COVID-19 Weekly Epidemiological Update

Edition 131 published 22 February 2023

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- Global overview
- SARS-CoV-2 variants of concern and Omicron subvariants under monitoring
- WHO regional overviews
- Hospitalizations and ICU admissions

Global overview
Data as of 19 February 2023

Globally, nearly 5.3 million new cases and over 48,000 deaths were reported in the last 28 days (23 January to 19 February 2023), a decrease of 89% and 62%, respectively, compared to the previous 28 days (Figure 1, Table 1). As of 19 February 2023, over 757 million confirmed cases and over 6.8 million deaths have been reported globally.

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 This is partly due to the reduction in testing and delays in reporting in many countries. Data presented in this report may be incomplete and should, therefore, be interpreted with caution. Additionally, data from previous weeks are continuously updated to incorporate retrospective changes in reported COVID-19 cases and deaths made by countries.

We present changes in epidemiological trends using a 28-day interval. This helps to account for delays in reporting, smooth out weekly fluctuations in case numbers, and provide a clear picture of where the pandemic is accelerating or decelerating. Weekly data are still accessible on the WHO COVID-19 dashboard, where the full dataset is available for download.

Figure 1. COVID-19 cases reported by WHO Region, and global deaths by 28-day intervals, as of 19 February 2023**

**See Annex 1: Data, table, and figure note**
At the regional level, the number of newly reported 28-day cases decreased across all WHO regions: the Western Pacific Region (-94%), the South-East Asia Region (-51%), the Region of the Americas (-43%), the African Region (-34%), the European Region (-33%), and the Eastern Mediterranean Region (-26%). The number of newly reported 28-day deaths decreased across five regions: the Western Pacific Region (-77%), the South-East Asia Region (-62%), the African Region (-52%), the European Region (-50%), and the Region of the Americas (-14%); while reported deaths increased in the Eastern Mediterranean Region (+18%).

At the country level, the highest numbers of new 28-day cases were reported from the United States of America (1 113 288 new cases; -31%), Japan (1 095 815 new cases; -71%), China (635 433 new cases; -98%), the Republic of Korea (430 042 new cases; -68%), and Germany (329 229 new cases; -25%). The highest numbers of new 28-day deaths were reported from the United States of America (13 517 new deaths; +1%), China (9945 new deaths; -86%), Japan (6536 new deaths; -33%), Australia (2179 new deaths; +107%), and the United Kingdom (2063 new deaths; -52%).

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

<table>
<thead>
<tr>
<th>WHO Region</th>
<th>New cases in last 28 days (%)</th>
<th>Change in new cases in last 28 days *</th>
<th>Cumulative cases (%)</th>
<th>New deaths in last 28 days (%)</th>
<th>Change in new deaths in last 28 days *</th>
<th>Cumulative deaths (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western Pacific</td>
<td>2 296 493 (43%)</td>
<td>-94%</td>
<td>200 898 740 (27%)</td>
<td>19 760 (41%)</td>
<td>-77%</td>
<td>403 669 (6%)</td>
</tr>
<tr>
<td>Americas</td>
<td>1 619 223 (31%)</td>
<td>-43%</td>
<td>189 943 114 (25%)</td>
<td>18 444 (38%)</td>
<td>-14%</td>
<td>2 926 994 (43%)</td>
</tr>
<tr>
<td>Europe</td>
<td>1 322 107 (25%)</td>
<td>-33%</td>
<td>272 737 266 (36%)</td>
<td>10 014 (21%)</td>
<td>-50%</td>
<td>2 190 311 (32%)</td>
</tr>
<tr>
<td>Africa</td>
<td>19 238 (&lt;1%)</td>
<td>-34%</td>
<td>9 494 590 (1%)</td>
<td>51 (&lt;1%)</td>
<td>-52%</td>
<td>175 289 (3%)</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>14 495 (&lt;1%)</td>
<td>-26%</td>
<td>23 252 777 (3%)</td>
<td>216 (&lt;1%)</td>
<td>18%</td>
<td>349 453 (5%)</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>11 013 (&lt;1%)</td>
<td>-51%</td>
<td>60 763 529 (8%)</td>
<td>206 (&lt;1%)</td>
<td>-62%</td>
<td>803 802 (12%)</td>
</tr>
<tr>
<td>Global</td>
<td>5 282 569 (100%)</td>
<td>-89%</td>
<td>757 090 780 (100%)</td>
<td>48 691 (100%)</td>
<td>-62%</td>
<td>6 849 531 (100%)</td>
</tr>
</tbody>
</table>

*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
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Figure 2. Percentage change in confirmed COVID-19 cases over the last 28 days relative to the previous 28 days, 23 January to 19 February 2023**

Percentage change in confirmed COVID-19 cases

- Decreasing
- Limited change
- Increasing
- No reported confirmed cases

**See Annex 1: Data, table, and figure notes**
Figure 3. Percentage change in confirmed COVID-19 deaths over the last 28 days relative to the previous 28 days, 23 January to 19 February 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 23 January to 19 February 2023 (28 days), 67 250 SARS-CoV-2 sequences were shared through GISAID. Among these, 67 081 sequences (99.7%) were the Omicron variant of concern (VOC).

In epidemiological week 5 (30 January to 5 February 2023), Omicron BA.5 and its descendent lineages accounted for 35.3% prevalence of all shared sequences (6904 out of 19 556 sequences). However, their share has declined as compared to week 1 (2 to 8 January 2023), when they accounted for 67.1% prevalence (38 575 out of 57 533 sequences). The decline in BA.5 lineages is probably due to the increase in the proportions of recombinant lineages. Pooled recombinant variant sequences have shown an increase in relative prevalence from 13.8% (7937 sequences) in week 1, 2023 to 38.3% (7494 sequences) in week 5, 2023. The majority of these recombinant variants in week 5 were XBB.1.5 (29.6% among all sequences). In addition, recombinant variant XBF accounted for 1.8% of all sequences. During the same reporting period, the prevalence of Omicron BA.2 and its descendent lineages remained stable (13.3% as compared to 13.5% in week 1, 2023). Unassigned sequences (all presumably Omicron awaiting descendent lineage assignment) accounted for 12.9% of shared sequences in week 5. Omicron BA.1, BA.3 and BA.4 variants and their descendent lineages all accounted for <1% prevalence.

WHO currently has seven Omicron subvariants under monitoring. These include BF.7 (BA.5 + R346T mutation in spike); BQ.1* (including BQ.1.1, with BA.5 + R346T, K444T, N460K mutations in spike); BA.2.75* (including BA.2.75.2); CH.1.1 (BA.2.75 + L452R, F486S); XBB*; XBB.1.5 and XBF. These variants are included due to their observed transmission advantage relative to other circulating variants and additional amino acid changes that are known or suspected to confer fitness advantage.

Additional resources
- Tracking SARS-CoV-2 Variants
- WHO updated rapid risk assessment of XBB.1.5, published on 25 January 2023
- 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 all descendent lineages.
WHO regional overviews
Data for 23 January to 19 February 2023

African Region

The African Region reported over 19 000 new cases, a 34% decrease as compared to the previous 28-day period. Nine (18%) 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 Mali (93 vs seven new cases; +1229%), Chad (10 vs two new cases; +400%), and Côte d’Ivoire (132 vs 33 new cases; +300%). The highest numbers of new cases were reported from South Africa (4709 new cases; 7.9 new cases per 100 000; -21%), Zambia (4537 new cases; 24.7 new cases per 100 000; +22%), and Zimbabwe (2089 new cases; 14.1 new cases per 100 000; +30%).

The number of new 28-day deaths in the region decreased by 52% as compared to the previous 28-day period, with 51 new deaths reported. The highest numbers of new deaths were reported from Zambia (14 new deaths; <1 new death per 100 000; -7%), Zimbabwe (10 new deaths; <1 new death per 100 000; -41%), and Mozambique (nine new deaths; <1 new death per 100 000; +200%).

Region of the Americas

The Region of the Americas reported over 1.6 million new cases, a 43% decrease as compared to the previous 28-day period. Two (4%) of the 56 countries for which data are available reported increases in new cases of 20% or greater: Jamaica (922 vs 352 new cases; +162%) and Saint Lucia (79 vs 55 new cases; +44%). The highest numbers of new cases were reported from the United States of America (1 113 288 new cases; 336.3 new cases per 100 000; -31%), Brazil (274 831 new cases; 129.3 new cases per 100 000; -53%), and Mexico (62 712 new cases; 48.6 new cases per 100 000; -46%).

