

COVID-19 Weekly Epidemiological Update

Data as received by WHO from national authorities, as of 24 January 2021, 10 am CET

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

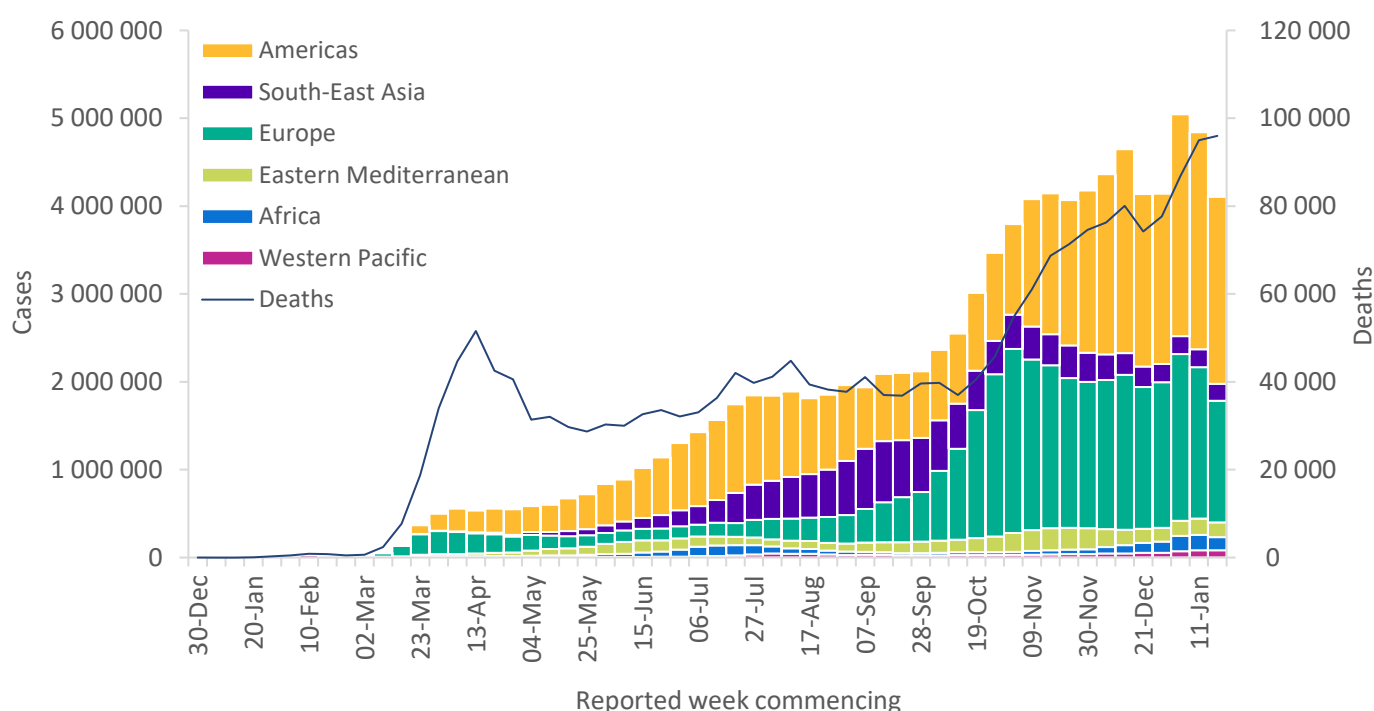
- [WHO COVID-19 Dashboard](#)
- [WHO COVID-19 Weekly Operational Update](#)

Global epidemiological situation

Globally, 4.1 million new cases were reported in the past week, a decline of 15% from the previous week and the second week of decline after global case incidence peaked in the first week of January 2021 (Figure 1). This downward trend is largely attributed to relative reductions in case incidence in several countries that have contributed the highest numbers in recent months, but hides continued upward trends in other countries in the same regions. The ongoing and prolonged high rates of new infections continues to strain health systems in many countries around the world. All regions reported a decline in new cases except the Western Pacific Region which reported a similar incidence to last week (Table 1). The largest decrease in new cases was reported in the European Region (by 20%) followed by the African Region (decrease of 16%). The Americas and Europe reported 86% of all new cases globally in the past week.

During the same period, around 96 000 deaths have been reported – a similar number reported as last week. The Americas and Eastern Mediterranean region reported an increase in new deaths by 4% and 3% respectively, whereas Europe, South-East Asia and Western Pacific regions showed a decrease in new deaths compared to last week. No change in new deaths was seen for the African region.

Figure 1: COVID-19 cases reported weekly by WHO Region, and global deaths, as of 24 January 2021**



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

In the past week, the five countries reporting the highest number of new cases continue to be the United States of America (1 259 902 cases, a 20% decrease), Brazil (360 428 cases, a 5% decrease), the United Kingdom of Great Britain and Northern Ireland (260 098 cases, a 24% decrease), the Russian Federation (151 191 cases, a 9% decrease) and France (138 288 cases, a 10% increase).

In this edition of the COVID-19 Weekly Epidemiological Update, special focus updates are provided on:

- [Solidarity II forum and use of international standards for sero-epidemiology surveys](#)
- [SARS-CoV-2 variants of concern](#)
- Additional Region-specific information: [African Region](#), [Region of the Americas](#), [Eastern Mediterranean Region](#), [European Region](#), [South-East Asia Region](#), and [Western Pacific Region](#)
- [Key Weekly Updates](#)

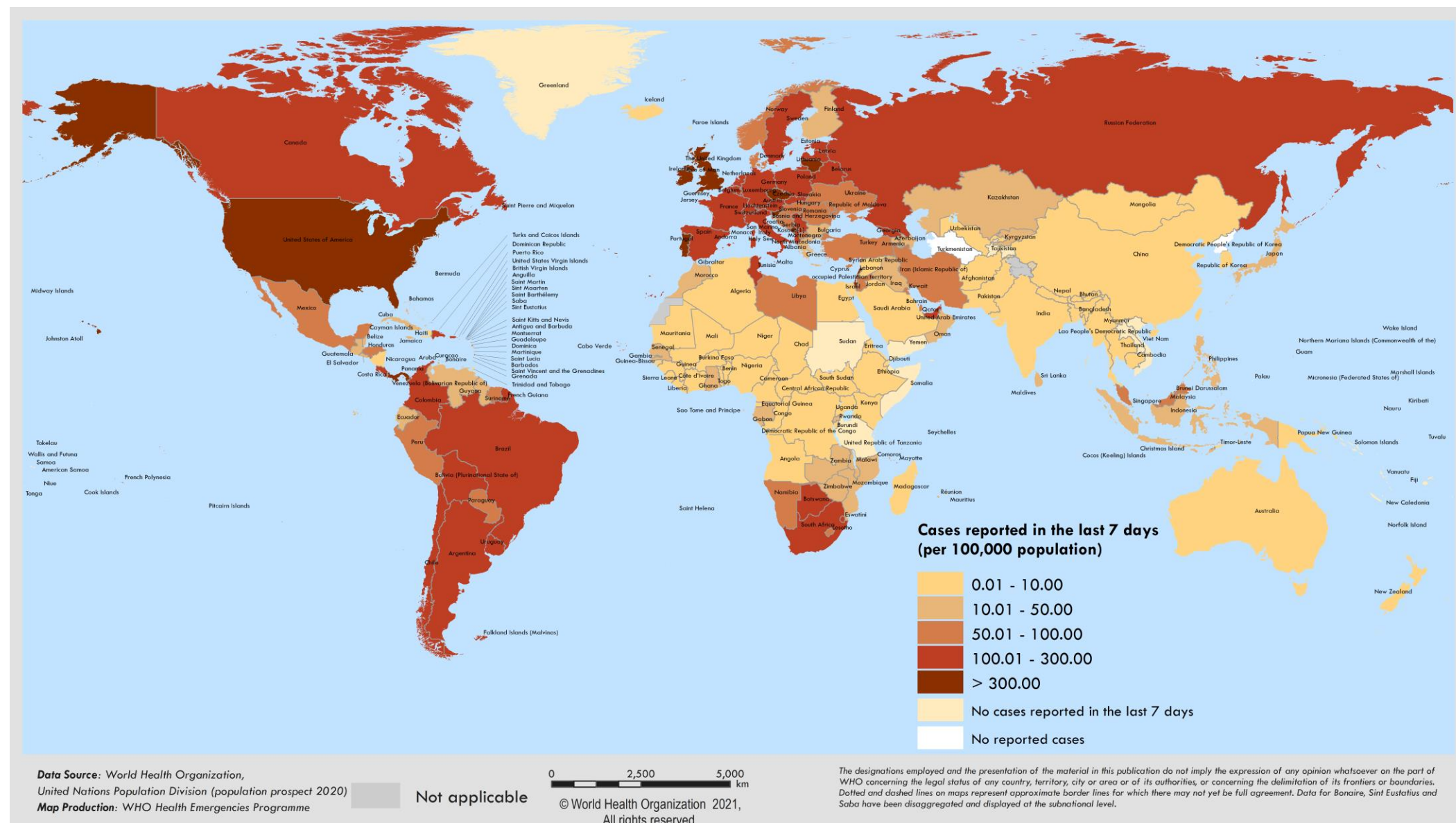
Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 24 January 2021**

