

In the past week, the five countries reporting the highest number of cases were the United States of America (with over 1.3 million cases, a 19% decrease from the previous week), Brazil (over 285 000 cases, a 12% decrease), the United Kingdom of Great Britain and Northern Ireland (over 251 000 cases, a 45% increase), Russian Federation (over 201 000 cases, a 3% increase) and India (over 156 000 cases, a 10% decrease).

Additional Region-specific information can be found below: [African Region](#), [Region of the Americas](#), [Eastern Mediterranean Region](#), [European Region](#), [South-East Asia Region](#), and [Western Pacific Region](#).

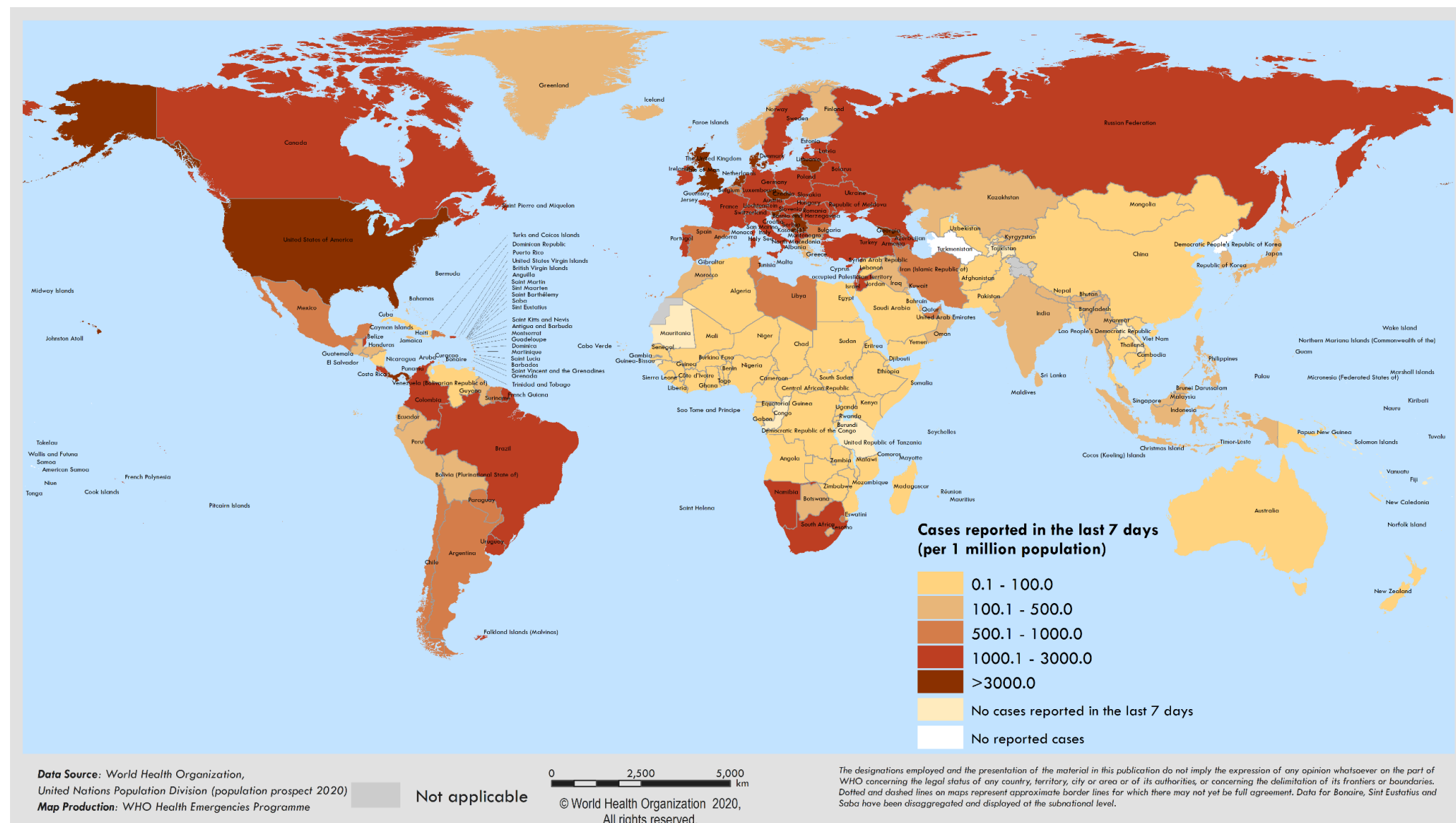
Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 27 December 2020**

WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days *	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days *	Cumulative deaths (%)
Americas	1 965 774 (48%)	-15%	34 403 371 (43%)	31 142 (42%)	-3%	840 247 (47%)
Europe	1 545 682 (37%)	-12%	25 271 220 (31%)	31 005 (42%)	-15%	554 716 (31%)
South-East Asia	231 978 (5%)	-6%	11 842 422 (14%)	3 911 (5%)	-1%	180 737 (10%)
Eastern Mediterranean	157 595 (3%)	-9%	4 823 157 (6%)	3 482 (4%)	-10%	119 004 (6%)
Africa	114 530 (2%)	20%	1 831 227 (2%)	2 558 (3%)	37%	40 299 (2%)
Western Pacific	53 073 (1%)	13%	1 059 751 (1%)	663 (0%)	4%	19 558 (1%)
Global	4 068 632 (100%)	-12%	79 231 893 (100%)	72 761 (100%)	-8%	1 754 574 (100%)

*Percent change in the number of newly confirmed cases/deaths in past seven days, compared to seven days prior. Regional percentages rounded to the nearest whole number, global totals may not equal 100%.

**For all figures included in this report please see [data, table and figure notes](#)

Figure 2. COVID-19 cases per 1 million population reported in the last seven days by countries, territories and areas, 21 December through 27 December 2020**

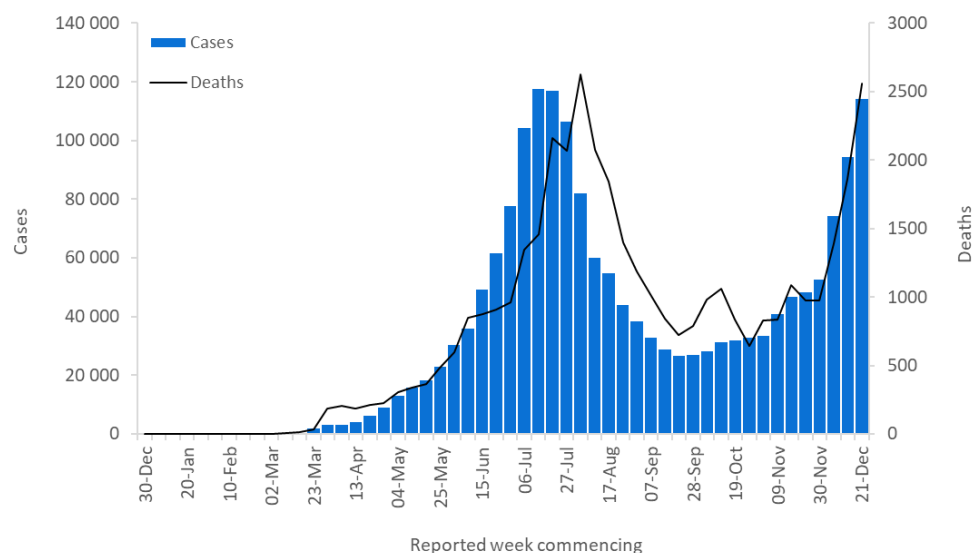


**See [data](#), [table](#) and [figure notes](#)

Situation by WHO Region

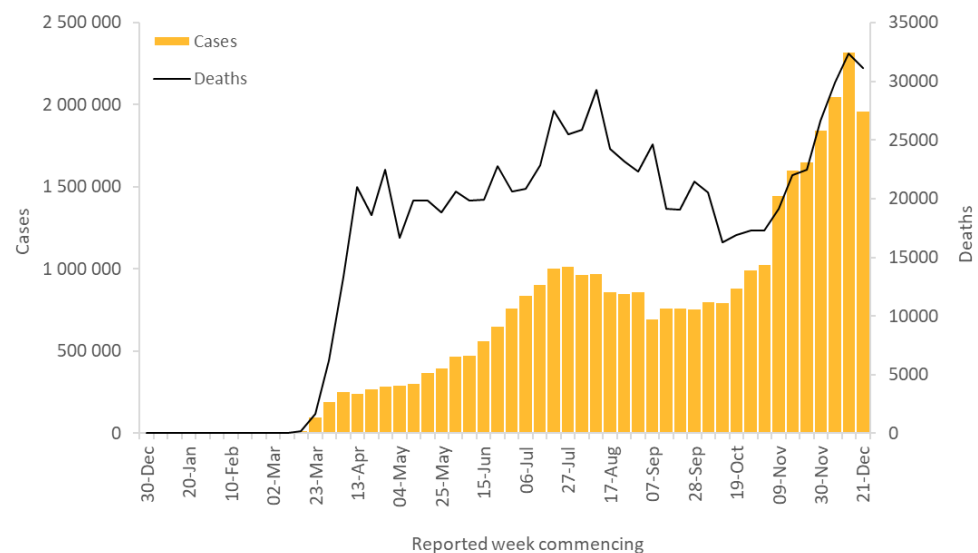
African Region

In the past week, over 114 000 new cases were reported in the African Region, a 20% increase compared to the previous week, and over 2500 deaths, a 37% increase over the previous week. South Africa continues to account for the greatest proportion (72%) of new weekly cases in the Region. In the past week, the highest number of new cases were reported from South Africa (82 434 new cases; 1390 new cases per 1 million population), Nigeria (5643 new cases; 27 new cases per 1 million), Algeria (3076 new cases, 70 new cases per 1 million) and Namibia (2961 new cases, 1165 new cases per 1 million). The highest numbers of new deaths were reported from South Africa (1982 new deaths; 33 new deaths per 1 million), the Democratic Republic of the Congo (197 new deaths; 2 new deaths per 1 million) and Algeria (63 new deaths; 1 new death per 1 million).



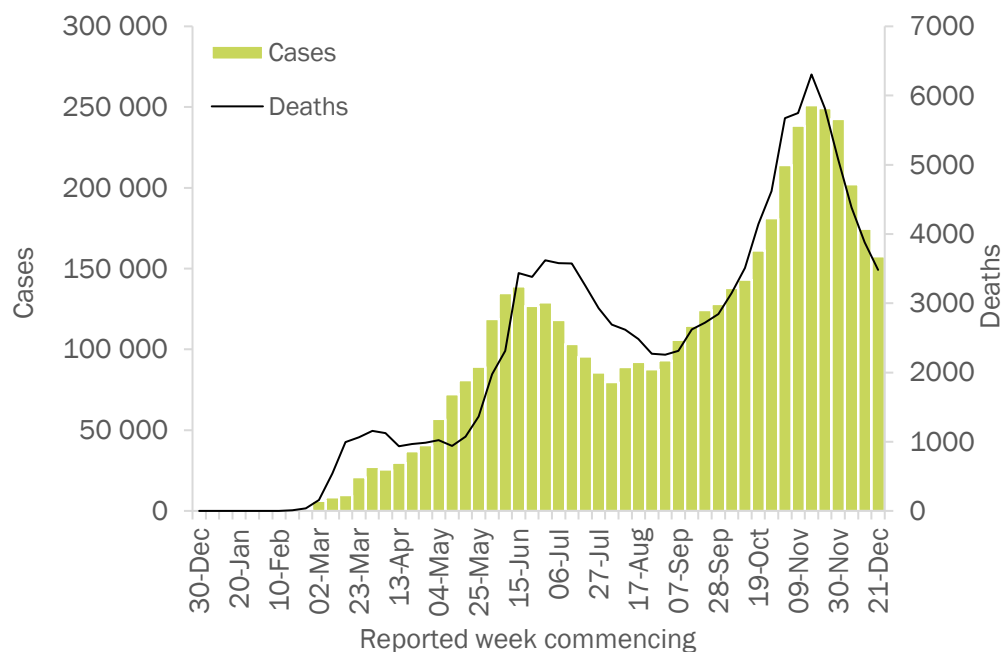
Region of the Americas

In the Region of the Americas, the number of new weekly cases was over 1 965 000 and 31 142 new deaths, which represent 15% and 3% decreases over the previous week, respectively. The United States of America accounted for 68% of all new cases in the Region. The highest new case and deaths counts were reported in the United States of America (1 334 155 new cases, 4031 new cases per 1 million), Brazil (285 582 new cases; 1344 new cases per 1 million) and Colombia (92 635 new cases, 1821 new cases per 1 million). The highest numbers of new deaths were reported from the United States of America (16 864 new deaths; 51 new deaths per 1 million), Brazil (2838 new deaths; 23 new deaths per 1 million) and Mexico (4588 new deaths; 36 new deaths per 1 million).



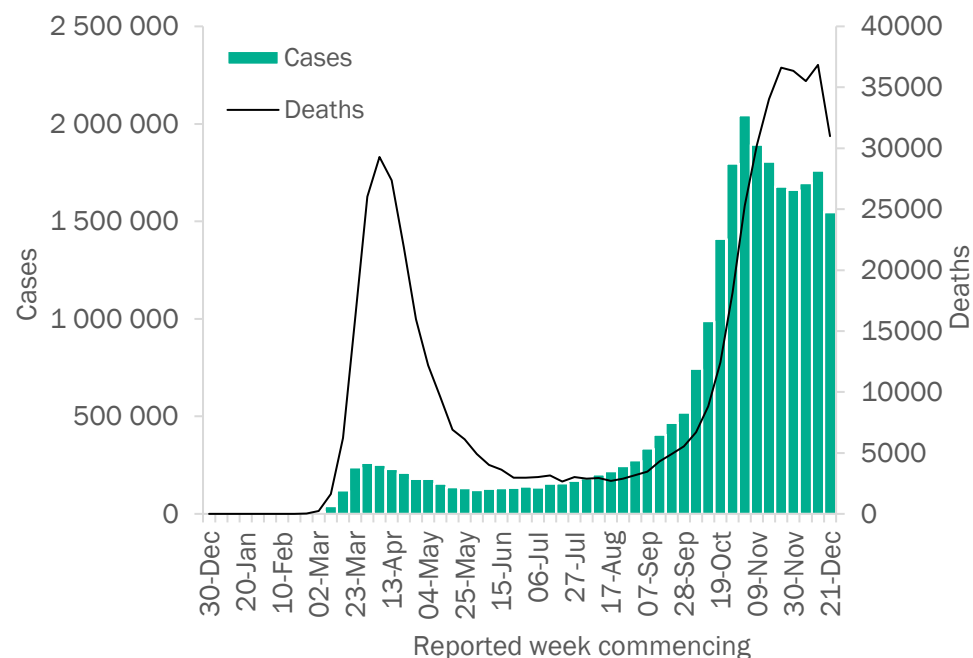
Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 157 000 new cases and over 3400 new deaths, reflecting a reduction of 9% and 10%, respectively compared to the previous week. Cases and deaths in the Region decreased for the fifth consecutive week. The highest number of new cases were reported from the Islamic Republic of Iran (42 891 new cases, 511 new cases per 1 million), Morocco (15 336 new cases, 415 new cases per 1 million) and Pakistan (14 809 new cases, 67 new cases per 1 million). These three countries accounted for the most new cases in the previous two weeks. The highest number of new deaths were reported from the Islamic Republic of Iran (1126 new deaths; 13 new deaths per 1 million), Pakistan (566 new deaths; 3 new deaths per 1 million) and Tunisia (300 new deaths; 25 new deaths per 1 million).



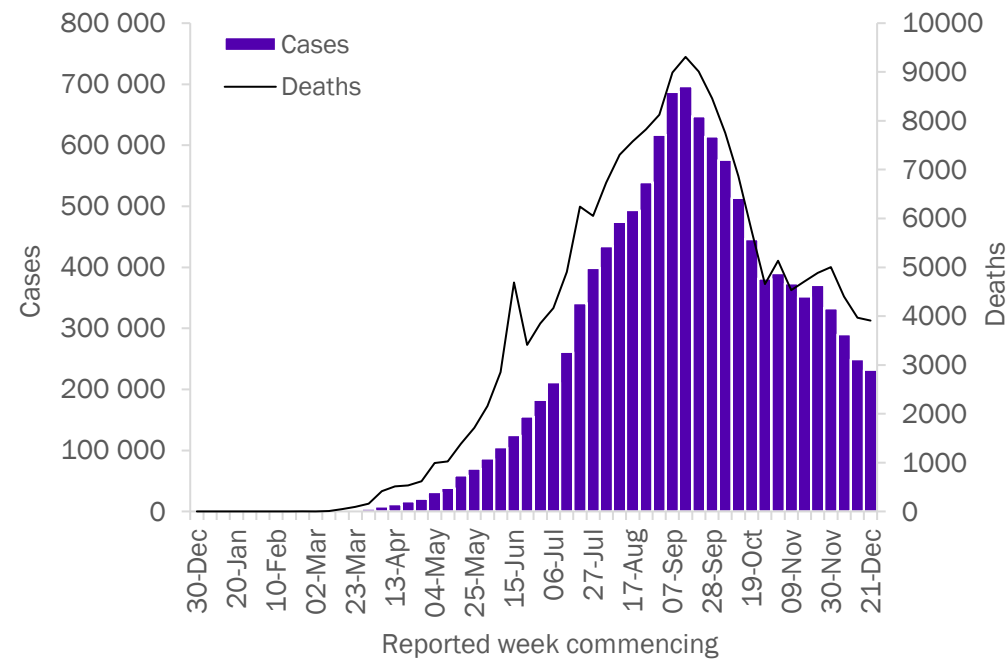
European Region

The number of new cases in the European Region remains high with over 1.5 million reported in the past week. However, the number of new cases has declined over the past week, decreasing by 12%, while deaths decreased by 15% to 31 000 new deaths. Despite the observed reductions, the European Region continues to account for the second highest number of new cases and deaths globally (37% and 42% respectively). Last week, the countries reporting the highest number of new cases were the United Kingdom of Great Britain and Northern Ireland (251 786 new cases, 3709 new cases per 1 million), the Russian Federation (201 871 new cases; 1383 new cases per 1 million population) and Germany (146 849 new cases; 1753 new cases per 1 million). The highest number of deaths were reported from the same countries, namely Russian Federation (3920 new deaths; 27 new deaths per 1 million), Germany (3729 new deaths; 45 new deaths per 1 million) and the United Kingdom (3330 new deaths; 49 new deaths per 1 million).



South-East Asia Region

In the South-East Asia Region, nearly 232 000 new cases were reported last week, a decrease of 6% compared to the previous week, while new deaths were nearly 4000, a slight decrease of 1%. There has been an overall decline in both cases and deaths since the peak in the week beginning 7 September. The countries reporting the highest number of both new cases and new deaths in the past week were India (156 627 new cases; 113 new cases per 1 million; 2145 new deaths; 2 new deaths per 1 million), Indonesia (48 889 new cases; 179 new cases per 1 million; 1335 new deaths; 5 new deaths per 1 million) and Bangladesh (8539 new cases; 52 new cases per 1 million; 186 new deaths; 1 new death per 1 million).



Western Pacific Region

In the Western Pacific Region, new cases (13%) and deaths (4%) continued to increase, a trend which has been seen over the past eight weeks. The Region reported over 53 000 new cases and nearly 700 new deaths. The highest new cases were reported in Japan (21 432 new cases; 169 new cases per 1 million), Malaysia (11 931 new cases; 369 new cases per 1 million) and the Philippines (10 961 new cases; 100 new cases per 1 million). The countries reporting the highest number of new deaths this week were Japan (340 new deaths; 3 new deaths per 1 million), the Philippines (156 new deaths; 1 new death per 1 million) and the Republic of Korea (134 new deaths; 3 new deaths per 1 million).

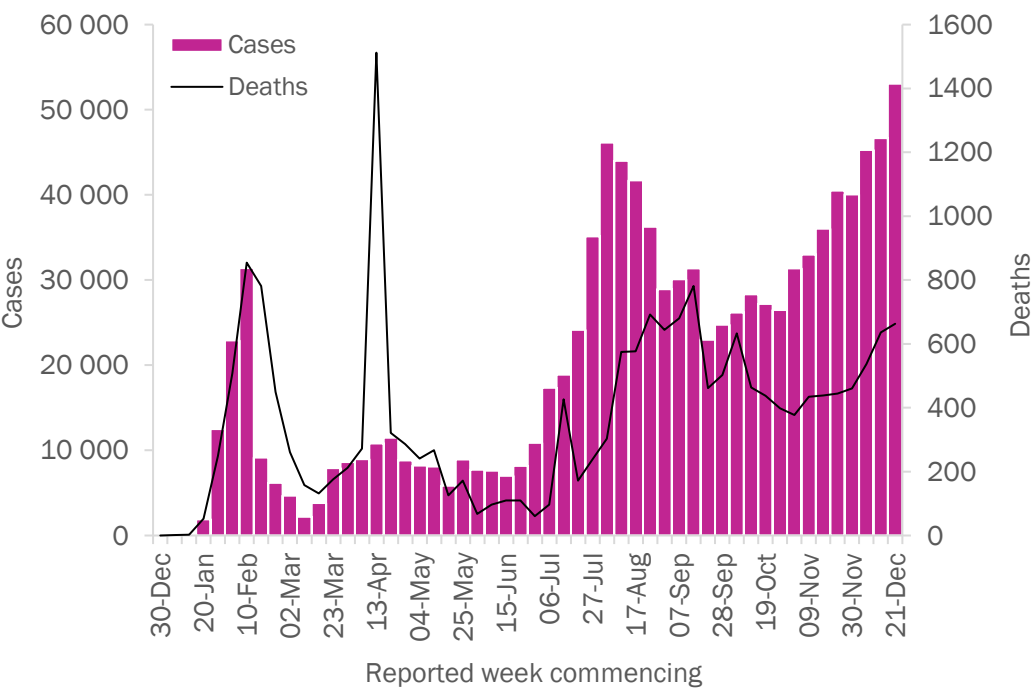


Table 2. COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories and areas, and WHO Region, as of 27 December 2020**

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification ⁱⁱ
Africa	114 530	1 831 227	1 632	2 558	40 299	36	
South Africa	82 434	994 911	16 775	1 982	26 521	447	Community transmission
Nigeria	5 643	83 576	405	29	1 247	6	Community transmission
Algeria	3 076	97 857	2 232	63	2 722	62	Community transmission
Namibia	2 961	21 398	8 421	16	187	74	Community transmission
Ethiopia	2 919	122 413	1 065	55	1 901	17	Community transmission
Uganda	2 861	33 563	734	15	245	5	Community transmission
Kenya	1 692	95 843	1 782	22	1 655	31	Community transmission
Burkina Faso	1 301	6 255	299	3	77	4	Community transmission
Democratic Republic of the Congo	1 070	16 280	182	197	566	6	Community transmission
Eswatini	1 062	8 367	7 212	26	163	140	Community transmission
Zambia	1 051	19 671	1 070	9	382	21	Community transmission
Senegal	853	18 523	1 106	26	387	23	Community transmission
Zimbabwe	812	12 963	872	23	341	23	Community transmission
Botswana	749	13 622	5 793	0	38	16	Community transmission
Mozambique	685	18 162	581	12	159	5	Community transmission
Ghana	633	54 286	1 747	2	333	11	Community transmission
Rwanda	585	7 817	604	13	72	6	Clusters of cases
Angola	523	17 149	522	13	399	12	Community transmission
Niger	442	2 803	116	7	89	4	Community transmission
Cameroon	428	26 277	990	0	448	17	Community transmission
Mali	410	6 574	325	29	249	12	Community transmission
Côte d'Ivoire	309	22 081	837	0	133	5	Community transmission
Lesotho	292	2 577	1 203	6	50	23	Community transmission
Eritrea	238	992	280	1	1	0	Sporadic cases
Malawi	190	6 343	332	1	188	10	Community transmission
Togo	159	3 555	429	2	68	8	Community transmission

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification ⁱⁱ
Cabo Verde	131	11 698	21 040	1	112	201	Community transmission
Chad	119	1 986	121	1	103	6	Community transmission
Guinea	114	13 646	1 039	0	80	6	Community transmission
Gabon	97	9 497	4 267	0	64	29	Community transmission
South Sudan	80	3 308	296	0	62	6	Community transmission
Comoros	72	715	822	0	7	8	Community transmission
Sierra Leone	63	2 549	320	1	76	10	Community transmission
Benin	53	3 205	264	0	44	4	Community transmission
Madagascar	46	17 633	637	1	260	9	Community transmission
Burundi	43	804	68	0	2	0	Community transmission
Equatorial Guinea	22	5 236	3 732	0	85	61	Community transmission
Liberia	21	1 800	356	0	83	16	Community transmission
Central African Republic	12	4 948	1 024	0	63	13	Community transmission
Seychelles	9	211	2 145	0	0	0	Sporadic cases
Gambia	4	3 792	1 569	0	123	51	Community transmission
Sao Tome and Principe	2	1 014	4 627	0	17	78	Community transmission
Congo	0	6 200	1 124	0	100	18	Community transmission
Guinea-Bissau	0	2 447	1 243	1	45	23	Community transmission
Mauritania	0	10 971	2 360	0	225	48	Community transmission
Mauritius	0	524	412	0	10	8	Clusters of cases
United Republic of Tanzania	0	509	9	0	21	0	Community transmission
Territoriesⁱⁱⁱ							
Réunion	205	8 909	9 951	0	42	47	Clusters of cases
Mayotte	59	5 767	21 139	1	54	198	Clusters of cases
Americas	1 965 774	34 403 371	33 637	31 142	840 247	822	
United States of America	1 334 155	18 648 989	56 341	16 864	328 014	991	Community transmission
Brazil	285 582	7 448 560	35 042	4 838	190 488	896	Community transmission
Colombia	92 635	1 574 707	30 948	1 671	41 690	819	Community transmission

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification ⁱⁱ
Mexico	70 697	1 372 243	10 643	4 588	121 837	945	Community transmission
Canada	43 952	539 298	14 289	741	14 781	392	Community transmission
Argentina	43 180	1 574 554	34 839	750	42 422	939	Community transmission
Panama	20 350	226 660	52 531	252	3 756	870	Community transmission
Chile	15 040	598 394	31 303	303	16 404	858	Community transmission
Peru	11 786	1 005 546	30 497	399	37 368	1 133	Community transmission
Dominican Republic	6 876	165 940	15 297	22	2 404	222	Community transmission
Paraguay	5 592	103 888	14 565	104	2 154	302	Community transmission
Costa Rica	5 518	162 990	31 996	90	2 086	409	Community transmission
Bolivia (Plurinational State of)	4 441	153 590	13 158	50	9 083	778	Community transmission
Uruguay	3 898	15 848	4 562	34	143	41	Community transmission
Ecuador	3 354	209 274	11 862	42	13 990	793	Community transmission
Guatemala	2 576	135 171	7 545	139	4 763	266	Community transmission
Honduras	2 447	118 659	11 980	38	3 061	309	Community transmission
Venezuela (Bolivarian Republic of)	2 208	111 603	3 925	31	1 010	36	Community transmission
El Salvador	1 424	44 619	6 879	55	1 297	200	Community transmission
Cuba	1 014	11 038	975	4	141	12	Clusters of cases
Belize	561	10 490	26 381	13	228	573	Community transmission
Jamaica	549	12 684	4 283	9	294	99	Community transmission
Suriname	421	5 880	10 023	2	119	203	Sporadic cases
Guyana	213	6 289	7 996	3	162	206	Clusters of cases
Haiti	172	9 846	863	1	235	21	Community transmission
Trinidad and Tobago	142	7 097	5 071	2	125	89	Community transmission
Bahamas	55	7 788	19 804	5	169	430	Clusters of cases
Nicaragua	42	4 790	723	1	164	25	Community transmission
Barbados	40	347	1 207	0	7	24	Clusters of cases
Saint Lucia	25	305	1 661	0	5	27	Sporadic cases
Grenada	22	116	1 031	0	0	0	Sporadic cases

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification ⁱⁱ
Dominica	8	96	1 334	0	0	0	Clusters of cases
Saint Vincent and the Grenadines	8	108	973	0	0	0	Sporadic cases
Antigua and Barbuda	3	155	1 583	0	5	51	Sporadic cases
Saint Kitts and Nevis	0	30	564	0	0	0	Sporadic cases
Territoriesⁱⁱⁱ							
Puerto Rico	5 232	72 443	25 322	90	1 432	501	Community transmission
Martinique	438	6 072	16 181	0	42	112	Community transmission
French Guiana	404	12 773	42 765	0	71	238	Community transmission
Curaçao	228	4 051	24 687	1	12	73	Community transmission
Aruba	104	5 228	48 967	0	47	440	Community transmission
Sint Maarten	76	1 370	31 948	0	26	606	Community transmission
United States Virgin Islands	69	1 979	18 951	0	23	220	Community transmission
Guadeloupe	63	8 620	21 543	0	155	387	Community transmission
Turks and Caicos Islands	55	844	21 799	0	6	155	Clusters of cases
Bermuda	45	561	9 009	0	9	145	Clusters of cases
Saint Martin	38	986	25 505	0	12	310	Community transmission
British Virgin Islands	7	93	3 076	0	1	33	Clusters of cases
Cayman Islands	7	318	4 839	0	2	30	Sporadic cases
Saint Barthélemy	7	189	19 120	0	0	0	Sporadic cases
Falkland Islands (Malvinas)	6	29	8 326	0	0	0	No cases
Bonaire, Sint Eustatius and Saba	5	182	6 941	0	3	114	
Anguilla	2	12	800	0	0	0	Sporadic cases
Saint Pierre and Miquelon	2	16	2 761	0	0	0	Sporadic cases
Montserrat	0	13	2 601	0	1	200	No cases
Eastern Mediterranean	157 595	4 823 157	6 600	3 482	119 004	163	
Iran (Islamic Republic of)	42 891	1 194 963	14 227	1 126	54 574	650	Community transmission
Morocco	15 336	430 562	11 665	295	7 204	195	Clusters of cases
Pakistan	14 809	469 482	2 125	566	9 816	44	Clusters of cases

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification ⁱⁱ
Jordan	13 559	286 356	28 065	184	3 729	365	Community transmission
Lebanon	12 902	169 472	24 829	109	1 379	202	Community transmission
Tunisia	11 079	130 230	11 019	300	4 426	374	Community transmission
United Arab Emirates	8 488	200 892	20 312	21	655	66	Community transmission
Iraq	7 661	590 779	14 688	87	12 767	317	Community transmission
Egypt	6 424	131 315	1 283	283	7 352	72	Clusters of cases
Libya	3 881	97 653	14 212	69	1 415	206	Community transmission
Kuwait	1 674	149 449	34 995	11	929	218	Community transmission
Bahrain	1 456	91 518	53 784	2	351	206	Clusters of cases
Afghanistan	1 312	51 848	1 332	104	2 158	55	Clusters of cases
Oman	1 271	128 290	25 122	8	1 491	292	Community transmission
Saudi Arabia	1 218	362 066	10 400	64	6 176	177	Sporadic cases
Qatar	1 045	142 903	49 601	1	244	85	Community transmission
Syrian Arab Republic	882	10 932	625	68	669	38	Community transmission
Sudan	216	23 316	532	7	1 468	33	Community transmission
Somalia	28	4 690	295	3	127	8	Sporadic cases
Djibouti	24	5 805	5 876	0	61	62	Clusters of cases
Yemen	5	2 096	70	0	607	20	Sporadic cases
Territoriesⁱⁱⁱ							
occupied Palestinian territory	11 434	148 540	29 117	174	1 406	276	Community transmission
Europe	1 545 682	25 271 220	27 074	31 005	554 716	594	
The United Kingdom	251 786	2 256 009	33 232	3 330	70 405	1 037	Community transmission
Russian Federation	201 871	3 050 248	20 901	3 920	54 778	375	Clusters of cases
Germany	146 849	1 640 858	19 584	3 729	29 778	355	Clusters of cases
Turkey	129 088	1 319 035	15 640	1 773	19 624	233	Community transmission
Italy	100 676	2 038 759	33 720	3 173	71 620	1 185	Clusters of cases
France	89 093	2 507 532	38 416	2 154	62 197	953	Community transmission
Netherlands	77 582	754 171	44 014	520	10 974	640	Community transmission

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification ⁱⁱ
Ukraine	61 541	1 025 989	23 460	1 189	17 774	406	Community transmission
Poland	55 099	1 257 799	33 234	1 721	27 118	717	Community transmission
Czechia	46 459	670 599	62 620	713	11 044	1 031	Community transmission
Spain	36 436	1 854 951	39 674	384	49 824	1 066	Community transmission
Serbia	26 839	323 367	46 436	351	2 983	428	Community transmission
Romania	25 816	613 760	31 904	812	15 108	785	Community transmission
Portugal	22 209	392 996	38 541	493	6 556	643	Clusters of cases
Sweden	21 038	396 048	39 216	69	8 279	820	Community transmission
Switzerland	20 636	426 199	49 245	461	6 508	752	Community transmission
Denmark	19 561	151 167	26 098	134	1 153	199	Community transmission
Lithuania	18 239	130 598	47 974	235	1 254	461	Community transmission
Slovakia	16 187	167 523	30 684	218	1 773	325	Clusters of cases
Azerbaijan	14 065	213 192	21 027	279	2 454	242	Clusters of cases
Austria	13 730	348 359	38 679	625	5 752	639	Community transmission
Belarus	13 343	184 922	19 570	60	1 376	146	Community transmission
Hungary	13 071	316 060	32 717	948	9 047	937	Community transmission
Georgia	12 967	221 605	55 552	283	2 377	596	Community transmission
Israel	12 342	383 715	44 332	63	3 138	363	Community transmission
Belgium	11 959	638 874	55 125	491	19 192	1 656	Community transmission
Croatia	9 968	204 930	49 919	494	3 671	894	Community transmission
Slovenia	9 167	114 192	54 928	128	2 530	1 217	Clusters of cases
Ireland	6 618	85 394	17 294	46	2 200	446	Community transmission
Republic of Moldova	6 418	140 996	34 952	156	2 883	715	Community transmission
Bulgaria	6 355	197 384	28 407	572	7 123	1 025	Clusters of cases
Latvia	5 522	35 819	18 990	88	515	273	Clusters of cases
Greece	4 629	135 114	12 963	451	4 553	437	Community transmission
Kazakhstan	4 566	196 216	10 450	0	2 669	142	Clusters of cases
Armenia	4 009	157 147	53 032	138	2 763	932	Community transmission

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification ⁱⁱ
Bosnia and Herzegovina	3 806	109 330	33 324	298	3 923	1 196	Community transmission
Estonia	3 598	25 392	19 142	30	204	154	Clusters of cases
North Macedonia	3 476	81 425	39 083	153	2 427	1 165	Community transmission
Albania	3 213	55 755	19 374	69	1 143	397	Clusters of cases
Montenegro	2 483	46 740	74 419	41	667	1 062	Clusters of cases
Norway	2 157	44 932	8 288	17	421	78	Clusters of cases
Cyprus	1 915	19 391	16 061	22	111	92	Clusters of cases
Luxembourg	1 709	45 776	73 127	30	470	751	Community transmission
Finland	1 502	34 084	6 152	35	524	95	Community transmission
Kyrgyzstan	1 251	80 373	12 319	18	1 348	207	Clusters of cases
Uzbekistan	945	76 751	2 293	1	613	18	Clusters of cases
Malta	620	12 241	27 723	19	206	467	Clusters of cases
Liechtenstein	273	1 998	52 390	4	26	682	Sporadic cases
Andorra	246	7 806	101 029	3	83	1 074	Community transmission
San Marino	157	2 264	66 710	2	57	1 680	Community transmission
Monaco	74	797	20 309	0	3	76	Sporadic cases
Iceland	62	5 683	16 654	0	28	82	Community transmission
Holy See	0	26	32 138	0	0	0	Sporadic cases
Tajikistan	0	13 182	1 382	0	89	9	Pending
Territoriesⁱⁱⁱ							
Kosovo	1 723	50 362	27 071	57	1 295	696	Community transmission
Gibraltar	350	1 534	45 531	0	6	178	Clusters of cases
Jersey	349	2 583	23 741	5	41	377	Community transmission
Faroe Islands	25	571	11 685	0	0	0	Sporadic cases
Greenland	7	26	458	0	0	0	No cases
Guernsey	6	297	4 700	0	13	206	Community transmission
Isle of Man	1	374	4 398	0	25	294	No cases
South-East Asia	231 978	11 842 422	5 859	3 911	180 737	89	

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification ⁱⁱ
India	156 627	10 187 850	7 382	2 145	147 622	107	Clusters of cases
Indonesia	48 889	706 837	2 584	1 335	20 994	77	Community transmission
Bangladesh	8 539	508 099	3 085	186	7 428	45	Community transmission
Myanmar	7 082	121 280	2 229	181	2 579	47	Clusters of cases
Nepal	4 516	257 700	8 844	42	1 819	62	Clusters of cases
Sri Lanka	4 331	40 380	1 886	22	187	9	Clusters of cases
Thailand	1 689	6 020	86	0	60	1	Clusters of cases
Bhutan	151	597	774	0	0	0	Clusters of cases
Maldives	144	13 618	25 193	0	48	89	Clusters of cases
Timor-Leste	10	41	31	0	0	0	Sporadic cases
Western Pacific	53 073	1 059 751	539	663	19 558	10	
Japan	21 432	217 312	1 718	340	3 213	25	Clusters of cases
Malaysia	11 931	103 900	3 210	18	451	14	Clusters of cases
Philippines	10 961	469 005	4 280	156	9 067	83	Community transmission
Republic of Korea	7 211	56 872	1 109	134	808	16	Clusters of cases
China	608	96 324	65	7	4 777	3	Clusters of cases
Australia	168	28 296	1 110	0	908	36	Sporadic cases
Mongolia	129	1 082	330	0	0	0	Clusters of cases
Singapore	116	58 519	10 003	0	29	5	Sporadic cases
Viet Nam	29	1 440	15	0	35	0	Clusters of cases
New Zealand	28	1 788	371	0	25	5	Clusters of cases
Papua New Guinea	20	780	87	1	9	1	Community transmission
Cambodia	2	364	22	0	0	0	Sporadic cases
Brunei Darussalam	0	152	347	0	3	7	No cases
Fiji	0	46	51	0	2	2	Sporadic cases
Lao People's Democratic Republic	0	41	6	0	0	0	Sporadic cases
Solomon Islands	0	17	25	0	0	0	Sporadic cases
Territoriesⁱⁱⁱ							

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification ⁱⁱ
French Polynesia	368	16 550	58 916	5	108	384	Sporadic cases
Guam	63	7 094	42 032	2	121	717	Clusters of cases
Northern Mariana Islands (Commonwealth of the)	6	122	2 120	0	2	35	Pending
New Caledonia	1	38	133	0	0	0	Sporadic cases
Marshall Islands	0	4	68	0	0	0	Sporadic cases
Vanuatu	0	1	3	0	0	0	No cases
Wallis and Futuna	0	4	356	0	0	0	Sporadic cases
Global	4 068 632	79 231 893	522	72 761	1 754 574	9	

^{**}See [data](#), [table](#) and [figure notes](#)

Technical guidance and other resources

- [Technical guidance](#)
- [WHO Coronavirus Disease \(COVID-19\) Dashboard](#)
- [Weekly COVID-19 Operational Updates](#)
- [WHO COVID-19 case definitions](#)
- [COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update](#)
- [Research and Development](#)
- [Online courses on COVID-19](#) in official UN languages and in [additional national languages](#)
- [The Strategic Preparedness and Response Plan](#) (SPRP) outlining the support the international community can provide to all countries to prepare and respond to the virus
- Updates from WHO regions
 - [African Region](#)
 - [Region of the Americas](#)
 - [Eastern Mediterranean Region](#)
 - [South-East Asia Region](#)
 - [European Region](#)
 - [Western Pacific Region](#)

Recommendations and advice for the public

- [Protect yourself](#)
- [Questions and answers](#)
- [Travel advice](#)
- [EPI-WIN](#): tailored information for individuals, organizations and communities

Data, table and figure notes

Data presented are based on official laboratory-confirmed COVID-19 case 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 incidence, and variable delays to reflecting these data at 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. Due to public health authorities conducting data reconciliation exercises which remove large numbers of cases or deaths from their total counts, negative numbers may be displayed in the new cases/deaths columns as appropriate. When additional details become available that allow the subtractions to be suitably apportioned to previous days, graphics will be updated accordingly. See the [log of major changes and errata](#) for details. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data.

Global totals include 745 cases and 13 deaths reported from international conveyances.

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.

^[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, number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

ⁱ Excludes countries, territories, and areas that have never reported a confirmed COVID-19 case.

ⁱⁱ Transmission classification is based on a process of country/territory/area self-reporting. Classifications are reviewed on a weekly basis and may be revised as new information becomes available. Differing degrees of transmission may be present within countries/territories/areas. For further information, please see: [Considerations for implementing and adjusting public health and social measures in the context of COVID-19](#):

- No (active) cases: No new cases detected for at least 28 days (two times the maximum incubation period), in the presence of a robust surveillance system. This implies a near-zero risk of infection for the general population.
- Imported / Sporadic cases: Cases detected in the past 14 days are all imported, sporadic (e.g. laboratory acquired or zoonotic) or are all linked to imported/sporadic cases, and there are no clear signals of further locally acquired transmission. This implies minimal risk of infection for the general population.
- Clusters of cases: Cases detected in the past 14 days are predominantly limited to well-defined clusters that are not directly linked to imported cases, but which are all linked by time, geographic location and common exposures. It is assumed that there are a number of unidentified cases in the area. This implies a low risk of infection to others in the wider community if exposure to these clusters is avoided.
- Community transmission: Which encompasses a range of levels from low to very high incidence, as described below and informed by a series of indicators described in the aforementioned guidance. As these subcategorization are not currently collated at the global level, but rather intended for use by national and sub-national public health authorities for local decision-making, community transmission has not been disaggregated in this information product.
 - CT1: Low incidence of locally acquired, widely dispersed cases detected in the past 14 days, with many of the cases not linked to specific clusters; transmission may be focused in certain population sub-groups. Low risk of infection for the general population.
 - CT2: Moderate incidence of locally acquired, widely dispersed cases detected in the past 14 days; transmission less focused in certain population sub-groups. Moderate risk of infection for the general population.
 - CT3: High incidence of locally acquired, widely dispersed cases in the past 14 days; transmission widespread and not focused in population sub-groups. High risk of infection for the general population.
 - CT4: Very high incidence of locally acquired, widely dispersed cases in the past 14 days. Very high risk of infection for the general population.

• Pending: transmission classification has not been reported to WHO.

ⁱⁱⁱ "Territories" include territories, areas, overseas dependencies and other jurisdictions of similar status.

COVID-19 Weekly Epidemiological Update

Data as received by WHO from national authorities, as of 20 December 2020, 10 am CET. Other information collected by epidemic intelligence activities and verified by WHO.

For the latest data and information on COVID-19, please see:

- [WHO COVID-19 Dashboard](#)
- [WHO COVID-19 Weekly Operational Update](#)

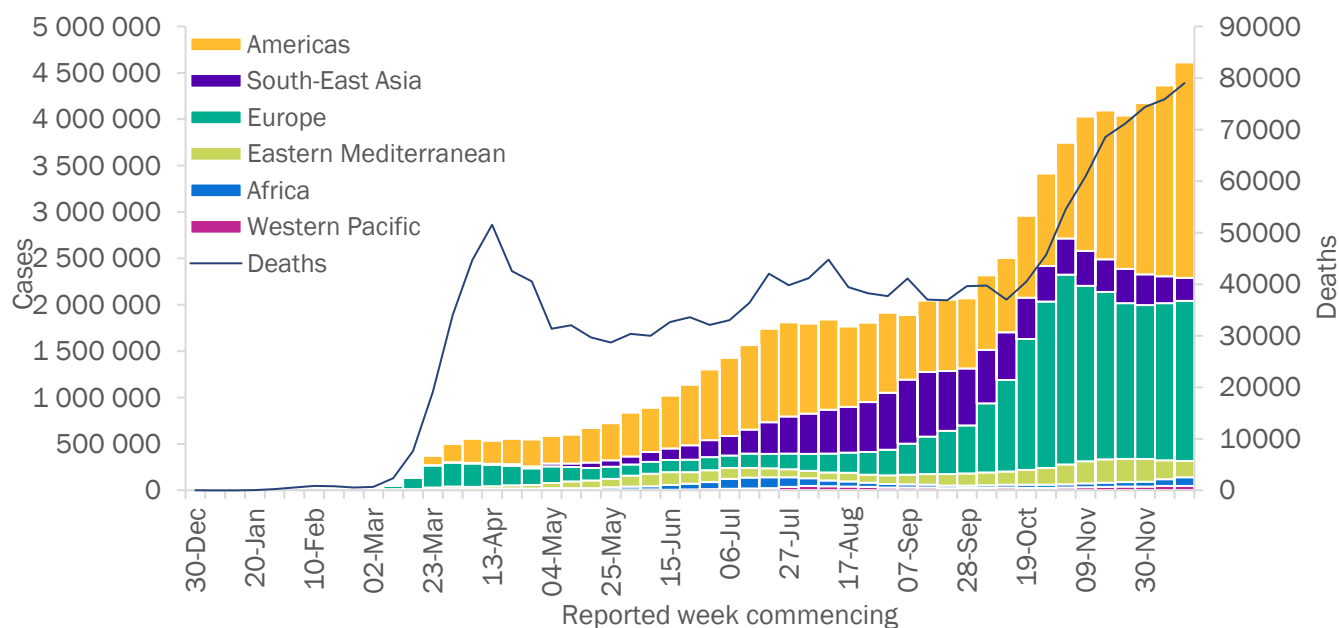
Global epidemiological situation

New COVID-19 cases and deaths continued to increase during the past week, by 6% and 4% respectively (Figure 1, Table 1). The Region of the Americas again accounted for the greatest proportion, reporting over 2.3 million new cases (half of the global cumulative), while the European Region reported the highest number of new deaths (36 286; 46%) in the past week. The African Region accounted for the greatest relative increase in new cases (27%) and deaths (34%) compared to the previous week. Increasing trends were also observed in the Western Pacific Region, while the South-East Asia and Eastern Mediterranean Regions were the only two that reported a decrease in both cases and deaths.

