

COVID-19 Weekly Epidemiological Update

Edition 154 published 3 August 2023

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Global overview

Data as of 30 July 2023

Globally, over one million new COVID-19 cases and over 3100 deaths were reported in the last 28 days (3 to 30 July 2023) (Figure 1, Table 1). While five WHO regions have reported decreases in the number of both cases and deaths, the Western Pacific Region has reported an increase in the number of cases and a decrease in the number of deaths. As of 30 July 2023, over 768 million confirmed cases and over 6.9 million deaths have been reported globally.

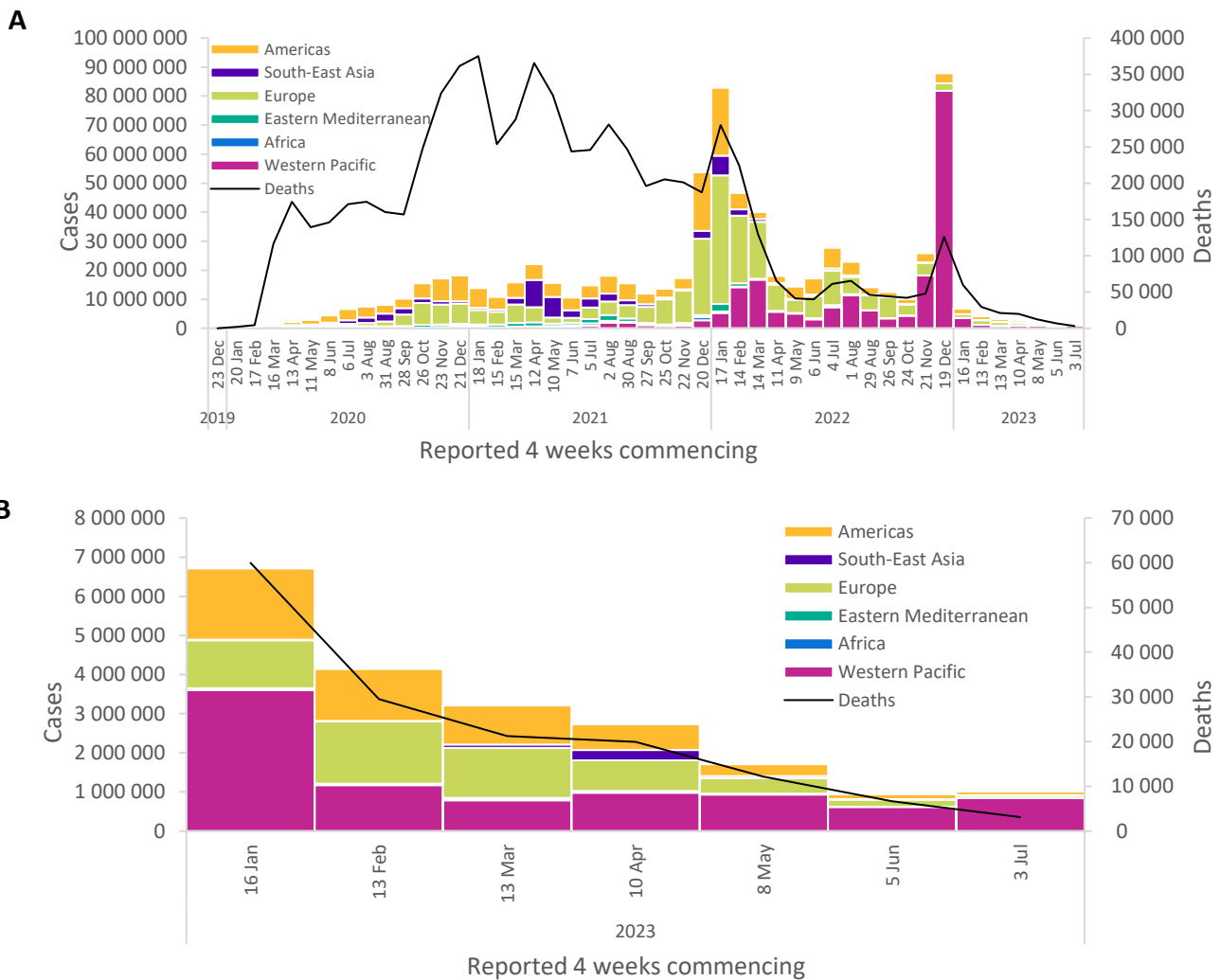
Although the public health emergency of international concern for COVID-19 was declared over on 5 May 2023, COVID-19 remains a major threat. WHO continues to urge Member States to maintain, not dismantle, their established COVID-19 infrastructure. It is crucial to sustain surveillance and reporting,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

Currently, reported cases do not accurately represent infection rates due to the reduction in testing and reporting globally. During this 28-day period, 46% (107 of 234) of countries reported at least one case to WHO – a proportion that has been declining since mid-2022. It is important to note that this statistic (107 of 234 countries reporting at least one case) does not necessarily reflect the actual number of countries where cases exist. Additionally, data from previous weeks are continuously being updated to incorporate retrospective changes in reported COVID-19 cases and deaths made by countries. Data presented in this report are therefore incomplete and should be interpreted in light of these limitations.

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

We present changes in epidemiological trends using a 28-day interval. Disaggregated data are still accessible on the [WHO COVID-19 dashboard](#), where the full dataset is available for download. Global and national data on SARS-CoV-2 PCR percent positivity are available on [WHO's integrated dashboard provided by the Global Influenza Programme](#). Recent data show that the SARS-CoV-2 PCR percent positivity rate from reporting countries is approximately 9%.

Figure 1. COVID-19 cases reported by WHO Region, and global deaths by 28-day intervals, as of 30 July 2023 (A); 16 January to 30 July 2023 (B)**



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

At the regional level, the number of newly reported cases within a 28-day period has decreased across five of the six WHO regions: the European Region (-66%), the Eastern Mediterranean Region (-65%), the South-East Asia Region (-61%), the African Region (-56%), and the Region of the Americas (-31%); while cases have increased in the Western Pacific Region (+38%). The number of newly reported deaths within a 28-day period has decreased across six regions: the European Region (-75%), the South-East Asia Region (-73%), the Eastern Mediterranean Region (-59%), the African Region (-50%), the Western Pacific Region (-39%), and the Region of the Americas (-29%).

At the country level, the highest numbers of new cases reported within the 28-day period were from the Republic of Korea (751 484 new cases; +96%), Brazil (45 642 new cases; -35%), Australia (30 144 new cases; -72%), New Zealand (23 443 new cases; -13%), and Singapore (23 216 new cases; -38%). The highest numbers of new 28-day deaths were reported from Brazil (695 new deaths; -34%), Peru (321 new deaths; +28%), Australia (260 new deaths; -67%), the Russian Federation (251 new deaths; -50%), and the Republic of Korea (199 new deaths; +5%).

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 30 July 2023**

WHO Region	New cases in last 28 days (%)	Change in new cases in last 28 days *	Cumulative cases (%)	New deaths in last 28 days (%)	Change in new deaths in last 28 days *	Cumulative deaths (%)
Western Pacific	850 263 (84%)	38%	205 521 589 (27%)	880 (28%)	-39%	415 436 (6%)
Americas	86 451 (9%)	-31%	193 209 562 (25%)	1 417 (45%)	-29%	2 958 858 (43%)
Europe	60 049 (6%)	-66%	275 793 579 (36%)	704 (22%)	-75%	2 245 798 (32%)
South-East Asia	6 980 (1%)	-61%	61 197 697 (8%)	91 (3%)	-73%	806 588 (12%)
Africa	3 001 (<1%)	-56%	9 546 286 (1%)	14 (<1%)	-50%	175 418 (3%)
Eastern Mediterranean	1 450 (<1%)	-65%	23 385 491 (3%)	26 (1%)	-59%	351 372 (5%)
Global	1 008 194 (100%)	7%	768 654 968 (100%)	3 132 (100%)	-53%	6 953 483 (100%)

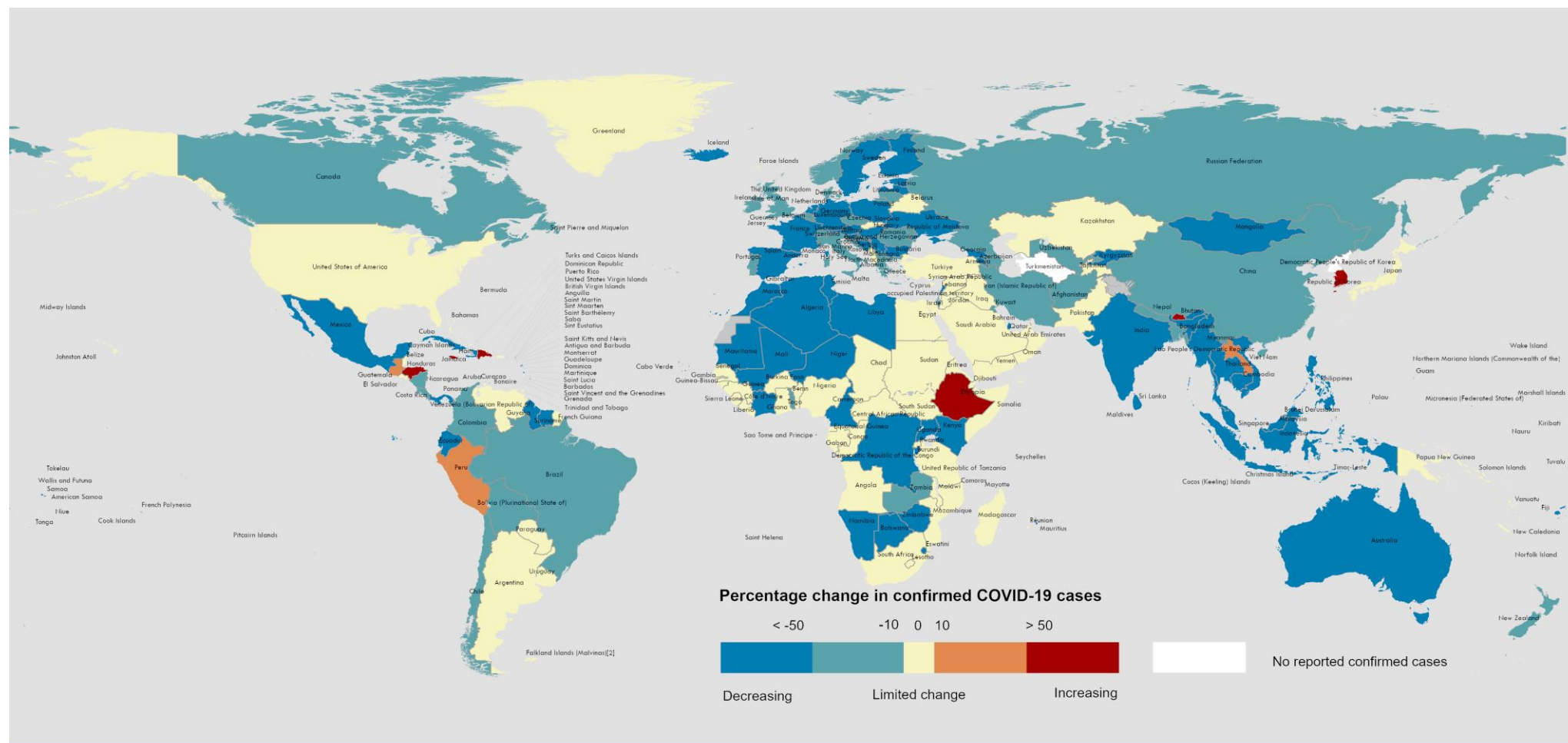
*Percent change in the number of newly confirmed cases/deaths in the past 28 days, compared to 28 days prior. Data from previous weeks are updated continuously with adjustments received from countries.

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

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

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

Figure 2. Percentage change in confirmed COVID-19 cases over the last 28 days relative to the previous 28 days, as of 30 July 2023**



Data Source: World Health Organization

Map Production: WHO Health Emergencies Programme

Not applicable

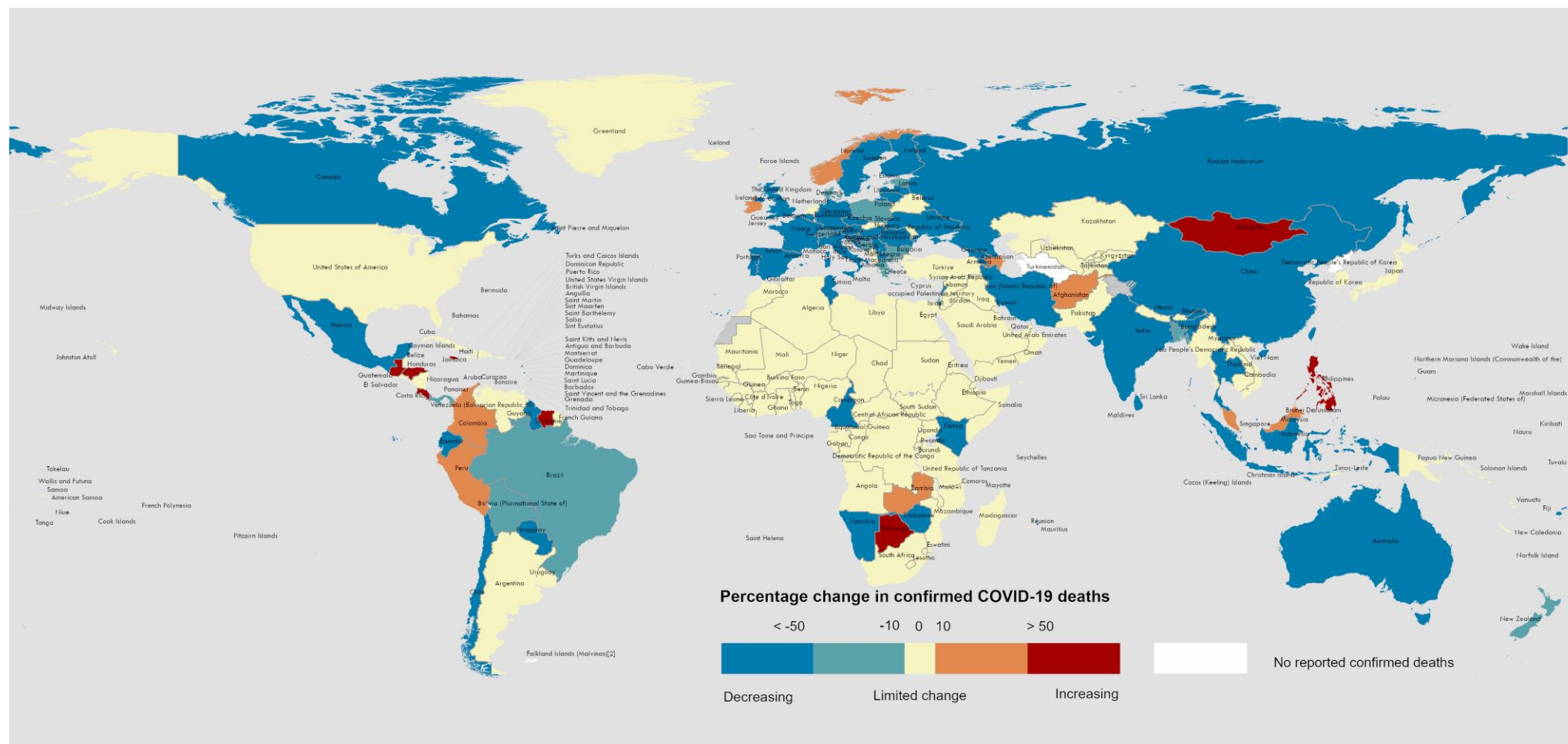
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**See [Annex 1: Data, table, and figure notes](#)

Figure 3. Percentage change in confirmed COVID-19 deaths over the last 28 days relative to the previous 28 days, as of 30 July 2023**



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

Not applicable

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

Hospitalizations and ICU admissions

At the global level, during the analysed 28-day period (26 June to 23 July 2023), 30 of 234 countries reported to WHO a total of 36 048 new hospitalizations and 25 of 234 countries reported to WHO 720 new intensive care unit (ICU) admissions (Figure 4). This represents a 38% and 67% decrease respectively, compared to the previous 28 days (29 May to 25 June 2023). Note that the absence of reported data from other countries to the WHO does not imply that there are no COVID-19 related hospitalizations in those countries. The presented hospitalization data are preliminary and might change as new data become available. Furthermore, hospitalization data are subject to reporting delays. These data also likely include both hospitalizations with incidental cases of SARS-CoV-2 infection and those due to COVID-19 disease.

Globally, during the past 28 days, 30 (13%) countries reported data to WHO on new hospitalizations at least once (Figure 5). The European Region had the highest proportion of countries reporting data on new hospitalizations (19 countries; 31%), followed by the South-East Asia Region (two countries; 20%), Region of the Americas (five countries; 9%), the Western Pacific Region (three countries; 9%), and the African Region (one country; 2%). The Eastern Mediterranean Region did not report hospitalization during the period. The proportion of countries that consistentlyⁱ reported new hospitalizations for the period was 7% (16 countries) (Table 2).

Among the 16 out of 234 countries consistently reporting new hospitalizations to WHO, no country registered an increase of 20% or greater in hospitalizations during the past 28 days compared to the previous 28-day period. The highest numbers of new hospitalizations were reported from the United States of America (25 948 vs 25 890; +0.2 %), Brazil (1321 vs 2525; -48%), and Italy (1048 vs 3691; -72%).

Across all six WHO regions, in the past 28 days, a total of 25 (11%) countries reported data to WHO on new ICU admissions at least once (Figure 5). The European Region had the highest proportion of countries reporting data on new ICU admissions (16 countries; 26%), followed by the Western Pacific Region (five countries; 14%), the South-East Asia Region (one country; 10%), the Region of the Americas (three countries; 5%). The African Region and the Eastern Mediterranean Region did not report ICU admissions during the 28-day period. The proportion of countries that consistently reported new ICU admissions for the period was 7% (16 countries) (Table 2).

Among the 16 countries consistently reporting new ICU admissions to WHO, no country showed an increase of 20% or greater in new ICU admissions during the past 28 days compared to the previous 28-day period. The highest numbers of new ICU admissions were reported from Brazil (433 vs 804; -46%), Australia (113 vs 274; -59%), and Italy (32 vs 130; -75%).

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

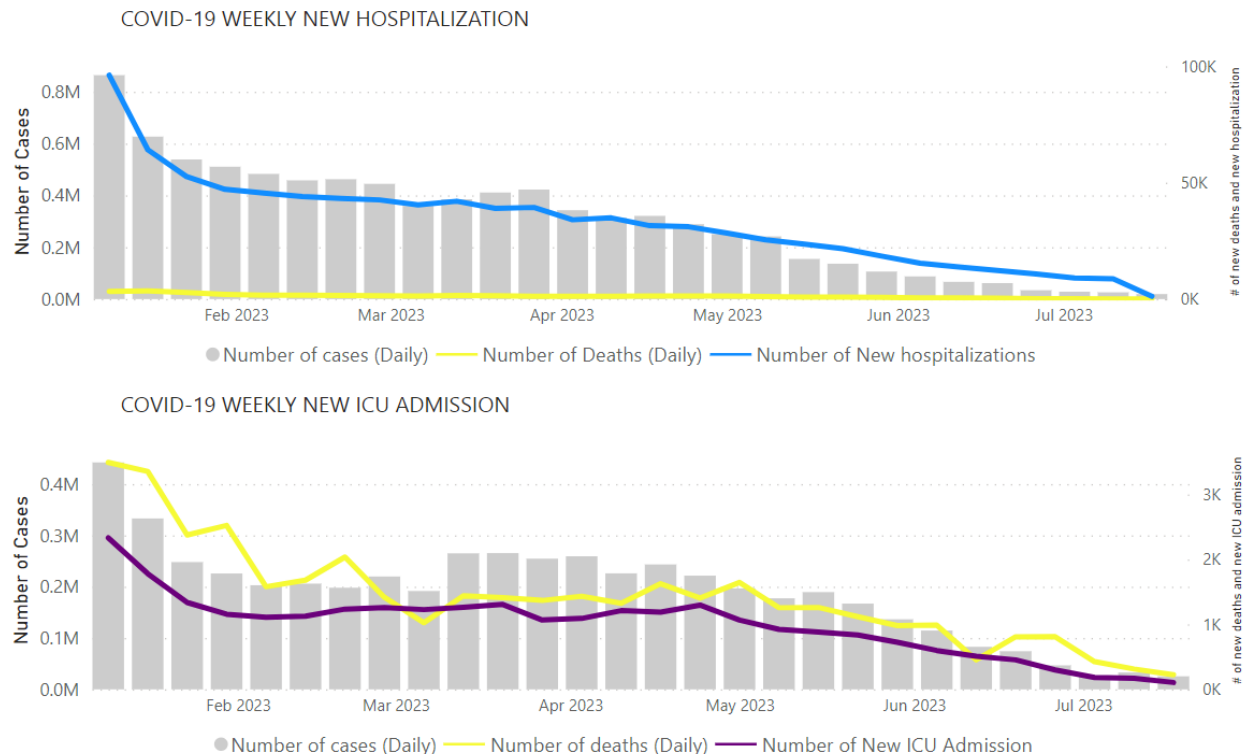
Table 2. New hospitalizations and ICU admissions in the last 28 days (with percent change) by WHO Region, 26 June to 23 July 2023 compared to 29 May to 25 June 2023

Region	New hospitalizations from countries that reported consistently in the last and previous 28 days			New ICU admissions from countries that reported consistently in the last and previous 28 days		
	Number of countries* (percentage)	Number of new hospitalizations	Percent change	Number of countries* (percentage)	Number of new ICU admissions	Percent change
Africa	1/50 (2%)	22	-35%	0/50 (<1%)	NA**	NA
Americas	3/56 (5%)	27 901	-4%	2/56 (4%)	445	-46%
Eastern Mediterranean	0/22 (<1%)	NA	NA	0/22 (<1%)	NA	NA
European	9/61 (15%)	2 976	-60%	9/61 (15%)	76	-67%
South-East Asia	1/10 (10%)	233	-83%	1/10 (10%)	14	-87%
Western Pacific	2/35 (6%)	568	-64%	4/35 (11%)	119	-60%
Global	16/234 (7%)	31 700	-20%	16/234 (7%)	654	-55%

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

** NA represents not available

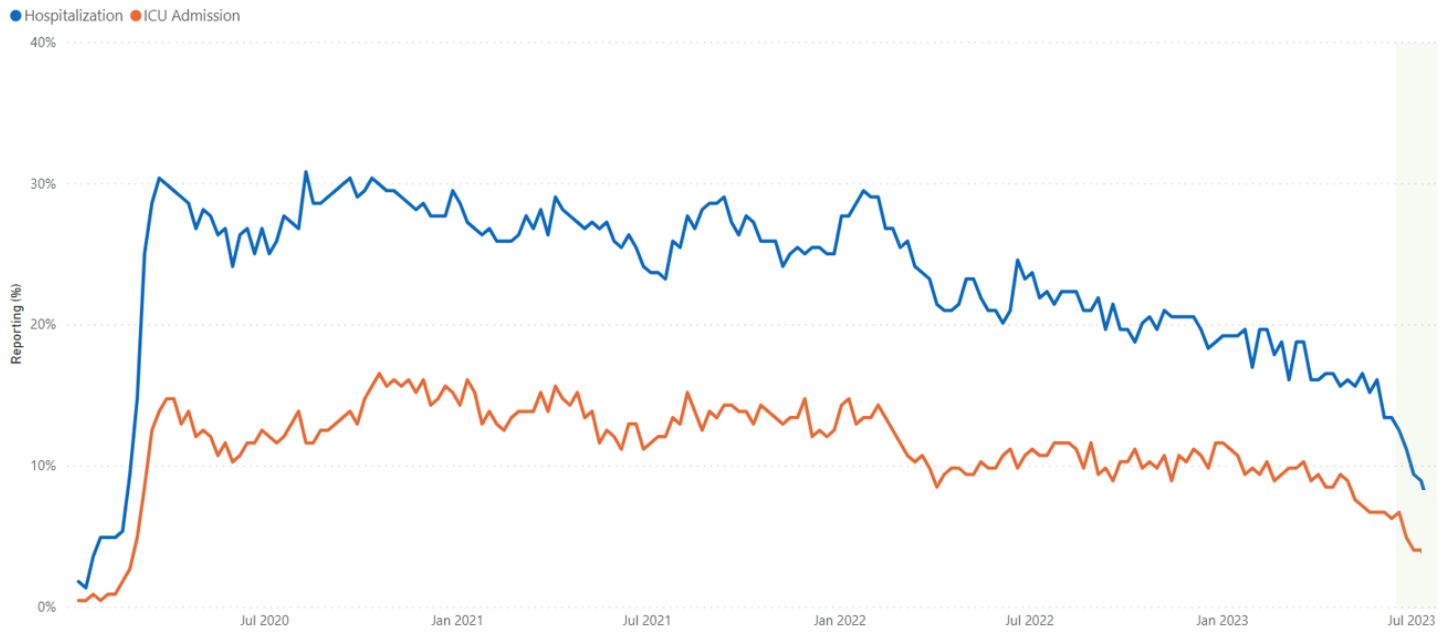
Figure 4. COVID-19 cases, deaths, hospitalizations, and ICU admissions reported weekly to WHO, as of 23 July 2023



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

Source: WHO Detailed Surveillance Dashboard

Figure 5. Weekly proportion of countries reporting new hospitalizations and ICU admissions, epidemiological week 1 of 2020 to week 30 of 2023



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

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

Geographic spread and prevalence

Globally, from 3 to 30 July 2023 (28 days), 8662 SARS-CoV-2 sequences were shared through GISAID.

