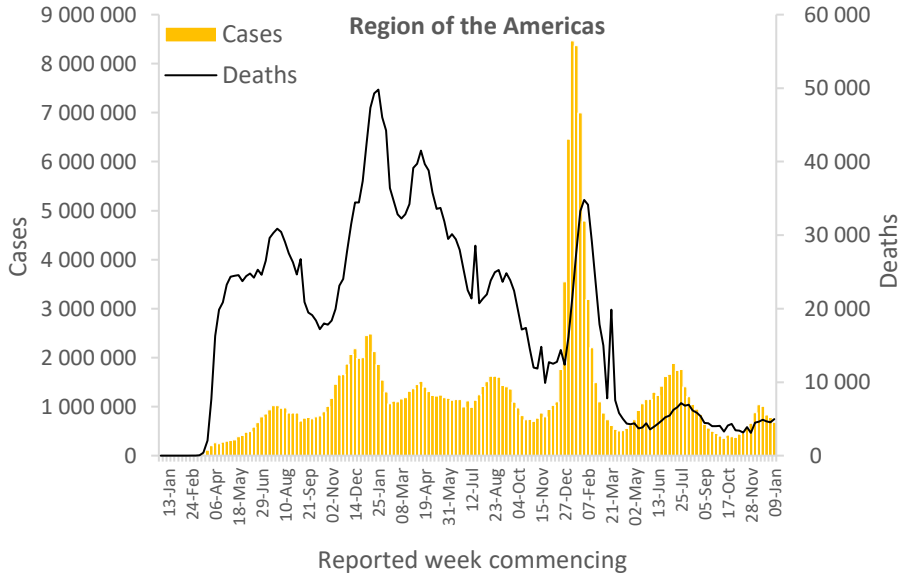


Updates from the African Region

Region of the Americas

The Region of the Americas reported over 683 000 new cases, a 12% decrease as compared to the previous week. Five (9%) of the 56 countries for which data are available reported increases in new cases of 20% or greater, with some of the highest proportional increases observed in the United States Virgin Islands (201 vs 50 new cases; +302%), Jamaica (141 vs 36 new cases; +292%), and Trinidad and Tobago (406 vs 246 new cases; +65%). Some of the highest numbers of new cases were reported from the United States of America (415 864 new cases; 125.6 new cases per 100 000; -10%), Brazil (120 721 new cases; 56.8 new cases per 100 000; -17%), and Mexico (25 609 vs 24 561 new cases; 19.9 new cases per 100 000; +4%).

The number of new weekly deaths in the region increased by 10% as compared to the previous week, with 4978 new deaths reported. The highest numbers of new deaths were reported from the United States of America (3922 new deaths; 1.2 new deaths per 100 000; +46%), Brazil (457 new deaths; <1 new death per 100 000; -51%), and Mexico (194 new deaths; <1 new death per 100 000; +126%).

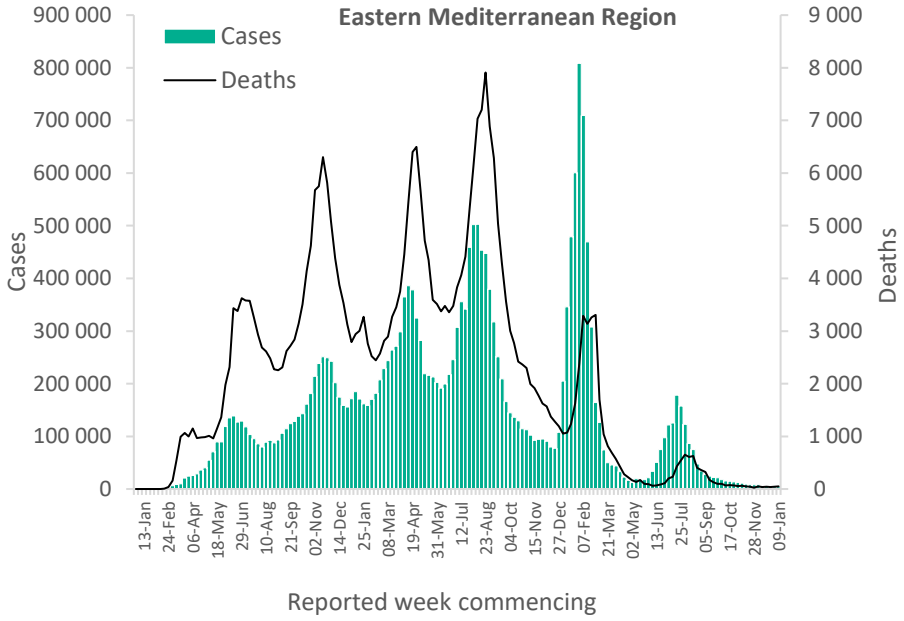


Updates from the Region of the Americas

Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 4360 new cases, a 6% increase as compared to the previous week. Two (9%) of the 22 countries for which data are available reported increases in new cases of 20% or greater: Lebanon (1536 vs 907 new cases; +69%) and the United Arab Emirates (556 vs 456 new cases; +22%). The highest numbers of new cases were reported from Lebanon, Qatar (811 new cases; 28.1 new cases per 100 000; -24%), and the Islamic Republic of Iran (687 new cases; <1 new case per 100 000; +3%).

The number of new weekly deaths in the region increased by 9% as compared to the previous week, with 50 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (18 new deaths; <1 new death per 100 000; -14%), Saudi Arabia (13 new deaths; <1 new death per 100 000; +18%), and Lebanon (seven new deaths; <1 new death per 100 000; +17%).

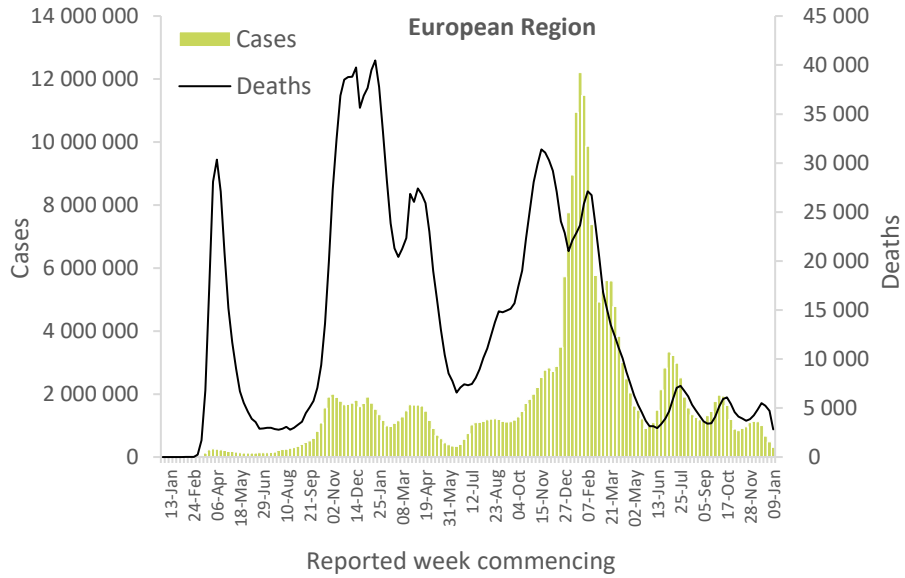


Updates from the Eastern Mediterranean Region

European Region

The European Region reported over 311 000 new cases, a 35% decrease as compared to the previous week. Six (10%) of the 61 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Spain (17 773 vs 9220 new cases; +93%), Albania (157 vs 113 new cases; +39%), and Montenegro (447 vs 329 new cases; +36%). The highest numbers of new cases were reported from Germany (83 605 new cases; 100.5 new cases per 100 000; -36%), Italy (62 599 new cases; 105 new cases per 100 000; -42%), and France (39 757 new cases; 61.1 new cases per 100 000; -52%).

The number of new weekly deaths in the region decreased by 40% as compared to the previous week, with 2826 new deaths reported. The highest numbers of new deaths were reported from France (520 new deaths; <1 new death per 100 000; -35%), Italy (461 new deaths; <1 new death per 100 000; -25%), and Spain (346 new deaths; <1 new death per 100 000; +9%).

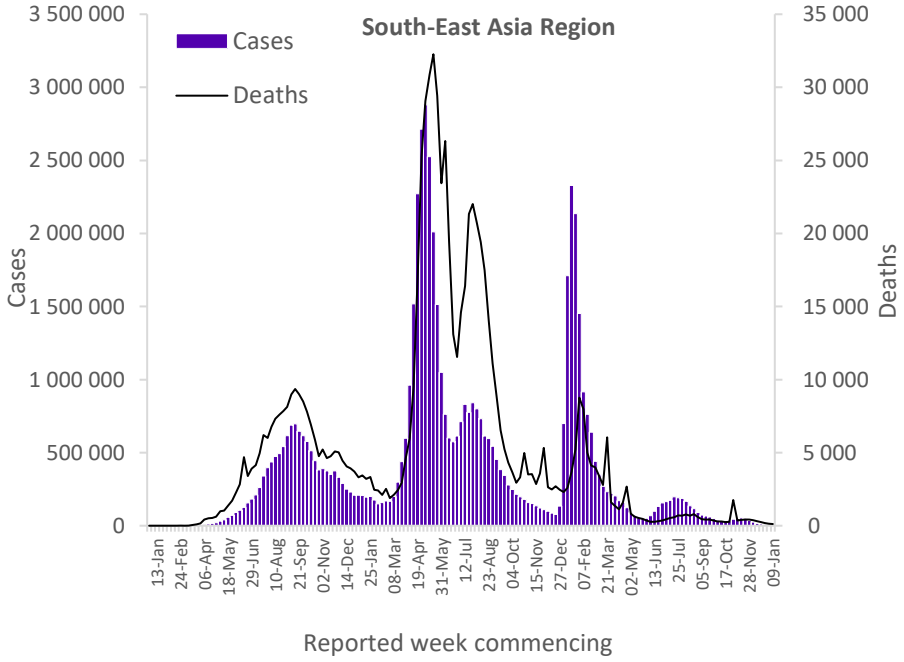


Updates from the European Region

South-East Asia Region

The South-East Asia Region reported over 4850 new cases, a 17% decrease as compared to the previous week. Two (20%) of the 10 countries for which data are available reported increases in new cases of 20% or greater: Bhutan (26 vs 13 new cases; +100%) and Nepal (29 vs 20 new cases; +45%). The highest numbers of new cases were reported from Indonesia (2540 new cases; <1 new case per 100 000; -25%), India (1116 new cases; <1 new case per 100 000; -12%), and Thailand (969 new cases; 1.4 new cases per 100 000; -3%).

The number of new weekly deaths in the region decreased by 13% as compared to the previous week, with 121 new deaths reported. The highest numbers of new deaths were reported from Thailand (65 new deaths; <1 new death per 100 000; +12%), Indonesia (44 new deaths; <1 new death per 100 000; -31%), and India (six new deaths; <1 new death per 100 000; -60%).

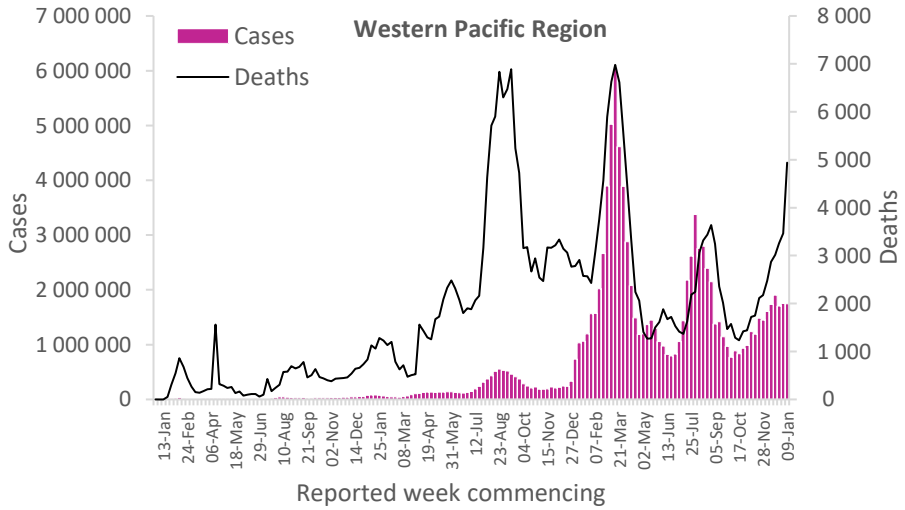


Updates from the South-East Asia Region

Western Pacific Region

The Western Pacific Region reported over 1.7 million new cases, which is similar to the number of cases reported during the previous week. No country has reported increases in new cases of 20% or greater compared to the previous week. The highest numbers of new cases were reported from Japan (1 025 321 new cases; 810.7 new cases per 100 000; -4%), the Republic of Korea (286 291 new cases; 558.4 new cases per 100 000; -29%), and Australia (191 750 new cases; 752 new cases per 100 000; no cases reported the previous three weeks).