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	2 127 479 (52%)	-14%	43 456 972 (44%)	45 349 (47%)	4%	999 894 (47%)
Europe	1 382 460 (34%)	-20%	32 848 998 (33%)	38 349 (40%)	-1%	706 293 (33%)
South-East Asia	194 166 (5%)	-5%	12 656 504 (13%)	3 253 (3%)	-5%	194 449 (9%)
Eastern Mediterranean	170 422 (4%)	-7%	5 507 649 (6%)	2 980 (3%)	3%	130 901 (6%)
Africa	148 953 (4%)	-16%	2 462 083 (3%)	4 997 (5%)	0%	57 902 (3%)
Western Pacific	81 467 (2%)	0%	1 347 893 (1%)	1 063 (1%)	-5%	23 307 (1%)
Global	4 104 947 (100%)	-15%	98 280 844 (100%)	95 991 (100%)	1%	2 112 759 (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 100 000 population reported in the last seven days by countries, territories and areas, 18 January through 24 January 2021**



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

Special Focus: Solidarity II forum and use of international standards for sero-epidemiology surveys

Solidarity II is a sero-epidemiological international forum

[Solidarity II](#) is a global collaborative forum that promotes the implementation of serological surveys for estimating the exposure to SARS-CoV-2 in the population. The Solidarity II network facilitates discussions between public health agencies and academic institutions with three main objectives: 1) sharing cutting edge scientific findings, 2) identifying and bridging research gaps, and 3) creating collaborations to progress the research of serological epidemiology of SARS-CoV-2.

Why use a common language across serological assays?

Serology is the study of serum and other fluids in the body, which is used to ascertain if antibodies are present. Serological assays are also used to determine the level of antibody response to SARS-CoV-2. A WHO Q&A on serology is available [here](#). The availability of an International Standard for antibodies facilitates the standardization of SARS-CoV-2 serological methods, and allows for comparison and harmonisation of data sets across laboratories. The readout from serology assays can be expressed in different and non-comparable units, including unit/mL, titer or ng/mL, and should be calibrated to international units to allow comparisons.

WHO Working Assay Group meeting on the calibration of serological assays with the WHO IS

On 20 January 2021, 90 participants from the Solidarity II forum, from 34 countries, joined SARS-CoV-2 vaccine developers at the Working Assay Group meeting on the calibration of serological assays with the WHO International Standard anti-SARS-CoV-2 Immunoglobulin (WHO IS). Participants included national research institutes, academic research groups as well as clinical laboratories. This meeting was the first webinar aimed at standardizing the practice of SARS-CoV-2 serological assays. During this meeting, WHO presented the outcome from the [73rd meeting of the WHO Expert Committee on Biological Standardization \(ECBS\)](#). More information can be found in the WHO guidance on [Calibration to WHO International Standards](#).

How to order the WHO International Standard anti-SARS-CoV-2 Immunoglobulin (WHO IS)

The WHO IS is now available and can be ordered directly from the [NIBSC website](#). The Solidarity II forum is offering financial support to low and middle income country (LMIC) research groups to acquire this material as well as technical support for the implementation of the calibration protocol. Working/secondary serological reagents will also be soon available through the Solidarity II network.

For more information about WHO's work on SARS-CoV-2 serology, please see the website on [Serology and Early Investigation Protocols](#) or contact solidarity2@who.int.

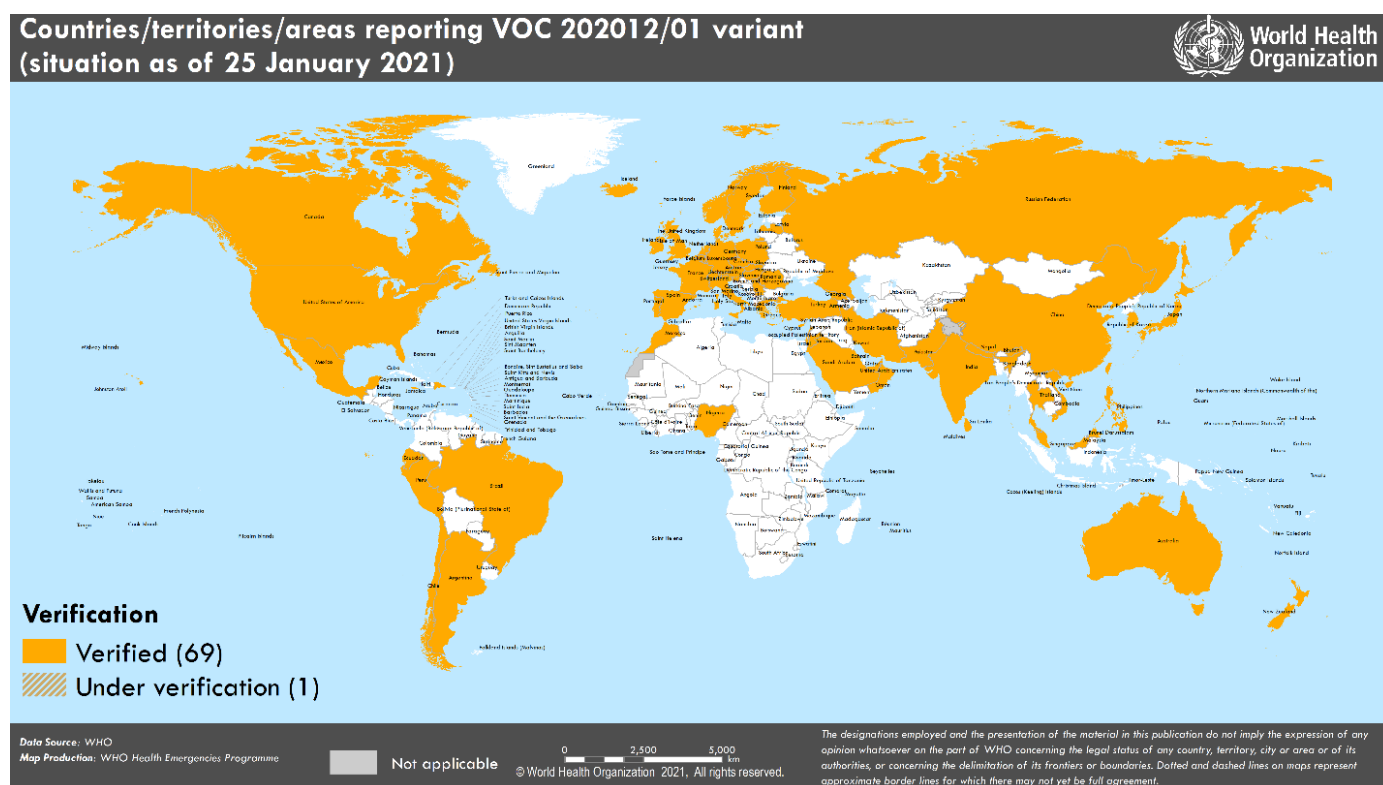
Special Focus: Update on SARS-CoV-2 variants of concern

WHO, in collaboration with national authorities, institutions and researchers, continues to monitor the public health events associated with SARS-CoV-2 variants and provides updates as new information becomes available. Further information on the background of the variants of concern (VOC) is available from previously published [Disease Outbreak News](#) and in the last three publications of the [Weekly Epidemiological Updates](#).

WHO is working with partners to evaluate available evidence around transmissibility, severity, antibody neutralization capabilities and potential impacts on vaccines of specific mutations, variants of interest and variants of concern. Here we provide an update on ongoing studies, as well as the geographical distribution of three variants of concern as reported by countries, territories and areas (hereafter countries) as of 25 January 2021:

1. Variant VOC 202012/01, lineage B.1.1.7: Since our last update on 19 January, variant VOC 202012/01 has been detected in ten additional countries. As of 25 January, a total of 70 countries across all six WHO regions have reported either imported cases or community transmission of this variant (Figure 3). Local transmission has been reported in several other European countries.