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

- Two variants of interest (VOIs); XBB.1.5 and XBB.1.16.
- Seven variants under monitoring (VUMs) and their descendent lineages; BA.2.75, CH.1.1, XBB, XBB.1.9.1, XBB.1.9.2, XBB.2.3 and EG.5.

Current SARS-CoV-2 variant trends continue to differ across and within WHO regions and countries. Some countries have seen a recent rise in cases, driven by the VOIs and some VUMs. The rise in cases has in certain countries been accompanied by a rise in hospitalizations and deaths, although at lower levels compared to previous SARS-CoV-2 waves. Population immunity from vaccination and previous SARS-CoV-2 infection is among the factors contributing to the observed heterogeneity in the variant circulation dynamics, and decreased hospitalizations and deaths.

Globally, XBB.1.16 is the most prevalent VOI reported from a total of 100 countries since its emergence (Table 3). XBB.1.16 accounted for 18.4% of sequences in epidemiological week 28 (10 to 16 July 2023) compared to 20.9% in week 24 (12 to 18 June 2023) (Figure 6B, Table 3). At the regional level, the Western Pacific and South-East Asia regions reported the highest prevalence of XBB.1.16, constituting 15% and 36% of submitted sequences respectively (Figure 7).

As of 30 July 2023, a total of 120 countries have reported XBB.1.5 sequences (Table 3). XBB.1.5 has been declining in prevalence and accounted for 11.6% of sequences in week 28 (10 to 16 July 2023), a decline from 17.5% in week 24 (12 to 18 June 2023) (Figure 6A, Table 3). In spite of the declining prevalence, XBB.1.5 remained the most prevalent SARS-CoV-2 variant in the Region of the Americas and the European Region, with a prevalence of 25% and 20%, respectively (Figure 7).

Among the VUMs, EG.5 has shown an increasing trend in prevalence from 6.2% in week 24 to 11.6% by week 28. Conversely, BA.2.75 and XBB.1.9.1 have shown decreasing trends. Specifically, BA.2.75 went from representing 3.1% of sequences in week 24 to 1.7% in week 28, while XBB.1.9.1 decreased from a 16.4% prevalence in week 24 to 9.7% by week 28 (Table 3). Other VUMs have shown declining or stable trends during the same reporting period.

Table 3 shows the number of countries reporting the VOIs and VUMs, along with their prevalence, from week 24 to week 28. Over this five-week period, VOIs and VUMs showing **increasing trends are highlighted in orange**, those remaining **stable are highlighted in blue**, while those with **decreasing trends are highlighted in green**.

Table 3. Weekly prevalence of SARS-CoV-2 VOIs and VUMs, epidemiological week 24 to week 28 of 2023

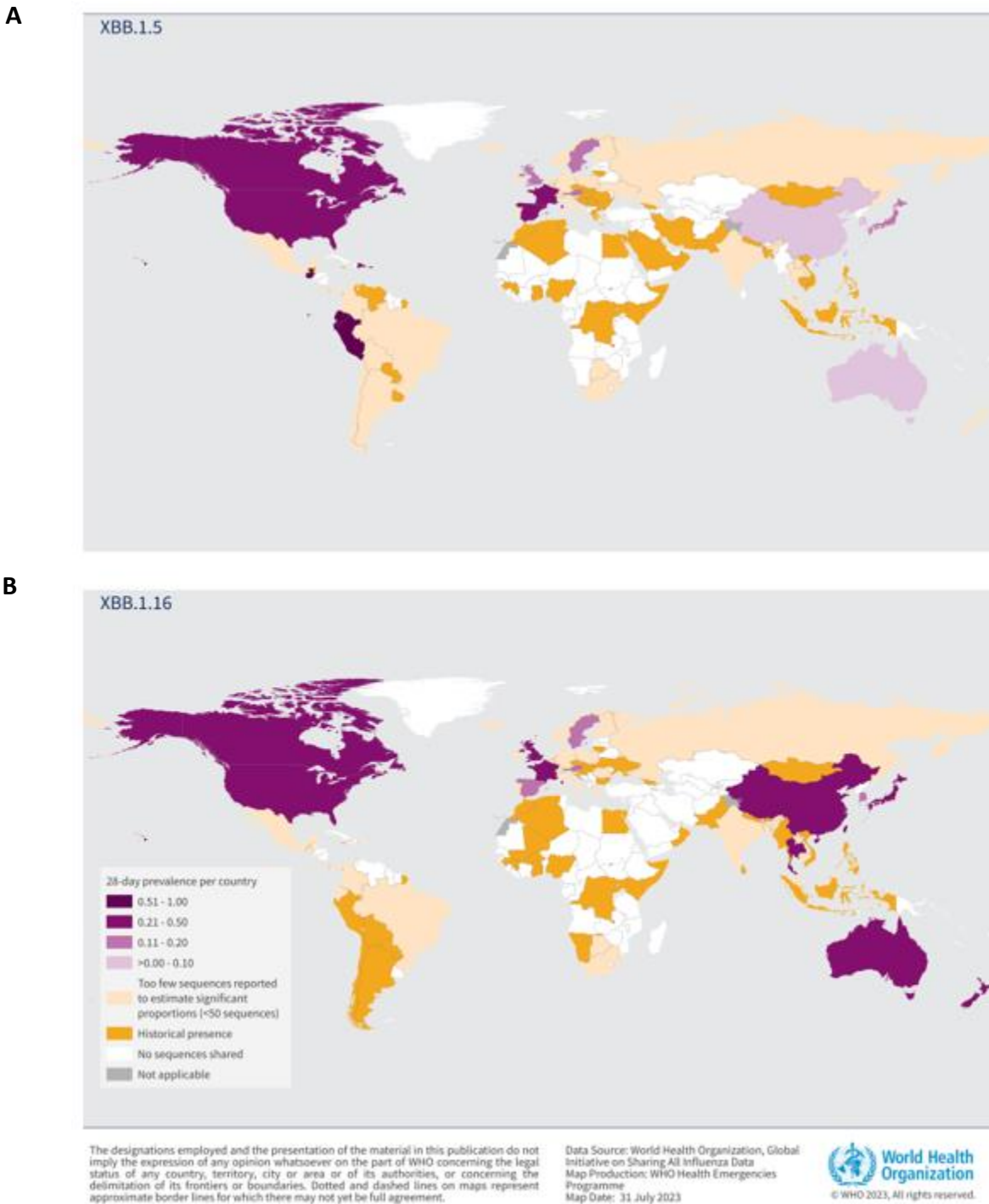
Lineage	Countries [§]	Sequences [§]	2023-24	2023-25	2023-26	2023-27	2023-28
VOIs							
XBB.1.5*	120	260 650	17.5	16.4	13.1	13.0	11.6
XBB.1.16*	100	41 098	20.9	22.2	21.5	21.7	18.4
VUMs							
BA.2.75*	125	122 796	3.1	2.9	2.5	2.6	1.7
CH.1.1*	95	42 731	0.6	0.6	0.5	0.5	1.1
XBB*	130	66 722	6.9	6.1	6.0	6.5	6.0
XBB.1.9.1*	101	51 692	16.4	16.1	15.1	12.4	9.7
XBB.1.9.2*	85	24 351	8.0	7.7	7.2	6.2	7.3
EG.5*	45	4 722	6.2	7.3	10.4	11.2	11.6
XBB.2.3*	68	8 339	4.0	4.5	4.2	4.5	4.9
Unassigned	94	152 069	4.8	4.0	8.2	9.4	16.7
Other [†]	209	6 764 692	10.6	11.5	10.9	11.4	10.3

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

* Includes descendant lineages, except those individually specified elsewhere in the table. For example, XBB* does not include XBB.1.5, XBB.1.9.1, XBB.1.9.2, XBB.1.16, XBB.2.3 and EG.5

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

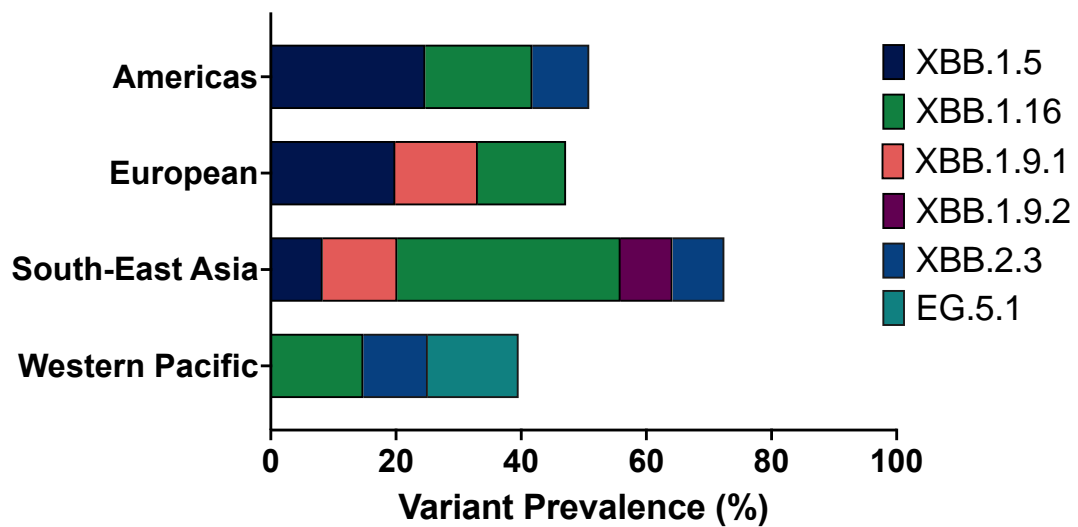
Figure 6. Global 28-day prevalence of variants of interest XBB.1.5 (A) and XBB.1.16 (B), between 12 June to 9 July 2023**



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

**Historical presence indicates countries previously reporting XBB.1.5 and XBB.1.6 sequences but that have not reported them within the period from 12 June to 9 July 2023.

Figure 7. Most prevalent SARS-CoV-2 variants (including non-VOIs/VUMs) by WHO region, epidemiological week 27 to 30 of 2023*



*The African Region and the Eastern Mediterranean Region submitted too few (less than five) sequences within the reporting period

Figure 8. The number and percentage of SARS-CoV-2 sequences, from 1 January to 15 July 2023

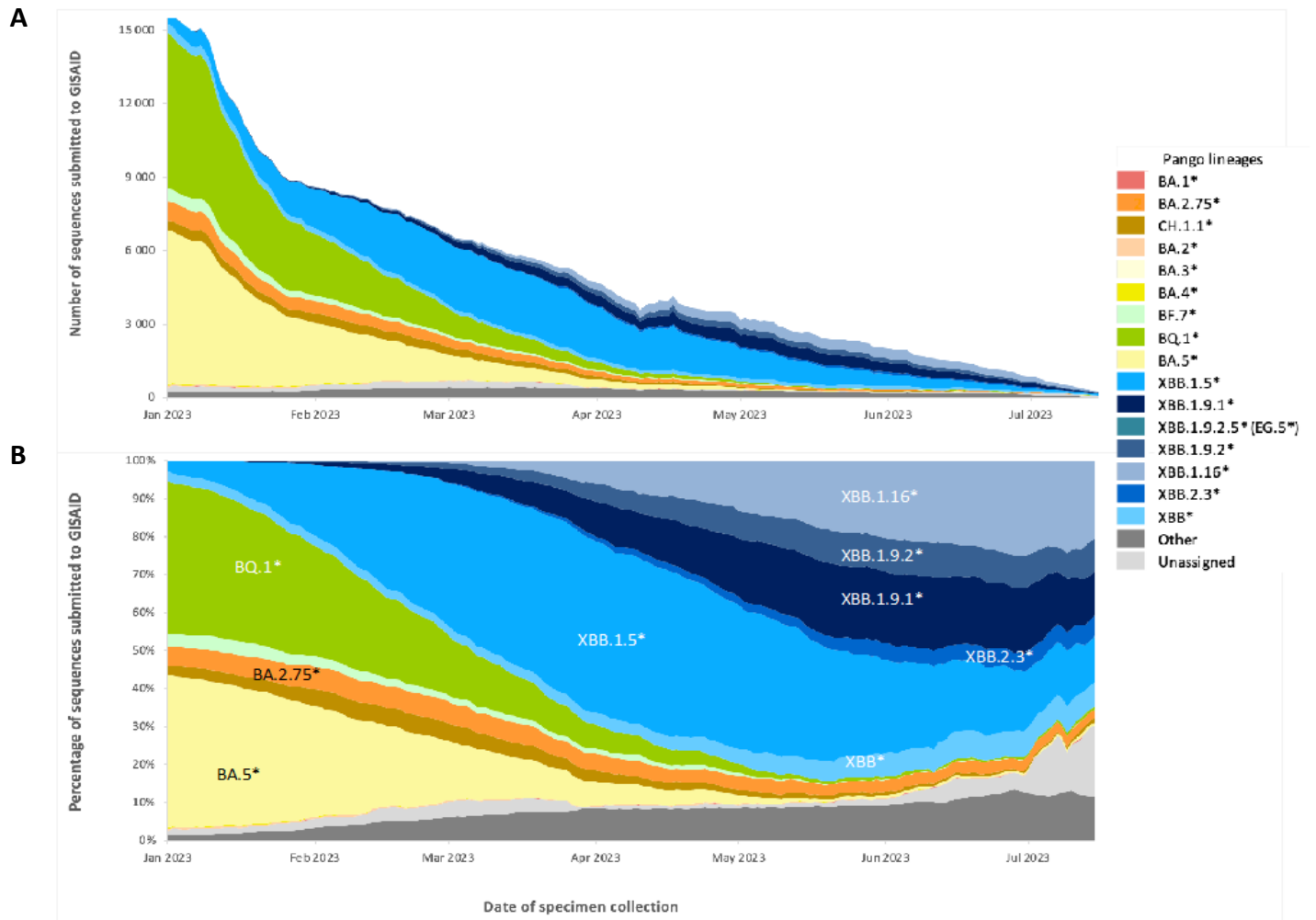


Figure 8. Panel A shows the number, and **Panel B** the percentage, of all circulating variants since January 2023. Omicron sister-lineages and additional Omicron VOC descendent lineages under further monitoring are shown. *BA.1**, *BA.2**, *BA.3**, *BA.4** and *BA.5** (* indicates inclusion of descendent lineages) include all BA.1, BA.2, BA.3, BA.4 and BA.5 pooled descendent lineages, except currently circulating variants shown individually. The *Unassigned* category includes lineages pending for a PANGO lineage name, whereas the *Other* category includes lineages that are assigned but not listed in the legend. Source: SARS-CoV-2 sequence data and metadata from GISAID, from 1 January 2023 to 15 July 2023.

Additional resources

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

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

Vaccine Effectiveness

The [Forest plots](#) displaying information on the effectiveness of COVID-19 vaccines against Omicron variants are available on [View-hub.org](#) and updated regularly (last updated on 31 July 2023). All data are collected as part of an ongoing systematic review of COVID-19 vaccine effectiveness (VE) studies (methods described [here](#)). COVID-19 VE results are summarized in the following plots, where data are available:

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

A [recent report](#) suggests that VE against Omicron subvariant BA.4/BA.5 is likely lower than against BA.1, although this may be both due to a poorer vaccine performance against BA.4/BA.5 as well as methodological factors in how the VE studies were done. Evidence of VE against XBB/XBB.1.5 is still limited. [One study](#) from Singapore found that, among previously infected 12-17-year-olds, *absolute* VE of a first mRNA booster dose against *re-infection* due to XBB was 47.9% (95% confidence interval: 20.2%-66.1%) and 85.7% (95% confidence interval: 80.2%-89.6%) against BA.4/BA.5. However, it is important to note that the maximum duration of follow-up post final dose was longer during the XBB period (approximately 50 weeks) than the BA.4/BA.5 period (approximately 37 weeks); more time for waning against XBB than BA.4/BA.5 may partially explain the lower VE against XBB. [Another study](#) from the United States evaluated the *relative* VE of a bivalent mRNA vaccine (ancestral and Omicron BA.4/BA.5) given as a first, second, or third booster compared to individuals receiving two to four doses of monovalent mRNA vaccine; *relative* VE of the bivalent mRNA vaccine against *symptomatic disease* due to XBB.1.5 was similar to that against BA.5. [A third study](#) from Qatar, conducted during a period of XBB dominance, found that persons receiving a bivalent mRNA vaccine (ancestral/Omicron BA.1) as a first, second, or third booster dose had improved protection against XBB infection *relative* to persons who had not yet received a bivalent booster vaccine but had previously received two to four doses of a monovalent mRNA vaccine; no comparison to other subvariants was conducted.

Neutralization

Neutralizing antibody studies can provide early insights into vaccine performance against new and emerging VOCs and their subvariants. For more information about the capacity of COVID-19 vaccines to neutralize various Omicron subvariants, please see a [systematic review](#) of post-monovalent vaccination neutralization responses to Omicron BA.1, BA.2, BA.3, and BA.4/BA.5. In addition, [neutralization plots](#) displaying the results of a living systematic review of neutralization studies are updated regularly on [VIEW-hub.org](#) (last updated on 31 July 2023) and contain information on more recent subvariants, such as BQ.1 and XBB.

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 (suggesting poorer vaccine performance) compared to the ancestral strain, which is a greater reduction than observed with previous VOCs. In addition, the median fold-reduction in geometric mean titers was two times lower for BA.4/BA.5 relative to BA.1. Evidence suggests even further reductions in neutralization capacity against the new subvariants BQ.1/BQ.1.1 and especially XBB/XBB.1/XBB.1.5. Primary series neutralization against Omicron (without a booster) was too poor to enable accurate comparisons of fold reductions for different subvariants.

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

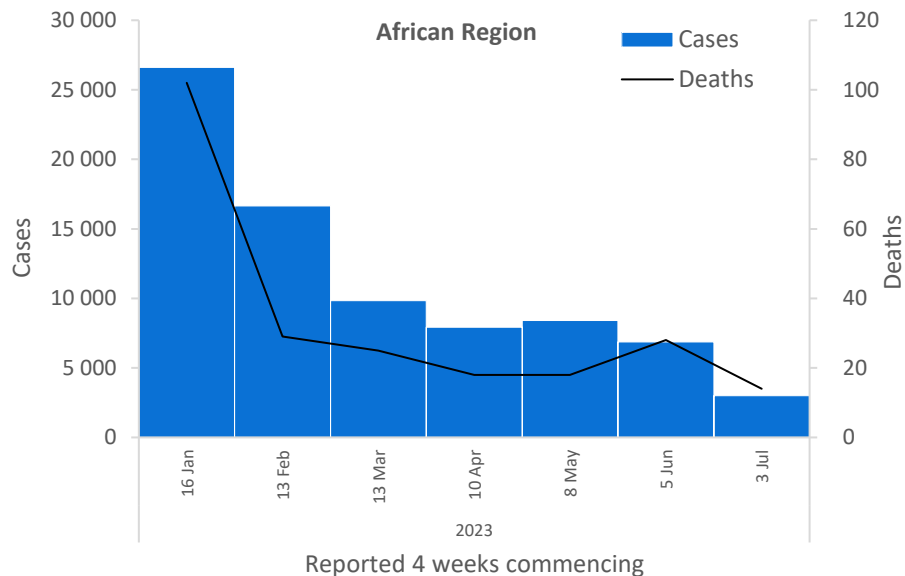
WHO regional overviews

Data for 3 to 30 July 2023

African Region

The African Region reported over 3000 new cases, a 56% decrease as compared to the previous 28-day period. One (2%) of the 50 countries for which data are available reported increases in new cases of 20% or greater: Ethiopia (26 vs 12 new cases; +117%). The highest numbers of new cases were reported from Zambia (1735 new cases; 9.4 new cases per 100 000; -30%), Mauritius (530 new cases; 41.7 new cases per 100 000; -57%), and Zimbabwe (169 new cases; 1.1 new cases per 100 000; -55%).

The number of new 28-day deaths in the Region decreased by 50% as compared to the previous 28-day period, with 14 new deaths reported. The highest numbers of new deaths were reported from Zambia (six new deaths; <1 new death per 100 000; +20%), Zimbabwe (five new deaths; <1 new death per 100 000; -58%), and Botswana (two new deaths; <1 new death per 100 000; no deaths reported the previous 28-day period).

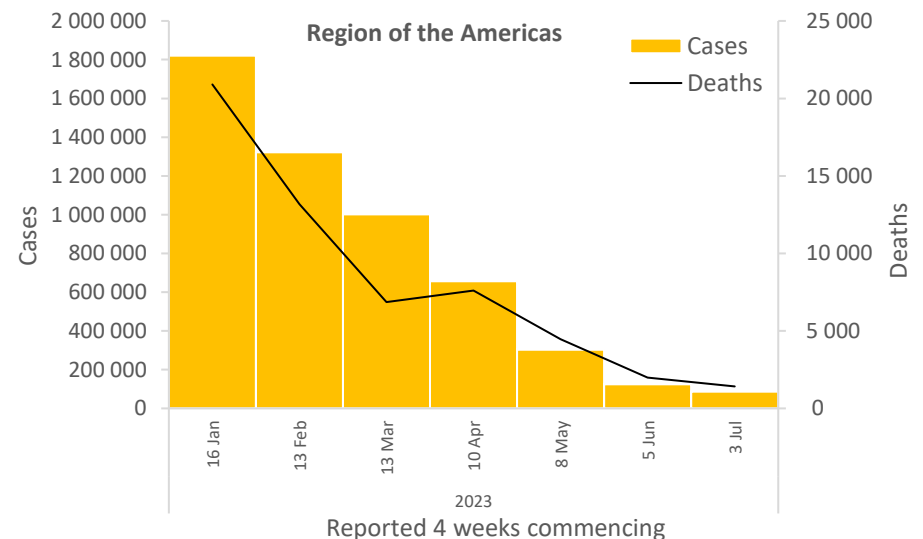


Updates from the [African Region](#)

Region of the Americas

The Region of the Americas reported over 86 000 new cases, a 31% decrease as compared to the previous 28-day period. Four (7%) of the 56 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Honduras (1562 vs 303 new cases; +416%), Jamaica (636 vs 198 new cases; +221%), and the Dominican Republic (3853 vs 2019 new cases; +91%). The highest numbers of new cases were reported from Brazil (45 642 new cases; 21.5 new cases per 100 000; -35%), Guatemala (9530 new cases; 53.2 new cases per 100 000; +15%), and Canada (5746 new cases; 15.2 new cases per 100 000; -41%).

The number of new 28-day deaths in the Region decreased by 29% as compared to the previous 28-day period, with 1417 new deaths reported. The highest numbers of new deaths were reported from Brazil (695 new deaths; <1 new death per 100 000; -34%), Peru (321 new deaths; 1.0 new death per 100 000; +28%), and Canada (112 new deaths; <1 new death per 100 000; -63%).

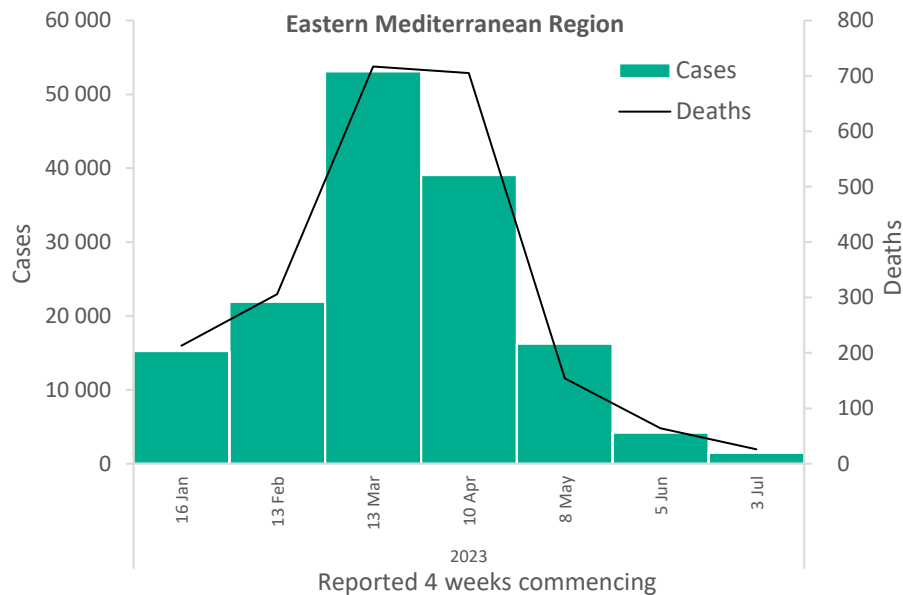


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 1400 new cases, a 65% decrease as compared to the previous 28-day period. No country has reported increases in new cases of 20% or greater compared to the previous 28-day period. The highest numbers of new cases were reported from Afghanistan (918 new cases; 2.4 new cases per 100 000; -29%), the Islamic Republic of Iran (398 new cases; <1 new case per 100 000; -34%), and Morocco (105 new cases; <1 new case per 100 000; -61%).