The number of new weekly reported deaths in the region increased by 43% as compared to the previous week, with 4938 new deaths reported. The highest numbers of new deaths were reported from Japan (2849 new deaths; 2.3 new deaths per 100 000; +33%), China (802 new deaths; <1 new death per 100 000; +3%), and Australia (742 new deaths; 2.9 new deaths per 100 000; no deaths reported the previous three weeks). Additional information about the COVID-19 situation in China, including 59 938 COVID-19 related deaths announced by China for the period of 8 December 2022 to 12 January 2023 is presented in Annex 3. These deaths are not yet included in the figure below.



Updates from the Western Pacific Region

Hospitalizations and ICU admissions

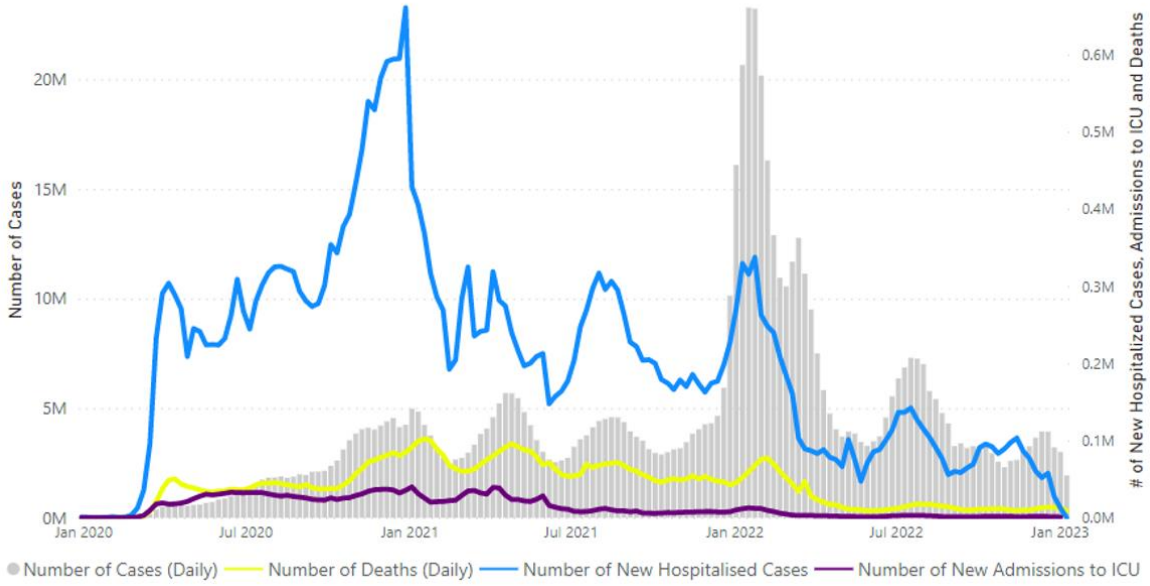
At the global level, during epidemiological week 1 (02 to 08 January 2023), a total of 79 246 new hospitalizations and 1092 new intensive care unit (ICU) admissions were reported. The presented hospitalization data are preliminary and might change as new data become available. Furthermore, hospitalization data are subject to reporting delays. These data are also likely to include both hospitalizations with incidental cases of SARS-CoV-2 infection and those due to COVID-19 disease.

Globally, in week 1, 28 (12%) countries reported data to WHO on new hospitalizations. The region with the highest proportion of countries reporting data on new hospitalizations was the European Region (14 countries; 23%) followed by the Region of the Americas (five countries; 9%), the Western Pacific Region (four countries; 11%), the South-East Asia Region (one country; 9%), the African Region (three countries; 6%), and the Eastern Mediterranean Region (one country; 5%).

Across the six WHO regions, in week 1, a total of 18 (8%) countries reported data to WHO on new ICU admissions. The region with the highest proportion of countries reporting data on new ICU admissions was the European Region (16%; 10 countries) followed by the Western Pacific Region (four countries; 11%), the Region of the Americas (5%; three countries), and the Eastern Mediterranean Region (5%; one country). So far, no country in the South-East Asia Region the African Region, or Western Pacific Region has reported data on new ICU admissions during week 1.

Among the 16 countries that reported more than 50 new hospitalizations, three countries showed an increasing trend compared to the previous week: China (63 307 vs 37 215 new hospitalizations; +70%), Ireland (558 vs 510 new hospitalizations; +9%), Greece (1632 vs 1519 new hospitalizations; +7%).
Among the nine countries that reported more than 10 new ICU admissions, one country showed an increasing trend compared to the previous week: Latvia (17 vs 11 new ICU admissions; +55%).

Figure 5. COVID-19 cases, deaths, hospitalizations, and ICU admissions reported weekly to WHO, as of 8 January 2023



Note: Recent weeks are subject to reporting delays and should not be interpreted as a declining trend.
Source: WHO Detailed Surveillance Dashboard

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 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.
[2] A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

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 SARS-CoV-2 variants, including descendent lineages of VOCs, to track changes in prevalence and viral characteristics. The current trends describing the circulation of Omicron descendent lineages 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.[11]

Annex 3. Summary of the information about the COVID-19 situation released by China's Joint Prevention and Control Mechanism of the State Council on 14 January 2023

On 14 January, China's Joint Prevention and Control Mechanism of the State Council issued an overview of the COVID-19 situation in the country. Below is a summary of what was reported. WHO has not yet conducted an independent analysis of the COVID-19 pandemic situation in China as we do not have access to the data underpinning this overview.

A report on the COVID-19 situation in China, shared during a press conference held on 14 January 2023 by China's Joint Prevention and Control Mechanism of the State Council, reported that from 8 December 2022 to 12 January 2023, 59 938 hospital deaths related to COVID-19 occurred in healthcare facilities across the country. Among them, 5503 were caused by respiratory failure due to COVID-19. The average age of the fatal cases was over 80 years old, and approximately 90% were aged over 65 years and older. Most of the fatal cases had underlying medical conditions.

Using proxy indicators to assess the burden of COVID-19, the health authorities in China report they have been monitoring outpatient visits to the 59,500 fever clinics set up in primary and secondary health care facilities across the country. They report reaching a peak of 2.867 million visits on 23 December 2022, and that these visits have since been declining.

As per the analysis released by China, the number of patients reported to be in emergency wards and the proportion of patients positive for SARS-CoV-2 is also declining after reaching a nationwide peak of over 1.5 million on 2 January 2023. They also reported that from 27 December 2022 to 3 January 2023, the number of newly hospitalized SARS-CoV-2 positive patients classified as severe increased rapidly, and reached approximately 10 000 new patients per day. As of 12 January, the occupancy rate of critical beds was 75.3%.

WHO will continue to work with China as we do with all Member States, providing technical advice and support, and engaging on analysing the situation. WHO will also continue to request that detailed provincial data disaggregated by week of reporting be shared to support ongoing surveillance efforts.

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COVID-19 Weekly Epidemiological Update

Edition 125 published 11 January 2023

In this edition:

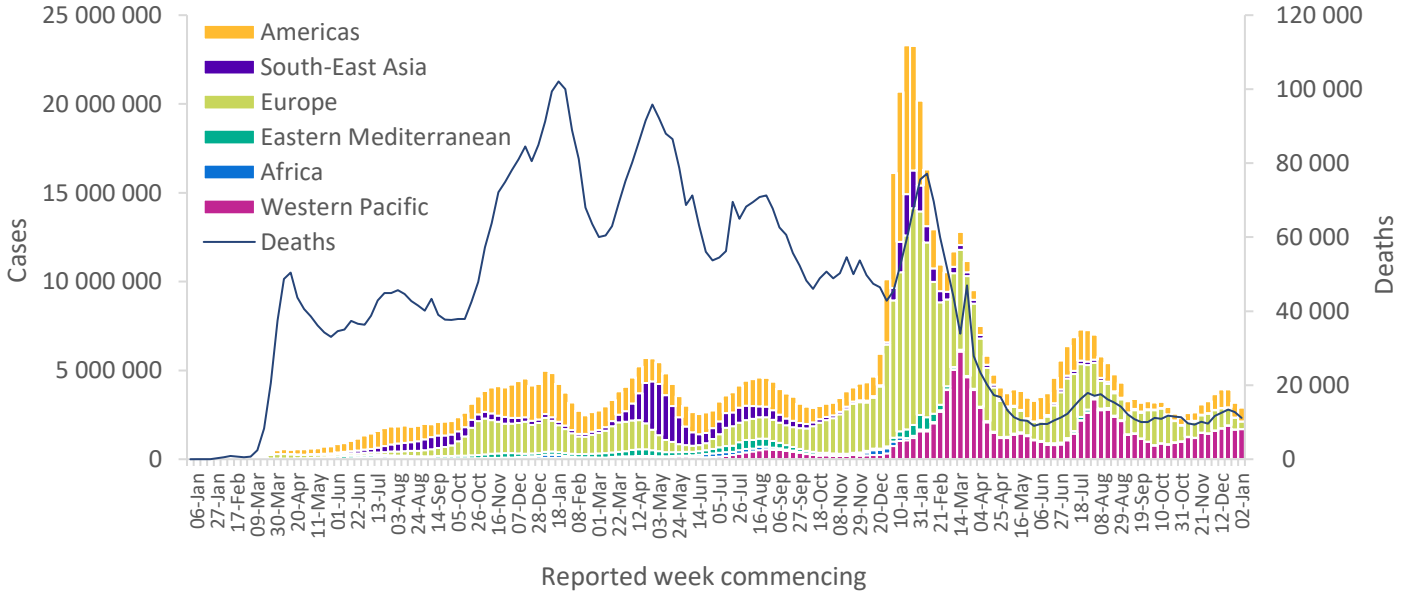
Global overview

Data as of 8 January 2023

Globally, nearly 2.9 million new cases and over 11 000 deaths were reported in the week of 2 to 8 January 2023 (Figure 1, Table 1). This represents a reduction in weekly cases and deaths of 9% and 12%, respectively. However, these trends need to be interpreted considering the reduction in testing and delays in reporting in many countries during the year-end holiday season. Therefore, data presented in this report, especially for the most recent weeks, are incomplete and the decreasing trends should be interpreted in that context as they may change with updated information provided following the holiday period.

In the last 28 days (12 December 2022 to 8 January 2023), over 13.9 million cases and over 49 000 new deaths were reported globally – an increase of 10% and 22% respectively, compared to the previous 28 days. As of 8 January 2023, over 659 million confirmed cases and over 6.6 million deaths have been reported globally.

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 8 January 2023**



**See *Annex 1: Data, table, and figure note*

At the regional level, the number of newly reported weekly cases decreased or remained stable across all WHO regions: the European Region (-36%), the South-East Asia Region (-27%), the African Region (-23%), the Region of the Americas (-7%), the Eastern Mediterranean Region (-1%), and the Western Pacific Region (+1%). The number of newly reported weekly deaths decreased or remained stable across four regions: the African Region (-53%), the European Region (-34%), the South-East Asia Region (-19%), and the Region of the Americas (-3%); while death numbers increased in the Eastern Mediterranean Region (+31%), and the Western Pacific Region (+5%).

At the country level, the highest numbers of new weekly cases were reported from Japan (1 070 496 new cases; +13%), the United States of America (462 944 new cases; +17%), the Republic of Korea (403 800 new cases; -12%), China (204 609 new cases; -6%), and Brazil (145 933 new cases; -29%). The highest numbers of new weekly deaths were reported from the United States of America (2695 new deaths; +8%), Japan (2149 new deaths; +11%), Brazil (926 new deaths; -17%), China (722 new deaths; +11%), and France (621 new deaths; -22%).

Current trends in reported COVID-19 cases are underestimates of the true number of global infections and reinfections as shown by prevalence surveys.[1–4] Therefore, the data should be interpreted with caution as several countries have progressively changed COVID-19 testing strategies, resulting in lower numbers of tests performed and consequently lower numbers of cases detected. Additionally, data from previous weeks are continuously updated to retrospectively incorporate changes in reported COVID-19 cases and deaths made by countries.