Figure 3. Countries, territories and areas reporting SARS-CoV-2 VOC 202012/01 as of 25 January 2021



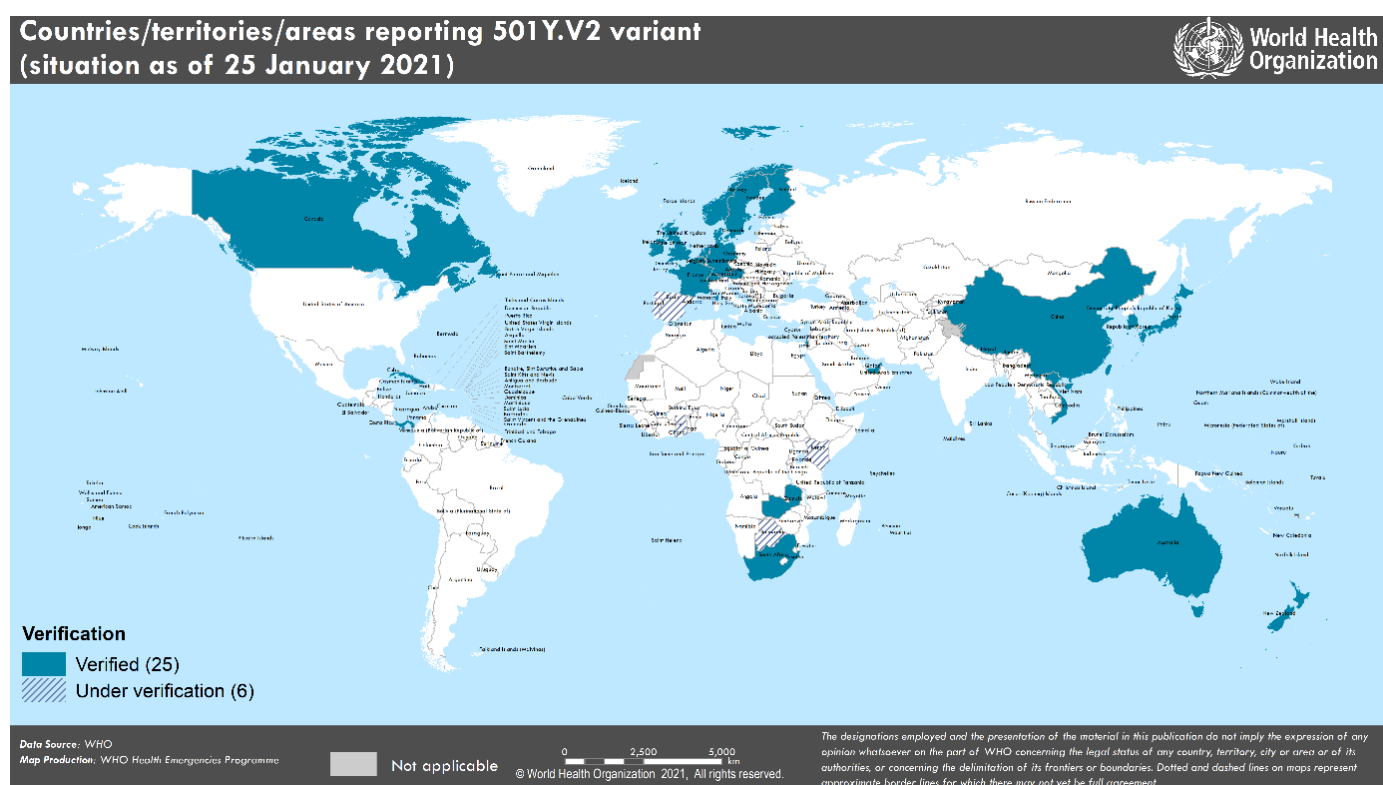
In the United Kingdom of Great Britain and Northern Ireland, where this variant was initially identified, variant VOC 202012/01 has shown to have increased transmissibility compared to previously circulating variants. The United Kingdom has also recently shared results from studies suggesting that there is some evidence of an increase in disease severity; however, results are preliminary, and more analyses are required to further corroborate these findings (1).

In the United Kingdom, COVID-19 case incidence increased week-on-week since early December 2020, peaking in early January 2021. From 11 January through 24 January, a decreasing trend has been observed, following the implementation of stringent public health and social measures. Similar declines in incidence have also been reported in Denmark, Ireland and the Netherlands, where local transmission of VOC 202012/01 has been reported.

Studies are ongoing to fully understand the effectiveness of vaccines against the B.1.1.7 lineage, however, based on preliminary in vitro studies (available as pre-prints), post-vaccination sera with Pfizer and Moderna vaccines have limited to no significant change against the VOC202012/01 variant (2-6). These are all preliminary findings which require further investigation involving larger sample sizes.

2. Variant 501Y.V2, lineage B.1.351: Since the last update on 19 January, 501Y.V2 has been reported from eight additional countries– now totalling 31 countries across five of the six WHO regions (Figure 4). In South Africa, where this variant was initially identified, new weekly cases increased from early November 2020, peaking in early January 2021. In the past two weeks, a decreasing trend has been observed.

Figure 4. Countries, territories and areas reporting SARS-CoV-2 501Y.V2 as of 25 January 2021



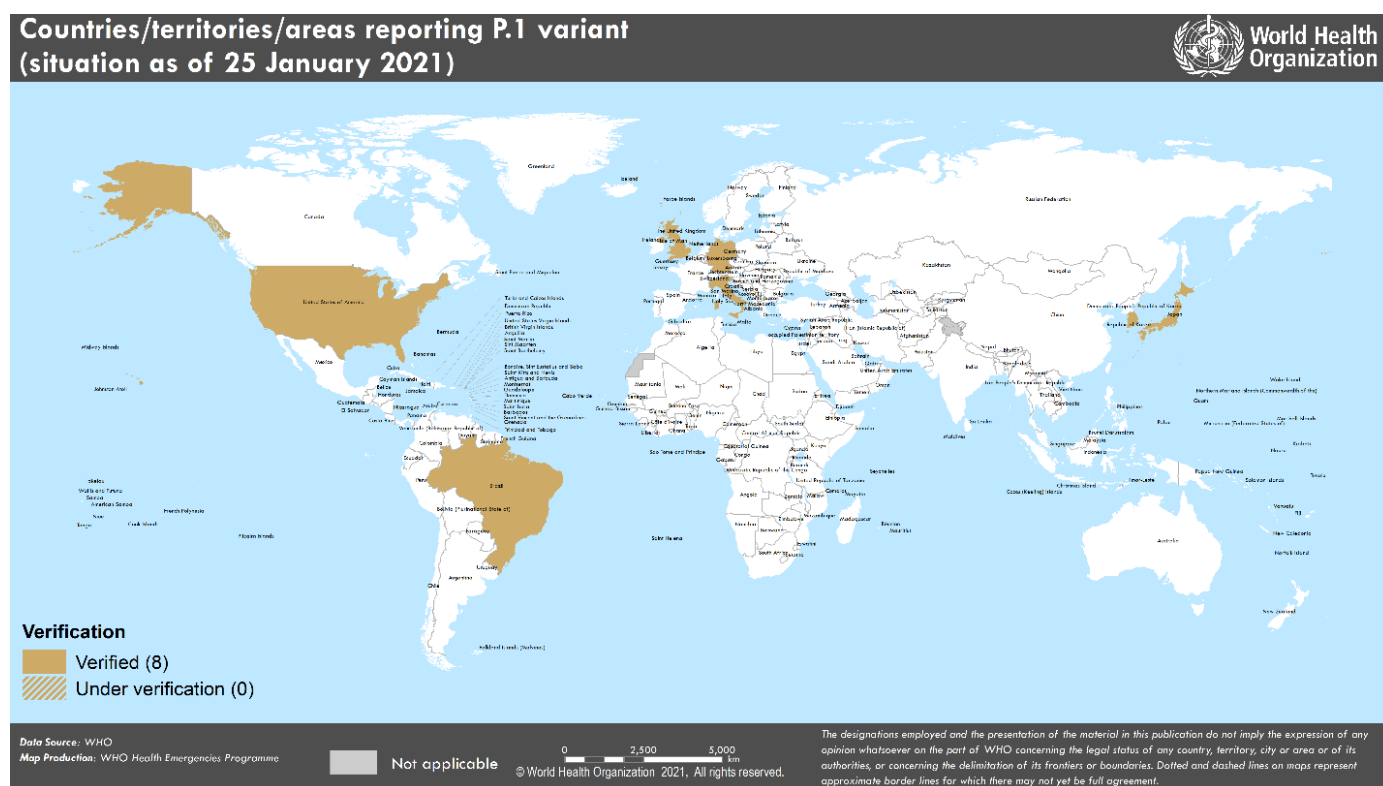
Recent laboratory studies of a limited number of patients using pseudo virus and live attenuated virus from South Africa have shown that the 501Y.V2 variant is less susceptible to antibody neutralization – where activity was either lost or reduced in blood samples of patients with natural infection with previous variants circulating earlier in the pandemic (7-8). While further investigations are needed to determine whether the 501Y.V2 variant may escape immune responses acquired from previous infection, these findings raise concerns of increased rates of SARS-CoV-2 re-infection. While the risk of reinfection remains for all SARS-CoV-2 variants, based on current information available, there is no indication that there is increased risk of re-infection in relation to 501Y.V2 based on observational studies in South Africa.

Studies are also ongoing to fully understand the effectiveness of COVID-19 vaccines against the 501Y.V2 variant. Preliminary in vitro studies using sera from individuals vaccinated with Moderna mRNA-1273 COVID-19 vaccine showed a reduction in neutralizing titers to the 501Y.V2 variant compared to previous variants tested; however, neutralizing titres remain above the levels expected to be protective (2,4). Other in vitro studies reported similar observations of either equivalent or a small reduction in neutralizing activity against SARS-CoV-2 variants encoding the mutations of concern in persons vaccinated with the Moderna or Pfizer-BioNTech vaccines compared to previous variants (6, 9). These are preliminary findings which require further investigation including of neutralizing activity in a larger number of samples and an assessment of changes in

neutralization on clinical efficacy. Out of an abundance of caution, Moderna is investigating the potential use of an additional booster dose to increase neutralizing titres against emerging variants and beginning to evaluate an emerging variant booster candidate vaccine (4).