The number of new 28-day deaths in the Region decreased by 59% as compared to the previous 28-day period, with 26 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (14 new deaths; <1 new death per 100 000; -53%), and Afghanistan (12 new deaths; <1 new death per 100 000; +33%).

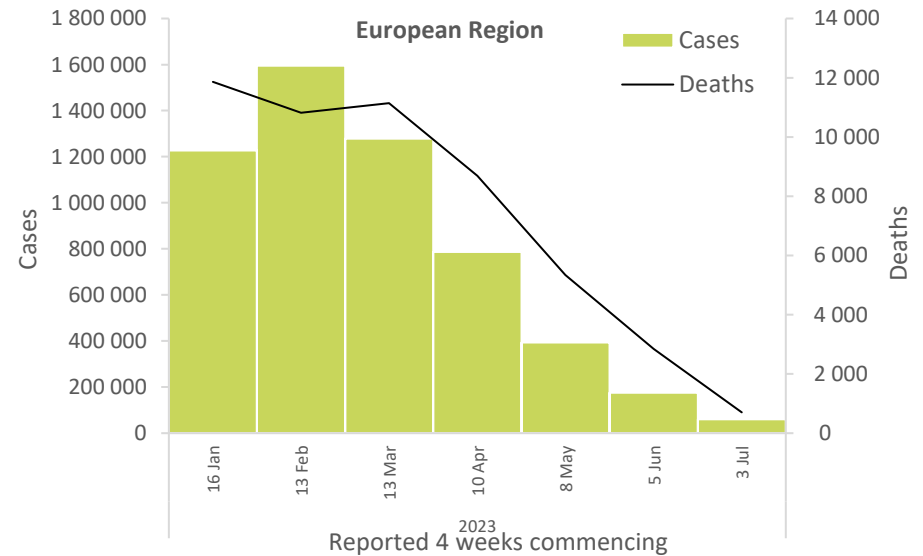


Updates from the [Eastern Mediterranean Region](#)

European Region

The European Region reported over 60 000 new cases, a 66% decrease as compared to the previous 28-day period. One (2%) of the 61 countries for which data are available reported increases in new cases of 20% or greater: Kosovo^[1] (nine vs seven new cases; +29%). The highest numbers of new cases were reported from the Russian Federation (15 091 new cases; 10.3 new cases per 100 000; -50%), Italy (13 533 new cases; 22.7 new cases per 100 000; -48%), and the United Kingdom (10 964 new cases; 16.2 new cases per 100 000; -19%).

The number of new 28-day deaths in the Region decreased by 75% as compared to the previous 28-day period, with 704 new deaths reported. The highest numbers of new deaths were reported from the Russian Federation (251 new deaths; <1 new death per 100 000; -50%), Italy (125 new deaths; <1 new death per 100 000; -63%), and Portugal (52 new deaths; <1 new death per 100 000; -61%).

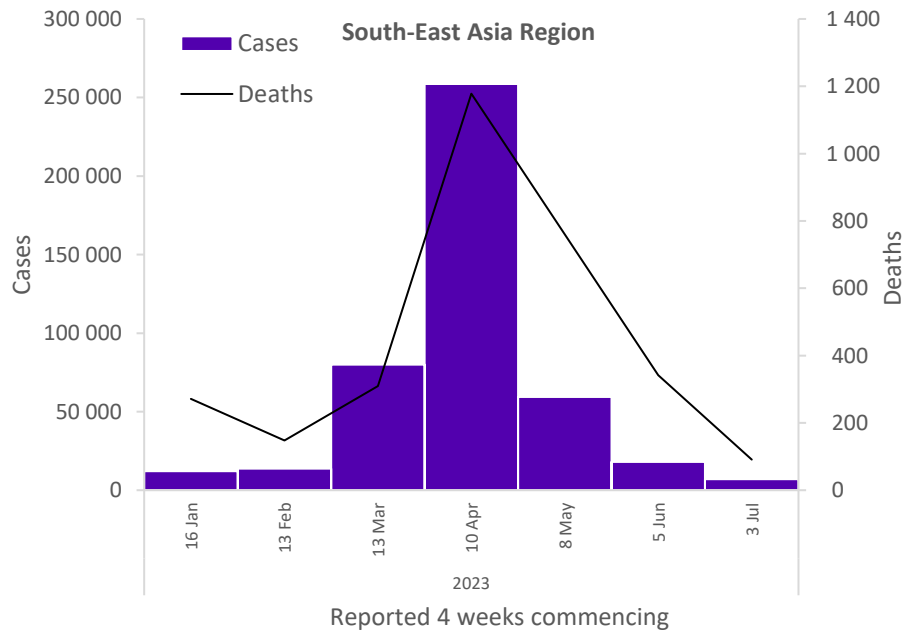


Updates from the [European Region](#)

South-East Asia Region

The South-East Asia Region reported over 6900 new cases, a 61% decrease as compared to the previous 28-day period. One (10%) of the 10 countries for which data are available reported increases in new cases of 20% or greater: Bhutan (18 vs one new cases; +1700%). The highest numbers of new cases were reported from Thailand (2753 new cases; 3.9 new cases per 100 000; -63%), Bangladesh (1708 new cases; 1.0 new case per 100 000; -44%), and India (1307 new cases; <1 new case per 100 000; -52%).

The number of new 28-day deaths in the Region decreased by 73% as compared to the previous 28-day period, with 91 new deaths reported. The highest numbers of new deaths were reported from Thailand (54 new deaths; <1 new death per 100 000; -74%), Indonesia (17 new deaths; <1 new death per 100 000; -81%), and Bangladesh (10 new deaths; <1 new death per 100 000; -29%).

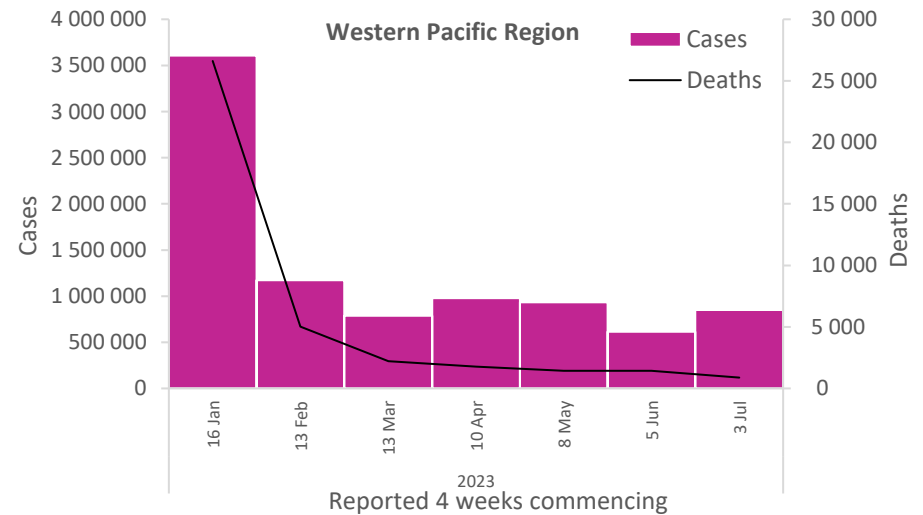


Updates from the [South-East Asia Region](#)

Western Pacific Region

The Western Pacific Region reported over 850 000 new cases, a 38% increase as compared to the previous 28-day period. Six (17%) 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 Palau (109 vs two new cases; +5350%), Micronesia (Federated States of) (12 vs two new cases; +500%), and Tokelau (57 vs 18 new cases; +217%). The highest numbers of new cases were reported from the Republic of Korea (751 484 new cases; 1465.8 new cases per 100 000; +96%), Australia (30 144 new cases; 118.2 new cases per 100 000; -72%), and New Zealand (23 443 new cases; 486.1 new cases per 100 000; -13%).

The number of new 28-day deaths in the Region decreased by 39% as compared to the previous 28-day period, with 880 new deaths reported. The highest numbers of new deaths were reported from Australia (260 new deaths; 1.0 new death per 100 000; -67%), the Republic of Korea (199 new deaths; <1 new death per 100 000; +5%), and Mongolia (148 new deaths; 4.5 new deaths per 100 000; no deaths reported the previous 28-day period).



Updates from the [Western Pacific Region](#)

Annex 1. Data, table, and figure notes

Data presented are based on official laboratory-confirmed COVID-19 cases and deaths reported to WHO by country/territories/areas, largely based upon WHO [case definitions](#) and [surveillance guidance](#). While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change, and caution must be taken when interpreting these data as several factors influence the counts presented, with variable underestimation of true case and death incidences, and variable delays to reflecting these data at the global level. Case detection, inclusion criteria, testing strategies, reporting practices, and data cut-off and lag times differ between countries/territories/areas. A small number of countries/ territories/areas report combined probable and laboratory-confirmed cases. Differences are to be expected between information products published by WHO, national public health authorities, and other sources.

A record of historic data adjustment made is available upon request by emailing epi-data-support@who.int. Please specify the countries of interest, time period, and purpose of the request/intended usage. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data. COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories, and areas, and WHO Region (reported in previous issues) are now available at: <https://covid19.who.int/table>.

‘Countries’ may refer to countries, territories, areas or other jurisdictions of similar status. The designations employed, and the presentation of these materials do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. Countries, territories, and areas are arranged under the administering WHO region. The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

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

^[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.

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 webpage](#). National authorities may choose to designate other variants and are strongly encouraged to investigate and report newly emerging variants and their impact.

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

References

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

COVID-19 Weekly Epidemiological Update

Edition 155 published 10 August 2023

In this edition:

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

Global overview

Data as of 6 August 2023

Globally, nearly 1.5 million new COVID-19 cases and over 2500 deaths were reported in the last 28 days (10 July to 6 August 2023), an increase of 80% and a decrease of 57%, respectively, compared to the previous 28 days (Figure 1, Table 1). While five WHO regions have reported decreases in the number of both cases and deaths, the Western Pacific Region has reported an increase in cases and a decrease in deaths. As of 6 August 2023, over 769 million confirmed cases and over 6.9 million deaths have been reported globally.

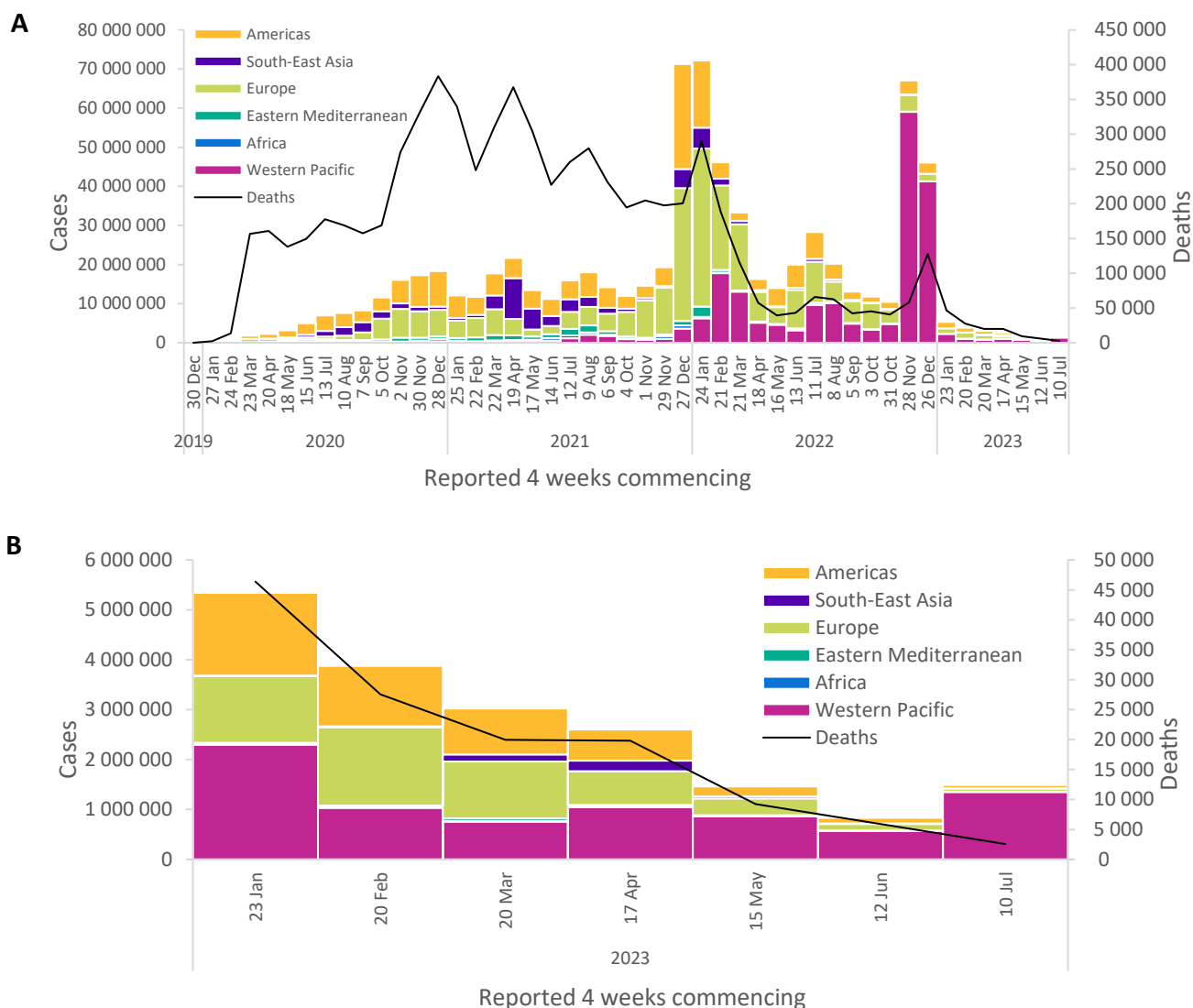
Although the public health emergency of international concern for COVID-19 was declared over on 5 May 2023, COVID-19 remains a major threat. WHO continues to urge Member States to maintain, not dismantle, their established COVID-19 infrastructure. It is crucial to sustain early warning, surveillance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

On 9 August, [standing recommendations for COVID-19](#) were issued by the Director-General of the World Health Organization (WHO) in accordance with the International Health Regulations (2005) (IHR) to guide countries in the longer-term management of COVID-19. These standing recommendations are in effect for all States Parties from 9 August 2023 until 30 April 2025.

Currently, reported cases do not accurately represent infection rates due to the reduction in testing and reporting globally. During this 28-day period, 44% (103 of 234) of countries reported at least one case to WHO – a proportion that has been declining since mid-2022. It is important to note that this statistic does not necessarily reflect the actual number of countries where cases exist. Additionally, data from previous weeks are continuously being updated to incorporate retrospective changes in reported COVID-19 cases and deaths made by countries. Data presented in this report are therefore incomplete and should be interpreted in light of these limitations. Some countries continue to report high burdens of COVID-19, including increases in newly reported cases and, more importantly, increases in hospitalizations and deaths – the latter of which are considered more reliable indicators given the reductions in testing.

We present changes in epidemiological trends using a 28-day interval. Disaggregated data are still accessible on the [WHO COVID-19 dashboard](#), where the full dataset is available for download. Global and national data on SARS-CoV-2 PCR percent positivity are available on [WHO's integrated dashboard provided by the Global Influenza Programme](#). Recent data show that the SARS-CoV-2 PCR percent positivity rate from reporting countries averages approximately 9%.

Figure 1. COVID-19 cases reported by WHO Region, and global deaths by 28-day intervals, as of 6 August 2023 (A); 23 January to 6 August 2023 (B)**



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

At the regional level, the number of newly reported cases within a 28-day period has decreased across five of the six WHO regions: the African Region (-77%), the South-East Asia Region (-57%), the Eastern Mediterranean Region (-50%), the European Region (-46%), and the Region of the Americas (-42%); while case numbers increased in the Western Pacific Region (+137%). The number of newly reported deaths within a 28-day period has decreased across all six regions: the European Region (-71%), the South-East Asia Region (-65%), the African Region (-62%), the Eastern Mediterranean Region (-51%), the Region of the Americas (-49%), and the Western Pacific Region (-42%).

At the country level, the highest numbers of new cases reported within the 28-day period were from the Republic of Korea (1 278 065 new cases; +243%), Brazil (34 402 new cases; -39%), Australia (19 754 new cases; -77%), Singapore (18 914 new cases; -43%), and Italy (15 769 new cases; -22%). The highest numbers of new 28-day deaths were reported from Brazil (500 new deaths; -42%), the Republic of Korea (340 new deaths; +91%), the Russian Federation (205 new deaths; -52%), Peru (161 new deaths; -61%), and Australia (151 new deaths; -82%).

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 6 August 2023**

WHO Region	New cases in last 28 days (%)	Change in new cases in last 28 days *	Cumulative cases (%)	New deaths in last 28 days (%)	Change in new deaths in last 28 days *	Cumulative deaths (%)
Western Pacific	1 351 710 (91%)	137%	206 179 757 (27%)	847 (33%)	-42%	415 848 (6%)
Europe	67 889 (5%)	-46%	275 818 704 (36%)	634 (25%)	-71%	2 246 111 (32%)
Americas	63 660 (4%)	-42%	193 210 684 (25%)	954 (37%)	-49%	2 958 886 (43%)
South-East Asia	5 941 (<1%)	-57%	61 199 192 (8%)	92 (4%)	-65%	806 627 (12%)
Africa	1 685 (<1%)	-77%	9 546 409 (1%)	11 (<1%)	-62%	175 419 (3%)
Eastern Mediterranean	1 325 (<1%)	-50%	23 385 863 (3%)	22 (1%)	-51%	351 375 (5%)
Global	1 492 210 (100%)	80%	769 341 373 (100%)	2 560 (100%)	-57%	6 954 279 (100%)

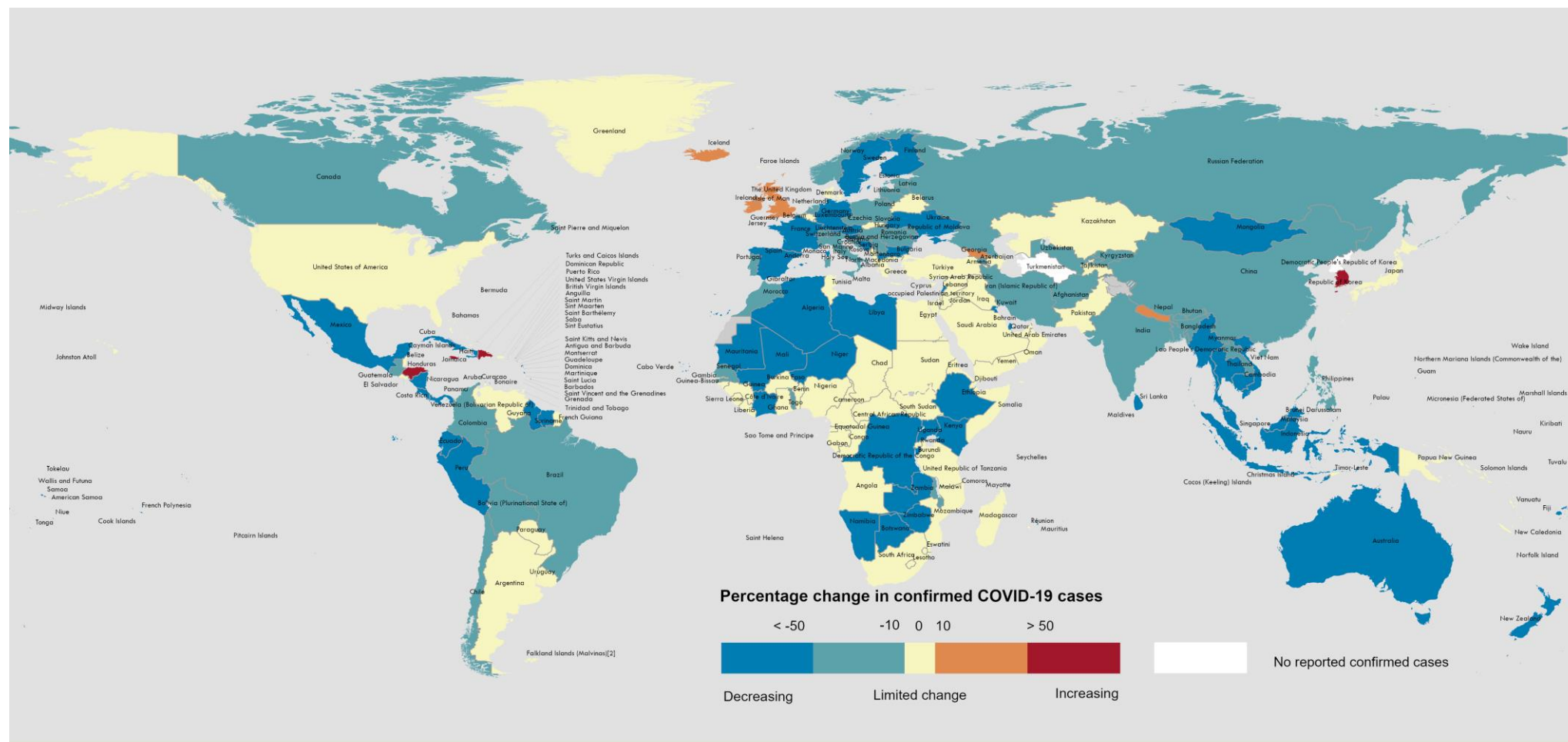
*Percent change in the number of newly confirmed cases/deaths in the past 28 days, compared to 28 days prior. Data from previous weeks are updated continuously with adjustments received from countries.

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

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

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

Figure 2. Percentage change in confirmed COVID-19 cases over the last 28 days relative to the previous 28 days, as of 6 August 2023**



Data Source: World Health Organization

Map Production: WHO Health Emergencies Programme

Not applicable

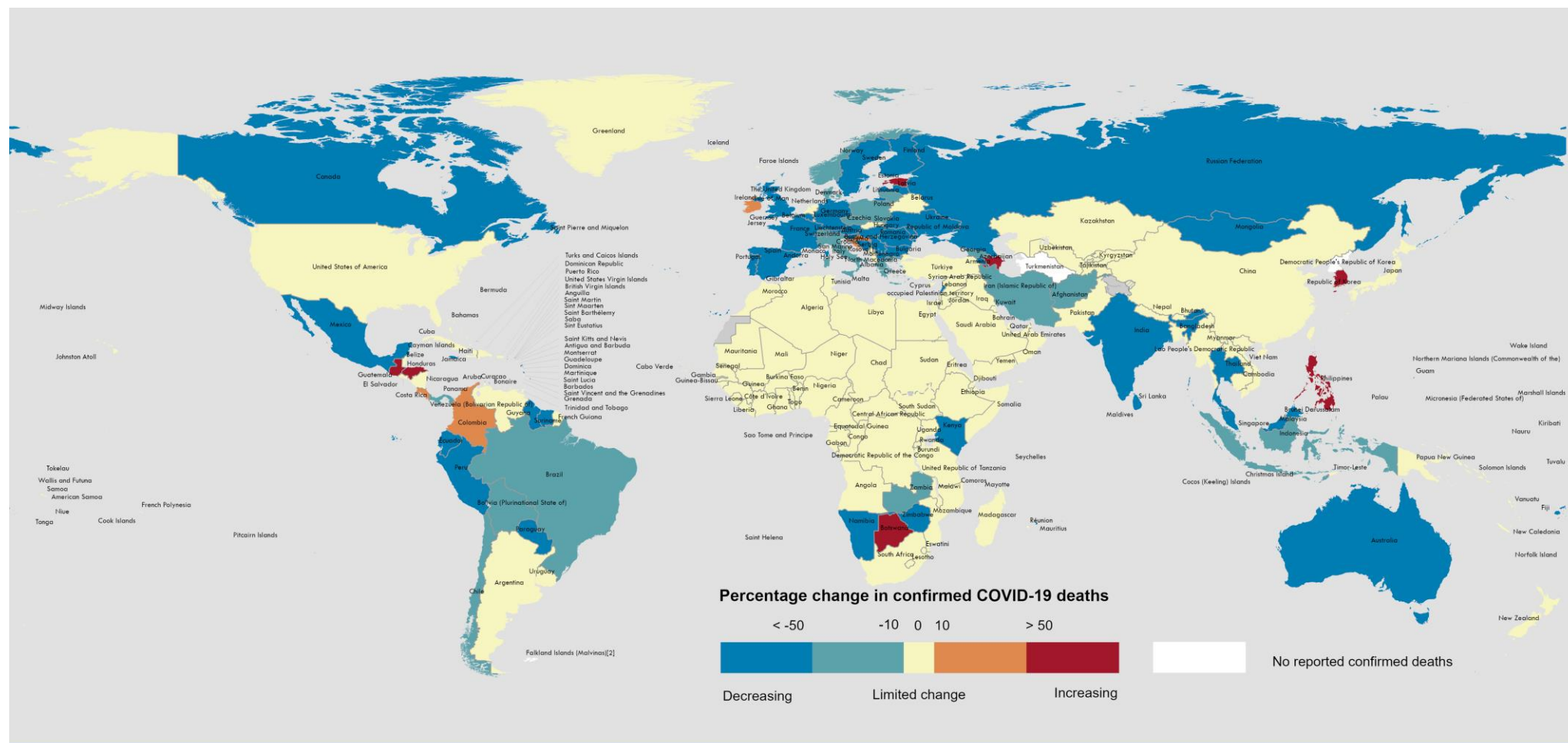
0 2,500 5,000 km

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

Figure 3. Percentage change in confirmed COVID-19 deaths over the last 28 days relative to the previous 28 days, as of 6 August 2023**



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

Not applicable

0 2,500 5,000 km

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

Hospitalizations and ICU admissions

At the global level, during the analysed 28-day period (3 July to 30 July 2023), 25 of 234 countries reported to WHO a total of 36 533 new hospitalizations, and 23 of 234 countries reported to WHO a total of 580 new intensive care unit (ICU) admissions (Figure 4). This represents a 27% and 68% decrease in hospitalizations and ICU admission, respectively, compared to the previous 28 days (5 June to July 2 July 2023).