The number of new 28-day deaths in the region decreased by 14% as compared to the previous 28-day period, with 18 444 new deaths reported. The highest numbers of new deaths were reported from the United States of America (13 517 new deaths; 4.1 new deaths per 100 000; +1%), Brazil (1859 new deaths; <1 new death per 100 000; -46%), and Peru (712 new deaths; 2.2 new deaths per 100 000; +19%).

Updates from the African Region

Updates from the Region of the Americas
Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 14 000 new cases, a 26% decrease as compared to the previous 28-day period. Four (18%) of the 22 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Egypt (118 vs 66 new cases; +79%), Saudi Arabia (1296 vs 812 new cases; +60%), and Afghanistan (989 vs 775 new cases; +28%). The highest numbers of new cases were reported from Lebanon (3941 new cases; 57.7 new cases per 100 000; -15%), the Islamic Republic of Iran (3163 new cases; 3.8 new cases per 100 000; +24%), and the United Arab Emirates (2338 new cases; 23.6 new cases per 100 000; +13%).

The number of new 28-day deaths in the region increased by 18% as compared to the previous 28-day period, with 216 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (63 new deaths; <1 new death per 100 000; +3%), Saudi Arabia (45 new deaths; <1 new death per 100 000; -4%), and Lebanon (40 new deaths; <1 new death per 100 000; +38%).

Updates from the Eastern Mediterranean Region

European Region

The European Region reported over 1.3 million new cases, a 33% decrease as compared to the previous 28-day period. Nine (15%) 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 Poland (24 882 vs 10 007 new cases; +149%), the Russian Federation (272 478 vs 129 865 new cases; +110%), and Georgia (8367 vs 4499 new cases; +86%).

The highest numbers of new cases were reported from Germany (329 229 new cases; 395.9 new cases per 100 000; -25%), the Russian Federation (272 478 new cases; 186.7 new cases per 100 000; +110%), and Italy (119 336 new cases; 200.1 new cases per 100 000; -68%).

The number of new 28-day deaths in the region decreased by 50% as compared to the previous 28-day period, with 10 014 new deaths reported. The highest numbers of new deaths were reported from the United Kingdom (2063 new deaths; 3.0 new deaths per 100 000; -52%), Italy (1249 new deaths; 2.1 new deaths per 100 000; -49%), and the Russian Federation (1105 new deaths; <1 new death per 100 000; -16%).

Updates from the European Region
South-East Asia Region

The South-East Asia Region reported over 11 000 new cases, a 51% 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 Indonesia (6150 new cases; 2.2 new cases per 100 000; -49%), India (2996 new cases; <1 new case per 100 000; -38%), and Thailand (1319 new cases; 1.9 new cases per 100 000; -72%).

The number of new 28-day deaths in the region decreased by 62% as compared to the previous 28-day period, with 206 new deaths reported. The highest numbers of new deaths were reported from Indonesia (105 new deaths; <1 new death per 100 000; -57%), Thailand (66 new deaths; <1 new death per 100 000; -73%), and India (27 new deaths; <1 new death per 100 000; -33%).

Updates from the South-East Asia Region

Western Pacific Region

The Western Pacific Region reported nearly 2.3 million new cases, a 94% decrease as compared to the previous 28-day period. One (3%) of the 35 countries for which data are available reported increases in new cases of 20% or greater: Samoa (105 vs 40 new cases; +163%). The highest numbers of new cases were reported from Japan (1 095 815 new cases; 866.4 new cases per 100 000; -71%), China (635 433 new cases; 43.2 new cases per 100 000; -98%), and the Republic of Korea (430 042 new cases; 838.8 new cases per 100 000; -68%).

The number of new 28-day deaths in the region decreased by 77% as compared to the previous 28-day period, with 19 760 new deaths reported. The highest numbers of new deaths were reported from China (9945 new deaths; <1 new death per 100 000; -86%), Japan (6536 new deaths; 5.2 new deaths per 100 000; -33%), and Australia (2179 new deaths; 8.5 new deaths per 100 000; +107%).

Updates from the Western Pacific Region
**Hospitalizations and ICU admissions**

At the global level, during the past 28 days (16 January to 12 February 2023), a total of 53,269 new hospitalizations and 2,321 new intensive care unit (ICU) admissions were reported. This represents a reduction in both new hospitalizations and ICU admissions of 40% and 23%, respectively, compared to the previous 28 days (9 January to 5 February 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 are also likely to include both hospitalizations with incidental cases of SARS-CoV-2 infection and those due to COVID-19 disease.

Globally, during the past 28 days, 47 (20%) countries reported data to WHO on new hospitalizations at least once. The region with the highest proportion of countries reporting data on new hospitalizations was the European Region (25 countries; 41%), followed by the Eastern Mediterranean Region (five countries; 23%), the South-East Asia Region (two countries; 18%), the Region of the Americas (seven countries; 13%), the African Region (five countries; 10%) and the Western Pacific Region (three countries; 9%).

A total of 24 countries (10%) consistently reported new hospital admissions for the period. Among them, 12 countries reported more than 200 total new hospitalizations, including one that showed an increasing trend compared to the previous 28-day period (9 January to 5 February 2023): Ukraine (9,887 vs 9,469; 4%).

Across the six WHO regions, in the past 28 days, a total of 32 (14%) countries reported data to WHO on new ICU admissions at least once. The region with the highest proportion of countries reporting data on new ICU admissions was the European Region (18 countries; 30%) followed by the Eastern Mediterranean Region (four countries; 18%), the Western Pacific Region (four countries; 11%), the South-East Asia Region (one country; 9%) the Region of the Americas (four countries; 7%) and the African Region (one country; 2%).

A total of 14 countries (6%) consistently reported new ICU admissions for the period. Among them, nine countries reported more than 40 total new ICU admissions; none of these countries showed an increasing trend compared to the previous 28 days period.

**Figure 4. COVID-19 cases, deaths, hospitalizations, and ICU admissions reported weekly to WHO, as of 12 February 2023**

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

Source: WHO Detailed Surveillance Dashboard

*“Consistently” as used here refers to countries that submitted data for new hospitalizations and intensive care unit admissions for the four consecutive weeks that make up the 28-day period.*
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.


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.6
References


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Global overview

Data as of 12 February 2023

Globally, over 6.7 million new cases and over 64 000 deaths were reported in the last 28 days (16 January to 12 February 2023), a decrease of 92% and 47%, respectively, compared to the previous 28 days (Figure 1, Table 1). As of 12 February 2023, over 755 million confirmed cases and over 6.8 million deaths have been reported globally.

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 This is partly due to the reduction in testing and delays in reporting in many countries. Data presented in this report may be incomplete and should, therefore, be interpreted with caution. Additionally, data from previous weeks are continuously updated to incorporate retrospective changes in reported COVID-19 cases and deaths made by countries.

We present changes in epidemiological trends using a 28-day interval. This helps to account for delays in reporting, smooth out weekly fluctuations in case numbers, and provide a clear picture of where the pandemic is accelerating or decelerating. Weekly data are still accessible on the WHO COVID-19 dashboard, where the full dataset is available for download.

Figure 1. COVID-19 cases reported by WHO Region, and global deaths by 28-day intervals, as of 12 February 2023**

**See Annex 1: Data, table, and figure note
At the regional level, the number of newly reported 28-day cases decreased or remained stable across all WHO regions: the Western Pacific Region (-96%), the South-East Asia Region (-59%), the European Region (-52%), the Region of the Americas (-46%), the African Region (-23%), and the Eastern Mediterranean Region (-2%). The number of newly reported 28-day deaths decreased or remained stable across four regions: the South-East Asia Region (-60%), the Western Pacific Region (-58%), the European Region (-50%), and the Region of the Americas (-1%); while reported deaths numbers increased in two WHO regions: the African Region (+22%), and the Eastern Mediterranean Region (+33%).

At the country level, the highest numbers of new 28-day cases were reported from Japan (1 627 259 new cases; -61%), China (1 272 035 new cases; -98%), the United States of America (1 165 050 new cases; -36%), the Republic of Korea (543 308 new cases; -66%), and Brazil (332 404 new cases; -54%). The highest numbers of new 28-day deaths were reported from China (20 979 new deaths; -68%), the United States of America (14 326 new deaths; +12%), Japan (8294 new deaths; -7%), Brazil (2426 new deaths; -29%), and the United Kingdom (2269 new deaths; -47%).