On 14 December 2020, authorities from the United Kingdom of Great Britain and Northern Ireland (United Kingdom) reported a new variant of SARS-CoV-2 to WHO. It was identified by viral genomic sequencing, and is referred to as SARS-CoV-2 Variant Under Investigation, year 2020, month 12, variant 01 (SARS-CoV-2 VUI 202012/01). Initial analysis indicates that the variant may spread more readily between people. Investigations are ongoing to determine if it is associated with any change in the severity of infection, antibody response or vaccine efficacy.

As of 20 December there have been over 75 million cases and over 1.6 million deaths since the start of the pandemic.

Figure 1: COVID-19 cases reported weekly by WHO Region, and global deaths, as of 20 December 2020**



**See [data table](#) and [figure notes](#).

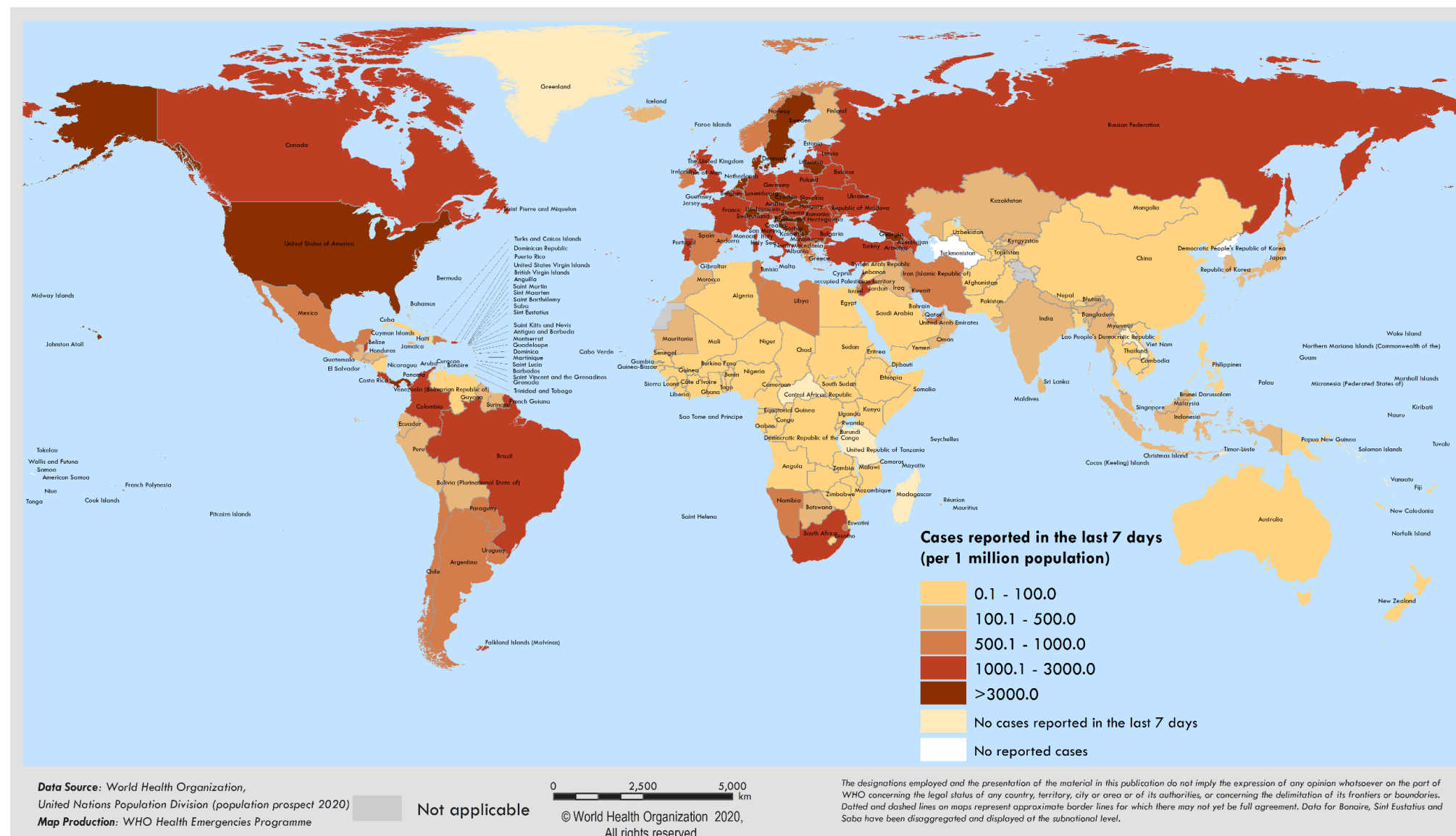
In the past week, the five countries reporting the highest number of cases globally were the United States of America with over 1.6 million cases, a 14% increase from the previous week, Brazil (326 751 new cases, an 8% increase from the previous week), Turkey (194 476 new cases, an 11% decrease from the previous week), the Russian Federation (194 449 new cases; less than a 1% increase from the previous week) and India (174 194 new cases; an 18% decrease from the previous week).

Additional Region-specific information can be found below: [African Region](#), [Region of the Americas](#), [Eastern Mediterranean Region](#), [European Region](#), [South-East Asia Region](#), and [Western Pacific Region](#).

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 20 December 2020 **

WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days *	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days *	Cumulative deaths (%)
Americas	2 321 202 (50%)	13%	32 437 597 (43%)	32 397 (41%)	9%	809 105 (48%)
Europe	1 726 941 (37%)	2%	23 691 857 (32%)	36 286 (46%)	3%	522 719 (31%)
South-East Asia	249 007 (5%)	-14%	11 610 444 (15%)	3 968 (5%)	-10%	176 826 (11%)
Eastern Mediterranean	174 325 (4%)	-14%	4 665 285 (6%)	3 852 (5%)	-12%	115 495 (7%)
Africa	94 653 (2%)	27%	1 716 697 (2%)	1 862 (2%)	34%	37 741 (2%)
Western Pacific	46 662 (1%)	3%	1 006 682 (1%)	636 (1%)	18%	18 895 (1%)
Global	4 612 790 (100%)	6%	75 129 306 (100%)	79 001 (100%)	4%	1 680 794 (100%)

Figure 2. COVID-19 cases per 1 million population reported in the last seven days by countries, territories and areas, 14 December through 20 December 2020**



**See [data](#), [table](#) and [figure notes](#)

Situation by WHO Region

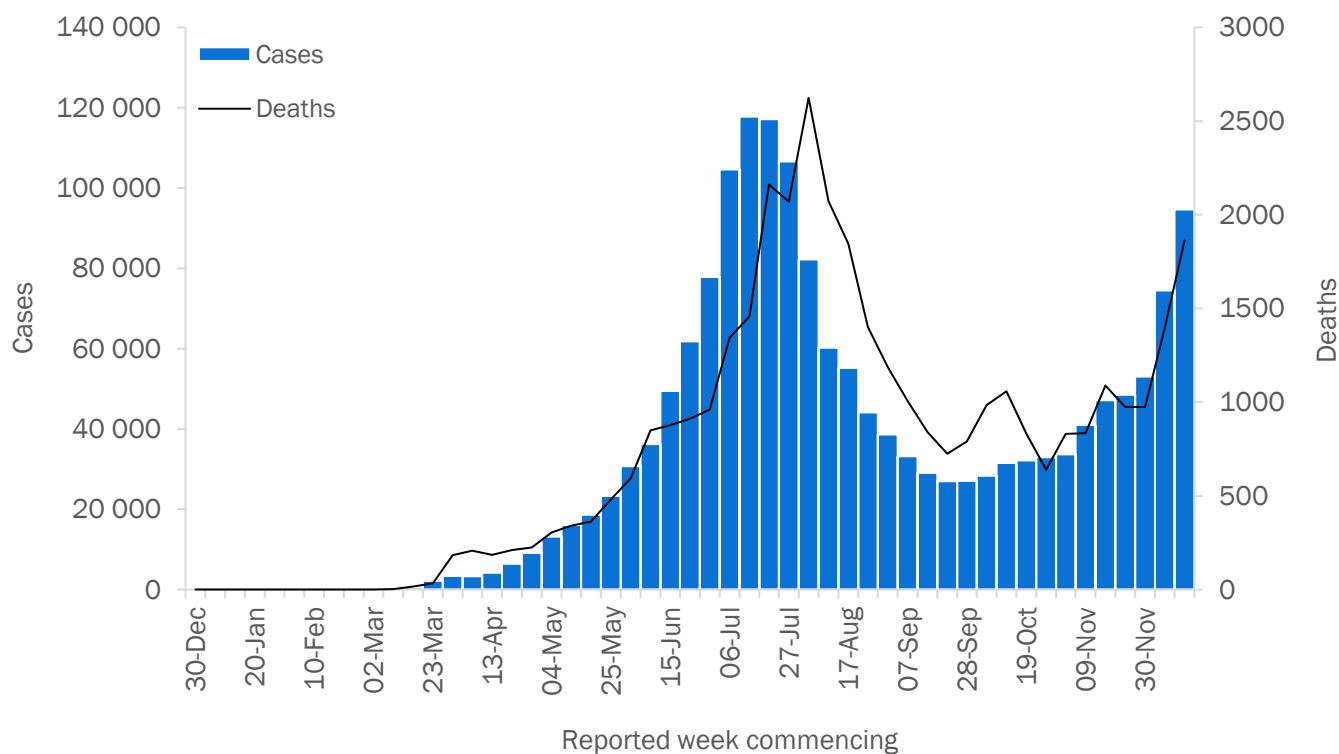
African Region

The African Region has continued to report a steady increase in new reported cases and deaths, with 27% and 34% increases respectively week on week. (Figure 3). The Region reported 94 653 new cases, constituting the highest overall change in case counts (Table 1). The number of new cases per 1 million population was 84 during the last week and a case fatality rate of 2.2%, since the start of the pandemic. The highest number of cases were reported from South Africa (59 512, 1 003 new cases per 1 million population), Nigeria (5 176, 25 new cases per 1 million population), Ethiopia (4 134, 36 cases per 1 million population), Kenya (3 846, 72 cases per 1 million population), Uganda (3 631, 79 cases per 1 million population) and Algeria (3 143, 72 cases per 1 million population).

South Africa continues to report high numbers of new cases and deaths, and has the highest case incidence (1003 new cases per 1 million population) within the region. As of 20 December 2020, the cases were mainly distributed in Gauteng (28%), Western Cape (19%), Eastern Cape (17%) and KwaZulu Natal (17%) provinces. New stay-at-home orders were implemented, as well as closures of some public beaches and parks, limiting alcohol selling hours and a curfew from 11pm to 4am. A new variant of SARS-CoV-2 was detected in South Africa and the changes observed may translate to higher transmissibility.

New cases reported in Eswatini have increased by 170%, bringing the cumulative to 7305 cases. The country reported an increased incidence of 509 new cases per million population compared to 189 cases per million population reported in the previous week. As of 14 December 2020, cases were mainly distributed in regions of Manzini (46%) and Hhohho (38%), according to the Ministry of Health. Reported deaths increased, though cumulative deaths remain low (137 deaths) compared to neighbouring countries, South Africa and Mozambique.

Figure 3: Number of COVID-19 cases and deaths reported weekly by the WHO African Region, as of 20 December 2020**



**See [data](#), [table](#) and [figure notes](#)

Region of the Americas

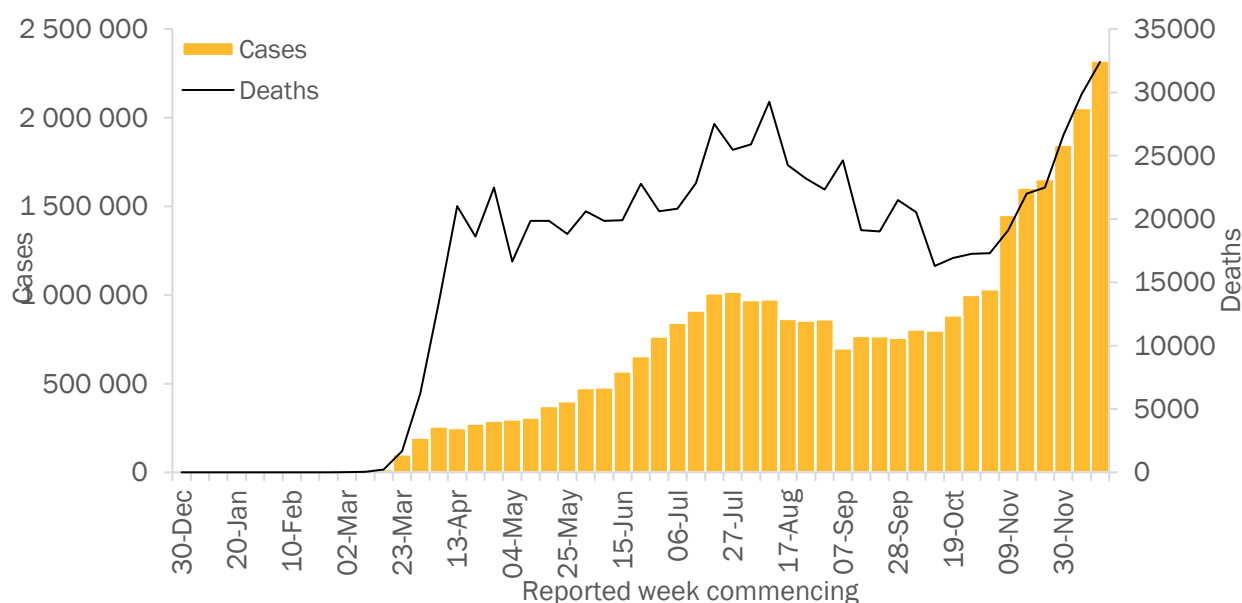
The Region of the Americas reported over 2.3 million new cases this week, a 13% increase from the previous week (Figure 4). The Region also reported over 32 000 deaths, a 9% increase from the previous week and a continuation in the a rapid rise in deaths since November. The United States of America continues to report an increasing number of new cases (over 1.65 million new cases; over 5000 new cases per 1 million population) – the highest incidence in the Region. The United States of America is followed by Brazil, Colombia, Mexico and Canada in cases reported last week. The five countries with the highest number of deaths per 1 million population were Belize (75 deaths per 1 million), the United States of America (54 deaths per 1 million), Panama (45 deaths per million), Mexico (33 deaths per 1 million), and Colombia (27 deaths per 1 million).

The number of new cases reported last week in Argentina (over 42 000, 930 per 1 million population) represents a 21% increase from last week and pushes the cumulative number of cases above 1.5 million. This is the first increase in the number of new cases since a continuous downward trend from the week of 19 October, when new weekly cases peaked at 103 000. Despite this increase in new cases, the number of new deaths continued to decline, to just over 1000 new deaths reported last week, a 3% decline compared to the previous week. Buenos Aires province has reported the highest number of cumulative cases and accounts for 43% of cases, followed by the province of Santa Fé, the city of Buenos Aires and Córdoba province. Since the beginning of the pandemic, 4.3 million cumulative people have been tested, with a current test positivity rate of 30%. The occupancy rate of intensive care beds stands at 54%.

The number of new cases reported by Panama has risen rapidly since the week of 9 November. Last week, a 31% rise was seen compared to the previous week, with 18 500 new cases reported (4300 new cases per 1 million population – the second highest in the Region after the United States of America). The number of new deaths has also risen by 26% in comparison to the previous week, with 195 new deaths reported (45 new deaths per 1 million population). Public health and social measures including curfews are being implemented over the end-of-year holiday period. The government has approved the use of the Pfizer vaccine against COVID-19 and expects to start receiving the first batch in the first quarter of 2021.

In the Dominican Republic, new cases reported stabilized during the last week, to just under 5500 new cases (500 new cases per 1 million), an 8% decline from last week. As of 13 December, 790 000 polymerase chain-reaction (PCR) tests had been conducted, with a current test positivity rate around 15%. Around 30% of COVID-19 intensive care unit beds are currently occupied. Of those who have died, one third were reported to have hypertension, while 21% were diabetic, according to authorities. As with Panama, curfews will be implemented over the end-of-year holiday period.

Figure 4: Number of COVID-19 cases and deaths reported weekly by the WHO Region of the Americas, as of 20 December 2020**



**See [data](#), [table](#) and [figure notes](#)

Eastern Mediterranean Region

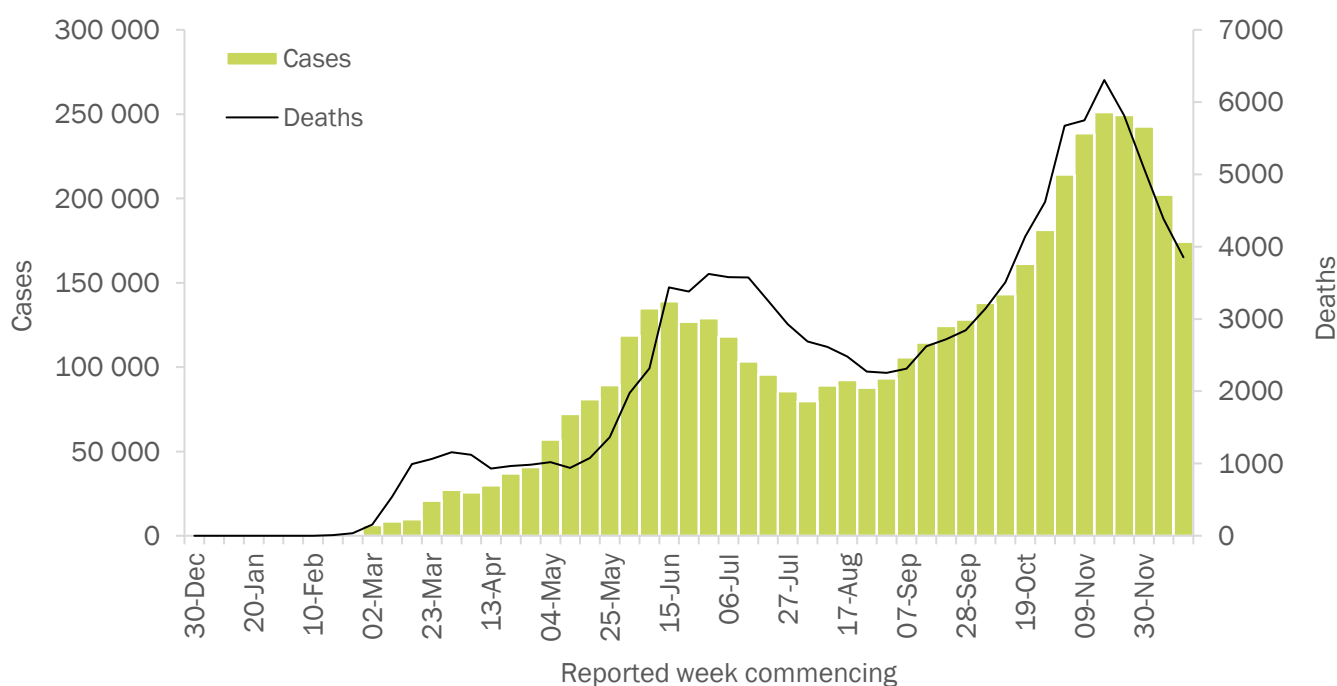
The number of new cases and deaths in the Eastern Mediterranean Region has decreased, for the fourth consecutive week (Figure 5). A cumulative 174 325 new cases (a 14% decrease compared to the previous week) and 3852 new deaths (a 12% decrease compared to the previous week) was reported in the past week. The countries reporting the highest number of new cases in the past week were the Islamic Republic of Iran (51 254 new cases; 610 new cases per 1 million population), Pakistan (19 617 new cases; 89 new cases per 1 million population) and Morocco (17 629 new cases; 478 per 1 million population). These three countries also accounted for the most deaths reported in the past week (table 2).

There has been a 40% increase in new cases in the Syrian Arab Republic in the past week, with over 1000 cases reported, while the number of new deaths increased by nearly 50%. Increases in new cases have been reported for the past eight weeks, and the case fatality rate is high, at just under 6%.

In Lebanon the number of new cases has increased by 20%, after five weeks of reporting decreases. The number of new deaths decreased by 21%. Most cases were male (54%) compared to female (46%), and the highest incidence per 100 000 population was reported in those aged 50-59 years since the start of the pandemic. Nationally, the cumulative incidence has been reported to be highest in the district of Aleyh (5 121 per 100 000 population), while the incidence in the past 14 days has been highest in the district of Zahleh (655 per 100 000 population). A new COVID-19 department was opened in the Othman Hospital in Kuterma -- Al-Kharroub region of Lebanon -- along with an increase in the number of beds and intensive care units in two other hospitals: Al-Koura Hospital and Shaheen Hospital.

Both cases and deaths continued to increase in Egypt during the last week. The number of cases increased by 24%, representing the largest relative increase reported in the past two months. The number of new deaths increased by 16%. There was a cluster of cases reported among the youth national football team. The Minister of Health stated early in December that 56% of intensive care unit beds and 30% of ventilators are currently occupied, while the occupancy of beds for isolation is 24%. In an effort to address the rising number of cases and deaths, a grant will be used to scale up medical supplies.

Figure 5: Number of COVID-19 cases and deaths reported weekly by the WHO Eastern Mediterranean Region, as of 20 December 2020**



*See [data](#), [table](#) and [figure notes](#)

European Region

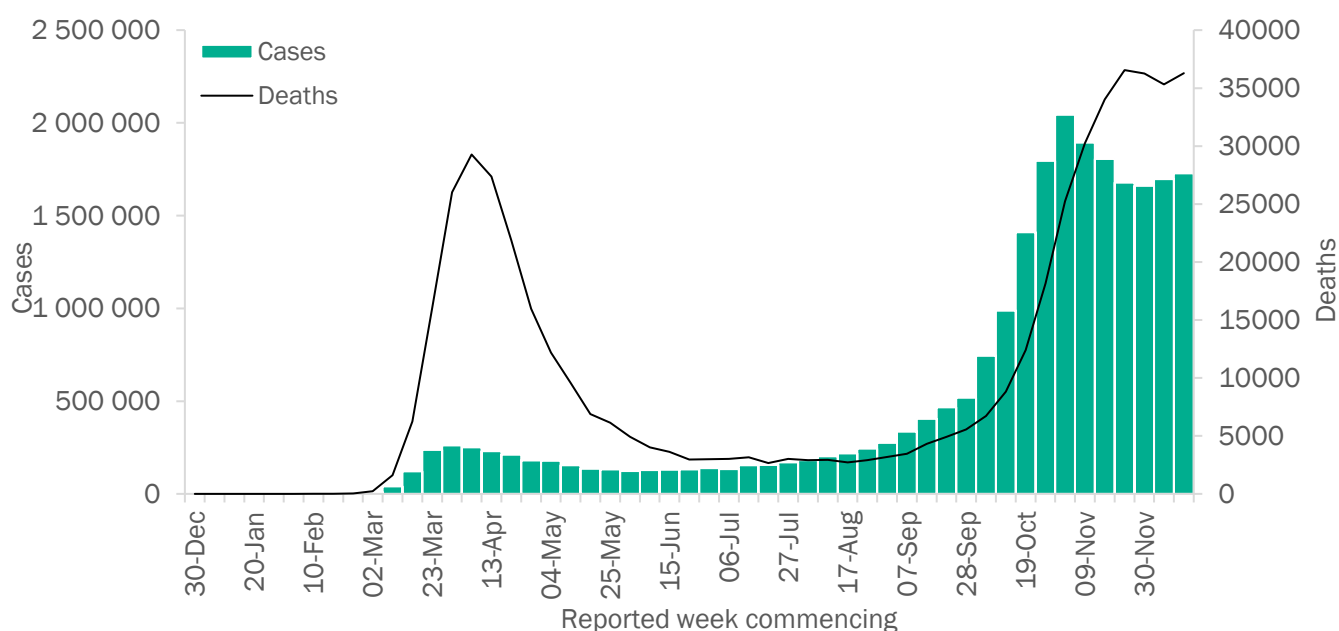
The increase in the number of new cases (2%) and deaths (3%) reported last week in the European Region remained very similar to the previous week (Figure 6). The highest number accounting for 33% of all cases reported in the Region, were in Turkey (194 476 new cases; 2306 new cases per 1 million population), the Russian Federation (194 449 new cases; 1332 new cases per 1 million population) and Germany (173 293 new cases; 2068 new cases per 1 million population). The highest number of new deaths were reported in Italy (4411 new deaths; 73 new deaths per 1 million population), Germany (4262 new deaths; 51 new deaths per 1 million population) and the Russian Federation (3917 new deaths; 27 new deaths per 1 million population).

For the ninth consecutive week, the number of cases and deaths increased in Estonia. Last week, while the number of new cases reported in Estonia increased by 27%, the number of new deaths increased by 18%. The country has reported peaks in new cases and deaths, with the most affected counties being Harju, Ida-Viru and Tartu. The average age of hospitalized cases was 67 years; 69 years for among females and 65 years among males. In response to these increases, public health and social measures were tightened on 14 December. Estonia has conducted over 565 000 PCR tests. The case fatality rate (0.8%) remains low, the test positivity rate is relatively high at 11%.

In Portugal, following three weeks of a decline in the incidence of cases and deaths, both remained relatively stable in the past week. The number of new cases in the country was highest in Mandim de Basto, Marvao and Chaves counties. As of 20 December, there were 3158 hospitalized cases, of which 502 (16%) are in intensive care unit. The number of new reported deaths in the country was the highest reported since the start of the pandemic.

The number of cases in Spain have decreased for the seventh consecutive week, dropping slightly (2%), with a much larger decrease in the number of new deaths (a 44% decrease). The regions with the highest incidence per 100 000 population were Palencia (172) and Girona (159), while Palencia also had the highest incidence per 100 000 in those aged over 65 years (247). Approximately 20% of intensive care unit beds in the country are occupied by COVID-19 patients.

Figure 6: Number of COVID-19 cases and deaths reported weekly by the WHO European Region, as of 20 December 2020**



**See data, table and figure notes

South-East Asia Region

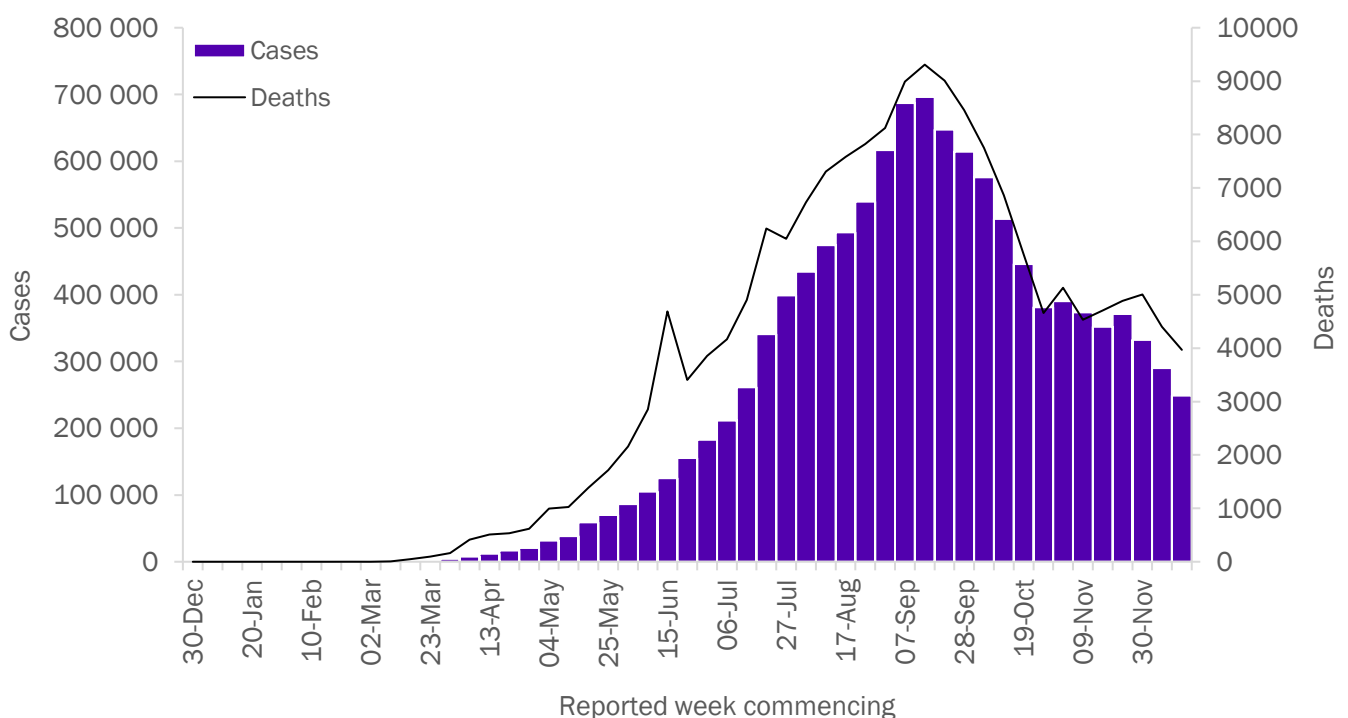
The Region reported just over 249 000 new cases and under 4000 new deaths, 14% and 10% decreases respectively (Figure 7). This continues the declines observed since the middle of September. Only two countries out of ten in the Region reported an increase in new cases (Thailand and Indonesia). India has now reported over 10 million cases, and despite the number of new cases falling by 18% this week, the country reported the fifth highest number of new cases globally (174 000 new cases, 126 new cases per 1 million population). In the Region, India was followed by Indonesia, Bangladesh, Myanmar and Nepal in the number of new cases and new deaths reported last week.

Myanmar reported 8300 new cases (150 new cases per 1 million population) last week, an 11% decline from the previous week. Although cases were first reported in Myanmar in March, fewer than 1000 cases were reported by mid-August. The number of weekly new cases started to rise at the end of August and has remained between 6000 and 11 000 since the end of September. The townships of Mingaladon, North Okkalapa, Hlaingtharya, and Insein, which are close to the capital, Yangon, have reported the highest numbers of cumulative cases. As of 20 December, 1.6 million PCR tests had been conducted, with a current test positivity rate of 4%.

Sri Lanka reported 3900 new cases (180 new cases per 1 million), a 20% decline from last week. Weekly new cases rose considerably in the beginning of October, and new weekly cases have remained between 2500 and 5000 since the end of October. The number of deaths due to COVID-19 has remained low, with a current case fatality rate of 0.5%. As of 13 December, 1 million PCR tests have been conducted, with a current positivity rate of 4%.

Thailand reported 139 new cases last week (2 new cases per 1 million population), a 16% increase from the previous reporting period. Thailand has been successful at keeping the number of new cases below 100 per week from the end of April to early November. However, since the week of 9 November, the number of new weekly cases has risen steadily. A new outbreak in Samut Sakhon province was reported on 21 December, and accounts for a considerable proportion of the number of new cases. There have been no new deaths reported since 2 November. As of 6 December, 1.3 million PCR tests have been conducted, with a test positivity rate of 0.3%.

Figure 7: Number of COVID-19 cases and deaths reported weekly by the WHO South-East Asia Region, as of 20 December 2020*



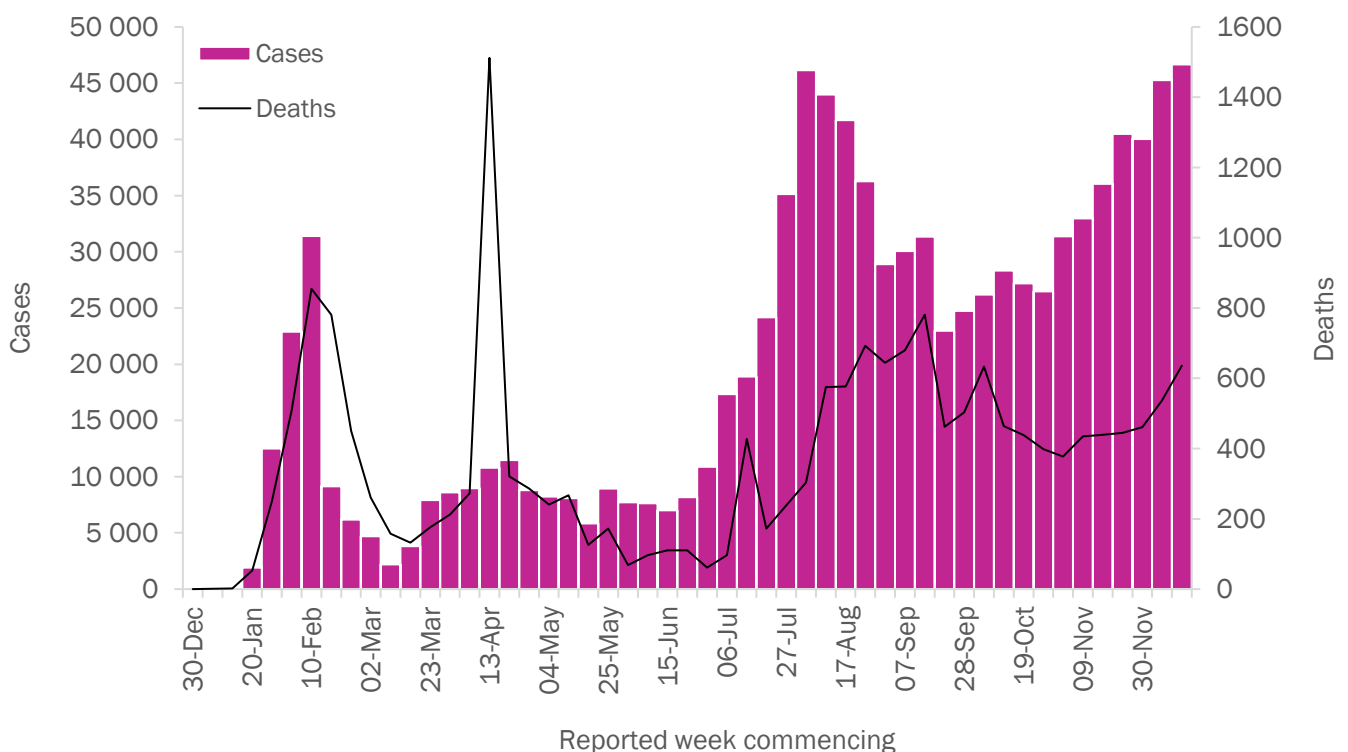
Western Pacific Region

The numbers of new cases and deaths reported in the Western Pacific Region have been increasing consistently but gradually over the past seven weeks. New weekly cases increased by 3% in the past week (Figure 8). The Region continues to report the lowest number of new cases compared to other regions, with 46 662 new cases and 636 deaths reported. Japan continued to report the highest number of new cases and deaths (18 593 and 311 respectively), followed by Malaysia (9723 new cases, 22 new deaths), Philippines (9713 new cases, 181 new deaths) and the Republic of Korea (6899 new cases, 94 new deaths).

The Republic of Korea reported 94 deaths, a 169% increase in new weekly deaths compared to the previous week with 35 deaths. Due to the increasing number of new cases since November 2020, the Seoul metropolitan area is facing challenges in the availability of critical care beds, with 580 patients waiting for beds in Seoul as of 18 December, of which nearly half have been waiting for at least two days. In response to the continued rise in number of new cases, the government toughened preventive measures in Seoul to Level 2.5, the second highest level under the five-tier system.

In the past week, Singapore reported the highest increase (55%) in new weekly cases in the region. While the country reported 90 new cases last week, all were imported and had been issued stay-at-home notices or were isolated on arrival, preventing further transmission in the community. The country will be moving from Phase 2 to Phase 3 of its reopening starting 28 December 2020, allowing gatherings of eight people ahead of the new year. Singapore approved the Pfizer-BioNTech vaccine and announced that they expect to have enough for the whole country by the third quarter of 2021.

Figure 8: Number of COVID-19 cases and deaths reported weekly by the WHO Western Pacific Region, data as of 20 December 2020**



**See [data](#), [table](#) and [figure notes](#)

Key weekly updates

To mark the end of the [Year of the Nurse and Midwife](#), WHO has unveiled the [2020 List of 100+ Outstanding Women Nurses and Midwives](#). This partnership between WHO, [UNFPA](#), [Nursing Now](#), the International Council of Nurses ([ICN](#)), the International Confederation of Midwives ([ICM](#)), and Women in Global Health ([WGH](#)) features the achievements and contributions of nurses and midwives from 43 countries and across six global regions, to recognize these women and the millions of nurses and midwives around the world.

COVAX now has agreements in place to access nearly [two billion doses of several promising vaccine candidates](#), and laid the groundwork for further doses to be secured through contributions from donors. These agreements mean that all COVAX's 190 participating and eligible economies will be able to access doses to protect vulnerable groups in the first half of 2021. At least 1.3 billion donor-funded doses will be made available to 92 countries eligible for the Gavi COVAX AMC, targeting up to 20% of each country's population by the end 2021.

WHO and YouTube have partnered on a [public service announcement](#) to help battle COVID-19 fatigue.

The COVID-19 pandemic has had a negative impact on the living and working conditions of refugees and migrants according to a [new WHO study](#), launched on 18 December, International Migrants Day. It shows that people living on the streets and in asylum centres are less likely than the general population to seek care if they have symptoms of COVID-19. More than half of those surveyed said that COVID-19 has caused them depression, worry, anxiety and loneliness.

WHO Publications:

- [Emergency Use Designation of COVID-19 candidate vaccines: Ethical considerations](#)
- [Emergency Global Supply Chain System \(COVID-19\) catalogue](#)
- [Therapeutics and COVID-19: living guideline](#)
- [COVID-19 diagnostic testing in the context of international travel](#)
- [Risk assessment tool to inform mitigation measures for international travel in the context of COVID-19](#)
- [Considerations for implementing a risk-based approach to international travel in the context of COVID-19](#)

Table 2. COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories and areas, and WHO Region, as of 20 December 2020**

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification ⁱⁱ
Africa	94 653	1 716 697	1 530	1 862	37 741	34	
South Africa	59 512	912 477	15 385	1 433	24 539	414	Community transmission
Nigeria	5 176	77 933	378	24	1 218	6	Community transmission
Ethiopia	4 134	119 494	1 039	67	1 846	16	Community transmission
Kenya	3 846	94 151	1 751	65	1 633	30	Community transmission
Uganda	3 631	30 702	671	10	230	5	Community transmission
Algeria	3 143	94 781	2 161	75	2 659	61	Community transmission
Namibia	2 340	18 437	7 256	11	171	67	Community transmission
Mauritania	1 292	10 971	2 360	31	225	48	Community transmission
Zimbabwe	1 070	12 151	818	13	318	21	Community transmission
Burkina Faso	1 060	4 954	237	3	74	4	Community transmission
Democratic Republic of the Congo	869	15 210	170	17	369	4	Community transmission
Ghana	720	53 653	1 727	4	331	11	Community transmission
Cameroon	706	25 849	974	5	448	17	Community transmission
Rwanda	704	7 232	558	3	59	5	Clusters of cases
Mozambique	665	17 477	559	7	147	5	Community transmission
Senegal	609	17 670	1 055	12	361	22	Community transmission
Eswatini	591	7 305	6 297	10	137	118	Community transmission
Zambia	529	18 620	1 013	9	373	20	Community transmission
Niger	505	2 361	98	5	82	3	Community transmission
Angola	465	16 626	506	20	386	12	Community transmission
Mali	443	6 164	304	29	220	11	Community transmission
Botswana	372	12 873	5 474	1	38	16	Community transmission
Cabo Verde	265	11 567	20 804	1	111	200	Community transmission
Togo	194	3 396	410	0	66	8	Community transmission
Congo	151	6 200	1 124	1	100	18	Community transmission

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification ⁱⁱ
Lesotho	135	2 285	1 067	0	44	21	Community transmission
Côte d'Ivoire	133	21 772	825	0	133	5	Community transmission
Chad	128	1 867	114	0	102	6	Community transmission
Guinea	112	13 532	1 030	1	80	6	Community transmission
Liberia	103	1 779	352	0	83	16	Community transmission
Eritrea	98	754	213	0	0	0	Sporadic cases
Malawi	87	6 153	322	1	187	10	Community transmission
Gabon	70	9 400	4 223	1	64	29	Community transmission
Benin	62	3 152	260	0	44	4	Community transmission
Sierra Leone	51	2 486	312	0	75	9	Community transmission
South Sudan	47	3 228	288	0	62	6	Community transmission
Burundi	32	761	64	1	2	0	Community transmission
Equatorial Guinea	29	5 214	3 716	0	85	61	Community transmission
Comoros	19	643	739	0	7	8	Community transmission
Seychelles	17	202	2 054	0	0	0	Sporadic cases
Mauritius	10	524	412	0	10	8	Clusters of cases
Gambia	6	3 788	1 567	0	123	51	Community transmission
Guinea-Bissau	3	2 447	1 243	0	44	22	Community transmission
Sao Tome and Principe	3	1 012	4 618	0	17	78	Community transmission
Central African Republic	0	4 936	1 022	0	63	13	Community transmission
Madagascar	0	17 587	635	0	259	9	Community transmission
United Republic of Tanzania	0	509	9	0	21	0	Community transmission
Territoriesⁱⁱⁱ							
Réunion	359	8 704	9 722	1	42	47	Clusters of cases
Mayotte	157	5 708	20 923	1	53	194	Clusters of cases
Americas	2 321 202	32 437 597	31 715	32 397	809 105	791	
United States of America	1 666 736	17 314 834	52 310	18 021	311 150	940	Community transmission
Brazil	326 751	7 162 978	33 699	5 213	185 650	873	Community transmission

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification ⁱⁱ
Colombia	73 163	1 482 072	29 127	1 350	40 019	786	Community transmission
Mexico	72 167	1 301 546	10 095	4 230	117 249	909	Community transmission
Canada	46 505	495 346	13 124	789	14 040	372	Community transmission
Argentina	42 046	1 531 374	33 883	1 066	41 672	922	Community transmission
Panama	18 531	206 310	47 815	195	3 504	812	Community transmission
Chile	13 573	583 354	30 516	255	16 101	842	Community transmission
Peru	12 817	993 760	30 140	425	36 969	1 121	Community transmission
Costa Rica	6 525	157 472	30 913	101	1 996	392	Community transmission
Paraguay	6 183	98 296	13 781	123	2 050	287	Community transmission
Dominican Republic	5 479	159 064	14 663	22	2 382	220	Community transmission
Ecuador	4 396	205 920	11 671	74	13 948	791	Community transmission
Guatemala	3 496	132 595	7 401	219	4 624	258	Community transmission
Uruguay	3 101	11 950	3 440	19	109	31	Community transmission
Venezuela (Bolivarian Republic of)	2 680	109 395	3 847	35	979	34	Community transmission
Honduras	2 504	116 212	11 733	52	3 023	305	Community transmission
Bolivia (Plurinational State of)	2 452	149 149	12 777	20	9 033	774	Community transmission
El Salvador	1 801	43 195	6 660	49	1 242	191	Community transmission
Belize	964	9 929	24 971	30	215	541	Community transmission
Cuba	670	10 024	885	0	137	12	Clusters of cases
Jamaica	527	12 135	4 098	14	285	96	Community transmission
Guyana	237	6 076	7 725	5	159	202	Clusters of cases
Haiti	183	9 674	848	1	234	21	Community transmission
Suriname	120	5 459	9 306	0	117	199	Sporadic cases
Trinidad and Tobago	103	6 955	4 970	1	123	88	Community transmission
Bahamas	74	7 733	19 665	1	164	417	Clusters of cases
Grenada	51	94	835	0	0	0	Sporadic cases
Nicaragua	39	4 748	717	1	163	25	Community transmission
Barbados	15	307	1 068	0	7	24	Clusters of cases
Saint Lucia	6	280	1 525	1	5	27	Sporadic cases

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification ⁱⁱ
Saint Vincent and the Grenadines	6	100	901	0	0	0	Sporadic cases
Antigua and Barbuda	5	152	1 552	1	5	51	Sporadic cases
Saint Kitts and Nevis	3	30	564	0	0	0	Sporadic cases
Dominica	1	88	1 222	0	0	0	Clusters of cases
Territoriesⁱⁱⁱ							
Puerto Rico	5 488	67 211	23 493	76	1 342	469	Community transmission
French Guiana	569	12 369	41 412	0	71	238	Community transmission
Curaçao	419	3 823	23 298	3	11	67	Community transmission
Bermuda	125	516	8 286	0	9	145	Clusters of cases
United States Virgin Islands	119	1 910	18 291	0	23	220	Community transmission
Aruba	113	5 124	47 993	1	47	440	Community transmission
Saint Martin	110	948	24 522	0	12	310	Community transmission
Guadeloupe	106	8 557	21 386	3	155	387	Community transmission
Sint Maarten	93	1 294	30 176	0	26	606	Community transmission
Martinique	81	5 634	15 013	1	42	112	Community transmission
Turks and Caicos Islands	20	789	20 378	0	6	155	Clusters of cases
Saint Barthélemy	18	182	18 412	0	0	0	Sporadic cases
Cayman Islands	13	311	4 732	0	2	30	Sporadic cases
British Virgin Islands	10	86	2 844	0	1	33	Clusters of cases
Bonaire	4	154	8 816	0	3	172	Sporadic cases
Falkland Islands (Malvinas)	4	23	6 604	0	0	0	No cases
Anguilla	0	10	667	0	0	0	Sporadic cases
Montserrat	0	13	2 601	0	1	200	No cases
Saba	0	5	3 342	0	0	0	No cases
Saint Pierre and Miquelon	0	14	2 416	0	0	0	Sporadic cases
Sint Eustatius	0	18	7 246	0	0	0	Sporadic cases
Eastern Mediterranean	174 325	4 665 285	6 384	3 852	115 495	158	