Globally, during the past 28 days, of the 25 (11%) countries that reported data to WHO on new hospitalizations at least once (Figure 5), the European Region had the highest proportion of countries reporting data on new hospitalizations (15 countries; 25%), followed by the South-East Asia Region (two countries; 20%), the Western Pacific Region (three countries; 9%), the Region of the Americas (four countries; 7%), and the African Region (one country; 2%). The Eastern Mediterranean Region did not report hospitalization data during the period. The proportion of countries that consistentlyⁱ reported new hospitalizations for the period was 7% (17 countries) (Table 2).

Among the 17 out of 234 countries consistently reporting new hospitalizations to WHO, two (12%) countries registered an increase of 20% or greater in hospitalizations during the past 28 days compared to the previous 28-day period: Bangladesh (1350 vs 236; 472%) and Kyrgyzstan (10 vs three; +233%). The highest numbers of new hospitalizations were reported from the United States of America (27 693 vs 24 886; +11 %), Brazil (1137 vs 2283; -50%), and Greece (1051 vs 974; +8%).

Globally, in the past 28 days of the 23 (10%) countries that reported data to WHO on new ICU admissions at least once (Figure 5), the European Region had the highest proportion of countries reporting (15 countries; 23%), followed by the Western Pacific Region (four countries; 11%), the South-East Asia Region (one country; 10%), and the Region of the Americas (three countries; 5%). The African Region and the Eastern Mediterranean Region did not report ICU admission data during the period. The proportion of countries that consistently reported new ICU admissions for the period was 6% (13 countries) (Table 2).

Among the 13 countries consistently reporting new ICU admissions to WHO, three (23%) countries showed an increase of 20% or greater in new ICU admissions during the past 28 days compared to the previous 28-day period: Latvia (five vs three; +67%), Ireland (10 vs six; +67%), and Greece (23 vs 19; +21%). The highest numbers of new ICU admissions were reported from Brazil (373 vs 769; -51%), Italy (33 vs 93; -65%), and Greece (23 vs 19; +21%).

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

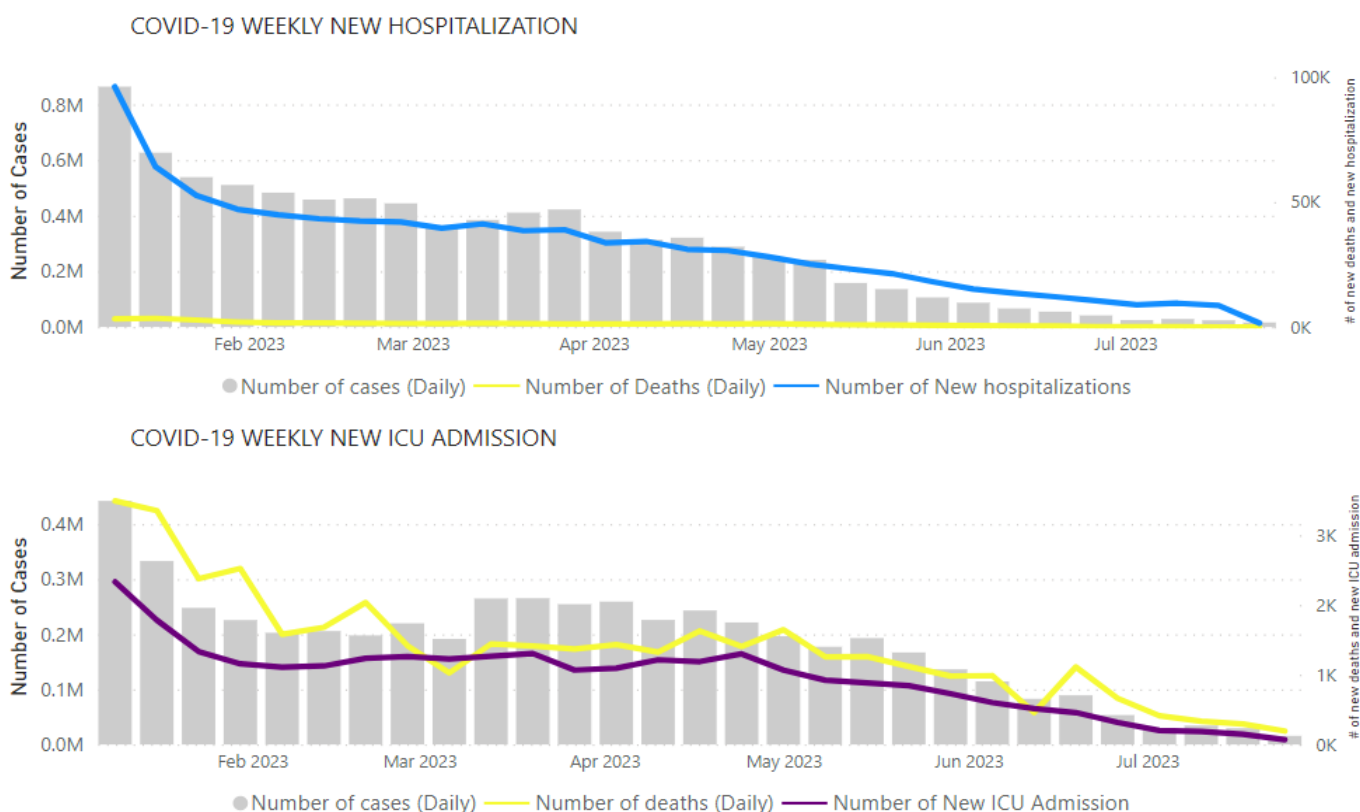
Table 2. New hospitalizations and ICU admissions in the last 28 days (with percent change) by WHO Region, 3 to 30 July 2023 compared to 5 June to 2 July 2023

Region	New hospitalizations from countries that reported consistently in the last two 28-day periods			New ICU admissions from countries that reported consistently in the last two 28-day periods		
	Number of countries* (percentage)	Number of new hospitalizations	Percent change	Number of countries* (percentage)	Number of new ICU admissions	Percent change
Africa	1/50 (2%)	13	-70%	0/50 (<1%)	NA**	NA
Americas	3/56 (5%)	29 931	9%	2/56 (4%)	380	-52%
Eastern Mediterranean	0/22 (<1%)	NA	NA	0/22 (<1%)	NA	NA
European	10/61 (16%)	2 992	-53%	8/61 (15%)	89	-46%
South-East Asia	2/10 (20%)	1 543	38%	1/10 (10%)	12	-85%
Western Pacific	1/35 (3%)	28	-94%	2/35 (11%)	0	-100%
Global	17/234 (7%)	34 507	-3%	13/234 (6%)	481	-54%

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

** NA represents not available

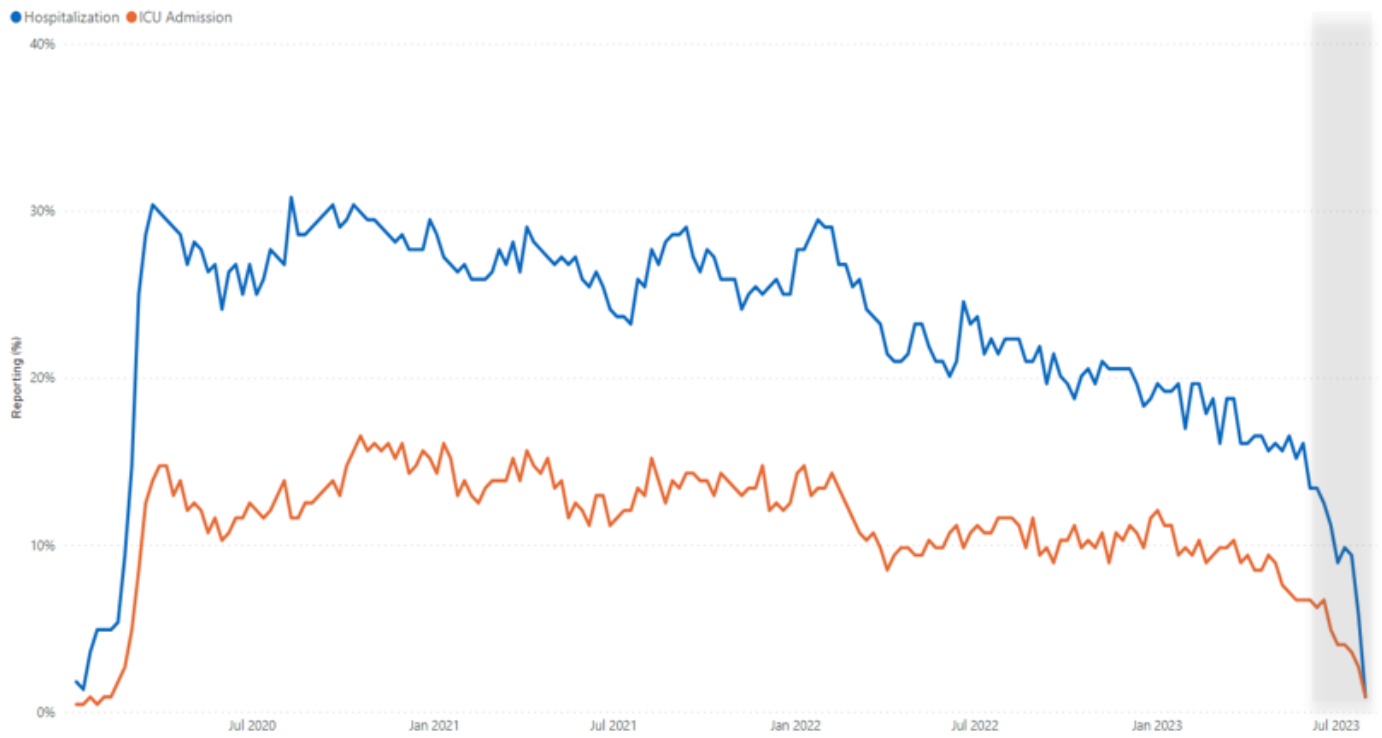
Figure 4. COVID-19 cases, deaths, hospitalizations, and ICU admissions reported weekly to WHO, as of 6 August 2023



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

Source: WHO Detailed Surveillance Dashboard

Figure 5. Weekly proportion of countries reporting new hospitalizations and ICU admissions, epidemiological week 1 of 2020 to week 30 of 2023



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

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

Geographic spread and prevalence

Globally, from 10 July to 6 August 2023 (28 days), 10 189 SARS-CoV-2 sequences were shared through GISAID.

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

- Three variants of interest (VOIs); XBB.1.16, XBB.1.5, and EG.5
- Six variants under monitoring (VUMs); BA.2.75, CH.1.1, XBB, XBB.1.9.1, XBB.1.9.2 and XBB.2.3.

Globally, XBB.1.16 remains the most prevalent VOI, reported from a total of 101 countries since its emergence. XBB.1.16 accounted for 25.2% of sequences in epidemiological week 29 (17 to 23 July 2023) compared to 22.2% in epidemiological week 25 (19 to 25 June 2023).

XBB.1.5, reported from a total of 121 countries globally, continues to show a declining trend. XBB.1.5 accounted for 12.7% of sequences in week 29, down from 16.8% in week 25.

On 9 August, WHO published its [first risk evaluation of EG.5](#) and classified EG.5 as a VOI. As of 9 August 2023, EG.5 has been reported from a total of 48 countries. The prevalence of EG.5 continues to increase, going from 7.5% in week 25 to 17.4% in week 29. Based on the available evidence, the public health risk posed by EG.5 was evaluated as low at the global level, aligning with the risk associated with XBB.1.16 and XBB.1.5. While EG.5 has shown increased prevalence, growth advantage, and immune escape properties, there have been no reported changes in disease severity to date. While concurrent increases in the proportion of EG.5 and COVID-19 hospitalizations (lower than previous waves) have been observed in countries such as Japan and the Republic of Korea, no associations have been made between these hospitalizations and EG.5. However, due to its growth advantage and immune escape characteristics, EG.5 may cause a rise in case incidence and become dominant in some countries or even globally.

Among the VUMs, XBB.1.9.1 observed a decrease in prevalence from 15.8% in week 25 to 12.7% in week 29; whilst other VUMs have shown stable trends during the same reporting period (Table 3).

Table 3 shows the number of countries reporting the VOIs and VUMs and their prevalence from week 25 to week 29. The VOIs and the VUMs that have shown [increasing trends are highlighted in orange](#), those that have remained [stable are highlighted in blue](#), while those with [decreasing trends are highlighted in green](#).

Table 3. Weekly prevalence (%) of SARS-CoV-2 VOIs and VUMs, week 25 to week 29 of 2023

Lineage	Countries [§]	Sequences [§]	2023-25	2023-26	2023-27	2023-28	2023-29
VOIs							
XBB.1.5*	121	262 884	16.8	13.8	12.0	13.2	12.7
XBB.1.16*	101	44 031	22.2	21.7	22.8	21.7	25.2
EG.5*	48	6 372	7.5	10.5	12.2	14.6	17.4
VUMs							
BA.2.75*	125	123 203	2.8	2.8	2.5	2.5	1.8
CH.1.1*	96	42 816	0.5	0.5	0.7	0.7	0.7
XBB*	130	67 604	6.2	6.0	6.4	6.6	6.7
XBB.1.9.1*	102	53 528	15.8	15.0	13.5	11.3	12.7
XBB.1.9.2*	85	25 295	7.6	7.2	8.1	6.7	5.7
XBB.2.3*	69	8 919	4.6	4.3	4.4	4.9	5.3
Unassigned	94	152 093	3.7	6.9	5.5	6.0	0.0
Other [†]	209	6 766 331	11.4	10.7	11.5	11.5	11.2

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

* Includes descendant lineages, except those individually specified elsewhere in the table. For example, XBB* does not include XBB.1.5, XBB.1.16, EG.5, XBB.1.9.1, XBB.1.9.2, and XBB.2.3

[†] "Other" represents other circulating lineages excluding the VOI, VUMs, BA.1*, BA.2*, BA.3*, BA.4*, BA.5*. Due to delays in or retrospective assignment of variants, caution should be taken when interpreting the prevalence of the "Other" category.

Additional resources

- [Tracking SARS-CoV-2 Variants](#)
- [WHO statement on updated tracking system on SARS-CoV-2 variants of concern and variants of interest](#)
- [WHO XBB.1.5 Updated Risk Assessment, 20 June 2023](#)
- [WHO XBB.1.16 Updated Risk Assessment, 5 June 2023](#)
- [WHO EG.5 Initial Risk Evaluation, 9 August 2023](#)

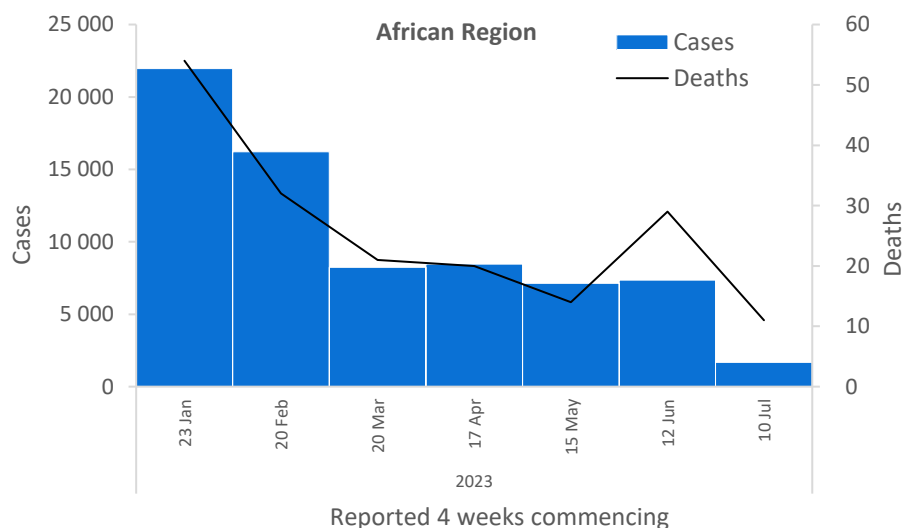
WHO regional overviews

Data for 10 July to 6 August 2023

African Region

The African Region reported over 1600 new cases, a 77% decrease as compared to the previous 28-day period. No country has reported increases in new cases of 20% or greater compared to the previous 28-day period. The highest numbers of new cases were reported from Zambia (728 new cases; 4.0 new cases per 100 000; -79%), Mauritius (479 new cases; 37.7 new cases per 100 000; -44%), and Kenya (132 new cases; <1 new case 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 11 new deaths reported. The highest numbers of new deaths were reported from Zambia (five new deaths; <1 new death per 100 000; -17%), Botswana (three new deaths; <1 new death per 100 000; no deaths reported the previous 28-day period), and Zimbabwe (three new deaths; <1 new death per 100 000; -79%).

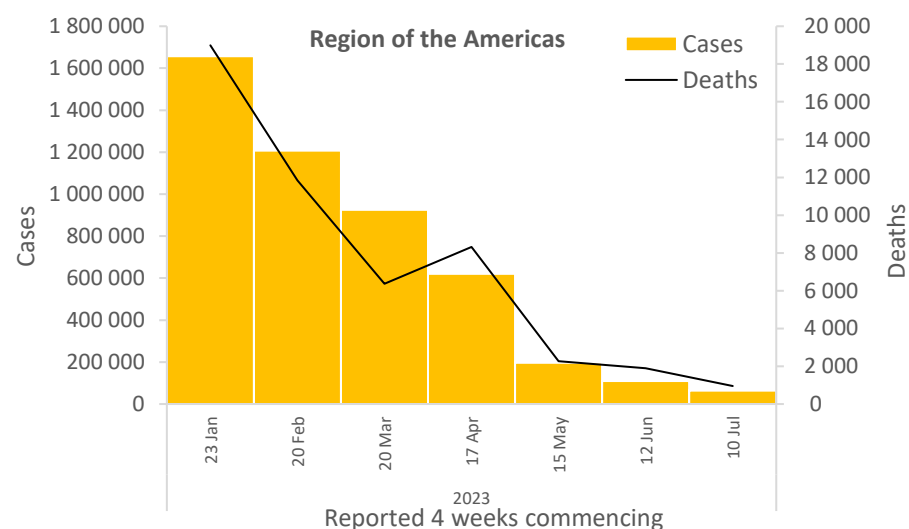


Updates from the [African Region](#)

Region of the Americas

The Region of the Americas reported over 63 000 new cases, a 42% decrease as compared to the previous 28-day period. Three (5%) of the 56 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Honduras (1387 vs 439 new cases; +216%), the Dominican Republic (3853 vs 1599 new cases; +141%), and Jamaica (484 vs 313 new cases; +55%). The highest numbers of new cases were reported from Brazil (34 402 new cases; 16.2 new cases per 100 000; -39%), Guatemala (6487 new cases; 36.2 new cases per 100 000; -31%), and Canada (4173 new cases; 11.1 new cases per 100 000; -48%).

The number of new 28-day deaths in the Region decreased by 50% as compared to the previous 28-day period, with 954 new deaths reported. The highest numbers of new deaths were reported from Brazil (500 new deaths; <1 new death per 100 000; -42%), Peru (161 new deaths; <1 new death per 100 000; -61%), and Colombia (100 new deaths; <1 new death per 100 000; +23%).

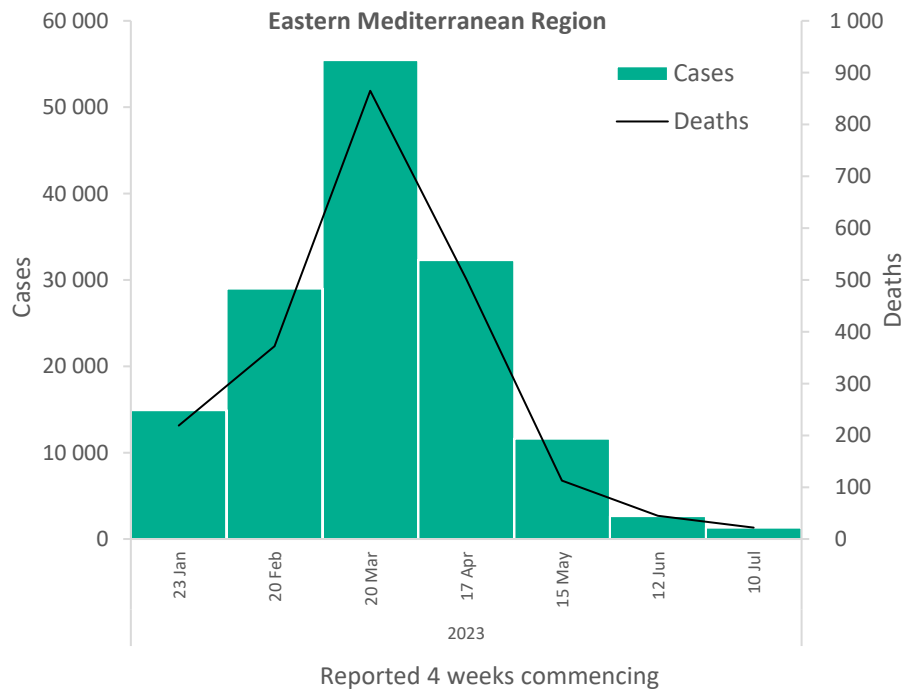


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 1300 new cases, a 50% decrease as compared to the previous 28-day period. No country has reported increases in new cases of 20% or greater compared to the previous 28-day period. The highest numbers of new cases were reported from Afghanistan (799 new cases; 2.1 new cases per 100 000; -26%), the Islamic Republic of Iran (408 new cases; <1 new case per 100 000; -38%), and Morocco (102 new cases; <1 new case per 100 000; -46%).

The number of new 28-day deaths in the Region decreased by 51% as compared to the previous 28-day period, with 22 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (15 new deaths; <1 new death per 100 000; -46%), and Afghanistan (seven new deaths; <1 new death per 100 000; -36%).

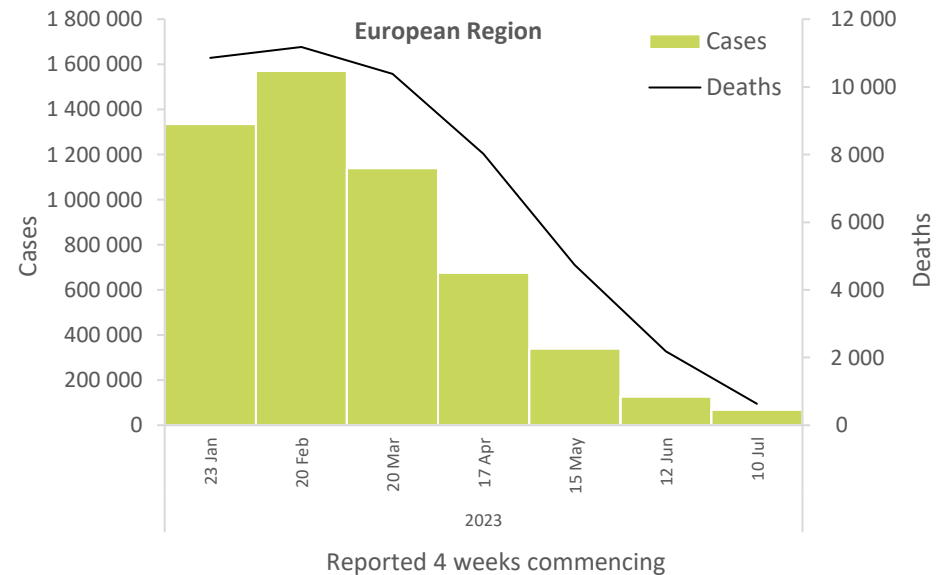


Updates from the [Eastern Mediterranean Region](#)

European Region

The European Region reported over 67 000 new cases, a 46% decrease as compared to the previous 28-day period. Five (8%) 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 San Marino (41 vs 15 new cases; +173%), Iceland (63 vs 44 new cases; +43%), and Ireland (1054 vs 806 new cases; +31%). The highest numbers of new cases were reported from Italy (15 769 new cases; 26.4 new cases per 100 000; -22%), the United Kingdom (14 042 new cases; 20.7 new cases per 100 000; +27%), and the Russian Federation (13 586 new cases; 9.3 new cases per 100 000; -36%).

The number of new 28-day deaths in the Region decreased by 71% as compared to the previous 28-day period, with 634 new deaths reported. The highest numbers of new deaths were reported from the Russian Federation (205 new deaths; <1 new death per 100 000; -52%), Italy (137 new deaths; <1 new death per 100 000; -48%), and Greece (58 new deaths; <1 new death per 100 000; -19%).