3. Variant P.1, lineage B.1.1.28: Since our last update, variant P.1 has been reported in six additional countries. To date, this variant is reported in eight countries (Figure 5). In Brazil, where the variant was initially identified in addition to detection in a group of travellers from Brazil to Japan, the number of new weekly cases in the past two weeks are reported at higher levels compared to that of September to November 2020, and new weekly deaths have increased since early November 2020. The highest weekly cases since the start of the pandemic was reported in the week commencing 11 January 2021. Based on the preliminary investigations conducted in Manaus, Amazonas State, there has been an increase in the proportion of cases sequenced as variant P.1, from 52.2% (35/67) in December 2020 to 85.4% (41/48) in January 2021, highlighting ongoing local transmission of this variant and, given the mutations documented, raising similar concerns for potential increases in transmissibility or propensity for re-infection (10). Further studies are needed to assess if there are changes in transmissibility, severity or antibody neutralizing activity as a result of these new variants.

Figure 5. Countries, territories and areas reporting SARS-CoV-2 P.1 variant as of 25 January 2021



The emergence of new variants has underscored the importance for everyone, including those previously infected or vaccinated, to strictly adhere to public health and social measures. They also highlight the importance of increasing diagnostic capacity and systematic sequencing of SARS-CoV-2 where capacity allows, as well as the timely sharing of sequence data internationally. Systematic sequencing should be considered for a subset of incoming travellers, as well as community-based samples to ascertain the existence and extent of local transmission. Virus sequencing should be performed in all breakthrough disease following vaccination, in addition to population-based vaccine effectiveness studies. Global surveillance on virus evolution should continue to inform adjustments to public health and social measures.

References

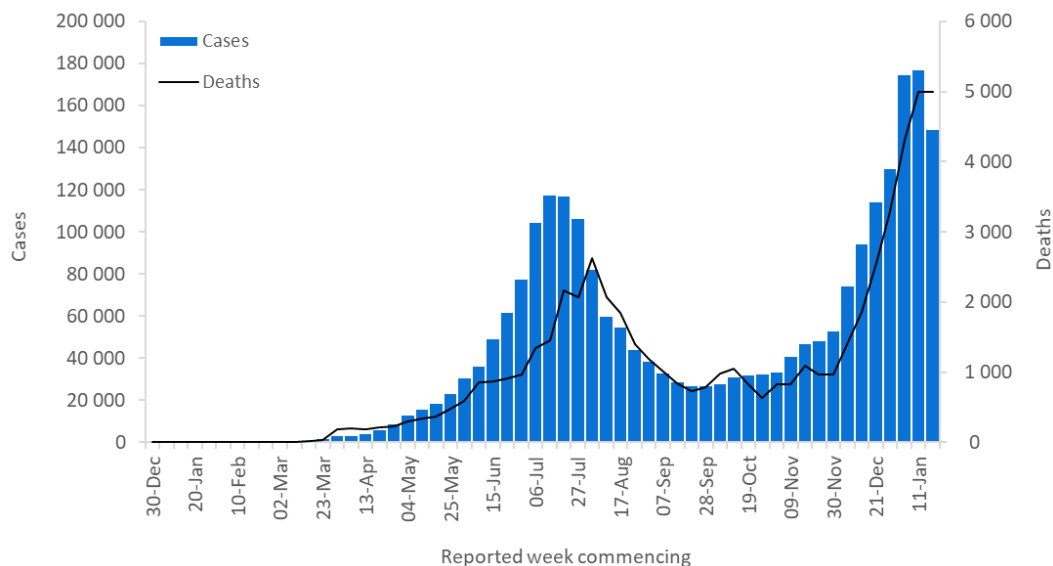
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Situation by WHO Region

African Region

In the past week, the African Region reported over 148 000 cases and just under 5000 deaths, a 16% decrease in cases and similar number of deaths compared to the previous week. This was the first time since mid-September 2020 that weekly cases decreased. The highest numbers of new cases were reported in South Africa (79 180 new cases; 133.5 new cases per 100 000 population; a 29% decrease), Nigeria (11 659 new cases; 5.7 new cases per 100 000; a 2% increase) and Zambia (8518 new cases; 46.3 new cases per 100 000; a 10% decrease).

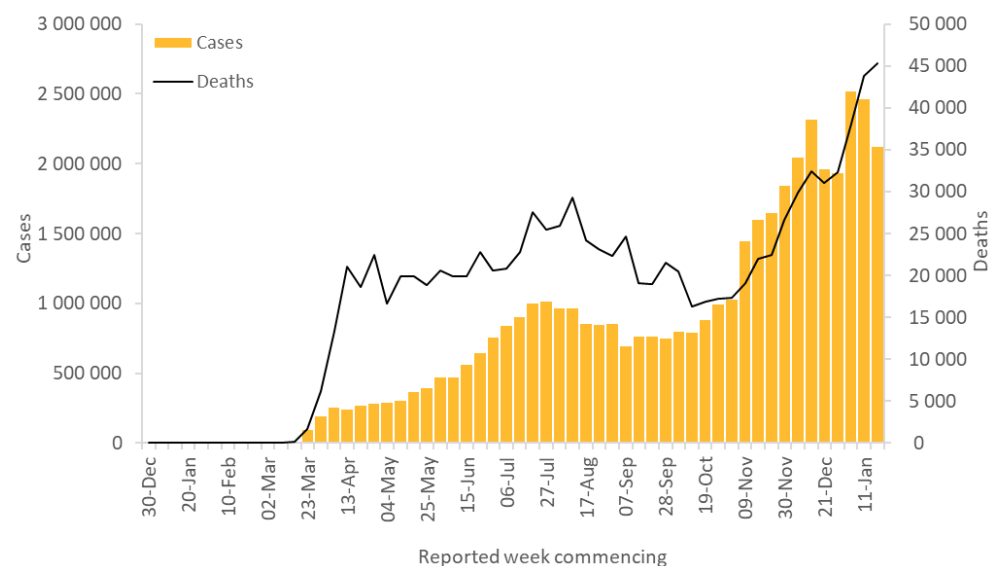
The countries reporting the highest number of new deaths in the past week were South Africa (3723 new deaths; 6.3 new deaths per 100 000; a 8% decrease), Zimbabwe (291 new deaths; 2.0 new deaths per 100 000; a 35% decrease) and Malawi (170 new deaths; 0.9 new deaths per 100 000; a 113% increase).



Region of the Americas

Over 2.1 million new cases and over 45 000 new deaths were reported in the Region of the Americas this week, a decrease of 14% and an increase of 4% respectively compared to the previous week. The highest numbers of new cases were reported from the United States of America (1 259 902 new cases; 380.6 new cases per 100 000 population; a 20% decrease), Brazil (360 428 new cases; 169.6 new cases per 100 000; a 5% decrease) and Mexico (122 555 new cases; 95.1 new cases per 100 000; a 20% increase).

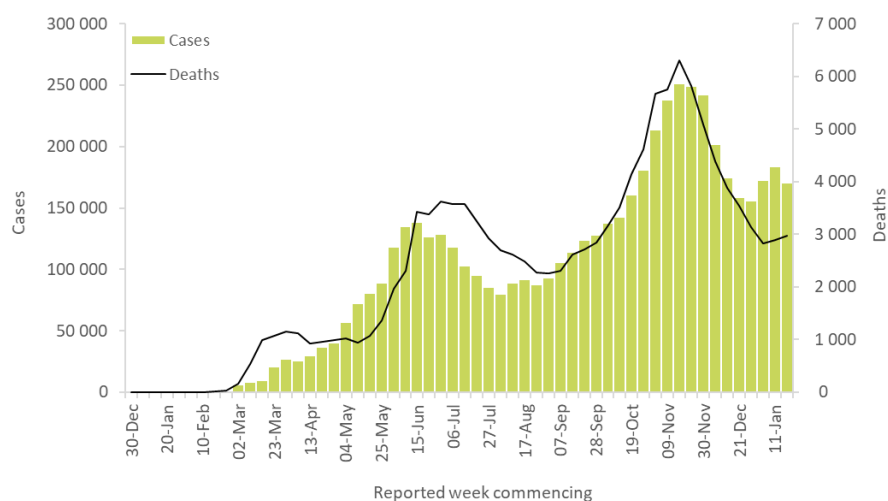
The highest numbers of deaths were reported from the same countries, the United States of America (21 583 new deaths; 6.5 new deaths per 100 000; a 7% decrease), Mexico (8592 new deaths; 6.7 new deaths per 100 000; a 24% increase) and Brazil (6997 new deaths; 3.3 new deaths per 100 000; a 3% increase).



Eastern Mediterranean Region

In the past week, the Eastern Mediterranean Region reported over 170 000 new cases, a decrease of 7% compared to last week. The region reported 2980 new deaths, an increase of 3%, the second consecutive weekly increase following a sustained decrease in deaths from 23 November 2020 through the week of 11 January 2021. The three countries reporting the highest numbers of new cases continue to be Iran (42 637 new cases, 50.8 new cases per 100 000 population, a 3% decrease), Lebanon (27 429 new cases, 401.9 new cases per 100 000, 18% decrease) and United Arab Emirates (24 568 new cases, 248.4 new cases per 100 000, 11 % increase). These three countries accounted for almost half (55%) of the new weekly cases in the Region.