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification ⁱⁱ
Iran (Islamic Republic of)	51 254	1 152 072	13 716	1 499	53 448	636	Community transmission
Pakistan	19 617	454 673	2 058	526	9 250	42	Clusters of cases
Morocco	17 629	415 226	11 250	320	6 909	187	Clusters of cases
Jordan	15 522	272 797	26 737	210	3 545	347	Community transmission
Lebanon	11 325	156 570	22 939	80	1 270	186	Community transmission
Iraq	9 496	583 118	14 497	115	12 680	315	Community transmission
Tunisia	8 758	119 151	10 082	290	4 126	349	Community transmission
United Arab Emirates	8 649	192 404	19 454	25	634	64	Community transmission
Libya	3 892	93 772	13 647	68	1 346	196	Community transmission
Egypt	3 802	124 891	1 220	171	7 069	69	Clusters of cases
Kuwait	1 731	147 775	34 603	7	918	215	Community transmission
Afghanistan	1 584	50 536	1 298	94	2 054	53	Clusters of cases
Oman	1 350	127 019	24 873	20	1 483	290	Community transmission
Sudan	1 232	22 823	520	79	1 434	33	Community transmission
Saudi Arabia	1 099	360 848	10 365	76	6 112	176	Sporadic cases
Bahrain	1 098	90 062	52 929	1	349	205	Clusters of cases
Qatar	1 031	141 858	49 238	3	243	84	Community transmission
Syrian Arab Republic	1 009	10 050	574	95	601	34	Community transmission
Somalia	83	4 662	293	3	124	8	Sporadic cases
Djibouti	56	5 781	5 851	0	61	62	Clusters of cases
Yemen	4	2 091	70	0	607	20	Sporadic cases
Territoriesⁱⁱⁱ							
occupied Palestinian territory	14 104	137 106	26 876	170	1 232	242	Community transmission
Europe	1 726 941	23 691 857	25 382	36 286	522 719	560	
Turkey	194 476	1 189 947	14 109	1 652	17 851	212	Community transmission
Russian Federation	194 449	2 848 377	19 518	3 917	50 858	348	Clusters of cases
Germany	173 293	1 494 009	17 832	4 262	26 049	311	Clusters of cases
The United Kingdom	173 263	2 004 223	29 523	3 049	67 075	988	Community transmission
Italy	112 308	1 938 083	32 055	4 411	68 447	1 132	Clusters of cases

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification ⁱⁱ
France	93 836	2 418 439	37 051	2 651	60 043	920	Community transmission
Poland	76 000	1 202 700	31 778	2 721	25 397	671	Community transmission
Netherlands	73 449	676 589	39 486	444	10 454	610	Community transmission
Ukraine	70 233	964 448	22 053	1 431	16 585	379	Community transmission
Czechia	45 061	624 140	58 282	796	10 331	965	Community transmission
Spain	44 895	1 797 236	38 440	584	48 926	1 046	Community transmission
Sweden	38 630	367 120	36 351	154	7 993	791	Community transmission
Romania	36 044	587 944	30 562	1 032	14 296	743	Community transmission
Serbia	35 091	296 528	42 582	357	2 632	378	Community transmission
Azerbaijan	27 704	199 127	19 639	292	2 175	215	Clusters of cases
Switzerland	26 394	402 264	46 480	539	5 981	691	Community transmission
Portugal	26 087	370 787	36 363	602	6 063	595	Clusters of cases
Denmark	24 490	131 606	22 721	84	1 019	176	Community transmission
Hungary	22 589	302 989	31 364	1 134	8 099	838	Community transmission
Croatia	22 439	194 962	47 491	615	3 177	774	Community transmission
Lithuania	19 258	112 359	41 274	204	1 019	374	Community transmission
Georgia	18 912	208 638	52 301	304	2 094	525	Community transmission
Slovakia	18 352	151 336	27 719	380	1 555	285	Clusters of cases
Austria	17 598	334 629	37 155	772	5 127	569	Community transmission
Belgium	16 803	625 928	54 008	585	18 616	1 606	Community transmission
Israel	16 748	371 373	42 906	96	3 075	355	Community transmission
Belarus	13 245	171 579	18 158	62	1 316	139	Community transmission
Bulgaria	12 077	191 029	27 492	925	6 551	943	Clusters of cases
Slovenia	9 519	105 013	50 513	319	2 347	1 129	Clusters of cases
Republic of Moldova	8 855	134 578	33 361	180	2 727	676	Community transmission
Greece	6 643	130 485	12 519	562	4 102	394	Community transmission
Armenia	5 500	153 825	51 911	144	2 630	888	Community transmission
Latvia	5 251	30 297	16 062	103	427	226	Clusters of cases

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification ⁱⁱ
Bosnia and Herzegovina	5 218	105 524	32 164	327	3 625	1 105	Community transmission
North Macedonia	4 862	77 949	37 415	178	2 274	1 091	Community transmission
Albania	4 800	52 542	18 258	85	1 074	373	Clusters of cases
Kazakhstan	4 692	190 969	10 171	0	2 609	139	Clusters of cases
Estonia	4 081	21 794	16 429	26	174	131	Clusters of cases
Ireland	3 020	78 776	15 954	31	2 154	436	Community transmission
Luxembourg	2 795	44 067	70 397	44	440	703	Community transmission
Norway	2 753	42 775	7 890	17	404	75	Clusters of cases
Cyprus	2 676	17 476	14 475	12	89	74	Clusters of cases
Finland	2 509	32 582	5 880	36	489	88	Community transmission
Montenegro	2 345	44 037	70 115	44	626	997	Clusters of cases
Kyrgyzstan	1 766	79 122	12 127	23	1 330	204	Clusters of cases
Uzbekistan	995	75 806	2 265	0	612	18	Clusters of cases
Malta	520	11 621	26 319	21	187	424	Clusters of cases
Tajikistan	325	13 182	1 382	2	89	9	Pending
Andorra	272	7 560	97 845	2	80	1 035	Community transmission
Liechtenstein	223	1 725	45 232	4	22	577	Sporadic cases
San Marino	175	2 107	62 084	4	55	1 621	Community transmission
Iceland	69	5 621	16 472	0	28	82	Community transmission
Monaco	52	723	18 423	0	3	76	Sporadic cases
Holy See	0	26	32 138	0	0	0	Sporadic cases
Territoriesⁱⁱⁱ							
Kosovo	2 564	48 639	26 145	62	1 238	665	Community transmission
Jersey	597	2 234	20 533	4	36	331	Community transmission
Gibraltar	114	1 184	35 143	1	6	178	Clusters of cases
Faroe Islands	21	546	11 174	0	0	0	Sporadic cases
Isle of Man	3	373	4 387	0	25	294	No cases
Guernsey	2	291	4 605	0	13	206	Community transmission
Greenland	0	19	335	0	0	0	No cases

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification ⁱⁱ
South-East Asia	249 007	11 610 444	5 744	3 968	176 826	87	
India	174 194	10 031 223	7 269	2 458	145 477	105	Clusters of cases
Indonesia	46 317	657 948	2 405	1 006	19 659	72	Community transmission
Bangladesh	10 382	499 560	3 033	222	7 242	44	Community transmission
Myanmar	8 335	114 198	2 099	178	2 398	44	Clusters of cases
Nepal	5 591	253 184	8 689	88	1 777	61	Clusters of cases
Sri Lanka	3 914	36 049	1 683	16	165	8	Clusters of cases
Thailand	139	4 331	62	0	60	1	Clusters of cases
Maldives	126	13 474	24 927	0	48	89	Clusters of cases
Bhutan	9	446	578	0	0	0	Clusters of cases
Timor-Leste	0	31	24	0	0	0	Sporadic cases
Western Pacific	46 662	1 006 682	512	636	18 895	10	
Japan	18 593	195 880	1 549	311	2 873	23	Clusters of cases
Malaysia	9 723	91 969	2 842	22	433	13	Clusters of cases
Philippines	9 713	458 044	4 180	181	8 911	81	Community transmission
Republic of Korea	6 899	49 665	969	94	674	13	Clusters of cases
China	766	95 716	65	14	4 770	3	Clusters of cases
Australia	103	28 128	1 103	0	908	36	Sporadic cases
Singapore	90	58 403	9 983	0	29	5	Sporadic cases
Mongolia	47	953	291	0	0	0	Clusters of cases
Papua New Guinea	40	760	85	0	8	1	Community transmission
New Zealand	20	1 760	365	0	25	5	Clusters of cases
Viet Nam	16	1 411	14	0	35	0	Clusters of cases
Cambodia	3	362	22	0	0	0	Sporadic cases
Fiji	2	46	51	0	2	2	Sporadic cases
Brunei Darussalam	0	152	347	0	3	7	Sporadic cases
Lao People's Democratic Republic	0	41	6	0	0	0	Sporadic cases

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification ⁱⁱ
Solomon Islands	0	17	25	0	0	0	Sporadic cases
Territoriesⁱⁱⁱ							
French Polynesia	564	16 182	57 606	12	103	367	Sporadic cases
Guam	78	7 031	41 659	2	119	705	Clusters of cases
Northern Mariana Islands (Commonwealth of the)	3	116	2 015	0	2	35	Pending
New Caledonia	1	37	130	0	0	0	Sporadic cases
Wallis and Futuna	1	4	356	0	0	0	Sporadic cases
Marshall Islands	0	4	68	0	0	0	Sporadic cases
Vanuatu	0	1	3	0	0	0	No cases
Global	4 612 790	75 129 306	592	79 001	1 680 794	10	

^{**}See [data](#), [table](#) and [figure notes](#)

Technical guidance and other resources

- [Technical guidance](#)
- [WHO Coronavirus Disease \(COVID-19\) Dashboard](#)
- [Weekly COVID-19 Operational Updates](#)
- [WHO COVID-19 case definitions](#)
- [COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update](#)
- [Research and Development](#)
- [Online courses on COVID-19](#) in official UN languages and in [additional national languages](#)
- [The Strategic Preparedness and Response Plan](#) (SPRP) outlining the support the international community can provide to all countries to prepare and respond to the virus
- Updates from WHO regions
 - [African Region](#)
 - [Region of the Americas](#)
 - [Eastern Mediterranean Region](#)
 - [South-East Asia Region](#)
 - [European Region](#)
 - [Western Pacific Region](#)

Recommendations and advice for the public

- [Protect yourself](#)
- [Questions and answers](#)
- [Travel advice](#)
- [EPI-WIN](#): tailored information for individuals, organizations and communities

Data, table and figure notes

Data presented are based on official laboratory-confirmed COVID-19 case 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 incidence, and variable delays to reflecting these data at 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. Due to public health authorities conducting data reconciliation exercises which remove large numbers of cases or deaths from their cumulative counts, negative numbers may be displayed in the new cases/deaths columns as appropriate. Retro-adjustments can also affect the percentage change reported in Table 1, with the percentages reflecting retro-adjustments made over the past week. When additional details become available that allow the subtractions to be suitably apportioned to previous days, graphics will be updated accordingly. See the [log of major changes and errata](#) for details. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data.

Global totals include 744 cases and 13 deaths reported from international conveyances.

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.

^[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, number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

Data for Bonaire, Sint Eustatius and Saba have been disaggregated and displayed at the subnational level.

ⁱ Excludes countries, territories, and areas that have never reported a confirmed COVID-19 case.

ⁱⁱ Transmission classification is based on a process of country/territory/area self-reporting. Classifications are reviewed on a weekly basis and may be revised as new information becomes available. Differing degrees of transmission may be present within countries/territories/areas. For further information, please see: [Considerations for implementing and adjusting public health and social measures in the context of COVID-19](#):

- No (active) cases: No new cases detected for at least 28 days (two times the maximum incubation period), in the presence of a robust surveillance system. This implies a near-zero risk of infection for the general population.
- Imported / Sporadic cases: Cases detected in the past 14 days are all imported, sporadic (e.g. laboratory acquired or zoonotic) or are all linked to imported/sporadic cases, and there are no clear signals of further locally acquired transmission. This implies minimal risk of infection for the general population.
- Clusters of cases: Cases detected in the past 14 days are predominantly limited to well-defined clusters that are not directly linked to imported cases, but which are all linked by time, geographic location and common exposures. It is assumed that there are a number of unidentified cases in the area. This implies a low risk of infection to others in the wider community if exposure to these clusters is avoided.
- Community transmission: Which encompasses a range of levels from low to very high incidence, as described below and informed by a series of indicators described in the aforementioned guidance. As these subcategorizations are not currently collated at the global level, but rather intended for use by national and sub-national public health authorities for local decision-making, community transmission has not been disaggregated in this information product.
 - CT1: Low incidence of locally acquired, widely dispersed cases detected in the past 14 days, with many of the cases not linked to specific clusters; transmission may be focused in certain population sub-groups. Low risk of infection for the general population.
 - CT2: Moderate incidence of locally acquired, widely dispersed cases detected in the past 14 days; transmission less focused in certain population sub-groups. Moderate risk of infection for the general population.
 - CT3: High incidence of locally acquired, widely dispersed cases in the past 14 days; transmission widespread and not focused in population sub-groups. High risk of infection for the general population.
 - CT4: Very high incidence of locally acquired, widely dispersed cases in the past 14 days. Very high risk of infection for the general population.
- Pending: transmission classification has not been reported to WHO.

ⁱⁱⁱ "Territories" include territories, areas, overseas dependencies and other jurisdictions of similar status.

Weekly Operational Update on COVID-19

21 December 2020



Confirmed cases^a

75 704 857

Confirmed deaths

1 690 061

PAHO prepares for COVID-19 vaccine deployment

The Director of the Pan American Health Organization (PAHO) Dr Carissa Etienne has warned that with more than 753 000 deaths and over 28.5 million cases reported in the Americas, the region must redouble preventive measures, especially during the holiday period.



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In Central America COVID-19 infections have increased in areas impacted by recent hurricanes while South America's situation is also concerning.

PAHO's Directing Council recently met to discuss preparations for purchasing and introducing COVID-19 vaccines through the PAHO Revolving Fund and the COVAX facility. Countries in the Americas have secured more than \$1 billion in down payments and financial guarantees to participate in COVAX. The first vaccine deployments will target those most vulnerable to develop severe forms of COVID-19 thereby reducing mortality.

"Each country must identify priority groups and adapt communications campaigns to meet their needs. Health care workers will likely be among the first to be targeted, and they also have a key role in raising awareness about immunization" she said.

For more information on vaccine readiness efforts, click [here](#).

Key Figures



WHO-led UN Crisis-Management Team coordinating 23 UN entities across nine areas of work



136 GOARN deployments conducted to support COVID-19 pandemic response



18 970 965 respirators shipped globally



192 365 980 medical masks shipped globally



8 439 631 face shields shipped globally



5 292 679 gowns shipped globally



30 415 285 gloves shipped globally



More than **4.6 million** people registered on [OpenWHO](#) and able to access **145** COVID-19 online training courses across **20** topics in **42** languages

^a For the latest data and information, see the [WHO COVID-19 Dashboard](#) and [Situation Reports](#)



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programme

From the field:

Joint Intra-Action Review carried out in the Republic of Moldova in collaboration with the Ministry of Health Labour and Social Protection



WHO supported the Ministry of Health Labour and Social Protection of the Republic of Moldova in conducting an Intra-Action Review (IAR) of the COVID-19 response. The IAR was conducted in Chisinau from 1-4 December 2020. A team of WHO experts facilitated the response review as recommended by the Emergency Committee under the International Health Regulations. Approximately 100 participants, from key national and sub-national institutions, took part in the discussions either onsite or online.

The main objective of the IAR was to provide an opportunity for continuous collective learning by bringing together relevant stakeholders to systematically analyse and document best practices, identify challenges in the COVID-19 response, and accordingly propose short-and long-term corrective actions. The review was structured in three steps according the standardized IAR methodology, including sessions on what went well and what went less well in the response (focusing on root causes), what can be done to improve the response and finally what is the best way forward.

The IAR included nine response pillars, from country-level coordination and risk communication to national laboratory system, infection prevention and control and maintaining essential health services. A number of cross-cutting best practices and challenges in Moldova's COVID-19 response were identified during the review.

The findings of the interactive pillar discussions have led to several country recommendations including: addressing limited public health funding, continuing capacity building and training activities, engaging information management and analytics to enhance coordination, situational awareness, pandemic fatigue, and development of supply stockpiles.

From the field:

Thailand Prepares Health Facilities for Possible Future Outbreaks of COVID-19

Thailand has launched a comprehensive plan to ensure the health sector is well prepared to respond to possible future outbreaks of the COVID-19 pandemic and to future infectious disease emergencies.

A business continuity plan (BCP) and a training manual have been developed by the Department of Medical Services Foundation, together with Department of Medical Services, to guide healthcare facilities in developing and test their own BCP.

A pilot project under the plan has been implemented in three hospitals and will soon be expanded to thirty-one hospitals under supervision of the Department of Medical Services and other regional and provincial hospitals across country.



Meeting on Business Continuity Plan for Healthcare Facilities, MOPH. © WHO/Ploy Phutpheng 2020

At a recent workshop, a table-top simulation exercise was conducted to determine how well the Business Continuity Plan would perform in the event of future outbreaks of COVID-19 in Thailand. Doctors, nurses, pharmacists, and administrators from the Department of Medical Services and Lerdsin, Nopparat Rajathanee, and Rajavithi Hospitals were invited to participate in the table-top exercise.

The main objectives of the exercise were to develop a cooperative referral network between medical institutions under the Department of Medical Services and to give the health workers practice in resource management, including personnel, facilities, protective equipment and medical supplies in a crisis situation. This simulation has enhanced the management capacity of health institutions to maintain essential medical services during an outbreak by ensuring that all levels are properly trained and equipped.

Dr Somsak Akksilp, Director-General of the Department of Medical Services said, “If there will be a 2nd wave of COVID-19 in Thailand, we hope that none of the healthcare services will be interrupted or delayed. We must consider initiatives such as telemedicine for safety as well as efficiency. With the BCP, we have an opportunity to improve our medical services under the new normal setting. This is the best time to prepare as I always mentioned that we should be a few steps ahead.”

All participants demonstrated how they would manage patients, hospital beds, operations, logistics, finance, referral systems, and medical supplies during a crisis.

For more information, click [here](#)

Public health response and coordination highlights

At the Crisis-Management Team meeting of 16 December, **WHO** briefed on the epidemiological situation and warned of the continued increase of cases in some countries in central and southern Europe, the Americas, Africa and the Western Pacific.

WHO noted that vaccine arrival gives a sense of hope, while simultaneous cautioning of the risk that vaccines could distract governments and populations from implementing and respecting public health and social measures.

WHO briefed on its plan to support access to vaccines and highlighted the importance of continued coordinated communication and messaging on vaccines as one of the tools that will make people safe, and end the pandemic. In that regard, **WHO** highlighted that it has been working on risk communication and community engagement (RCCE) for years, and that there is a strong global framework responding to the information needs arising from the pandemic. In wrapping up the session the Chair decided on the establishment of a dedicated vaccine work stream.

Following an update by **ICAO** on behalf of the CMT Travel and Trade Work stream, **WHO**, as the chair of CMT, reiterated the call for seafarers and air-crew to be prioritized within national vaccine allocation and distribution frameworks, noting that seafarers and air-crew have been critical to the COVID-19 response.

Health Learning

WHO is expanding access to online learning for COVID-19 through its open learning platform for health emergencies, [OpenWHO.org](https://openwho.org).

The OpenWHO platform was launched in June 2017 and published its first COVID-19 course on 26 January 2020.



Real-time training for COVID-19
Free online courses from WHO

- Intro to COVID-19
- Health & safety
- Clinical care
- Prevention & control (IPC)
- Protective equipment
- Hand hygiene
- Country capacitation
- Treatment facilities
- Field data tool
- Mass gatherings
- Long-term care

OpenWHO.org

4 687 302

Course
enrollments

42 languages

Over 2.5 million certificates

145 COVID-19 courses

National COVAX Vaccine Simulation Exercises

To support countries' preparedness effort on the COVID-19 outbreak, WHO has developed multiple [COVID-19 tabletop exercise \(TTX\) packages](#).

Since some COVID-19 vaccines have already been approved and others will be following soon, countries need to be ready to have the plans, procedures and logistics in place to carry out unprecedented mass vaccination.

To ensure countries are prepared for this huge undertaking, WHO, together with the [COVAX](#) global working group, developed **two national COVID-19 vaccine simulation exercises** to support countries to plan, develop and update their national deployment and vaccination plan ([NDVP](#)) for COVID-19 vaccines.



Credit: WHO

The two TTX will focus on:

1. The national strategy (including target population), supply chain, community engagement and communication issues
2. Regulatory and safety issues

These packages include an explanatory slide deck, exercise handbooks (facilitator & participant guide), and facilitation notes. The entire package will soon be available on [WHO website](#) in all six UN languages, and Portuguese. These COVID-19 vaccine simulation exercises are timely and critical to increase the probability of success of one of the largest and most complex vaccination campaigns in human history.

To support the simulation exercise roll-out, two regional webinars have been organized to familiarize COVAX staff with the package, including WHO, UNICEF and national ministry colleagues. The webinar aimed to clarify how this package can be used and should be adapted to the country needs and context to support national vaccination strategies and planning before the official launch and roll-out of COVID-19 vaccines.

The first regional webinar took place on 17 December 2020, with around 115 colleagues participating, from five WHO regions. The majority of webinar participants were from the WHO country office level.

The next regional vaccine TTX webinar is scheduled on 12 January 2021.

Partnerships -

The Emergency Medical Teams - EMT

WHO and IFRC sign a memorandum of understanding based on the EMT Initiative



Credit: WHO/Chris Black

On 11 December 2020, WHO Director-General Dr Tedros Adhanom Ghebreyesus and International Federation of the Red Cross/Red Crescent Secretary-General Mr Jagan Chapagain signed a [memorandum of understanding](#) to cooperate on implementing the Emergency Medical Team Initiative. The new agreement will bring more synergies to health emergency response between the two international organizations, particularly in technical standards, accountability, and coordination.

“We thank the IFRC for their support from the onset of the EMT initiative and we look forward to this continued partnership in improving the quality of care in emergencies,” said Dr Tedros. “With the COVID-19 pandemic and the significant increase in emergencies around the world, this agreement could not come at a better time.”

EMTs continue to support deployments to respond to COVID-19 pandemic



Credit: WHO/Jorge Durand

The Emergency Medical Team Secretariat works with EMTs from Governments, NGOs and militaries to improve response, manage the coordination of EMTs, strengthen existing capacities, and develop best practice guidance in areas such as clinical care, logistics and field support, training, emergency management and coordination within Emergency Operations Centres.

As of 17 December 2020, there have been over 70 international EMT deployments across 44 countries in response to the COVID-19 pandemic.

Following the establishment of the EMT regional training center for the African Region, the EMT Secretariat implemented the first training and simulation exercise for the Ethiopian National Emergency Medical Team on 14-17 December 2020. At the request of the Ethiopian Ministry of Health, this 4-day training took an all-hazards approach to support emergency risk management. The objective of the course was to consolidate and strengthen the pool of EMT personnel available for emergency deployments and was tailored from good practice within the EMT global community—following the latest standards and guidance.

The course content followed a holistic approach covering effective team functioning, adaption of health emergency practices and SOPs to field settings, operational support, team welfare, safety and security. A simulation exercise was then held to synthesize all the topics from the course, with a strong focus on mass casualty management. The course also covered specific clinical topics related to COVID-19.

Partnerships

The Global Health Cluster - GHC

The Global Health Cluster released three new GHC COVID-19 Task Team tools and guidance to support COVID-19 response operations in humanitarian settings:

- [Ethics: key questions to ask when facing dilemmas during COVID-19 in humanitarian settings](#)
- [Essential Health Services: A guidance note](#) How to prioritize and plan essential health services during COVID-19 response in humanitarian settings
- [Health workforce estimator tool](#) to estimate workforce as relevant in humanitarian settings

The tool helps link the role of frontline health care workers, health cluster partners and the health cluster as a whole to collaboratively face challenges. It also provides a case study from Cox's Bazar, Bangladesh and links to other key resources.

The Global Health Cluster also issued the [Health Cluster COVID-19 Updates](#) this week which featured the Task Team products and a story on the role of Health Cluster partner International Rescue Committee (IRC) as the Whole of Syria Health Cluster Co-Coordinator and their work responding to the further strain that COVID-19 has placed on health systems in Syria.

For more details on IRC's ongoing work in Syria under the health cluster, click [here](#).



Credit: IRC



Credit: IRC

The latest update also compiled recent COVID-19 guidance relevant to humanitarian and low-resource settings, including a recent policy brief on [COVID-19 and fragile settings](#) as compiled by the UHC2030 Fragile Settings Technical Working Group.



COVID-19 Partners platform

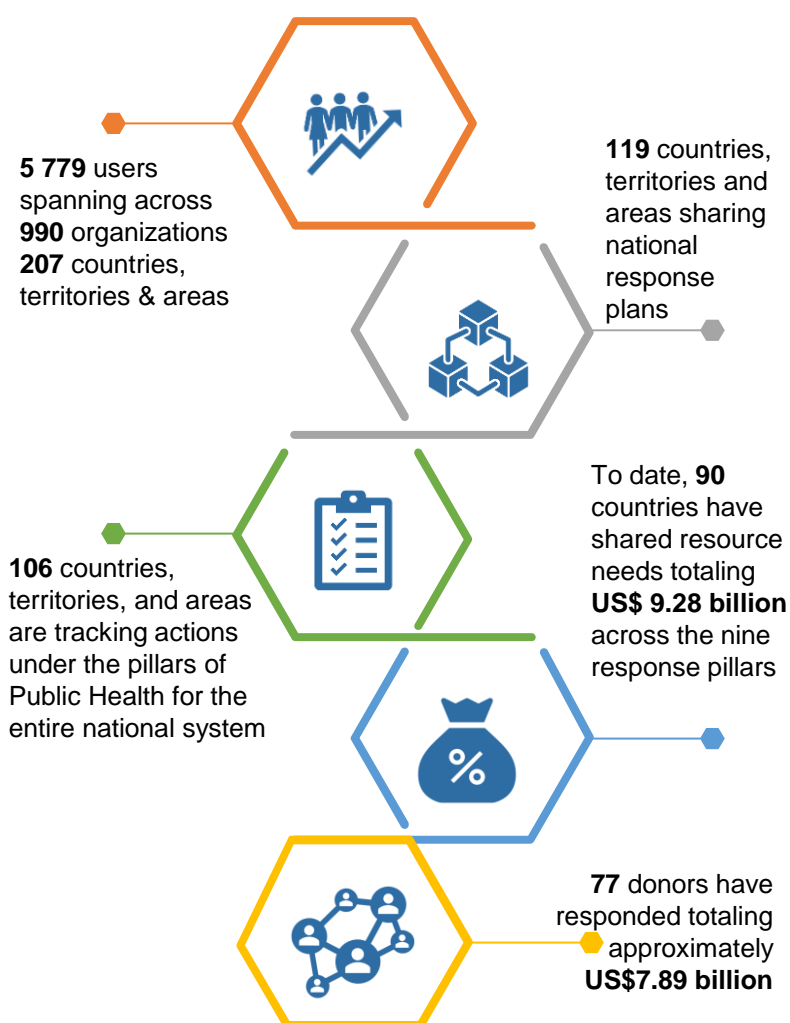
Sri Lanka: Coordinating a whole of society approach

Sri Lanka has highlighted that the Platform supported stronger coordination for a successful response. There, the WHO country office was repurposed to support the response for the COVID-19 situation and Country Admin Focal Points for the Partners Platform were nominated. The Incident Management Team of WHO Country Office Sri Lanka were oriented on the Partners Platform and delegated responsibilities for collecting and reporting information and coordinating with government and NGO partners.

As the co-chair of the UN Health Cluster, WHO was able to provide UN agencies, development partners, missions, civil society organizations and NGOs with the Platform as a coordination and resource mobilization tool for:

- facilitating good internal coordination within the MOH;
- supporting a whole of society approach with effective coordination across multiple stakeholders;
- strengthening the national and subnational communication flow and streamlined implementation process to achieve optimal results;
- harmonizing and aligning implementation of development partner support to the national response.

WHO continues to share global technical guidelines and monitor the country situation with the Ministry of Health, revisit and revise the requirements, map the donor contributions and update the Partners Platform for a coordinated COVID-19 response.





Operations Support and Logistics

The COVID-19 pandemic has prompted an unprecedented global demand for Personal Protective Equipment (PPE), diagnostics and clinical care products.

To ensure market access for low- and middle-income countries, WHO and partners have created a COVID-19 Supply Chain System, which has delivered supplies globally

The table below reflects WHO/PAHO-procured items that have been shipped as of 18 December 2020

Shipped items as of 18 Dec 2020	Laboratory supplies			Personal protective equipment					
Region	Antigen RDTs	Sample collection kits	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)		2 698 365	1 334 834	1 417 410	9 399 685	165 170	1 242 079	51 777 950	2 201 030
Americas (AMR)	2 788 000	1 019 862	10 504 038	3 333 200	4 339 000	322 940	1 613 020	55 136 330	7 669 760
Eastern Mediterranean (EMR)	250 000	653 760	1 116 420	851 185	5 613 000	160 560	486 022	26 175 550	1 316 695
Europe (EUR)	20 000	210 650	466 710	1 705 300	7 263 100	375 020	985 048	38 637 500	5 127 950
South East Asia (SEAR)		2 263 750	1 934 700	370 836	2 030 500	85 510	554 300	6 840 500	594 495
Western Pacific (WPR)		114 300	250 984	761 700	1 770 000	310 807	412 210	13 798 150	2 061 035
TOTAL	3 058 000	6 960 687	15 607 880	8 439 631	30 415 285	1 420 007	5 292 679	192 365 980	18 970 965

For further information on the **COVID-19 supply chain system**, see [here](#).

Appeals

*WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to **give fully flexible funding for the SPRP or GHRP** and avoid even high-level/soft geographic earmarking at e.g. regional or country level. This will allow WHO to direct resources to where they are most needed, which in some cases may be towards global procurement of supplies, intended for countries.*

As of 18 December 2020

Global Strategic Preparedness & Response Plan (SPRP)

WHO's total estimation needed to respond to COVID-19 across the three levels of the organization until December 2020

**US\$1.74
BILLION**

WHO's current funding gap against funds received stands under the updated SPRP

**US\$122.4
MILLION**

The status of funding raised for WHO against the SPRP can be found [here](#)

Global Humanitarian Response Plan (GHRP)

WHO's funding requirement under GHRP

**US\$550
MILLION**

WHO current funding gap

**US\$55
MILLION**

Global WHO GHRP allocation

**US\$495
MILLION**

The United Nations released the 3rd update of the Global Humanitarian Response Plan (GHRP) for COVID-19. [Link](#)



WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 18 December 2020, [The Solidarity Response Fund](#) has raised or committed more than US\$ 238 million.

From the Fund's March 13, 2020 launch through today leading companies and organizations and more than 618,000 individuals together contributed more than US\$651 million in fully flexible funding to support the WHO-led global response effort

More than **US\$ 238 Million**



651 000 donors

[individuals – companies – philanthropies]

The WHO Contingency Fund for Emergency (CFE)

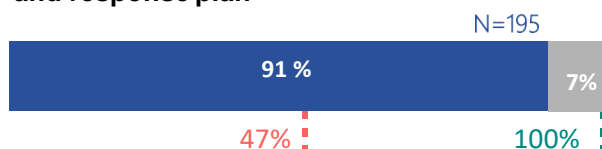
WHO's Contingency Fund for Emergencies (CFE) provided \$8.9 million for COVID-19 preparedness and response worldwide at the very onset of the outbreak when no other funding was available.

US\$ 8.9 Million released

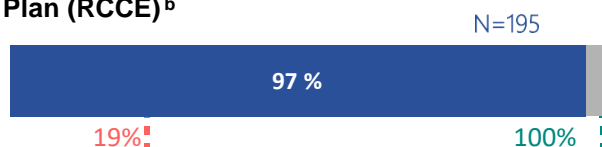
The WHO Contingency Fund for Emergencies 2019 Annual Report was published on 7 August. WHO is grateful to all donors who contributed to the fund allowing us to respond swiftly and effectively to emerging crises including COVID-19. Full report is available [here](#).

COVID-19 Global Preparedness and Response Summary Indicators ^a

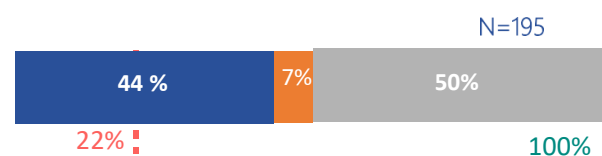
Countries have a COVID-19 preparedness and response plan



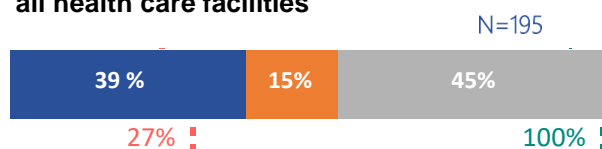
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE) ^b



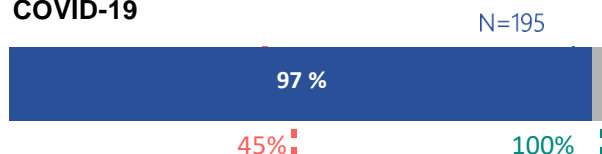
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



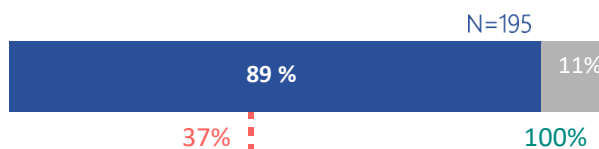
Countries with a national IPC programme & WASH standards within all health care facilities



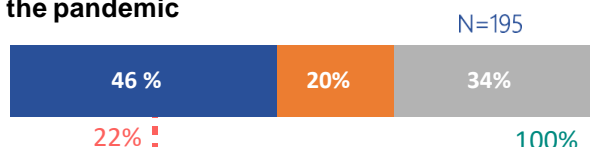
Countries have a functional multi-sectoral, multi-partner coordination mechanism for COVID-19



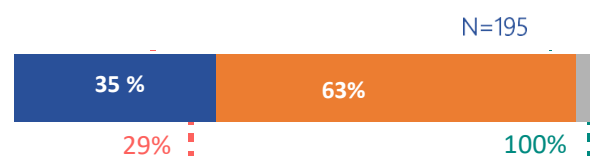
Countries have a clinical referral system in place to care for COVID-19 cases



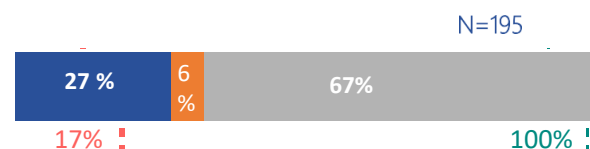
Countries that have defined essential health services to be maintained during the pandemic



Countries in which all designated Points of Entry (PoE) have emergency contingency plans



Countries have a health occupational safety plan for health care workers



Countries have COVID-19 laboratory testing capacity



Legend



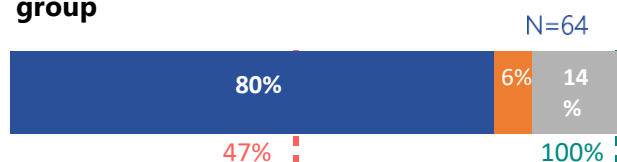
Notes:

^a Data collected from Member States and territories. The term "countries" should be understood as referring to "countries and territories." ^b Source: UNICEF and WHO

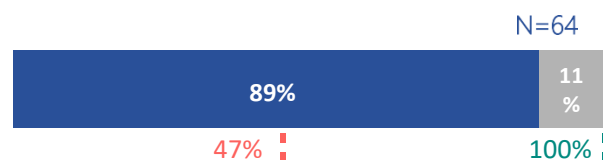
COVID-19 Global Preparedness and Response Summary Indicators

Selected indicators within the Monitoring and Evaluation Framework apply to designated priority countries. Priority Countries are mostly defined as countries affected by the COVID-19 pandemic as included in the [Global Humanitarian and Response Plan](#). A full list of priority countries can be found [here](#).

Priority countries with multisectoral mental health & psychosocial support working group



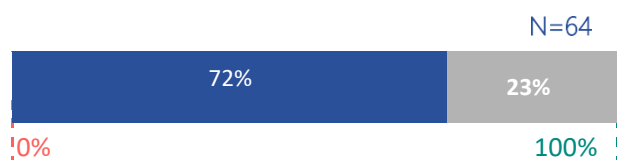
Priority countries with an active & implemented RCCE coordination mechanism



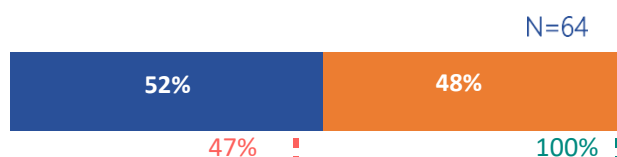
Priority countries that have postponed at least 1 vaccination campaign due to COVID-19^c



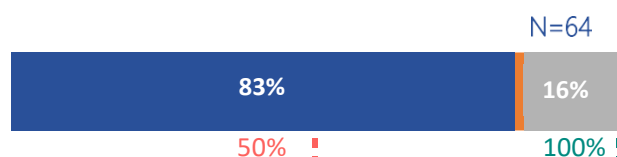
Priority countries with a contact tracing focal point



Priority countries where at least one Incident Management Support Team (IMST) member trained in essential supply forecasting



Priority countries with an IPC focal point for training



Legend

 Yes

 No

 No information

 Baseline value

 Target value

Notes:

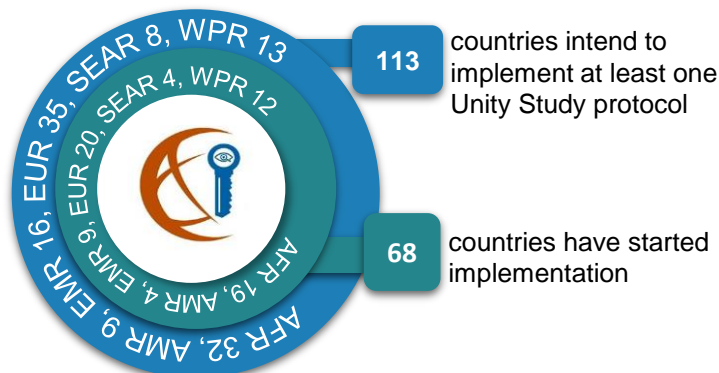
^c Source: WHO Immunization Repository

The Unity Studies: WHO Early Investigations Protocols

Unity studies is a global sero-epidemiological standardization initiative, which aims at increasing the evidence-based knowledge for action.

It enables any countries, in any resource setting, to gather rapidly robust data on key epidemiological parameters to understand, respond and control the COVID-19 pandemic.

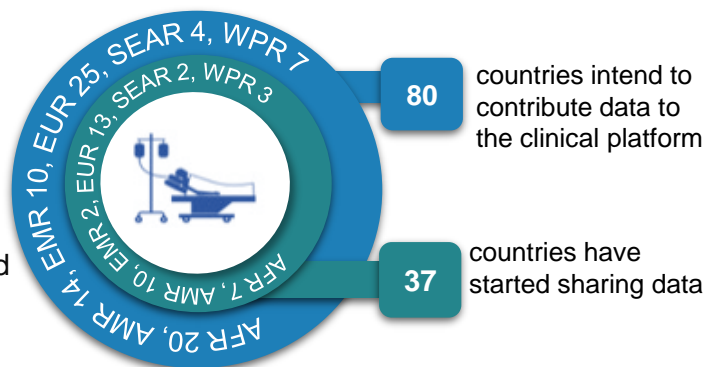
The Unity standard framework is an invaluable tool for research equity. It promotes the use of standardized study designs and laboratory assays



Global COVID-19 Clinical Data Platform

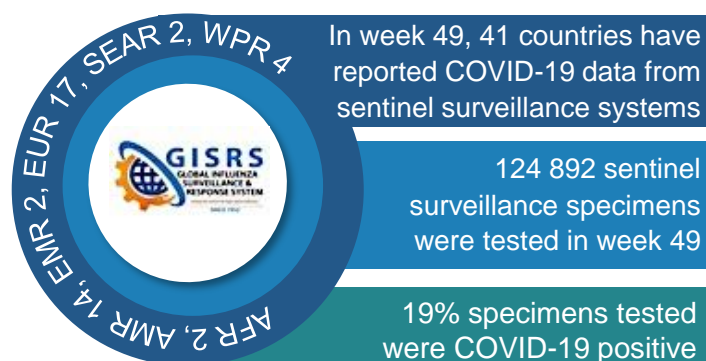
Global understanding of the severity, clinical features and prognostic factors of COVID-19 in different settings and populations remains incomplete.

WHO invites Member States, health facilities and other entities to participate in a global effort to collect anonymized clinical data related to hospitalized suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.



Leveraging the Global Influenza Surveillance and Response System

WHO recommends that countries use existing syndromic respiratory disease surveillance systems such as those for influenza like illness (ILI) or severe acute respiratory infection (SARI) for COVID-19 surveillance. Leveraging existing systems is an efficient and cost-effective approach to enhancing COVID-19 surveillance. The Global Influenza Surveillance and Response System (GISRS) is playing an important role in monitoring the spread and trends of COVID-19



Key links and useful resources

- ❑ For EPI-WIN: WHO Information Network for Epidemics, click [here](#)
- ❑ For more information on COVID-19 regional response:
 - [African Regional Office](#)
 - [Regional Office of the Americas](#)
 - [European Regional Office](#)
 - [Eastern Mediterranean Regional Office](#)
 - [Southeast Asia Regional Office](#)
 - [Western Pacific Regional Office](#)
- ❑ For the WHO case definitions for public health surveillance of COVID-19 in humans caused by SARS-COV-2 infection published on 7 August 2020, click [here](#)
- ❑ For updated WHO Publications and Technical Guidance on COVID-19, click [here](#)
- ❑ For updated GOARN network activities, click [here](#)

COVID-19 Weekly Epidemiological Update

Data as received by WHO from national authorities, as of 13 December 2020, 10 am CET. Other information collected by epidemic intelligence activities and verified by WHO.

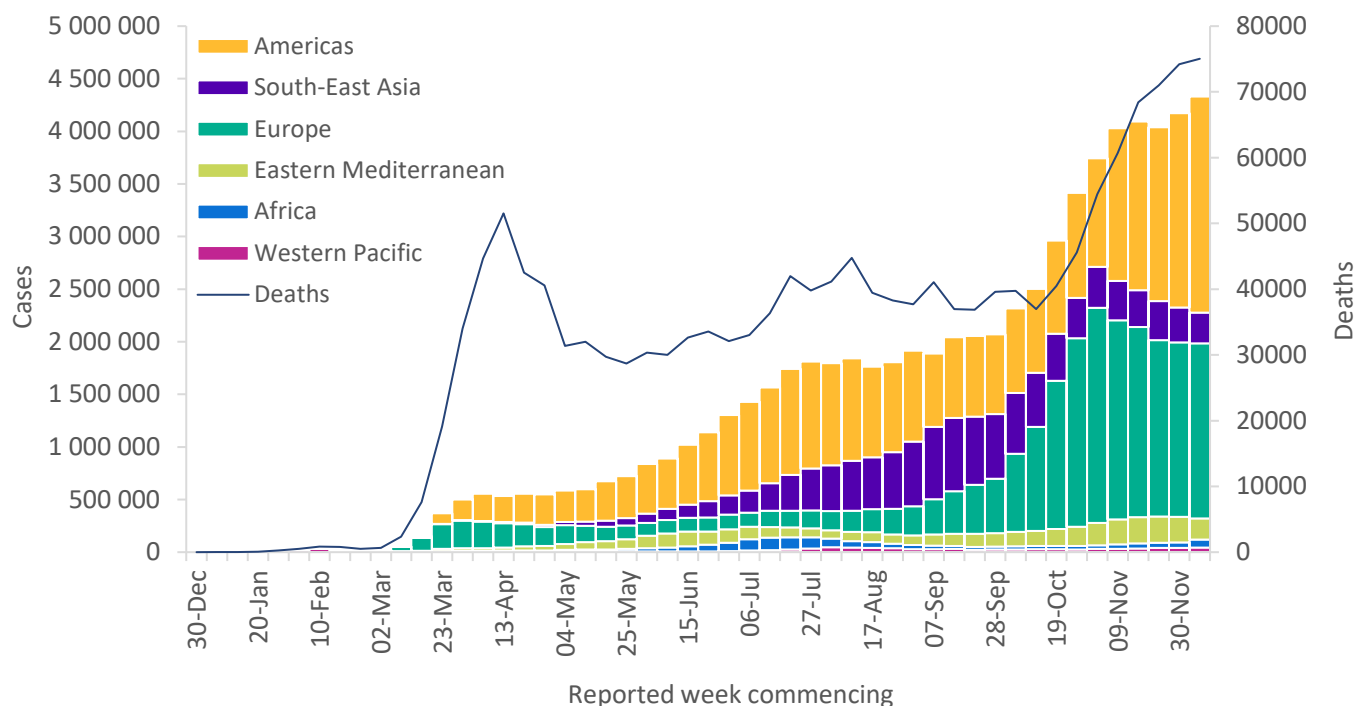
For the latest data and information on COVID-19, please see:

- [WHO COVID-19 Dashboard](#)
- [WHO COVID-19 Weekly Operational Update](#)

Global epidemiological situation

In the past week the number of new COVID-19 cases and deaths continued to rise with 70 million cumulative cases and 1.6 million deaths globally since the start of the pandemic. The Regions of the Americas and Europe continue to shoulder the burden of the pandemic, accounting for 85% of new cases and 86% of new deaths globally. However as new cases and new deaths continue to rise in the Americas, in cases stabilised in Europe for the third week in a row, while deaths continued to decrease. The African and the Western-Pacific Regions have both shown renewed rises in November and December. This week the African Region reported a rise in new cases and new deaths of over 40% compared with the previous week. In the South-East Asia Region, the number of new cases and deaths continued to decline following a peak in September. The Eastern Mediterranean Region also reported a decline in new cases and deaths from a peak in mid-November.