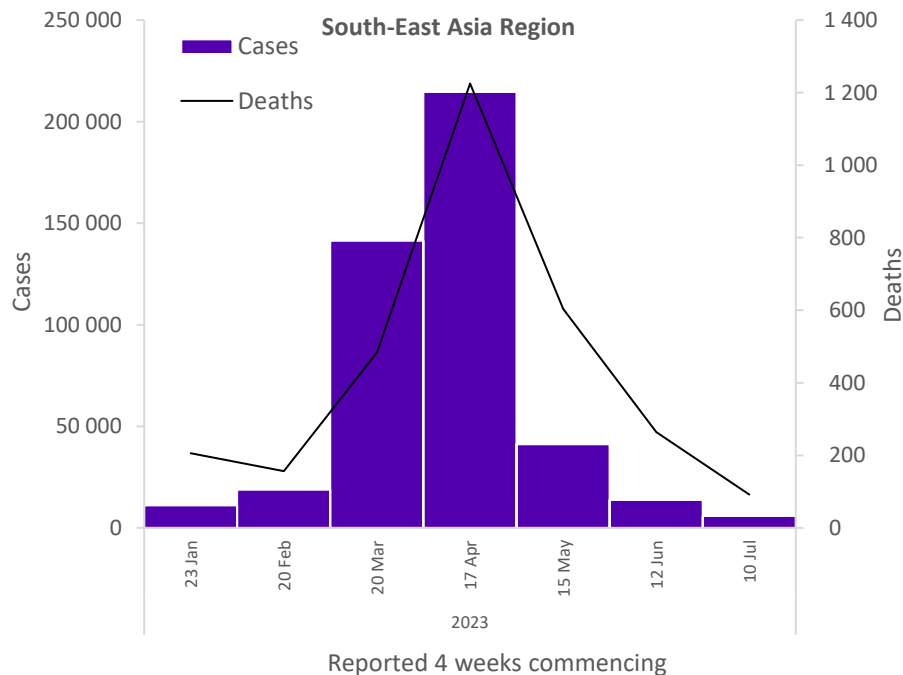


Updates from the [European Region](#)

South-East Asia Region

The South-East Asia Region reported over 5900 new cases, a 57% 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: Nepal (26 vs 19 new cases; +37%). The highest numbers of new cases were reported from Thailand (1828 new cases; 2.6 new cases per 100 000; -69%), Bangladesh (1618 new cases; 1.0 new case per 100 000; -40%), and India (1405 new cases; <1 new case per 100 000; -21%).

The number of new 28-day deaths in the Region decreased by 65% as compared to the previous 28-day period, with 92 new deaths reported. The highest numbers of new deaths were reported from Thailand (41 new deaths; <1 new death per 100 000; -75%), Indonesia (32 new deaths; <1 new death per 100 000; -49%), and Bangladesh (12 new deaths; <1 new death per 100 000; +9%).

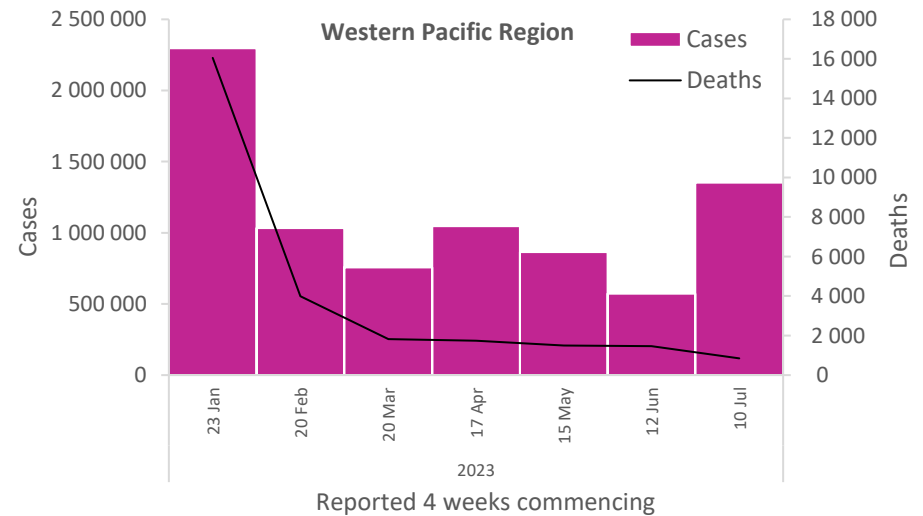


Updates from the [South-East Asia Region](#)

Western Pacific Region

The Western Pacific Region reported over one million new cases, a 137% increase 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 Niue (four vs one new cases; +300%), the Republic of Korea (1 278 065 vs 372 557 new cases; +243%), and the Federated States of Micronesia (10 vs three new cases; +233%). The highest numbers of new cases were reported from the Republic of Korea (1 278 065 new cases; 2492.9 new cases per 100 000; +243%), Australia (19 754 new cases; 77.5 new cases per 100 000; -77%), and Singapore (18 914 new cases; 323.3 new cases per 100 000; -43%).

The number of new 28-day deaths in the Region decreased by 43% as compared to the previous 28-day period, with 847 new deaths reported. The highest numbers of new deaths were reported from the Republic of Korea (340 new deaths; <1 new death per 100 000; +91%), Australia (151 new deaths; <1 new death per 100 000; -82%), and the Philippines (142 new deaths; <1 new death per 100 000; +4633%).



Updates from the [Western Pacific Region](#)

Annex 1. Data, table, and figure notes

Data presented are based on official laboratory-confirmed COVID-19 cases and deaths reported to WHO by country/territories/areas, largely based upon WHO [case definitions](#) and [surveillance guidance](#). While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change, and caution must be taken when interpreting these data as several factors influence the counts presented, with variable underestimation of true case and death incidences, and variable delays to reflecting these data at the global level. Case detection, inclusion criteria, testing strategies, reporting practices, and data cut-off and lag times differ between countries/territories/areas. A small number of countries/ territories/areas report combined probable and laboratory-confirmed cases. Differences are to be expected between information products published by WHO, national public health authorities, and other sources.

A record of historic data adjustment made is available upon request by emailing epi-data-support@who.int. Please specify the countries of interest, time period, and purpose of the request/intended usage. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data. COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories, and areas, and WHO Region (reported in previous issues) are now available at: <https://covid19.who.int/table>.

'Countries' may refer to countries, territories, areas or other jurisdictions of similar status. The designations employed, and the presentation of these materials do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. Countries, territories, and areas are arranged under the administering WHO region. The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

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

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

WHO, in collaboration with national authorities, institutions and researchers, routinely assesses if variants of SARS-CoV-2 alter transmission or disease characteristics, or impact the effectiveness of vaccines, therapeutics, diagnostics or public health and social measures (PHSM) applied to control disease spread. Potential variants of concern (VOCs), variants of interest (VOIs) or variants under monitoring (VUMs) are regularly assessed based on the risk posed to global public health.

The classifications of variants will be revised as needed to reflect the continuous evolution of circulating variants and their changing epidemiology. Criteria for variant classification, and the lists of currently circulating and previously circulating VOCs, VOIs and VUMs, are available on the [WHO Tracking SARS-CoV-2 variants webpage](#). National authorities may choose to designate other variants and are strongly encouraged to investigate and report newly emerging variants and their impact.

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

References

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

COVID-19 Weekly Epidemiological Update

Edition 156 published 17 August 2023

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

Global overview

Data as of 13 August 2023

In the last 28-day period (17 July to 13 August 2023), over 1.4 million new COVID-19 cases and over 2300 deaths were reported from WHO's six regionsⁱ, an increase of 63% and a decrease of 56%, respectively, compared to the previous 28 days (Figure 1, Table 1). As of 13 August 2023, over 769 million confirmed cases and over 6.9 million deaths have been reported globally. While four WHO regions have reported decreases in the number of both cases and deaths, the Western Pacific Region has reported an increase in cases and a decrease in deaths.

Even before the discontinuation of the Public Health Emergency of International Concern for COVID-19, and in the context of ongoing integration of COVID-19 data with other respiratory disease data, many countries are shifting away from COVID-19-specific reporting towards integrated respiratory disease surveillance. In the context of high variability in the timeliness of COVID-19 reports produced by Member States in the Americas, as of August 2023 PAHO/WHO has paused its specific COVID-19 Epidemiological Update. Subsequent COVID-19 surveillance will continue through the Influenza and Other Respiratory Viruses bulletin and dashboards available here: <https://www.paho.org/en/topics/influenza-and-other-respiratory-viruses>.

In this WEU edition, we have included all available data from the Region of the Americas since the start of the pandemic up to 6 August 2023 in the global figures. However, 28-day comparisons for this Region and its Member States are not presented as the data for the reporting period was incomplete.

As countries discontinue COVID-19-specific reporting and integrate respiratory disease surveillance, WHO will continue to use all available sources to continue monitoring the COVID-19 epidemiological situation. COVID-19 continues to be a major threat and WHO urges Member States to maintain, not dismantle, their established COVID-19 infrastructure. It is crucial to sustain early warning, surveillance and reporting, variant tracking, early clinical care provision, administration of vaccine boosters to high-risk groups, improvements in ventilation, and regular communication.

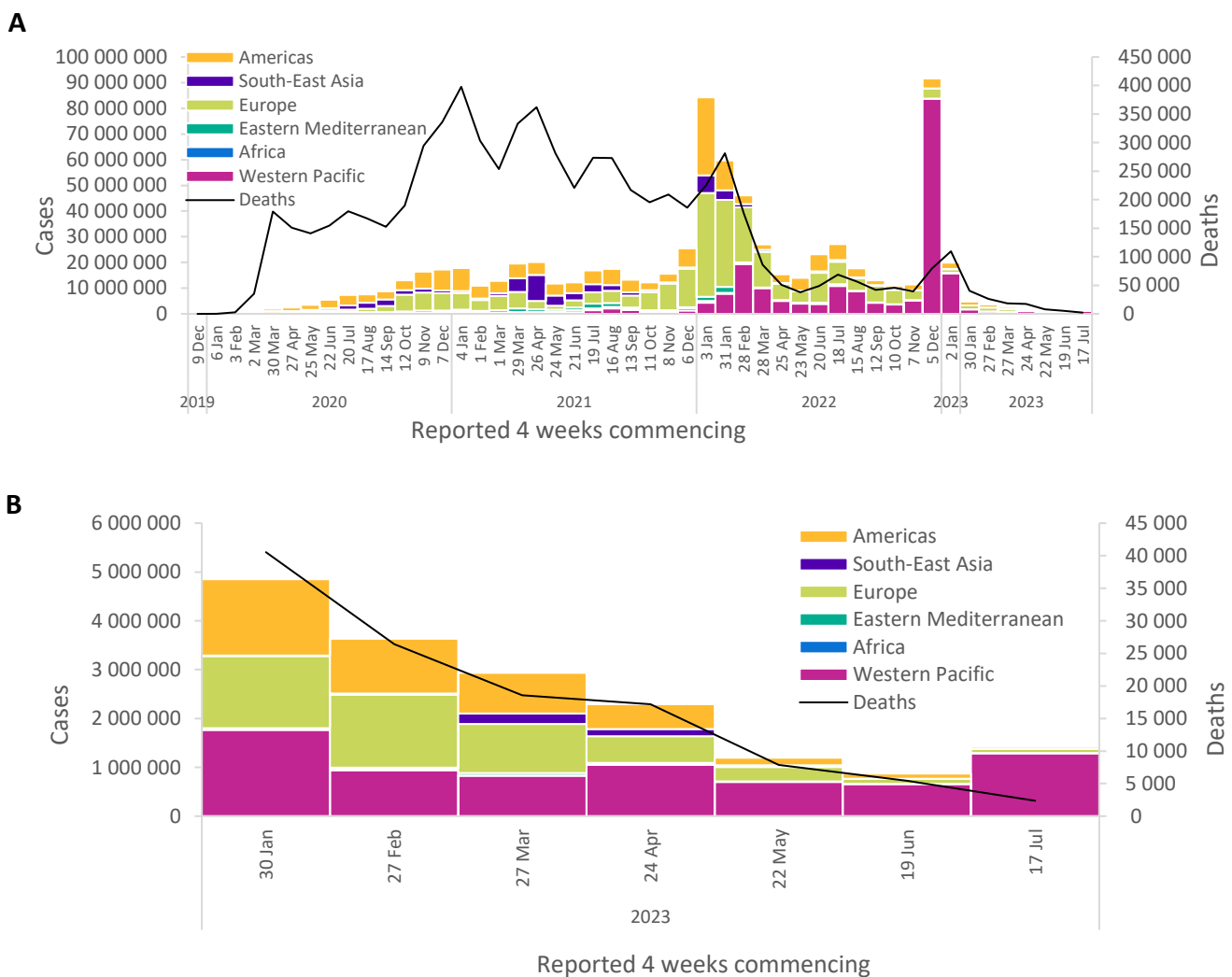
Currently, reported cases do not accurately represent infection rates due to the reduction in testing and reporting globally. During this 28-day period, 44% (104 of 234) of countries reported at least one case to WHO – a proportion that has been declining since mid-2022. It is important to note that this statistic does not reflect the actual number of countries where cases exist. Additionally, data from previous weeks are continuously being updated to incorporate retrospective changes in reported COVID-19 cases and deaths made by countries. Data presented in this report are therefore incomplete and should be interpreted in light of these limitations. Some countries continue to report high burdens of COVID-19, including increases in newly reported cases and, more

ⁱ Note: The Region of the Americas has not reported COVID-19 specific data since 6 August, which will impact the interpretation of the Global overview.

importantly, increases in hospitalizations and deaths – the latter of which are considered more reliable indicators given reductions in testing.

We present changes in epidemiological trends using a 28-day interval. Disaggregated data are still accessible on the [WHO COVID-19 dashboard](#), where the full dataset is available for download. Global and national data on SARS-CoV-2 PCR percent positivity are available on [WHO’s integrated dashboard provided by the Global Influenza Programme](#). Recent data show that the SARS-CoV-2 PCR percent positivity rate from reporting countries averages approximately 8%.

Figure 1. COVID-19 cases reported by WHO Region, and global deaths by 28-day intervals, as of 13 August 2023 (A); 30 January to 13 August 2023 (B)§**



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

§ The data from the Region of the Americas are until 6 August 2023.

At the regional level, the number of newly reported cases within a 28-day period has decreased across four of the five WHO regions: the African Region (-80%), the South-East Asia Region (-51%), the European Region (-18%), and the Eastern Mediterranean Region (-16%); while case numbers increased in the Western Pacific Region (+97%). The number of newly reported deaths within a 28-day period has decreased across five reporting regions: the African Region (-78%), the South-East Asia Region (-62%), the European Region (-57%), the Western Pacific Region (-46%), and the Eastern Mediterranean Region (-15%).

At the country level, the highest numbers of new cases reported within the 28-day period were from the Republic of Korea (1 209 194 new cases; +140%), Australia (30 402 new cases; -52%), Singapore (18 806 new cases; -40%), Italy (18 419 new cases; +10%) and the United Kingdom (16 938 new cases; +60%). The highest numbers of new 28-day deaths were reported from the Republic of Korea (340 new deaths; +91%), Australia (201 new deaths; -77%), the Russian Federation (182 new deaths; -54%), the Philippines (162 new deaths; +5300%) and Italy (159 new deaths; -28%).

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 13 August 2023**

WHO Region	New cases in last 28 days (%)	Change in new cases in last 28 days *	Cumulative cases (%)	New deaths in last 28 days (%)	Change in new deaths in last 28 days *	Cumulative deaths (%)
Western Pacific	1 289 940 (91%)	97%	206 288 782 (27%)	863 (36%)	-46%	416 001 (6%)
Europe	80 436 (6%)	-18%	275 849 815 (36%)	741 (31%)	-57%	2 246 573 (32%)
Americas [§]	44 370 (3%)	NA [¥]	193 210 684 (25%)	659 (28%)	NA	2 958 886 (43%)
South-East Asia	5 075 (<1%)	-51%	61 200 084 (8%)	75 (3%)	-62%	806 639 (12%)
Eastern Mediterranean	1 497 (<1%)	-16%	23 386 319 (3%)	23 (1%)	-15%	351 379 (5%)
Africa	1 220 (<1%)	-80%	9 546 776 (1%)	5 (<1%)	-78%	175 420 (3%)
Global	1 422 538 (100%)	63%	769 483 224 (100%)	2 366 (100%)	-56%	6 954 911 (100%)

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

[§] The data from the Region of the Americas are until 6 August 2023 and should not be interpreted as a declining trend.

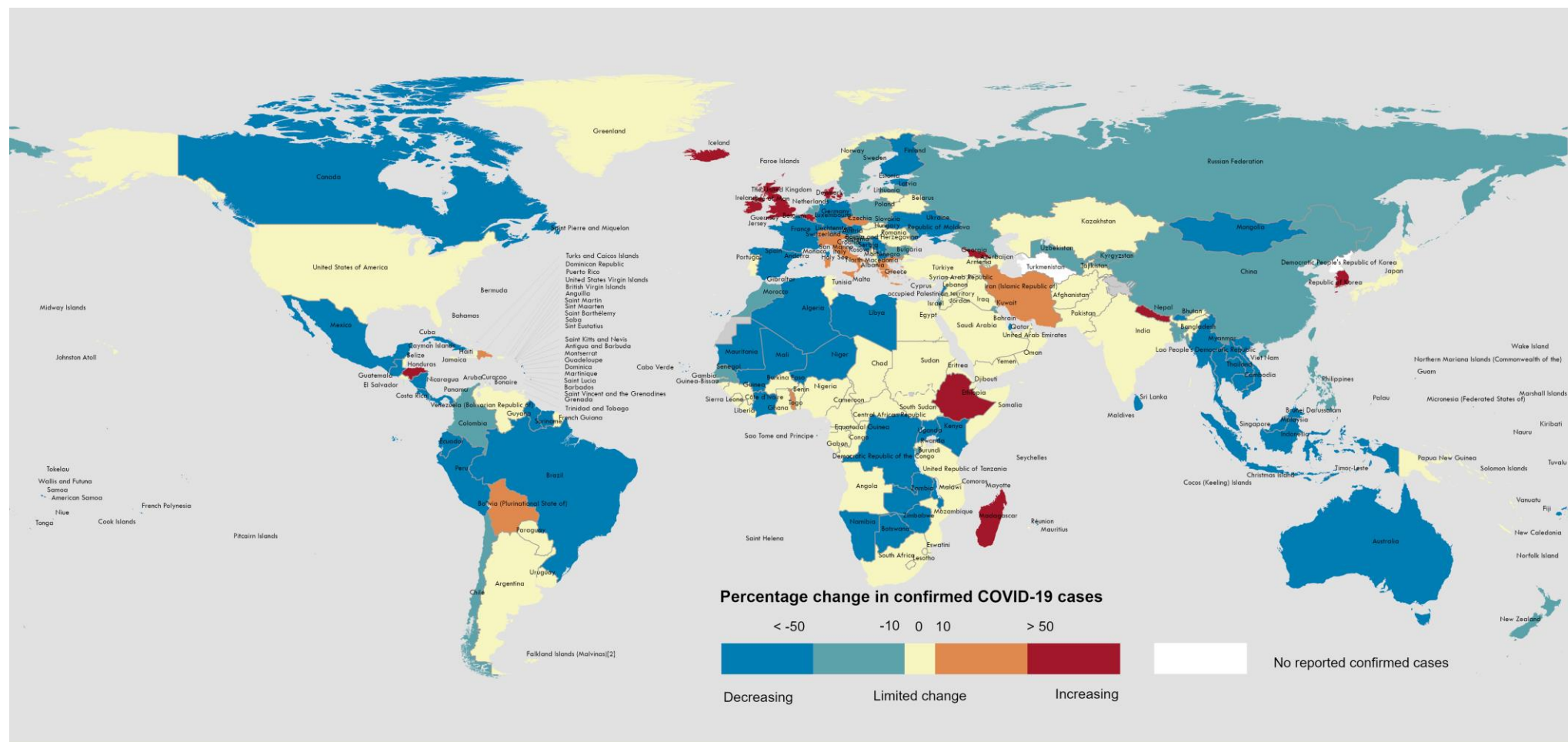
[¥] NA represents not available

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

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

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

Figure 2. Percentage change in confirmed COVID-19 cases over the last 28 days relative to the previous 28 days, as of 13 August 2023**§



Data Source: World Health Organization

Map Production: WHO Health Emergencies Programme

Not applicable

0 2,500 5,000 km

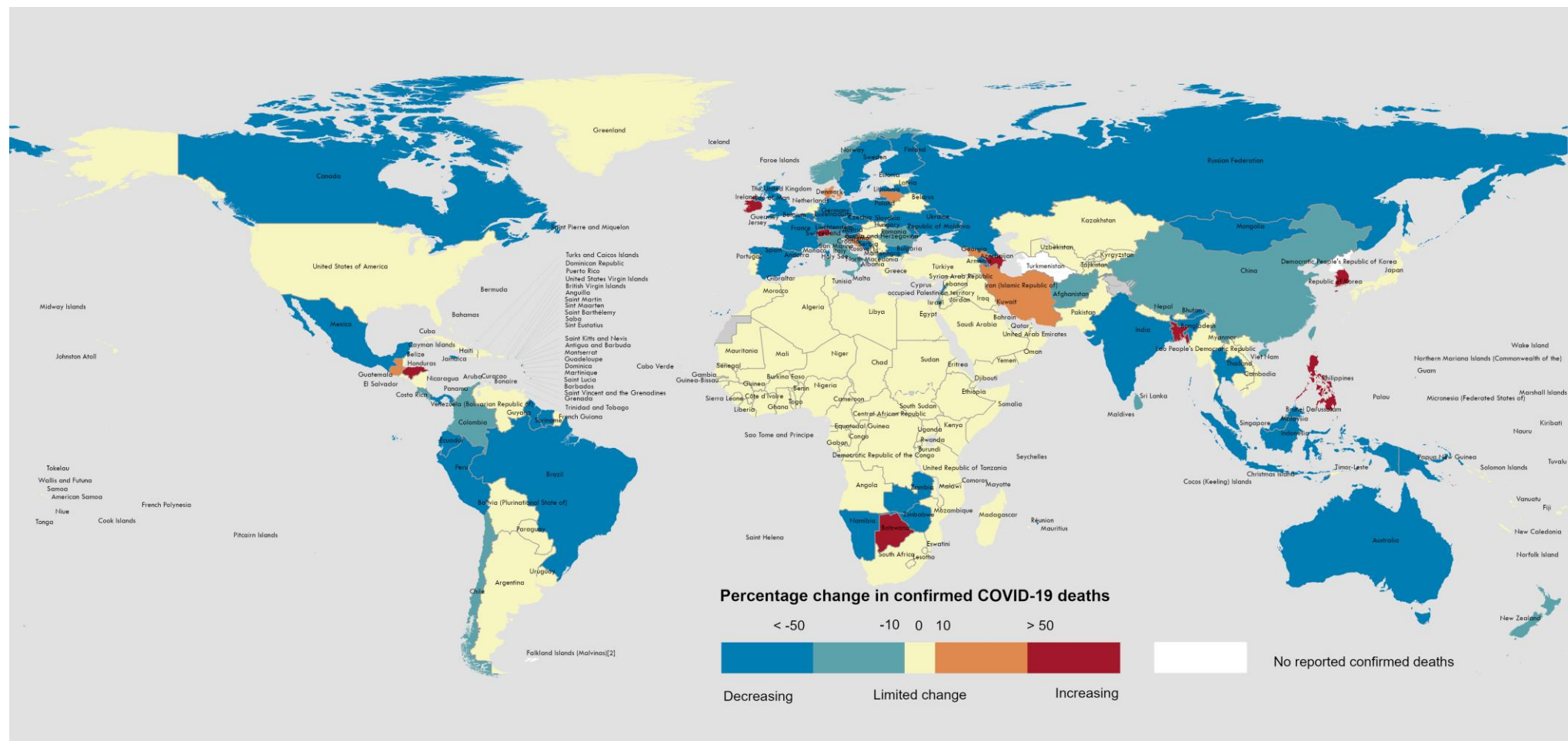
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**See [Annex 1: Data, table, and figure notes](#)

§ The data from the Region of the Americas are until 6 August 2023.

Figure 3. Percentage change in confirmed COVID-19 deaths over the last 28 days relative to the previous 28 days, as of 13 August 2023**⁵



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

Not applicable

0 2,500 5,000 km

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

⁵ The data from the Region of the Americas are until 6 August 2023.

Hospitalizations and ICU admissions

At the global level, during the analysed 28-day period (10 July to 6 August 2023), 26 of 234 countries reported to WHO a total of 43 193 new hospitalizations, and 23 of 234 countries reported to WHO a total of 654 new intensive care unit (ICU) admissions (Figure 4). This represents a 3% and 55% decrease in hospitalizations and ICU admissions, respectively, compared to the previous 28 days (12 June to 9 July 2023). Note that the absence of reported data from other countries to the WHO does not imply that there are no COVID-19 related hospitalizations in those countries. The presented hospitalization data are preliminary and might change as new data become available. Furthermore, hospitalization data are subject to reporting delays. These data also likely include both hospitalizations with incidental cases of SARS-CoV-2 infection and those due to COVID-19 disease.