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 8 January 2023**

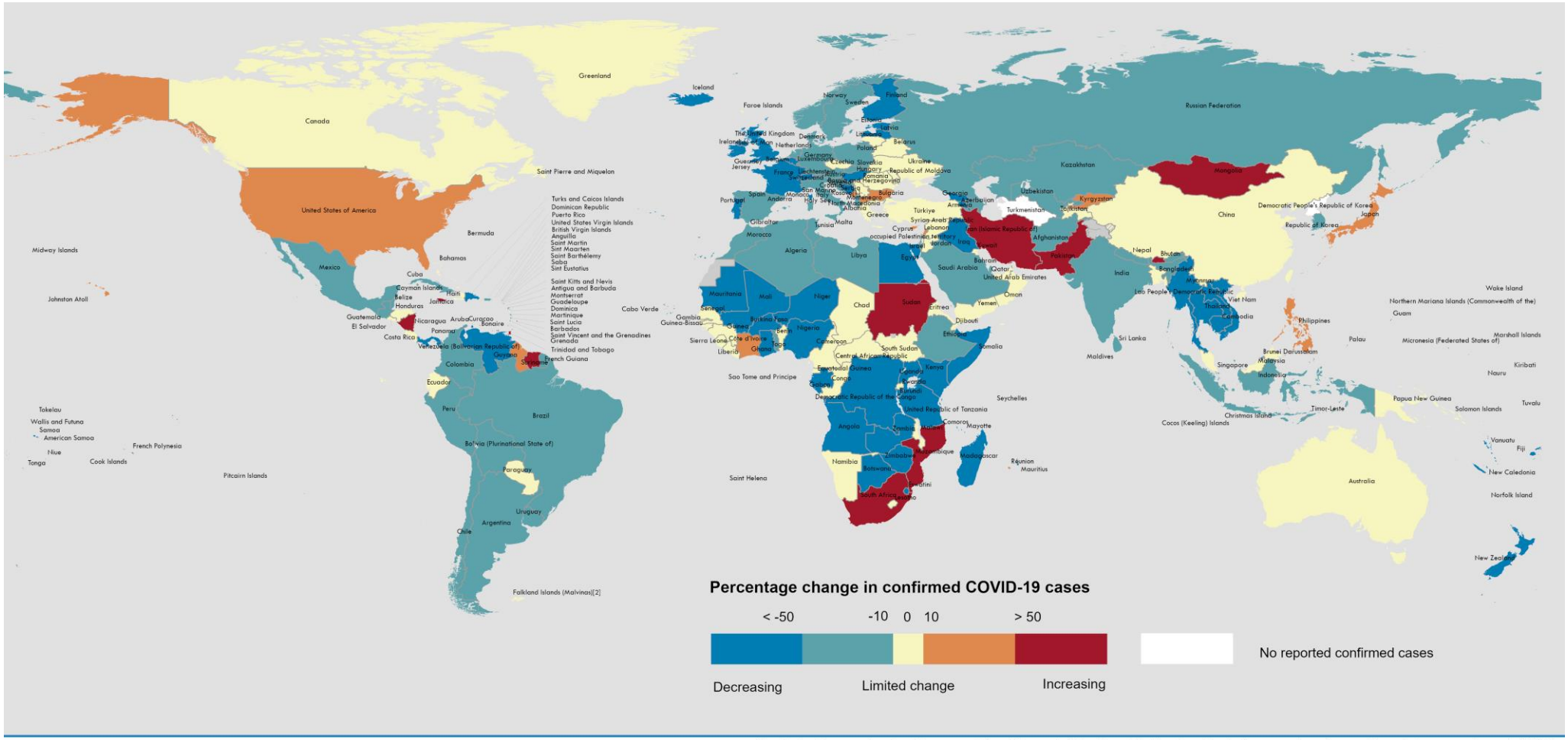
WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days *	New cases in last 28 days (%)	Change in new cases in last 28 days *	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days *	New deaths in last 28 days (%)	Change in new deaths in last 28 days *	Cumulative deaths (%)
Western Pacific	1 693 425 (58%)	1%	7 000 900 (50%)	22%	**108 476 128 (16%)**	3409 (31%)	5%	12 529 (25%)	47%	**299 951 (4%)**
Americas	771 400 (27%)	-7%	3 647 941 (26%)	42%	**187 065 779 (28%)**	4531 (41%)	-3%	18 733 (38%)	28%	**2 896 036 (43%)**
Europe	418 751 (14%)	-36%	3 193 838 (23%)	-22%	**270 496 218 (41%)**	3001 (27%)	-34%	17 402 (35%)	12%	**2 164 485 (32%)**
South-East Asia	5878 (<1%)	-27%	40 386 (<1%)	-76%	**60 743 975 (9%)**	139 (1%)	-19%	873 (2%)	-47%	**803 368 (12%)**
Africa	4581 (<1%)	-23%	29 014 (<1%)	-33%	**9 456 363 (1%)**	8 (<1%)	-53%	74 (<1%)	-70%	**175 152 (3%)**
Eastern Mediterranean	4116 (<1%)	-1%	19 004 (<1%)	-42%	**23 226 914 (4%)**	46 (<1%)	31%	159 (<1%)	-6%	**349 135 (5%)**
Global	**2 898 151 (100%)**	**-9%**	**13 931 083 (100%)**	**10%**	**659 466 141 (100%)**	**11 134 (100%)**	**-12%**	**49 770 (100%)**	**22%**	**6 688 140 (100%)**

**Percent change in the number of newly confirmed cases/deaths in the past seven days, compared to seven days prior, and 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:

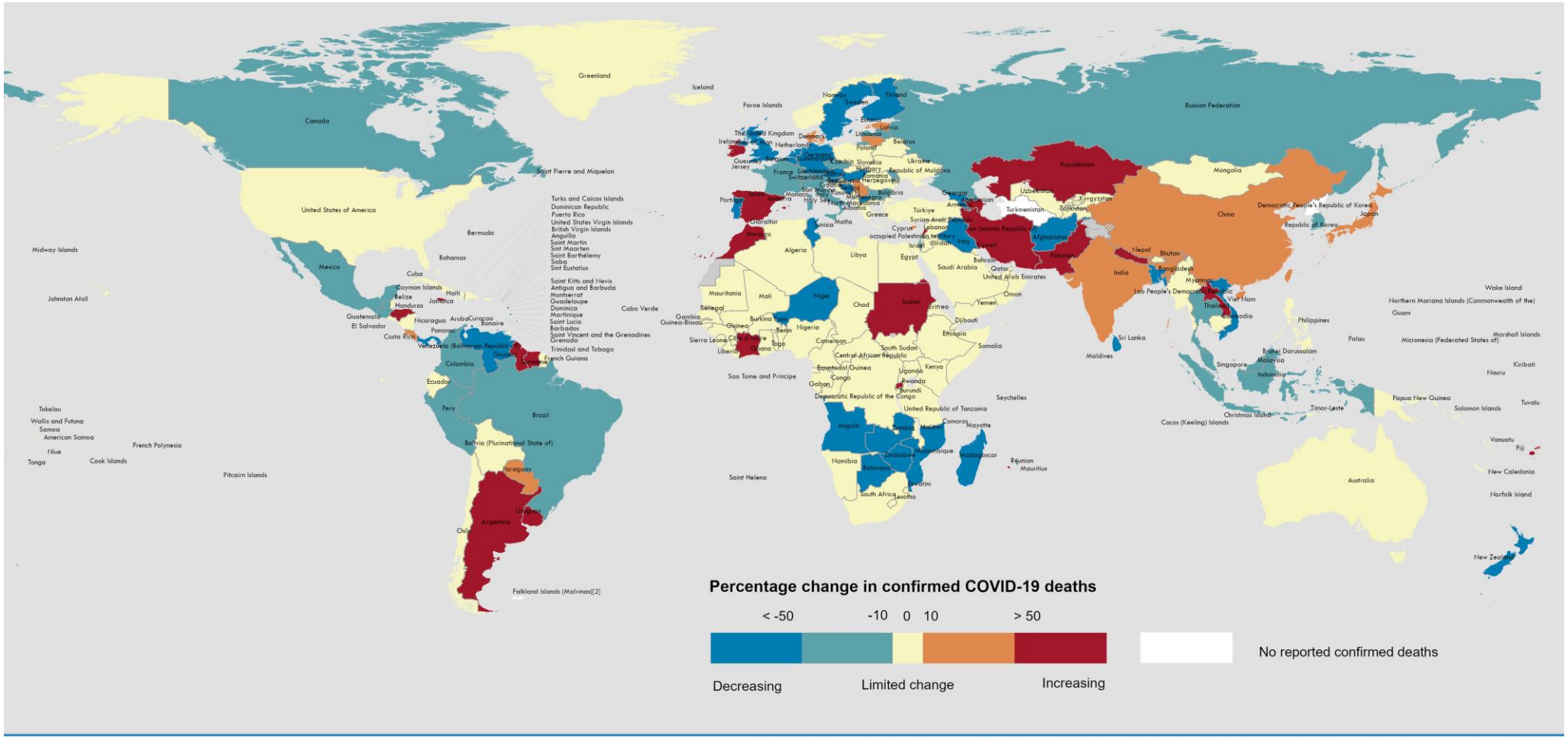
- WHO COVID-19 Dashboard
- WHO COVID-19 Monthly Operational Update and previous editions of the Weekly Epidemiological Update
- WHO COVID-19 detailed surveillance data dashboard
- WHO COVID-19 policy briefs

Figure 2. Percentage change in confirmed COVID-19 cases over the last seven days relative to the previous seven days, 2 to 8 January 2023**



**See *Annex 1: Data, table, and figure notes*

Figure 3. Percentage change in confirmed COVID-19 deaths over the last seven days relative to the previous seven days, 2 to 8 January 2023**



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

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. [1] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). Number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes. [2] A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas). Data for Bonaire, Sint Eustatius and Saba have been disaggregated and displayed at the subnational level.

**See *Annex 1: Data, table, and figure notes*

SARS-CoV-2 variants of concern and Omicron subvariants under monitoring

Geographic spread and prevalence

Globally, from 9 December 2022 to 9 January 2023, 97 693 SARS-CoV-2 sequences were shared through GISAID. Among these, 97 603 sequences were the Omicron variant of concern (VOC), accounting for 99.9% of sequences reported globally in the past 30 days.

BA.5 and its descendent lineages are still dominant globally, with 9685 sequences (59.7%) submitted to GISAID in week 51 (19 to 25 December 2022). The prevalence of BA.2 and its descendent lineages is rising, a trend based on 2201 sequences (13.6%) submitted globally in week 51. BA.4 and its descendent lineages are declining with a prevalence of 0.6% as of week 51. The remaining 3439 sequences (21.1%) are classified as "unassigned" or "other" in week 51. These are assumed to be Omicron descendent lineages yet to be assigned.

The six Omicron variants under monitoring accounted for 76.2% of all sequences submitted in week 51. Among these six variants, the prevalence is 53.4% for BQ.1*; 9.7% for BA.5 with one or several of five mutations (S:R346X, S:K444X, S:V445X, S:N450D, S:N460X); 8.1% for BA.2.75*; 4.6% for XBB*; 0.4% for BA.4.6*; and <0.1% for BA.2.3.20*.

WHO, with advice from Technical Advisory Group on Virus Evolution (TAG-VE), has conducted a global rapid risk assessment for XBB.1.5 (see Annex 3). XBB.1.5 is a sublineage of XBB, which is a recombinant of two BA.2 sublineages. Globally, 5288 sequences of XBB.1.5 have been reported from 38 countries. In brief, data on XBB.1.5 are limited; however, based on currently available information from one country, XBB.1.5 has a growth advantage compared to other circulating Omicron sublineages; based on only one country. Preliminary laboratory-based antibody escape studies indicate that XBB.1.5 has higher immune escape than previous Omicron descendent lineages;[10] however, this finding has not yet been confirmed by epidemiological evidence in humans. At present, there is no available information on clinical severity for XBB.1.5.

Additional resources

- Tracking SARS-CoV-2 Variants
- TAG-VE statement on the situation in China, published on 3 January 2023
- TAG-VE statement on Omicron sublineages BQ.1 and XBB
- COVID-19 new variants: Knowledge gaps and research
- Genomic sequencing of SARS-CoV-2: a guide to implementation for maximum impact on public health
- VIEW-hub: repository for the most relevant and recent vaccine data

* Indicates inclusion of descendent lineages.