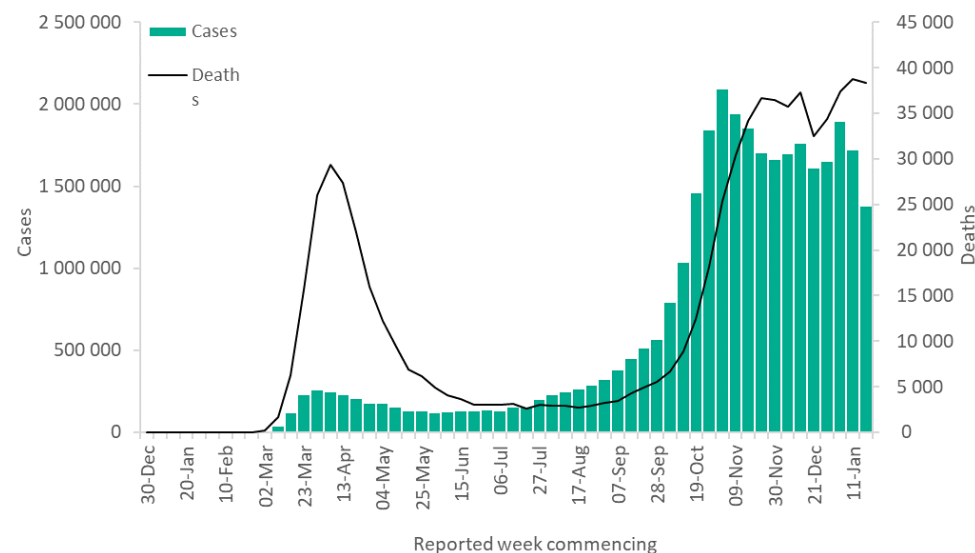
The highest numbers of new deaths were reported in Iran (577 new deaths, 0.7 new death per 100 000 population, 7% decrease) followed by Tunisia (538 new deaths, 4.6 new death per 100 000, 16% increase) and Lebanon (414 new deaths, 6.1 new death per 100 000, a 50% increase). These countries accounted for almost 51% of deaths reported in the Region.



European Region

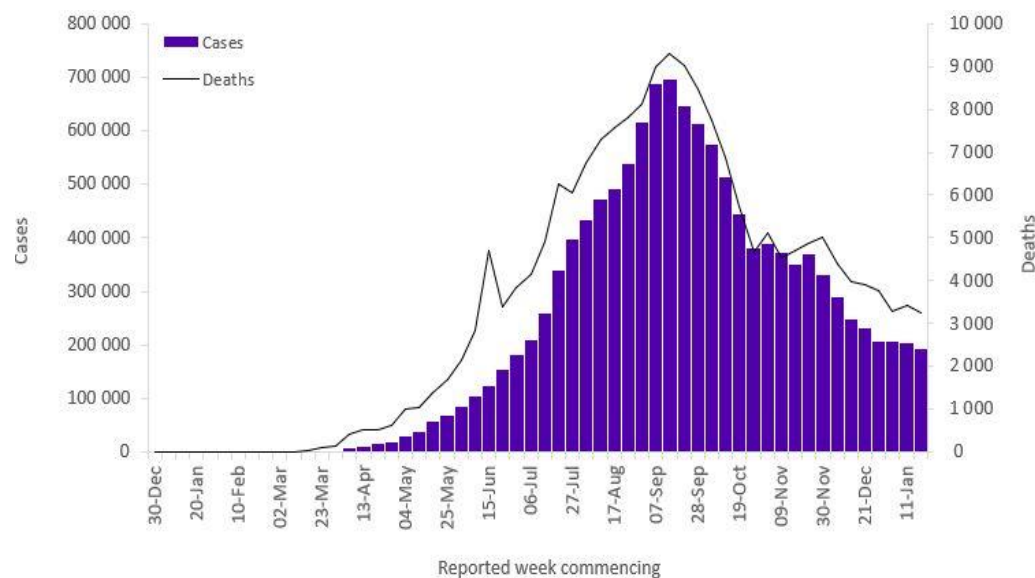
The European Region reported over 1.3 million new cases and over 38 000 new deaths, a decrease of 20% and 1% respectively when compared to the previous week. The three countries reporting the highest numbers of new cases were the United Kingdom (260 098 new cases; 383.1 new cases per 100 000, 24% decrease), the Russian Federation (151 191 new cases, 103.6 new cases per 100 000, 9% decrease) and France (138 288 new cases, 211.9 new cases per 100 000, 10% increase). These three countries accounted for almost 40% of all cases reported in the region.

The highest numbers of deaths were reported from the United Kingdom (8739 new deaths; 12.9 new deaths per 100 000, a 13% increase), Germany (5451 new deaths; 6.5 new deaths per 100 000, a 10% decrease) and the Russian Federation (3896 new deaths; 2.7 new deaths per 100 000, a 5% increase).



South-East Asia Region

The South-East Asia Region reported a decrease in cases and deaths compared to the previous week following a 3- week plateau in new case and death reports. Just over 194 000 new cases and over 3000 new deaths were reported in the past week, a 5% decrease in both cases and deaths, compared to the previous week. The three countries reporting the highest numbers of new cases and new deaths were India (96 548 new cases; 7 new cases per 100 000, a 10% decrease), Indonesia (80 832 new cases; 29.6 new cases per 100 000; a 3% increase) and Sri Lanka (5274 new cases; 24.6 new cases per 100 000; an 18% increase). The three countries reporting the highest numbers of new deaths this week were Indonesia (1897 new deaths; 0.7 new deaths per 100 000, a 4% increase), India (1065 new deaths; 0.1 new deaths per 100 000, a 17% decrease) and Bangladesh (120 new deaths; 0.1 new deaths per 100 000; a 6% decrease).



Western Pacific Region

The Western Pacific Region reported a similar number of new cases (over 81 000 cases) and decrease in new deaths by 5% (over 1000) in the past week compared to the previous week. The three countries reporting the highest numbers of new cases this week were Japan (38 365 new cases; 30.3 new cases per 100 000, a 8% decrease), Malaysia (25 360 new cases; 78.4 new cases per 100 000, a 18% increase) and the Philippines (12 988 new cases; 11.9 new cases per 100 000, a 1% increase).

The three countries reporting the highest numbers of new deaths this week were Japan (573 new deaths; 0.5 new deaths per 100 000, a 27% increase), the Philippines (306 new deaths; 0.3 new deaths per 100 000, a 37% decrease) and the Republic of Korea (100 new deaths; 0.2 new deaths per 100 000, a 19% decrease).

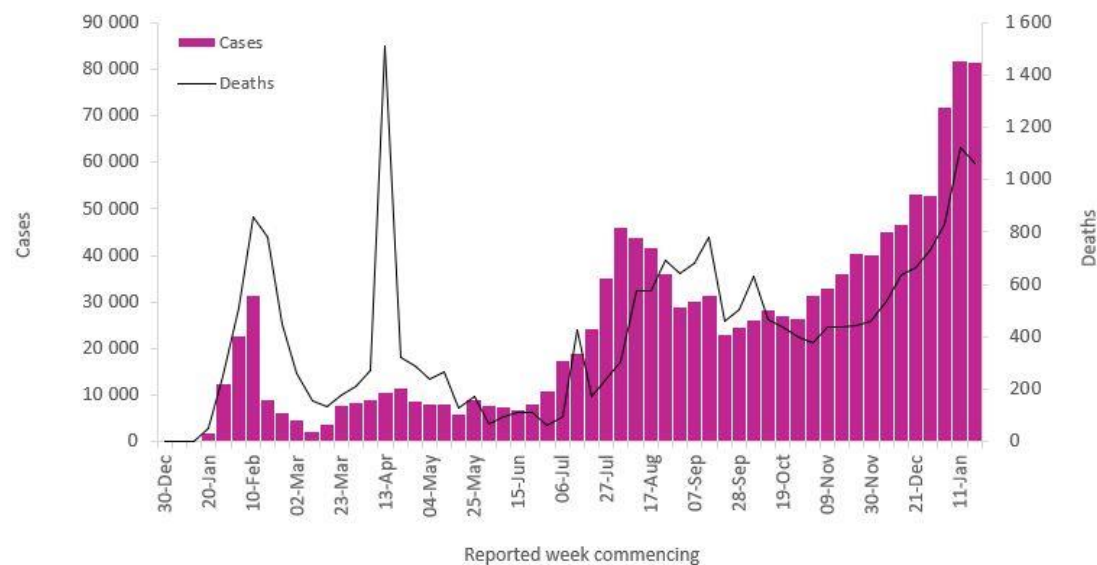


Table 2. COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories and areas, and WHO Region, as of 24 January 2021**