Globally, during the past 28 days, of the 26 (11%) countries that reported data to WHO on new hospitalizations at least once (Figure 5), the European Region had the highest proportion of countries reporting (15 countries; 25%), followed by the South-East Asia Region (two countries; 20%), the Western Pacific Region (three countries; 9%), the Region of the Americas (four countries; 7%), the Eastern Mediterranean Region (one country; 5%), and the African Region (one country; 2%). The proportion of countries that consistentlyⁱⁱ reported new hospitalizations for the period was 7% (17 countries) (Table 2).

Among the 17 out of 234 countries consistently reporting new hospitalizations to WHO, six (35%) countries registered an increase of 20% or greater in hospitalizations during the past 28 days compared to the previous 28-day period: Bangladesh (1615 vs 210; 669%), Kyrgyzstan (10 vs four; +150%), Greece (1322 vs 816; +62%), Malta (152 vs 105; 45%), the United States of America (32 322 vs 24 488; +32%) and Mexico (863 vs 679; +27%). The highest numbers of new hospitalizations were reported from the United States of America (32 322 vs 24 488; +32 %), Malaysia (2881 vs 3833; -25%), and Bangladesh (1615 vs 210; +669%).

Globally, in the past 28 days, 23 (10%) countries reported data to WHO on new ICU admissions at least once (Figure 5). Among them, the European Region had the highest proportion of reporting countries (14 countries; 23%), followed by the Western Pacific Region (five countries; 14%), the South-East Asia Region (one country; 10%), and the Region of the Americas (three countries; 5%). The African Region and the Eastern Mediterranean Region did not report ICU admission data during the period. The proportion of countries that consistently reported new ICU admissions for the period was 5% (12 countries) (Table 2).

Among the 12 countries consistently reporting new ICU admissions to WHO, two (17%) countries showed an increase of 20% or greater in new ICU admissions during the past 28 days compared to the previous 28-day period: Latvia (six vs two; +200%) and Greece (26 vs 20; +30%). The highest numbers of new ICU admissions were reported from Brazil (385 vs 714; -46%), Australia (94 vs 171; -45%), and Italy (57 vs 77; -26%).

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

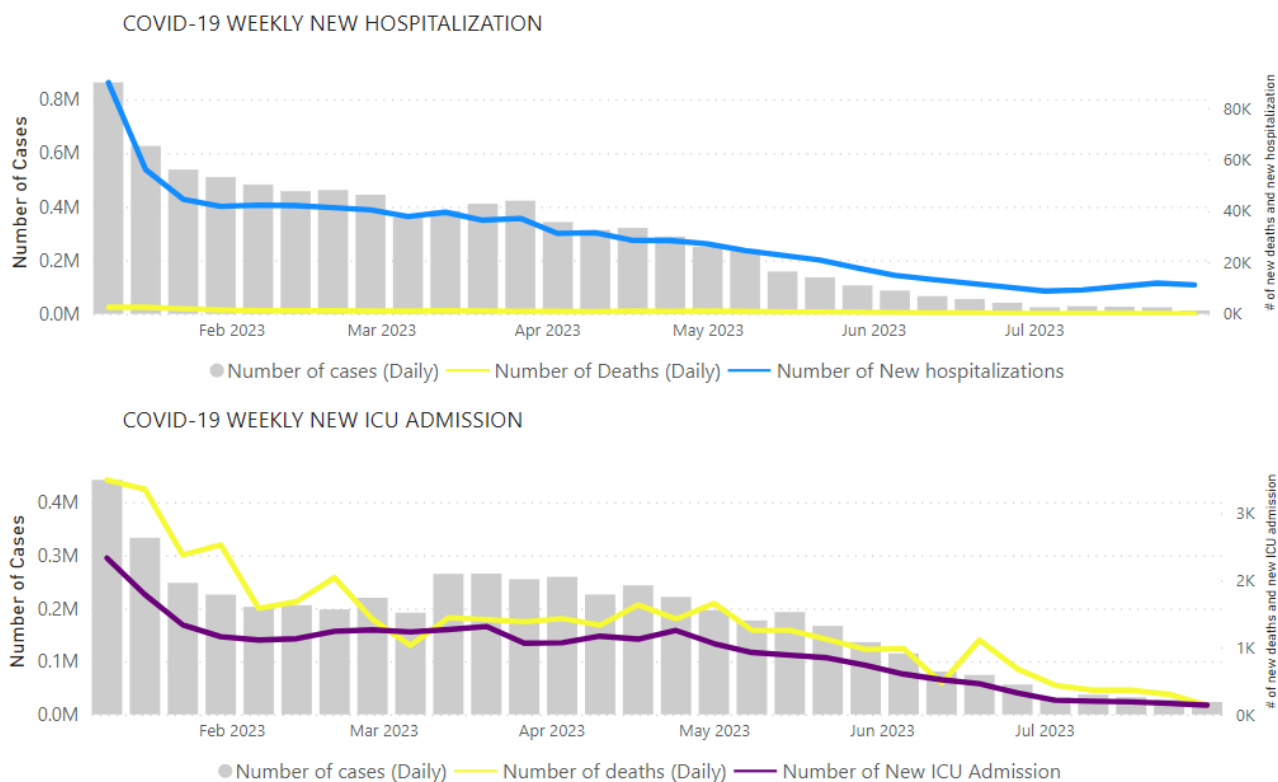
Table 2. New hospitalizations and ICU admissions in the last 28 days (with percent change) by WHO Region, 10 July to 6 August 2023 compared to 12 June to 9 July 2023

Region	New hospitalizations from countries that reported consistently in the last two 28-day periods			New ICU admissions from countries that reported consistently in the last two 28-day periods		
	Number of countries* (percentage)	Number of new hospitalizations	Percent change	Number of countries* (percentage)	Number of new ICU admissions	Percent change
Africa	1/50 (2%)	10	-62%	0/50 (<1%)	NA**	NA
Americas	3/56 (5%)	34 287	26%	2/56 (4%)	397	-46%
Eastern Mediterranean	0/22 (<1%)	NA	NA	0/22 (<1%)	NA	NA
European	9/61 (15%)	3453	-16%	6/61 (10%)	111	-13%
South-East Asia	2/10 (20%)	1754	120%	1/10 (10%)	12	-74%
Western Pacific	2/35 (6%)	2911	-28%	4/35 (11%)	113	-50%
Global	17/234 (7%)	42 415	17%	13/234 (6%)	633	-44%

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

** NA represents not available

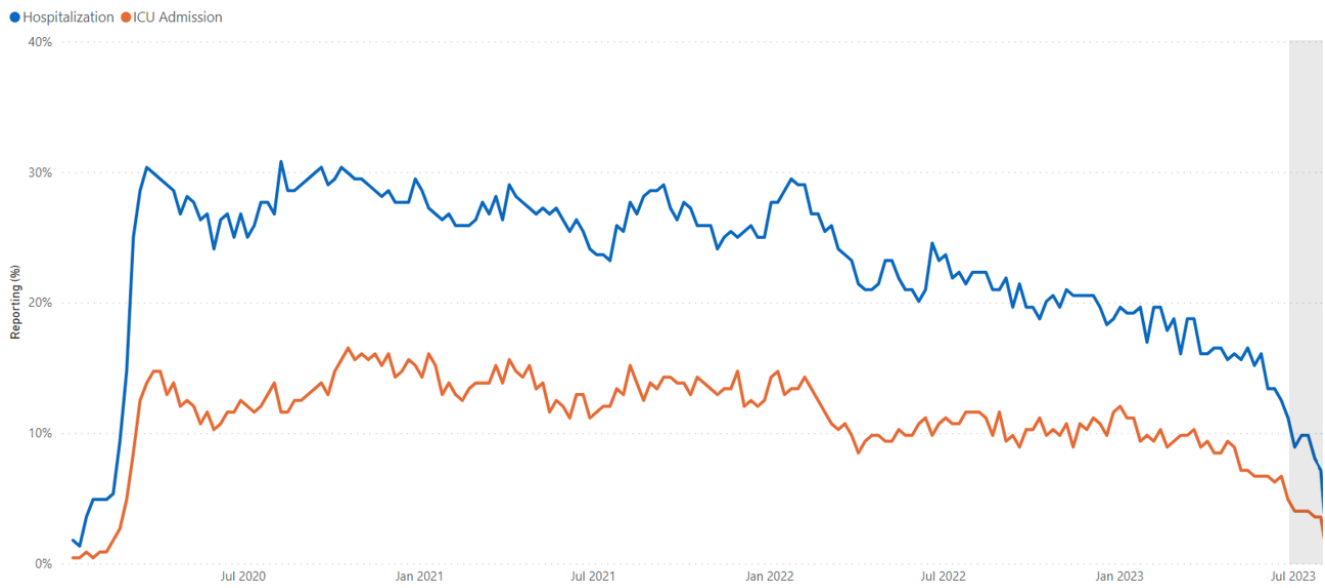
Figure 4. COVID-19 cases, deaths, hospitalizations, and ICU admissions reported weekly to WHO, as of 6 August 2023



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

Source: WHO Detailed Surveillance Dashboard

Figure 5. Weekly proportion of countries reporting new hospitalizations and ICU admissions, epidemiological week 1 of 2020 to week 31 of 2023



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

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

Geographic spread and prevalence

Globally, from 17 July to 13 August 2023 (28 days), 9052 SARS-CoV-2 sequences were shared through GISAID.

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

- Three variants of interest (VOIs); XBB.1.5, XBB.1.16 and EG.5.
- Seven variants under monitoring (VUMs) and their descent lineages; BA.2.75, BA.2.86, CH.1.1, XBB, XBB.1.9.1, XBB.1.9.2 and XBB.2.3.

On 17 August 2023, WHO designated a new SARS-CoV-2 variant, that has been assigned the scientific name (Pango-lineage designation) BA.2.86 as a VUM due to the large number (>30) of spike gene mutations it carries. Currently, there are only four known sequences of this variant reported from two countries in the European Region and one country in the Region of the Americas with no known associated epidemiological connections. The potential impact of the BA.2.86 mutations are presently unknown and undergoing careful assessment (Table 3). WHO continues to call for better surveillance, sequencing and reporting of COVID-19 as this virus continues to circulate and evolve.

Globally, XBB.1.16 and EG.5 are the most prevalent VOIs reported since their emergence from 101 and 50 countries, respectively. In epidemiological week 30 (24 to 30 July 2023), both XBB.1.16 and EG.5 accounted for 21.1% of sequences with EG.5 comprising of a 2-fold increase in comparison to a prevalence of 10.2% in epidemiological week 26 (26 June to 2 July 2023) (Table 3). Additional information can be found in the [Initial Risk Evaluation](#) that was finalized on 9 August 2023.

XBB.1.5, reported from a total of 121 countries globally, continues to show a declining trend. XBB.1.5 accounted for 11.0% of sequences in week 30 compared to 14.5% in week 26 (Table 3).

Table 3 shows the number of countries reporting the VOIs and VUMs and their prevalence from week 26 to week 30. During the last five weeks, the VOI and the VUMs that have shown **increasing trends are highlighted in orange**, those that have remained **stable are highlighted in blue**, while those with **decreasing trends are highlighted in green**.

Among the VUMs, XBB.1.9.2 showed a declining prevalence trend, going from 7.1% in week 26 to 5.2% in week 30; whilst other VUMs have shown stable trends during the same reporting period (Table 3).

Table 3. Weekly prevalence (%) of SARS-CoV-2 VOIs and VUMs, week 26 to week 30 of 2023

Lineage	Countries [§]	Sequences [§]	2023-26	2023-27	2023-28	2023-29	2023-30
VOIs							
XBB.1.5*	121	265 053	14.5	12.6	12.3	12.4	11.0
XBB.1.16*	101	46 752	22.1	23.1	22.6	24.0	21.1
EG.5*	50	7 988	10.2	12.6	15.5	17.7	21.1
VUMs							
BA.2.75*	125	123 414	2.7	2.4	2.3	1.6	2.1
BA.2.86 [†]	3	4					
CH.1.1*	96	42 886	0.5	0.6	0.5	0.7	0.5
XBB*	130	68 382	6.0	6.6	6.5	6.9	5.4
XBB.1.9.1*	102	55 183	15.3	13.5	12.5	11.6	14.7
XBB.1.9.2*	86	25 989	7.1	7.6	7.2	5.8	5.2
XBB.2.3*	70	9 437	4.3	4.6	4.7	5.1	4.7
Unassigned	94	152 253	6.0	4.8	4.0	3.1	2.8
Other ⁺	209	6 768 445	10.8	11.2	11.3	10.6	10.9

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

* Includes descendant lineages, except those individually specified elsewhere in the table. For example, XBB* does not include XBB.1.5, XBB.1.16, EG.5, XBB.1.9.1, XBB.1.9.2, and XBB.2.3

⁺ "Other" represents other circulating lineages excluding the VOI, VUMs, BA.1*, BA.2*, BA.3*, BA.4*, BA.5*. Due to delays in or retrospective assignment of variants, caution should be taken when interpreting the prevalence of the "Other" category.

[†] Prevalence for BA.2.86 cannot be calculated due to the very small numbers of sequences at this time.

Additional resources

- [Tracking SARS-CoV-2 Variants](#)
- [WHO statement on updated tracking system on SARS-CoV-2 variants of concern and variants of interest](#)
- [WHO XBB.1.5 Updated Risk Assessment, 20 June 2023](#)
- [WHO XBB.1.16 Updated Risk Assessment, 5 June 2023](#)
- [WHO EG.5 Initial Risk Evaluation, 9 August 2023](#)

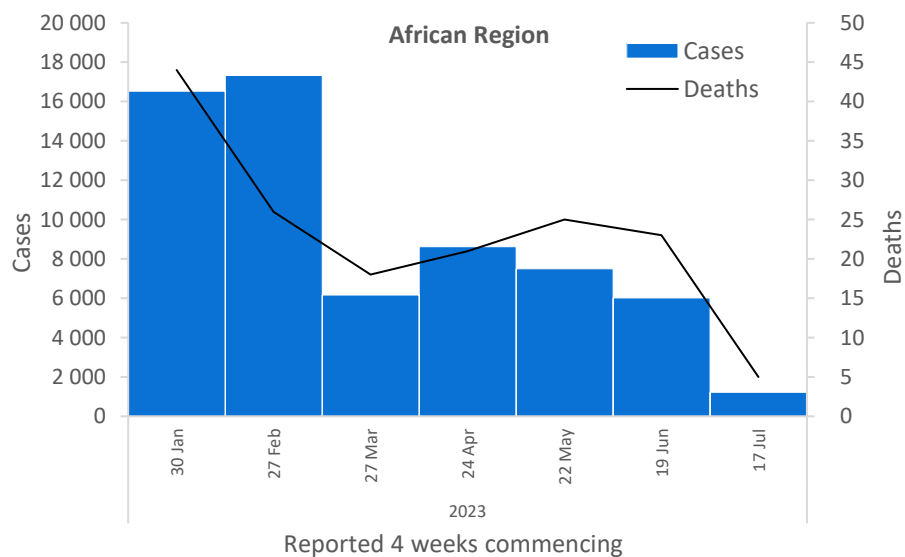
WHO regional overviews

Data for 17 July to 13 August 2023

African Region

The African Region reported over 1200 new cases, an 80% decrease as compared to the previous 28-day period. Two (4%) 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 Ethiopia (45 vs 26 new cases; +73%) and Togo (six vs four new cases; +50%). The highest numbers of new cases were reported from Mauritius (433 new cases; 34.0 new cases per 100 000; -35%), Zambia (278 new cases; 1.5 new cases per 100 000; -91%), and Burundi (142 new cases; 1.2 new cases per 100 000; -21%).

The number of new 28-day deaths in the Region decreased by 78% as compared to the previous 28-day period, with five new deaths reported. The new deaths were reported from Botswana (two new deaths; <1 new death per 100 000; +100%), Zimbabwe (two new deaths; <1 new death per 100 000; -78%), and Zambia (one new death; <1 new death per 100 000; -87%).

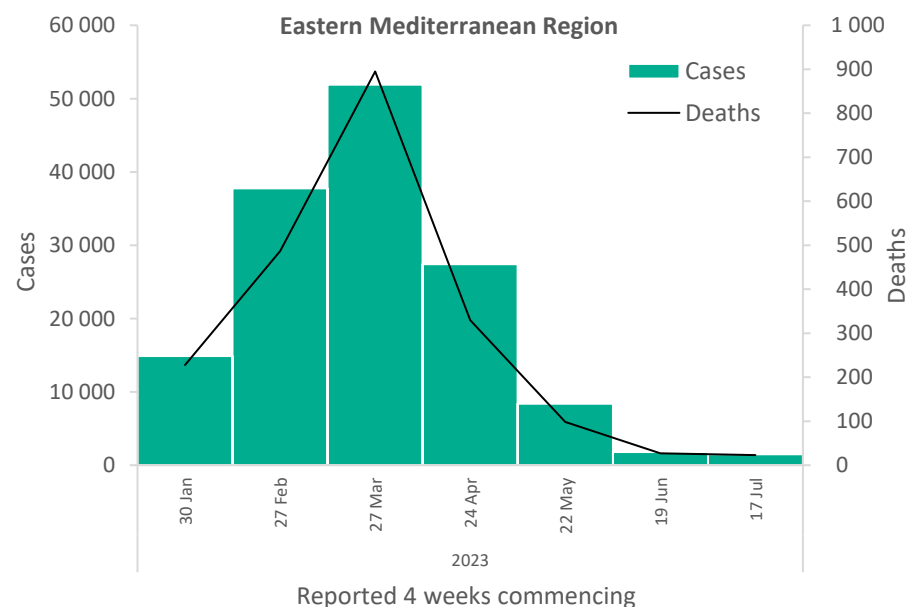


Updates from the [African Region](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region reported nearly 1500 new cases, a 16% decrease as compared to the previous 28-day period. No country has reported increases in new cases of 20% or greater compared to the previous 28-day period. The highest numbers of new cases were reported from Afghanistan (859 new cases; 2.2 new cases per 100 000; +4%), the Islamic Republic of Iran (510 new cases; <1 new case per 100 000; +14%), and Morocco (96 new cases; <1 new case per 100 000; -29%).

The number of new 28-day deaths in the Region decreased by 15% as compared to the previous 28-day period, with 23 new deaths reported. The new deaths were reported from the Islamic Republic of Iran (15 new deaths; <1 new death per 100 000; +15%) and Afghanistan (eight new deaths; <1 new death per 100 000; -20%).

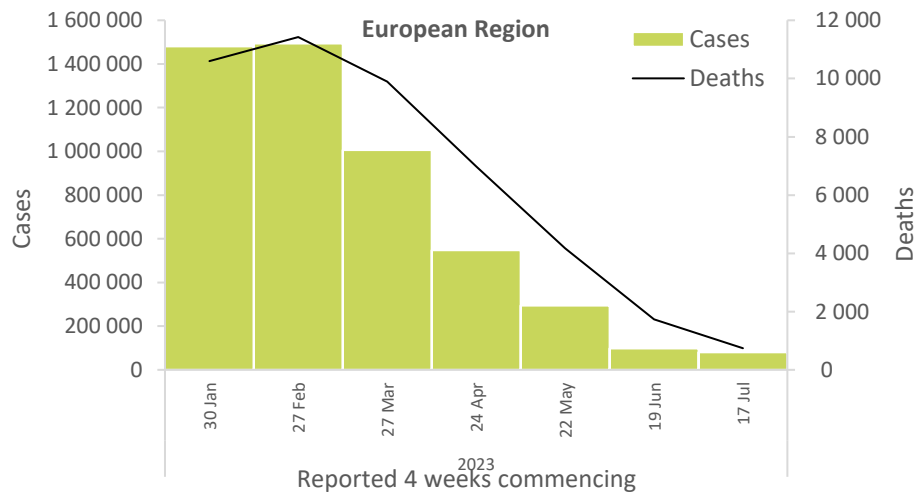


Updates from the [Eastern Mediterranean Region](#)

European Region

The European Region reported over 80 000 new cases, a 18% decrease as compared to the previous 28-day period. Twelve (19%) 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 Iceland (88 vs 29 new cases; +203%), Georgia (4039 vs 1701 new cases; +137%), and San Marino (43 vs 20 new cases; +115%). The highest numbers of new cases were reported from Italy (18 419 new cases; 30.9 new cases per 100 000; +10%), the United Kingdom (16 938 new cases; 25.0 new cases per 100 000; +60%), and the Russian Federation (12 488 new cases; 8.6 new cases per 100 000; -40%).

The number of new 28-day deaths in the Region decreased by 57% as compared to the previous 28-day period, with 741 new deaths reported. The highest numbers of new deaths were reported from the Russian Federation (182 new deaths; <1 new death per 100 000; -55%), Italy (159 new deaths; <1 new death per 100 000; -28%), and Portugal (112 new deaths; 1.1 new death per 100 000; +7%).

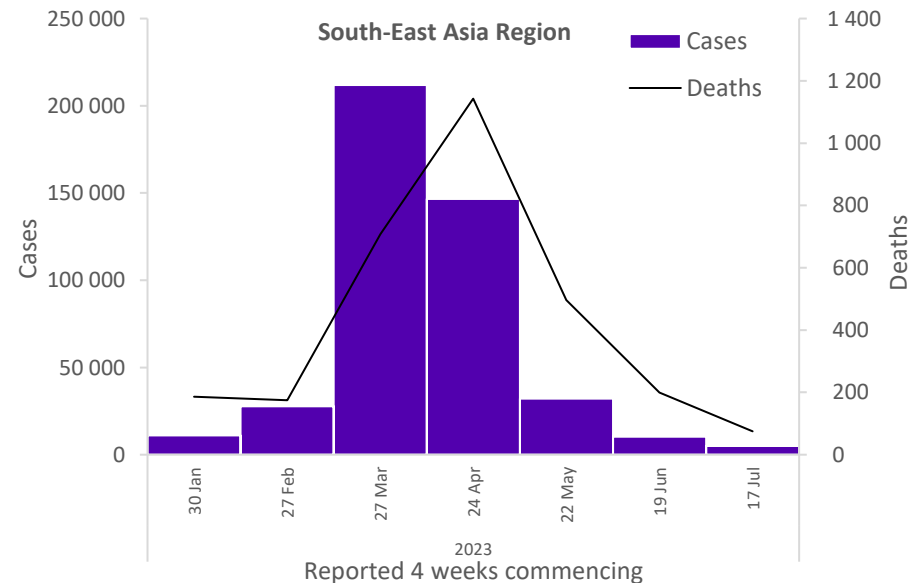


Updates from the [European Region](#)

South-East Asia Region

The South-East Asia Region reported over 5000 new cases, a 51% decrease as compared to the previous 28-day period. Two (20%) of the 10 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Nepal (32 vs 12 new cases; +166%), and the Maldives (seven vs four new cases; 1.3 new cases per 100 000; +75%). The highest numbers of new cases were reported from Thailand (1533 new cases; 2.2 new cases per 100 000; -64%), Bangladesh (1420 new cases; <1 new case per 100 000; -32%), and India (1396 new cases; <1 new case per 100 000; similar to the previous period).

The number of new 28-day deaths in the Region decreased by 62% as compared to the previous 28-day period, with 75 new deaths reported. The highest numbers of new deaths were reported from Thailand (34 new deaths; <1 new death per 100 000; -71%), Indonesia (21 new deaths; <1 new death per 100 000; -59%), and Bangladesh (12 new deaths; <1 new death per 100 000; +71%).

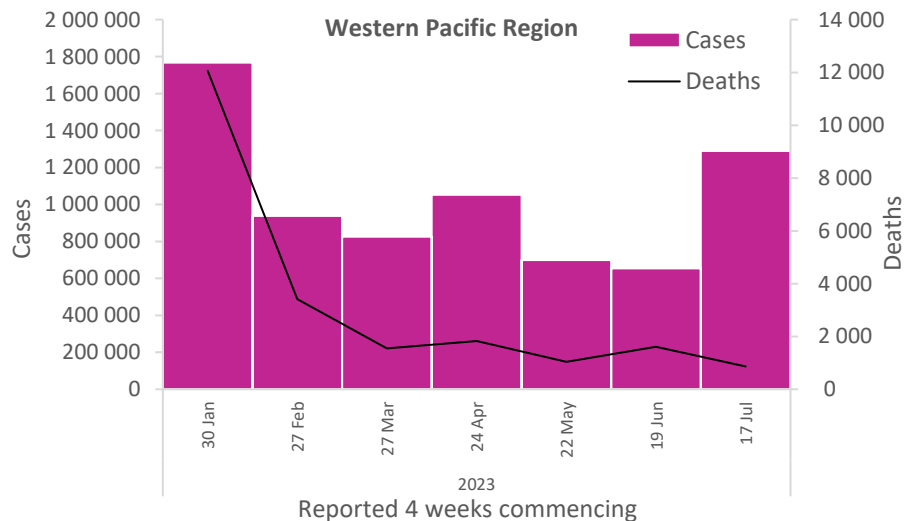


Updates from the [South-East Asia Region](#)

Western Pacific Region

The Western Pacific Region reported over 1.2 million new cases, a 97% increase as compared to the previous 28-day period. Five (14%) of the 35 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in the Federated States of Micronesia (64 vs seven new cases; +814%), Niue (seven vs two new cases; +250%) and the Republic of Korea (1 209 194 vs 501 931 new cases; +140%). The highest numbers of new cases were reported from the Republic of Korea (1 209 194 new cases; 2358.5 new cases per 100 000; +140%), Australia (30 402 new cases; 119.2 new cases per 100 000; -52%), and Singapore (18 806 new cases; 321.5 new cases per 100 000; -40%).