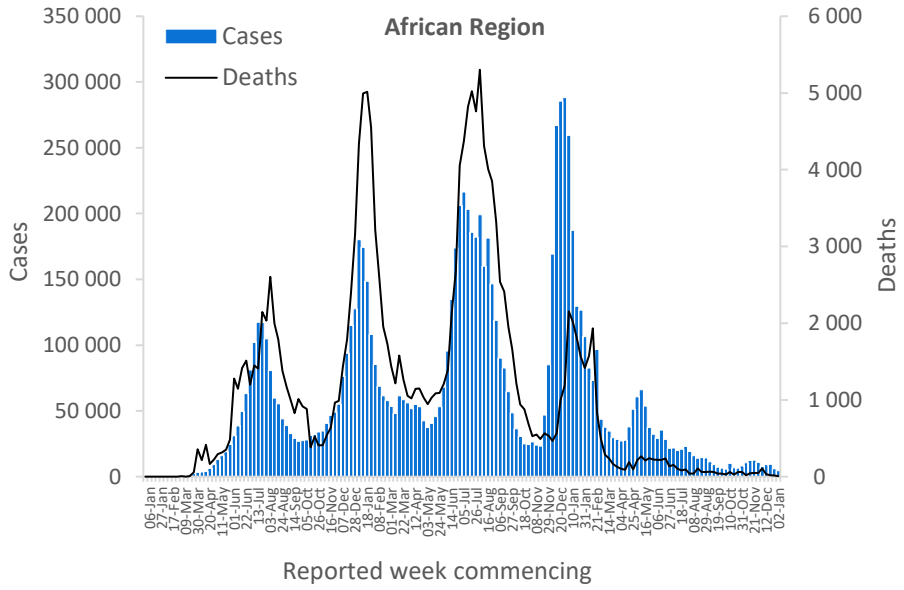
WHO regional overviews:

Epidemiological week 2 to 8 January 2023

African Region

The African Region reported 4581 new cases, a 23% decrease as compared to the previous week. Two (4%) of the 50 countries for which data are available reported increases in new cases of 20% or greater: South Africa (1470 new cases; 2.5 new cases per 100 000; +322%) and Mozambique (180 vs 69 new cases; +161%). The highest numbers of new cases were reported from Réunion (2104 new cases; 235 new cases per 100 000; +14%), South Africa, and Ethiopia (659 new cases; <1 new case per 100 000; -27%).

The number of new weekly deaths in the region decreased by 53% as compared to the previous week, with eight new deaths reported. The highest numbers of new deaths were reported from Réunion (four new deaths; <1 new death per 100 000; +300%), Côte d'Ivoire (two new deaths; <1 new death per 100 000; +100%), and Mauritius (one new death; <1 new death per 100 000; -50%).

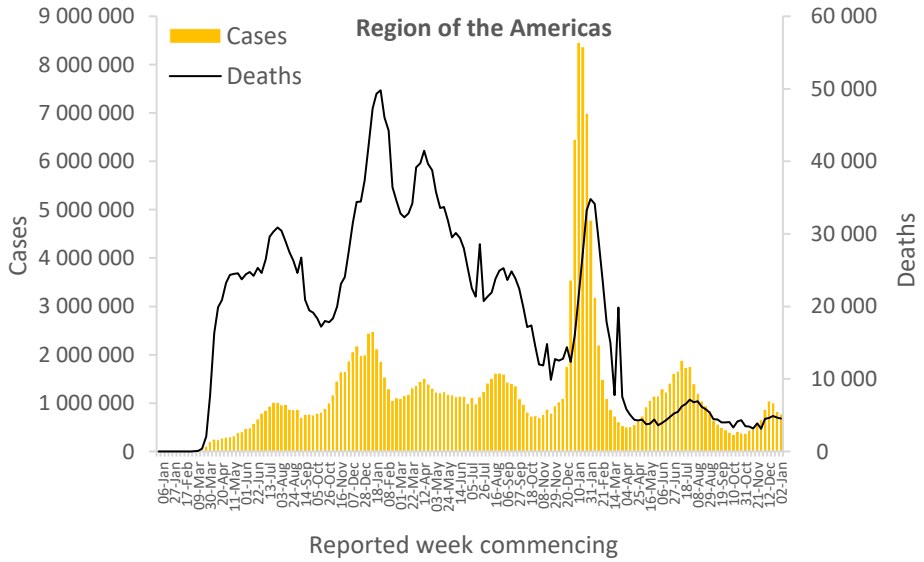


Updates from the African Region

Region of the Americas

The Region of the Americas reported over 771 000 new cases, a 7% decrease as compared to the previous week. Three (5%) 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 Saint Barthélemy (10 vs six new cases; +67%), Trinidad and Tobago (246 vs 151 new cases; +63%), and Guyana (234 vs 159 new cases; +47%). The highest numbers of new cases were reported from the United States of America (462 944 new cases; 139.9 new cases per 100 000; +17%), Brazil (145 933 new cases; 68.7 new cases per 100 000; -29%), and Argentina (40 982 new cases; 90.7 new cases per 100 000; -44%).

The number of new weekly deaths in the region decreased by 3% as compared to the previous week, with 4531 new deaths reported. The highest numbers of new deaths were reported from the United States of America (2695 new deaths; <1 new death per 100 000; +8%), Brazil (926 new deaths; <1 new death per 100 000; -17%), and Canada (189 new deaths; <1 new death per 100 000; -30%).

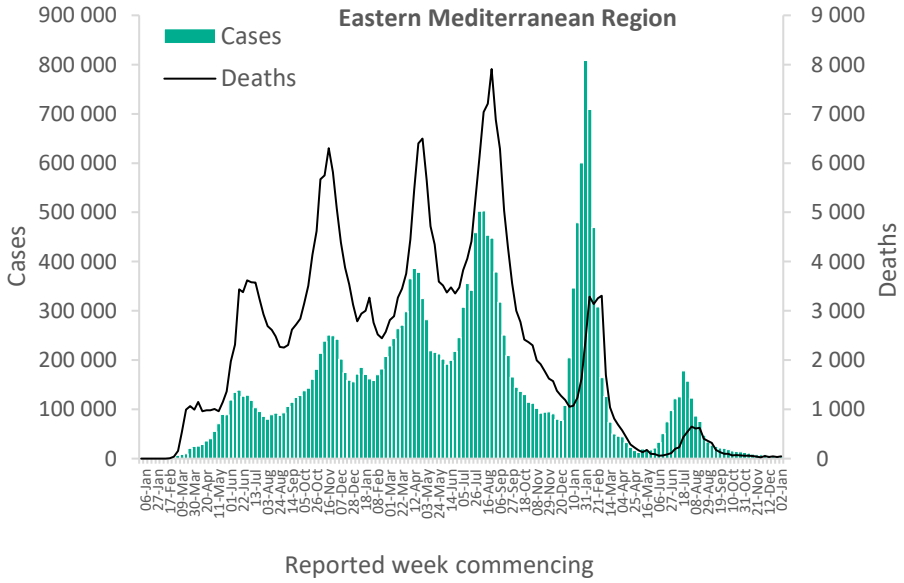


Updates from the Region of the Americas

Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 4110 new cases, a 1% decrease as compared to the previous week. Two (9%) of the 22 countries for which data are available reported increases in new cases of 20% or greater: the Islamic Republic of Iran (668 vs 409 new cases; +63%), and Lebanon (907 vs 682 new cases; +33%). The highest numbers of new cases were reported from Qatar (1065 new cases; 37 new cases per 100 000; -26%), Lebanon, and the Islamic Republic of Iran.

The number of new weekly deaths in the region increased by 31% as compared to the previous week, with 46 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (21 new deaths; <1 new death per 100 000; +75%), Saudi Arabia (11 new deaths; <1 new death per 100 000; +10%), and Lebanon (six new deaths; <1 new death per 100 000; +100%).

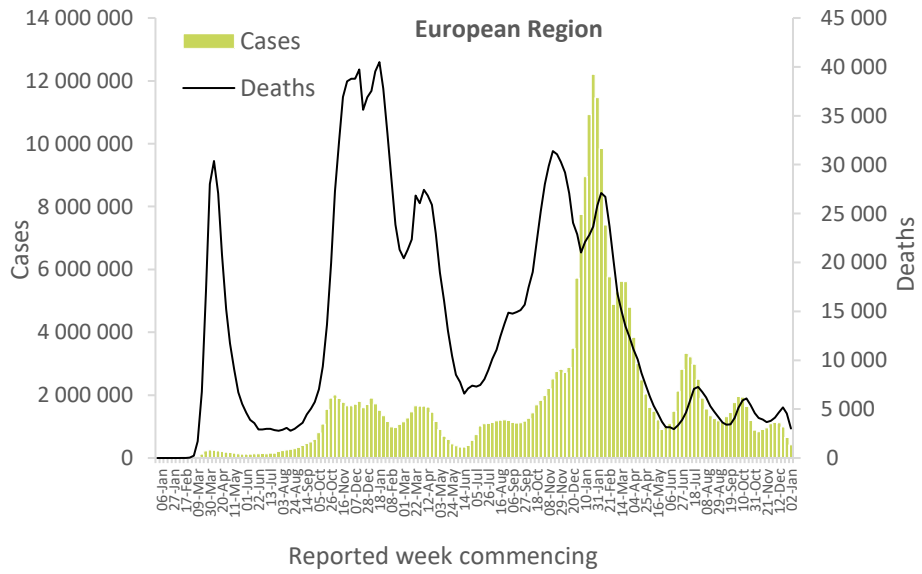


Updates from the Eastern Mediterranean Region

European Region

The European Region reported over 418 000 new cases, a 36% decrease as compared to the previous week. Seven (11%) of the 61 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Kosovo[1] (52 vs 35 new cases; +49%), Malta (241 vs 167 new cases; +44%), and Cyprus (3598 vs 2602 new cases; +38%). The highest numbers of new cases were reported from Germany (121 007 new cases; 145.5 new cases per 100 000; -21%), Italy (86 851 new cases; 145.6 new cases per 100 000; -34%), and France (73 186 new cases; 112.5 new cases per 100 000; -52%).

The number of new weekly deaths in the region decreased by 34% as compared to the previous week, with 3001 new deaths reported. The highest numbers of new deaths were reported from France (621 new deaths; 1 new death per 100 000; -22%), Italy (499 new deaths; <1 new death per 100 000; -33%), and Spain (318 new deaths; <1 new death per 100 000; +118%).

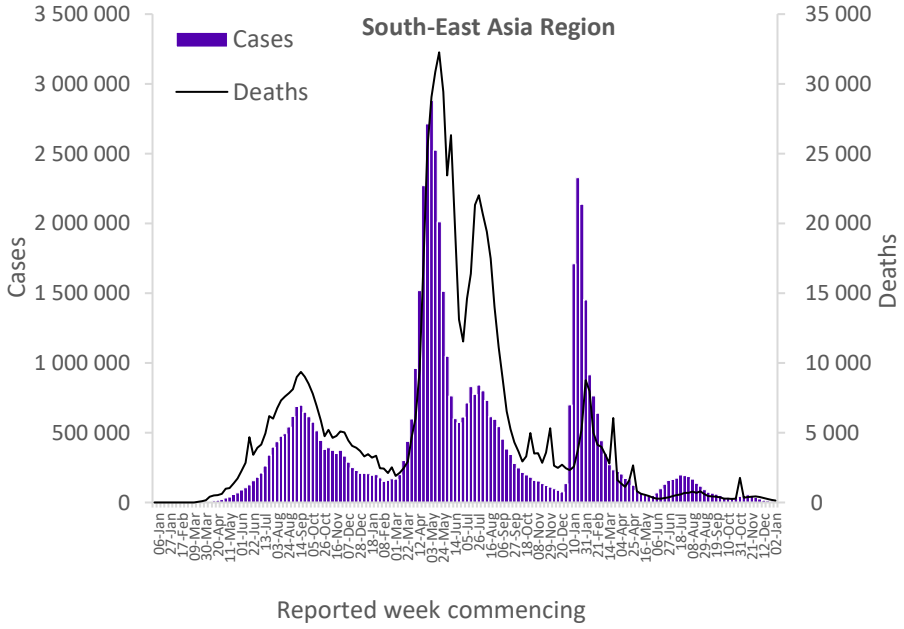


Updates from the European Region

South-East Asia Region

The South-East Asia Region reported over 5870 new cases, a 27% decrease as compared to the previous week. One (10%) of the 10 countries for which data are available reported increases in new cases of 20% or greater: Bhutan (13 vs seven new cases; +86%). The highest numbers of new cases were reported from Indonesia (3365 new cases; 1.2 new cases per 100 000; -17%), India (1275 new cases; <1 new case per 100 000; -17%), and Thailand (997 new cases; 1.4 new cases per 100 000; -53%).