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
Africa	148 953	2 462 083	219.5	4 997	57 902	5.2	
South Africa	79 180	1 404 839	2 368.7	3 723	40 574	68.4	Community transmission
Nigeria	11 659	120 602	58.5	75	1 495	0.7	Community transmission
Zambia	8 518	44 592	242.6	95	627	3.4	Community transmission
Malawi	6 654	18 439	96.4	170	470	2.5	Community transmission
Mozambique	5 766	31 628	101.2	63	297	1.0	Community transmission
Zimbabwe	4 126	31 007	208.6	291	974	6.6	Community transmission
Ghana	3 134	60 115	193.5	20	361	1.2	Community transmission
Botswana	2 579	18 630	792.2	40	88	3.7	Community transmission
Ethiopia	2 526	133 298	115.9	34	2 063	1.8	Community transmission
Cameroon	2 281	29 617	111.6	11	462	1.7	Community transmission
Namibia	2 015	32 213	1 267.8	37	317	12.5	Community transmission
Rwanda	1 797	12 647	97.6	32	172	1.3	Community transmission
Algeria	1 758	105 369	240.3	30	2 861	6.5	Community transmission
Côte d'Ivoire	1 756	26 612	100.9	4	145	0.5	Community transmission
Senegal	1 722	24 460	146.1	60	569	3.4	Community transmission
Eswatini	1 594	14 330	1 235.2	98	458	39.5	Community transmission
Lesotho	1 285	7 656	357.4	26	123	5.7	Community transmission
Democratic Republic of the Congo	1 243	21 868	24.4	31	660	0.7	Community transmission
Burkina Faso	967	9 967	47.7	8	109	0.5	Community transmission
Uganda	959	39 044	85.4	13	317	0.7	Community transmission
Kenya	816	99 898	185.8	12	1 740	3.2	Community transmission
Comoros	683	2 260	259.9	29	70	8.0	Community transmission
Angola	602	19 367	58.9	26	457	1.4	Community transmission
Cabo Verde	513	13 414	2 412.6	5	124	22.3	Community transmission
Gabon	379	10 278	461.8	1	67	3.0	Community transmission

Togo	364	4 636	56.0	1	74	0.9	Community transmission
Seychelles	344	1 033	1 050.4	2	3	3.1	Clusters of cases
Mauritania	329	16 222	348.9	14	410	8.8	Community transmission
Madagascar	300	18 301	66.1	6	273	1.0	Community transmission
Chad	282	3 137	19.1	4	115	0.7	Community transmission
Burundi	236	1 472	12.4	0	2	0.0	Community transmission
Benin	230	3 643	30.0	2	48	0.4	Community transmission
Guinea	202	14 300	108.9	0	81	0.6	Community transmission
Niger	189	4 321	17.9	13	151	0.6	Community transmission
Sierra Leone	150	3 120	39.1	0	77	1.0	Community transmission
Mali	142	7 965	39.3	15	323	1.6	Community transmission
Congo	85	7 794	141.2	3	117	2.1	Community transmission
South Sudan	80	3 773	33.7	1	64	0.6	Community transmission
Eritrea	63	1 940	54.7	0	6	0.2	Sporadic cases
Gambia	61	3 958	163.8	1	128	5.3	Community transmission
Guinea-Bissau	53	2 531	128.6	0	45	2.3	Community transmission
Sao Tome and Principe	52	1 182	539.3	0	17	7.8	Community transmission
Equatorial Guinea	45	5 401	385.0	0	86	6.1	Community transmission
Liberia	27	1 914	37.8	0	84	1.7	Community transmission
Mauritius	9	556	43.7	0	10	0.8	Sporadic cases
Central African Republic	7	4 980	103.1	0	63	1.3	Community transmission
United Republic of Tanzania	0	509	0.9	0	21	0.0	Pending
Territoriesⁱⁱⁱ							
Mayotte	933	7 544	2 765.2	1	59	21.6	Clusters of cases
Réunion	258	9 701	1 083.5	0	45	5.0	Clusters of cases
Americas	2 127 479	43 456 972	4 248.9	45 349	999 894	97.8	
United States of America	1 259 902	24 604 325	7 433.3	21 583	410 667	124.1	Community transmission
Brazil	360 428	8 753 920	4 118.3	6 997	215 243	101.3	Community transmission
Mexico	122 555	1 732 290	1 343.6	8 592	147 614	114.5	Community transmission
Colombia	117 239	1 987 418	3 905.9	2 718	50 586	99.4	Community transmission
Argentina	70 783	1 853 830	4 101.8	1 348	46 575	103.1	Community transmission
Canada	41 700	737 407	1 953.8	1 099	18 828	49.9	Community transmission
Peru	32 073	1 088 096	3 300.1	773	39 427	119.6	Community transmission

Chile	29 154	694 647	3 633.8	419	17 854	93.4	Community transmission
Bolivia (Plurinational State of)	14 668	198 257	1 698.4	300	9 871	84.6	Community transmission
Panama	14 201	307 793	7 133.5	291	4 980	115.4	Community transmission
Dominican Republic	11 168	202 507	1 866.8	81	2 513	23.2	Community transmission
Ecuador	7 424	238 232	1 350.3	280	14 596	82.7	Community transmission
Honduras	6 770	139 182	1 405.2	95	3 439	34.7	Community transmission
Paraguay	5 581	126 370	1 771.7	106	2 585	36.2	Community transmission
Guatemala	5 292	153 890	859.0	236	5 456	30.5	Community transmission
Uruguay	5 224	36 170	1 041.2	73	364	10.5	Community transmission
Costa Rica	5 121	189 308	3 716.2	102	2 518	49.4	Community transmission
Venezuela (Bolivarian Republic of)	3 939	122 795	431.8	41	1 136	4.0	Community transmission
Cuba	3 126	20 627	182.1	25	191	1.7	Clusters of cases
El Salvador	2 515	52 672	812.1	72	1 551	23.9	Community transmission
Jamaica	676	14 772	498.9	13	336	11.3	Community transmission
Suriname	536	7 945	1 354.3	9	148	25.2	Clusters of cases
Guyana	338	7 143	908.1	0	170	21.6	Clusters of cases
Haiti	318	11 099	97.3	3	243	2.1	Community transmission
Saint Vincent and the Grenadines	270	720	649.0	1	2	1.8	Clusters of cases
Barbados	207	1 243	432.5	2	9	3.1	Clusters of cases
Saint Lucia	194	770	419.3	4	10	5.4	Sporadic cases
Belize	171	11 700	2 942.4	9	290	72.9	Community transmission
Trinidad and Tobago	113	7 456	532.8	3	133	9.5	Community transmission
Bahamas	69	8 101	2 060.0	0	175	44.5	Clusters of cases
Nicaragua	37	4 953	74.8	1	168	2.5	Community transmission
Antigua and Barbuda	8	195	199.1	0	6	6.1	Sporadic cases
Grenada	8	147	130.6	0	1	0.9	Sporadic cases
Dominica	3	113	157.0	0	0	0.0	Clusters of cases
Saint Kitts and Nevis	1	35	65.8	0	0	0.0	Sporadic cases
Territoriesⁱⁱⁱ							
Puerto Rico	3 550	90 073	3 148.5	68	1 771	61.9	Community transmission

French Guiana	689	15 664	5 244.4	1	76	25.4	Community transmission
Aruba	327	6 623	6 203.3	0	52	48.7	Community transmission
Guadeloupe	222	9 056	2 263.3	1	157	39.2	Community transmission
Turks and Caicos Islands	165	1 244	3 213.0	1	7	18.1	Clusters of cases
Saint Barthélemy	152	376	3 803.7	0	0	0.0	Sporadic cases
Saint Martin	145	1 191	3 080.8	0	12	31.0	Community transmission
Martinique	143	6 370	1 697.5	1	44	11.7	Community transmission
United States Virgin Islands	83	2 335	2 236.1	0	24	23.0	Community transmission
Sint Maarten	79	1 708	3 983.0	0	27	63.0	Community transmission
Curaçao	39	4 537	2 764.9	1	20	12.2	Community transmission
Bonaire	21	350	1 673.4	0	3	14.3	Community transmission
Bermuda	16	686	1 101.6	0	12	19.3	Sporadic cases
British Virgin Islands	16	137	453.1	0	1	3.3	Clusters of cases
Cayman Islands	9	383	582.8	0	2	3.0	Sporadic cases
Falkland Islands (Malvinas)	5	37	1 062.3	0	0	0.0	No cases
Saint Pierre and Miquelon	4	20	345.1	0	0	0.0	Sporadic cases
Saba	1	6	310.4	0	0	0.0	Sporadic cases
Sint Eustatius	1	20	637.1	0	0	0.0	Sporadic cases
Anguilla	0	15	100.0	0	0	0.0	Sporadic cases
Montserrat	0	13	260.1	0	1	20.0	No cases
Eastern Mediterranean	170 422	5 507 649	753.6	2 980	130 901	17.9	
Iran (Islamic Republic of)	42 637	1 367 032	1 627.6	577	57 294	68.2	Community transmission
Lebanon	27 429	276 587	4 052.3	414	2 280	33.4	Community transmission
United Arab Emirates	24 568	274 376	2 774.2	43	783	7.9	Community transmission
Tunisia	18 083	195 314	1 652.6	538	6 154	52.1	Community transmission
Pakistan	14 048	530 818	240.3	339	11 247	5.1	Community transmission
Morocco	6 904	465 769	1 261.9	217	8 128	22.0	Clusters of cases
Jordan	5 962	319 519	3 131.6	80	4 217	41.3	Community transmission
Egypt	5 636	161 143	157.5	375	8 902	8.7	Clusters of cases
Iraq	5 283	612 870	1 523.7	53	12 988	32.3	Community transmission
Libya	4 523	112 540	1 637.8	86	1 737	25.3	Community transmission
Kuwait	3 502	160 901	3 767.7	5	952	22.3	Community transmission
Bahrain	2 188	99 456	5 844.9	9	367	21.6	Clusters of cases