The number of new 28-day deaths in the Region decreased by 46% as compared to the previous 28-day period, with 863 new deaths reported. The highest numbers of new deaths were reported from the Republic of Korea (340 new deaths; <1 new death per 100 000; +91%), Australia (201 new deaths; <1 new death per 100 000; -78%), and the Philippines (162 new deaths; <1 new death per 100 000; +5300%).



Updates from the [Western Pacific Region](#)

Annex 1. Data, table, and figure notes

Data presented are based on official laboratory-confirmed COVID-19 cases and deaths reported to WHO by country/territories/areas, largely based upon WHO [case definitions](#) and [surveillance guidance](#). While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change, and caution must be taken when interpreting these data as several factors influence the counts presented, with variable underestimation of true case and death incidences, and variable delays to reflecting these data at the global level. Case detection, inclusion criteria, testing strategies, reporting practices, and data cut-off and lag times differ between countries/territories/areas. A small number of countries/ territories/areas report combined probable and laboratory-confirmed cases. Differences are to be expected between information products published by WHO, national public health authorities, and other sources.

A record of historic data adjustment made is available upon request by emailing epi-data-support@who.int. Please specify the countries of interest, time period, and purpose of the request/intended usage. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data. COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories, and areas, and WHO Region (reported in previous issues) are now available at: <https://covid19.who.int/table>.

'Countries' may refer to countries, territories, areas or other jurisdictions of similar status. The designations employed, and the presentation of these materials do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. Countries, territories, and areas are arranged under the administering WHO region. The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

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

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

WHO, in collaboration with national authorities, institutions and researchers, routinely assesses if variants of SARS-CoV-2 alter transmission or disease characteristics, or impact the effectiveness of vaccines, therapeutics, diagnostics or public health and social measures (PHSM) applied to control disease spread. Potential variants of concern (VOCs), variants of interest (VOIs) or variants under monitoring (VUMs) are regularly assessed based on the risk posed to global public health.

The classifications of variants will be revised as needed to reflect the continuous evolution of circulating variants and their changing epidemiology. Criteria for variant classification, and the lists of currently circulating and previously circulating VOCs, VOIs and VUMs, are available on the [WHO Tracking SARS-CoV-2 variants webpage](#). National authorities may choose to designate other variants and are strongly encouraged to investigate and report newly emerging variants and their impact.

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

References

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

COVID-19 Weekly Epidemiological Update

Edition 157 published 25 August 2023

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

Global overview

Data as of 20 August 2023

In the last 28-day period (24 July to 20 August 2023), nearly 1.5 million new COVID-19 cases and over 2000 deaths were reported from WHO's six regions,ⁱ an increase of 63% and a decrease of 48%, respectively, compared to the previous 28 days (Figure 1, Table 1). As of 20 August 2023, over 769 million confirmed cases and over 6.9 million deaths have been reported globally. Three WHO regions reported increases in the number of cases, while two regions reported decreases. While four WHO regions reported decreases in the number of deaths, the East Mediterranean Region reported an increase in deaths. In this WEU edition, we have included all available data from the Region of the Americas since the start of the pandemic up to 6 August 2023 in the global figures. However, 28-day comparisons for this Region and its Member States are not presented as the data for the reporting period were incomplete.

As countries discontinue COVID-19-specific reporting and integrate respiratory disease surveillance, WHO will use all available sources to continue monitoring the COVID-19 epidemiological situation, especially data on impact. COVID-19 remains a major threat and WHO urges Member States to maintain, not dismantle, their established COVID-19 infrastructure. It is crucial to sustain early warning, surveillance and reporting, variant tracking, early clinical care provision, administration of vaccine boosters to high-risk groups, improvements in ventilation, and regular communication.

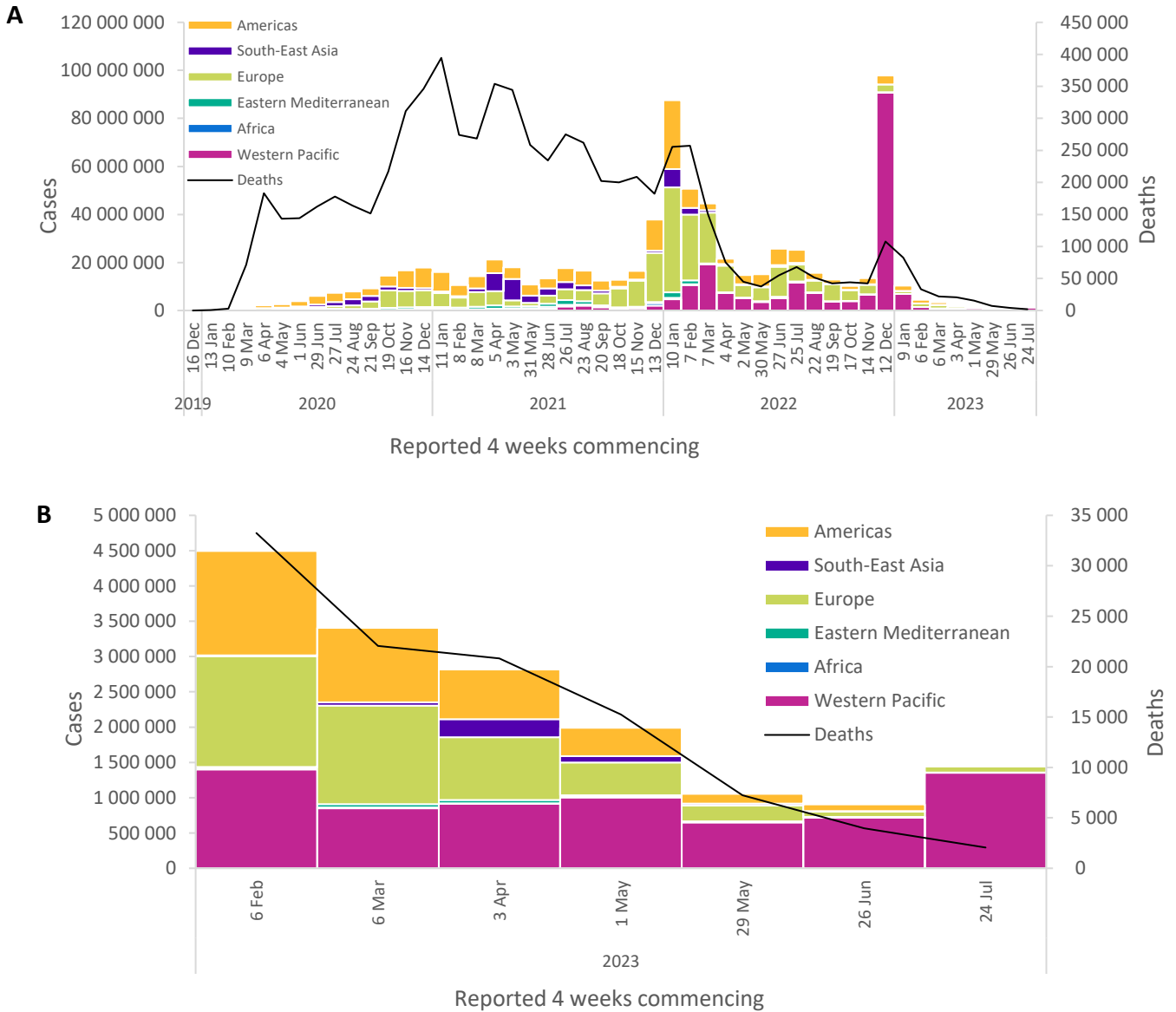
Currently, reported cases do not accurately represent infection rates due to the reduction in testing and reporting globally. During this 28-day period, 44% (103 of 234) of countries reported at least one case to WHO – a proportion that has been declining since mid-2022. It is important to note that this statistic does not reflect the actual number of countries where cases exist. Additionally, data from previous weeks are continuously being updated to incorporate retrospective changes in reported COVID-19 cases and deaths made by countries. Data presented in this report are therefore incomplete and should be interpreted in light of these limitations. Some countries continue to report high burdens of COVID-19, including increases in newly reported cases and, more importantly, increases in hospitalizations and deaths – the latter of which are considered more reliable indicators given reductions in testing.

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

ⁱ Note: The Regions of the Americas has not reported COVID-19 specific data since 6 August 2023, which will impact the interpretation of the Global overview. See [previous edition of the WEU for further information](#)

Influenza Programme. Recent data show that the SARS-CoV-2 PCR percent positivity rate from reporting countries averages approximately 8%.

Figure 1. COVID-19 cases reported by WHO Region, and global deaths by 28-day intervals, as of 20 August 2023 (A); 6 February to 20 August 2023 (B)[§]**



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

[§] The data from the Region of the Americas are until 6 August 2023.

At the regional level, the number of newly reported cases within a 28-day period has increased across three of the five WHO regions assessed: the European Region (+11%), the Western Pacific Region (+88%), and the Eastern Mediterranean Region (+112%); while case numbers decreased in two WHO regions: the African Region (-84%), and the South-East Asia Region (-45%). The number of newly reported deaths within a 28-day period has decreased across four regions: the African Region (-75%), the South-East Asia Region (-55%), the European Region (-49%), and the Western Pacific Region (-14%); while newly reported deaths increased in the Eastern Mediterranean Region (+70%).

At the country level, the highest numbers of new cases reported within the 28-day period were from the Republic of Korea (1 286 028 new cases; +117%), Australia (22 836 new cases; -53%), the United Kingdom (21 866 new cases; +92%), Italy (19 777 new cases; +32%), and Singapore (18 125 new cases; -40%). The highest numbers of new 28-day deaths were reported from the Republic of Korea (398 new deaths; +100%), the Russian Federation (166 new deaths; -51%), Italy (165 new deaths; -9%), Australia (148 new deaths; -58%), and the Philippines (136 new deaths; +386%).

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 20 August 2023**

WHO Region	New cases in last 28 days (%)	Change in new cases in last 28 days *	Cumulative cases (%)	New deaths in last 28 days (%)	Change in new deaths in last 28 days *	Cumulative deaths (%)
Western Pacific	1 355 095 (92%)	88%	206 587 124 (27%)	856 (42%)	-14%	416 255 (6%)
Europe	85 317 (6%)	11%	275 871 520 (36%)	699 (34%)	-49%	2 246 875 (32%)
Americas [§]	21 667 (1%)	NA [¥]	193 210 684 (25%)	398 (19%)	NA	2 958 886 (43%)
South-East Asia	4 398 (<1%)	-45%	61 200 991 (8%)	68 (3%)	-55%	806 652 (12%)
Eastern Mediterranean	3 034 (<1%)	112%	23 388 222 (3%)	34 (2%)	70%	351 395 (5%)
Africa	690 (<1%)	-84%	9 546 825 (1%)	4 (<1%)	-75%	175 421 (3%)
Global[§]	1 470 201 (100%)	63%	769 806 130 (100%)	2 059 (100%)	-48%	6 955 497 (100%)

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

[§] The data from the Region of the Americas are until 6 August 2023 which will impact the interpretation of the Regional and Global trends.

[¥] NA represents not available

The Regions of the Americas has not reported COVID-19 specific data since 6 August 2023,

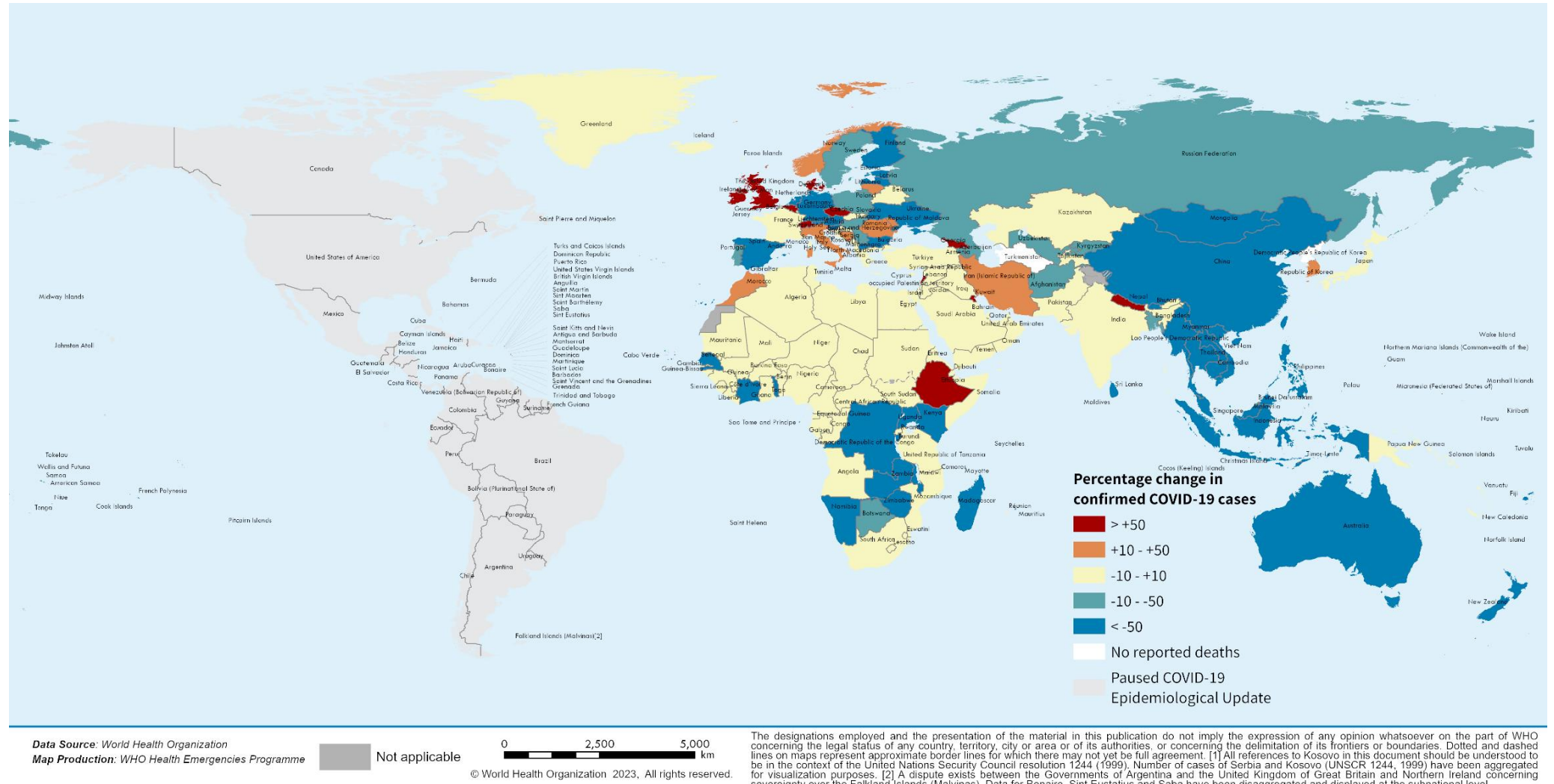
**See [Annex 1: Data, table, and figure notes](#)

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

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

Figure 2. Percentage change in confirmed COVID-19 cases over the last 28 days relative to the previous 28 days, as of 20 August 2023§**

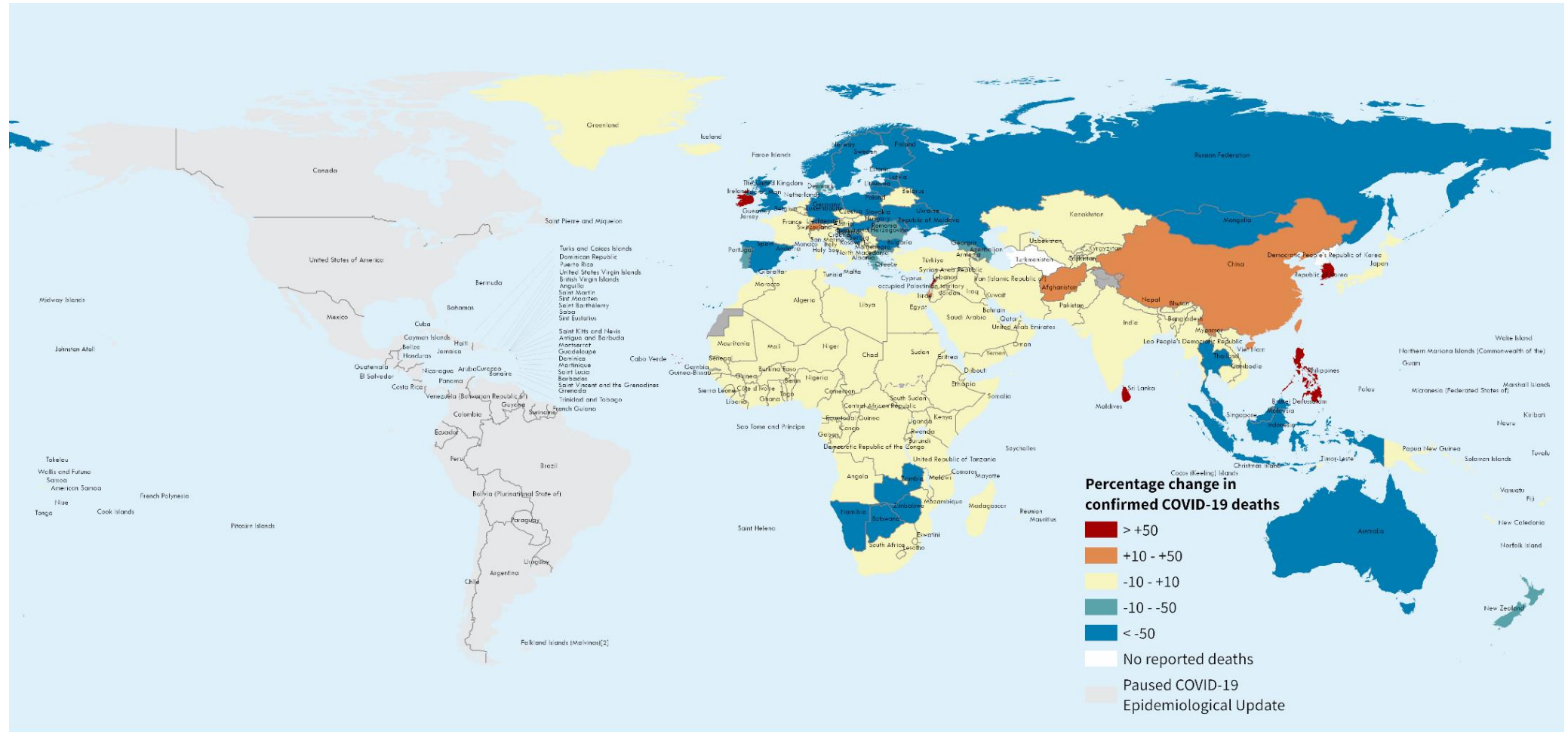
§ The data from the Region of the Americas are until 6 August 2023.



**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, as of 20 August 2023§**

§ The data from the Region of the Americas are until 6 August 2023.



Data Source: World Health Organization

Map Production: WHO Health Emergencies Programme

Not applicable



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The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. [1] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). Number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes. [2] A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas). Data for Bonaire, Sint Eustatius and Saba have been disaggregated and displayed at the subnational level.

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

Hospitalizations and ICU admissions

At the global level, during the analysed 28-day period (17 July to 13 August 2023), 27 of 234 countries reported a total of 49 380 new hospitalizations, and 22 of 234 countries reported to WHO a total of 646 new intensive care unit (ICU) admissions (Figure 4). This represents a 21% increase and 44% decrease in hospitalizations and ICU admissions, respectively, compared to the previous 28 days (19 June to 16 July 2023). Note that the absence of reported data from other countries to the WHO does not imply that there are no COVID-19-related hospitalizations in those countries. The presented hospitalization data are preliminary and might change as new data become available. Furthermore, hospitalization data are subject to reporting delays. These data also likely include both hospitalizations with incidental cases of SARS-CoV-2 infection and those due to COVID-19 disease.

Globally, during the past 28 days, of the 27 (12%) countries that reported data to WHO on new hospitalizations at least once (Figure 5), the European Region had the highest proportion of countries reporting (16 countries; 26%), followed by the South-East Asia Region (two countries; 20%), the Western Pacific Region (three countries; 9%), the Region of the Americas (four countries; 7%), the Eastern Mediterranean Region (one country; 5%), and the African Region (one country; 2%). The proportion of countries that consistentlyⁱⁱ reported new hospitalizations for the period was 8% (19 countries) (Table 2).

Among the 19 out of 234 countries consistently reporting new hospitalizations to WHO, eight (42%) countries registered an increase of 20% or greater in hospitalizations during the past 28 days compared to the previous 28-day period: Bangladesh (1433 vs 340; +321%), Ireland (1077 vs 451; +139%), Greece (1659 vs 817; +103%), Kyrgyzstan (10 vs six; +67%), the United States of America (37 721 vs 24 785; +52%), Malta (165 vs 109; +51%), Mexico (882 vs 714; +24%), and the Netherlands (168 vs 137; +23%). The highest numbers of new hospitalizations were reported from the United States of America (37 721 vs 24 785; +52%), Malaysia (2743 vs 3418; -20%), and Greece (1659 vs 817; +103%).

Globally, in the past 28 days, 22 (9%) countries reported data to WHO on new ICU admissions at least once (Figure 5). Among them, the European Region had the highest proportion of reporting countries (14 countries; 23%), followed by the Western Pacific Region (five countries; 14%), the South-East Asia Region (one country; 10%), and the Region of the Americas (two countries; 4%). The African Region and the Eastern Mediterranean Region did not report ICU admission data during the period. The proportion of countries that consistently reported new ICU admissions for the period was 7% (17 countries) (Table 2).

Among the 17 countries consistently reporting new ICU admissions to WHO, six (35%) countries showed an increase of 20% or greater in new ICU admissions during the past 28 days compared to the previous 28-day period: Ireland (16 vs six; +167%), Malta (seven vs four; +75%), Singapore (10 vs six; +67%), Latvia (five vs three; +67%), Greece (27 vs 17; +59%), and Netherlands (12 vs 10; +20%). The highest numbers of new ICU admissions were reported from Brazil (375 vs 627; -40%), Australia (82 vs 148; -45%), and Italy (57 vs 61; -7%).