Figure 1: COVID-19 cases reported weekly by WHO Region, and global deaths, as of 13 December 2020**



**See [data table](#) and [figure notes](#).

In the past week, the five countries reporting the highest number of cases globally were the United States of America (reporting over 1.4 million cases, a 16% increase from the previous week), Brazil (300 000 new

cases, a 2% increase), Turkey (220 000 cases, no change from last week), India (210 000 cases, a 15% decrease), and the Russian Federation (193 000 new cases, a 1% increase).

Additional Region-specific information can be found below: [African Region](#), [Region of the Americas](#), [Eastern Mediterranean Region](#), [European Region](#), [South-East Asia Region](#), and [Western Pacific Region](#).

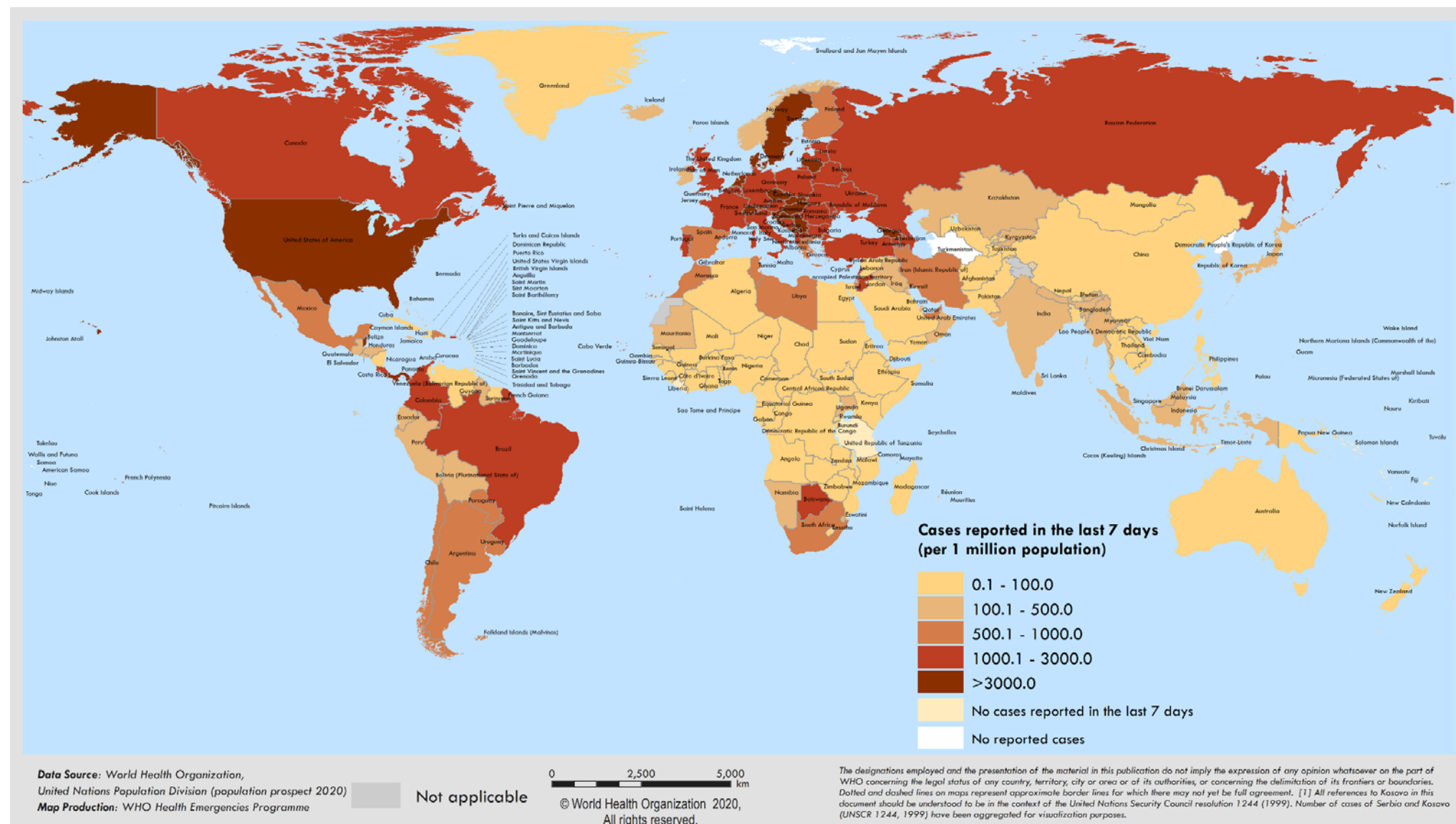
Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 13 December 2020 **

WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days *	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days *	Cumulative deaths (%)
Americas	2 054 064 (47%)	11%	30 116 395 (43%)	29 856 (40%)	12%	776 708 (49%)
Europe	1 663 907 (38%)	0%	21 925 389 (31%)	34 475 (46%)	-4%	484 570 (30%)
South-East Asia	290 308 (7%)	-13%	11 361 437 (16%)	4 400 (6%)	-12%	172 858 (11%)
Eastern Mediterranean	201 880 (5%)	-17%	4 490 755 (6%)	4 377 (6%)	-14%	111 635 (7%)
Africa	74 489 (2%)	40%	1 622 096 (2%)	1 393 (2%)	43%	35 879 (2%)
Western Pacific	45 276 (1%)	13%	960 020 (1%)	537 (1%)	16%	18 259 (1%)
Global	4 329 927 (100%)	4%	70 476 836 (100%)	75 038 (100%)	1%	1 599 922 (100%)

*Percent change in the number of newly confirmed cases/deaths in past seven days, compared to seven days prior. Regional percentages rounded to the nearest whole number, global totals may not equal 100%.

**See [data](#), [table](#) and [figure notes](#)

Figure 2. COVID-19 cases per 1 million population reported in the last seven days by countries, territories and areas, 7 December through 13 December 2020**



**See data, table and figure notes

Situation by WHO Region

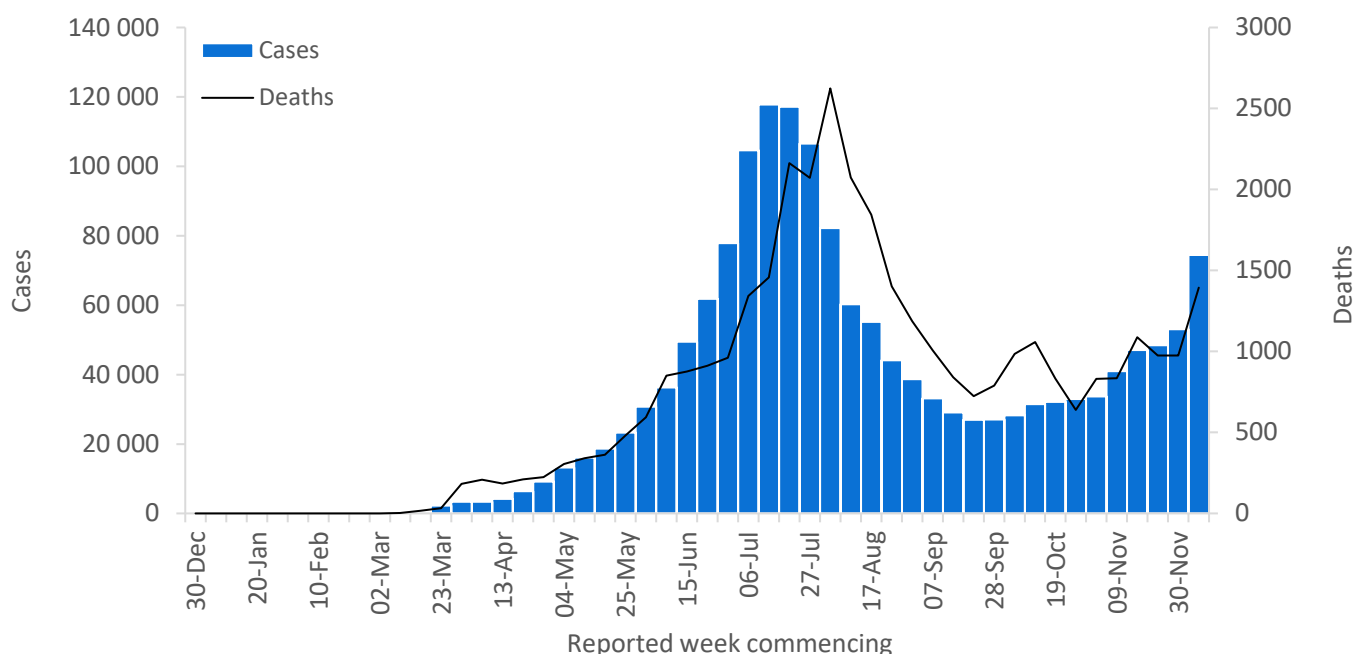
African Region

Following a decline in July and August and a plateau in September and October, the number of new cases and deaths has consistently increased since the beginning of November (Figure 3). In the last week, the number of new cases and deaths reported increased by 40% (to 74 500 new cases) and 43% (to 1 400 new deaths), respectively compared with the previous week. Several countries in the Region are reporting a resurgence in both cases and deaths including Mali, Namibia, Nigeria, Senegal and South Africa.

South Africa has reported the highest number of cumulative cases and deaths in the Region, with more than 850 000 confirmed cases and over 23 000 deaths. In the last week, 42 500 new cases (700 new cases per 1 million population) and 1 000 new deaths (18 new deaths per 1 million population) were reported. Four provinces including Eastern Cape, Gauteng, KwaZulu-Natal and Western Cape were most heavily affected, collectively accounting for 84% of all newly reported cases. The increase in affected provinces is expected to continue as the number of cases among those aged 15 to 19 years continues to increase. This increase could be partly attributed to end-of-school-year celebrations during which many adolescents gathered in large numbers.

In Uganda, the number of reported cases has continued to increase and in the last seven days, just under 5 000 cases were reported (100 new cases per 1 million population), a 118% increase from the previous week. The districts of Kampala, Kasese, Luwero, Mbarara and Wakiso have consistently reported the highest number of cases for the past three weeks, with Kampala the most affected. So far in the pandemic, a total of 1 516 cases, including 13 deaths, have been reported among health care workers, with the highest number reported in the week commencing 23 November, during which over 150 cases in health care workers were reported.

Figure 3: Number of COVID-19 cases and deaths reported weekly by the WHO African Region, as of 13 December 2020**



**See [data](#), [table](#) and [figure notes](#)

Region of the Americas

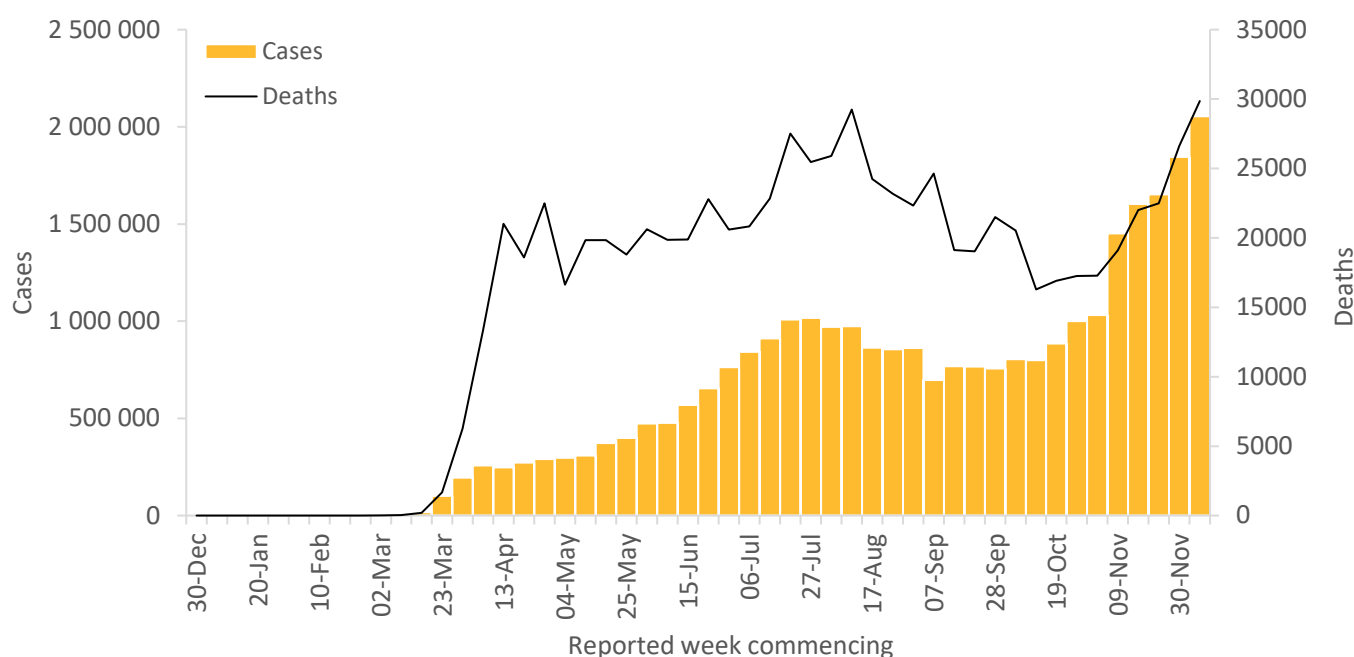
The Region of the Americas has consistently reported the largest proportion of cases and deaths globally, and in the past week accounted for 47% and 40% of global cases and deaths respectively. In the past week, over 2 million cases and nearly 30 000 deaths were reported, which is the highest reported in the Region since the start of the pandemic. This represents an 11% increase in cases and a 12% increase in deaths compared to the previous week.

Last week, the United States of America reported an increase of 16% in cases (1.45 million new cases, 4 400 new cases per 1 million population) and a 21% increase in deaths (16 600 new deaths, 50 new deaths per 1 million population), compared to the previous week, as cases continue to rise after the Thanksgiving holiday in November. The daily number of deaths reported exceeded 3 000 during the last week, higher than the peak observed in the spring. Further increases in cases and deaths are expected due to the upcoming holiday season with more people travelling into and around the country. Hospitalization rates for COVID-19 cases have grown considerably since the beginning of October. Kentucky, Georgia, Minnesota, Oklahoma and Texas are the most affected, with counties reporting high hospital occupancy rates.

Bermuda has reported a cumulative total of nearly 400 cases and nine deaths since the start of the pandemic. However, since the beginning of December, the number of cases has increased substantially. In the last week, 103 new cases were reported (1 650 new cases per 1 million population) a 150% increase from the previous week. Approximately 30% of the total number of cases have been imported. Visitors are not required to quarantine on arrival if they provide a valid negative COVID-19 test taken at least five days before arrival. Due to the rapid rise in cases, public health and social measures were implemented on 12 December including a curfew, early closure of businesses, and restrictions on gatherings.

Uruguay has reported a 48% increase in the number of new cases to 2 100 new cases (610 new cases per 1 million population) and a 67% increase in the number of deaths to 10 new deaths (3 new deaths per 1 million) in comparison to previous week. The test positivity rate has also increased in the last couple of weeks and is currently 5.1%. The capital, and largest city in Uruguay, Montevideo is the most affected area accounting for over 60% of cases.

Figure 4: Number of COVID-19 cases and deaths reported weekly by the WHO Region of the Americas, as of 13 December 2020**



**See [data](#), [table](#) and [figure notes](#)

Eastern Mediterranean Region

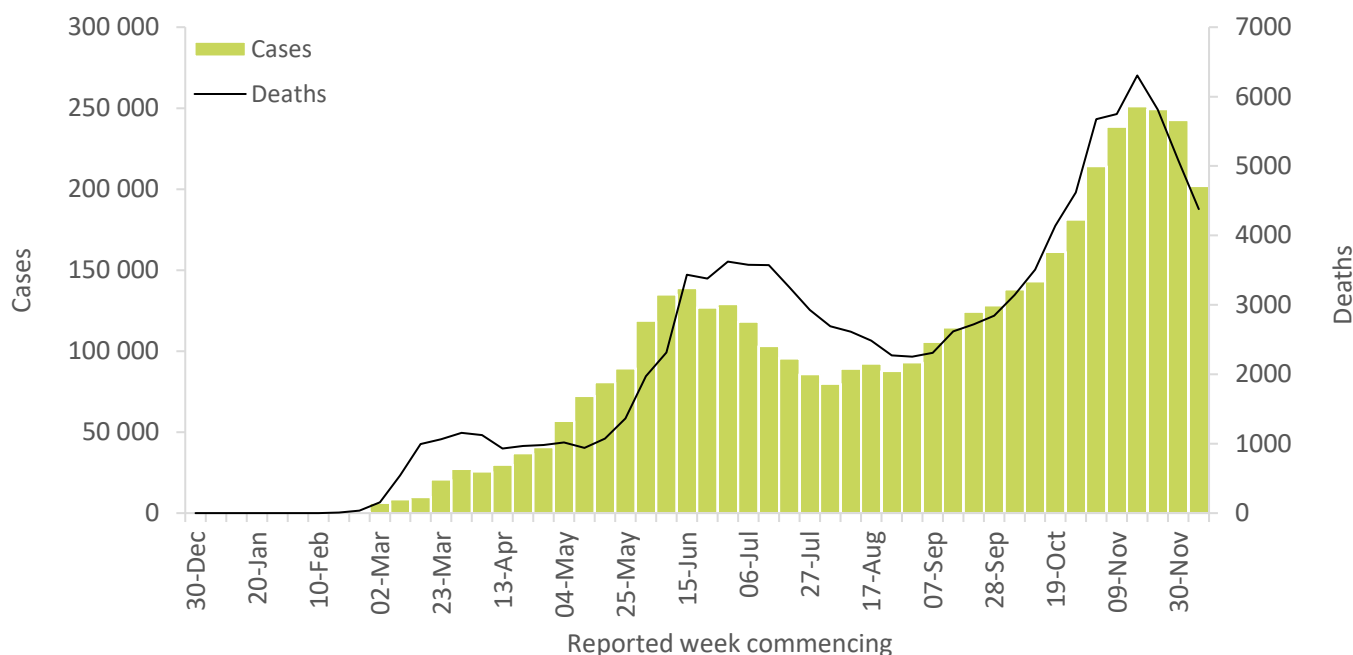
Compared with the previous reporting week, this week the Region reported a 17% decline in new cases to just over 200 000 cases and a 14% decline in new deaths to 4 400 deaths. This extends the decline observed since mid-November when new cases peaked at around 250 000 and new deaths at just over 6 000. The Islamic Republic of Iran, Pakistan, Morocco, Jordan, and the occupied Palestinian territory reported the highest number of cases, although all these countries except Pakistan reported declines in the number of new cases in the past week.

Pakistan reported 22 000 new cases (99 new cases per 1 million population) and 420 new deaths (2 new deaths per 1 million population). New weekly cases have risen since the week of 19 October, when 4 000 cases were reported. This week's new cases and deaths represent a 5% and 17% rise respectively compared to last week. Since the beginning of the pandemic, as of 6 December, Pakistan had conducted 5.7 million COVID-19 tests, with a current positivity rate of 7.5%. The Sindh and Punjab Regions account for around 73% of total cases, with around half of current active cases reported from the Sindh Region.

The United Arab Emirates reported 8 500 new cases (850 new cases per 1 million population) and 20 new deaths (2 new deaths per 1 million population). New cases per week have remained above 8 000 since 12 October. The United Arab Emirates is the first country to approve a vaccine produced by Sinopharm, based in China. In the next few weeks, Abu Dhabi is planning to further open the business, tourism and cultural sectors.

Tunisia reported 7 400 new cases (620 new cases per 1 million population) and 310 new deaths (26 new deaths per 1 million population). Similar to the United Arab Emirates, new cases per week have also remained high since the end of September and October, with more than 7 000 new weekly cases reported. Since the beginning of the pandemic, as of 6 December, 480 000 tests have been conducted, with a current positivity rate of 30%. National authorities have announced an extension to the night curfew until the end of the year.

Figure 5: Number of COVID-19 cases and deaths reported weekly by the WHO Eastern Mediterranean Region, as of 13 December 2020**



**See [data](#), [table](#) and [figure notes](#)

European Region

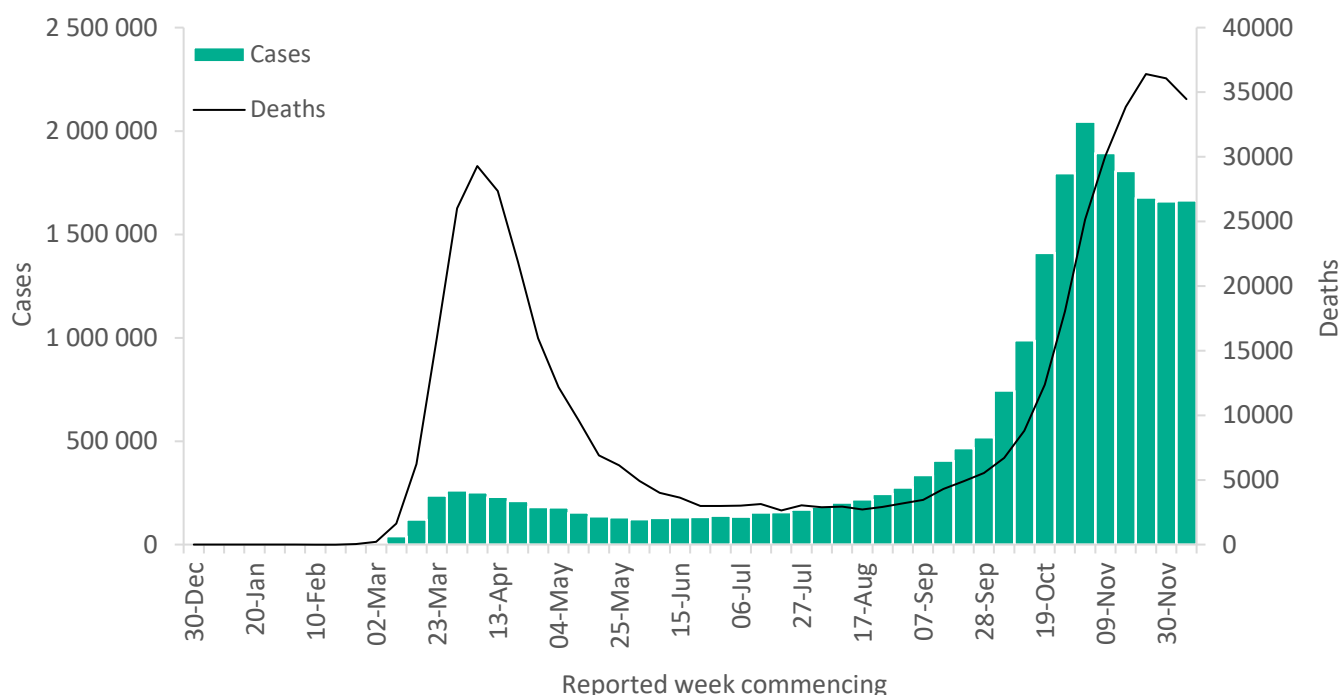
The number of new cases continued to stabilise for the third consecutive week in the European Region. There was also a decline in reported deaths for the second consecutive week, a decrease of 4% compared to the previous week. The number of new deaths reported this week, particularly in eastern and southern countries of the European Region, exceeded 60 per 1 million, the highest globally. In the past week, some countries have announced initial vaccination in the population, while others are preparing for the introduction of the vaccine. Despite this, it is important that public health and social measures, including hand hygiene, mask wearing, physical distancing and adequate ventilation, along with other measures, continue.

The Russian Federation reported 193 000 new cases (1 300 new cases per 1 million population), the second highest number of cases in the European Region after Turkey, and 3 800 new deaths (26 new deaths per 1 million population). The two most populous cities in the country, Moscow and St Petersburg, together with the Moscow and Nizhny Novgorod regions, are reporting the highest numbers of new cases. Since the first cases on 31 January, over 2.6 million cases and 46 000 deaths have now been reported - the fourth highest global total cases. The number of new cases and new deaths has increased over five-fold since the last week of August, when 33 500 new cases and 700 new deaths were reported. In the past week, 23 tests per 1 000 population were conducted resulting in a test positivity rate of around 6%.

Serbia reported 47 500 new cases (6 800 new cases per 1 million population) and 380 new deaths (55 new deaths per 1 million population). This was a slight decrease in new cases from the previous week during which over 50 000 new cases were reported. The number of cases has rapidly increased since September, when there were around 500 new cases per week. The percentage of COVID-19 tests that are positive has increased from less than 10% in September to over 30% last week during which 19 tests per 1000 population were conducted.

Sweden reported 32 000 new cases (3 200 new cases per 1 million population) and 128 new deaths (13 new deaths per 1 million population). New weekly cases have remained above 30 000 since 9 November. However, there was a substantial decrease in deaths reported this week with a 62% decrease compared to the previous week.

Figure 6: Number of COVID-19 cases and deaths reported weekly by the WHO European Region, as of 13 December 2020**



**See [data](#), [table](#) and [figure notes](#)

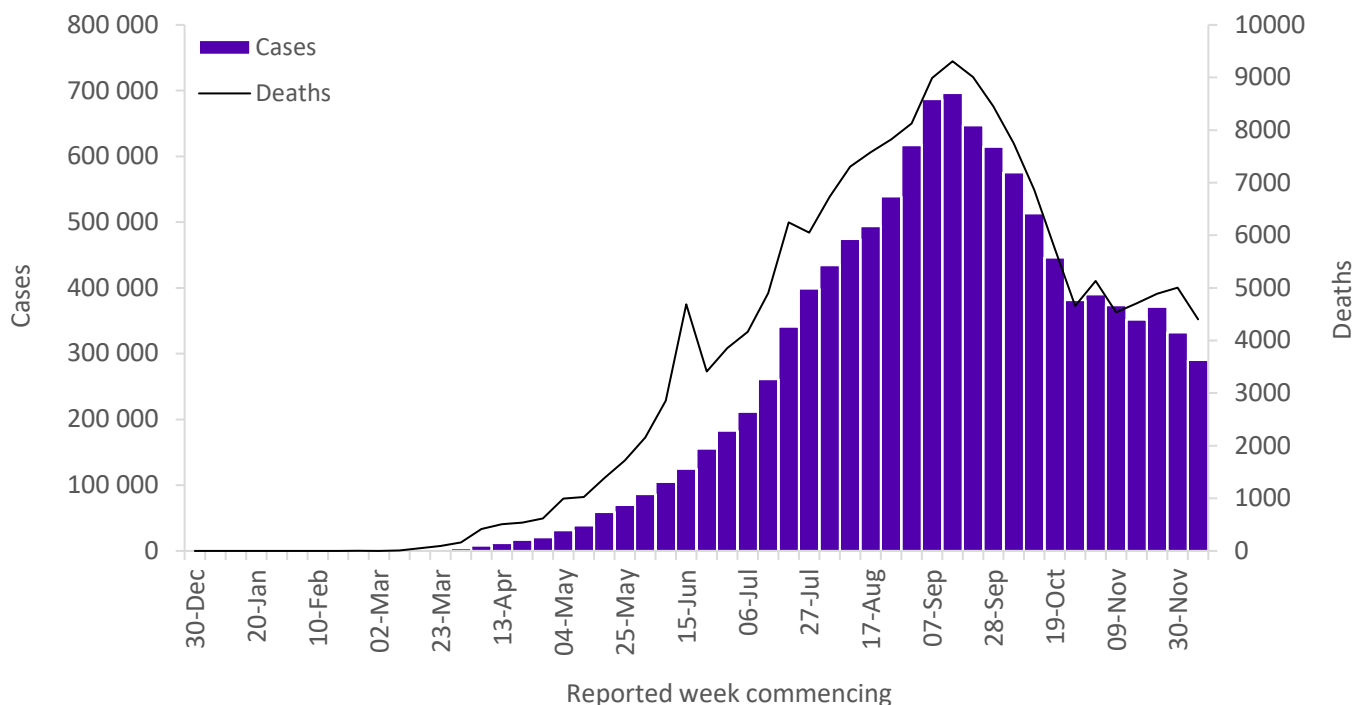
South-East Asia Region

In the South-East Asia Region, new cases reported (290 000) showed a 13% decline from the previous week and continued the general pattern of decreasing cases since early September. New deaths (4 400) decreased 12% in the past week, following a 3 week increase. Only three out of ten countries in the region (Sri Lanka, Indonesia and Thailand) reported an increase in new cases this week.

While India has consistently reported the highest number of cases and deaths in the Region, declining trends in both have been seen over the past month, with that trend continuing this week. The country reported decreases in both new cases (213 000, a 15% decrease) and new deaths (2 800, a 19% decrease) compared with the previous week. A recent study found that very few deaths were recorded in long-term care facilities across the three western Indian states of Gujarat, Rajasthan and Maharashtra, states that are among some of the most affected by the pandemic. India has conducted over 153 million tests since the start of the pandemic with 4.9 tests per 1000 population conducted in the previous week and a test positivity rate of around 3.2%.

In Indonesia, the trend in increasing new cases and deaths reported in the past 5 weeks, continued last week. While there was a very minor increase in the number of new cases (42 000, a 1% increase), the number of new deaths reported this week increased by 13% (to just over 1 000). In the week ending 6 December just 0.89 tests per 1000 population were conducted with a test positivity rate of 14.2%, suggesting the need to expand testing to ensure all cases are being detected. The highest number of cumulative cases is seen in the provinces of DKI Jakarta, Jawa Timur and Jawa Tengah.

Figure 7: Number of COVID-19 cases and deaths reported weekly by the WHO South-East Asia Region, as of 13 December 2020**



**See [data](#), [table](#) and [figure notes](#)

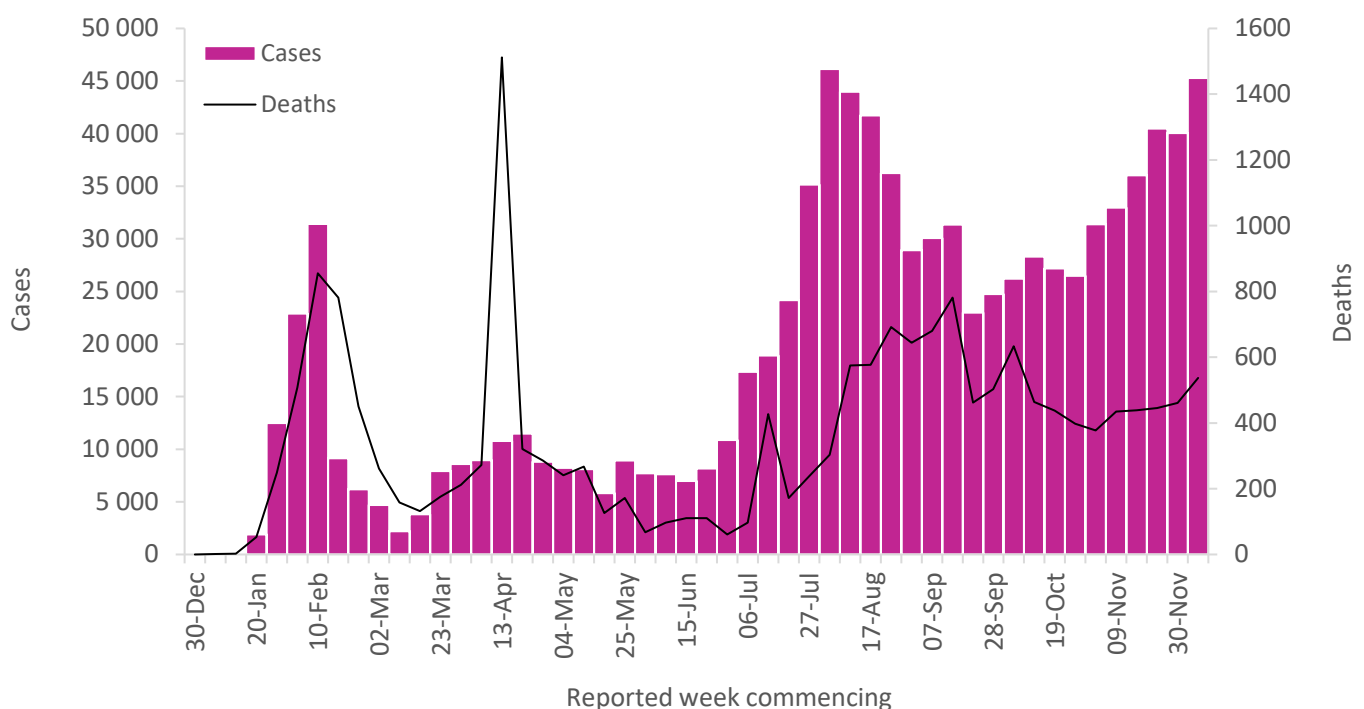
Western Pacific Region

Although cases and deaths in the region still continue to account for a very small proportion of the global total, a 13% increase in the number of new weekly cases (45 000) and a 16% increase in new weekly deaths (500) was observed in the past 7 days in the Western Pacific Region. With the exception of a slight decrease last week, this follows an increasing trend over the past six weeks. There are considerable regional differences, with around half of countries reporting decreases and half reporting increases in cases (notably Japan, Malaysia, and the Republic of Korea).

Japan continues to report the highest number of weekly new cases in the Region and this week reported record highs (17 200 cases, 136 new cases per 1 million), following increases over the previous eight weeks. In an effort to reduce increasing cases and demands on healthcare, the Japan Self-Defense Forces (JSDF) have sent health workers to Asahikawa city in Hokkaido Prefecture. Osaka prefecture has also requested additional support in healthcare capacity from the JSDF as it is the second most affected prefecture following Tokyo. In the previous week Japan conducted 1.9 tests per 1000 population with a test positivity rate of over 6%.

This is the fifth consecutive week the Republic of Korea has reported an increase in new cases, reaching the highest total of new weekly cases (5 200). The provinces reporting the highest incidence are Seoul and Gyeonggi-do. As a result of these increases, tighter public health and social measures in the Capital area have been implemented until the end of the year. In the past week, hospital bed shortages in the Seoul area have also been reported, with only 3 out of 62 hospital beds for critically ill patients in Seoul city currently available.

Figure 8: Number of COVID-19 cases and deaths reported weekly by the WHO Western Pacific Region, data as of 13 December 2020**



**See [data](#), [table](#) and [figure notes](#)

Key weekly updates

Human Rights Day and Universal Health Coverage Day occurred this week. WHO Director-General Dr Tedros said that these days “[are a reminder that as we rebuild from this crisis, we must do so on the foundation of human rights – including the right to health.](#)” WHO, through the [UHC Partnership](#), has profiled some successes in promoting UHC in [Assam](#), [Burkina Faso](#) and [Thailand](#).

Dr Tedros highlighted that since its creation, the [ACT Accelerator](#) has served to fast-track the development of rapid diagnostic tools and vaccines and helped to repurpose a common drug to help save lives amidst the pandemic. WHO has facilitated price and volume guarantees for over 120 million new high-quality rapid diagnostic tests and secured 2.9 million treatment courses of dexamethasone for low- and middle-income countries. WHO has also secured manufacturing capacity for one billion vaccine doses through the [COVAX facility](#) and helped almost 100 countries carry out a vaccines readiness assessment. However, Dr Tedros highlighted [the need for urgent financial and political action](#) to fully finance the ACT Accelerator and ensure the equitable distribution of scarce assets.

At the [3rd Global Infodemic Management Conference](#) civil society representatives advocated for a community-led approach to halt the spread of the COVID-19 Infodemic.

WHO welcomed the establishment of [the Galien Prize Africa](#), which promotes research, innovation and commercialization in Africa of pharmaceutical, biotechnology and medical diagnostic products. The WHO Director-General highlighted that most African countries have succeeded in preventing or containing widespread community transmission but cautioned that with the concerning increase in cases and deaths in the region all countries must remain vigilant at this critical juncture in the pandemic for Africa.

Together with WHO, the United Nations Foundation and an alliance of the world’s largest youth movements and organizations [launched a new global youth mobilization](#) to invest in and scale up youth-led solutions and engagements in response to COVID-19. Called the “Global Youth Mobilization for Generation Disrupted” the alliance is being led by the [Big 6 Youth Organizations](#).

WHO has published the following documents in the past week:

- [Public health considerations for elections and related activities in the context of the COVID-19 pandemic](#)
- [Evidence to recommendations for COVID-19 vaccines: Evidence framework](#)
- [COVID-19 vaccine introduction and deployment costing tool](#)
- [Checklist to support schools re-opening and preparation for COVID-19 resurgences or similar public health crises](#)

Table 2. COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories and areas, and WHO Region, as of 13 December 2020**

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification ⁱⁱ
Africa	74 489	1 622 096	1 446	1 393	35 879	32	
South Africa	42 516	852 965	14 382	1 039	23 106	390	Community transmission
Uganda	4 883	27 071	592	14	220	5	Community transmission
Algeria	4 136	91 638	2 090	83	2 584	59	Community transmission
Nigeria	3 820	72 757	353	14	1 194	6	Community transmission
Ethiopia	2 620	115 360	1 003	34	1 779	15	Community transmission
Botswana	2 509	12 501	5 316	6	37	16	Community transmission
Kenya	2 321	90 305	1 679	50	1 568	29	Community transmission
Mauritania	1 255	9 679	2 082	22	194	42	Community transmission
Namibia	1 147	16 097	6 335	7	160	63	Community transmission
Ghana	837	52 933	1 704	2	327	11	Community transmission
Democratic Republic of the Congo	815	14 341	160	8	352	4	Community transmission
Burkina Faso	738	3 894	186	3	71	3	Community transmission
Mozambique	679	16 812	538	7	140	4	Community transmission
Cabo Verde	676	11 302	20 328	5	110	198	Community transmission
Senegal	664	17 061	1 019	12	349	21	Community transmission
Mali	659	5 721	283	28	191	9	Community transmission
Angola	625	16 161	492	12	366	11	Community transmission
Zimbabwe	464	11 081	746	14	305	21	Community transmission
Rwanda	444	6 528	504	5	56	4	Clusters of cases
Cameroon	391	25 143	947	0	443	17	Community transmission
Congo	275	6 049	1 096	5	99	18	Community transmission
Eswatini	219	6 714	5 787	5	127	109	Community transmission
Guinea	213	13 420	1 022	3	79	6	Community transmission
Côte d'Ivoire	198	21 639	820	1	133	5	Community transmission
Zambia	193	18 091	984	0	364	20	Community transmission

Togo	151	3 202	387	1	66	8	Community transmission
Gabon	76	9 330	4 192	3	63	28	Community transmission
Madagascar	74	17 587	635	4	259	9	Community transmission
Malawi	69	6 118	320	1	186	10	Community transmission
Niger	67	1 856	77	0	77	3	Community transmission
Benin	35	3 090	255	0	44	4	Community transmission
Burundi	35	729	61	0	1	0	Community transmission
Equatorial Guinea	26	5 185	3 696	0	85	61	Community transmission
Eritrea	24	656	185	0	0	0	Sporadic cases
Chad	17	1 739	106	0	102	6	Community transmission
Sierra Leone	15	2 435	305	1	75	9	Community transmission
South Sudan	15	3 181	284	1	62	6	Community transmission
Central African Republic	14	4 936	1 022	0	63	13	Community transmission
Lesotho	13	2 150	1 004	0	44	21	Community transmission
Gambia	12	3 782	1 565	0	123	51	Community transmission
Sao Tome and Principe	10	1 009	4 604	0	17	78	Community transmission
Comoros	9	624	718	0	7	8	Community transmission
Mauritius	9	514	404	0	10	8	Clusters of cases
Guinea-Bissau	3	2 444	1 242	0	44	22	Community transmission
Seychelles	3	185	1 881	0	0	0	Sporadic cases
Liberia	0	1 676	331	0	83	16	Community transmission
United Republic of Tanzania	0	509	9	0	21	0	Community transmission
Territoriesⁱⁱⁱ							
Mayotte	370	5 551	20 347	3	52	191	Clusters of cases
Réunion	145	8 345	9 321	0	41	46	Clusters of cases
Americas	2 054 064	30 116 395	29 446	29 856	776 708	759	
United States of America	1 456 800	15 648 098	47 275	16 626	293 129	886	Community transmission
Brazil	302 259	6 836 227	32 161	4 473	180 437	849	Community transmission
Mexico	72 609	1 229 379	9 535	4 156	113 019	877	Community transmission
Colombia	56 302	1 408 909	27 689	1 202	38 669	760	Community transmission
Canada	46 272	448 841	11 892	755	13 251	351	Community transmission
Argentina	34 697	1 489 328	32 953	1 094	40 606	898	Community transmission

Panama	14 172	187 779	43 520	155	3 309	767	Community transmission
Chile	11 113	569 781	29 806	254	15 846	829	Community transmission
Peru	10 083	980 943	29 751	349	36 544	1 108	Community transmission
Costa Rica	7 262	150 947	29 632	122	1 895	372	Community transmission
Dominican Republic	5 930	153 585	14 158	15	2 360	218	Community transmission
Paraguay	5 614	92 113	12 914	114	1 927	270	Community transmission
Ecuador	4 133	201 524	11 422	118	13 874	786	Community transmission
Honduras	3 748	113 708	11 480	30	2 971	300	Community transmission
Guatemala	3 747	129 099	7 206	166	4 405	246	Community transmission
Venezuela (Bolivarian Republic of)	2 838	106 715	3 753	31	944	33	Community transmission
Uruguay	2 118	8 849	2 547	10	90	26	Clusters of cases
El Salvador	1 676	41 394	6 382	40	1 193	184	Community transmission
Belize	1 582	8 965	22 546	15	185	465	Community transmission
Bolivia (Plurinational State of)	1 372	146 697	12 567	26	9 013	772	Community transmission
Cuba	640	9 354	826	1	137	12	Clusters of cases
Jamaica	545	11 608	3 920	10	271	92	Community transmission
Guyana	238	5 839	7 424	3	154	196	Clusters of cases
Haiti	121	9 491	832	0	233	20	Community transmission
Trinidad and Tobago	117	6 852	4 896	1	122	87	Community transmission
Bahamas	89	7 659	19 476	0	163	415	Clusters of cases
Nicaragua	38	4 709	711	1	162	24	Community transmission
Suriname	17	5 339	9 101	0	117	199	Sporadic cases
Saint Lucia	9	274	1 492	2	4	22	Sporadic cases
Barbados	7	292	1 016	0	7	24	Clusters of cases
Saint Vincent and the Grenadines	7	94	847	0	0	0	Sporadic cases
Saint Kitts and Nevis	5	27	508	0	0	0	Sporadic cases
Antigua and Barbuda	3	147	1 501	0	4	41	Sporadic cases
Dominica	2	87	1 208	0	0	0	Clusters of cases
Grenada	2	43	382	0	0	0	Sporadic cases
Territoriesⁱⁱⁱ							
Puerto Rico	6 191	61 723	21 575	81	1 266	443	Community transmission

Curaçao	664	3 404	20 744	1	8	49	Community transmission
French Guiana	393	11 800	39 507	0	71	238	Community transmission
United States Virgin Islands	158	1 791	17 151	0	23	220	Community transmission
Bermuda	103	391	6 279	0	9	145	Clusters of cases
Sint Maarten	96	1 201	28 007	1	26	606	Community transmission
Saint Martin	94	838	21 677	0	12	310	Community transmission
Aruba	88	5 011	46 934	1	46	431	Community transmission
Martinique	33	5 553	14 798	0	41	109	Community transmission
Guadeloupe	24	8 451	21 121	3	152	380	Community transmission
Turks and Caicos Islands	14	769	19 862	0	6	155	Clusters of cases
Saint Barthélemy	12	164	16 591	0	0	0	Sporadic cases
Cayman Islands	10	298	4 534	0	2	30	Sporadic cases
Bonaire	5	150	8 587	0	3	172	Sporadic cases
Sint Eustatius	4	18	7 246	0	0	0	Sporadic cases
Anguilla	3	10	667	0	0	0	Sporadic cases
British Virgin Islands	3	76	2 513	0	1	33	Clusters of cases
Falkland Islands (Malvinas)	2	19	5 455	0	0	0	No cases
Montserrat	0	13	2 601	0	1	200	No cases
Saba	0	5	3 342	0	0	0	No cases
Saint Pierre and Miquelon	0	14	2 416	0	0	0	Sporadic cases
Eastern Mediterranean	201 880	4 490 755	6 145	4 377	111 635	153	
Iran (Islamic Republic of)	71 832	1 100 818	13 106	1 933	51 949	618	Community transmission
Pakistan	21 865	435 056	1 970	421	8 724	39	Clusters of cases
Morocco	20 859	397 597	10 772	405	6 589	179	Clusters of cases
Jordan	19 762	257 275	25 215	325	3 335	327	Community transmission
Iraq	11 102	573 622	14 261	154	12 565	312	Community transmission
Lebanon	9 369	145 245	21 280	100	1 190	174	Community transmission
United Arab Emirates	8 479	183 755	18 579	20	609	62	Community transmission
Tunisia	7 402	110 393	9 341	310	3 836	325	Community transmission
Libya	4 351	89 880	13 081	59	1 278	186	Community transmission
Egypt	3 075	121 089	1 183	148	6 898	67	Clusters of cases
Kuwait	1 880	146 044	34 198	22	911	213	Community transmission