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 12 February 2023**

<table>
<thead>
<tr>
<th>WHO Region</th>
<th>New cases in last 28 days (%)</th>
<th>Change in new cases in last 28 days *</th>
<th>Cumulative cases (%)</th>
<th>New deaths in last 28 days (%)</th>
<th>Change in new deaths in last 28 days *</th>
<th>Cumulative deaths (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western Pacific</td>
<td>3 604 356 (54%)</td>
<td>-96%</td>
<td>200 530 578 (27%)</td>
<td>32 109 (50%)</td>
<td>-58%</td>
<td>401 042 (6%)</td>
</tr>
<tr>
<td>Americas</td>
<td>1 796 636 (27%)</td>
<td>-46%</td>
<td>189 589 697 (25%)</td>
<td>20 552 (32%)</td>
<td>-1%</td>
<td>2 923 386 (43%)</td>
</tr>
<tr>
<td>Europe</td>
<td>1 264 474 (19%)</td>
<td>-52%</td>
<td>272 358 679 (36%)</td>
<td>11 173 (17%)</td>
<td>-50%</td>
<td>2 187 385 (32%)</td>
</tr>
<tr>
<td>Africa</td>
<td>23 152 (&lt;1%)</td>
<td>-23%</td>
<td>9 490 136 (1%)</td>
<td>93 (&lt;1%)</td>
<td>22%</td>
<td>175 277 (3%)</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>17 400 (&lt;1%)</td>
<td>-2%</td>
<td>23 248 933 (3%)</td>
<td>231 (&lt;1%)</td>
<td>33%</td>
<td>349 416 (5%)</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>12 130 (&lt;1%)</td>
<td>-59%</td>
<td>60 760 963 (8%)</td>
<td>271 (&lt;1%)</td>
<td>-60%</td>
<td>803 760 (12%)</td>
</tr>
<tr>
<td>Global</td>
<td>6 718 148 (100%)</td>
<td>-92%</td>
<td>755 979 750 (100%)</td>
<td>64 429 (100%)</td>
<td>-47%</td>
<td>6 840 279 (100%)</td>
</tr>
</tbody>
</table>

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Figure 2. Percentage change in confirmed COVID-19 cases over the last 28 days relative to the previous 28 days, 16 January to 12 February 2023

**See Annex 1: Data, table, and figure notes**
Figure 3. Percentage change in confirmed COVID-19 deaths over the last 28 days relative to the previous 28 days, 16 January to 12 February 2023**

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

Geographic spread and prevalence

Globally, from 16 January to 12 February 2023 (28 days), 63 236 SARS-CoV-2 sequences were shared through GISAID. Among these, 63 113 sequences were the Omicron variant of concern (VOC), accounting for over 99.8% of sequences reported globally.

In epidemiological week 4 (23 to 29 January 2023), Omicron BA.5 and its descendent lineages accounted for 42.7% prevalence (with 6219 sequences) of all submitted sequences. However, their share has declined when compared to week 52 (26 December 2022 to 1 January 2023, with 70.7% prevalence or 41 524 sequences). During the same reporting period, the prevalence of Omicron BA.2 and its descendent lineages remained stable (13.1% as compared to 13.3% in week 52). Pooled recombinant variant sequences have shown an increase in relative prevalence from 10.6% (with 6243 sequences) in week 52, 2022 to 32.7% (with 4758 sequences) in week 4, 2023. The majority of these recombinant variants in week 4 was XBB.1.5 (26.1% among all sequences). In addition, recombinant variant XBF accounted for 1.2% among all sequences. Unassigned sequences (presumably Omicron) account for 11.4% of sequences submitted to GISAID in week 4. Omicron BA.1, BA.3 and BA.4 variants and their descendent lineages all account for <1% prevalence.

WHO currently has seven Omicron subvariants under monitoring. These include BF.7 (BA.5 + R346T mutation in spike); BQ.1* (including BQ.1.1, with BA.5 + R346T, K444T, N460K mutations in spike); BA.2.75* (including BA.2.75.2); CH.1.1 (BA.2.75 + L452R, F486S); XBB*; XBB.1.5 and XBF. Since the last Weekly Epidemiological Update issued on 8 February 2023, XBF subvariant has been added to the list. These variants are included due to their observed transmission advantage relative to other circulating variants and additional amino acid changes that are known or suspected to confer fitness advantage.

Regionally, in epidemiological week 4, BA.5* was dominant in the Western Pacific Region (18.8%, 272/1450 sequences), XBB.1.5* was dominant in the Region of the Americas (25.1%, 3123/12 442 sequences), while BQ.1* was dominant in the European Region (21.1%, 2395/11 333 sequences). It was not feasible to determine the dominant circulation variant for regions submitting fewer than 100 sequences in week 4.

XBF, with first reported sequences on 27 July 2022, is a BA.5.2.3 and CJ.1 (BA.2.75.3 sublineage) recombinant. XBF has the following additional mutations in the spike protein when compared to BA.5: K147E, W152R, F157L, I210V, G257S, G339H, R346T, G446S, N460K, F486P, F490S. In laboratory studies, the mutation F486P has been shown to have increased transmissibility while R346T and N460K have been shown to confer immune escape. As of 12 February 2023, XBF has been reported from 46 countries. Seven of these countries (Australia, New Zealand, Austria, Denmark, the United Kingdom, Sweden, and the United States of America) have reported more than 100 sequences to date.

The impact of variants differs by country depending on various factors such as previous immunity and public health and social measures (PHSM) in place. There is currently no reported epidemiological evidence that XBF leads to a rise in cases, hospitalization or deaths.

* Indicates all descendent lineages
Figure 4. Panel A and B: The number and percentage of SARS-CoV-2 sequences, from 1 August 2022 to 29 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*, BA.2*, BA.3*, BA.4* and BA.5* (* indicates inclusion of descendent lineages) include all BA.1, BA.2, BA.3, BA.4 and BA.5 pooled descendent lineages, except several 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 August 2022 to 29 January 2023.
Table 2. Relative proportions of SARS-CoV-2 sequences from 26 December 2022 to 29 January 2023, by specimen collection date

<table>
<thead>
<tr>
<th>Lineage</th>
<th>Countries</th>
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<td>2 223 183</td>
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<td>2 062 137</td>
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<td>0.80</td>
<td>0.84</td>
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<tr>
<td>BA.3*</td>
<td>28</td>
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<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td>BA.4*</td>
<td>142</td>
<td>176 906</td>
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<td>0.33</td>
<td>0.22</td>
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<tr>
<td>BA.5*</td>
<td>162</td>
<td>1 591 990</td>
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<td>18.07</td>
<td>15.45</td>
<td>12.05</td>
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<tr>
<td>BF.7*</td>
<td>100</td>
<td>85 573</td>
<td>5.40</td>
<td>5.43</td>
<td>5.34</td>
<td>3.88</td>
<td>2.00</td>
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<td>BQ.1*</td>
<td>123</td>
<td>329 645</td>
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<td>43.46</td>
<td>41.26</td>
<td>38.35</td>
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<td>99 594</td>
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<td>12.43</td>
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<tr>
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<td>101</td>
<td>45 958</td>
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<td>4.42</td>
<td>4.77</td>
<td>4.43</td>
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<td>XBB.1.5*</td>
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<td>28 335</td>
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<td>Other</td>
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<td>6 664 565</td>
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<td>0.71</td>
<td>0.67</td>
<td>1.06</td>
<td>0.88</td>
</tr>
</tbody>
</table>

Table 2 shows the number of countries reporting the indicated lineages, the total number of sequences reported and the prevalence of the lineages for the last five epidemiological weeks. BA.1*, BA.2*, BA.3*, BA.4* and BA.5* (* indicates inclusion of descendent lineages) include all BA.1, BA.2, BA.3, BA.4 and BA.5 pooled descendent lineages, except several Omicron subvariants under monitoring shown individually. 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 13 February 2023. Proportions are shown as percentage.
Vaccine effectiveness (VE) of primary series and booster vaccination against the Omicron variant of concern (VOC)

Forest plots displaying the effectiveness of COVID-19 vaccines against Omicron are available on View-hub.org and updated regularly (last updated 9 February 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 (VE) for all vaccines with available data
- VE for various sub-populations of interest
- Absolute and relative vaccine effectiveness of a second booster dose (for more information on interpreting relative VE, see the June 29th Weekly Epidemiological Update)
- Duration of VE over time for vaccines with available data
- Absolute booster dose VE for bivalent vaccines

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. VE estimates against the Omicron variant remain higher for severe disease than the other two 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 the first booster dose.