Qatar	1 683	148 772	5 163.8	2	248	8.6	Community transmission
Saudi Arabia	1 432	366 185	1 051.8	32	6 350	18.2	Sporadic cases
Oman	1 222	132 486	2 594.4	8	1 517	29.7	Community transmission
Syrian Arab Republic	615	13 557	77.5	55	879	5.0	Community transmission
Afghanistan	611	54 595	140.2	39	2 378	6.1	Clusters of cases
Sudan	289	28 522	65.0	15	1 722	3.9	Community transmission
Djibouti	15	5 918	599.0	0	61	6.2	Clusters of cases
Somalia	10	4 754	29.9	0	130	0.8	Community transmission
Yemen	6	2 122	7.1	3	616	2.1	Sporadic cases
Territoriesⁱⁱⁱ							
occupied Palestinian territory	3 776	174 413	3 418.9	90	1 951	38.2	Community transmission
Europe	1 382 460	32 848 998	3 519.2	38 349	706 293	75.7	
The United Kingdom	260 098	3 617 463	5 328.7	8 739	97 329	143.4	Community transmission
Russian Federation	151 191	3 719 400	2 548.7	3 896	69 462	47.6	Clusters of cases
France	138 288	2 985 259	4 573.5	2 731	72 484	111.0	Community transmission
Spain	109 000	2 456 675	5 254.4	854	55 041	117.7	Community transmission
Germany	101 418	2 134 936	2 548.1	5 451	51 870	61.9	Community transmission
Italy	86 452	2 455 185	4 060.7	3 362	85 162	140.9	Clusters of cases
Portugal	85 053	624 469	6 124.2	1 485	10 194	100.0	Clusters of cases
Czechia	48 458	937 617	8 755.4	1 031	15 369	143.5	Community transmission
Turkey	43 663	2 424 328	2 874.5	1 101	24 933	29.6	Community transmission
Poland	39 863	1 475 445	3 898.5	2 008	35 363	93.4	Community transmission
Netherlands	37 354	944 009	5 509.3	564	13 510	78.8	Community transmission
Ukraine	31 130	1 191 812	2 725.2	1 059	21 861	50.0	Community transmission
Israel	29 421	569 152	6 575.6	218	4 158	48.0	Community transmission
Sweden	19 437	547 166	5 417.9	105	11 005	109.0	Community transmission
Romania	17 706	709 194	3 686.5	558	17 722	92.1	Community transmission
Ireland	16 404	186 184	3 770.6	352	2 947	59.7	Community transmission
Belgium	14 153	693 666	5 985.2	348	20 779	179.3	Community transmission
Slovakia	13 151	236 476	4 331.3	594	4 068	74.5	Clusters of cases
Switzerland	12 427	506 775	5 855.5	331	8 300	95.9	Community transmission
Belarus	12 322	235 859	2 496.0	66	1 639	17.3	Community transmission

Serbia	11 069	382 285	5 489.6	138	3 868	55.5	Community transmission
Austria	10 435	400 187	4 443.4	354	7 318	81.3	Community transmission
Lithuania	9 108	176 624	6 488.1	204	2 649	97.3	Community transmission
Slovenia	8 737	157 293	7 566.0	228	3 555	171.0	Clusters of cases
Kazakhstan	8 448	224 395	1 195.1	0	2 956	15.7	Clusters of cases
Hungary	7 746	359 574	3 722.2	627	11 968	123.9	Community transmission
Denmark	5 718	193 917	3 347.9	222	1 969	34.0	Community transmission
Georgia	5 713	253 518	6 355.2	122	3 055	76.6	Community transmission
Latvia	5 399	60 496	3 207.3	136	1 097	58.2	Community transmission
Albania	4 225	71 441	2 482.5	40	1 310	45.5	Clusters of cases
Croatia	3 966	228 920	5 576.3	211	4 827	117.6	Community transmission
Estonia	3 637	40 716	3 069.3	51	376	28.3	Clusters of cases
Republic of Moldova	3 297	155 937	3 865.6	102	3 347	83.0	Community transmission
Greece	3 276	151 646	1 454.9	181	5 622	53.9	Community transmission
Bulgaria	2 960	214 696	3 089.8	337	8 811	126.8	Clusters of cases
Norway	2 831	60 565	1 117.2	27	544	10.0	Community transmission
Montenegro	2 566	58 335	9 288.0	23	768	122.3	Clusters of cases
Bosnia and Herzegovina	2 047	119 840	3 652.7	120	4 569	139.3	Community transmission
Finland	1 814	41 915	756.5	26	644	11.6	Community transmission
Azerbaijan	1 737	228 688	2 255.5	74	3 072	30.3	Clusters of cases
North Macedonia	1 722	90 471	4 342.5	83	2 779	133.4	Community transmission
Armenia	1 450	166 036	5 603.2	47	3 039	102.6	Community transmission
Cyprus	1 076	29 887	2 475.4	16	183	15.2	Clusters of cases
Malta	1 070	16 658	3 772.7	12	251	56.8	Clusters of cases
Luxembourg	824	49 581	7 920.6	12	564	90.1	Community transmission
Kyrgyzstan	791	83 900	1 286.0	16	1 400	21.5	Clusters of cases
Andorra	461	9 499	12 294.1	5	96	124.2	Community transmission
Uzbekistan	407	78 375	234.2	2	621	1.9	Clusters of cases
Monaco	148	1 345	3 427.3	0	8	20.4	Sporadic cases
San Marino	96	2 874	8 468.4	0	65	191.5	Community transmission
Liechtenstein	63	2 504	6 565.8	5	45	118.0	Sporadic cases
Iceland	25	5 981	1 752.7	0	29	8.5	Community transmission
Holy See	0	26	3 213.8	0	0	0.0	Sporadic cases

Tajikistan	0	13 714	143.8	0	91	1.0	Pending
Territoriesⁱⁱⁱ							
Kosovo	2 201	57 656	3 099.2	45	1 440	77.4	Community transmission
Gibraltar	330	3 905	11 590.6	29	59	175.1	Clusters of cases
Jersey	60	3 104	2 852.9	1	63	57.9	Community transmission
Isle of Man	14	432	508.0	0	25	29.4	No cases
Faroe Islands	3	652	1 334.3	0	1	2.0	Sporadic cases
Guernsey	1	310	490.5	0	13	20.6	Community transmission
Greenland	0	30	52.8	0	0	0.0	No cases
South-East Asia	194 166	12 656 504	626.1	3 253	194 449	9.6	
India	96 548	10 654 533	772.1	1 065	153 339	11.1	Clusters of cases
Indonesia	80 832	977 474	357.4	1 897	27 664	10.1	Community transmission
Sri Lanka	5 274	57 587	268.9	24	280	1.3	Clusters of cases
Bangladesh	4 263	531 326	322.6	120	8 003	4.9	Community transmission
Myanmar	3 229	137 098	252.0	103	3 045	5.6	Clusters of cases
Nepal	2 124	269 180	923.8	40	1 994	6.8	Clusters of cases
Thailand	1 446	13 500	19.3	3	73	0.1	Clusters of cases
Maldives	423	14 885	2 753.7	1	50	9.2	Clusters of cases
Timor-Leste	15	67	5.1	0	0	0.0	Sporadic cases
Bhutan	12	854	110.7	0	1	0.1	Clusters of cases
Western Pacific	81 467	1 347 893	68.6	1 063	23 307	1.2	
Japan	38 365	360 661	285.2	573	5 019	4.0	Clusters of cases
Malaysia	25 360	180 455	557.5	73	667	2.1	Clusters of cases
Philippines	12 988	511 679	466.9	306	10 190	9.3	Community transmission
Republic of Korea	2 748	75 084	146.5	100	1 349	2.6	Clusters of cases
China	1 306	99 931	6.8	6	4 810	0.3	Clusters of cases
Singapore	177	59 260	1 012.9	0	29	0.5	Sporadic cases
Mongolia	99	1 611	49.1	1	2	0.1	Clusters of cases
Australia	72	28 761	112.8	0	909	3.6	Clusters of cases
New Zealand	26	1 926	39.9	0	25	0.5	Clusters of cases
Cambodia	19	458	2.7	0	0	0.0	Sporadic cases
Papua New Guinea	15	849	9.5	0	9	0.1	Community transmission

Viet Nam	11	1 548	1.6	0	35	0.0	Clusters of cases
Lao People's Democratic Republic	2	43	0.6	0	0	0.0	Sporadic cases
Brunei Darussalam	1	175	40.0	0	3	0.7	Sporadic cases
Fiji	0	55	6.1	0	2	0.2	Sporadic cases
Solomon Islands	0	17	2.5	0	0	0.0	No cases
Territoriesⁱⁱⁱ							
French Polynesia	217	17 852	6 355.1	2	128	45.6	Sporadic cases
Guam	57	7 340	4 349.0	2	128	75.8	Clusters of cases
Northern Mariana Islands (Commonwealth of the)	4	132	229.3	0	2	3.5	Pending
Marshall Islands	0	4	6.8	0	0	0.0	No cases
Micronesia (Federated States of)	0	1	0.9	0	0	0.0	No cases
New Caledonia	0	44	15.4	0	0	0.0	Sporadic cases
Samoa	0	2	1.0	0	0	0.0	No cases
Vanuatu	0	1	0.3	0	0	0.0	No cases
Wallis and Futuna	0	4	35.6	0	0	0.0	Sporadic cases
Global	4 104 947	98 280 844	1 260.8	95 991	2 112 759	27.1	