The number of new weekly deaths in the region decreased by 19% as compared to the previous week, with 139 new deaths reported. The highest numbers of new deaths were reported from Indonesia (64 new deaths; <1 new death per 100 000; -22%), Thailand (58 new deaths; <1 new death per 100 000; -23%), and India (15 new deaths; <1 new death per 100 000; +25%).

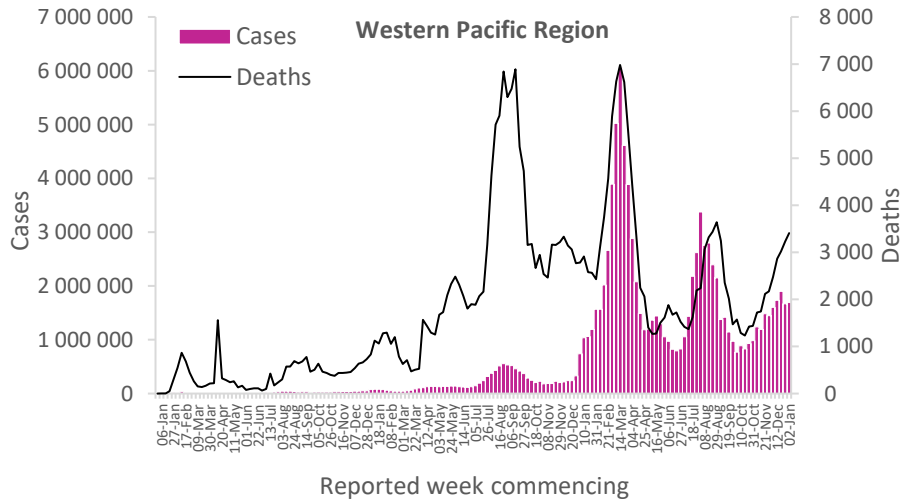


Updates from the South-East Asia Region

Western Pacific Region

The Western Pacific Region reported just under 1.7 million new cases, a 1% increase as compared to the previous week. Five (14%) 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 Mongolia (343 vs 108 new cases; +218%), Palau (five vs three new cases; +67%), and Cook Islands (134 vs 85 new cases; +58%). The highest numbers of new cases were reported from Japan (1 070 496 new cases; 846.4 new cases per 100 000; +13%), the Republic of Korea (403 800 new cases; 787.6 new cases per 100 000; -12%), and China (204 609 new cases; 13.9 new cases per 100 000; -6%).

The number of new weekly deaths in the region increased by 5% as compared to the previous week, with 3409 new deaths reported. The highest numbers of new deaths were reported from Japan (2149 new deaths; 1.7 new deaths per 100 000; +11%), China (722 new deaths; <1 new death per 100 000; +11%), and the Republic of Korea (371 new deaths; <1 new death per100 000; -14%).



Updates from the Western Pacific Region

Hospitalizations and ICU admissions

At the global level, during epidemiological week 52 (26 December 2022 to 01 January 2023), a total of 23 509 new hospitalizations and 1133 new intensive care unit (ICU) admissions were reported. The presented hospitalization data are preliminary and are likely to change as new data become available and are reported. Furthermore, hospitalization data are subject to reporting delays. These data are also likely to include both hospitalizations with incidental cases of SARS-CoV-2 infection and those due to COVID-19 disease.

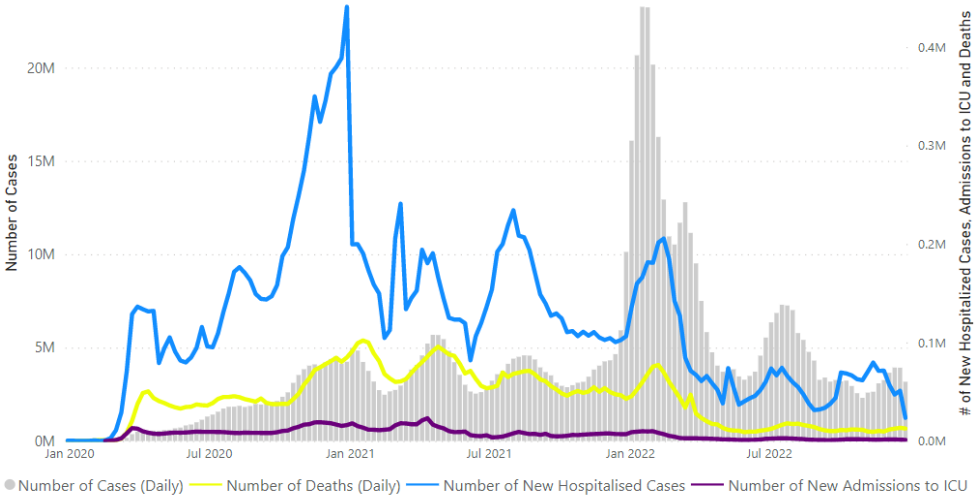
Globally, in week 52, 23 (10%) countries reported data to WHO on new hospitalizations. The region with the highest proportion of countries reporting data on new hospitalizations was the European Region (14 countries; 23%) followed by the Eastern Mediterranean Region (four countries; 18%), the African Region (four countries; 8%), the Region of the Americas (one country; 2%). No country in the South-East Asia Region and the Western Pacific Region has reported data on new hospitalizations during week 52.

Across the six WHO regions, in week 52, a total of 14 (6%) countries reported data to WHO on new ICU admissions. The region with the highest proportion of countries reporting data on new ICU admissions was the European Region (10 countries; 16%) followed by the Eastern Mediterranean Region (three countries; 14%), the Region of the Americas (one country; 2%). No country in the African Region, the South-East Asia Region and the Western Pacific Region has reported data on new ICU admissions during week 52.

Among the 11 countries that reported more than 50 new hospitalizations, three countries showed an increasing trend compared to the previous week: Portugal (292 vs two new hospitalizations; +14 500%), Greece (1519 vs 1250 new hospitalizations; +22%) and Ukraine (2801 vs 2662 new hospitalizations; +5%).

Among the eight countries that reported more than 10 new ICU admissions, four countries showed an increasing trend compared to the previous week: Ireland (14 vs four new ICU admissions; +250%), Netherlands (51 vs 40 new ICU admissions; +28%), Greece (57 vs 51 new ICU admissions; +12%), and Ukraine (120 vs 118 new ICU admissions; +2%).

Figure 4. COVID-19 cases, deaths, hospitalizations, and ICU admissions reported weekly to WHO, as of 1 January 2023



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

Source: WHO Detailed Surveillance Dashboard

Summary of Monthly Operational Update

The Monthly Operational Update aims to update on the ongoing global progress against the COVID-19 Strategic Preparedness and Response Plan (SPRP) 2021. In the latest edition, highlights of country-level actions and WHO support to countries include:

- WHO and partners deploy medical personnel and supplies in solidarity with **Tuvalu's** COVID-19 response effort in the Western Pacific region
- WHO and Africa Infodemic Response Alliance(AIRA) host workshops on the 'co-design' approach on content development for Infodemic management in **Nigeria**
- WHO/Europe carries out its Regional Joint Assessment and Detection of Events (JADE) simulation exercise for the first time since the pandemic
- WHO conducts an assessment visit in **Bhutan**, ahead of the installation of the country's first onsite medical oxygen generation system
- A nurse's role in counteracting myths about COVID-19 vaccination in **Honduras**: "We talked for an hour, and I managed to vaccinate them against COVID-19"
- Local health workers in the **Philippines** champion COVID-19 safety on remote islands
- Fostering and mentoring laboratory leaders in **Central Africa**
- WHO launches emergency-use protocol for tecovirimat to support mpox response efforts globally
- **Peru** responds to mpox by engaging affected communities
- The WHE **Balkan** Hub builds local and long-term public health capacity for mpox prevention and control
- WHO publishes public health advice on preventing and addressing stigma and discrimination related to mpox
- WHO responds to cholera outbreaks across the world
- WHO at the forefront of the cholera response in **Lebanon**
- WHO/Europe hosts a strategic and operational planning and Monitoring and Evaluation workshop for refugee-hosting countries responding to the crisis in **Ukraine**
- Rapid response teams bolster **Uganda's** response to Ebola Disease Outbreak
- WHO undertakes a measles-rubella campaign to prevent disease outbreaks in flood-affected **Pakistan**
- **Ethiopian** Emergency Medical Teams provides support to drought-affected areas as part of its deployment
- Global Health Cluster conducts a successful first all-women Health Cluster leadership training

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 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.
[2] A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

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 SARS-CoV-2 variants, including descendent lineages of VOCs, to track changes in prevalence and viral characteristics. The current trends describing the circulation of Omicron descendent lineages 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.[5]

Annex 3. XBB.1.5 rapid risk assessment, 11 January 2023

The Omicron XBB.1.5 variant is a sublineage of XBB, which is a recombinant of two BA.2 sublineages. From 22 October 2022 to 11 January 2023, 5 288 sequences of the Omicron XBB.1.5 variant have been reported from 38 countries. Most of these sequences are from the United States of America (82.2%), the United Kingdom (8.1%), and Denmark (2.2%).

WHO's Technical Advisory Group on Virus Evolution (TAG-VE) met on 5 January 2023 to discuss the latest evidence on XBB.1.5 and assess the public health risk associated with this variant. Based on its genetic characteristics and early growth rate estimates, XBB.1.5 may contribute to increases in case incidence. To date, the overall confidence in the assessment is low as growth advantage estimates are only from one country, the United States of America.

WHO and the TAG-VE recommend Member States to prioritize the following studies to better address uncertainties relating to the growth advantage, antibody escape, and severity of XBB.1.5. The suggested timelines are indicative and will vary from one country to another based on national capacities:

- Analysis of growth advantage from additional countries where XBB.1.5 has been detected (1-3 weeks).
- Neutralization assays using human sera representative of the affected community(ies) and XBB.1.5 live virus isolates (2-6 weeks).
- Comparative assessment to detect changes in rolling or ad hoc indicators of severity (see table below, 4-12 weeks).

The rapid risk assessment below is based on currently available evidence and will be revised regularly as more evidence and data from additional countries become available.

	Indicator	**Confidence in the assessment**
Growth advantage	National weekly growth advantage in the United States of America, but within-country regional differences reported, with an increase in proportions from 1% (95% CI 0.3-2.2%) in week 47 to 8% (95% CI 3.4-15.3%) in week 50, and a rapid increase in proportion in the north-east part of the United States of America.[6] As of the date of publication, available data are available only from one country, and therefore confidence in a global assessment is low.	Low
Antibody escape	Along with BQ.1* variants, XBB* variants are the most antibody-resistant variants to date.[7,8,9] Using pseudotyped virus neutralization assays, XBB.1.5 is shown to be equally immune evasive as XBB.1, the Omicron subvariant with the highest immune escape to date.[12] These data reported that sera from individuals with a) BA.1, b) BA.5 or c) BF.7 breakthrough infection and three doses of the inactivated vaccine (Coronavac) or d) BA.5 infection following three or four doses of mRNA vaccine (BNT162b2 or mRNA-1273) do not induce high neutralization titers against XBB.1.5.[10] There is currently no data on real world vaccine effectiveness against severe disease or death.	Moderate
Severity and clinical considerations	No data. Severity assessments are ongoing. XBB.1.5 does not carry any mutation known to be associated with potential change in severity (such as S:P681R).[11,12]	Low
Risk assessment	Based on its genetic characteristics and early growth rate estimates, XBB.1.5 may contribute to increases in case incidence globally. To date, the overall confidence in the assessment is low as growth advantage estimates are only from one country, the United States of America.	