Emerging evidence on mRNA bivalent vaccines, which contain both ancestral strain virus and Omicron variant, show that a booster dose of a bivalent vaccine improves protection against symptomatic and severe disease compared to unvaccinated persons; in addition, persons receiving a second or third booster dose of bivalent vaccine had improved protection compared to persons receiving the first or second booster doses of monovalent mRNA vaccine, respectively. As the bivalent mRNA vaccines have been evaluated during different time periods than the monovalent mRNA vaccines, direct comparison in observational VE studies has proved challenging; more evidence is needed to evaluate if the bivalent mRNA vaccines provide improved protection over the monovalent vaccines.

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 13 February 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 was observed with previous VOCs. In addition, the median reduction in geometric mean titers was two times lower for BA.4/BA.5 relative to BA.1. A recent report suggests that VE against BA.4/BA.5 is likely lower than against BA.1, although the reasons for this finding might be both due to the lower neutralization titers as well as methodological factors in how the VE studies were done. 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 of fold reductions for subvariants.
Additional resources
- Tracking SARS-CoV-2 Variants
- WHO updated rapid risk assessment of XBB.1.5, published on 25 January 2023
- 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
Data for 16 January to 12 February 2023

African Region

The African Region reported over 23 000 new cases, a 23% decrease as compared to the previous 28-day period. Nine (18%) 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 the Republic of the Congo (nine vs one new cases; +800%), Mali (38 vs five new cases; +660%), and Zimbabwe (2634 vs 890 new cases; +196%).

The highest numbers of new cases were reported from South Africa (5347 new cases; 9.0 new cases per 100 000; -18%), Zambia (5050 new cases; 27.5 new cases per 100 000; +74%), and Réunion (2770 new cases; 309.4 new cases per 100 000; -61%).

The number of new 28-day deaths in the Region increased by 22% as compared to the previous 28-day period, with 93 new deaths reported. The highest numbers of new deaths were reported from South Africa (27 new deaths; <1 new death per 100 000; no deaths reported the previous 28-day period), Zimbabwe (20 new deaths; <1 new death per 100 000; +43%), and Zambia (15 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 just under 1.8 million new cases, a 46% decrease as compared to the previous 28-day period. Five (9%) 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 Lucia (121 vs 20 new cases; +505%), Turks and Caicos Islands (58 vs 16 new cases; +263%), and Jamaica (937 vs 299 new cases; +213%).

The highest numbers of new cases were reported from the United States of America (1 165 050 new cases; 352.0 new cases per 100 000; -36%), Brazil (332 404 new cases; 156.4 new cases per 100 000; -54%), and Mexico (73 053 new cases; 56.7 new cases per 100 000; -41%).

The number of new 28-day deaths in the Region decreased by 1% as compared to the previous 28-day period, with 20 552 new deaths reported. The highest numbers of new deaths were reported from the United States of America (14 326 new deaths; 4.3 new deaths per 100 000; +12%), Brazil (2426 new deaths; 1.1 new deaths per 100 000; -29%), and Canada (889 new deaths; 2.4 new deaths per 100 000; -25%).

Updates from the Region of the Americas
Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 17 000 new cases, a 2% decrease as compared to the previous 28-day period. Six (27%) of the 22 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Tunisia (2748 vs 447 new cases; +515%), Sudan (56 vs 39 new cases; +44%), and Egypt (110 vs 81 new cases; +36%). The highest numbers of new cases were reported from Lebanon (4770 new cases; 69.9 new cases per 100 000; +32%), the Islamic Republic of Iran (2872 new cases; 3.4 new cases per 100 000; +32%), and Tunisia (2748 new cases; 23.3 new cases per 100 000; +515%).

The number of new 28-day deaths in the Region increased by 33% as compared to the previous 28-day period, with 231 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (55 new deaths; <1 new death per 100 000; -15%), Saudi Arabia (49 new deaths; <1 new death per 100 000; +2%), and Lebanon (42 new deaths; <1 new death per 100 000; +133%).

European Region

The European Region reported over 1.2 million new cases, a 52% decrease as compared to the previous 28-day period. 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 Georgia (6795 vs 3528 new cases; +93%), Kosovo (302 vs 170 new cases; +78%), and Armenia (285 vs 166 new cases; +72%). The highest numbers of new cases were reported from Germany (296 686 new cases; 356.7 new cases per 100 000; -51%), the Russian Federation (216 104 new cases; 148.1 new cases per 100 000; +54%), and Italy (138 179 new cases; 231.7 new cases per 100 000; -69%).

The number of new 28-day deaths in the Region decreased by 50% as compared to the previous 28-day period, with 11 173 new deaths reported. The highest numbers of new deaths were reported from the United Kingdom (2269 new deaths; 3.3 new deaths per 100 000; -47%), Italy (1393 new deaths; 2.3 new deaths per 100 000; -50%), and the Russian Federation (1153 new deaths; <1 new death per 100 000; -18%).

Updates from the Eastern Mediterranean Region

Updates from the European Region
South-East Asia Region

The South-East Asia Region reported over 12 000 new cases, a 59% 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 Indonesia (6713 new cases; 2.5 new cases per 100 000; -59%), India (3078 new cases; <1 new case per 100 000; -40%), and Thailand (1743 new cases; 2.5 new cases per 100 000; -75%).

The number of new 28-day deaths in the Region decreased by 60% as compared to the previous 28-day period, with 271 new deaths reported. The highest numbers of new deaths were reported from Indonesia (137 new deaths; <1 new death per 100 000; -58%), Thailand (102 new deaths; <1 new death per 100 000; -64%), and India (24 new deaths; <1 new death per 100 000; -56%).

Western Pacific Region

The Western Pacific Region reported over 3.6 million new cases, a 96% decrease as compared to the previous 28-day period. One (3%) of the 35 countries for which data are available reported increases in new cases of 20% or greater: Samoa (106 vs 26 new cases; +308%). The highest numbers of new cases were reported from Japan (1 627 259 new cases; 1286.6 new cases per 100 000; -61%), China (1 272 035 new cases; 86.5 new cases per 100 000; -98%), and the Republic of Korea (543 308 new cases; 1059.7 new cases per 100 000; -66%).

The number of new 28-day deaths in the Region decreased by 58% as compared to the previous 28-day period, with 32 109 new deaths reported. The highest numbers of new deaths were reported from China (20 979 new deaths; 1.4 new deaths per 100 000; -68%), Japan (8294 new deaths; 6.6 new deaths per 100 000; -7%), and Australia (1511 new deaths; 5.9 new deaths per 100 000; +104%).

Updates from the South-East Asia Region

Updates from the Western Pacific Region
Hospitalizations and ICU admissions

At the global level, during the past 28 days (from 9 January 2023 to 5 February 2023), a total of 88,814 new hospitalizations and 30,088 new intensive care unit (ICU) admissions were reported. This represents a decrease in both new hospitalizations and ICU admissions of 53% and 24%, respectively, compared to the previous 28 days (2 January to 29 January 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 are also likely to include both hospitalizations with incidental cases of SARS-CoV-2 infection and those due to COVID-19 disease.

Globally, during the past 28 days, 47 (20%) countries reported data to WHO on new hospitalizations at least once. The region with the highest proportion of countries reporting data on new hospitalizations was the European Region (25 countries; 41%), followed by the Eastern Mediterranean Region (five countries; 23%), the Region of the Americas (seven countries; 13%), the African Region (six countries; 12%), the Western Pacific Region (three countries; 9%), and the South-East Asia Region (one country; 9%). The proportion of countries that consistently reported new hospital admissions for the period was 11% (26 countries).

Among 15 countries that reported consistently during the period with more than 200 total new hospitalizations, no country showed an increasing trend compared to the previous 28 days period (12 December 2022 to 8 January 2023).

Across the six WHO regions, in the past 28 days, a total of 38 (16%) countries reported data to WHO on new ICU admissions at least once. The region with the highest proportion of countries reporting data on new ICU admissions was the European Region (25 countries; 41%) followed by the Eastern Mediterranean Region (five countries; 23%), the Region of the Americas (five countries; 9%), the Western Pacific Region (two countries; 6%), the African Region (one country; 2%). No country in the South-East Asia Region reported data on new ICU admissions during the past 28 days. The proportion of countries that consistently reported new ICU admissions for the period was 7% (16 countries).