Sudan	1 639	21 386	488	46	1 347	31	Community transmission
Oman	1 340	125 669	24 609	28	1 463	286	Community transmission
Afghanistan	1 311	48 952	1 257	95	1 960	50	Clusters of cases
Bahrain	1 233	88 964	52 283	7	348	205	Clusters of cases
Saudi Arabia	1 223	359 749	10 333	82	6 036	173	Sporadic cases
Qatar	1 044	140 827	48 880	1	240	83	Community transmission
Syrian Arab Republic	721	9 041	517	64	506	29	Community transmission
Somalia	54	4 579	288	0	121	8	Sporadic cases
Djibouti	33	5 725	5 795	0	61	62	Clusters of cases
Yemen	6	2 087	70	0	607	20	Sporadic cases
Territoriesⁱⁱⁱ							
occupied Palestinian territory	13 300	123 002	24 111	157	1 062	208	Community transmission
Europe	1 663 907	21 925 389	23 490	34 475	484 570	519	
Turkey	219 115	995 471	11 803	1 494	16 199	192	Community transmission
Russian Federation	193 158	2 653 928	18 186	3 800	46 941	322	Clusters of cases
Germany	149 394	1 320 716	15 763	3 015	21 787	260	Clusters of cases
The United Kingdom	124 985	1 830 960	26 971	3 012	64 026	943	Community transmission
Italy	115 784	1 825 775	30 197	4 522	64 036	1 059	Clusters of cases
France	82 773	2 324 603	35 613	2 774	57 392	879	Community transmission
Ukraine	80 909	894 215	20 447	1 566	15 154	347	Community transmission
Poland	72 427	1 126 700	29 770	2 815	22 676	599	Community transmission
Netherlands	53 356	603 140	35 200	361	10 010	584	Community transmission
Serbia	47 594	261 437	37 542	384	2 275	327	Community transmission
Romania	43 555	551 900	28 688	1 078	13 264	689	Community transmission
Czechia	34 900	579 079	54 074	720	9 535	890	Community transmission
Sweden	32 348	320 098	31 695	128	7 514	744	Community transmission
Hungary	30 122	280 400	29 026	1 097	6 965	721	Community transmission
Azerbaijan	29 100	171 423	16 907	290	1 883	186	Clusters of cases
Spain	28 764	1 730 575	37 014	636	47 624	1 019	Community transmission
Georgia	27 251	189 726	47 560	286	1 790	449	Community transmission
Portugal	26 060	344 700	33 805	585	5 461	536	Clusters of cases
Switzerland	25 970	372 329	43 021	488	5 378	621	Community transmission

Croatia	25 069	172 523	42 025	460	2 562	624	Community transmission
Austria	18 800	317 031	35 201	681	4 355	484	Community transmission
Lithuania	18 452	93 101	34 200	189	815	299	Community transmission
Denmark	18 258	107 116	18 493	57	935	161	Community transmission
Bulgaria	18 108	178 952	25 754	897	5 626	810	Clusters of cases
Slovakia	17 522	132 984	24 358	194	1 175	215	Clusters of cases
Belgium	15 579	608 135	52 472	580	17 945	1 548	Community transmission
Belarus	13 055	158 334	16 756	56	1 254	133	Community transmission
Slovenia	10 706	95 481	45 928	204	1 448	697	Clusters of cases
Republic of Moldova	10 166	125 723	31 166	144	2 547	631	Community transmission
Greece	9 274	123 842	11 882	638	3 540	340	Community transmission
Israel	7 843	350 772	40 526	50	2 956	342	Community transmission
Bosnia and Herzegovina	6 538	100 306	30 573	376	3 298	1 005	Community transmission
Armenia	6 388	148 325	50 055	160	2 486	839	Community transmission
North Macedonia	5 776	73 087	35 081	195	2 096	1 006	Community transmission
Albania	5 594	47 742	16 590	100	989	344	Clusters of cases
Kazakhstan	5 424	185 513	9 880	0	2 542	135	Clusters of cases
Latvia	4 259	25 046	13 279	71	324	172	Clusters of cases
Luxembourg	4 255	41 272	65 932	51	396	633	Community transmission
Estonia	3 213	17 713	13 353	22	148	112	Clusters of cases
Montenegro	3 014	41 546	66 149	49	582	927	Clusters of cases
Finland	2 855	30 073	5 428	38	453	82	Community transmission
Norway	2 651	40 022	7 382	33	387	71	Clusters of cases
Cyprus	2 619	14 800	12 258	18	77	64	Clusters of cases
Kyrgyzstan	2 254	77 356	11 857	12	1 307	200	Clusters of cases
Ireland	1 808	75 756	15 342	26	2 123	430	Community transmission
Uzbekistan	907	74 811	2 235	1	612	18	Clusters of cases
Malta	678	11 101	25 141	17	166	376	Clusters of cases
Tajikistan	409	12 798	1 342	0	87	9	Pending
Andorra	283	7 288	94 325	0	78	1 010	Community transmission
San Marino	143	1 932	56 927	3	51	1 503	Community transmission
Liechtenstein	106	1 502	39 384	2	18	472	Sporadic cases

Iceland	76	5 552	16 270	1	28	82	Community transmission
Monaco	31	668	17 022	0	3	76	Sporadic cases
Holy See	0	26	32 138	0	0	0	Sporadic cases
Territoriesⁱⁱⁱ							
Kosovo	3 781	46 075	24 766	99	1 176	632	Community transmission
Jersey	399	1 637	15 046	0	32	294	Community transmission
Gibraltar	28	1 070	31 759	0	5	148	Clusters of cases
Faroe Islands	19	525	10 744	0	0	0	Sporadic cases
Greenland	1	19	335	0	0	0	No cases
Guernsey	1	289	4 573	0	13	206	Community transmission
Isle of Man	0	370	4 351	0	25	294	No cases
South-East Asia	290 308	11 361 437	5 621	4 400	172 858	86	
India	212 807	9 857 029	7 143	2 837	143 019	104	Clusters of cases
Indonesia	41 924	611 631	2 236	1 064	18 653	68	Community transmission
Bangladesh	13 299	489 178	2 970	213	7 020	43	Community transmission
Myanmar	9 343	105 863	1 946	161	2 220	41	Clusters of cases
Nepal	7 708	247 593	8 498	112	1 689	58	Clusters of cases
Sri Lanka	4 907	32 135	1 501	12	149	7	Clusters of cases
Maldives	189	13 348	24 694	1	48	89	Clusters of cases
Thailand	120	4 192	60	0	60	1	Clusters of cases
Bhutan	11	437	566	0	0	0	Sporadic cases
Timor-Leste	0	31	24	0	0	0	Sporadic cases
Western Pacific	45 276	960 020	489	537	18 259	9	
Japan	17 189	177 287	1 402	247	2 562	20	Clusters of cases
Malaysia	10 887	82 246	2 541	31	411	13	Clusters of cases
Philippines	10 262	448 331	4 091	204	8 730	80	Community transmission
Republic of Korea	5 220	42 766	834	35	580	11	Clusters of cases
China	790	94 950	65	3	4 756	3	Clusters of cases
Australia	69	28 025	1 099	0	908	36	Clusters of cases
Mongolia	64	906	276	0	0	0	Clusters of cases
Singapore	58	58 313	9 967	0	29	5	Sporadic cases
Papua New Guinea	49	720	80	1	8	1	Community transmission

Viet Nam	30	1 395	14	0	35	0	Clusters of cases
New Zealand	18	1 740	361	0	25	5	Clusters of cases
Cambodia	13	359	21	0	0	0	Sporadic cases
Lao People's Democratic Republic	2	41	6	0	0	0	Sporadic cases
Brunei Darussalam	1	152	347	0	3	7	Sporadic cases
Fiji	0	44	49	0	2	2	Sporadic cases
Solomon Islands	0	17	25	0	0	0	Sporadic cases
Territoriesⁱⁱⁱ							
French Polynesia	511	15 618	55 598	12	91	324	Sporadic cases
Guam	108	6 953	41 197	4	117	693	Clusters of cases
Northern Mariana Islands (Commonwealth of the)	4	113	1 963	0	2	35	Pending
New Caledonia	1	36	126	0	0	0	Sporadic cases
Marshall Islands	0	4	68	0	0	0	Sporadic cases
Vanuatu	0	1	3	0	0	0	Sporadic cases
Wallis and Futuna	0	3	267	0	0	0	Sporadic cases
Global	4 329 927	70 476 836	555	75 038	1 599 922	10	

****See [data](#), [table](#) and [figure notes](#)**

Technical guidance and other resources

- [Technical guidance](#)
- [WHO Coronavirus Disease \(COVID-19\) Dashboard](#)
- [Weekly COVID-19 Operational Updates](#)
- [WHO COVID-19 case definitions](#)
- [COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update](#)
- [Research and Development](#)
- [Online courses on COVID-19](#) in official UN languages and in [additional national languages](#)
- [The Strategic Preparedness and Response Plan](#) (SPRP) outlining the support the international community can provide to all countries to prepare and respond to the virus
- Updates from WHO regions
 - [African Region](#)
 - [Region of the Americas](#)
 - [Eastern Mediterranean Region](#)
 - [South-East Asia Region](#)
 - [European Region](#)
 - [Western Pacific Region](#)

Recommendations and advice for the public

- [Protect yourself](#)
- [Questions and answers](#)
- [Travel advice](#)
- [EPI-WIN](#): tailored information for individuals, organizations and communities

Data, table and figure notes

Data presented are based on official laboratory-confirmed COVID-19 case 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 incidence, and variable delays to reflecting these data at 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. Due to public health authorities conducting data reconciliation exercises which remove large numbers of cases or deaths from their total counts, negative numbers may be displayed in the new cases/deaths columns as appropriate. Retro-adjustments can also affect the percentage change reported in Table 1, with the percentages reflecting retro-adjustments made over the past week. When additional details become available that allow the subtractions to be suitably apportioned to previous days, graphics will be updated accordingly. See the [log of major changes and errata](#) for details. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data.

Global totals include 744 cases and 13 deaths reported from international conveyances.

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.

^[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, number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

ⁱ Excludes countries, territories, and areas that have never reported a confirmed COVID-19 case.

ⁱⁱ Transmission classification is based on a process of country/territory/area self-reporting. Classifications are reviewed on a weekly basis and may be revised as new information becomes available. Differing degrees of transmission may be present within countries/territories/areas. For further information, please see: [Considerations for implementing and adjusting public health and social measures in the context of COVID-19](#):

- No (active) cases: No new cases detected for at least 28 days (two times the maximum incubation period), in the presence of a robust surveillance system. This implies a near-zero risk of infection for the general population.
- Imported / Sporadic cases: Cases detected in the past 14 days are all imported, sporadic (e.g. laboratory acquired or zoonotic) or are all linked to imported/sporadic cases, and there are no clear signals of further locally acquired transmission. This implies minimal risk of infection for the general population.
- Clusters of cases: Cases detected in the past 14 days are predominantly limited to well-defined clusters that are not directly linked to imported cases, but which are all linked by time, geographic location and common exposures. It is assumed that there are a number of unidentified cases in the area. This implies a low risk of infection to others in the wider community if exposure to these clusters is avoided.
- Community transmission: Which encompasses a range of levels from low to very high incidence, as described below and informed by a series of indicators described in the aforementioned guidance. As these subcategorizations are not currently collated at the global level, but rather intended for use by national and sub-national public health authorities for local decision-making, community transmission has not been disaggregated in this information product.
 - CT1: Low incidence of locally acquired, widely dispersed cases detected in the past 14 days, with many of the cases not linked to specific clusters; transmission may be focused in certain population sub-groups. Low risk of infection for the general population.
 - CT2: Moderate incidence of locally acquired, widely dispersed cases detected in the past 14 days; transmission less focused in certain population sub-groups. Moderate risk of infection for the general population.
 - CT3: High incidence of locally acquired, widely dispersed cases in the past 14 days; transmission widespread and not focused in population sub-groups. High risk of infection for the general population.
 - CT4: Very high incidence of locally acquired, widely dispersed cases in the past 14 days. Very high risk of infection for the general population.
- Pending: transmission classification has not been reported to WHO.

iii “Territories” include territories, areas, overseas dependencies and other jurisdictions of similar status.

Weekly Operational Update on COVID-19

14 December 2020



Confirmed cases^a

70 461 926

Confirmed deaths

1 599 704

Landmark alliance launches in Africa to fight COVID-19 misinformation

WHO has launched the Africa Infodemic Response Alliance, involving 13 international and regional organizations with expertise to detect and counter damaging misinformation on COVID-19 and other public health issues in Africa.

COVID-19 related information has inundated digital platforms with, for example, almost 40 million mentions on Twitter and web-based news sites in the 47 countries of the WHO African Region according to UN Global Pulse, a UN initiative on big data.



WHO/Otto.B

A large proportion of this information is inaccurate and misleading and continues to be shared both intentionally and unknowingly. African fact-checking organizations say they have debunked more than 1,000 misleading reports during the pandemic, including unproven treatments, false cures and anti-vaccine messages.

“In health emergencies, misinformation can kill and ensure diseases continue to spread. This crucial new alliance brings unique reach, knowledge and skills to help stop the impact of dangerous misinformation,” said Dr Matshidiso Moeti, WHO Regional Director for Africa.

For further information on this landmark alliance and managing misinformation, click [here](#).

Key Figures



WHO-led UN Crisis-Management Team coordinating 23 UN entities across nine areas of work



134 GOARN deployments conducted to support COVID-19 pandemic response



18 842 965 respirators shipped globally



191 941 480 medical masks shipped globally



8 352 431 face shields shipped globally



5 157 679 gowns shipped globally



28 494 121 gloves shipped globally



More than **2.5 million** people registered on [OpenWHO](#) and able to access **142** COVID-19 online training courses across **19** topics in **42** languages

^a For the latest data and information, see the [WHO COVID-19 Dashboard](#) and [Situation Reports](#)



**World Health
Organization**

HEALTH
EMERGENCIES
programme

From the field:

WHO Country Office in Kiribati helps repatriate stranded seafarers in time of crisis

Travel restrictions implemented across the globe to prevent or slow the spread of COVID-19 are impacting the lives of seafarers. Many have not been able to join or leave ships, forcing those already at sea when the pandemic started to remain at sea for as long as 20 months and, even in a few cases, to die at sea. Being at sea for such an extended period has a profound effect on the mental and physical health of seafarers.

It is contrary to their rights under the [Maritime Labour Convention \(2006, as amended\)](#) and has severe consequences for maritime safety and trade. 11 months are the maximum length of seafarers' contracts agreed by the International Labour Organization (ILO).

The WHO Country Office in Kiribati has shown how diplomacy, multisectoral collaboration, science-driven advice and political willingness are important for responding to this crisis. Following discussions with ILO and the International Maritime Organization (IMO), the Country Office supported representatives of the Ministry of Health and Medical Services (MHMS) to work with the transport, employment and maritime sectors and ensure that Kiribati seafarers could be repatriated in a safe manner.

Kiribati is a lower middle-income country of low-lying atolls in the Pacific Ocean, severely affected by rising sea levels, and whose population relies largely on the sea for a living. Kiribati seafarers, like seafarers from many other Pacific island countries and areas, work globally on foreign-flagged vessels, contributing to the continuation of the global economy during the COVID-19 pandemic.

"As of early December, 80 nationals including seafarers have been brought back home, and more repatriations are planned in the coming weeks" says Uhjin Kim, WHO's Acting Country Liaison Officer in Kiribati. "As Kiribati does not have capacity to conduct COVID-19 laboratory rt-PCR testing, WHO has provided medical supplies, including GeneXpert cartridges, personal protective equipment (PPE), and technical support to prepare quarantine and isolation facilities to support the successful repatriation efforts, as well as preparedness for the identification and treatment of cases and contacts.

The seriousness of the situation affecting the protection of the rights and well-being of seafarers was the subject of a recently adopted United Nations General Assembly [resolution](#). Through its country offices, WHO worldwide can play an important role in ensuring that seafarers have access to medical care and raise awareness of the [protocols for crew changes](#), designed to ensure that these can take place safely during the COVID-19 pandemic.

From the field:

Nepal enhances laboratory capacity for COVID-19 and influenza

A rapid expansion of molecular diagnostic testing capacities has enabled SARS-CoV-2 surveillance in Nepal and is now being harnessed to strengthen surveillance of influenza and other respiratory pathogens.

As soon as WHO declared the COVID-19 pandemic a public health emergency of international concern, Nepal began expanding its capacity for laboratory testing of the disease. In less than ten months, the country has built a network of 74 laboratories capable of confirming COVID-19 through molecular testing, with more



Credit: WHO/South-East Asia Region Office

laboratories in the process of approval. Training, proficiency testing and on-site reviews have ensured continuous quality improvement throughout the network, which is now also being leveraged to significantly expand national influenza surveillance.

The new laboratory network was facilitated by the federal Ministry of Health and Population (MoHP) with active participation and contribution of provincial and local governments and the private sector. Its strong performance has been secured through a combination of in-person and online training by the National Public Health Laboratory (NPHL) and WHO, as well as a comprehensive five-point quality assurance programme that comprises of:

- 1. Initial validation.** Every laboratory in the network was validated before approval by having ten samples each of its negative and positive results tested at the NPHL.
- 2. Online assessment.** All laboratories were assessed remotely using an online laboratory quality assessment tool jointly developed by WHO and NPHL.
- 3. Re-testing.** Five samples, each of negative and positive results, from all approved laboratories are re-tested at NPHL every month.
- 4. In-house proficiency panels.** All approved laboratories periodically participated in an in-house SARS-COV-2 rRT-PCR proficiency testing system developed at NPHL with WHO support.
- 5. On-site review.** All network laboratories are subject to regular on-site inspections by a joint team of reviewers from NPHL, MoHP and WHO.

With WHO support, a select number of laboratories from the new network are also planning to participate in an international external quality assessment programme by the end of 2020.

Nepal has already incorporated SARS-CoV-2 surveillance into its influenza surveillance system and is also piloting the integration of Respiratory Syncytial Virus (RSV) surveillance. At the same time, the government is identifying those COVID-19 laboratories with optimal assets and performance to significantly expand the national laboratory network for surveillance of influenza and other respiratory pathogens.

With representative laboratories in all provinces including in secondary and tertiary care hospitals both in the public and private sector, Nepal's enhanced laboratory capacity for molecular testing is expected to be a critical asset in strengthening the country's preparedness and response for influenza and other high-threat infectious hazards. For more information, click [here](#).

From the field:

Kyrgyzstan: Joint Intra-Action Review undertaken by the Ministry of Health and WHO



The WHO Country Office in Kyrgyzstan worked in collaboration with the Ministry of Health to conduct a joint Intra-Action Review (IAR) to identify the key strengths and challenges of Kyrgyzstan's COVID-19 response. The review was carried out using COVID-19 tools developed by the WHO European Regional Office and will help to identify practical areas for immediate course correction and sustained improvement of the ongoing response.

Preparation for the IAR included the establishment of a core management team, the identification of facilitators for the key pillars of the response, the organization of preparatory meetings to familiarize participants with the IAR methodology and a facilitator briefing to ensure smooth implementation.

The IAR was conducted by 26 reviewers including experts from the Ministry of Health and the WHO Kyrgyzstan Country Office. The review examined the key pillars of the country's COVID-19 response including: command and coordination; surveillance, rapid response teams and case investigation; points of entry, international travel, and transport; laboratory; infection control; case management; and maintaining essential health services and systems.

The final report is currently being developed and initial results will be presented to the Ministry of Health.

Public health response and coordination highlights

The General Assembly Special Session on COVID-19 took place on December 3-4, 2020. The first day consisted of an opening segment with statements by the Secretary-General and President of the General Assembly, followed by a general debate, will focus on the experiences of Member States.

On the second day, the WHO Director General opened with [a key note address](#). He outlined four key areas in which the leadership of nations and the UN is needed to end the pandemic:

1. Invest in vaccines;
2. Invest in preparedness to prevent the next pandemic;
3. Invest in health as the foundation for peace and prosperity;
4. Invest in multilateralism to safeguard our common future.

The interactive dialogue consisted of three moderated panels covering key aspects of the impact of, and response to, the COVID-19 pandemic, including the UN system's health and humanitarian response to date; the road to a COVID-19 vaccine; and the socio-economic impact and recovering better.

WHO participated in all three panels, along with representatives from UN agencies, civil society and private sector. The three discussions looked at the complex multi-sectoral response to the pandemic, and the criticality of multilateralism. While the discussions also looked at the future, with the advent of a vaccine in the future, it was stressed that the world is still at a critical stage of the pandemic and needs to continue with current measures to suppress, control and potentially stop transmission.

Health Learning

WHO is expanding access to online learning for COVID-19 through its open learning platform for health emergencies, [OpenWHO.org](https://openwho.org).

The OpenWHO platform was launched in June 2017 and published its first COVID-19 course on 26 January 2020.



4 669 750
Course enrollments

42 languages

Over 2.5 million certificates

142 COVID-19 courses

COVID-19 Partners platform

Facilitating Partner Communication in Belize

This week the Partners Platform continues its spotlight series on Member state engagement with the Platform by highlighting Belize.

The Partners Platform has enabled Belize to enhance communication and facilitate coordination amongst all stakeholders including the Ministry of Health, the Ministry of Human Development, the UN Country Team, the European Union and the Inter-American Development Bank.

The WHO Country Office and the UN Country Team used the COVID-19 Partners Platform to begin discussions with the Ministries of Health and Human Development in order to better understand the overall needs and resource requirements of the Government for the COVID-19 response.

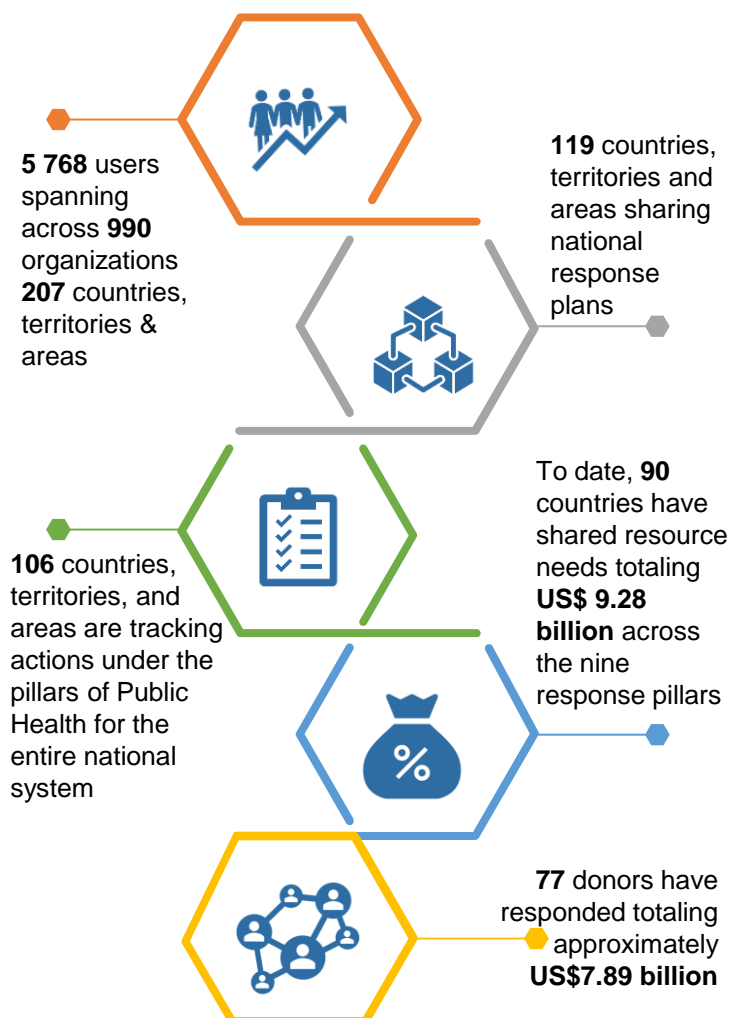
The Platform provided a convening mechanism to support national coordination to develop the country response plan.

With stretched human resource capacity due to the pandemic, Ministry of Health officials appreciated the usefulness of the Platform, as well as its user-friendly and collaborative functionalities.

Since users from the Ministry of Health joined the Platform, a COVID-19 national plan was developed, costed and uploaded to the Platform. Country users also continue to advocate for the use of the Platform and revise action plans as well as update country plan implementation information via the COVID-19 action checklist.



EU-PAHO handover of essential supplies in Belize. Photo credit: WHO Belize





Operations Support and Logistics

The COVID-19 pandemic has prompted an unprecedented global demand for Personal Protective Equipment (PPE), diagnostics and clinical care products.

To ensure market access for low- and middle-income countries, WHO and partners have created a COVID-19 Supply Chain System, which has delivered supplies globally

The table below reflects WHO/PAHO-procured items that have been shipped as of 11 December 2020

Shipped items as of 11 Dec 2020	Laboratory supplies			Personal protective equipment					
Region	Antigen RDTs	Sample collection kits	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)		2 698 365	1 334 834	1 417 410	7 611 521	165 170	1 242 079	51 777 950	2 201 030
Americas (AMR)	2 788 000	1 019 862	10 504 038	3 248 200	4 244 000	318 300	1 490 020	54 881 830	7 579 760
Eastern Mediterranean (EMR)	250 000	653 760	1 116 420	848 985	5 595 000	148 560	474 022	25 105 550	1 278 695
Europe (EUR)	20 000	210 650	466 710	1 705 300	7 243 100	375 020	985 048	38 637 500	5 127 950
South East Asia (SEAR)		2 263 750	1 934 700	370 836	2 030 500	85 510	554 300	6 840 500	594 495
Western Pacific (WPR)		114 300	250 984	761 700	1 770 000	310 807	412 210	13 798 150	2 061 035
TOTAL	3 058 000	6 960 687	15 614 886	8 352 431	28 494 121	1 403 367	5 157 679	191 941 480	18 842 965

For further information on the **COVID-19 supply chain system**, see [here](#).

Appeals

*WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to **give fully flexible funding for the SPRP or GHRP** and avoid even high-level/soft geographic earmarking at e.g. regional or country level. This will allow WHO to direct resources to where they are most needed, which in some cases may be towards global procurement of supplies, intended for countries.*

As of 11 December 2020

Global Strategic Preparedness & Response Plan (SPRP)

WHO's total estimation needed to respond to COVID-19 across the three levels of the organization until December 2020

**US\$1.74
BILLION**

WHO's current funding gap against funds received stands under the updated SPRP

**US\$141.7
MILLION**

The status of funding raised for WHO against the SPRP can be found [here](#)

Global Humanitarian Response Plan (GHRP)

WHO's funding requirement under GHRP

**US\$550
MILLION**

WHO current funding gap

**US\$55
MILLION**

Global WHO GHRP allocation

**US\$495
MILLION**

The United Nations released the 3rd update of the Global Humanitarian Response Plan (GHRP) for COVID-19. [Link](#)



WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 4 December 2020, [The Solidarity Response Fund](#) has raised or committed more than US\$ 238 million.

From the Fund's March 13, 2020 launch through today leading companies and organizations and more than 651,000 individuals together contributed more than US\$238 million in fully flexible funding to support the WHO-led global response effort

More than **US\$ 238 Million**



651 000 donors

[individuals – companies – philanthropies]

The WHO Contingency Fund for Emergency (CFE)

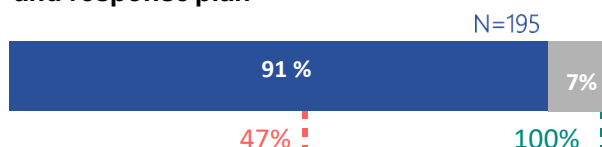
WHO's Contingency Fund for Emergencies (CFE) provided \$8.9 million for COVID-19 preparedness and response worldwide at the very onset of the outbreak when no other funding was available.

US\$ 8.9 Million released

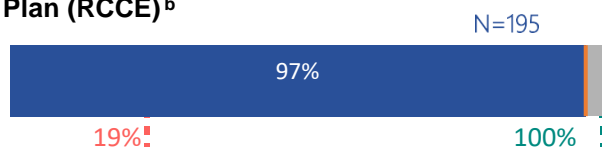
The WHO Contingency Fund for Emergencies 2019 Annual Report was published on 7 August. WHO is grateful to all donors who contributed to the fund allowing us to respond swiftly and effectively to emerging crises including COVID-19. Full report is available [here](#).

COVID-19 Global Preparedness and Response Summary Indicators ^a

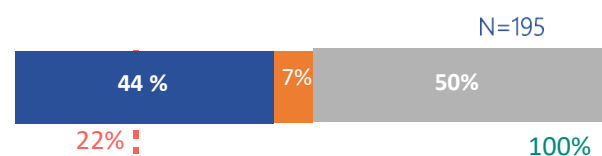
Countries have a COVID-19 preparedness and response plan



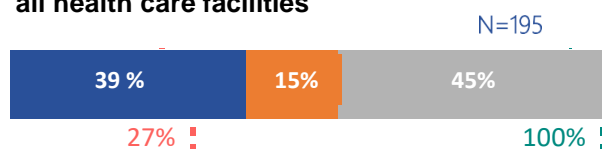
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE) ^b



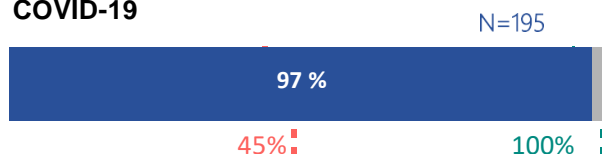
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



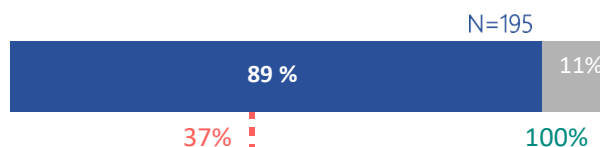
Countries with a national IPC programme & WASH standards within all health care facilities



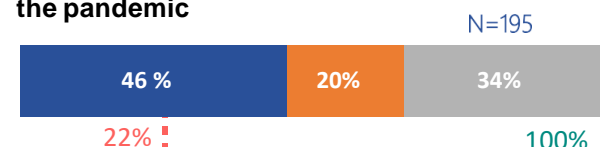
Countries have a functional multi-sectoral, multi-partner coordination mechanism for COVID-19



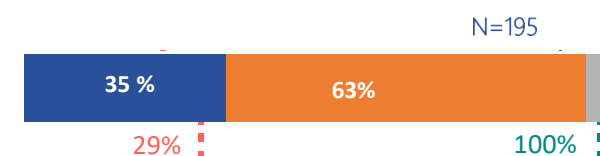
Countries have a clinical referral system in place to care for COVID-19 cases



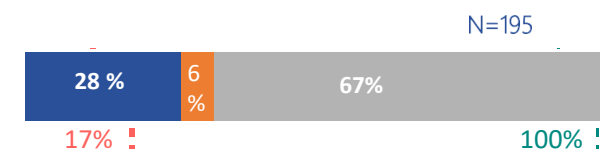
Countries that have defined essential health services to be maintained during the pandemic



Countries in which all designated Points of Entry (PoE) have emergency contingency plans



Countries have a health occupational safety plan for health care workers



Countries have COVID-19 laboratory testing capacity



Legend



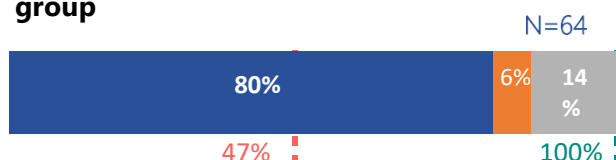
Notes:

^a Data collected from Member States and territories. The term "countries" should be understood as referring to "countries and territories." ^b Source: UNICEF and WHO

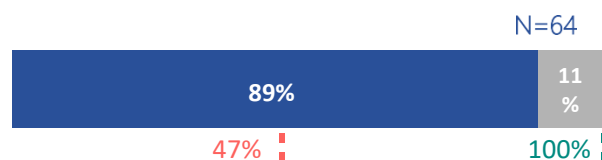
COVID-19 Global Preparedness and Response Summary Indicators

Selected indicators within the Monitoring and Evaluation Framework apply to designated priority countries. Priority Countries are mostly defined as countries affected by the COVID-19 pandemic as included in the [Global Humanitarian and Response Plan](#). A full list of priority countries can be found [here](#).

Priority countries with multisectoral mental health & psychosocial support working group



Priority countries with an active & implemented RCCE coordination mechanism



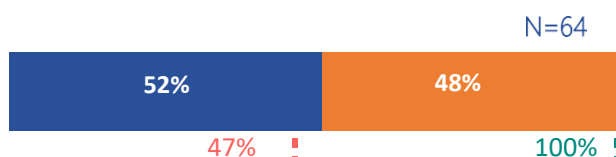
Priority countries that have postponed at least 1 vaccination campaign due to COVID-19^c



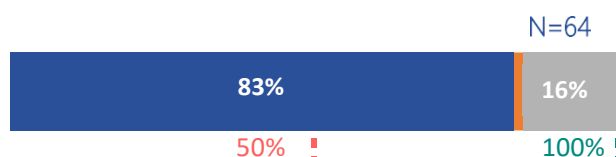
Priority countries with a contact tracing focal point



Priority countries where at least one Incident Management Support Team (IMST) member trained in essential supply forecasting



Priority countries with an IPC focal point for training



Legend

■ Yes

■ No

■ No information

--- Baseline value

--- Target value

Notes:

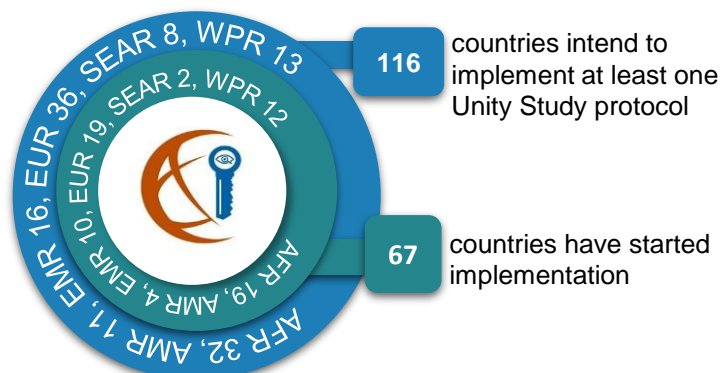
^c Source: WHO Immunization Repository

The Unity Studies: WHO Early Investigations Protocols

The Unity Study is a global sero-epidemiological standardization initiative, which aims at increasing the evidence-based knowledge for action.

It enables any countries, in any resource setting, to gather rapidly robust data on key epidemiological parameters to understand, respond and control the COVID-19 pandemic.

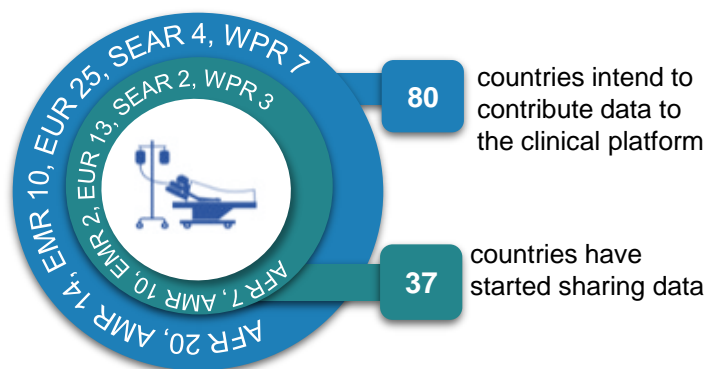
The Unity standard framework is an invaluable tool for research equity. It promotes the use of standardized study designs and laboratory assays



Global COVID-19 Clinical Data Platform

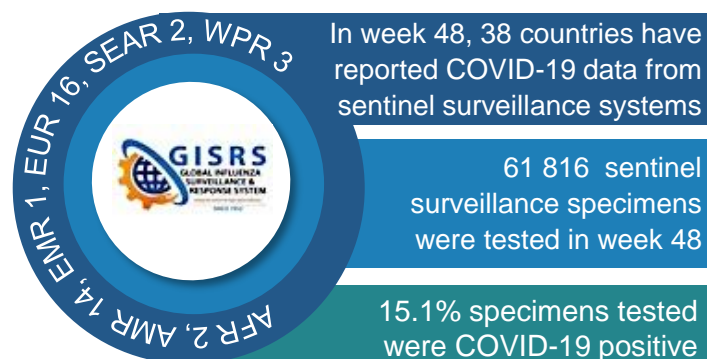
Global understanding of the severity, clinical features and prognostic factors of COVID-19 in different settings and populations remains incomplete.

WHO invites Member States, health facilities and other entities to participate in a global effort to collect anonymized clinical data related to hospitalized suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.



Leveraging the Global Influenza Surveillance and Response System

WHO recommends that countries use existing syndromic respiratory disease surveillance systems such as those for influenza like illness (ILI) or severe acute respiratory infection (SARI) for COVID-19 surveillance. Leveraging existing systems is an efficient and cost-effective approach to enhancing COVID-19 surveillance. The Global Influenza Surveillance and Response System (GISRS) is playing an important role in monitoring the spread and trends of COVID-19



Key links and useful resources

- ❑ For EPI-WIN: WHO Information Network for Epidemics, click [here](#)
- ❑ For more information on COVID-19 regional response:
 - [African Regional Office](#)
 - [Regional Office of the Americas](#)
 - [European Regional Office](#)
 - [Eastern Mediterranean Regional Office](#)
 - [Southeast Asia Regional Office](#)
 - [Western Pacific Regional Office](#)
- ❑ For the WHO case definitions for public health surveillance of COVID-19 in humans caused by SARS-COV-2 infection published on 7 August 2020, click [here](#)
- ❑ For updated WHO Publications and Technical Guidance on COVID-19, click [here](#)
- ❑ For updated GOARN network activities, click [here](#)

COVID-19 Weekly Epidemiological Update

Data as received by WHO from national authorities, as of 6 December 2020, 10 am CET

For the latest data and information on COVID-19, please see:

- [WHO COVID-19 Dashboard](#)
- [WHO COVID-19 Weekly Operational Update](#)

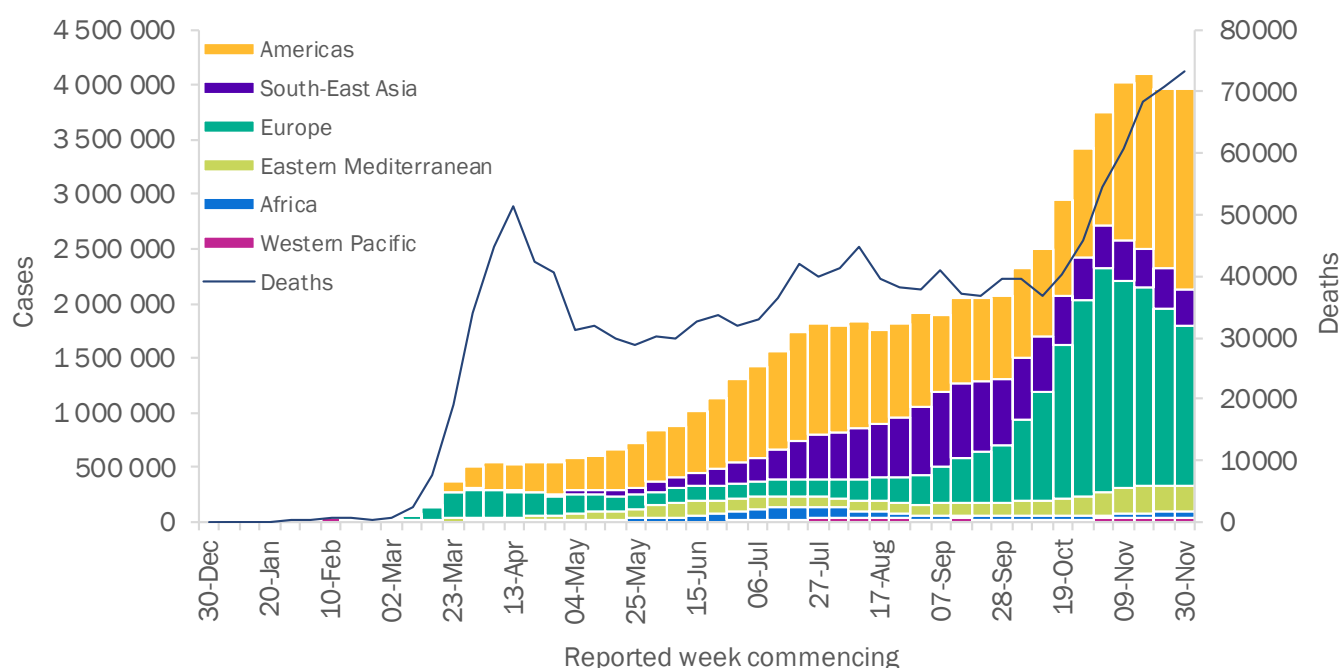
Global epidemiological situation

Global summary

The global incidence of new cases remained very similar to the previous week with just under 4 million new cases reported in the past seven days, while new deaths, globally, increased slightly to over 73 000 new deaths reported. New cases and deaths in the Region of the Americas account for nearly half of all new cases and over one third of all new deaths this week. While new cases remain high in the European Region, new deaths have decreased for a second week. New cases declined in South-East Asia and Eastern Mediterranean regions this week. Deaths decreased in the Eastern Mediterranean Region, and increased in the South-East Asia Region. In the African Region, while both new cases and deaths remain low compared to other regions, there was an increase of 9% in new cases. New deaths have remained stable over the past few weeks. In the Western Pacific Region, cases showed a small decline overall while new deaths increased slightly this week.

As of 7 December there have been over 65.8 million cases and over 1.5 million deaths reported since the start of the pandemic.

Figure 1: COVID-19 cases reported weekly by WHO Region, and global deaths, as of 6 December 2020**



**See [data table and figure notes](#). 1.5 m

In the past week, the five countries reporting the highest number of cases were the United States of America (reporting over 1.2 million cases, a 9% increase from the previous week), Brazil (over 295 000 new cases, a 35% increase), India (over 251 000 cases, a 15% decrease), Russian Federation (over 191 000 new cases, a 6% increase) and Italy (over 145 000 new cases, a 21% decrease).

Additional Region-specific information can be found below: [African Region](#), [Region of the Americas](#), [Eastern Mediterranean Region](#), [European Region](#), [South-East Asia Region](#), and [Western Pacific Region](#).

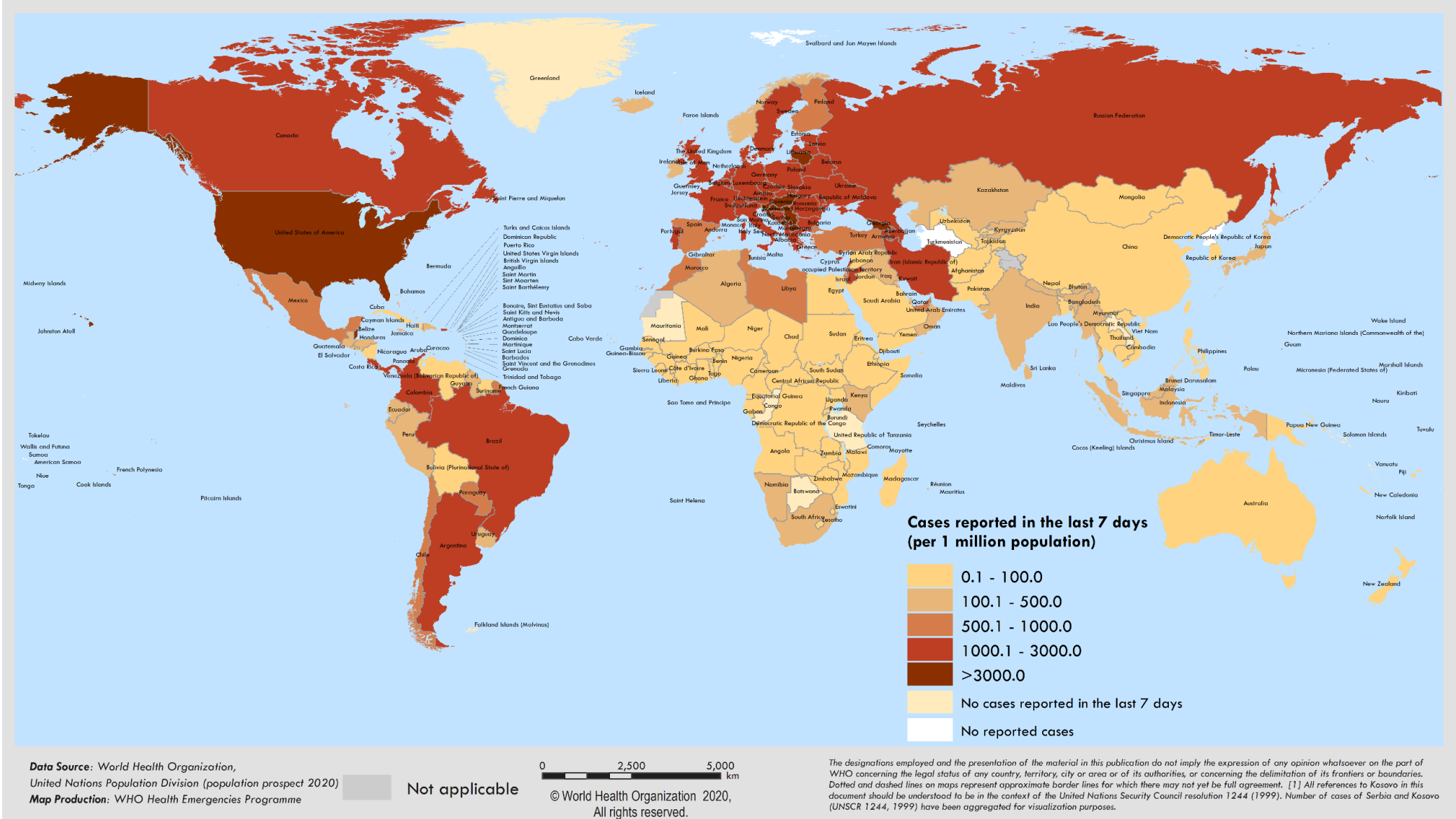
Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 6 December 2020**

WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days *	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days *	Cumulative deaths (%)
Americas	1 845 816 (46%)	12%	28 062 331 (43%)	26 624 (36%)	18%	746 852 (49%)
Europe	1 456 530 (37%)	-9%	19 986 964 (30%)	35 249 (48%)	-3%	448 867 (29%)
South-East Asia	332 396 (8%)	-10%	11 071 129 (17%)	5 004 (7%)	2%	168 458 (11%)
Eastern Mediterranean	242 563 (6%)	-3%	4 288 875 (7%)	5 084 (7%)	-13%	107 258 (7%)
Africa	53 083 (1%)	9%	1 547 607 (2%)	974 (1%)	0%	34 486 (2%)
Western Pacific	40 039 (1%)	-1%	914 744 (1%)	461 (1%)	4%	17 722 (1%)
Global	3 970 427 (100%)	0%	65 872 391 (100%)	73 396 (100%)	4%	1 523 656 (100%)

*Percent change in the number of newly confirmed cases/deaths in past seven days, compared to seven days prior. Regional percentages rounded to the nearest whole number, global totals may not equal 100%.