Risk assessment framework and indicators used to assess risk and confidence given available evidence

	Rapid indicators: 0-4 weeks	Confidence in the assessment		
		LOW	**MODERATE**	**HIGH**
Growth advantage	Evidence of a growth advantage likely to lead to global predominance **A.** An increase in variant specific Rt **B.** Logistic growth (compared to currently circulating variant) (Nb variants with subnational-limited growth are not assessed).	All data derived from one country	At least two models; data from two countries not linked by close travel	At least two models and at least three countries in three regions, over more than two weeks
Immune escape	• Genomic (predictive) and structural biology assessment • Pseudovirus neutralization using vaccinee sera **or** pre-banked population serosurveys • Reinfection rate through a cohort study or surveillance system • Signals from outbreak investigations (Rapid VE is unlikely by 28 days so the rapid RA cannot reach high confidence).	One indicator (reinfection, neutralization or structural model)	Two indicators including neutralization data	[rapid VE]

Severity and clinical considerations	• Change in a rolling surveillance metric for severity synchronized with increase in variant e.g.
	  • Infection hospitalization ratio
	  • Indicators from sentinel hospital network (e.g. surveillance of severe acute respiratory infections)
	  • Comparison of admission trends with previous variants
	  • Change in the demographic profile of who is admitted to hospital
	• Change in clinical phenotype
	• Major tests/therapeutics issues
		One metric, one country	Multiple metrics, one country OR same method in multiple countries	Multiple metrics, multiple countries in multiple regions

Risk assessment	Including overall view of threat in the wider context, confidence level in the assessment, and identification of urgent priority work.			

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COVID-19 Weekly Epidemiological Update

Edition 124 published 4 January 2023

In this edition:

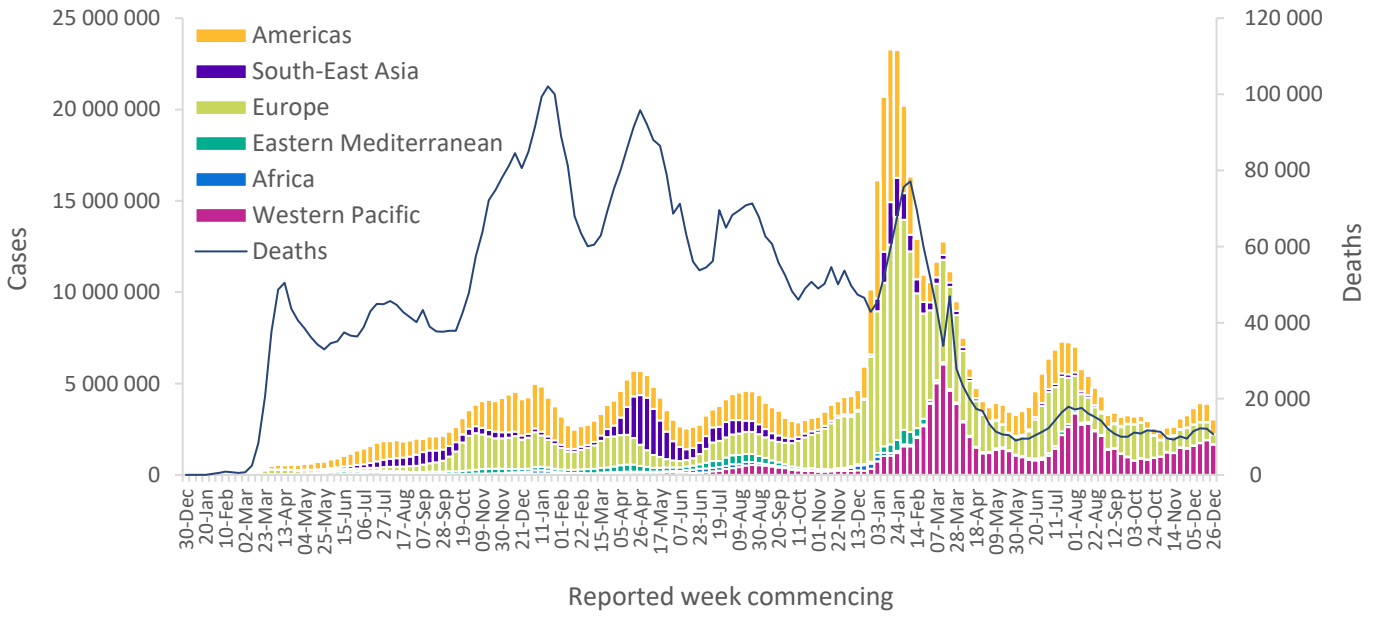
Global overview

Data as of 1 January 2023

Globally, more than 3 million new cases and 10 000 deaths have been reported in the week of 26 December 2022 to 1 January 2023 (Figure 1, Table 1). This represents a reduction in weekly cases and deaths of 22% and 12%, respectively. However, those trends need to be interpreted considering the reduction in testing and delays in reporting in many countries during the year-end holiday season. Therefore, data presented in this report, especially for the most recent week, are incomplete and the decreasing trends should be interpreted in that context as they may change with updated information provided following the holiday period.

In the last 28 days (5 December 2022 to 1 January 2023), over 14.5 million cases and over 46 000 new fatalities were reported globally – an increase of 25% and 21%, respectively, compared to the previous 28 days. As of 1 January 2023, over 656 million confirmed cases and over 6.6 million deaths have been reported globally.

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 1 January 2023**



**See *Annex 1: Data, table, and figure note*

At the country level, the highest numbers of new weekly cases were reported from Japan (946 130 new cases; -18%), the Republic of Korea (457 745 new cases; -3%), the United States of America (393 587 new cases; -21%), China (218 019 new cases; +45%), and Brazil (206 944 new cases; -19%). The highest numbers of new weekly deaths were reported from the United States of America (2501 new deaths; -14%), Japan (1941 new deaths; -3%), Brazil (1110 new deaths; +19%), France (803 new deaths; similar to the previous week), and China (648 new deaths; +48%).

Current trends in reported COVID-19 cases are underestimates of the true number of global infections and reinfections as shown by prevalence surveys.[1–4] Therefore, the data should be interpreted with caution as several countries have progressively changed COVID-19 testing strategies, resulting in lower numbers of tests performed and consequently lower numbers of cases detected. Additionally, data from previous weeks are continuously updated to retrospectively incorporate changes in reported COVID-19 cases and deaths made by countries.

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

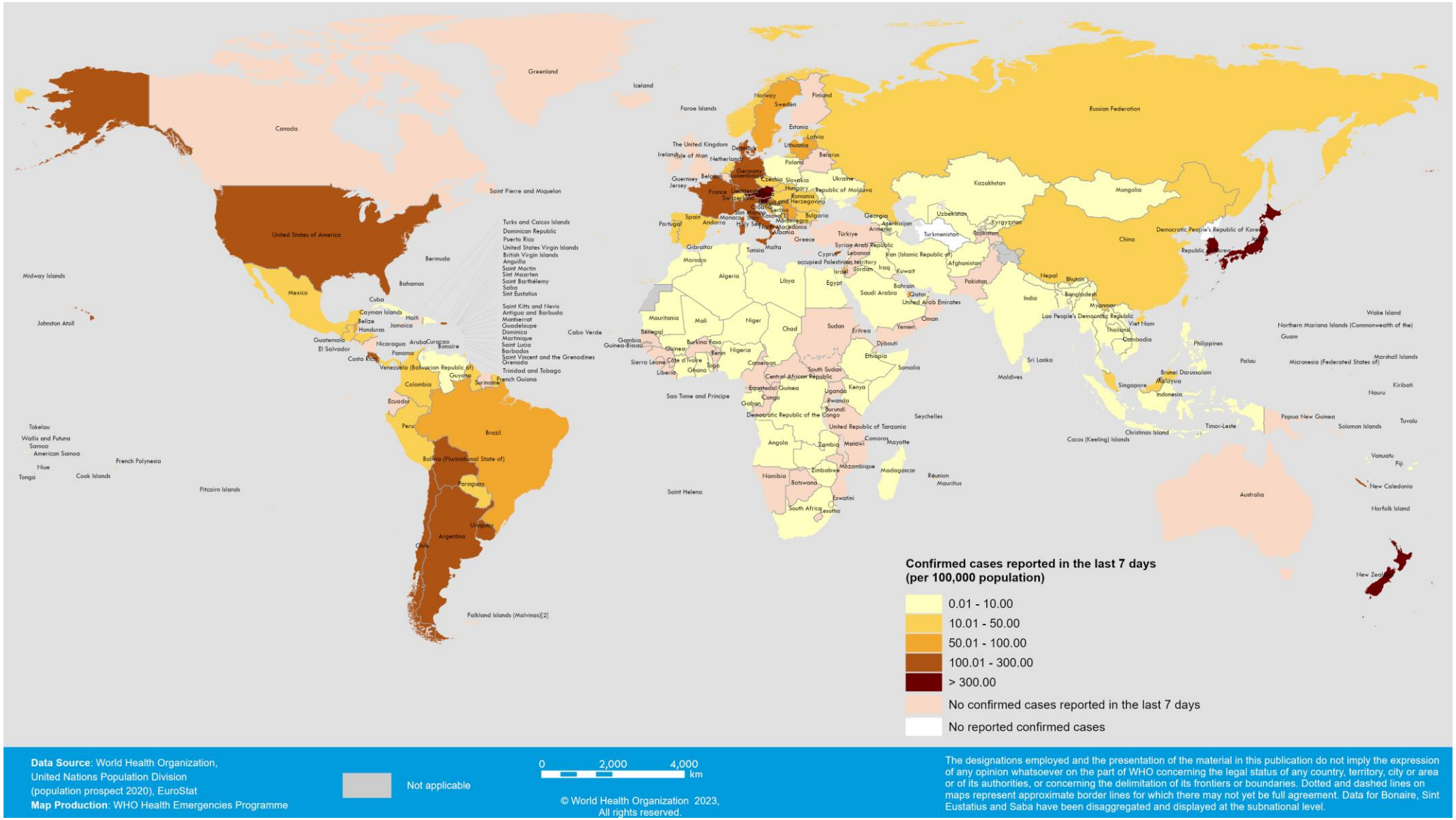
WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days *	New cases in last 28 days (%)	Change in new cases in last 28 days *	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days *	New deaths in last 28 days (%)	Change in new deaths in last 28 days *	Cumulative deaths (%)
Western Pacific	1 671 510 (55%)	-12%	6 912 050 (48%)	29%	**106 781 875 (16%)**	3233 (30%)	7%	11 594 (25%)	49%	**296 540 (4%)**
Europe	548 940 (18%)	-43%	3 773 609 (26%)	-1%	**269 940 463 (41%)**	2866 (27%)	-29%	15 263 (33%)	1%	**2 157 684 (32%)**
Americas	803 105 (26%)	-20%	3 721 828 (26%)	74%	**186 265 607 (28%)**	4385 (41%)	-9%	18 270 (39%)	35%	**2 891 057 (43%)**
South-East Asia	8009 (<1%)	-26%	58 908 (<1%)	-69%	**60 738 097 (9%)**	172 (2%)	-32%	1122 (2%)	-30%	**803 229 (12%)**
Africa	2570 (<1%)	-73%	28 797 (<1%)	-38%	**9 448 439 (1%)**	13 (<1%)	-32%	168 (<1%)	2%	**175 140 (3%)**
Eastern Mediterranean	4153 (<1%)	-16%	22 613 (<1%)	-38%	**23 222 798 (4%)**	35 (<1%)	-19%	164 (<1%)	-9%	**349 089 (5%)**
Global	**3 038 287 (100%)**	**-22%**	**14 517 805 (100%)**	**25%**	**656 398 043 (100%)**	**10 704 (100%)**	**-12%**	**46 581 (100%)**	**21%**	**6 672 752 (100%)**

**Percent change in the number of newly confirmed cases/deaths in the past seven days, compared to seven days prior, and 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:

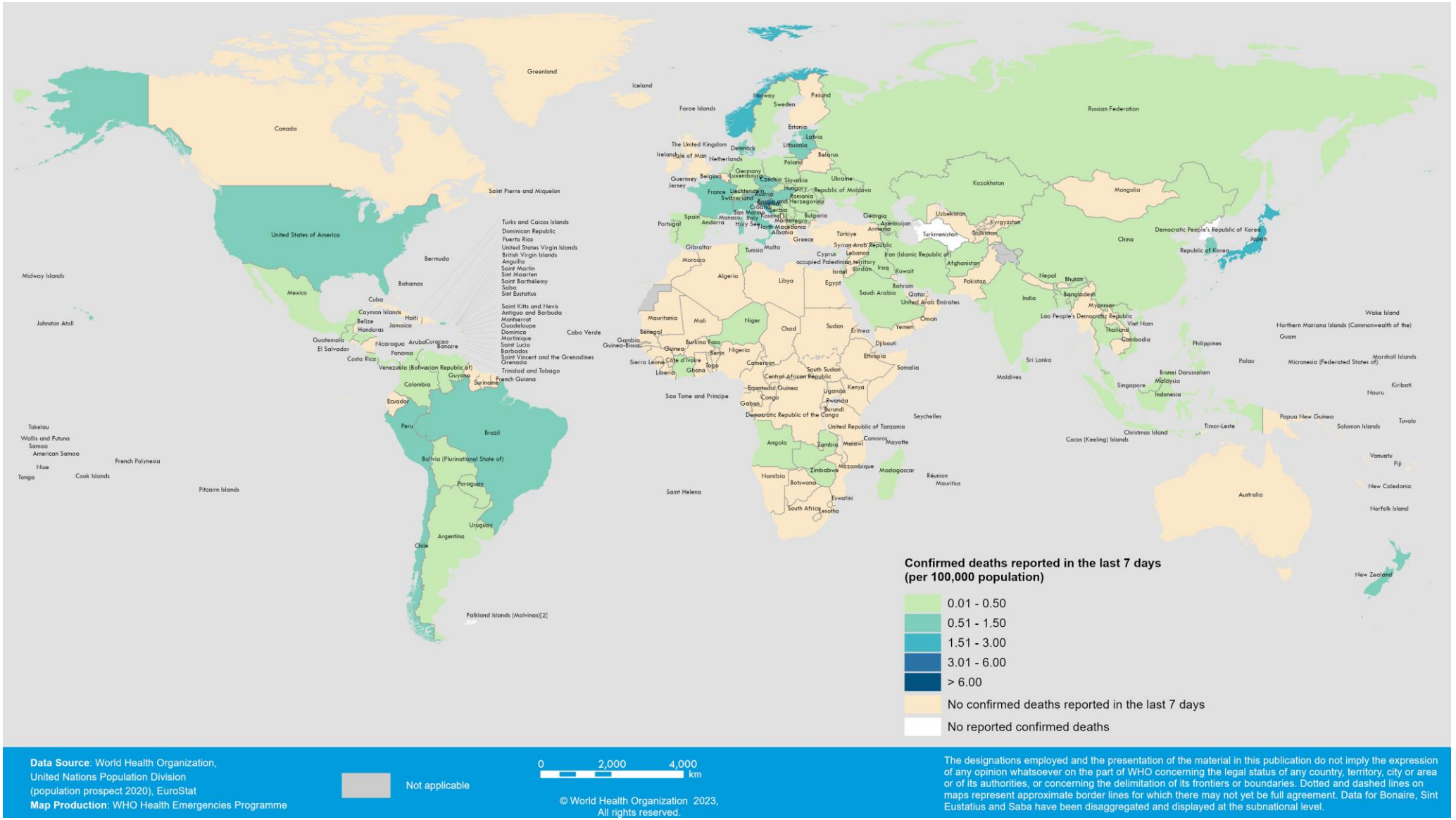
- WHO COVID-19 Dashboard
- WHO COVID-19 Monthly Operational Update and previous editions of the Weekly Epidemiological Update
- WHO COVID-19 detailed surveillance data dashboard
- WHO COVID-19 policy briefs

Figure 2. COVID-19 cases per 100 000 population reported by countries, territories and areas, 26 December 2022 to 1 January 2023**



**See *Annex 1: Data, table, and figure notes*

Figure 3. COVID-19 deaths per 100 000 population reported by countries, territories and areas, 26 December 2022 to 1 January 2023**



**See *Annex 1: Data, table, and figure notes*

SARS-CoV-2 variants of concern and Omicron subvariants under monitoring

Geographic spread and prevalence

Globally, from 2 December 2022 to 2 January 2023, 105 428 SARS-CoV-2 sequences were shared through GISAID. Among these, 103 723 sequences were the Omicron variant of concern (VOC), accounting for 98.4% of sequences reported globally in the past 30 days.

BA.5 and its descendent lineages are still dominant globally, accounting for 63.7% of sequences submitted to GISAID as of week 50 (12 to 18 December 2022), even though their prevalence is decreasing. The prevalence of BA.2 and its descendent lineages is rising, mainly due to BA.2.75* (* indicates inclusion of descendent lineages); together they account for 15.2% of sequences submitted. BA.4 and its descendent lineages are declining with a prevalence of 0.7% as of week 50. Unassigned sequences (presumably Omicron) account for 13.6% of sequences submitted to GISAID in week 50, while the other lineages account for 6.1%.

At the global level, six variants currently under monitoring account for 74.4% of prevalence as of week 50 and have replaced the former BA.5 descendent lineages. These six variants under monitoring (and the respective prevalence) are BQ.1* (44.9%), a sublineage of BA.5, BA.5 with one or several of five mutations (S:R346X, S:K444X, S:V445X, S:N450D, S:N460X) (10.3%), BA.2.75* (11.8%), BA.4.6* (0.6%), and BA.2.3.20* (<0.1%). In week 50, the prevalence of XBB* was 6.8%, which includes XBB.1.5 which had an increase in sequences in week 50 (667 sequences) compared to week 49 (5 to 11 December 2022) where 525 sequences were reported. Based on current evidence, there is no indication of increased severity associated with these variants under monitoring compared to the former Omicron lineages.

The TAG-VE (Technical Advisory Group on SARS-CoV-2 Virus Evolution) convened on 3 January 2022 to discuss the COVID-19 situation in mainland China. The TAG-VE has released a statement which can be found here.

Additional resources

- Tracking SARS-CoV-2 Variants
- TAG-VE statement on Omicron sublineages BQ.1 and XBB
- COVID-19 new variants: Knowledge gaps and research
- Genomic sequencing of SARS-CoV-2: a guide to implementation for maximum impact on public health
- VIEW-hub: repository for the most relevant and recent vaccine data

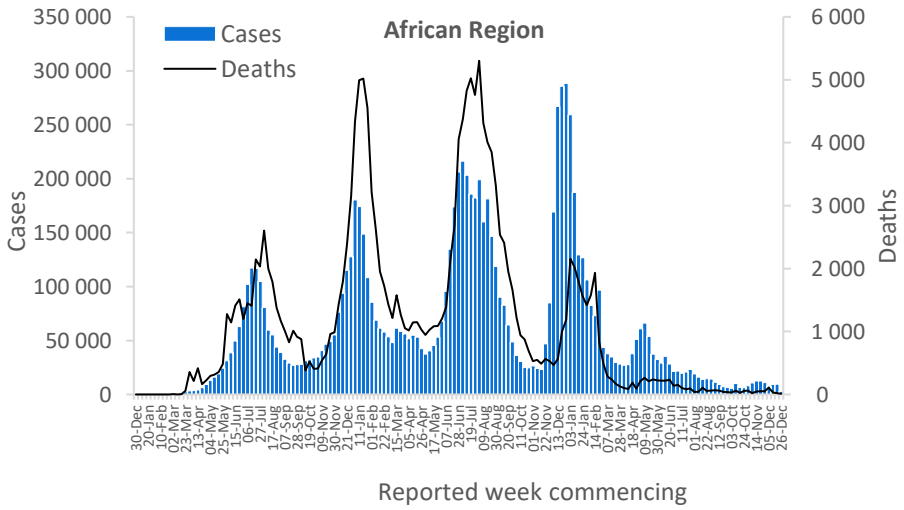
WHO regional overviews:

Epidemiological week 26 December 2022 to 1 January 2023

African Region

The African Region reported over 2570 new cases, a 73% decrease as compared to the previous week. 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 Nigeria (35 vs 17 new cases; +106%), Mali (two vs one new cases; +100%), and Zambia (512 vs 320 new cases; +60%). The highest numbers of new cases were reported from Ethiopia (905 new cases; <1 new case per 100 000; -11%), Zambia (512 new cases; 2.8 new cases per 100 000; +60%), and South Africa (348 new cases; <1 new case per 100 000; -88%).

The number of new weekly deaths in the region decreased by 32% as compared to the previous week, with 13 new deaths reported. The highest numbers of new deaths were reported from Zimbabwe (four new deaths; <1 new death per 100 000; -33%), Madagascar (two new deaths; <1 new death per 100 000; +100%), and Zambia (two new deaths; <1 new death per 100 000; -33%).

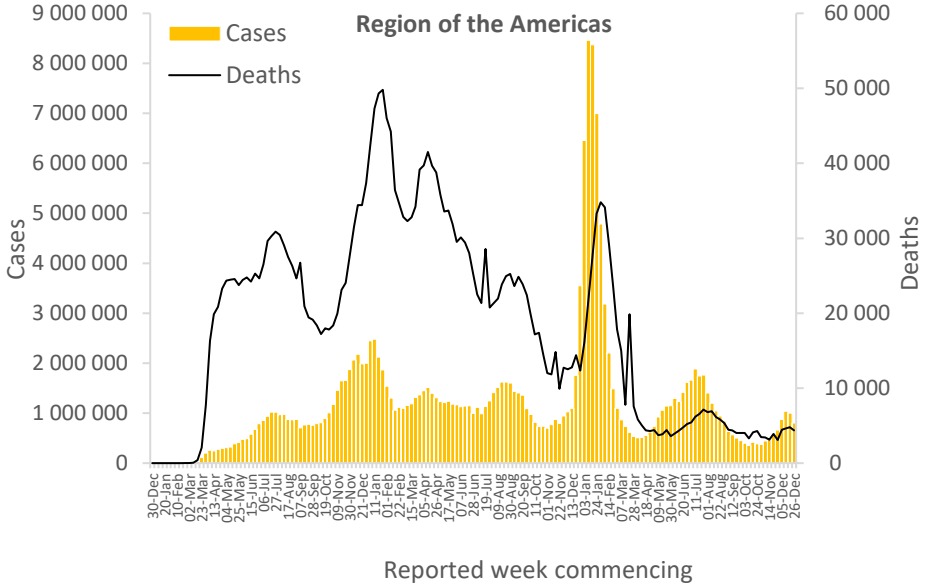


Updates from the African Region

Region of the Americas

The Region of the Americas reported over 803 000 new cases, a 20% decrease as compared to the previous week. Two (4%) 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 Honduras (2230 vs 943 new cases; +136%), and Paraguay (3272 vs 1889 new cases; +73%). The highest numbers of new cases were reported from the United States of America (393 587 new cases; 118.9 new cases per 100 000; -21%), Brazil (206 944 new cases; 97.4 new cases per 100 000; -19%), and Argentina (72 558 new cases; 160.5 new cases per 100 000; +17%).

The number of new weekly deaths in the region decreased by 9% as compared to the previous week, with 4385 new deaths reported. The highest numbers of new deaths were reported from the United States of America (2501 new deaths; <1 new death per 100 000; -14%), Brazil (1110 new deaths; <1 new death per 100 000; +19%), and Peru (194 new deaths; <1 new death per 100 000; +4%).

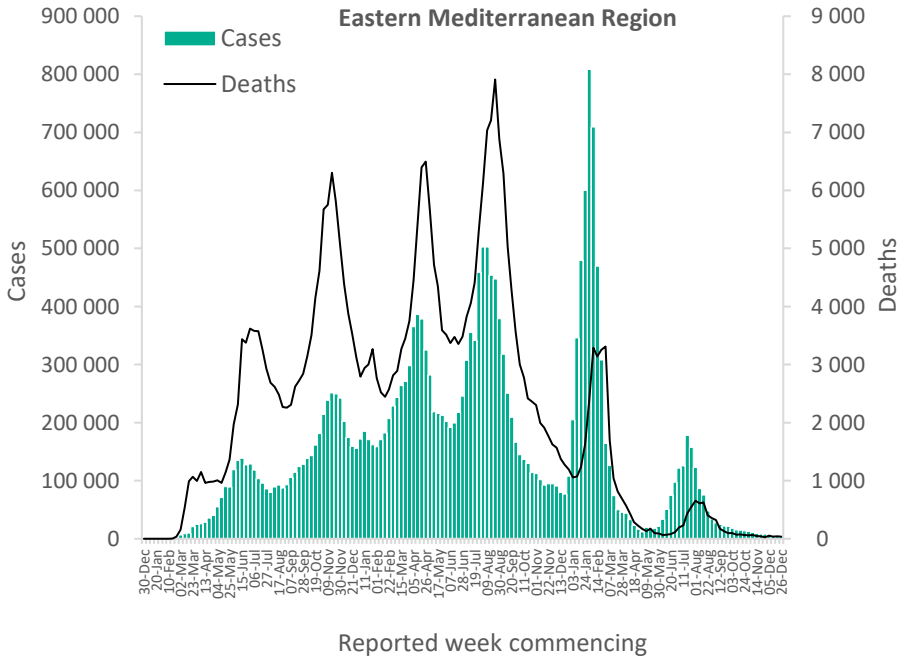


Updates from the Region of the Americas

Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 4150 new cases, a 16% decrease as compared to the previous week. Two (9%) of the 22 countries for which data are available reported increases in new cases of 20% or greater: Libya (21 vs nine new cases; +133%) and Lebanon (682 vs 486 new cases; +40%). Some of the highest numbers of new cases were reported from Qatar (1441 new cases; 50 new cases per 100 000; -18%) and the United Arab Emirates (459 new cases; 4.6 new cases per 100 000; -1%).