Among 10 countries that reported consistently during the period with more than 40 total new ICU admissions, only one country showed an increasing trend compared to the previous 28 days period: Lithuania (116 vs 73; +59%).

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

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

# “Consistently” as used here refers to countries that submitted data for new hospitalizations and intensive care unit admissions for the four consecutive weeks that make up the 28-day period.
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.


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.8
References


6. Yue C, Song W, Wang L, et al. Enhanced transmissibility of XBB.1.5 is contributed by both strong ACE2 binding and antibody evasion. Published online January 3, 2023:2023.01.03.522427. doi:10.1101/2023.01.03.522427


COVID-19 Weekly Epidemiological Update

Edition 129 published 8 February 2023

In this edition:
- Global overview
- SARS-CoV-2 variants of concern and Omicron subvariants under monitoring
- WHO regional overviews
- Hospitalizations and ICU admissions
- Summary of Monthly Operational Update

Global overview
Data as of 5 February 2023

Globally, nearly 10.5 million new cases and over 90 000 deaths were reported in the last 28 days (9 January to 5 February 2023), a decrease of 89% and 8%, respectively, compared to the previous 28 days (Figure 1, Table 1). Epidemiologic trends in the previous 28 days have been dominated by a large wave of cases and deaths in the Western Pacific Region, notably in China. As of 5 February 2023, over 754 million confirmed cases and over 6.8 million deaths have been reported globally.

Current trends in reported COVID-19 cases are underestimates of the true number of global infections and reinfections as shown by prevalence surveys. This is partly due to the reduction in testing and delays in reporting in many countries. Data presented in this report may be incomplete and should, therefore, be interpreted with caution. Additionally, data from previous weeks are continuously updated to incorporate retrospective changes in reported COVID-19 cases and deaths made by countries.

We present changes in epidemiological trends using a 28-day interval. This helps to account for delays in reporting, smooth out weekly fluctuations in case numbers, and provide a clear picture of where the pandemic is accelerating or decelerating. Weekly data are still accessible on the WHO COVID-19 dashboard, where the full dataset is available for download.

Figure 1. COVID-19 cases reported by WHO Region, and global deaths by 28-day intervals, as of 5 February 2023**

**See Annex 1: Data, table, and figure note**
At the regional level, the number of newly reported 28-day cases decreased or remained stable across all WHO regions: the Western Pacific Region (-92%), the South-East Asia Region (-65%), the European Region (-62%), the Region of the Americas (-43%), the African Region (-27%), and the Eastern Mediterranean Region (-2%). The number of newly reported 28-day deaths increased across three regions: the Eastern Mediterranean Region (+45%), the African Region (+21%), and the Region of the Americas (+14%). Deaths decreased or remained stable in three WHO regions: the South-East Asia Region (-61%), the European Region (-38%), and the Western Pacific Region (-3%).

At the country level, the highest numbers of new 28-day cases were reported from China (3 485 265 new cases; -96%), Japan (2 429 215 new cases; -42%), the United States of America (1 328 654 new cases; -27%), the Republic of Korea (736 811 new cases; -59%), and Brazil (389 444 new cases; -59%). The highest numbers of new 28-day deaths were reported from China (40 812 new deaths; -11%), the United States of America (15 294 new deaths; +40%), Japan (9874 new deaths; +28%), the United Kingdom (2671 new deaths; -32%), and Brazil (2566 new deaths; -37%).

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 5 February 2023**

<table>
<thead>
<tr>
<th>WHO Region</th>
<th>New cases in last 28 days (%)</th>
<th>Change in new cases in last 28 days *</th>
<th>Cumulative cases (%)</th>
<th>New deaths in last 28 days (%)</th>
<th>Change in new deaths in last 28 days *</th>
<th>Cumulative deaths (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western Pacific</td>
<td>7 026 725 (67%)</td>
<td>-92%</td>
<td>200 034 218 (27%)</td>
<td>54 153 (60%)</td>
<td>-3%</td>
<td>397 737 (6%)</td>
</tr>
<tr>
<td>Americas</td>
<td>2 103 134 (20%)</td>
<td>-43%</td>
<td>189 186 865 (25%)</td>
<td>22 043 (24%)</td>
<td>14%</td>
<td>2 918 740 (43%)</td>
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<tr>
<td>Europe</td>
<td>1 272 322 (12%)</td>
<td>-62%</td>
<td>271 922 049 (36%)</td>
<td>13 652 (15%)</td>
<td>-38%</td>
<td>2 184 182 (32%)</td>
</tr>
<tr>
<td>Africa</td>
<td>23 362 (&lt;1%)</td>
<td>-27%</td>
<td>9 483 143 (1%)</td>
<td>99 (&lt;1%)</td>
<td>21%</td>
<td>175 259 (3%)</td>
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<tr>
<td>Eastern Mediterranean</td>
<td>18 664 (&lt;1%)</td>
<td>-2%</td>
<td>23 245 799 (3%)</td>
<td>231 (&lt;1%)</td>
<td>45%</td>
<td>349 366 (5%)</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>14 058 (&lt;1%)</td>
<td>-65%</td>
<td>60 758 033 (8%)</td>
<td>342 (&lt;1%)</td>
<td>-61%</td>
<td>803 710 (12%)</td>
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<tr>
<td>Global</td>
<td>10 458 265 (100%)</td>
<td>-89%</td>
<td>754 630 871 (100%)</td>
<td>90 520 (100%)</td>
<td>-8%</td>
<td>6 829 007 (100%)</td>
</tr>
</tbody>
</table>

*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 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 28 days relative to the previous 28 days, 9 January to 5 February 2023**

**See Annex 1: Data, table, and figure notes**
Figure 3. Percentage change in confirmed COVID-19 deaths over the last 28 days relative to the previous 28 days, 9 January to 5 February 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 10 January to 6 February 2023 (28 days), 70 276 SARS-CoV-2 sequences were shared through GISAID. Among these, 70 018 sequences were the Omicron variant of concern (VOC), accounting for over 99.6% of sequences reported globally.

Among the Omicron VOC, BA.5 and its descendent lineages are still dominant globally, but have declined in relative prevalence. In epidemiological week 3 (16 to 22 January 2023), they accounted for 53.9% prevalence (with 8393 sequences) of all submitted sequences to GISAID, a trend that is declining as compared to week 51 (19 to 25 December 2022, 74.2% prevalence with 46 718 sequences). During the same reporting period, the prevalence of BA.2 and its descendent lineages remained stable (12.6% as compared to 11.9% in week 51). In week 3, 2023, pooled recombinant variant sequences rose to a prevalence of 24.6% (with 3823 sequences) from 8.8% (with 5563 sequences) in week 51, 2022. The majority of these recombinant variants are XBB.1.5 sequences (17.7% in week 3) and are reported from the United States of America. Unassigned sequences (presumably Omicron) account for 8.7% of sequences submitted to GISAID in week 3. BA.1, BA.3 and BA.4 variants and their descendent lineages all account for <1% prevalence.

WHO is currently tracking four Omicron descendent lineages closely. These variants are included on the basis of signals of transmission advantage relative to other circulating variants 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* (including 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). To date, WHO has published two rapid risk assessments of XBB.1.5.#

Additional resources

- Tracking SARS-CoV-2 Variants
- WHO updated rapid risk assessment of XBB.1.5, published on 25 January 2023
- 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 all descendent lineages

# https://www.who.int/docs/default-source/coronaviruse/25012023xbb.1.pdf?sfvrsn=c3956081_1
WHO regional overviews
Data for 9 January to 5 February 2023
African Region

The African Region reported over 23 000 new cases, a 27% decrease as compared to the previous 28-day period. Ten (20%) 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 Equatorial Guinea (24 vs one new cases; +2300%), Zambia (4514 vs 832 new cases; +443%), and Mozambique (1600 vs 403 new cases; +297%). The highest numbers of new cases were reported from South Africa (5368 new cases; 9.1 new cases per 100 000; -27%), Zambia (4514 new cases; 24.6 new cases per 100 000; +443%), and Réunion (3290 new cases; 367.5 new cases per 100 000; -57%).

The number of new 28-day deaths in the region increased by 21% as compared to the previous 28-day period, with 99 new deaths reported. The highest numbers of new deaths were reported from South Africa (27 new deaths; <1 new death per 100 000; +50%), Zimbabwe (19 new deaths; <1 new death per 100 000; +12%), and Zambia (16 new deaths; <1 new death per 100 000; +220%).