**See [data, table and figure notes](#)

Figure 2. COVID-19 cases per 1 million population reported in the last seven days by countries, territories and areas, 30 November through 6 December 2020**



**See data, table and figure notes

Situation by WHO Region

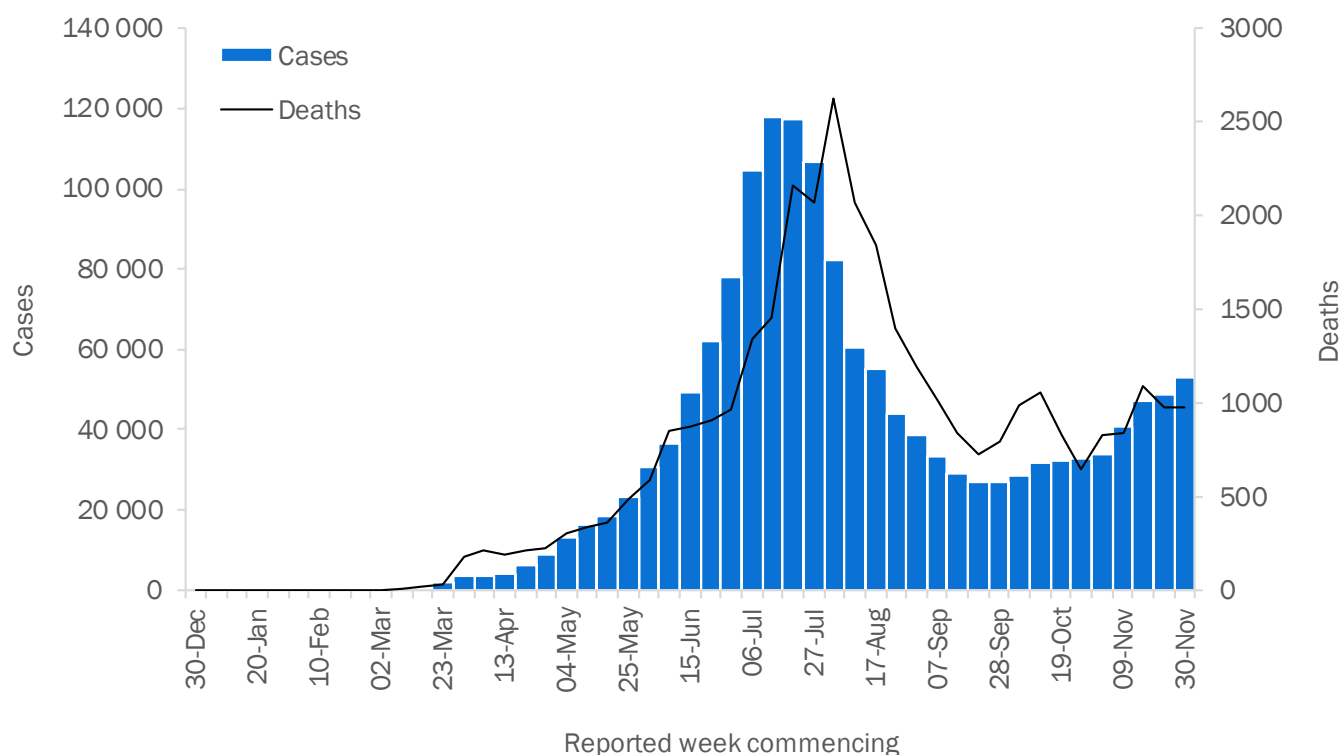
African Region

In the past seven days, over 53 000 new cases were reported in the African Region, a 9% increase compared to the previous week, while deaths remained similar to last week's at just under 1000 new reported deaths (Figure 3). South Africa continues to account for the greatest proportion (48%) of new weekly cases in the Region. In the past seven days, the highest number of new cases was reported from South Africa (25 310 new cases, 427 new cases per 1 million population), Algeria (6290 new cases, 143 new cases per 1 million population), Kenya (5379 new cases, 100 per 1 million population), Ethiopia (3810 new cases, 33 new cases per 1 million population) and Uganda (2244 new cases, 49 per 1 million population).

Over the past month, Kenya has reported its highest weekly cases and deaths. However, in the past week these numbers have declined by 13% and 8%, respectively, for both new cases and deaths. Case totals in the country have reached nearly 88 000 since the start of the pandemic and, with fatalities only being reported for hospital deaths, it is likely that cumulative deaths are being underreported. A study in July reported that for a country of 51 million people, there are only 537 Intensive Care Unit (ICU) beds and 256 ventilators. Nearly 75% of Kenya's ICU beds are in Nairobi and Mombasa. Thus far Kenya has conducted nearly 886 000 tests with a testing rate of 1.2 per 1000 population in the last week and a test positivity rate of 10%.

Cases in Nigeria have increased by 46% in the past seven days, the highest weekly case count reported since August. In the past seven days, 22 of the 37 states in Nigeria have reported new cases with the highest case numbers being reported in the states of Lagos, Federal Capital Territory, Plateau, Oyo and Kaduna. In a country of over 206 million persons, Nigeria has conducted over 803 000 tests throughout the pandemic. In the last reporting week, it had a testing rate of 0.17 per 1000 population and a test positivity rate of 4.6%. Additionally, while the volume of in-bound international travel in the past week has remained within its normal parameters, the number of travelers with a positive result after seven days has increased by 68% (from 48 to 81).

Figure 3: Number of COVID-19 cases and deaths reported weekly by the WHO African Region, as of 6 December 2020**



**See [data](#), [table](#) and [figure notes](#)

Region of the Americas

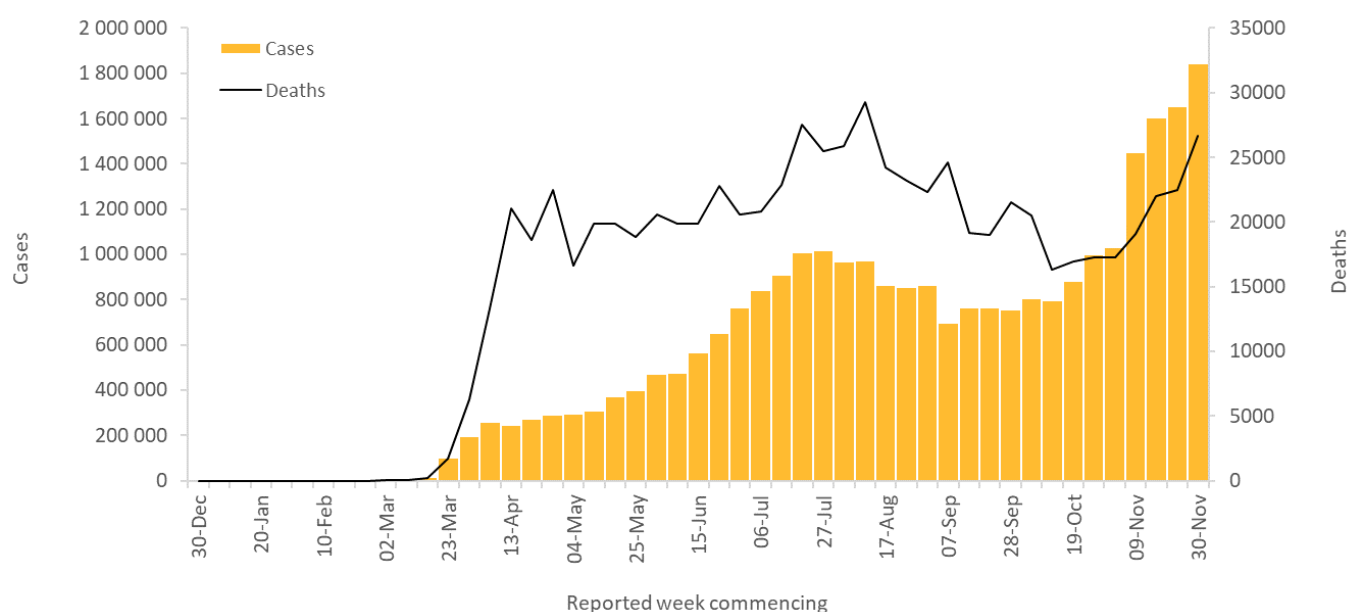
In the Region of the Americas, the weekly number of new cases reached 1 845 816 this week with 26 624 new deaths, accounting for 12% and 18% increases compared to the previous week, respectively (Figure 4). The United States of America accounted for 68% of all new cases reported in the past week in the Region. The highest new case and deaths counts were reported in the United States of America (1 251 632 new cases, 3781 new cases per 1 million), Brazil (295 618 new cases, 1391 new cases per 1 million), Mexico (66 095 new cases, 513 new cases per 1 million), Columbia (62 097 new cases, 1220 new cases per 1 million) and Argentina (47 354 new cases, 1048 new cases per 1 million).

In Brazil, a 35% increase in cases was observed in the past week, with 295 618 new cases (1391 cases per 1 million population), which was the highest number reported since mid-August. Upwards trends are being observed in all five regions, and to date, the Southeast Region, which includes the state of Sao Paulo, has reported the highest number of cumulative cases and deaths, followed by the Northeast Region. The number of new deaths was 3990, a 19% increase compared to the previous week. On 1 December, the government of Paraná in southern Brazil, which borders Paraguay and Argentina, introduced a night curfew.

In Mexico, 66 095 new cases (513 cases per 1 million population) were reported in the past week, a 2% increase compared to the previous week and the highest weekly case count since the beginning of the pandemic. There were 3990 new deaths reported, similar levels to the previous week. The government is urging citizens to stay home, and is planning to add hospital beds, medical equipment, and increase the number of doctors and nurses ahead of the holiday season.

The number of new cases in Canada continues to increase with 43 505 reported (1153 cases per 1 million population), a 13% increase from the previous week reaching the highest weekly number since the beginning of the pandemic. Six hundred and two new deaths were reported in the past week, a 7% increase compared to the previous week. In Manitoba province, which reported the fifth highest number of COVID-19 cases in Canada, outbreaks have been reported in a children's daycare center, at a hospital and at a care home in recent weeks. The province of Quebec plans to prohibit gatherings over the holidays in the maximum alert "red zones", which covers most of the state, as a result of the recent upward trend in cases.

Figure 4: Number of COVID-19 cases and deaths reported weekly by the WHO Region of the Americas, as of 6 December 2020**



**See [data](#), [table](#) and [figure notes](#)

Eastern Mediterranean Region

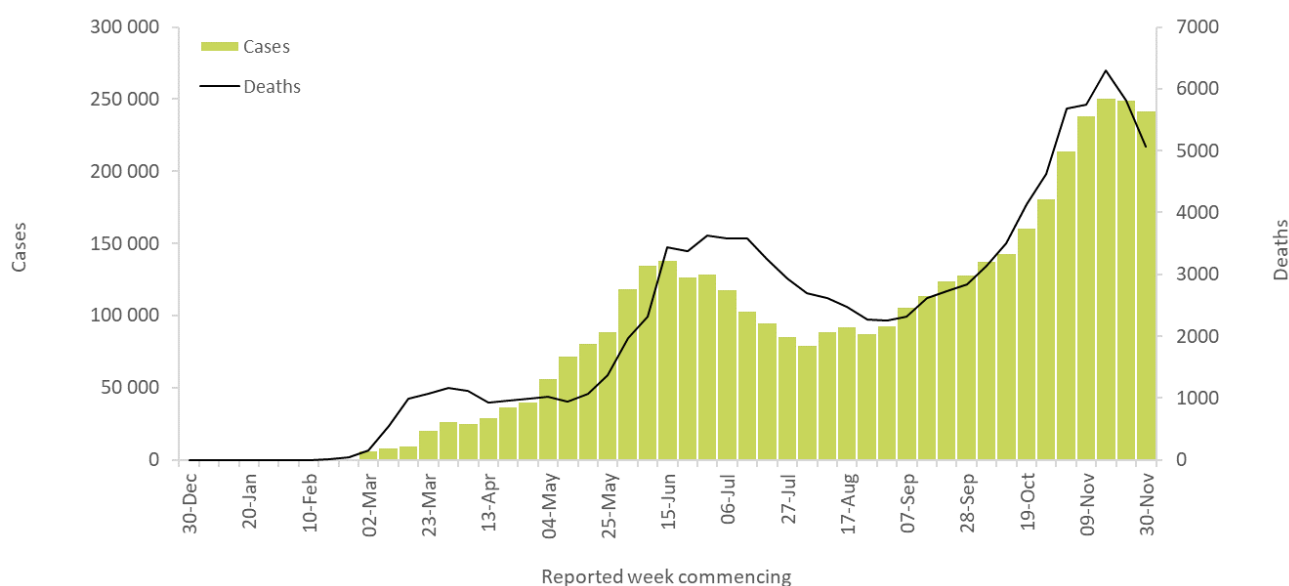
For the second consecutive week, both new cases and new deaths have declined. The Eastern Mediterranean Region reported over 240 000 new cases and over 5000 new deaths, reflecting a reduction of 2% and 12% respectively compared to the previous week (Figure 5). Increases in both new weekly cases and new weekly deaths were reported in Afghanistan, Egypt, occupied Palestinian territory, Oman and Somalia. The highest number of new cases were reported from the Islamic Republic of Iran (93 187 new cases, 1109 new cases per 1 million), Morocco (27 050 new cases, 733 new cases per 1 million), Jordan (26 804 new cases, 2627 new cases per 1 million), Pakistan (20 835 new cases, 94 new cases per 1 million) and Iraq (13 699 new cases, 341 new cases per 1 million).

In Lebanon, over 10 000 new cases (1500 per 1 million population) were reported in the past week. Since cases peaked in the beginning of November, small weekly decreases in new cases have been reported. Ninety-nine new deaths were reported this week compared to the 97 reported in the previous week. National health authorities stated on 3 December that ICUs for COVID-19 patients remain at critical capacity. Before the strengthening of public health and social measures (PHSM) came into effect in mid-November, the occupancy of ICU beds ranged between 80 and 90%. As an effect of these measures being implemented, occupancy has declined to the range of 65 to 70%. Despite the high occupancy in healthcare facilities, Lebanon has seen a decreasing trend in new cases and the country is gradually relaxing PHSM by reopening restaurants, postponing curfews and returning to face-to-face classes in some schools.

Morocco continued to show a decreasing trend in the past week, reporting a decrease of 6% in weekly new cases and 8% in weekly new deaths compared to the figures in the past week. The country reported over 27 000 new cases (733 cases per 1 million population) and over 400 new deaths (12 deaths per 1 million population). Since its peak of cases in mid-November, Morocco has shown a decreasing trend in cases for three consecutive weeks. National health authorities inaugurated a new field hospital in the region of Souss-Massa this week and established new hospital projects for treating COVID-19 patients planned for 2021 in the region of Rabat-Salé-Kenitra.

Since mid-October, cases in Egypt have increased. In the current week, the country reported over 2800 new cases, a 13% increase compared to the past week (28 cases per 1 million population). As Egypt experiences a resurgence in COVID-19 infections, the country is strengthening public health and social measures by reducing the working hours for shops and limiting the number of employees and workers in government offices.

Figure 5: Number of COVID-19 cases and deaths reported weekly by the WHO Eastern Mediterranean Region, as of 6 December 2020**



**See data, table and figure notes

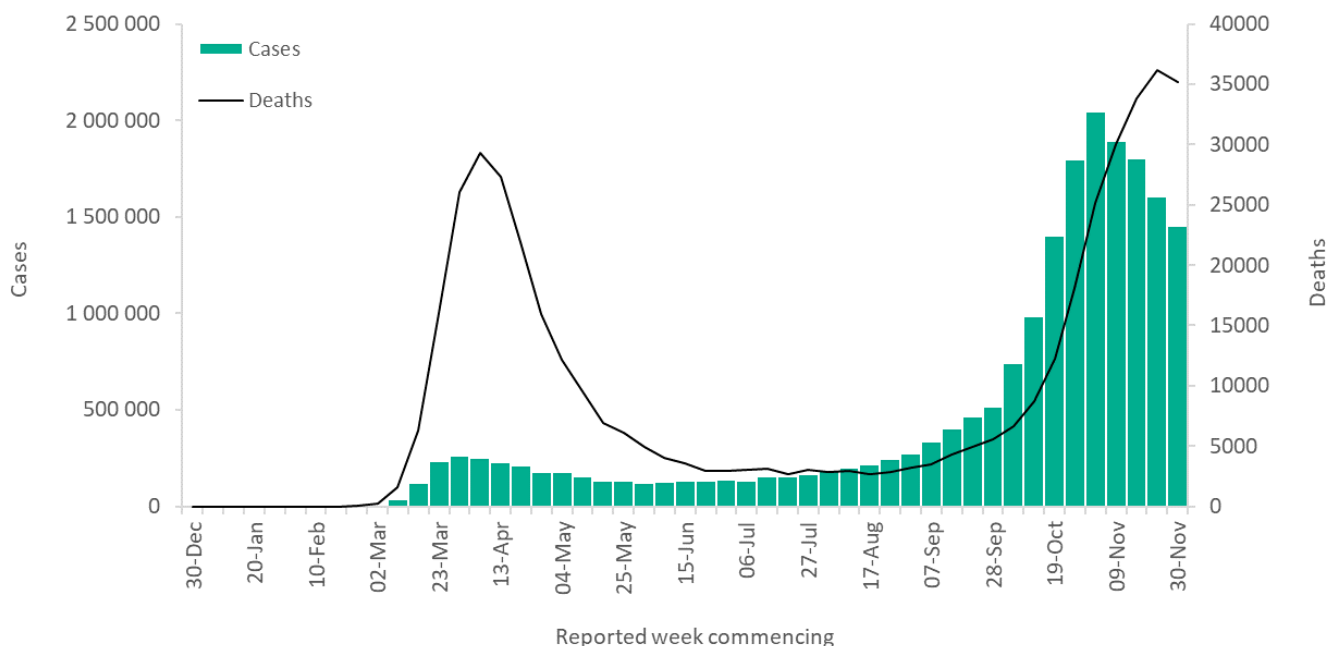
European Region

The number of new cases in the European Region remains high with over 1.4 million new cases reported in the past week (Figure 6). However, the number of new cases has declined again, in line with the past four weeks, down 10% in comparison to the last seven days. While deaths also decreased in the Region in the past seven days, there were still almost 35 200 deaths reported. Despite the observed reductions, the European Region continues to account for the second highest number of new cases and deaths globally (37% and 48% respectively). Last week, the countries reporting the highest number of new cases were the Russian Federation (191 454 new cases, 1312 new cases per 1 million population), Italy (145 459 new cases, 2406 new cases per 1 million population), Germany (128 622 new cases, 1535 new cases per 1 million population) and the United Kingdom (100 799 new cases, 1485 per 1 million population).

In Germany, the weekly number of new cases have remained relatively unchanged compared to the previous week (3% increase), while the number of deaths has increased by 26%. An increase in both cases and deaths was seen in early October, which then seemed to have plateaued in the latter half of November. While the incidence in younger ages remains stable, it continues to increase in older age groups with an incidence of cases of 128 per 100 000 population in those aged 60 years and over. The distribution of cases and deaths varies across the country with the state of North-Rhine Westphalia consistently reporting the highest number of cases, while deaths are highest in Bavaria (30.9 per 100 000 population).

The United Kingdom continues to report high numbers of new cases and deaths, although overall incidence have decreased for the past three weeks. The country introduced tighter public health and social measures on 5 November. It has conducted nearly 39 million tests since the start of the pandemic. In the past week, the testing rate has been 29 tests per 1000 population with a test positivity rate of 5.8%. On 2 December, the United Kingdom became the first country to approve Pfizer/BioNTech's COVID-19 vaccine, with the first doses to be administered on 8 December. Vaccines will be available to about 70 hospital hubs across the country, and provided first to those aged over 80 years and health care workers.

Figure 6: Number of COVID-19 cases and deaths reported weekly by the WHO European Region, as of 6 December 2020**



**See [data](#), [table](#) and [figure notes](#)

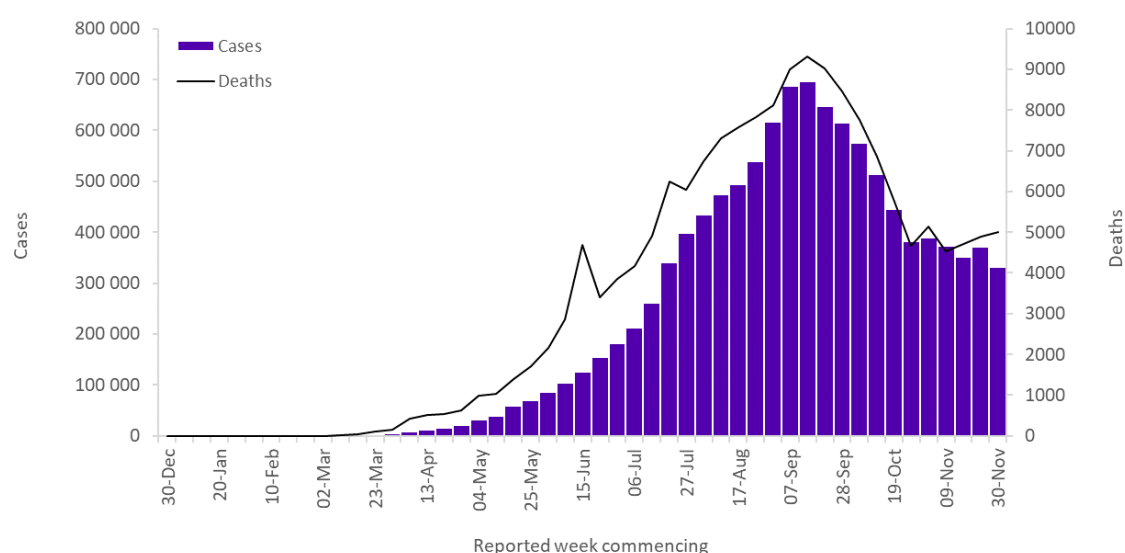
South-East Asia Region

In the South-East Asia Region, new cases reported last week declined 10% compared to the previous week (332 396 new cases, 164 new cases per 1 million population), although new weekly deaths showed a slight increase of 2% compared to the previous week (5004 new deaths, 2 new deaths per 1 million population) (Figure 7). The trends in cases and deaths are still largely driven by India, which reported 76% and 70% of new weekly cases and deaths respectively in the Region. A decrease in new weekly cases was reported in India, Nepal and the Maldives, whereas an increase was reported from Bhutan, Indonesia, Myanmar, Sri Lanka and Thailand. The highest number of new cases were reported from India (251 303 new cases, 182 new cases per 1 million), Indonesia (41 708 new cases, 152 new cases per 1 million) and Bangladesh (15 260 new cases, 93 new cases per 1 million).

In Nepal, over 9000 new cases (314 per 1 million population) were reported in the past week, a significant decrease of 24% compared to the previous week. In addition, the number of new deaths decreased by 17%, to 123 new deaths (4 deaths per 1 million population). As of 2 December, 77% of cases were reported from three provinces, Province 1, Bagmati province and Lumbini province. National authorities inaugurated 5 provincial infectious diseases hospitals and 309 basic hospitals at the municipal level across the country. In addition, health authorities are working with Kathmandu Municipality, one of the hardest hit areas, to institutionalize community based active surveillance and testing.

In Bangladesh, new weekly cases and deaths remained at similar levels as the previous week, with over 15 000 new cases (93 new cases per 1 million population) and 227 new deaths (1 death per 1 million population) reported in this week. As of 30 November, the bed occupancy rate for general beds and ICUs were 17.4% and 56.2% respectively, according to national health authorities. Moreover, on 5 December, the country started a new testing strategy, introducing the antigen rapid detection test (Antigen-RDT) in 10 of the 64 districts (Jashore, Brahmanbaria, Gaibandha, Joyupurhat, Madaripur, Meherpur, Munshiganj, Panchagarh, Patuakhali, and Sylhet). Among the samples tested, the proportion of infection detected by Antigen-RDT was 26.5%. The country will be gradually expanding antigen-based testing in areas where PCR testing is currently not implemented.

Figure 7: Number of COVID-19 cases and deaths reported weekly by the WHO South-East Asia Region, as of 6 December 2020**



**See [data](#), [table](#) and [figure notes](#)

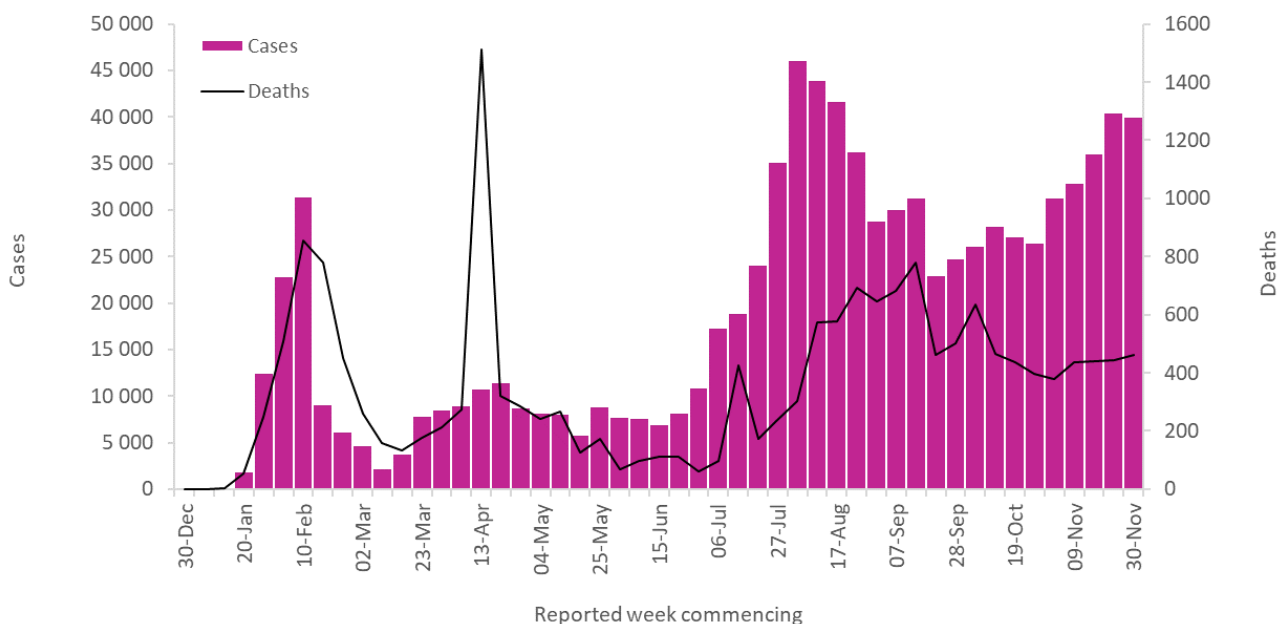
Western Pacific Region

Last week, in the Western Pacific Region, the weekly incidence of new cases was 40 039, with 461 new deaths, accounting for a 1% decrease in cases and a 4% increase in deaths compared to the previous week (Figure 8). Countries including the Republic of Korea and China reported an upward trend in weekly new cases, while countries including Malaysia, Guam and Mongolia reported a downward trend compared to the previous week. The highest new case and deaths counts were reported in Japan (15 445 new cases, 122 new cases per 1 million), Philippines (10 272 new cases, 94 new cases per 1 million) and Malaysia (8183 new cases, 253 new cases per 1 million).

In Malaysia, 8183 new weekly cases were reported, a 14% decrease compared to the previous week, but the levels continue to remain high since the rise of cases in September. The number of new weekly deaths reported were 26, an 18% increase compared to the previous week, but overall the trend continues to decline since death counts peaked in mid- to late October. Sabah state has reported the highest number of cumulative cases, followed by Selangor, Kuala Lumpur and Negeri Sembilan states. Among the new cases reported in the past week, there were cases linked to clusters in prisons and temporary detention centers in Kedah, Selangor, Negeri Sembilan, Sabah and Penang states. In addition to correctional facilities, clusters have also been identified in construction sites, factories and other workplaces, as well as in family settings.

China reported 831 cases (1 per 1 million population) in the past week, a 22% increase compared to the previous week, though cases remain at low levels. New weekly cases last exceeded 800 in the week commencing 27 July. Three deaths were reported in the pas week.

Figure 8: Number of COVID-19 cases and deaths reported weekly by the WHO Western Pacific Region, data as of 6 December 2020**



**See [data](#), [table](#) and [figure notes](#)

Key weekly updates

At the United Nations General Assembly Special Session, WHO Director-General Dr Tedros Adhanom Ghebreyesus delivered four key areas in which leaders can invest to end the pandemic and build the post-pandemic world; [vaccines, preparedness to prevent the next pandemic, health as the foundation of peace and prosperity and multilateralism to safeguard our common future.](#)

Dr Tedros thanked donors for answering the initial call for funding the Gavi COVAX Advanced Market Commitment target of US \$2 billion in 2020, and put forth WHO's [unwavering commitment to equitable, timely and fair access to all the tools that can serve to mitigate and end the pandemic.](#) He reminded all that the pandemic has ["a long a way to run and decisions made by leaders and citizens in the coming days will determine both the course of the virus in the short term and when this pandemic will ultimately end."](#)

At the release of the study on the global estimates of the need for rehabilitation, Dr Tedros highlighted the importance of the fight to restore [full health and dignity](#) for those affected by infectious disease including COVID-19, as well as noncommunicable disease, accidents, conflicts and many other health issues.

Water, sanitation and hygiene is a first line of defense against COVID-19 and many other diseases. In the opening remarks of the discussion between health, water and finance ministers, Dr Tedros emphasized that ["investments in health – including water, sanitation, and hygiene – are the necessary foundation for productive, resilient and stable economies."](#)

On World AIDS Day, Dr Tedros highlighted how ["health and community workers who provide the bulk of HIV services now find themselves battling not just HIV, but COVID-19"](#) and that preventing and testing HIV must reach groups in need by employing a people-centric approach with comprehensive and integrated health services.

As COVID-19 vaccines finally become within reach, [vaccine acceptance is the next hurdle](#). People's behaviour for vaccine uptake is driven by an enabling environment for people to easily access affordable vaccines, harnessing social influences including from community leaders, and increasing individual motivation through open and transparent communication about the vaccine.

[WHO launched a youth council](#) to advise the Director-General on global health and development issues that impact young people. These challenges include the long-term consequences of the pandemic which will shape the world they live and work in for decades to come.

WHO has published the following documents:

- [Mask use in the context of COVID-19;](#)
- [Health workforce policy and management in the context of the COVID-19 pandemic response;](#)
- [A prospective cohort study investigating maternal, pregnancy and neonatal outcomes for women and neonates infected with SARS-CoV-2;](#)
- [Feasibility, Potential Value and Limitations of Establishing a Closely Monitored Challenge Model of Experimental COVID-19 Infection and Illness in Healthy Young Adult Volunteers;](#) and

Table 2. COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories and areas, and WHO Region, as of 6 December 2020**

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification ⁱⁱ
Africa	53 083	1 547 607	1 379	974	34 486	31	
South Africa	25 310	810 449	13 665	628	22 067	372	Community transmission
Algeria	6 290	87 502	1 995	108	2 501	57	Community transmission
Kenya	5 379	87 984	1 636	73	1 518	28	Community transmission
Ethiopia	3 810	112 740	981	50	1 745	15	Community transmission
Uganda	2 244	22 188	485	5	206	5	Community transmission
Nigeria	1 607	68 937	334	9	1 180	6	Community transmission
Democratic Republic of the Congo	919	13 526	151	11	344	4	Community transmission
Zimbabwe	795	10 617	714	16	291	20	Community transmission
Ghana	717	52 096	1 677	2	325	10	Community transmission
Namibia	665	14 950	5 884	3	153	60	Community transmission
Cameroon	635	24 752	932	6	443	17	Community transmission
Mozambique	547	16 133	516	4	133	4	Community transmission
Mali	495	5 062	250	14	163	8	Community transmission
Angola	449	15 536	473	9	354	11	Community transmission
Senegal	370	16 397	979	5	337	20	Community transmission
Burkina Faso	340	3 156	151	0	68	3	Community transmission
Niger	317	1 789	74	7	77	3	Community transmission
Zambia	309	17 898	974	7	364	20	Community transmission
Rwanda	212	6 084	470	4	51	4	Clusters of cases
Côte d'Ivoire	180	21 441	813	1	132	5	Community transmission
Madagascar	172	17 513	632	4	255	9	Community transmission
Guinea	168	13 207	1 006	0	76	6	Community transmission
Togo	125	3 051	369	1	65	8	Community transmission
Cabo Verde	100	10 626	19 112	1	105	189	Community transmission
Eswatini	89	6 495	5 598	1	122	105	Community transmission

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification ⁱⁱ
Benin	81	3 055	252	1	44	4	Community transmission
Liberia	81	1 676	331	0	83	16	Community transmission
Gabon	63	9 254	4 158	1	60	27	Community transmission
South Sudan	62	3 166	283	0	61	5	Community transmission
Chad	59	1 722	105	1	102	6	Community transmission
Eritrea	55	632	178	0	0	0	Sporadic cases
Gambia	36	3 770	1 560	0	123	51	Community transmission
Lesotho	28	2 137	998	0	44	21	Community transmission
Malawi	24	6 049	316	0	185	10	Community transmission
Guinea-Bissau	19	2 441	1 240	1	44	22	Community transmission
Sao Tome and Principe	14	999	4 558	0	17	78	Community transmission
Burundi	13	694	58	0	1	0	Community transmission
Seychelles	10	182	1 851	0	0	0	Sporadic cases
Sierra Leone	10	2 420	303	0	74	9	Community transmission
Central African Republic	9	4 922	1 019	0	63	13	Community transmission
Equatorial Guinea	6	5 159	3 677	0	85	61	Community transmission
Comoros	5	615	707	0	7	8	Community transmission
Mauritius	4	505	397	0	10	8	Clusters of cases
Botswana	0	9 992	4 249	0	31	13	Community transmission
Congo	0	5 774	1 046	0	94	17	Community transmission
Mauritania	0	8 424	1 812	0	172	37	Community transmission
United Republic of Tanzania	0	509	9	0	21	0	Community transmission
Territoriesⁱⁱⁱ							
Réunion	260	8 200	9 159	1	41	46	Clusters of cases
Mayotte	0	5 181	18 991	0	49	180	Clusters of cases
Americas	1 845 816	28 062 331	27 437	26 624	746 852	730	
United States of America	1 251 632	14 191 298	42 874	13 767	276 503	835	Community transmission
Brazil	295 618	6 533 968	30 739	3 990	175 964	828	Community transmission

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification ⁱⁱ
Mexico	66 095	1 156 770	8 972	3 990	108 863	844	Community transmission
Colombia	62 097	1 352 607	26 583	1 253	37 467	736	Community transmission
Argentina	47 354	1 454 631	32 185	1 296	39 512	874	Community transmission
Canada	43 505	402 569	10 666	602	12 496	331	Community transmission
Peru	12 536	970 860	29 445	356	36 195	1 098	Community transmission
Panama	11 863	173 607	40 236	124	3 154	731	Community transmission
Chile	9 727	558 668	29 225	270	15 592	816	Community transmission
Costa Rica	6 592	143 685	28 206	83	1 773	348	Community transmission
Ecuador	6 482	197 391	11 188	385	13 756	780	Community transmission
Paraguay	6 063	86 499	12 127	93	1 813	254	Community transmission
Dominican Republic	5 002	147 655	13 611	17	2 345	216	Community transmission
Guatemala	3 554	125 352	6 997	78	4 239	237	Community transmission
Honduras	2 826	109 960	11 102	42	2 941	297	Community transmission
Venezuela (Bolivarian Republic of)	2 353	103 877	3 653	25	913	32	Community transmission
Belize	1 796	7 383	18 568	29	170	428	Community transmission
Uruguay	1 428	6 731	1 938	6	80	23	Clusters of cases
El Salvador	1 313	39 718	6 123	46	1 153	178	Community transmission
Bolivia (Plurinational State of)	831	145 325	12 450	44	8 987	770	Community transmission
Cuba	541	8 714	769	3	136	12	Clusters of cases
Jamaica	394	11 063	3 736	10	261	88	Community transmission
Guyana	291	5 601	7 121	2	151	192	Clusters of cases
Trinidad and Tobago	149	6 735	4 812	3	121	86	Community transmission
Haiti	106	9 370	822	1	233	20	Community transmission
Bahamas	74	7 570	19 250	0	163	415	Clusters of cases
Nicaragua	42	4 671	705	1	161	24	Community transmission
Saint Lucia	19	265	1 443	0	2	11	Sporadic cases
Barbados	15	285	992	0	7	24	Clusters of cases
Suriname	11	5 322	9 072	0	117	199	Sporadic cases

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification ⁱⁱ
Antigua and Barbuda	3	144	1 470	0	4	41	Sporadic cases
Saint Vincent and the Grenadines	2	87	784	0	0	0	Sporadic cases
Dominica	0	85	1 181	0	0	0	Clusters of cases
Grenada	0	41	364	0	0	0	Sporadic cases
Saint Kitts and Nevis	0	22	414	0	0	0	Sporadic cases
Territoriesⁱⁱⁱ							
Puerto Rico	3 951	55 532	19 411	102	1 185	414	Community transmission
Curaçao	694	2 740	16 698	4	7	43	Community transmission
French Guiana	228	11 407	38 191	1	71	238	Community transmission
Aruba	132	4 923	46 110	0	45	421	Community transmission
Martinique	107	5 520	14 710	1	41	109	Community transmission
United States Virgin Islands	95	1 633	15 638	0	23	220	Community transmission
Guadeloupe	83	8 427	21 061	0	149	372	Community transmission
Sint Maarten	64	1 105	25 768	0	25	583	Community transmission
Saint Martin	54	744	19 245	0	12	310	Community transmission
Bermuda	41	288	4 625	0	9	145	Clusters of cases
Saint Barthélemy	25	152	15 377	0	0	0	Sporadic cases
Cayman Islands	14	288	4 382	0	2	30	Sporadic cases
Turks and Caicos Islands	7	755	19 500	0	6	155	Clusters of cases
Anguilla	3	7	467	0	0	0	Sporadic cases
Bonaire	3	145	8 301	0	3	172	Sporadic cases
British Virgin Islands	1	73	2 414	0	1	33	Clusters of cases
Falkland Islands (Malvinas)	0	17	4 881	0	0	0	No cases
Montserrat	0	13	2 601	0	1	200	No cases
Saba	0	5	3 342	0	0	0	No cases
Saint Pierre and Miquelon	0	14	2 416	0	0	0	Sporadic cases
Sint Eustatius	0	14	5 636	0	0	0	No cases
Eastern Mediterranean	242 563	4 288 875	5 869	5 084	107 258	147	

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification ⁱⁱ
Iran (Islamic Republic of)	93 187	1 028 986	12 251	2 530	50 016	595	Community transmission
Morocco	27 050	376 738	10 207	445	6 184	168	Clusters of cases
Jordan	26 804	237 513	23 278	384	3 010	295	Community transmission
Pakistan	20 835	413 191	1 871	361	8 303	38	Clusters of cases
Iraq	13 699	562 520	13 985	211	12 411	309	Community transmission
Lebanon	10 239	135 876	19 907	99	1 090	160	Community transmission
United Arab Emirates	8 774	175 276	17 722	20	589	60	Community transmission
Tunisia	8 011	102 991	8 714	373	3 526	298	Community transmission
Libya	4 256	85 529	12 447	66	1 219	177	Community transmission
Egypt	2 831	118 014	1 153	129	6 750	66	Clusters of cases
Kuwait	1 969	144 164	33 758	14	889	208	Community transmission
Sudan	1 937	19 747	450	52	1 301	30	Community transmission
Oman	1 750	124 329	24 347	44	1 435	281	Community transmission
Afghanistan	1 675	47 641	1 224	113	1 865	48	Clusters of cases
Saudi Arabia	1 615	358 526	10 298	84	5 954	171	Sporadic cases
Qatar	1 306	139 783	48 518	2	239	83	Community transmission
Bahrain	1 086	87 731	51 559	0	341	200	Clusters of cases
Syrian Arab Republic	605	8 320	475	33	442	25	Community transmission
Somalia	74	4 525	285	8	121	8	Sporadic cases
Djibouti	16	5 692	5 761	0	61	62	Clusters of cases
Yemen	3	2 081	70	2	607	20	Sporadic cases
Territoriesⁱⁱⁱ							
occupied Palestinian territory	14 841	109 702	21 504	114	905	177	Community transmission
Europe	1 456 530	19 986 964	21 413	35 249	448 867	481	
Russian Federation	191 454	2 460 770	16 862	3 614	43 141	296	Clusters of cases
Italy	145 459	1 709 991	28 282	5 151	59 514	984	Clusters of cases
Germany	128 622	1 171 322	13 980	2 649	18 772	224	Clusters of cases
The United Kingdom	100 799	1 705 975	25 130	2 984	61 014	899	Community transmission
Ukraine	90 627	813 306	18 597	1 375	13 588	311	Community transmission

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification ⁱⁱ
Poland	80 680	1 054 273	27 856	3 115	19 861	525	Community transmission
France	72 019	2 241 830	34 345	2 851	54 618	837	Community transmission
Serbia	50 808	213 843	30 708	407	1 891	272	Community transmission
Turkey	45 286	533 198	6 322	1 332	14 705	174	Community transmission
Romania	42 363	508 345	26 424	1 141	12 186	633	Community transmission
Hungary	38 751	250 278	25 908	1 196	5 868	607	Community transmission
Netherlands	37 089	549 784	32 086	336	9 649	563	Community transmission
Spain	35 761	1 684 647	36 032	767	46 252	989	Community transmission
Georgia	30 107	162 475	40 729	274	1 504	377	Community transmission
Azerbaijan	28 298	142 323	14 037	270	1 593	157	Clusters of cases
Portugal	27 934	318 640	31 249	513	4 876	478	Clusters of cases
Sweden	27 899	278 912	27 617	128	7 067	700	Community transmission
Czechia	25 530	544 179	50 815	761	8 815	823	Community transmission
Austria	23 956	298 231	33 113	852	3 674	408	Community transmission
Croatia	23 761	147 454	35 918	447	2 102	512	Community transmission
Switzerland	23 167	343 101	39 644	532	4 832	558	Community transmission
Bulgaria	19 097	160 844	23 148	980	4 729	681	Clusters of cases
Lithuania	14 456	74 649	27 421	133	626	230	Community transmission
Belgium	14 377	591 752	51 059	684	17 316	1 494	Community transmission
Belarus	11 955	145 279	15 375	55	1 198	127	Community transmission
Greece	11 534	114 568	10 992	679	2 902	278	Community transmission
Slovakia	10 830	115 462	21 148	183	981	180	Clusters of cases
Slovenia	10 511	84 775	40 778	331	1 244	598	Clusters of cases
Denmark	10 504	88 858	15 341	55	878	152	Community transmission
Republic of Moldova	9 705	115 557	28 646	134	2 403	596	Community transmission
Israel	8 607	342 929	39 620	58	2 906	336	Community transmission
Armenia	7 169	141 937	47 899	184	2 326	785	Community transmission
Bosnia and Herzegovina	7 058	93 768	28 581	346	2 922	891	Community transmission

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification ⁱⁱ
North Macedonia	6 588	67 311	32 309	202	1 901	912	Community transmission
Kazakhstan	5 538	179 344	9 551	0	2 477	132	Clusters of cases
Albania	5 358	42 148	14 646	102	889	309	Clusters of cases
Latvia	4 226	20 787	11 021	60	253	134	Clusters of cases
Luxembourg	3 608	37 017	59 135	45	345	551	Community transmission
Finland	2 911	27 218	4 912	22	415	75	Community transmission
Estonia	2 802	14 500	10 931	17	126	95	Clusters of cases
Montenegro	2 767	37 981	60 473	43	530	844	Clusters of cases
Kyrgyzstan	2 675	75 102	11 511	29	1 295	198	Clusters of cases
Norway	2 624	37 371	6 893	26	354	65	Community transmission
Ireland	2 006	73 948	14 976	49	2 099	425	Community transmission
Cyprus	1 950	12 181	10 089	11	59	49	Clusters of cases
Uzbekistan	1 095	73 904	2 208	3	611	18	Clusters of cases
Malta	814	10 423	23 606	17	149	337	Clusters of cases
Andorra	395	7 005	90 662	2	78	1 010	Community transmission
Tajikistan	271	12 389	1 299	1	87	9	Pending
San Marino	203	1 789	52 714	3	48	1 414	Community transmission
Liechtenstein	123	1 396	36 605	1	16	420	Sporadic cases
Iceland	105	5 476	16 047	1	27	79	Community transmission
Monaco	27	637	16 232	0	3	76	Sporadic cases
Holy See	0	26	32 138	0	0	0	Sporadic cases
Territoriesⁱⁱⁱ							
Kosovo	3 906	42 294	22 734	98	1 077	579	Community transmission
Jersey	315	1 238	11 379	0	32	294	Community transmission
Gibraltar	43	1 042	30 928	0	5	148	Clusters of cases
Faroe Islands	4	506	10 355	0	0	0	Sporadic cases
Guernsey	2	288	4 557	0	13	206	Community transmission
Isle of Man	1	370	4 351	0	25	294	No cases
Greenland	0	18	317	0	0	0	No cases

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification ⁱⁱ
South-East Asia	332 396	11 071 129	5 477	5 004	168 458	83	
India	251 303	9 644 222	6 989	3 486	140 182	102	Clusters of cases
Indonesia	41 708	569 707	2 083	943	17 589	64	Community transmission
Bangladesh	15 260	475 879	2 890	227	6 807	41	Community transmission
Myanmar	9 887	96 520	1 774	194	2 059	38	Clusters of cases
Nepal	9 162	239 885	8 233	123	1 577	54	Clusters of cases
Sri Lanka	4 727	27 228	1 272	30	137	6	Clusters of cases
Maldives	212	13 159	24 344	1	47	87	Clusters of cases
Thailand	106	4 072	58	0	60	1	Clusters of cases
Bhutan	30	426	552	0	0	0	Sporadic cases
Timor-Leste	1	31	24	0	0	0	Sporadic cases
Western Pacific	40 039	914 744	466	461	17 722	9	
Japan	15 445	160 098	1 266	209	2 315	18	Clusters of cases
Philippines	10 272	438 069	3 998	193	8 526	78	Community transmission
Malaysia	8 183	71 359	2 205	26	380	12	Clusters of cases
Republic of Korea	3 783	37 546	732	22	545	11	Clusters of cases
China	831	94 160	64	3	4 753	3	Clusters of cases
Mongolia	82	842	257	0	0	0	Clusters of cases
Australia	71	27 956	1 096	1	908	36	Clusters of cases
Singapore	50	58 255	9 958	0	29	5	Sporadic cases
Cambodia	31	346	21	0	0	0	Sporadic cases
New Zealand	26	1 722	357	0	25	5	Clusters of cases
Papua New Guinea	26	671	75	0	7	1	Community transmission
Viet Nam	24	1 365	14	0	35	0	Clusters of cases
Fiji	6	44	49	0	2	2	Sporadic cases
Brunei Darussalam	1	151	345	0	3	7	Sporadic cases
Lao People's Democratic Republic	0	39	5	0	0	0	Sporadic cases
Solomon Islands	0	17	25	0	0	0	Sporadic cases

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification ⁱⁱ
Territoriesⁱⁱⁱ							
French Polynesia	1 011	15 107	53 779	6	79	281	Sporadic cases
Guam	190	6 845	40 557	1	113	670	Clusters of cases
Northern Mariana Islands (Commonwealth of the)	4	109	1 894	0	2	35	Pending
New Caledonia	3	35	123	0	0	0	Sporadic cases
Marshall Islands	0	4	68	0	0	0	Sporadic cases
Vanuatu	0	1	3	0	0	0	Sporadic cases
Wallis and Futuna	0	3	267	0	0	0	Sporadic cases
Global	3 970 427	65 872 391	509	73 396	1 523 656	9	

****See [data, table and figure notes](#)**

Technical guidance and other resources

- [Technical guidance](#)
- [WHO Coronavirus Disease \(COVID-19\) Dashboard](#)
- [Weekly COVID-19 Operational Updates](#)
- [WHO COVID-19 case definitions](#)
- [COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update](#)
- [Research and Development](#)
- [Online courses on COVID-19](#) in official UN languages and in [additional national languages](#)
- [The Strategic Preparedness and Response Plan](#) (SPRP) outlining the support the international community can provide to all countries to prepare and respond to the virus
- Updates from WHO regions
 - [African Region](#)
 - [Region of the Americas](#)
 - [Eastern Mediterranean Region](#)
 - [South-East Asia Region](#)
 - [European Region](#)
 - [Western Pacific Region](#)

Recommendations and advice for the public

- [Protect yourself](#)
- [Questions and answers](#)
- [Travel advice](#)
- [EPI-WIN](#): tailored information for individuals, organizations and communities

Data, table and figure notes

Data presented are based on official laboratory-confirmed COVID-19 case 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 incidence, and variable delays to reflecting these data at 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. Due to public health authorities conducting data reconciliation exercises which remove large numbers of cases or deaths from their total counts, negative numbers may be displayed in the new cases/deaths columns as appropriate. When additional details become available that allow the subtractions to be suitably apportioned to previous days, graphics will be updated accordingly. See the [log of major changes and errata](#) for details. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data.