The number of new weekly deaths in the region decreased by 19% as compared to the previous week, with 35 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (12 new deaths; <1 new death per 100 000; -14%), Saudi Arabia (10 new deaths; <1 new death per 100 000; -29%), and Tunisia (five new deaths; <1 new death per 100 000; -29%).

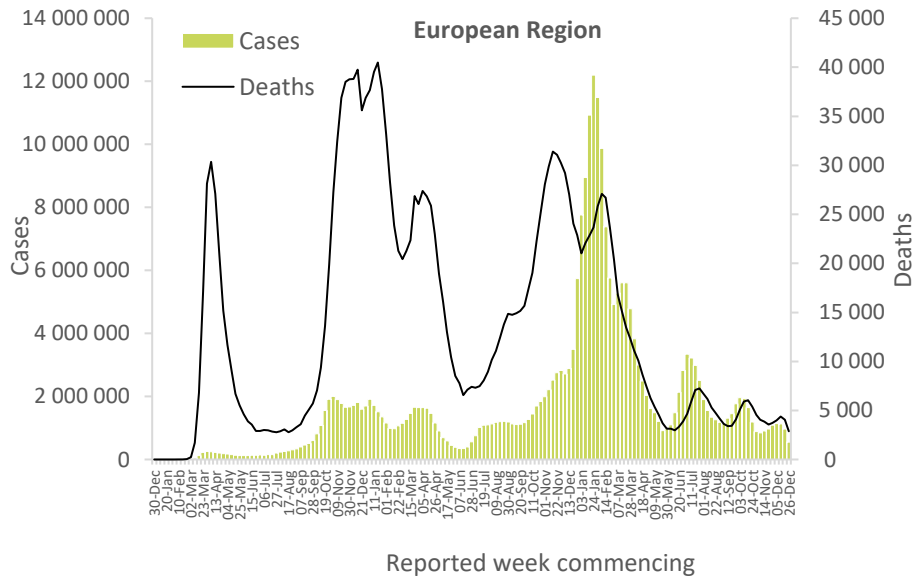


Updates from the Eastern Mediterranean Region

European Region

The European Region reported just under 549 000 new cases, a 43% decrease as compared to the previous week. Four (7%) of the 61 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Kyrgyzstan (10 vs four new cases; +150%), Kosovo[1] (35 vs 18 new cases; +94%), and Malta (167 vs 133 new cases; +26%). The highest numbers of new cases were reported from France (156 133 new cases; 240.1 new cases per 100 000; -48%), Germany (149 260 new cases; 179.5 new cases per 100 000; -35%), and Italy (83 202 new cases; 139.5 new cases per 100 000; -37%).

The number of new weekly deaths in the region decreased by 29% as compared to the previous week, with 2866 new deaths reported. The highest numbers of new deaths were reported from France (803 new deaths; 1.2 new deaths per 100 000; similar number of deaths reported the previous week), Italy (474 new deaths; <1 new death per 100 000; -41%), and the Russian Federation (379 new deaths; <1 new death per 100 000; -1%).

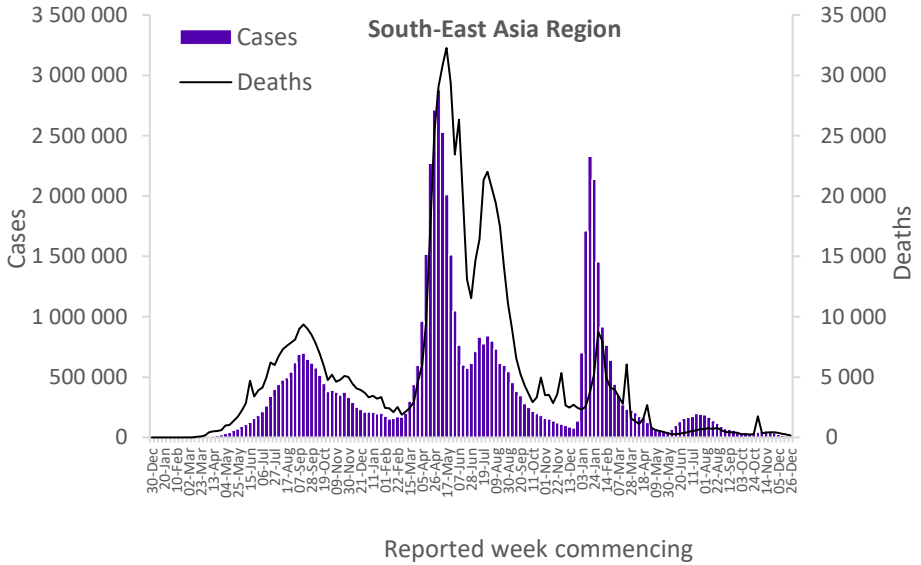


Updates from the European Region

South-East Asia Region

The South-East Asia Region reported over 8000 new cases, a 26% decrease as compared to the previous week. Six (60%) of the 10 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Timor-Leste (nine vs three new cases; +200%), Nepal (36 vs 20 new cases; +80%), and Myanmar (73 vs 57 new cases; +28%). The highest numbers of new cases were reported from Indonesia (4057 new cases; 1.5 new cases per 100 000; -38%), Thailand (2111 new cases; 3 new cases per 100 000; -27%), and India (1543 new cases; <1 new case per 100 000; +34%).

The number of new weekly deaths in the region decreased by 32% as compared to the previous week, with 172 new deaths reported. The highest numbers of new deaths were reported from Indonesia (82 new deaths; <1 new death per 100 000; -41%), Thailand (75 new deaths; <1 new death per 100 000; -16%), and India (12 new deaths; <1 new death per 100 000; -43%).

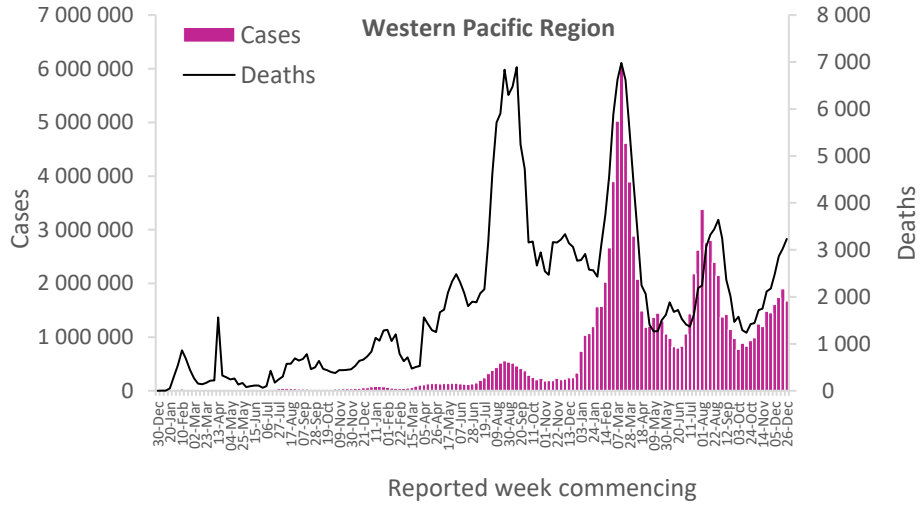


Updates from the South-East Asia Region

Western Pacific Region

The Western Pacific Region reported over one million new cases, a 12% decrease as compared to the previous week. 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 Micronesia (Federated States of) (165 vs 21 new cases; +686%), Niue (123 vs 72 new cases; +71%), and Singapore (8 324 vs 5 481 new cases; +52%). The highest numbers of new cases were reported from Japan (946 130 new cases; 748.1 new cases per 100 000; -18%), the Republic of Korea (457 745 new cases; 892.8 new cases per 100 000; -3%), and China (218 019 new cases; 14.8 new cases per 100 000; +45%).

The number of new weekly deaths in the region increased by 7% as compared to the previous week, with 3233 new deaths reported. The highest numbers of new deaths were reported from Japan (1941 new deaths; 1.5 new deaths per 100 000; -3%), China (648 new deaths; <1 new death per 100 000; +48%), and the Republic of Korea (429 new deaths; <1 new death per 100 000; +9%).



Updates from the Western Pacific Region

Hospitalizations and ICU admissions

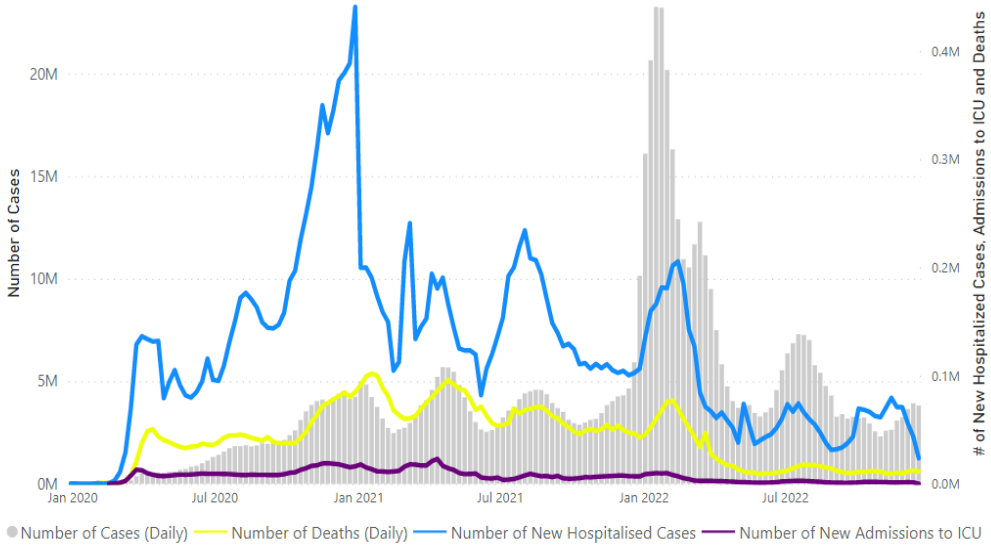
At the global level, during epidemiological week 51 (19 to 25 December 2022), a total of 23 696 new hospitalizations and 32 new intensive care unit (ICU) admissions were reported. The presented hospitalization data are preliminary and might change as new data become available. Furthermore, hospitalization data are subject to reporting delays – especially for week 51, in which completeness of reporting is lower than usual due to the year-end holiday season. These data are also likely to include both hospitalizations with incidental cases of SARS-CoV-2 infection and those due to COVID-19 disease.

Globally, in week 51, nine (4% of all) countries reported data to WHO on new hospitalizations. The African Region reported hospitalization data from Ethiopia, Zambia and Zimbabwe; the Western Pacific Region reported from China and Singapore; the Region of the Americas reported from Mexico, Bonaire and Curaçao; and the Eastern Mediterranean Region reported from Qatar. To date, no country in the European and the South-East Asia Regions has reported data on new hospital admissions during the week.

Across the six WHO regions, in week 51, a total of five (2%) countries reported data to WHO on new ICU admissions. The region with the highest proportion of countries reporting data on new ICU admissions was the Eastern Mediterranean Region (two countries; 9%) followed by the African Region (one country; 2%), the Western Pacific Region (one country; 3%), and the Region of the Americas (one country; 2%). No country in the European Region and the South-East Asia Region has so far reported data on new ICU admissions during the week.

All three countries reporting more than 50 new hospitalizations showed an increasing trend compared to the previous week: China (22 416 vs 15 161 new hospitalizations; +48%), Mexico (1037 vs 915 new hospitalizations; +13%), and Singapore (184 vs 165 new hospitalizations; +12%).

Figure 4. COVID-19 cases, deaths, hospitalizations, and ICU admissions reported weekly to WHO, as of 25 December 2022



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

Source: WHO Detailed Surveillance Dashboard

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 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.
[2] A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

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 SARS-CoV-2 variants, including descendent lineages of VOCs, to track changes in prevalence and viral characteristics. The current trends describing the circulation of Omicron descendent lineages 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.[5]

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