Updates from the African Region

Region of the Americas

The Region of the Americas reported over 2.1 million new cases, a 43% decrease as compared to the previous 28-day period. Six (11%) 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 Jamaica (802 vs 158 new cases; +408%), Saint Lucia (121 vs 25 new cases; +384%), and the United States Virgin Islands (753 vs 198 new cases; +280%). The highest numbers of new cases were reported from the United States of America (1 328 654 new cases; 401.4 new cases per 100 000; -27%), Brazil (389 444 new cases; 183.2 new cases per 100 000; -59%), and Mexico (91 617 new cases; 71.1 new cases per 100 000; -25%).

The number of new 28-day deaths in the region increased by 14% as compared to the previous 28-day period, with 22 043 new deaths reported. The highest numbers of new deaths were reported from the United States of America (15 294 new deaths; 4.6 new deaths per 100 000; +40%), Brazil (2566 new deaths; 1.2 new deaths per 100 000; -37%), and Canada (977 new deaths; 2.6 new deaths per 100 000; -16%).

Updates from the Region of the Americas
Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 18,000 new cases, a 2% decrease as compared to the previous 28-day period. Five (23%) of the 22 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Tunisia (2711 vs 500 new cases; +442%), Lebanon (5675 vs 2571 new cases; +121%), and the Islamic Republic of Iran (2855 vs 1703 new cases; +68%).

The highest numbers of new cases were reported from Lebanon (5675 new cases; 83.1 new cases per 100,000; +121%), the Islamic Republic of Iran (2855 new cases; 3.4 new cases per 100,000; +68%), and Tunisia (2711 new cases; 22.9 new cases per 100,000; +442%).

The number of new 28-day deaths in the region increased by 45% as compared to the previous 28-day period, with 231 new deaths reported. The highest numbers of new deaths were reported from Saudi Arabia (50 new deaths; <1 new death per 100,000; +6%), the Islamic Republic of Iran (50 new deaths; <1 new death per 100,000; +4%), and Afghanistan (45 new deaths; <1 new death per 100,000; +275%).

European Region

The European Region reported over 1.2 million new cases, a 62% decrease as compared to the previous 28-day period. Three (5%) 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 (273 vs 118 new cases; +131%), Georgia (4957 vs 3012 new cases; +65%), and Montenegro (1404 vs 1021 new cases; +38%).

The highest numbers of new cases were reported from Germany (300,876 new cases; 361.8 new cases per 100,000; -59%), Italy (187,023 new cases; 313.6 new cases per 100,000; -66%), and the Russian Federation (169,762 new cases; 116.3 new cases per 100,000; +5%).

The number of new 28-day deaths in the region decreased by 38% as compared to the previous 28-day period, with 13,652 new deaths reported. The highest numbers of new deaths were reported from the United Kingdom (2671 new deaths; 3.9 new deaths per 100,000; -32%), Italy (1740 new deaths; 2.9 new deaths per 100,000; -40%), and France (1522 new deaths; 2.3 new deaths per 100,000; -51%).

Updates from the Eastern Mediterranean Region

Updates from the European Region
**South-East Asia Region**

The South-East Asia Region reported over 14,000 new cases, a 65% 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 (54 vs 30 new cases; +80%). The highest numbers of new cases were reported from Indonesia (7589 new cases; 2.8 new cases per 100,000; -69%), India (3439 new cases; <1 new case per 100,000; -33%), and Thailand (2320 new cases; 3.3 new cases per 100,000; -75%).

The number of new 28-day deaths in the region decreased by 61% as compared to the previous 28-day period, with 342 new deaths reported. The highest numbers of new deaths were reported from Thailand (155 new deaths; <1 new death per 100,000; -54%), Indonesia (149 new deaths; <1 new death per 100,000; -68%), and India (25 new deaths; <1 new death per 100,000; -60%).

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

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**Western Pacific Region**

The Western Pacific Region reported over seven million new cases, a 92% decrease as compared to the previous 28-day period. Four (11%) of the 35 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Samoa (118 vs 16 new cases; +638%), Australia (262,214 vs 109,078 new cases; +140%), and Guam (723 vs 302 new cases; +139%). The highest numbers of new cases were reported from China (3,485,265 new cases; 236.9 new cases per 100,000; -96%), Japan (2,429,215 new cases; 1920.7 new cases per 100,000; -42%), and the Republic of Korea (736,811 new cases; 1437.1 new cases per 100,000; -59%).

The number of new 28-day deaths in the region decreased by 3% as compared to the previous 28-day period, with 54,153 new deaths reported. The highest numbers of new deaths were reported from China (40,812 new deaths; 2.8 new deaths per 100,000; -11%), Japan (9,874 new deaths; 7.8 new deaths per 100,000; +28%), and Australia (1866 new deaths; 7.3 new deaths per 100,000; +752%).

Updates from the [Western Pacific Region](#)
Hospitalizations and ICU admissions

At the global level, during the past 28 days (2 January 2023 to 29 January 2023), a total of 189,367 new hospitalizations and 39,367 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, during the past 28 days, 46 (20%) countries reported data to WHO on new hospitalizations at least once. The region with the highest proportion of countries reporting data on new hospitalizations was the European Region (24 countries; 39%), followed by the Eastern Mediterranean Region (four countries; 18%), the Region of the Americas (seven countries; 13%), the African Region (six countries; 12%), the Western Pacific Region (four countries; 11%), and the South-East Asia Region (one country; 9%). The proportion of countries that consistently reported new hospital admissions for the period was 12% (28 countries).

Among 15 countries that reported consistently during the period with more than 200 total new hospitalizations, only one country showed an increasing trend compared to the previous 28-day period (5 December 2022 to 1 January 2023): Greece (6027 vs 5552 new hospitalizations; +9%). The rest showed a decreasing trend compared to the previous 28-day period.

Across the six WHO regions, in the past 28 days, a total of 34 (14%) countries reported data to WHO on new ICU admissions at least once. The region with the highest proportion of countries reporting data on new ICU admissions was the European Region (17 countries; 28%) followed by the Eastern Mediterranean Region (six countries; 27%), the Western Pacific Region (four countries; 11%), the Region of the Americas (five countries; 9%), and the African Region (two countries; 4%). No country in the South-East Asia Region reported data on new ICU admissions during the past 28 days. The proportion of countries that consistently reported new ICU admissions for the period was 8% (18 countries).

Among 11 countries that reported consistently during the period with more than 40 total new ICU admissions, three countries showed an increasing trend compared to the previous 28-day period: Latvia (56 vs 42 new ICU admissions; +33%), Greece (220 vs 193 new ICU admissions; +14%), and Mexico (67 vs 65 new ICU admissions; +3%).

Figure 4. COVID-19 cases, deaths, hospitalizations, and ICU admissions reported weekly to WHO, as of 29 January 2023

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

Source: WHO Detailed Surveillance Dashboard

§ “Consistently” as used here refers to countries that submitted data for new hospitalizations and intensive care unit admissions for the four consecutive weeks that make up the 28-day period.
Summary of Monthly Operational Update

The Monthly Operational Update has broadened its scope and now features articles on WHO’s work in all health emergencies, including the COVID-19 pandemic response. In the latest edition, highlights of COVID-19-related country-level actions and WHO support to countries include:

- WHO’s global analysis of COVID-19 intra-action reviews: consolidating national experiences to encourage peer learning
- The Marshall Islands’ Medical Assistance Team trains to rapidly respond during emergencies
- WHO/Europe supports the strengthening of North Macedonia’s Public Health Emergency Operations Centre through a table-top simulation exercise
- PAHO/WHO facilitates the installation of genomic surveillance in Honduras
- WHO supports Sudan to assess oxygen access and identify gaps
- WHO and the Polish Statistical Office publish results from an unprecedented survey, helping to understand health needs of Ukrainian refugees in Poland, and informing public health action
- The Republic of Indonesia and WHO agree to strengthen health emergency operational readiness and emergency medical teams in countries
- Three years of pandemic preparedness and response learning: reaching learners across the world with life-saving health knowledge
- WHO Contingency Fund for Emergencies (CFE): Saving lives through rapid interventions
- WHO’s Health Emergency Appeal 2023: responding to health emergencies across the world
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.


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. PHSM announcements

Since the launching of the COVID-19 Public Health and Social Measures (PHSM) data visualization on the WHO COVID-19 Global Dashboard in August 2021, the maintenance of the global COVID-19 PHSM database has been largely supported by the collaboration between WHO and the London School of Hygiene and Tropical Medicine (link). Since September 2022, we have transitioned our global PHSM data set to be sourced from a combination of WHO country / regional reporting and the University of Oxford’s COVID-19 Government Response Tracker.