Global totals include 741 cases and 13 deaths reported from international conveyances.

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.

^[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, number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

ⁱ Excludes countries, territories, and areas that have never reported a confirmed COVID-19 case.

ⁱⁱ Transmission classification is based on a process of country/territory/area self-reporting. Classifications are reviewed on a weekly basis and may be revised as new information becomes available. Differing degrees of transmission may be present within countries/territories/areas. For further information, please see: [Considerations for implementing and adjusting public health and social measures in the context of COVID-19](#):

- No (active) cases: No new cases detected for at least 28 days (two times the maximum incubation period), in the presence of a robust surveillance system. This implies a near-zero risk of infection for the general population.
- Imported / Sporadic cases: Cases detected in the past 14 days are all imported, sporadic (e.g. laboratory acquired or zoonotic) or are all linked to imported/sporadic cases, and there are no clear signals of further locally acquired transmission. This implies minimal risk of infection for the general population.
- Clusters of cases: Cases detected in the past 14 days are predominantly limited to well-defined clusters that are not directly linked to imported cases, but which are all linked by time, geographic location and common exposures. It is assumed that there are a number of unidentified cases in the area. This implies a low risk of infection to others in the wider community if exposure to these clusters is avoided.
- Community transmission: Which encompasses a range of levels from low to very high incidence, as described below and informed by a series of indicators described in the aforementioned guidance. As these subcategorization are not currently collated at the global level, but rather intended for use by national and sub-national public health authorities for local decision-making, community transmission has not been disaggregated in this information product.
 - CT1: Low incidence of locally acquired, widely dispersed cases detected in the past 14 days, with many of the cases not linked to specific clusters; transmission may be focused in certain population sub-groups. Low risk of infection for the general population.
 - CT2: Moderate incidence of locally acquired, widely dispersed cases detected in the past 14 days; transmission less focused in certain population sub-groups. Moderate risk of infection for the general population.
 - CT3: High incidence of locally acquired, widely dispersed cases in the past 14 days; transmission widespread and not focused in population sub-groups. High risk of infection for the general population.
 - CT4: Very high incidence of locally acquired, widely dispersed cases in the past 14 days. Very high risk of infection for the general population.
- Pending: transmission classification has not been reported to WHO.

ⁱⁱⁱ "Territories" include territories, areas, overseas dependencies and other jurisdictions of similar status.

Weekly Operational Update on COVID-19

7 December 2020



Confirmed cases^a

66 243 918

Confirmed deaths

1 528 984

WHO calls for global solidarity to maintain HIV services during the pandemic

On World AIDS Day, 1 December, WHO urged the international community to maintain essential HIV services during COVID-19 pandemic for populations most at risk.

As preliminary evidence suggests people with HIV have an increased risk of poor outcomes from COVID-19, ensuring people with HIV can maintain antiretrovirals (ARV) treatment and also treatments for co-morbidities.

The number of countries reporting disruptions in HIV services has declined steeply by almost 75% since June, mainly due to the implementation of pre-existing recommendations, such as multi-month dispensing of ARVs where health care access is limited, better coordinating the drug supply, and sustaining community delivery mechanisms.

Furthermore, to enhance service delivery, countries have also adapted HIV and TB testing laboratories to enable COVID-19 testing, introduced telehealth, and piloted HIV self-testing. WHO hopes that some of these innovative approaches adopted during COVID-19 can help the world accelerate progress towards the goal of ending AIDS as a public health threat by 2030. For further information, click [here](#)



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Key Figures



WHO-led UN Crisis-Management Team coordinating 23 UN entities across nine areas of work



131 GOARN deployments conducted to support COVID-19 pandemic response



18 502 965 respirators shipped globally



189 621 480 medical masks shipped globally



7 529 031 face shields shipped globally



4 738 079 gowns shipped globally



28 399 809 gloves shipped globally



More than **4.6 million** people registered on [OpenWHO](#) and able to access **141** COVID-19 online training courses across **19** topics in **42** languages

^a For the latest data and information, see the [WHO COVID-19 Dashboard](#) and [Situation Reports](#)



**World Health
Organization**

HEALTH
EMERGENCIES
programme

From the field:

Hamam Aleel Field Hospital established to support the treatment of COVID-19 of internally displaced COVID-19 patients

WHO and the Iraqi Governorate of Ninewa have established an isolation unit at Hamam Aleel Field Hospital to treat suspected and confirmed cases of COVID-19 in internally displaced persons (IDPs) in the surrounding area, and thereby limit COVID-19 transmission in IDP camps in the governorate.

“The COVID-19 outbreak in Iraq has increased the concern of WHO and local health authorities over the health situation in camps for IDPs and refugees in Iraq,” said Dr Adham Ismail, WHO Representative in Iraq. “The project we are inaugurating today will support local health authorities to ensure access to quality COVID-19 health services for the displaced population living in camps and underserved surrounding areas in Ninewa governorate,” he added.

The unit is composed of two wards, each of which has five rooms with a total capacity of 20 beds. The referral services have accordingly been strengthened to facilitate the transfer of patients from camps to the isolation unit, and from the unit to other secondary health facilities if more advanced medical intervention is required.

The current COVID-19 pandemic has overwhelmed the fragile health system in Ninewa where almost all the secondary health facilities have been damaged and over 75% of hospital bed capacity was lost during the 5-year internal conflict which erupted in the governorate in 2014.

There are over 52 000 internally displaced people and over 225 000 returnees living in severe and difficult conditions in Ninewa. The establishment of this unit was supported by the Government of Kuwait and the U.S. Agency for International Development (USAID) who contributed funding to the project.

For more information, click [here](#)

Public health response and coordination highlights

During the United Nations (UN) Crisis Management Team (CMT) meeting on 02 December 2020, **WHO** briefed on the epidemiological situation noting the continued intense or increasing transmission in parts of Europe and the Americas.

WHO briefed on the positive developments on vaccines, and the continued global efforts to operationalize COVAX arrangements. **WHO** announced the recent launch of the [Strategic Preparedness and Response Plan \(SPRP\) Monitoring and Evaluation Dashboard](#) on the WHO COVID-19 website.

The Dashboard showcases the significant preparedness and operational response gains made globally but also highlights areas where gaps remain including in priority countries.

FAO briefed on activities at the human/animal interface including risk management actions in response to circulation of SARS-CoV-2 viruses in minks.

IMO briefed on latest work of the Travel and Trade workstream, and called for harmonization of cross-border COVID-19 testing policies, prioritization of seafarers and air crew as essential workers to maintain global mobility once countermeasures such as vaccine become available, and to help address the humanitarian crisis faced by seafarers unable to return home or to access onshore medical care.

For communications, **WHO** briefed on the upcoming launch of the [Infodemic Management Call for Action](#) on 11 December.

Health Learning

WHO is expanding access to online learning for COVID-19 through its open learning platform for health emergencies, [OpenWHO.org](#).

The OpenWHO platform was launched in June 2017 and published its first COVID-19 course on 26 January 2020.



4 653 633

Course
enrollments

42 languages

Over 2.4 million certificates

141 COVID-19 courses

Infodemic management

UNGA side-event on Responding to the “Infodemic” – Sharing Best Practice

On the margins of the Special session of the United Nations General Assembly side event in response to the COVID-19 pandemic (3-4 December 2020), the Permanent Missions of Australia, France, India, Indonesia and Latvia co-hosted a side-event on the response to the infodemic that accompanies this health crisis.

The event provided an opportunity for Member States to share best practices and recommendations, as well as discuss the progression of global initiatives for the promotion of an information eco-system conducive to the dissemination of reliable information online and offline. It also acted as a platform to share the work of WHO in managing the infodemic.



This discussion highlighted the broad consensus on the urgent need to tackle the tsunami of information that spreads alongside COVID-19, which is seen as a threat to both health security, societal cohesiveness and democracy at large.

Countries emphasized the importance to develop and strengthen digital and health literacy of their populations (social inoculation), coordinate partnerships to debunk myths and to engage affected communities in the response. Event participants also stressed that the respect of freedom of expression and press pluralism should stand as fundamental common pillars when addressing the infodemic in order to ensure public trust.

During the meeting, WHO also shared how it has worked to manage the infodemic including developing the infodemiology research agenda, strengthening a global infodemic management workforce, and creating and using the social listening tools to monitor COVID-19 online conversations.

Member States reaffirmed the importance of multilateral cooperation in the fight against infodemic and called for further international collaboration and support from the WHO and the UN.

For more information on the event, click [here](#).

COVID-19 Partners platform

Partners Platform facilitates subnational planning for COVID-19 in the Philippines

The Philippines has highlighted how the Partners Platform has facilitated planning at the sub-national level. In the Philippines, there are 36 nongovernmental (NGO) partners.

These include the Red Cross, 14 UN agencies, 12 donor agencies, including World Bank and Asian Development Bank, and an actively engaged private sector.

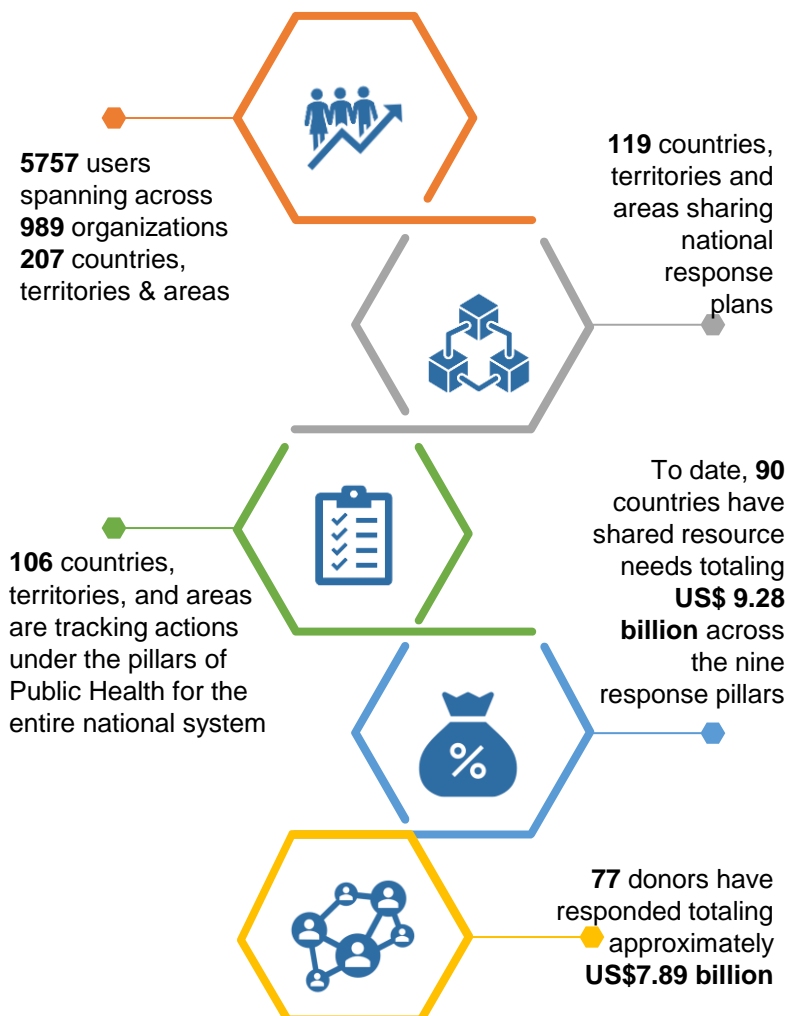
Regular coordination meetings and briefings between WHO Philippines Office and partners presented an opportunity to analyze and concur on sub-national preparedness levels.

The “affected areas” section of the Info page within the Partners Platform allows users to track differentiated transmission classifications, capacity levels and responses to the outbreak. By using this section, the Philippines was able to specify preparedness levels for different subnational areas.

The Platform enhances transparency between donors and countries who can each respectively view resources gaps and contributions.



Contingency planning for COVID-19. DOH Epidemiology Bureau Director Ferchito Avelino presents the interagency country response plan for COVID-19. This plan has been uploaded to the Partners Platform. Photo credit: WHO Philippines.





Operations Support and Logistics

The COVID-19 pandemic has prompted an unprecedented global demand for Personal Protective Equipment (PPE), diagnostics and clinical care products.

To ensure market access for low- and middle-income countries, WHO and partners have created a COVID-19 Supply Chain System, which has delivered supplies globally

The table below reflects WHO/PAHO-procured items that have been shipped as of 4 December. 2020

Shipped items as of 4 December 2020	Laboratory supplies			Personal protective equipment					
Region	Antigen RDTs*	Sample collection kits	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)		2,698,365	1,334,834	1 417 410	7 595 209	165 170	1 242 079	51 777 950	2 201 030
Americas (AMR)	2,788,000	1,019,862	10,504,038	2 448 200	4 244 000	278 300	1 090 020	53 881 830	7 279 760
Eastern Mediterranean (EMR)	250,000	653,760	1,116,420	848 985	5 595 000	148 560	474 022	25 105 550	1 278 695
Europe (EUR)	20,000	210,650	466,710	1 705 300	7 213 100	375 020	985 048	38 637 500	5 127 950
South East Asia (SEAR)		2,263,750	1,934,700	369 236	2 030 500	84 070	553 500	6 838 000	591 295
Western Pacific (WPR)		114,300	250,984	739 900	1 722 000	303 607	393 410	13 380 650	2 024 235
TOTAL	3,058,000	6,960,687	15,614,886	7 529 031	28 399 809	1 354 727	4 738 079	189 621 480	18 502 965

For further information on the **COVID-19 supply chain system**, see [here](#).

Appeals

*WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to **give fully flexible funding for the SPRP or GHRP** and avoid even high-level/soft geographic earmarking at e.g. regional or country level. This will allow WHO to direct resources to where they are most needed, which in some cases may be towards global procurement of supplies, intended for countries.*

As of 7 December 2020

Global Strategic Preparedness & Response Plan (SPRP)

WHO's total estimation needed to respond to COVID-19 across the three levels of the organization until December 2020

**US\$1.74
BILLION**

WHO's current funding gap against funds received stands under the updated SPRP

**US\$143.7
MILLION**

The status of funding raised for WHO against the SPRP can be found [here](#).

Global Humanitarian Response Plan (GHRP)

WHO's funding requirement under GHRP

**US\$550
MILLION**

WHO current funding gap

**US\$55
MILLION**

Global WHO GHRP allocation

**US\$495
MILLION**

The United Nations released the 3rd update of the Global Humanitarian Response Plan (GHRP) for COVID-19: [Link](#)



WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 4 December 2020, [The Solidarity Response Fund](#) has raised or committed more than US\$ 238 million.

From the Fund's March 13, 2020 launch through today leading companies and organizations and more than 651,000 individuals together contributed more than US\$238 million in fully flexible funding to support the WHO-led global response effort

More than **US\$ 238 Million**



651 000 donors

[individuals – companies – philanthropies]

The WHO Contingency Fund for Emergency (CFE)

WHO's Contingency Fund for Emergencies (CFE) provided \$8.9 million for COVID-19 preparedness and response worldwide at the very onset of the outbreak when no other funding was available.

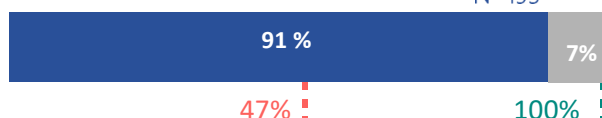
US\$ 8.9 Million released

The WHO Contingency Fund for Emergencies 2019 Annual Report was published on 7 August. WHO is grateful to all donors who contributed to the fund allowing us to respond swiftly and effectively to emerging crises including COVID-19. Full report is available [here](#).

COVID-19 Global Preparedness and Response Summary Indicators ^a

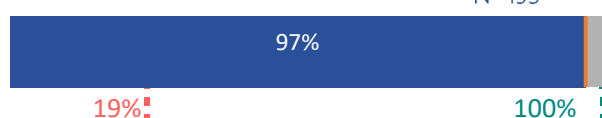
Countries have a COVID-19 preparedness and response plan

N=195



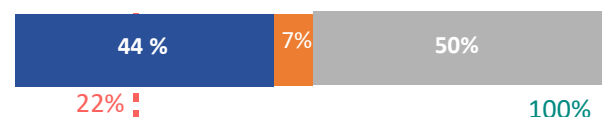
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE) ^b

N=195



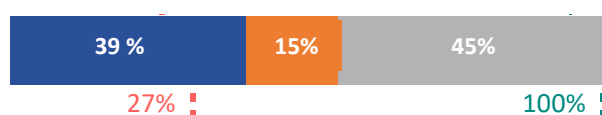
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities

N=195



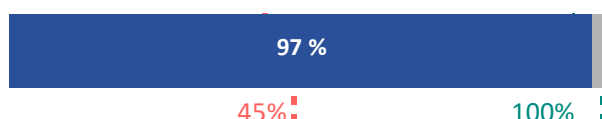
Countries with a national IPC programme & WASH standards within all health care facilities

N=195



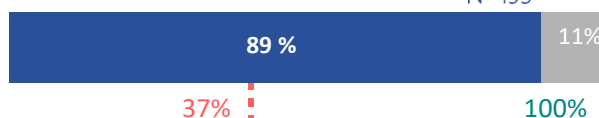
Countries have a functional multi-sectoral, multi-partner coordination mechanism for COVID-19

N=195



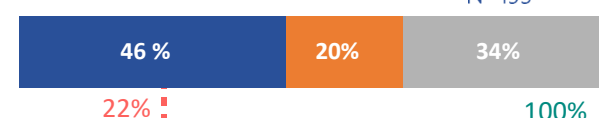
Countries have a clinical referral system in place to care for COVID-19 cases

N=195



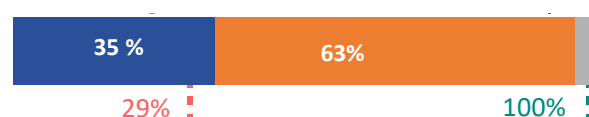
Countries that have defined essential health services to be maintained during the pandemic

N=195



Countries in which all designated Points of Entry (PoE) have emergency contingency plans

N=195



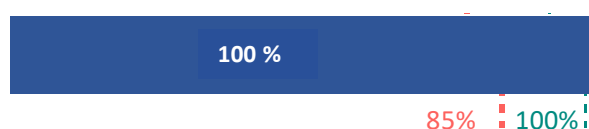
Countries have a health occupational safety plan for health care workers

N=195



Countries have COVID-19 laboratory testing capacity

N=195



Legend



Yes



No



No information



Baseline value



Target value

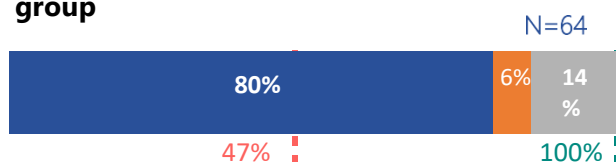
Notes:

^a Data collected from Member States and territories. The term "countries" should be understood as referring to "countries and territories." ^b Source: UNICEF and WHO

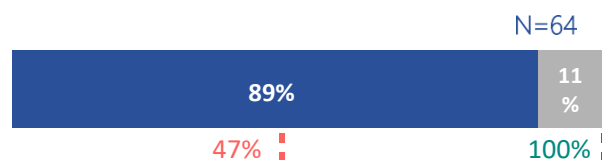
COVID-19 Global Preparedness and Response Summary Indicators

Selected indicators within the Monitoring and Evaluation Framework apply to designated priority countries. Priority Countries are mostly defined as countries affected by the COVID-19 pandemic as included in the [Global Humanitarian and Response Plan](#). A full list of priority countries can be found [here](#).

Priority countries with multisectoral mental health & psychosocial support working group



Priority countries with an active & implemented RCCE coordination mechanism



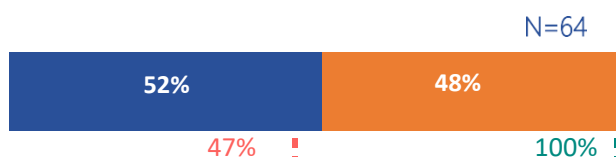
Priority countries that have postponed at least 1 vaccination campaign due to COVID-19^c



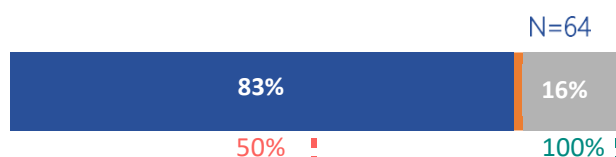
Priority countries with a contact tracing focal point



Priority countries where at least one Incident Management Support Team (IMST) member trained in essential supply forecasting



Priority countries with an IPC focal point for training



Legend

Yes

No

No information

Baseline value

Target value

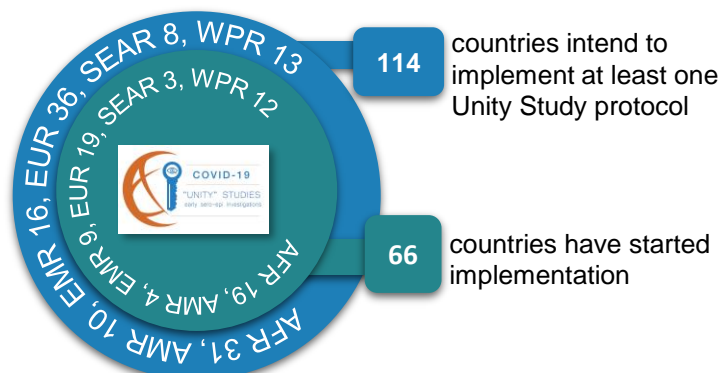
Notes:

^c Source: WHO Immunization Repository

The Unity Studies: WHO Early Investigations Protocols

WHO has launched the Unity Studies to enable any country, in any resource setting, to rapidly gather robust data on key epidemiological parameters to understand and respond to the COVID-19 pandemic.

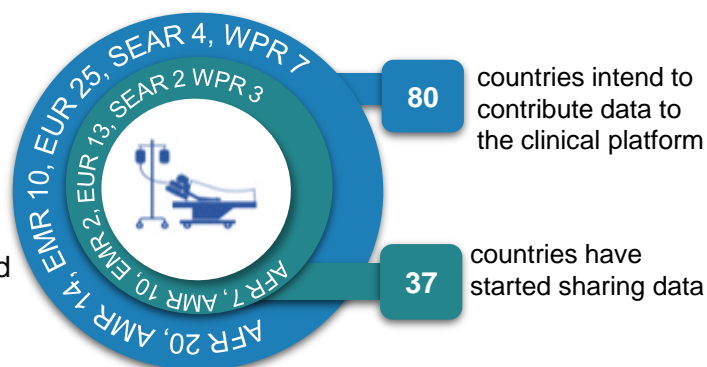
With the emergence of a new virus, there is a need to understand transmission patterns, immunity, severity, clinical features, and risk factors for infection. The protocols for the Unity Studies are also designed to facilitate global aggregation and analysis that ultimately supports global learning and decision-making.



Global COVID-19 Clinical Data Platform

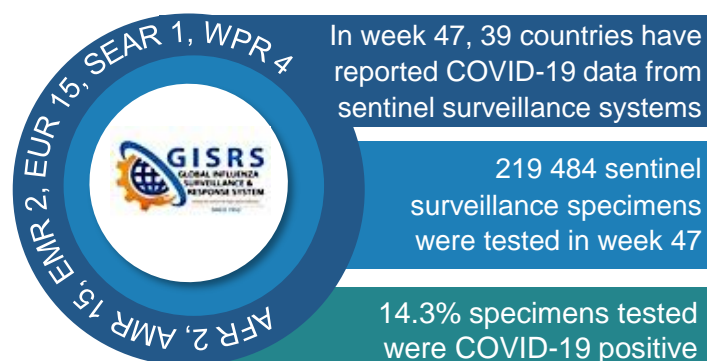
Global understanding of the severity, clinical features and prognostic factors of COVID-19 in different settings and populations remains incomplete.

WHO invites Member States, health facilities and other entities to participate in a global effort to collect anonymized clinical data related to hospitalized suspected or confirmed cases of COVID-19 and contribute data to the Global COVID-19 Clinical Data Platform.



Leveraging the Global Influenza Surveillance and Response System

WHO recommends that countries use existing syndromic respiratory disease surveillance systems such as those for influenza like illness (ILI) or severe acute respiratory infection (SARI) for COVID-19 surveillance. Leveraging existing systems is an efficient and cost-effective approach to enhancing COVID-19 surveillance. The Global Influenza Surveillance and Response System (GISRS) is playing an important role in monitoring the spread and trends of COVID-19



Key links and useful resources

- ❑ For EPI-WIN: WHO Information Network for Epidemics, click [here](#)
- ❑ For more information on COVID-19 regional response:
 - [African Regional Office](#)
 - [Regional Office of the Americas](#)
 - [European Regional Office](#)
 - [Eastern Mediterranean Regional Office](#)
 - [Southeast Asia Regional Office](#)
 - [Western Pacific Regional Office](#)
- ❑ For the WHO case definitions for public health surveillance of COVID-19 in humans caused by SARS-COV-2 infection published on 7 August 2020, click [here](#)
- ❑ For updated WHO Publications and Technical Guidance on COVID-19, click [here](#)
- ❑ For updated GOARN network activities, click [here](#)

COVID-19 Weekly Epidemiological Update

Data as received by WHO from national authorities, as of 29 November 2020, 10 am CET

For the latest data and information on COVID-19, please see:

- [WHO COVID-19 Dashboard](#)
- [WHO COVID-19 Weekly Operational Update](#)

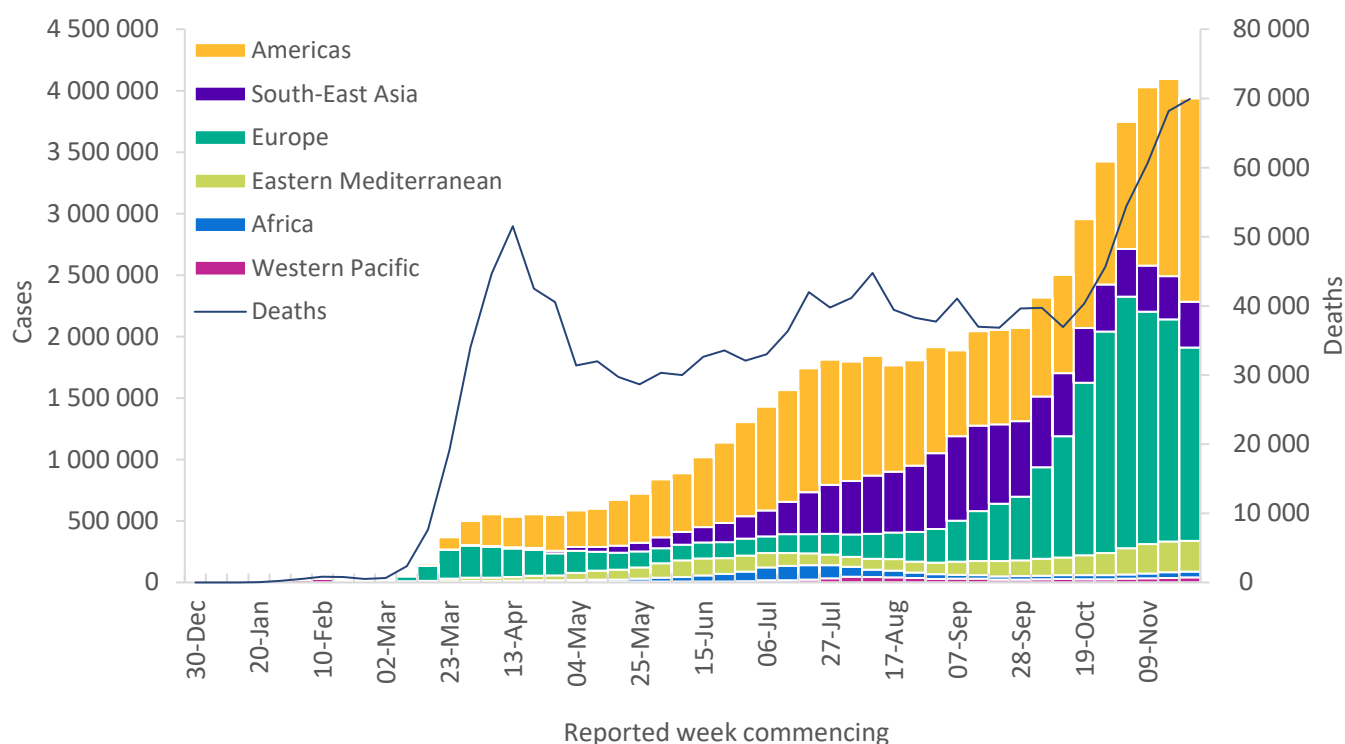
Global epidemiological situation

Global summary

In the past week, global case incidence remained high at approximately 4 million new cases, although a slight downward trend was observed (Figure 1). Weekly deaths, however, continued to rise, with over 69 000 new deaths reported globally. The Region of the Americas was the largest contributor for new weekly cases last week. Although the European Region reported a continued decrease in new weekly cases, it still accounts for the second greatest proportion of new weekly cases, while deaths rates have continued to increase and accounted for approximately half of the new global deaths in the past week. The Eastern Mediterranean Region registered a slight decline in both cases and deaths last week, after four months of continued increases. Relatively small increases were reported from the African and South-East Asia Regions, and more substantively from the Western Pacific Region last week.

As of 29 November, there have been over 61.8 million cases and over 1.4 million deaths reported globally since the start of the pandemic.

Figure 1: COVID-19 cases reported weekly by WHO Region, and global deaths, as of 29 November 2020**



**See [data table](#) and [figure notes](#).

In the past week, the five countries reporting the highest number of cases were the United States of America (reporting over 1.1 million cases, a 0.3% increase from the previous week), India (over 297 000 cases, a 6% increase), Brazil (over 218 000 new cases, a 4% increase), Italy (over 184 000 new cases, a 22% decrease) and Russian Federation (over 179 000 new cases, a 10% increase).

Additional Region-specific information can be found below: [African Region](#), [Region of the Americas](#), [Eastern Mediterranean Region](#), [European Region](#), [South-East Asia Region](#), and [Western Pacific Region](#).

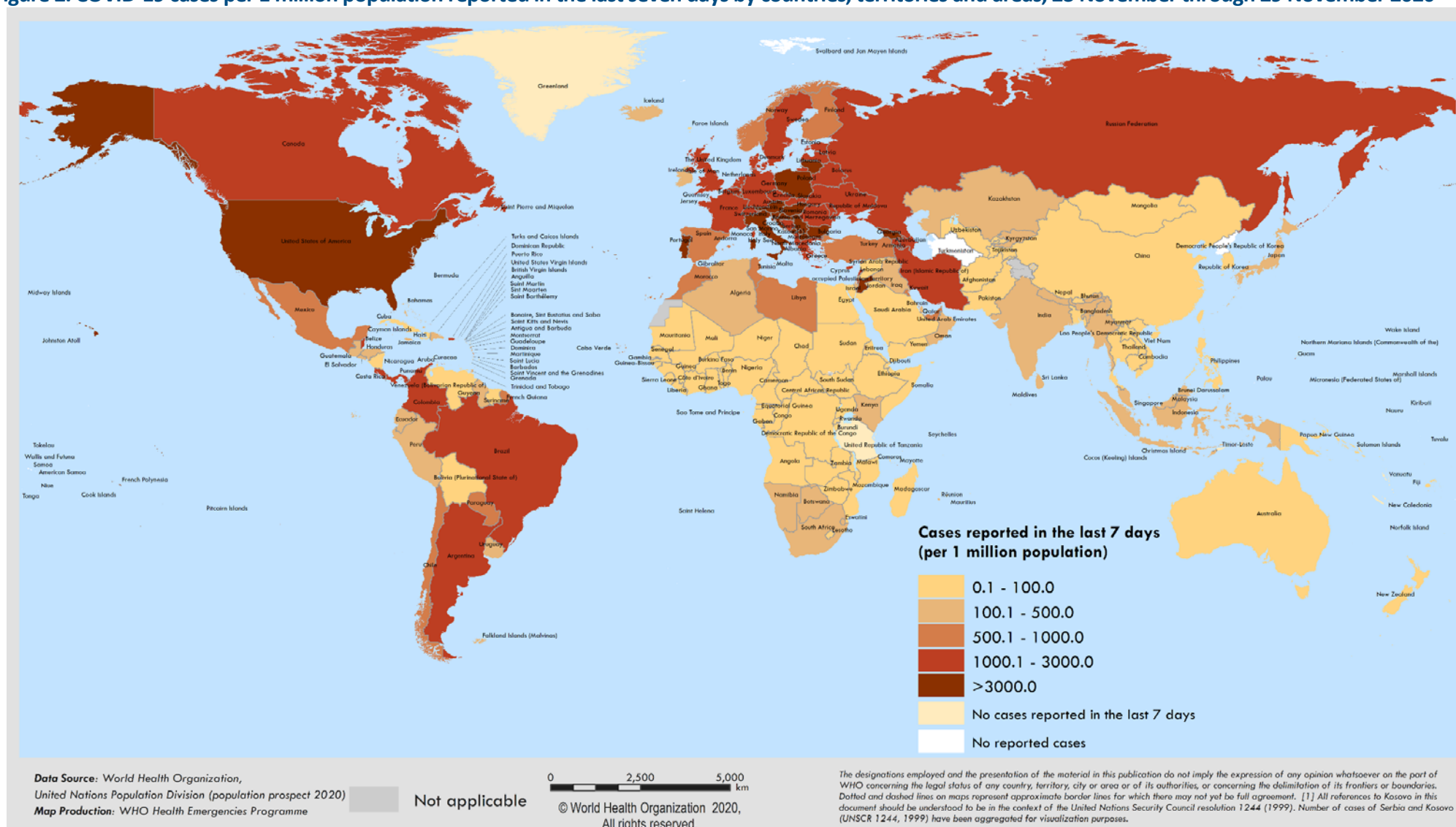
Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 29 November 2020**

WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days *	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days*	Cumulative deaths (%)
Americas	1 652 915 (42%)	3%	26 216 515 (42%)	22 488 (32%)	2%	720 228 (50%)
Europe	1 573 354 (40%)	-13%	18 495 511 (30%)	35 321 (51%)	5%	412 362 (28%)
South-East Asia	371 180 (9%)	6%	10 738 733 (17%)	4 888 (7%)	4%	163 454 (11%)
Eastern Mediterranean	248 909 (6%)	-1%	4 045 906 (7%)	5 800 (8%)	-8%	102 160 (7%)
Africa	48 483 (1%)	3%	1 494 524 (2%)	974 (1%)	-10%	33 512 (2%)
Western Pacific	40 489 (1%)	12%	874 705 (1%)	445 (1%)	1%	17 261 (1%)
Global	3 935 330 (100%)	-4%	61 866 635 (100%)	69 916 (100%)	3%	1 448 990 (100%)

*Percent change in the number of newly confirmed cases/deaths in past seven days, compared to seven days prior. Regional percentages rounded to the nearest whole number, global totals may not equal 100%.

**See [data, table and figure notes](#)

Figure 2. COVID-19 cases per 1 million population reported in the last seven days by countries, territories and areas, 23 November through 29 November 2020**



**See data, table and figure notes

Situation by WHO Region

African Region

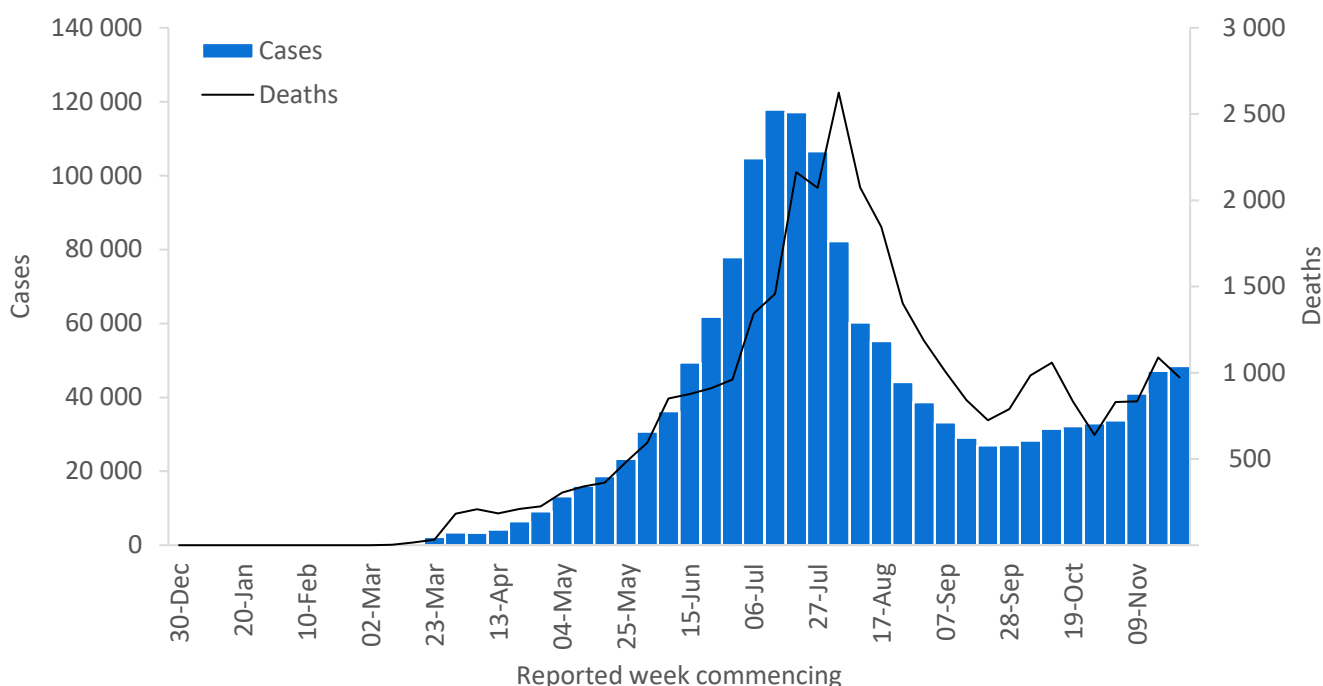
The African Region reported about 48 000 new cases and just under 1000 new deaths last week; a 3% and -10% change from the previous week, respectively (Figure 3). The highest number of new cases and deaths were reported from South Africa (19 730 new cases, 333 new cases per 1 million), Algeria (7438 new cases, 170 new cases per 1 million), Kenya (6201 new cases, 115 new cases per 1 million), Ethiopia (3578 new cases, 31 new cases per 1 million), and Uganda (2277 new cases, 50 new cases per 1 million), which collectively account for 81% of all new cases in the Region.

For the past three weeks, cases in South Africa have increased by over 20% week-on-week, and last week 19 730 new cases were reported (3500 more than the previous week). The rise in new cases in the Western Cape (including in Cape Town) and Eastern Cape provinces is a cause for concern. As of 30 November, Gauteng, the Western Cape, the Eastern Cape, and Kwa-Zulu-Natal provinces have reported 79% of total cumulative cases.

Ethiopia reported 3578 new cases (31 new cases per 1 million) and 59 deaths (0.5 new deaths per 1 million) in the past week. The number of new cases being reported from Ethiopia has fallen considerably since a peak at the end of August when there were over 10 000 new cases per week. This week the number of new cases rose by 18%, while new deaths fell by 17% from the previous week. The UN refugee agency (UNHCR) has [warned that a full-scale humanitarian crisis is unfolding](#) as thousands of refugees in the Tigray region seek safety in eastern Sudan. At the 70th Session of the WHO Regional Committee for Africa held last week, [Ethiopia's Minister of Health](#) highlighted the need to continue to be vigilant in COVID-19 testing, isolation and treatment, and maintaining strong communication on public health and social measures.

Cameroon reported 589 new cases (22 new cases per 1 million) and 2 new deaths (0.1 new deaths per 1 million) in the past week. Since first declaring cases on 6 March, new cases rose to peak at around 2000 cases per week at the end of June and in early July. However, the number of new cases declined in July and have averaged below 400 per week since early August. For the past two weeks cases have risen above this average, with 836 new cases two weeks ago and nearly 600 cases reported this last week. Last week [UNHCR warned](#) that as the pandemic continues, a lethal mix of state at home orders, deepening poverty and economic duress is unleashing a wave of violence against refugee, displaced and stateless women and girls. UNHCR report that in North-West and South-West Cameroon where the security situation remains volatile, a staggering 26% of gender-based violence incidents logged since the onset of the pandemic relate to children.

Figure 3: Number of COVID-19 cases and deaths reported weekly by the WHO African Region, as of 29 November 2020**



**See [data](#), [table](#) and [figure notes](#)

Region of the Americas

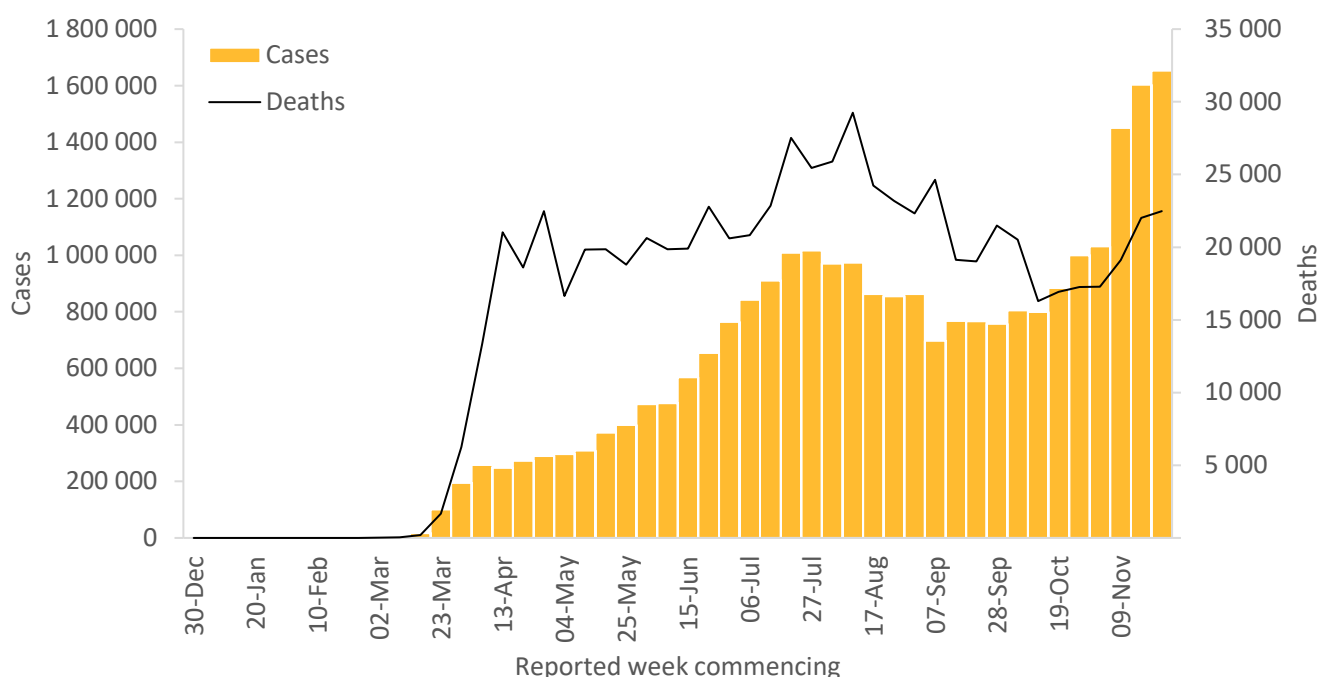
The Region of the Americas reported over 1.6 million new cases and 22 000 new deaths, a small increase of 3% and 2%, respectively (Figure 4). The highest number of new cases and deaths were reported from the United States of America (1.15 million new cases, 3476 new cases per 1 million), Brazil (218 000 new cases, 1026 new cases per 1 million), Mexico (64 000 new cases, 502 new cases per 1 million), Colombia (57 000 new cases, 1122 new cases per 1 million), and Argentina (48 000 new cases, 1067 new cases per 1 million). These five countries account for 93% of all new cases in the Region.