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

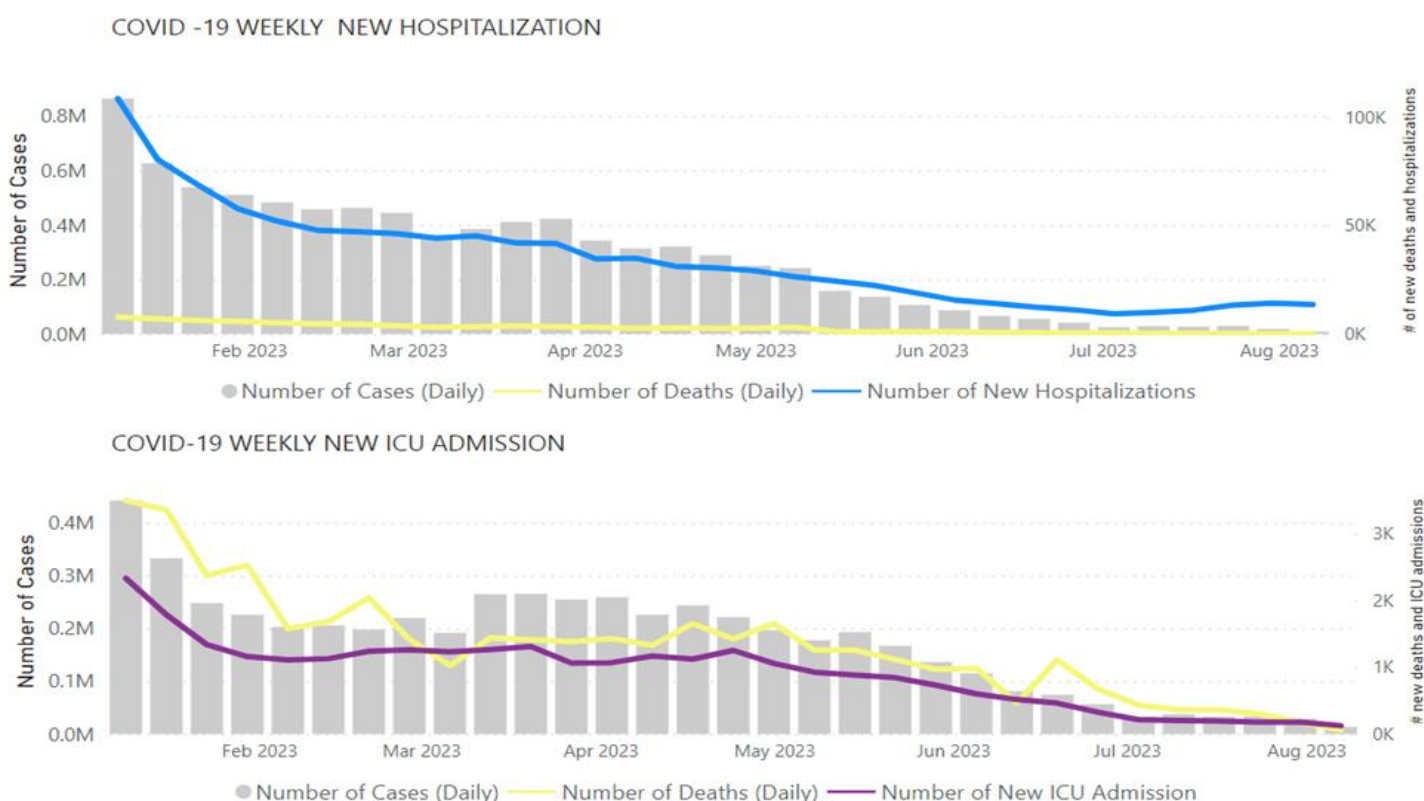
Table 2. New hospitalizations and ICU admissions in the last 28 days (with percent change) by WHO Region, 17 July to 13 August 2023 compared to 19 June to 16 July 2023

Region	New hospitalizations from countries that reported consistently in the last two 28-day periods			New ICU admissions from countries that reported consistently in the last two 28-day periods		
	Number of countries* (percentage)	Number of new hospitalizations	Percent change	Number of countries* (percentage)	Number of new ICU admissions	Percent change
Africa	0/50 (<1%)	NA	NA	0/50 (<1%)	NA	NA
Americas	4/56 (7%)	39 750	44%	2/56 (4%)	385	-40%
Eastern Mediterranean	0/22 (<1%)	NA	NA	0/22 (<1%)	NA	NA
European	10/61 (16%)	4740	6%	9/61 (15%)	137	20%
South-East Asia	2/10 (20%)	1527	115%	1/10 (10%)	10	-71%
Western Pacific	3/35 (9%)	3145	-23%	5/35 (14%)	111	-44%
Global	19/234 (8%)	49 162	33%	17/234 (7%)	643	-35%

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

** NA represents not available

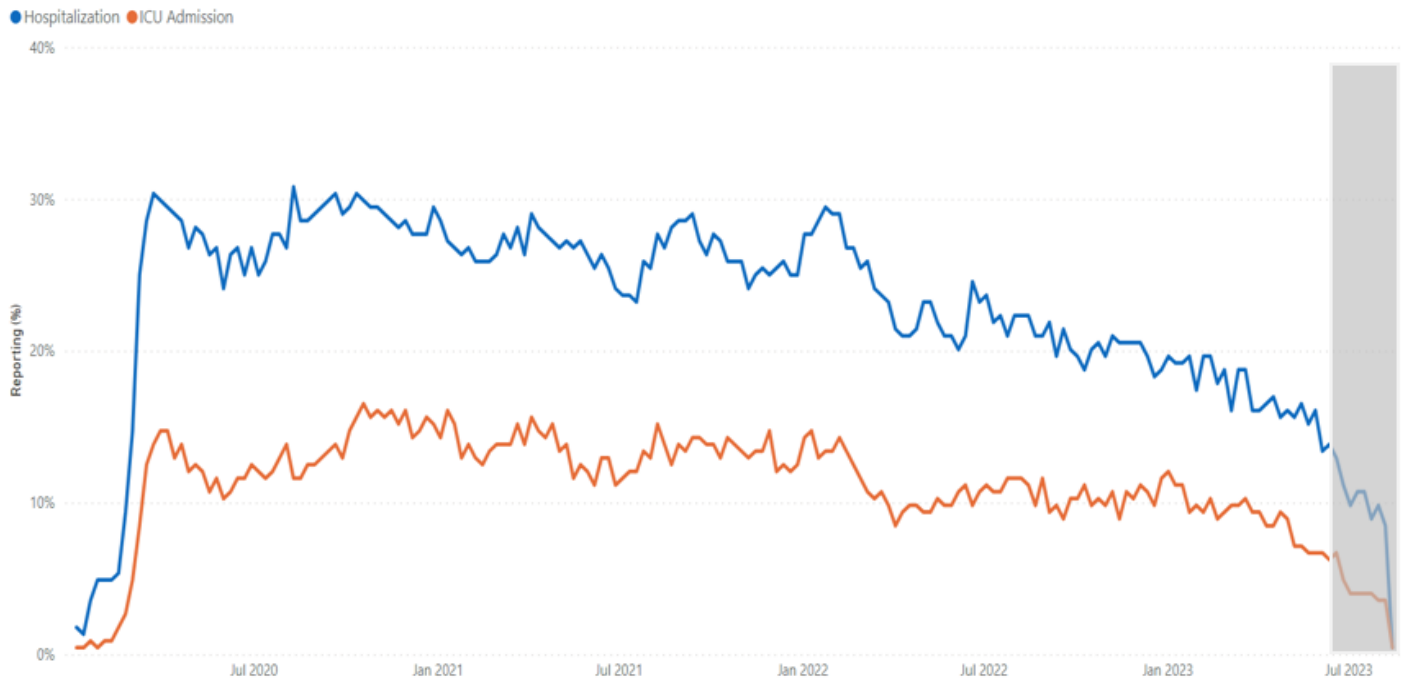
Figure 4. COVID-19 cases, deaths, hospitalizations, and ICU admissions reported weekly to WHO, as of 13 August 2023



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

Source: WHO Detailed Surveillance Dashboard

Figure 5. Weekly proportion of countries reporting new hospitalizations and ICU admissions, epidemiological week 1 of 2020 to week 32 of 2023



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

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

Geographic spread and prevalence

Globally, from 24 July to 20 August 2023 (28 days), 11 310 SARS-CoV-2 sequences were shared through GISAID. This is a decrease in comparison to the 34 064 SARS-CoV-2 sequences shared in the previous 28-day period (26 June to 23 July 2023). This should be interpreted with caution as the number of sequences is continuously updated retrospectively in GISAID and in the context of a decline in the submission of sequences since May 2023, coinciding with the discontinuation of the PHEIC for COVID-19.

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

- Three variants of interest (VOIs); XBB.1.5, XBB.1.16 and EG.5.
- Seven variants under monitoring (VUMs); BA.2.75, BA.2.86, CH.1.1, XBB, XBB.1.9.1, XBB.1.9.2 and XBB.2.3.

BA.2.86 was designated as a new variant under monitoring on 17 August 2023. As of 23 August 2023 (17:00 CET), there have been nine sequences of the BA.2.86 variant reported from five countries (three in the European Region, one from the African Region and one from the Region of the Americas) that were uploaded on GISAID (Table 3). The nine BA.2.86 cases have no epidemiological link and only one case had a travel history from a WHO Region country where BA.2.86 has not been reported (the Western Pacific Region). To date, no deaths have been reported to WHO among the cases detected with BA.2.86. In addition, one country (Switzerland) has reported detection of BA.2.86 in wastewater samples. The potential impact of the BA.2.86 mutations are presently unknown and are currently undergoing careful assessment. WHO continues to call for enhanced surveillance, sequencing, and reporting of SARS-CoV-2 variants as the virus continues to circulate and evolve.

Globally, XBB.1.16 and EG.5 are the most prevalent VOIs and have been reported from 106 and 53 countries, respectively. In epidemiological week 31 (31 July to 6 August 2023), XBB.1.16 and EG.5 accounted for 23.9% and 23.8% of sequences in comparison to 23.0% and 21.7% in week 27 (3 to 9 July 2023), respectively (Table 3).

A recent study using data from 24 individuals with XBB breakthrough infection showed that EG.5 had similar neutralization escape properties to XBB.1.5.ⁱⁱⁱ Additional information on EG.5 can be found in the [Initial Risk Evaluation](#) which was published on 9 August 2023.

XBB.1.5, reported from a total of 123 countries globally, continues to show a declining trend, accounting for 10.0% of sequences in week 31 compared to 12.6% of sequences in week 27 (Table 3).

Table 3 shows the number of countries reporting the VOIs and VUMs and their prevalence from week 27 to week 31. The VOI and the VUMs that have shown **increasing trends are highlighted in orange**, those that have remained **stable are highlighted in blue**, while those with **decreasing trends are highlighted in green**.

During the last five weeks, among the VUMs BA.2.75 and XBB.1.9.1 have shown decreasing trends in prevalence, whilst other VUMs have shown stable trends during the same reporting period (Table 3).

ⁱⁱⁱ Antiviral efficacy of the SARS-CoV-2 XBB breakthrough infection sera against Omicron subvariants including EG.5:
<https://www.biorxiv.org/content/10.1101/2023.08.08.552415v1.full>

Table 3. Weekly prevalence (%) of SARS-CoV-2 VOIs and VUMs, week 27 to week 31 of 2023

Lineage	Countries [§]	Sequences [§]	2023-27	2023-28	2023-29	2023-30	2023-31
VOIs							
XBB.1.5*	123	267 443	12.6	12.1	12.5	11.2	10.0
XBB.1.16*	106	49 449	22.9	22.6	24.2	23.0	23.9
EG.5*	53	10 009	12.8	15.6	18.4	21.7	23.8
VUMs							
BA.2.75*	125	123 670	2.5	2.4	1.6	1.6	0.8
BA.2.86 [†]	5	9					
CH.1.1*	96	42 969	0.5	0.5	0.6	0.5	0.8
XBB*	130	69 377	7.0	6.6	7.2	6.5	6.9
XBB.1.9.1*	105	56 662	13.6	12.6	11.3	12.4	10.1
XBB.1.9.2*	86	26 760	7.4	6.9	5.7	5.1	5.3
XBB.2.3*	73	9 975	4.6	4.8	5.0	5.3	4.8
Unassigned	94	152 328	4.5	3.6	2.4	1.0	-
Other ⁺	209	6 770 161	11.0	11.5	10.8	11.3	13.2

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

* Includes descendant lineages, except those individually specified elsewhere in the table. For example, XBB* does not include XBB.1.5, XBB.1.16, EG.5, XBB.1.9.1, XBB.1.9.2, and XBB.2.3

⁺ "Other" represents other circulating lineages excluding the VOI, VUMs, BA.1*, BA.2*, BA.3*, BA.4*, BA.5*. Due to delays in or retrospective assignment of variants, caution should be taken when interpreting the prevalence of the "Other" category.

[†] Prevalence for BA.2.86 cannot be calculated due to the very small numbers of sequences.

Additional resources

- [Tracking SARS-CoV-2 Variants](#)
- [WHO statement on updated tracking system on SARS-CoV-2 variants of concern and variants of interest](#)
- [WHO XBB.1.5 Updated Risk Assessment, 20 June 2023](#)
- [WHO XBB.1.16 Updated Risk Assessment, 5 June 2023](#)
- [WHO EG.5 Initial Risk Evaluation, 9 August 2023](#)

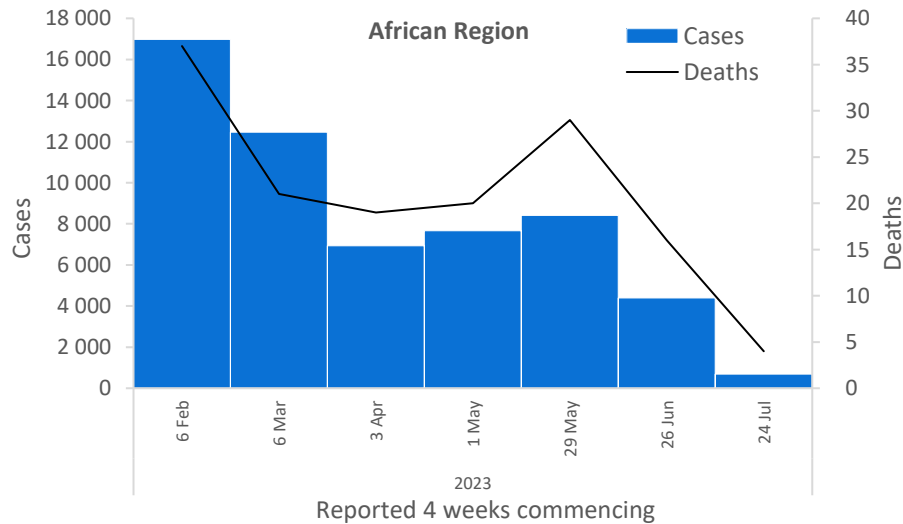
WHO regional overviews

Data for 24 July to 20 August 2023

African Region

The African Region reported over 600 new cases, an 84% decrease as compared to the previous 28-day period. Two (4%) of the 50 countries for which data are available reported increases in new cases of 20% or greater: Ethiopia (45 vs 26 new cases; +73%) and Senegal (six vs five new cases; +20%). The highest numbers of new cases were reported from Mauritius (390 new cases; 30.7 new cases per 100 000; -33%), Cabo Verde (58 new cases; 10.4 new cases per 100 000; -59%), and Botswana (53 new cases; 2.3 new cases per 100 000; -46%).

The number of new 28-day deaths in the Region decreased by 75% as compared to the previous 28-day period, with four new deaths reported. The new deaths were reported from Zimbabwe (two new deaths; <1 new death per 100 000; -50%), Botswana (one new death; <1 new death per 100 000; -50%), and Cabo Verde (one new death; <1 new death per 100 000; no deaths reported the previous 28-day period).



Updates from the [African Region](#)

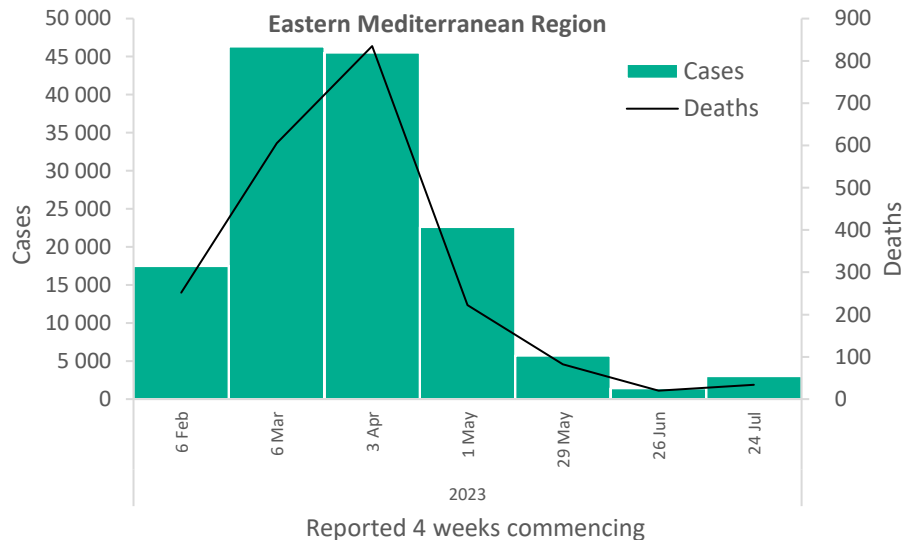
Region of the Americas

In this WEU edition, we have included all available data from the Region of the Americas since the start of the pandemic up to 6 August 2023 in the global figures. However, 28-day comparisons for this Region and its Member States are not presented as the data for the reporting period were incomplete.

Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 3000 new cases, a 112% increase as compared to the previous 28-day period. Three (14%) of the 22 countries for which data are available reported increases in new cases of 20% or greater: Kuwait (70 vs 37 new cases; +89%), the Islamic Republic of Iran (640 vs 414 new cases; +55%), and Morocco (149 vs 109 new cases; +37%). The highest numbers of new cases were reported from Lebanon (1352 new cases; 19.8 new cases per 100 000; no cases reported the previous 28-day period), Afghanistan (823 new cases; 2.1 new cases per 100 000; -6%), and the Islamic Republic of Iran (640 new cases; <1 new case per 100 000; +55%).

The number of new 28-day deaths in the Region increased by 70% as compared to the previous 28-day period, with 34 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (15 new deaths; <1 new death per 100 000; +7%), Lebanon (11 new deaths; <1 new death per 100 000; no deaths reported the previous 28-day period), and Afghanistan (eight new deaths; <1 new death per 100 000; +33%).

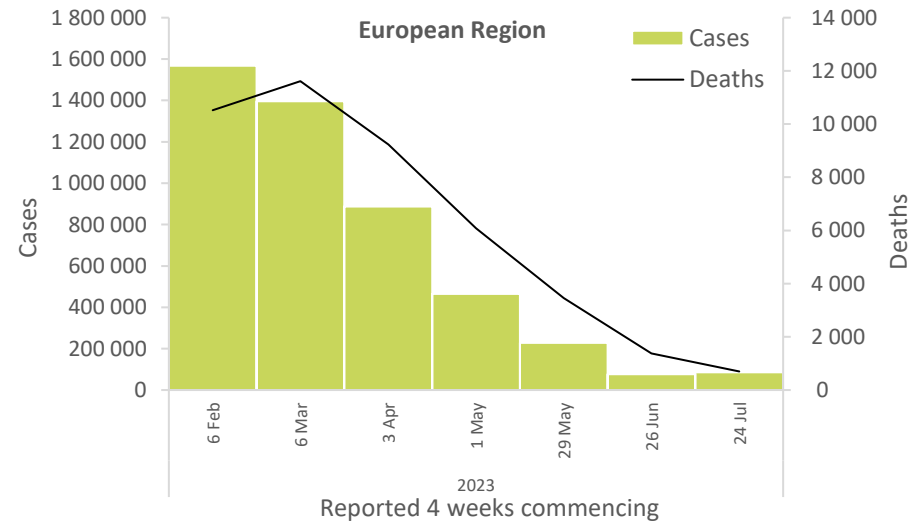


Updates from the [Eastern Mediterranean Region](#)

European Region

The European Region reported over 85 000 new cases, an 11% increase as compared to the previous 28-day period. Fifteen (25%) 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 Belgium (2081 vs 758 new cases; +175%), Ireland (2122 vs 775 new cases; +174%), and Czechia (657 vs 267 new cases; +146%). The highest numbers of new cases were reported from the United Kingdom (21 866 new cases; 32.2 new cases per 100 000; +92%), Italy (19 777 new cases; 33.2 new cases per 100 000; +32%), and the Russian Federation (12 043 new cases; 8.3 new cases per 100 000; -32%).

The number of new 28-day deaths in the Region decreased by 49% as compared to the previous 28-day period, with 699 new deaths reported. The highest numbers of new deaths were reported from the Russian Federation (166 new deaths; <1 new death per 100 000; -51%), Italy (165 new deaths; <1 new death per 100 000; -9%), and Portugal (81 new deaths; <1 new death per 100 000; -26%).

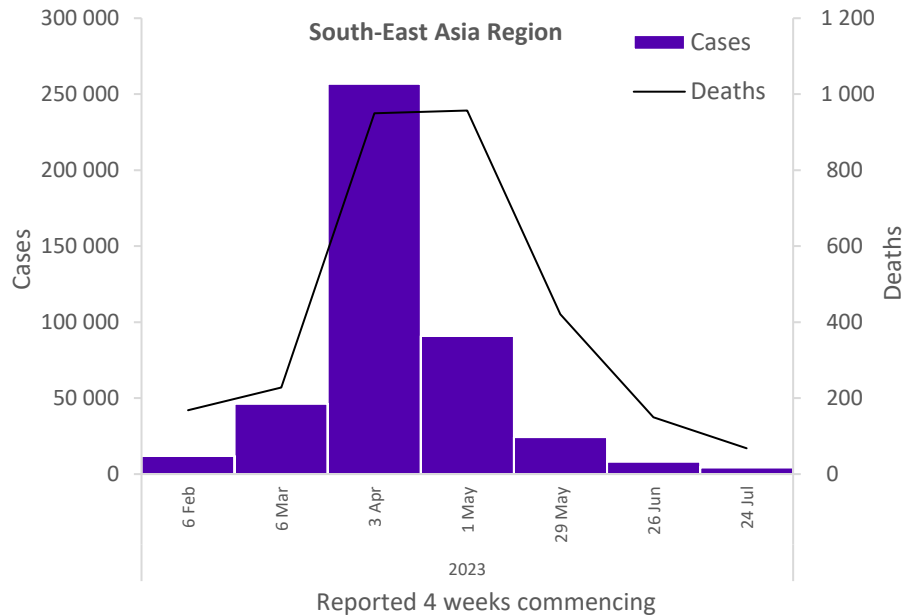


Updates from the [European Region](#)

South-East Asia Region

The South-East Asia Region reported over 4300 new cases, a 45% decrease as compared to the previous 28-day period. Two (20%) of the 10 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Nepal (38 vs 12 new cases; +217%), and the Maldives (seven vs four new cases; +75%). The highest numbers of new cases were reported from Thailand (1366 new cases; 2.0 new cases per 100 000; -58%), India (1335 new cases; <1 new case per 100 000; +2%), and Bangladesh (1188 new cases; <1 new case per 100 000; -31%).

The number of new 28-day deaths in the Region decreased by 55% as compared to the previous 28-day period, with 68 new deaths reported. The highest numbers of new deaths were reported from Thailand (35 new deaths; <1 new death per 100 000; -61%), Indonesia (13 new deaths; <1 new death per 100 000; -66%), and India (10 new deaths; <1 new death per 100 000; -17%).

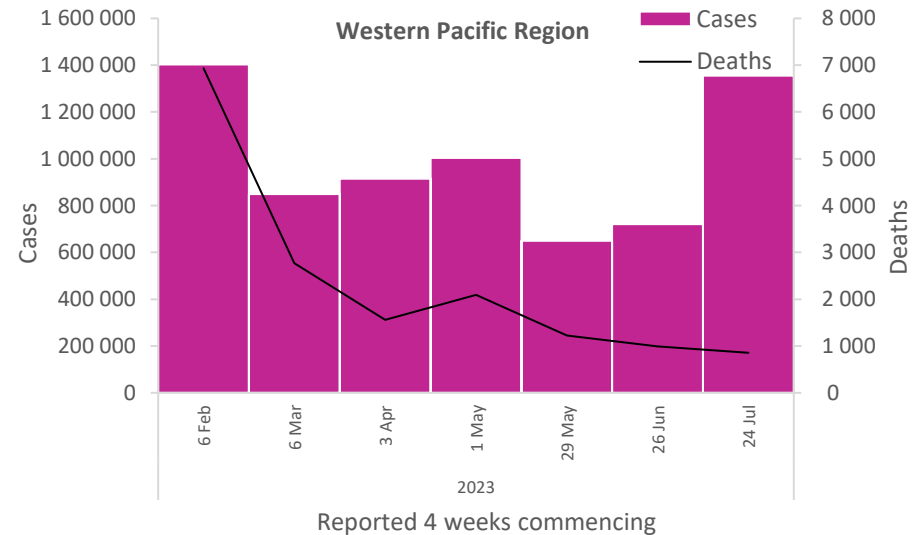


Updates from the [South-East Asia Region](#)

Western Pacific Region

The Western Pacific Region reported over one million new cases, an 88% increase as compared to the previous 28-day period. Five (14%) of the 35 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Niue (nine vs two new cases; +350%), the Federated States of Micronesia (58 vs 13 new cases; +346%), and Kiribati (three vs one new cases; +200%). The highest numbers of new cases were reported from the Republic of Korea (1 286 028 new cases; 2508.4 new cases per 100 000; +117%), Australia (22 836 new cases; 89.6 new cases per 100 000; -53%), and Singapore (18 125 new cases; 309.8 new cases per 100 000; -40%).

The number of new 28-day deaths in the Region decreased by 14% as compared to the previous 28-day period, with 856 new deaths reported. The highest numbers of new deaths were reported from the Republic of Korea (398 new deaths; <1 new death per 100 000; +100%), Australia (148 new deaths; <1 new death per 100 000; -58%), and the Philippines (136 new deaths; <1 new death per 100 000; +386%).



Updates from the [Western Pacific Region](#)

Annex 1. Data, table, and figure notes

Data presented are based on official laboratory-confirmed COVID-19 cases and deaths reported to WHO by country/territories/areas, largely based upon WHO [case definitions](#) and [surveillance guidance](#). While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change, and caution must be taken when interpreting these data as several factors influence the counts presented, with variable underestimation of true case and death incidences, and variable delays to reflecting these data at the global level. Case detection, inclusion criteria, testing strategies, reporting practices, and data cut-off and lag times differ between countries/territories/areas. A small number of countries/ territories/areas report combined probable and laboratory-confirmed cases. Differences are to be expected between information products published by WHO, national public health authorities, and other sources.

A record of historic data adjustment made is available upon request by emailing epi-data-support@who.int. Please specify the countries of interest, time period, and purpose of the request/intended usage. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data. COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories, and areas, and WHO Region (reported in previous issues) are now available at: <https://covid19.who.int/table>.

'Countries' may refer to countries, territories, areas or other jurisdictions of similar status. The designations employed, and the presentation of these materials do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. Countries, territories, and areas are arranged under the administering WHO region. The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

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

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

WHO, in collaboration with national authorities, institutions and researchers, routinely assesses if variants of SARS-CoV-2 alter transmission or disease characteristics, or impact the effectiveness of vaccines, therapeutics, diagnostics or public health and social measures (PHSM) applied to control disease spread. Potential variants of concern (VOCs), variants of interest (VOIs) or variants under monitoring (VUMs) are regularly assessed based on the risk posed to global public health.

The classifications of variants will be revised as needed to reflect the continuous evolution of circulating variants and their changing epidemiology. Criteria for variant classification, and the lists of currently circulating and previously circulating VOCs, VOIs and VUMs, are available on the [WHO Tracking SARS-CoV-2 variants webpage](#). National authorities may choose to designate other variants and are strongly encouraged to investigate and report newly emerging variants and their impact.

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

References

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