The updated global COVID-19 PHSM data include indicators for the six PHSM categories: masks, schools, businesses, gatherings, domestic movement and international travel, along with an overall PHSM severity index. While the structure and the overall trend of these indicators over time remain comparable to the previous data set, some differences (such as variation in the overall severity index and some indicators; indicators for some countries are not included; and data for some territories and areas are reported as part of the mainland in the Oxford data) can be expected.

As of 31 December 2022, the global PHSM monitoring data will no longer be updated on our dashboard. As we enter the fourth year of the pandemic and the world is adapting to live with COVID-19, there have been less frequent changes in the PHSM managed by governments and local health authorities. Even though our global PHSM monitoring discontinues, WHO will continue working closely with all Member States to integrate COVID-19 response into strengthened surveillance systems and disease control programmes.
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.\textsuperscript{5}
References


COVID-19 Weekly Epidemiological Update

Edition 128 published 1 February 2023

In this edition:
- Global overview
- SARS-CoV-2 variants of concern and Omicron subvariants under monitoring
- WHO regional overviews
- Hospitalizations and ICU admissions

Global overview
Data as of 29 January 2023

Globally, nearly 20 million new cases and over 114,000 deaths were reported in the last 28 days (2 to 29 January 2023), a decrease of 78% and an increase of 65%, respectively, compared to the previous 28 days (Figure 1, Table 1). Epidemiologic trends in recent weeks have been dominated by a large wave of cases and deaths in the Western Pacific Region, notably in China. As of 29 January 2023, over 753 million confirmed cases and over 6.8 million deaths have been reported globally.

Current trends in reported COVID-19 cases are underestimates of the true number of global infections and reinfections as shown by prevalence surveys. This is partly due to the reduction in testing and delays in reporting in many countries. Data presented in this report may be incomplete and should, therefore, be interpreted with caution. Additionally, data from previous weeks are continuously updated to incorporate retrospective changes in reported COVID-19 cases and deaths made by countries.

From this report onwards, we present changes in epidemiological trends using a 28-day interval. This helps to smooth out weekly fluctuations in case numbers and provides a clearer picture of where the pandemic is accelerating or decelerating. Weekly data are still accessible on the WHO COVID-19 dashboard, where the full dataset is available for download.

Figure 1. COVID-19 cases reported by WHO Region, and global deaths by 28-day intervals, as of 29 January 2023**

**See Annex 1: Data, table, and figure note**
At the regional level, the number of newly reported 28-day cases decreased across all WHO regions: the Western Pacific Region (-81%), the South-East Asia Region (-71%), the European Region (-63%), the Region of the Americas (-35%), the African Region (-20%), and the Eastern Mediterranean Region (-15%). The number of newly reported 28-days deaths increased across three regions: the Western Pacific Region (+173%), the Eastern Mediterranean Region (+29%), and the Region of the Americas (+13%). Death numbers decreased in three WHO regions: the South-East Asia Region (-62%), the African Region (-45%), and the European Region (-25%).

At the country level, the highest numbers of new 28-day cases were reported from China (11 354 058 new cases; -85%), Japan (3 207 097 new cases; -20%), the United States of America (1 513 538 new cases; -16%), the Republic of Korea (1 032 801 new cases; -43%), and Brazil (459 986 new cases; -54%). The highest numbers of new 28-day deaths were reported from China (62 759 new deaths; +244%), the United States of America (14 625 new deaths; +31%), Japan (10 112 2 new deaths; +46%), the United Kingdom (3137 new deaths; -3%), and Brazil (2889 new deaths; -24%).

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 29 January 2023**

<table>
<thead>
<tr>
<th>WHO Region</th>
<th>New cases in last 28 days (%)</th>
<th>Change in new cases in last 28 days *</th>
<th>Cumulative cases (%)</th>
<th>New deaths in last 28 days (%)</th>
<th>Change in new deaths in last 28 days *</th>
<th>Cumulative deaths (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western Pacific</td>
<td>15 950 823 (80%)</td>
<td>-81%</td>
<td>199 405 018 (26%)</td>
<td>76 354 (67%)</td>
<td>173%</td>
<td>389 314 (6%)</td>
</tr>
<tr>
<td>Americas</td>
<td>2 463 829 (12%)</td>
<td>-35%</td>
<td>188 771 914 (25%)</td>
<td>21 638 (19%)</td>
<td>13%</td>
<td>2 913 688 (43%)</td>
</tr>
<tr>
<td>Europe</td>
<td>1 478 735 (7%)</td>
<td>-63%</td>
<td>271 604 230 (36%)</td>
<td>15 643 (14%)</td>
<td>-25%</td>
<td>2 180 312 (32%)</td>
</tr>
<tr>
<td>Africa</td>
<td>26 005 (&lt;1%)</td>
<td>-20%</td>
<td>9 478 533 (1%)</td>
<td>98 (&lt;1%)</td>
<td>-45%</td>
<td>175 247 (3%)</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>19 319 (&lt;1%)</td>
<td>-15%</td>
<td>23 242 306 (3%)</td>
<td>211 (&lt;1%)</td>
<td>29%</td>
<td>349 300 (5%)</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>17 267 (&lt;1%)</td>
<td>-71%</td>
<td>60 755 364 (8%)</td>
<td>428 (&lt;1%)</td>
<td>-62%</td>
<td>803 657 (12%)</td>
</tr>
<tr>
<td>Global</td>
<td>19 955 978 (100%)</td>
<td>-78%</td>
<td>753 258 129 (100%)</td>
<td>114 372 (100%)</td>
<td>65%</td>
<td>6 811 531 (100%)</td>
</tr>
</tbody>
</table>

*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 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, 23 to 29 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, 23 to 29 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 30 December 2022 to 30 January 2023, 90 985 SARS-CoV-2 sequences were shared through GISAID. Among these, 90 937 sequences were the Omicron variant of concern (VOC), accounting for over 99.9% of sequences reported globally in the past 30 days.

At the global level, BA.5 and its descendent lineages remain dominant. In epidemiological week 2 (9 to 15 January 2023) they accounted for 65.7% (with 16 357 sequences) of all submitted sequences to GISAID. The prevalence of BA.2 and its descendent lineages was 14.6% (3645 sequences), while BA.4 and its descendent lineages were 0.3% (68 sequences). The top three variants globally in January 2023 were BQ.1.1 (28.2%), BQ.1 (14.1%), and XBB.1.5 (11.5%). BQ.1.1 and BQ.1 are BA.5 descendent lineages, while XBB.1.5 is a BA.2 descendent recombinant lineage.

Variant circulation dynamics differ by WHO region and among countries within the same region due to a variety of factors, including previous circulating variants, vaccination coverage, and implemented public health and social measures. During January 2023, the top three most prevalent variants in each region were as follows:

- **Africa** (332 sequences): BQ.1.1 (23.7%), BA.2.10.1 (12.3%), and XBB.2 (12.1%);
- **Americas** (40 010 sequences): BQ.1.1 (37.5%), XBB.1.5 (19.6%), and BQ.1 (19.6%);
- **Eastern Mediterranean** (85 sequences): XBB.1 (37.2%), BN.1 (10.3%), and BA.5.2 (10.3%);
- **Europe** (40 379 sequences): BQ.1.1 (31.3%), BQ.1 (13.0%), and CH.1.1 (12.3%);
- **South-East Asia** (389 sequences): XBB.1 (41.1%), BQ.1.1 (14.3%), and BA.2.10.1 (6.0%);
- **Western Pacific** (15 515 sequences): BA.5.2 (30.1%), BF.7 (13.2%), and BQ.1.1 (8.5%).

WHO is currently prioritizing the tracking of four Omicron descendent lineages. These variants are included on the basis of signals of an increase in prevalence or signs of growth rate advantage in some countries relative to other circulating variants, and additional amino acid changes that are known or suspected to confer fitness advantage. During epidemiological week 2, 1147 sequences of BF.7 (4.6%), 11 674 sequences of BQ.1* (46.9%), including BQ.1.1 (7189 sequences, 28.9%) were reported. There were 3473 sequences of BA.2.75* (13.9%), including BA.2.75.2 (35 sequences, <1%) and CH.1.1 (1672 sequences, 6.7%). Lastly, 4049 sequences of XBB* (16.3%), including XBB.1.5 (3005 sequences, 12.1%), were submitted globally to GISAID.