Colombia reported the fourth-highest number of new cases in the Region, with 57 000 cases (1122 new cases per 1 million). The number of new deaths increased by 2% from previous week to 1285 new deaths (25.3 new deaths per 1 million). Since the pandemic started, Colombia has seen at least one prominent peak in case incidence in August during which almost 78 000 cases per week were reported, followed by a moderate decline; however, the country has sustained over 50 000 new cases per week since early October. Bogotá, Amazonas, and Barranquilla have reported the highest case incidence. Among active cases, 70% are at home, 26% in general hospitalization and 3% in intensive care units (ICUs). Men account for 64% of cases, and 77% of those who have died were aged 60 years and over. Colombia has extended its state of emergency by three months.

Peru reported 12 000 new cases (371 new cases per 1 million) and 355 new deaths (10.8 new deaths per 1 million); decreases of 9% and 6%, respectively from the previous week. Since new cases peaked in the week of 17 August at almost 60 000 cases, Peru has observed a consistent decline in cases. Preliminary results of a seroprevalence study in the capital, Lima suggest that around 35% of the population has been infected. To prepare for vaccination activities, 10 000 members of the armed forces are being trained to support immunization campaigns.

Chile reported 9798 new cases (513 new cases per 1 million) and 292 new deaths (15.3 new deaths per 1 million). New cases in Chile peaked in the week of 15 June with 69 000 cases. Since early August, between 9000 – 13 000 cases have been reported weekly, with an overall slow rate of decline. The Minister of Health reported that the numbers of hospitalized patients and patients admitted to ICU are also gradually declining. Magallanes Region has reported the highest cumulative incidence rates, followed by the Metropolitan, and Arica and Parinacota regions. The Ministry of Health has expressed concerns over increases in some southern regions, such as Los Ríos, Magallanes and La Araucanía. Chile reports that 5 million tests have been conducted, around 1 million tests per month. The Arturo Merino Benítez airport was opened for foreigners last week. An upcoming election was scheduled for 29 November, although people with COVID-19 were not allowed to go to the polls.

Figure 4: Number of COVID-19 cases and deaths reported weekly by the WHO Region of the Americas, as of 29 November 2020**



**See [data](#), [table](#) and [figure notes](#)

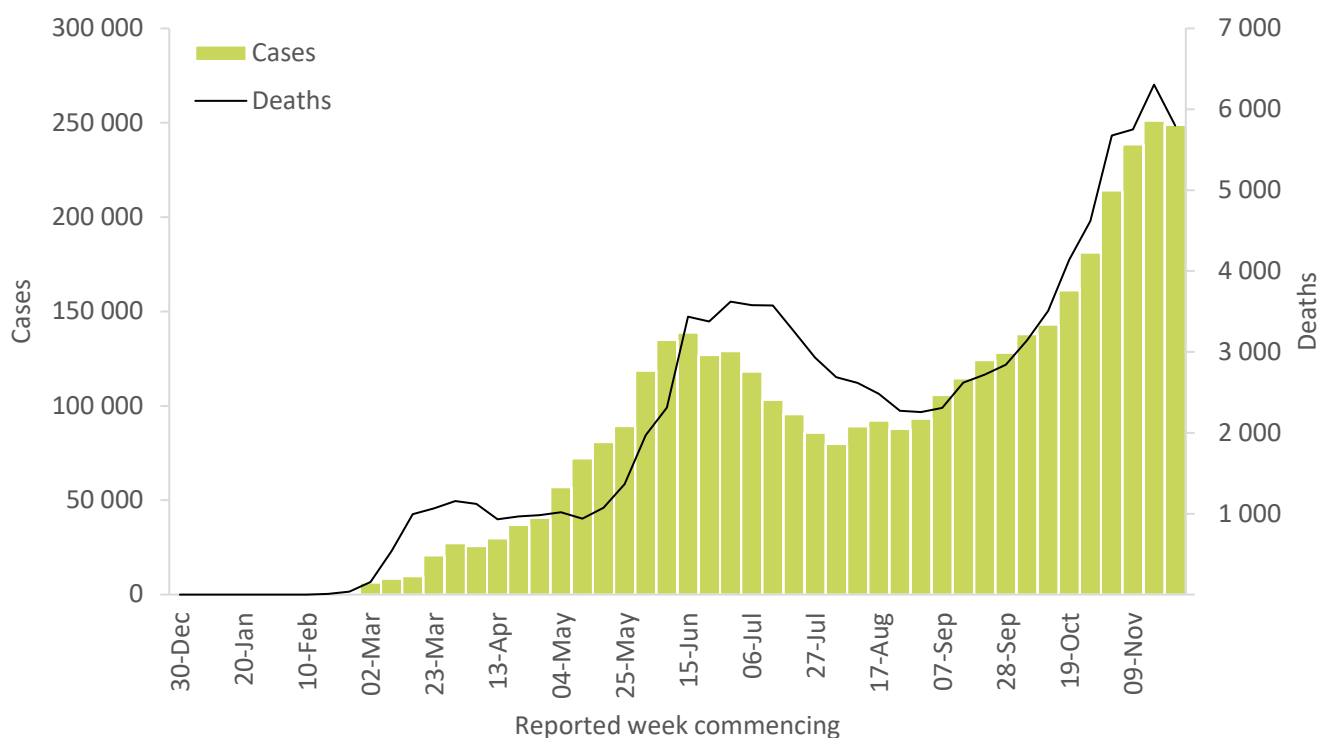
Eastern Mediterranean Region

After fifteen weeks of steady increases in weekly cases, both new cases (248 000) and new deaths (5800) have shown a slight reduction in the Eastern Mediterranean Region, of 1% and 8% respectively compared to the previous week (Figure 5). The highest number of new cases were reported from the Islamic Republic of Iran (94 500 new cases, 1125 new cases per 1 million), Jordan (32 500 new cases, 3200 new cases per 1 million), Morocco (29 000 new cases, 780 new cases per 1 million), Pakistan (21 000 new cases, 94 new cases per 1 million), and Iraq (15 000 new cases, 380 new cases per 1 million).

In the occupied Palestinian territory, including East Jerusalem, reported cases and deaths both increased by 43% in the past week, with over 12 000 new cases (2368 cases per 1 million) and 93 new deaths (18.2 new deaths per 1 million) reported. This represents the highest number of new cases reported per week in the territory since the outbreak began. The proportion of positive tests has increased slightly over the last three weeks along with an increase in the number of total tests conducted. In the Gaza strip, the current testing strategy is limited to symptomatic patients and their contacts, and a 5% COVID-19 infection rate among health workers. Health services continue to operate with 50% of beds in hospitals and 78% of ICU capacity occupied by COVID-19 patients.

The Islamic Republic of Iran continues to report the highest number of incident cases in the Region. The country has experienced an increasing trend in newly reported cases since the end of August with a 3% increase to 94 000 new cases (1124 cases per 1 million) in the last week. During this period, the number of weekly new deaths decreased by 4% to 3159 deaths (38 deaths per 1 million). As Iran approaches the 1 million case mark in the coming week, the country is strengthening public health and social measures to curb this trend by introducing curfews and partial movement restrictions based on the number of confirmed COVID-19 hospitalizations in respective cities and counties. COVID-19 PCR testing activity has substantially increased from an average of 6 samples/100,000 population/week during August, to 27 samples/100,000/week in the past 4 weeks (totaling over 6 million tests to date); however, positivity rates have also increased over the same period, from ~10% to 32% in the past week.

Figure 5: Number of COVID-19 cases and deaths reported weekly by the WHO Eastern Mediterranean Region, as of 29 November 2020**



**See [data](#), [table](#) and [figure notes](#)

European Region

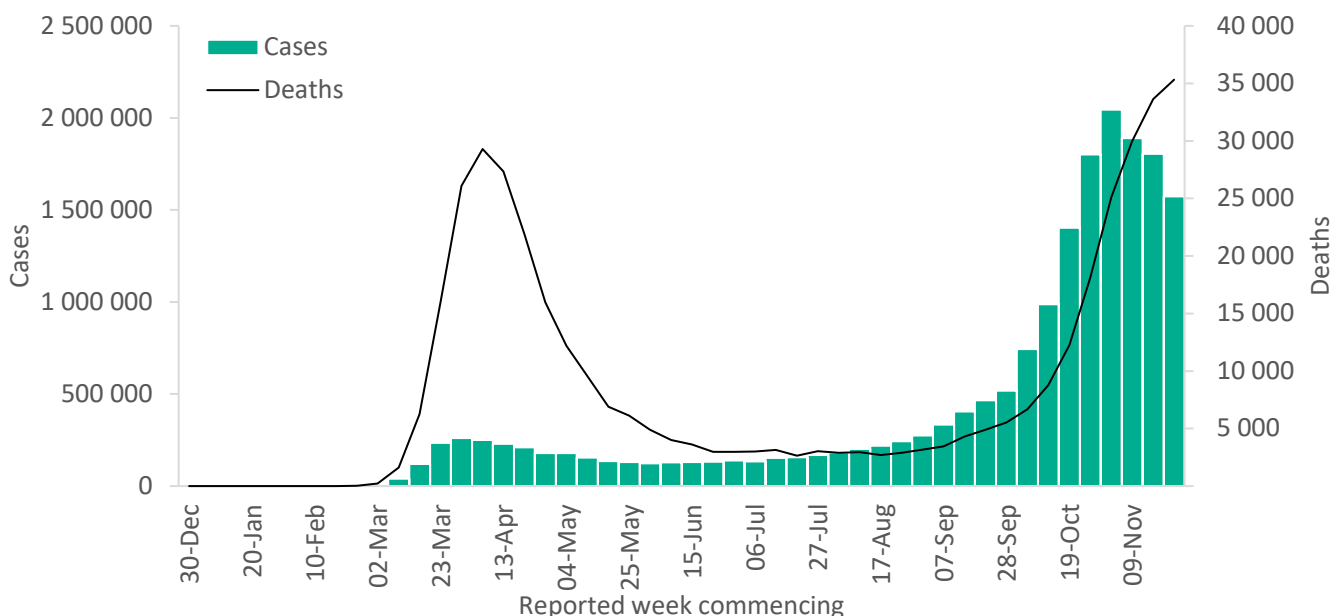
In the European Region, the number of new cases has been decreasing for three consecutive weeks, since its peak in the first week of November. In the past week, the number of new cases reported declined by 13% to over 1.5 million (Figure 6). Despite this reduction, the Region still accounts for 40% of new global cases and 50% of new global deaths as almost half of the countries within the region continue to show an increasing trend. Last week alone, over 35 000 new deaths were reported from the Region, bringing cumulative deaths to 412 000. The highest number of new cases were reported from Italy (184 000 new cases, 3000 new cases per 1 million), Russian Federation (180 000 new cases, 1200 new cases per 1 million), Poland (130 000 new cases, 3438 new cases per 1 million), Germany (124 000 new cases, 1500 new cases per 1 million), and the United Kingdom (112 000 new cases, 1647 new cases per 1 million).

In Turkey, upward trends in both cases and deaths have continued over the past week, with over 47 000 new cases (560 new cases per 1 million) and just over 1150 new deaths (14 new deaths per 1 million) reported. The country saw a 58% increase in new cases in the past week, with rising numbers previously seen mainly in Istanbul, Izmir and Bursa having now spread throughout the country. There have been concerted efforts to increase testing capacity following an upward trend in reported cases during the summer holiday period. To date, over 18.2 million tests have been conducted with a 3% positivity rate in the past week.

Serbia has reported a steady increase in the weekly number of cases and deaths since October. In the past week, 46 910 new cases (6700 new cases per 1 million) and 300 new deaths (45 new deaths per 1 million population) were reported. The country has conducted over 1.7 million tests to date, including around 137 000 people tested in the past week (20 tests/1000 population/week), of which 34% were positive. With over 7200 patients hospitalized and more than 250 on ventilation support at the end of last week, a clinic in the country will be converted into a COVID-19 hospital to provide intensive care and oxygen support to cope with the increase in number of cases requiring clinical care.

In Greece, after several weeks of an upward trend, cases have decreased by 27% with 12 913 new cases (1239 new cases per 1 million) reported. Whereas, a steep increase in the number of deaths continues, with 696 new deaths (67 new deaths per 1 million) in the past week. This number accounts for one third of the total deaths reported since the beginning of the outbreak. As the current situation is challenging the national health system, plans are underway to strengthen it at the national level and in the most affected areas in Thessaloniki, which is located in northern Greece, by ensuring that every patient receives the health care needed though hiring more health workers and increasing ICU capacity.

Figure 6: Number of COVID-19 cases and deaths reported weekly by the WHO European Region, as of 29 November 2020**



**See [data](#), [table](#) and [figure notes](#)

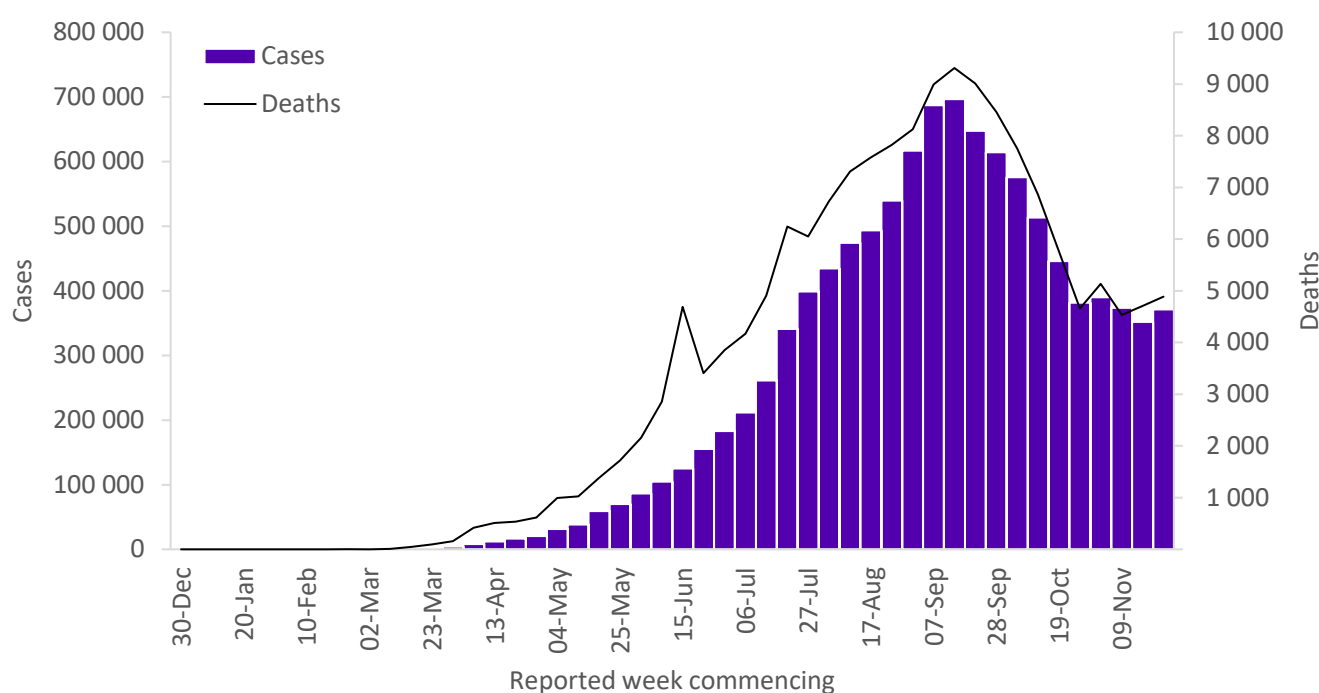
South-East Asia Region

In the South-East Asia Region, new weekly cases remained at similar levels as the previous four weeks with 371 180 cases reported in the past week. The trend in cases is largely driven by the number of cases in India, which reported 80% of new weekly cases in the Region. A decrease in new weekly cases was observed in Myanmar, Sri Lanka and the Maldives, whereas an increase was reported from Indonesia, Nepal, Thailand and Bhutan. There were 4888 deaths reported from seven countries in the past week, a 4% increase compared to the previous week. The highest number of new cases were reported from India (297 000 new cases, 215 new cases per 1 million), Indonesia (35 000 new cases, 127 new cases per 1 million), Bangladesh (15 000 new cases, 93 new cases per 1 million), Nepal (12 000 new cases, 415 new cases per 1 million) and Myanmar (8 800 new cases, 161 new cases per 1 million).

In India, 297 113 new cases (215 per 1 million population) were reported in the past week. Since cases peaked in the week commencing 14 September, weekly decreases in new cases have continued. There were 3469 deaths reported in the past week, a 3% decrease compared to the previous week, but the number of weekly deaths has remained relatively stable since late October. As of 27 November, 70% of active cases were reported from eight states and union territories, including Maharashtra, Kerala, Delhi, Rajasthan and Uttar Pradesh. Maharashtra has been the most affected state in terms of the number of cases and deaths reported. In Delhi, the number of new cases has decreased from 46 876 cases in the week commencing 9 November to 36 785 cases in the past week. State governments including Himachal Pradesh, Madhya Pradesh, Gujarat and Rajasthan have implemented night curfew in selected areas.

In Indonesia, 34 691 new cases (127 per 1 million population) were reported in the past week, bringing the cumulative cases to over half a million cases. A total of 872 new deaths were reported, a 39% increase compared to the previous week. Cases have been confirmed in 505 out of 514 districts and municipalities across all 34 provinces. As of 22 November, the test positivity rate in Indonesia was 14%. In Jakarta, local authorities extended public health and social measures for two additional weeks. In 98 referral hospitals in Jakarta, the average bed occupancy has increased from 56% to 73%, and the ICU occupancy has increased from 60% to 70% (591 of 841 beds occupied) in the past two weeks.

Figure 7: Number of COVID-19 cases and deaths reported weekly by the WHO South-East Asia Region, as of 29 November 2020**



**See [data](#), [table](#) and [figure notes](#)

Western Pacific Region

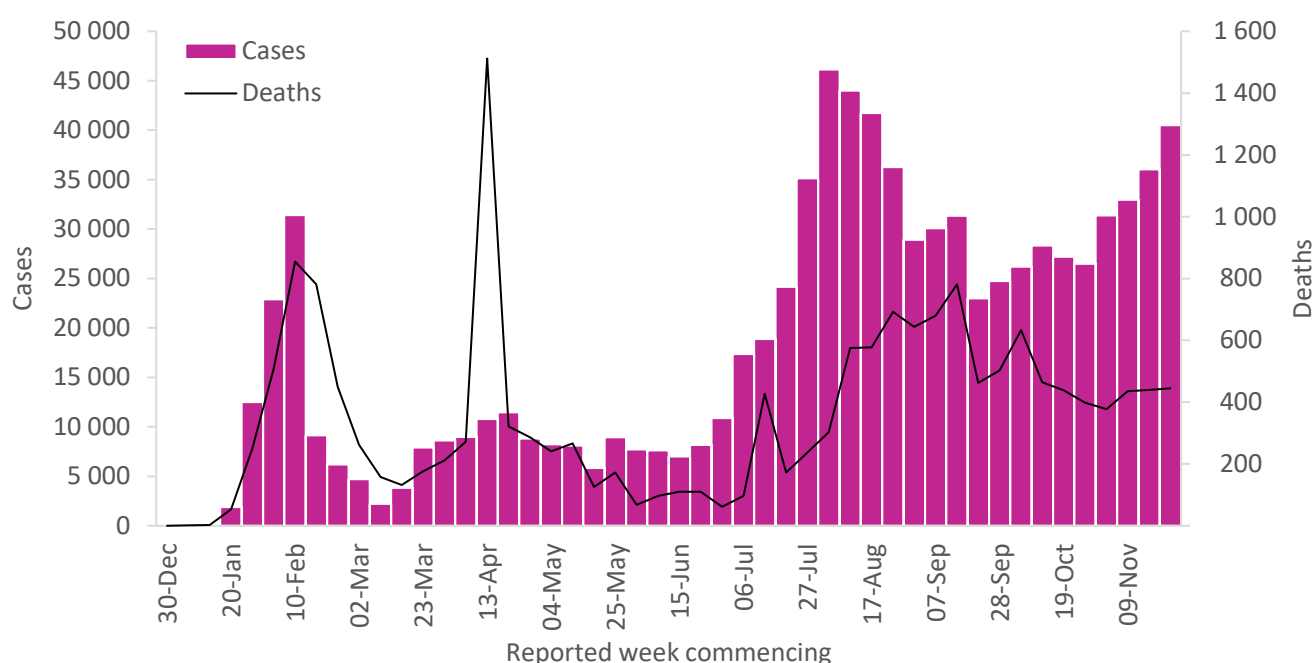
In the past week, the number of new cases reported in the Western Pacific Region increased by 12% with 40 550 cases, continuing the increase since the beginning of November (Figure 8). The number of weekly cases is lower than the highest peak observed in the Region in the week commencing 3 August. The number of deaths in the past week remained at similar levels compared to the previous two weeks with 445 deaths reported from eight countries including the Philippines and Japan which together comprised 87% of all deaths. The highest number of new cases were reported from Japan (14 500 new cases, 114 new cases per 1 million), Philippines (11 000 new cases, 100 new cases per 1 million), Malaysia (9500 new cases, 293 new cases per 1 million), Republic of Korea (3000 new cases, 60 new cases per 1 million) and French Polynesia (1100 new cases, 4000 new cases per 1 million).

The Philippines reported 10 945 cases (100 cases per 1 million) in the past week; a similar level to the previous week. The overall trend shows a gradual decrease since its peak in late July to early August. The country reported 253 new deaths in the past week, a 12% decrease compared to the previous week, although the Philippines has reported the highest cumulative deaths in the Region with 8333 deaths. As of 25 November, 55% of cumulative cases were male, and the most affected age group was 20 to 29 years (27%) followed by 30 to 39 years (24%). Out of 8215 confirmed deaths, 60% were male, with the most affected age group aged over 70 (34.5%) followed by 60 to 69 years (27.3%). The National Capital Region, which surrounds Manila, has reported 46% of cumulative cases, followed by Calabarzon Region (18%) in the south-east of Manila. National authorities have conditionally approved ending restrictions on Filipino healthcare workers to take up employment outside of the Philippines and are developing a contingency plan to rapidly respond to a possible surge following the upcoming holiday season.

The Republic of Korea reported 3091 new weekly cases (60 cases per 1 million), a sharp 41% increase compared to the previous week, reaching the highest weekly case count since early March. A total of 18 new weekly deaths were reported; in comparison, less than 20 deaths/week have been reported since late September. Sources of infections have diversified since the start of the pandemic, and younger groups are now at the center of the spread. Clusters have been traced to military facilities, educational institutions, sporting facilities, healthcare facilities, gatherings among friends, among others. In Seoul, the five-tier physical-distancing rules have been raised to the third-highest level amid rising cases in the metropolitan area. The government urged students to stop attending “cram schools” and private lessons ahead of college entrance exams in early December.

In French Polynesia, 1118 new cases were reported in the past week, a 12% decrease compared to the previous week, continuing a downward trend since the week commencing 9 November. Incidence is decreasing in Tahiti and other islands. Ten new deaths were reported in the past week, similar to the the previous week. While there are currently no national movement restrictions implemented, a curfew was introduced in October and there are inter-island movement restrictions in place.

Figure 8: Number of COVID-19 cases and deaths reported weekly by the WHO Western Pacific Region, data as of 29 November 2020**



**See [data](#), [table](#) and [figure notes](#)

Key weekly updates

- With the latest positive news from vaccine trials “there is now [real hope](#) that vaccines – in combination with other tried and tested public health measures – will help to end the pandemic” said WHO Director-General Dr Tedros last week. WHO has updated the draft [landscape of COVID-19 candidate vaccines](#), which shows that there are 49 candidate vaccines in clinical evaluation, 11 of which are at phase 3 evaluation. The urgency with which vaccines have been developed must be matched by the same urgency to distribute them fairly. Only a fundamental change in funding and approach will realize the full promise of the ACT Accelerator. US \$4.3 billion is needed immediately to support the mass procurement and delivery of vaccines, tests and treatments. A further US \$23.8 billion will be needed next year.
- At Friday’s [media briefing](#), Dr Tedros reminded people that even after vaccines are available, testing will continue to play a vital role for controlling the pandemic. Testing is at the heart of the response; it shows where the virus is. It must be strategic, in support of clear public health objectives, and based on a country’s transmission scenario.
- Today, the world celebrates [World AIDS day 2020](#) and WHO is calling on global leaders and citizens to rally for “global solidarity” to overcome the challenges posed by COVID-19 on the HIV response. In 2019, there were still 38 million people living with HIV infection. One in five people living with HIV were not aware of their infection and one in 3 people receiving HIV treatment experienced disruption. The COVID-19 pandemic has added to this disruption.
- Up to 5 million deaths a year could be averted if the global population was more active. At a time when many people are home bound due to COVID-19, new [WHO Guidelines on physical activity and sedentary behaviour](#), emphasize that everyone, of all ages and abilities, can be physically active and that every type of movement counts.
- Under the COVID-19 pandemic restrictions, many families have become the sole providers of the nurturing care required for young children’s development. While much is unknown about the pandemic’s impact on children’s development, early childhood development (ECD) data collected before the start of pandemic will provide countries with useful baselines to assess the potential effects of health and societal disruptions on young children and their families in the years to come. In order to track global progress on ECD, WHO, UNICEF and partners last week [launched](#) new expanded 2020 ECD [Countdown to 2030](#) country profiles.
- WHO has published [a checklist for countries to use to assess health service capacity](#). It allows for a rapid determination of current capacities of hospitals to respond to the COVID-19 pandemic and to identify gaps and major areas that require investment and action for the development of hospital readiness improvement plans.
- The COVID-19 pandemic is having a large-scale impact on international travel and trade, particularly in the aviation sector. WHO is conducting systematic reviews to synthesize available data and has published a [document](#) that describes the process that WHO will undertake.

Table 2. COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories and areas, and WHO Region, as of 29 November 2020**

Reporting Country/Territory/Area	New cases in last 7 days	Cumulative cases	Cumulative cases per 1 million population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 1 million population	Transmission classification
Africa	48 483	1 494 524	1 332	974	33 512	30	
South Africa	19 730	785 139	13 238	594	21 439	361	Community transmission
Algeria	7 438	81 212	1 852	135	2 393	55	Community transmission
Kenya	6 201	82 605	1 536	79	1 445	27	Community transmission
Ethiopia	3 578	108 930	948	59	1 695	15	Community transmission
Uganda	2 277	19 944	436	33	201	4	Community transmission
Nigeria	1 102	67 330	327	5	1 171	6	Community transmission
Zimbabwe	702	9 822	661	10	275	19	Community transmission
Angola	674	15 087	459	9	345	10	Community transmission
Mozambique	605	15 586	499	6	129	4	Community transmission
Cameroon	589	24 117	909	2	437	16	Community transmission
Ghana	505	51 379	1 653	0	323	10	Community transmission
Namibia	474	14 285	5 622	7	150	59	Community transmission
Democratic Republic of The Congo	428	12 607	141	6	333	4	Community transmission
Botswana	398	9 992	4 249	0	31	13	Community transmission
Mali	361	4 567	226	6	149	7	Community transmission
Mauritania	349	8 424	1 812	3	172	37	Community transmission
Cabo Verde	292	10 526	18 932	0	104	187	Community transmission
Rwanda	252	5 872	453	1	47	4	Clusters of cases
Guinea	241	13 039	993	1	76	6	Community transmission
Eswatini	201	6 406	5 522	2	121	104	Community transmission

Zambia	195	17 589	957	1	357	19	Community transmission
Senegal	162	16 027	957	2	332	20	Community transmission
Togo	155	2 926	353	1	64	8	Community transmission
Congo	142	5 774	1 046	1	94	17	Community transmission
Côte D'Ivoire	135	21 261	806	2	131	5	Community transmission
Niger	121	1 472	61	0	70	3	Community transmission
Burkina Faso	113	2 816	135	0	68	3	Community transmission
Gabon	60	9 191	4 129	0	59	27	Community transmission
Benin	58	2 974	245	0	43	4	Community transmission
South Sudan	57	3 104	277	1	61	5	Community transmission
Lesotho	51	2 109	984	0	44	21	Community transmission
Liberia	41	1 595	315	1	83	16	Community transmission
Madagascar	31	17 341	626	1	251	9	Community transmission
Chad	30	1 663	101	0	101	6	Community transmission
Eritrea	26	577	163	0	0	<1	Sporadic cases
Equatorial Guinea	23	5 153	3 673	0	85	61	Community transmission
Malawi	22	6 025	315	0	185	10	Community transmission
Burundi	19	681	57	0	1	<1	Community transmission
Comoros	18	610	701	0	7	8	Community transmission
Seychelles	11	172	1 749	0	0	<1	Sporadic cases
Mauritius	10	501	394	0	10	8	Clusters of cases
Gambia	8	3 734	1 545	0	123	51	Community transmission
Sao Tome and Principe	6	985	4 494	0	17	78	Community transmission
Sierra Leone	5	2 410	302	0	74	9	Community transmission
Central African Republic	2	4 913	1 017	0	63	13	Community transmission

Guinea-Bissau	1	2 422	1 231	0	43	22	Community transmission
United Republic of Tanzania	0	509	9	0	21	<1	Community transmission
Territories ⁱⁱ							
Réunion	439	7 940	8 868	5	40	45	Clusters of cases
Mayotte	145	5 181	18 991	1	49	180	Clusters of cases
Americas	1 652 915	26 216 515	25 633	22 488	720 228	704	
United States of America	1 150 654	12 939 666	39 092	10 276	262 736	794	Community transmission
Brazil	218 186	6 238 350	29 349	3 361	171 974	809	Community transmission
Mexico	64 706	1 090 675	8 459	4 050	104 873	813	Community transmission
Colombia	57 066	1 290 510	25 362	1 285	36 214	712	Community transmission
Argentina	48 235	1 407 277	31 137	1 426	38 216	846	Community transmission
Canada	38 345	359 064	9 514	560	11 894	315	Community transmission
Peru	12 237	958 324	29 065	355	35 839	1 087	Community transmission
Chile	9 798	548 941	28 716	292	15 322	802	Community transmission
Panama	9 455	161 744	37 486	98	3 030	702	Community transmission
Costa Rica	7 675	137 093	26 912	82	1 690	332	Community transmission
Ecuador	6 033	190 909	10 821	232	13 371	758	Community transmission
Paraguay	5 378	80 436	11 277	73	1 720	241	Community transmission
Dominican Republic	4 883	142 653	13 150	20	2 328	215	Community transmission
Guatemala	3 381	121 798	6 798	87	4 161	232	Community transmission
Honduras	2 955	107 134	10 817	44	2 899	293	Community transmission
Venezuela (Bolivarian Republic of)	2 507	101 524	3 570	22	888	31	Community transmission
El Salvador	1 155	38 405	5 921	37	1 107	171	Community transmission
Uruguay	826	5 303	1 527	5	74	21	Clusters of cases
Bolivia (Plurinational State of)	640	144 494	12 378	43	8 943	766	Community transmission

Belize	531	5 587	14 051	34	141	355	Community transmission
Jamaica	429	10 669	3 603	14	251	85	Community transmission
Cuba	375	8 173	722	1	133	12	Clusters of cases
Trinidad and Tobago	325	6 586	4 706	5	118	84	Community transmission
Guyana	305	5 310	6 751	6	149	189	Clusters of cases
Bahamas	129	7 496	19 062	0	163	415	Clusters of cases
Haiti	50	9 264	812	0	232	20	Community transmission
Nicaragua	46	4 629	699	1	160	24	Community transmission
Saint Lucia	43	246	1 340	0	2	11	Sporadic cases
Suriname	22	5 311	9 053	1	117	199	Sporadic cases
Barbados	15	270	940	0	7	24	Clusters of cases
Dominica	13	85	1 181	0	0	<1	Clusters of cases
Saint Kitts and Nevis	3	22	414	0	0	<1	Sporadic cases
Antigua and Barbuda	2	141	1 440	0	4	41	Sporadic cases
Saint Vincent and the Grenadines	1	85	766	0	0	<1	Sporadic cases
Grenada	0	41	364	0	0	<1	Sporadic cases
Territories ⁱⁱ							
Puerto Rico	5 147	51 581	18 030	71	1 083	379	Community transmission
Curaçao	485	2 046	12 469	0	3	18	Community transmission
Martinique	322	5 413	14 424	1	40	107	Community transmission
French Guiana	165	11 179	37 428	0	70	234	Community transmission
Guadeloupe	119	8 344	20 854	5	149	372	Community transmission
Aruba	98	4 791	44 874	0	45	421	Community transmission
Sint Maarten	68	1 041	24 276	1	25	583	Community transmission

United States Virgin Islands	47	1 538	14 728	0	23	220	Community transmission
Turks and Caicos Islands	22	748	19 319	0	6	155	Clusters of cases
Bermuda	20	247	3 966	0	9	145	Clusters of cases
Cayman Islands	13	274	4 169	0	2	30	Sporadic cases
Bonaire	3	142	8 129	0	3	172	Sporadic cases
Anguilla	1	4	267	0	0	<1	Sporadic cases
Falkland Islands (Malvinas)	1	17	4 881	0	0	<1	No cases
British Virgin Islands	0	72	2 381	0	1	33	Clusters of cases
Montserrat	0	13	2 601	0	1	200	No cases
Saba	0	5	3 342	0	0	<1	No cases
Saint Barthélemy	0	127	12 848	0	0	<1	Sporadic cases
Saint Martin	0	690	17 848	0	12	310	Community transmission
Saint Pierre and Miquelon	0	14	2 416	0	0	<1	Sporadic cases
Sint Eustatius	0	14	5 636	0	0	<1	No cases
Eastern Mediterranean	248 909	4 045 906	5 536	5 800	102 160	140	
Iran (Islamic Republic of)	94 491	935 799	11 141	3 159	47 486	565	Community transmission
Jordan	32 548	210 709	20 651	454	2 626	257	Community transmission
Morocco	28 726	349 688	9 474	483	5 739	155	Clusters of cases
Pakistan	20 848	392 356	1 776	339	7 942	36	Clusters of cases
Iraq	15 266	548 821	13 645	275	12 200	303	Community transmission
Lebanon	10 395	125 637	18 407	97	991	145	Community transmission
United Arab Emirates	8 717	166 502	16 835	21	569	58	Community transmission
Tunisia	7 509	94 980	8 036	401	3 153	267	Community transmission
Libya	4 465	81 273	11 828	85	1 153	168	Community transmission
Egypt	2 507	115 183	1 126	86	6 621	65	Clusters of cases

Kuwait	2 461	142 195	33 296	12	875	205	Community transmission
Saudi Arabia	1 877	356 911	10 252	109	5 870	169	Sporadic cases
Afghanistan	1 463	45 966	1 181	77	1 752	45	Clusters of cases
Qatar	1 415	138 477	48 065	2	237	82	Community transmission
Oman	1 219	122 579	24 004	26	1 391	272	Community transmission
Sudan	1 217	17 404	397	36	1 235	28	Community transmission
Bahrain	1 054	86 645	50 920	3	341	200	Clusters of cases
Syrian Arab Republic	561	7 715	441	37	409	23	Community transmission
Somalia	69	4 451	280	5	113	7	Sporadic cases
Djibouti	15	5 676	5 745	0	61	62	Clusters of cases
Yemen	5	2 078	70	0	605	20	Sporadic cases
Territories ⁱⁱ							
Occupied Palestinian territory	12 081	94 861	18 595	93	791	155	Community transmission
Europe	1 573 354	18 495 511	19 815	35 321	412 362	442	
Italy	184 001	1 564 532	25 876	5 102	54 363	899	Clusters of cases
Russian Federation	179 987	2 269 316	15 550	3 348	39 527	271	Clusters of cases
Poland	130 118	973 593	25 725	3 458	16 746	442	Community transmission
Germany	124 431	1 042 700	12 445	2 101	16 123	192	Clusters of cases
The United Kingdom	111 789	1 605 176	23 645	3 404	58 030	855	Community transmission
Ukraine	97 935	722 679	16 525	1 262	12 213	279	Community transmission
France	80 458	2 169 811	33 242	3 597	51 767	793	Community transmission
Romania	53 174	465 982	24 222	1 129	11 045	574	Community transmission
Turkey	47 107	487 912	5 785	1 154	13 373	159	Community transmission
Serbia	46 910	163 035	23 412	316	1 484	213	Community transmission
Spain	42 528	1 628 208	34 824	939	44 668	955	Community transmission

Hungary	36 909	211 527	21 896	872	4 672	484	Community transmission
Portugal	34 736	290 706	28 510	539	4 363	428	Clusters of cases
Netherlands	34 017	512 695	29 921	455	9 313	544	Community transmission
Austria	33 366	274 275	30 453	667	2 822	313	Community transmission
Czechia	27 899	518 649	48 431	959	8 054	752	Community transmission
Georgia	27 636	132 368	33 182	254	1 230	308	Community transmission
Switzerland	24 305	317 017	36 630	598	4 236	489	Community transmission
Azerbaijan	24 127	114 025	11 246	216	1 323	130	Clusters of cases
Sweden	23 505	243 129	24 074	83	6 681	662	Community transmission
Croatia	23 283	123 693	30 130	351	1 655	403	Community transmission
Bulgaria	21 050	141 747	20 400	929	3 749	540	Clusters of cases
Lithuania	15 453	60 193	22 111	119	493	181	Community transmission
Belgium	15 447	576 499	49 743	807	16 536	1 427	Community transmission
Greece	12 913	103 034	9 885	696	2 223	213	Community transmission
Belarus	10 889	133 324	14 109	54	1 143	121	Community transmission
Slovenia	9 980	74 264	35 722	256	913	439	Clusters of cases
Slovakia	9 375	104 632	19 165	154	798	146	Clusters of cases
Republic of Moldova	9 163	105 852	26 240	139	2 269	562	Community transmission
Denmark	8 719	78 354	13 527	42	823	142	Community transmission
Armenia	8 544	134 768	45 480	190	2 142	723	Community transmission
Bosnia and Herzegovina	7 401	86 710	26 429	330	2 576	785	Community transmission
North Macedonia	7 092	60 723	29 146	212	1 699	816	Community transmission
Kazakhstan	6 421	173 806	9 256	60	2 477	132	Clusters of cases
Albania	4 594	36 790	12 784	102	787	273	Clusters of cases
Israel	4 071	332 192	38 379	47	2 831	327	Community transmission

Latvia	3 817	16 561	8 780	40	193	102	Clusters of cases
Luxembourg	3 647	33 409	53 371	40	300	479	Community transmission
Montenegro	3 428	34 887	55 547	48	487	775	Clusters of cases
Norway	3 309	34 747	6 409	22	328	61	Community transmission
Finland	3 091	24 307	4 387	18	393	71	Community transmission
Kyrgyzstan	2 846	72 427	11 101	35	1 266	194	Clusters of cases
Estonia	2 323	11 698	8 818	22	109	82	Clusters of cases
Ireland	1 799	71 942	14 570	28	2 050	415	Community transmission
Cyprus	1 775	10 231	8 474	5	48	40	Clusters of cases
Uzbekistan	1 257	72 809	2 175	5	608	18	Clusters of cases
Malta	588	9 501	21 518	21	128	290	Clusters of cases
Andorra	403	6 610	85 550	0	76	984	Community transmission
Tajikistan	264	12 118	1 271	0	86	9	Pending
Liechtenstein	164	1 273	33 380	7	15	393	Sporadic cases
San Marino	159	1 586	46 732	2	45	1 326	Community transmission
Iceland	102	5 371	15 740	0	26	76	Community transmission
Monaco	26	607	15 467	0	3	76	Sporadic cases
Holy See	0	26	32 138	0	0	<1	Sporadic cases
Territories ⁱⁱ							
Kosovo[1]	4 843	38 388	20 634	85	979	526	Community transmission
Jersey	117	923	8 483	0	32	294	Community transmission
Gibraltar	56	999	29 652	2	5	148	Clusters of cases
Faroe Islands	3	502	10 273	0	0	<1	Sporadic cases
Guernsey	3	286	4 526	0	13	206	Community transmission
Isle of Man	1	369	4 340	0	25	294	No cases

Greenland	0	18	317	0	0	<1	No cases
South-East Asia	371 180	10 738 733	5 313	4 888	163 454	81	
India	297 113	9 392 919	6 806	3 469	136 696	99	Clusters of cases
Indonesia	34 691	527 999	1 930	872	16 646	61	Community transmission
Bangladesh	15 338	460 619	2 797	230	6 580	40	Community transmission
Nepal	12 084	230 723	7 919	149	1 454	50	Clusters of cases
Myanmar	8 785	86 633	1 592	143	1 865	34	Clusters of cases
Sri Lanka	2 730	22 501	1 051	24	107	5	Clusters of cases
Maldives	369	12 947	23 952	1	46	85	Clusters of cases
Thailand	53	3 966	57	0	60	1	Clusters of cases
Bhutan	17	396	513	0	0	<1	Sporadic cases
Timor-Leste	0	30	23	0	0	<1	Sporadic cases
Western Pacific	40 489	874 705	445	445	17 261	9	
Japan	14 474	144 653	1 144	132	2 106	17	Clusters of cases
Philippines	10 945	427 797	3 904	253	8 333	76	Community transmission
Malaysia	9 497	63 176	1 952	22	354	11	Clusters of cases
Republic of Korea	3 030	33 763	659	18	523	10	Clusters of cases
China	681	93 329	63	1	4 750	3	Clusters of cases
Mongolia	178	760	232	0	0	<1	Sporadic cases
Australia	78	27 885	1 094	0	907	36	Clusters of cases
Singapore	57	58 205	9 949	1	29	5	Clusters of cases
Papua New Guinea	41	645	72	0	7	1	Community transmission
Viet Nam	35	1 341	14	0	35	<1	Clusters of cases
New Zealand	24	1 696	352	0	25	5	Clusters of cases
Lao People's Democratic Republic	14	39	5	0	0	<1	Sporadic cases

Cambodia	9	315	19	0	0	<1	Sporadic cases
Fiji	3	38	42	0	2	2	Sporadic cases
Brunei Darussalam	2	150	343	0	3	7	No cases
Solomon Islands	1	17	25	0	0	<1	Sporadic cases
Territories ⁱⁱ							
French Polynesia	1 118	14 096	50 180	10	73	260	Sporadic cases
Guam	300	6 655	39 431	8	112	664	Clusters of cases
Northern Mariana Islands (Commonwealth of The)	1	105	1 824	0	2	35	Pending
Wallis and Futuna	1	3	267	0	0	<1	Sporadic cases
Marshall Islands	0	4	68	0	0	<1	Sporadic cases
New Caledonia	0	32	112	0	0	<1	Sporadic cases
Vanuatu	0	1	3	0	0	<1	Sporadic cases
Global	3 935 330	61 866 635	7 937	69 916	1 448 990	186	

^{**}See [data, table and figure notes](#)

Technical guidance and other resources

- [Technical guidance](#)
- [WHO Coronavirus Disease \(COVID-19\) Dashboard](#)
- [Weekly COVID-19 Operational Updates](#)
- [WHO COVID-19 case definitions](#)
- [COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update](#)
- [Research and Development](#)
- [Online courses on COVID-19](#) in official UN languages and in [additional national languages](#)
- [The Strategic Preparedness and Response Plan](#) (SPRP) outlining the support the international community can provide to all countries to prepare and respond to the virus
- Updates from WHO regions
 - [African Region](#)
 - [Region of the Americas](#)
 - [Eastern Mediterranean Region](#)
 - [South-East Asia Region](#)
 - [European Region](#)
 - [Western Pacific Region](#)

Recommendations and advice for the public

- [Protect yourself](#)
- [Questions and answers](#)
- [Travel advice](#)
- [EPI-WIN](#): tailored information for individuals, organizations and communities

Data, table and figure notes

Data presented are based on official laboratory-confirmed COVID-19 case 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 incidence, and variable delays to reflecting these data at 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; efforts are underway to identify these for notation in the data table. Differences are to be expected between information products published by WHO, national public health authorities, and other sources.

Global totals include 741 cases and 13 deaths reported from international conveyances.

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.

^[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, number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

ⁱ Transmission classification is based on a process of country/territory/area self-reporting. Classifications are reviewed on a weekly basis and may be revised as new information becomes available. Differing degrees of transmission may be present within countries/territories/areas; classification is based on the highest category reported within a country/territory/area. Categories:

- No cases: with no confirmed cases;
- Sporadic cases: with one or more cases, imported or locally detected;
- Clusters of cases: experiencing cases, clustered in time, geographic location and/or by common exposures;
- Community transmission: experiencing larger outbreaks of local transmission defined through an assessment of factors including, but not limited to: large numbers of cases not linkable to transmission chains; large numbers of cases from sentinel laboratory surveillance; and/or multiple unrelated clusters in several areas of the country/territory/area;
- Pending: transmission classification has not been reported to WHO.

ⁱⁱ "Territories" include territories, areas, overseas dependencies and other jurisdictions of similar status.

Country, territory, or area-specific notes, updates and errata

Due to public health authorities conducting data reconciliation exercises which remove large numbers of cases or deaths from their total counts, negative numbers may be displayed in the new cases/deaths columns as appropriate. When additional details become available that allow the subtractions to be suitably apportioned to previous days, graphics will be updated accordingly. See the [log of major changes and errata](#) for details. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data.