**Additional resources**

- Tracking SARS-CoV-2 Variants
- WHO rapid risk assessment of XBB.1.5, published on 25 January 2023
- TAG-VE statement on the situation in China, published on 3 January 2023
- 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 all descendent lineages.
WHO regional overviews
Data for 2 to 29 January 2023

African Region

The African Region reported 26 005 new cases in the last 28 days, a 20% decrease as compared to the previous 28-day period. Nine (18%) 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 the Republic of the Congo (six vs one new case; +500%), Zambia (4514 vs 832 new cases; +443%), and Mozambique (955 vs 324 new cases; +195%). The highest numbers of new cases were reported from South Africa (5626 new cases; 10 new cases per 100 000; -1%), Réunion (5394 new cases; 602.5 new cases per 100 000; -23%), and Zambia (4514 new cases; 24.6 new cases per 100 000; +443%).

The number of new 28-day deaths in the Region decreased by 45% as compared to the previous 28-day period, with 98 new deaths reported. The highest numbers of new deaths were reported from South Africa (27 new deaths; <1 new death per 100 000; -74%), Zambia (16 new deaths; <1 new death per 100 000; +220%), and Zimbabwe (13 new deaths; <1 new death per 100 000; -24%).

Updates from the African Region

Region of the Americas

The Region of the Americas reported 2 463 829 new cases in the last 28 days, a 35% decrease as compared to the previous 28-day period. Eleven (20%) 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 Kitts and Nevis (29 vs three new cases; +867%), Saba (four vs one new cases; +300%), and Jamaica (616 vs 167 new cases; +269%). The highest numbers of new cases were reported from the United States of America (1 513 538 new cases; 457.3 new cases per 100 000; -16%), Brazil (459 986 new cases; 216.4 new cases per 100 000; -54%), and Mexico (102 228 new cases; 79.3 new cases per 100 000; -7%).

The number of new 28-day deaths in the Region increased by 13% as compared to the previous 28-day period, with 21 638 new deaths reported. The highest numbers of new deaths were reported from the United States of America (14 625 new deaths; 4.4 new deaths per 100 000; +31%), Brazil (2889 new deaths; 1.4 new deaths per 100 000; -24%), and Canada (954 new deaths; 2.5 new deaths per 100 000; -23%).

Updates from the Region of the Americas
Eastern Mediterranean Region

The Eastern Mediterranean Region reported 19,319 new cases in the last 28 days, a 15% decrease as compared to the previous 28-day period. Four (18%) of the 22 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Tunisia (2,707 vs 499 new cases; +442%), Lebanon (5,454 vs 2,094 new cases; +160%), and the Islamic Republic of Iran (2,906 vs 1,341 new cases; +117%). The highest numbers of new cases were reported from Lebanon (5,454 new cases; 79.9 new cases per 100,000; +160%), the Islamic Republic of Iran (2,906 new cases; 3.5 new cases per 100,000; +117%), and Qatar (2,806 new cases; 97.4 new cases per 100,000; -70%).

The number of new 28-day deaths in the Region increased by 29% as compared to the previous 28-day period, with 211 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (59 new deaths; <1 new death per 100,000; +23%), Saudi Arabia (50 new deaths; <1 new death per 100,000; +6%), and Lebanon (39 new deaths; <1 new death per 100,000; +388%).

European Region

The European Region reported 1,478,735 new cases in the last 28 days, a 63% decrease as compared to the previous 28-day period. 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 Kosovo (251 vs 70 new cases; +259%), Georgia (4,310 vs 2,591 new cases; +66%), and Montenegro (1,475 vs 959 new cases; +54%). The highest numbers of new cases were reported from Germany (348,443 new cases; 419 new cases per 100,000; -57%), Italy (260,958 new cases; 437.5 new cases per 100,000; -59%), and France (184,864 new cases; 284.2 new cases per 100,000; -85%).

The number of new 28-day deaths in the Region decreased by 25% as compared to the previous 28-day period, with 15,643 new deaths reported. The highest numbers of new deaths were reported from the United Kingdom (3,137 new deaths; 4.6 new deaths per 100,000; -3%), France (2,042 new deaths; 3.1 new deaths per 100,000; -28%), and Italy (1,915 new deaths; 3.2 new deaths per 100,000; -36%).

Updates from the Eastern Mediterranean Region

Updates from the European Region
South-East Asia Region

The South-East Asia Region reported over 17 000 new cases in the last 28 days, a 71% 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 (67 vs 26 new cases; +158%). The highest numbers of new cases were reported from Indonesia (9390 new cases; <1 new case per 100 000; -77%), India (3990 new cases; <1 new case per 100 000; -24%), and Thailand (3065 new cases; 4.4 new cases per 100 000; -75%).

The number of new 28-day deaths in the Region decreased by 62% as compared to the previous 28-day period, with 428 new deaths reported. The highest numbers of new deaths were reported from Thailand (196 new deaths; <1 new death per 100 000; -71%), Indonesia (184 new deaths; <1 new death per 100 000; -55%), and India (35 new deaths; <1 new death per 100 000; -55%).

Western Pacific Region

The Western Pacific Region reported almost 16 million new cases in the last 28 days, an 81% decrease as compared to the previous 28-day period. Four (11%) of the 35 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Samoa (96 vs 21 new cases; +357%), Micronesia (Federated States of) (442 vs 198 new cases; +123%), and American Samoa (35 vs 21 new cases; +67%).

The highest numbers of new cases were reported from China (11 354 058 new cases; 771.7 new cases per 100 000; -85%), Japan (3 207 097 new cases; 2535.7 new cases per 100 000; -20%), and the Republic of Korea (1 032 801 new cases; 2014.5 new cases per 100 000; -43%).

The number of new 28-day deaths in the Region increased by 173% as compared to the previous 28-day period, with 76 354 new deaths reported. The highest numbers of new deaths were reported from China (62 759 new deaths; 4.3 new deaths per 100 000; +244%), Japan (10 122 new deaths; 8 new deaths per 100 000; +46%), and Australia (1633 new deaths; 6.4 new deaths per 100 000; +299%).

Updates from the South-East Asia Region

Updates from the Western Pacific Region
Hospitalizations and ICU admissions

At the global level, during the 28-day period (from 26 December 2022 to 22 January 2023), a total of 180,280 new hospitalizations and 4469 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, during this period, 50 (21%) countries reported data to WHO on new hospitalizations at least once. The Region with the highest proportion of countries reporting data on new hospitalizations was the European Region (24 countries; 39%), followed by the Eastern Mediterranean Region (five countries; 23%), the African Region (eight countries; 16%), Region of the Americas (eight countries; 14%), the Western Pacific Region (four countries; 11%), and the South-East Asia Region (one country; 9%). The proportion of countries that consistently reported new hospital admissions for the period was 10% (24 countries).

Across the six WHO regions, in the 28-day period, a total of 35 (15%) countries reported data to WHO on new ICU admissions at least once. The region with the highest proportion of countries reporting data on new ICU admissions was the European Region (17 countries; 28%) followed by the Eastern Mediterranean Region (six countries; 27%), the Western Pacific Region (four countries; 11%), the Region of the Americas (six countries; 11%), and the African Region (two countries; 4%). No country in the South-East Asia Region reported data on new ICU admissions during the 28 days. The proportion of countries that consistently reported new ICU admissions for the period was 7% (16 countries).

Among 15 countries that reported consistently during the period with more than 200 total new hospitalizations, four countries showed an increasing trend compared to the previous 28 days (28 November to 25 December 2022): Mexico (5183 vs 3169 new hospitalizations; +64%), Greece (6434 vs 5224 new hospitalizations; +23%), Chile (2409 vs 2225 new hospitalizations; +8%) and Argentina (4023 vs 3749 new hospitalizations; +8%).

Among 11 countries that reported consistently during the period with more than 40 total new ICU admissions, five countries showed an increasing trend compared to the previous 28 days: Greece (228 vs 171 new ICU admissions; +33%), Argentina (166 vs 137 new ICU admissions; 21%), Mexico (70 vs 52 new ICU admissions; +35%), Latvia (58 vs 41 new ICU admissions; +41%) and Chile (50 vs 39 new ICU admissions; +28%).

Figure 4. COVID-19 cases, deaths, hospitalizations, and ICU admissions reported weekly to WHO, as of 22 January 2023

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

*“Consistently” as used here refers to countries that submitted data for new hospitalizations and intensive care unit admissions for the four consecutive weeks that make up the 28-day period.
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.


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
References