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

Key Weekly Updates

WHO Director-General Dr Tedros remarks

“Several lessons are already staring us in the face...First, <the importance of> preparedness and response, second the health of humans, animals and the planet are intimately intertwined, and third, the world needs a strong WHO.” [Opening remarks at 148th session of the Executive Board](#)

“The development and approval of safe and effective vaccines less than a year after the emergence of a new virus is a stunning scientific achievement, and a much-needed source of hope.” [Opening remarks at the extraordinary meeting of the Strategic Advisory Group of Experts \(SAGE\) on Immunization](#)

“Two new studies show that <if we don’t deliver equitable access to vaccines> it wouldn’t just be a moral failure, it would be an economic failure.” [Opening remarks at the media briefing on COVID-19 – 25 January 2021](#)

COVAX on track to deliver 2 billion vaccine doses

[COVAX on track to deliver at least 2 billion vaccine doses by the end of the year, including at least 1.3 billion doses to 92 lower income economies](#)

Vaccine safety for frail, elderly patients

[Vaccine Safety subcommittee reviews available information and data on deaths reported in frail, elderly individuals who had received the Pfizer BioNTech COVID-19 mRNA vaccine](#)

IHR Review Committee

[Statement to the 148th Executive Board by the Chair of the Review Committee on the Functioning of the International Health Regulations \(2005\) during the COVID-19 Response](#)

WHO’s work around the world in support of COVID-19 response activities

[How contributions support WHO’s work in ongoing fight of COVID-19 pandemic around the world](#)

Primary health care and Universal Health Coverage activities during the COVID-19 pandemic

[Governments push for Universal Health Coverage as COVID-19 continues to devastate communities and economies](#)

WHO Publications

[Online global consultation on contact tracing for COVID-19, 9-11 June 2020](#)

[mRNA-1273 vaccine \(Moderna\) against COVID-19 Background document \(draft\)](#)

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.

Weekly Operational Update on COVID-19

26 January 2021



Confirmed cases^a

98 925 221

Confirmed deaths

2 127 294

Scaling up telemedicine services in Romania

WHO is working with Romania's Ministry of Health and health professionals in the country to make telephone consultations more widely available. The aim is to institutionalize telemedicine in Romania and make the service easily accessible to patients during and after the pandemic.



WHO/Alopedi's phone triage service

WHO supported a proposal by the Ministry's Pediatric Commission to update national health legislation to include phone triage, thereby helping to strengthen health services in the wake of COVID-19. Thirty-eight pediatricians work around the clock on the phone triage service for children, and patients can then access the health system at the appropriate level, increasing efficiency and avoiding delays.

WHO Representative to Romania Dr Miljana Grbic called this service "a wonderful example of how we can improve health services and build back better following the COVID-19 pandemic".

Over 65 000 calls have been made to Alopedi, which was set up by a team of senior pediatric physicians led by Dr Călin Lazăr and Dr Daniela Dregheciu of Cluj-Napoca Clinical Emergency Hospital for Children. It has proven to be a sought-after and valuable service both before and during the COVID-19 pandemic.

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

Key Figures



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



143 GOARN deployments conducted to support COVID-19 pandemic response *



19 864 765 respirators shipped globally



195 296 980 medical masks shipped globally



8 539 031 face shields shipped globally



6 501 579 gowns shipped globally



30 523 121 gloves shipped globally



More than **2.5 million** people registered on [OpenWHO](#) and able to access **153** COVID-19 online training courses across **xx** topics in **43** languages

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

*Last week GOARN deployment number was a combination of completed and on-going



**World Health
Organization**

HEALTH
EMERGENCIES
programme

From the field:

WHO Afghanistan continues to strengthen COVID-19 testing capacity across the country

COVID-19 has severely challenged Afghanistan's already fragile health system.

However, preparations for vaccine rollout have signaled renewed hope in the country's fight against the pandemic.

While vaccine roll-out planning is underway, Afghanistan is also prioritizing surveillance activities by increasing its in-country lab testing capacity to continue to identify cases and contain the spread of the outbreak.



Credit: WHO/Afghanistan Ahmadullah Amarkhil

WHO Afghanistan Country Office is ensuring that investment in enhancing COVID-19 testing capacity remains a top priority since the gradual and phased vaccine rollout will not immediately stop the transmission of COVID-19 across the country.

The Ministry of Public Health, in coordination with WHO, established and expanded their testing network to 18 public laboratories. Collectively, they can perform 6,500 tests per round, and up to 19,500 tests per 24 hours as needed. Four more laboratories are expected to be operational by the end of January 2021, with plans to ensure that by June 2021, each province has at least one COVID-19 testing facility.

WHO is supporting the Ministry of Public Health by procuring essential laboratory supplies and equipment required for COVID-19 testing. A batch of laboratory supplies and equipment valued at approximately US\$ 730,000 was recently dispatched to 12 provinces – bringing WHO's total procurement value of key laboratory supplies to the Ministry of Public Health to approximately US\$ 3,380,000. Further supplies with an estimated value of US\$ 9,240,000 are in the pipeline.

This investment will have a long-term payoff as the newly established laboratories will play a crucial role in improving the availability of and access to essential health services beyond the COVID-19 pandemic.

WHO thanks the Asian Development Bank, ECHO and the World Bank for their generous financial support, enabling an effective COVID-19 response.

From the field:

Infection Prevention Control Capacity Assessment in Armenia

From December 2020 to January 2021, the WHO Armenia Country Office along with the South Caucasus Hub of the World Health Emergencies Programme supported Armenia in a national assessment of Infection Prevention and Control (IPC).

The aim was to better understand the IPC standards within facilities relating to COVID-19 and to standard infection control procedures.

Areas assessed included structural IPC systems within facilities, staff education, COVID-19 patient pathways and surveillance.

The WHO standard IPC assessment and COVID-19 facility assessment frameworks were both utilized during these visits.



Nork Infectious Diseases Hospital, 9th December 2020. Photo Credit: Lusine Ghukasyan

With the support of additional experts, a round table assessment of national IPC guidelines also took place from 14 to 15 January to provide a better understanding of the current available guidelines and their implementation. This assessment brought together members from key institutions involved in IPC programs in Armenia including the Ministry of Health, educational institutions, and the National Center for Disease Control.

The results of these assessments will be combined to create a National Action Plan for Infection Prevention Control. This plan will aim to further improve the quality of IPC measures across health facilities and ensure that improvements in IPC programing continue within the context of COVID-19.

The joint efforts of national partners and WHO Europe within these assessments have strengthened the relationships of WHO within Armenia and strengthened information sharing.

Partnerships

The Global Health Cluster - GHC



The Global Health Cluster (GHC) released the **Health Cluster 2020 Annual Report**, which featured the experiences from countries and partners in upholding the tenuous balance between rapidly responding to the COVID-19 pandemic, maintaining essential health care services and responding to new crises.

The annual report can be accessed [here](#).

The GHC COVID-19 Task Team released three new products for responding to COVID-19 in humanitarian settings:

- [Key questions to ask when facing ethical dilemmas](#);
- [Guidance on prioritization of essential health services](#);
- [Health workforce estimator tool](#).

Medicines and Health Products

- The WHO-led [COVID-19 Technology Access Pool \(C-TAP\)](#) aims to promote and facilitate sharing of COVID-19 health technology related knowledge, intellectual property and data. The C-TAP is operating as a hub involving WHO Secretariat and other partners such as the Medicines Patent Pool and the Technology Access Partnership. On 14 January, a consultation with the private sector was held to introduce the C-TAP concept, rationale and objectives and to discuss engagement in C-TAP of research institutions as well as producers of novel technologies for speeding up the development of COVID-19 related technologies and scaling up production to ensure global and equitable access to COVID-19 pandemic vaccines, therapeutics, in-vitro diagnostics and medical devices.
- The quality of products procured and/or supplied under the COVAX Facility must be assured at all times, to ensure a positive impact on the recipient population and to preserve the trust that has been placed in the Facility. To this end, WHO has advised that the COVAX Facility should only [consider products](#) which have been listed by [WHO Emergency Use Listing](#) (EUL) or Prequalification. Under exceptional circumstances, products approved by specified Stringent Regulatory Authority can be accepted.
- The WHO Prequalification teams have assessed (based on available sequence information) the potential impact of the SARS-CoV-2 VOC 202012/01 (B.1.1.7.) variant, the variant currently most prevalent in the United Kingdom of Great Britain and Northern Ireland. The assessment included associated S gene mutations and deletions on the performance of the 23 molecular tests that WHO has listed for emergency use. The risk of a false negative result is assessed as low. More information about the virus variants is available [here](#).
- The Pfizer/BioNTech Comirnaty COVID-19 mRNA vaccine has received emergency validation from WHO, and was placed on the EUL. As a result, countries can now expedite their national regulatory approval processes to import and administer the vaccine. In addition, other UN organisations, including UNICEF and the Pan-American Health Organisation, are enabled to procure the vaccine for distribution to countries in need.
- The WHO COVID-19 vaccine safety surveillance manual [has been published](#). WHO Regional Offices are supporting countries to implement safety surveillance as recommended in the manual.

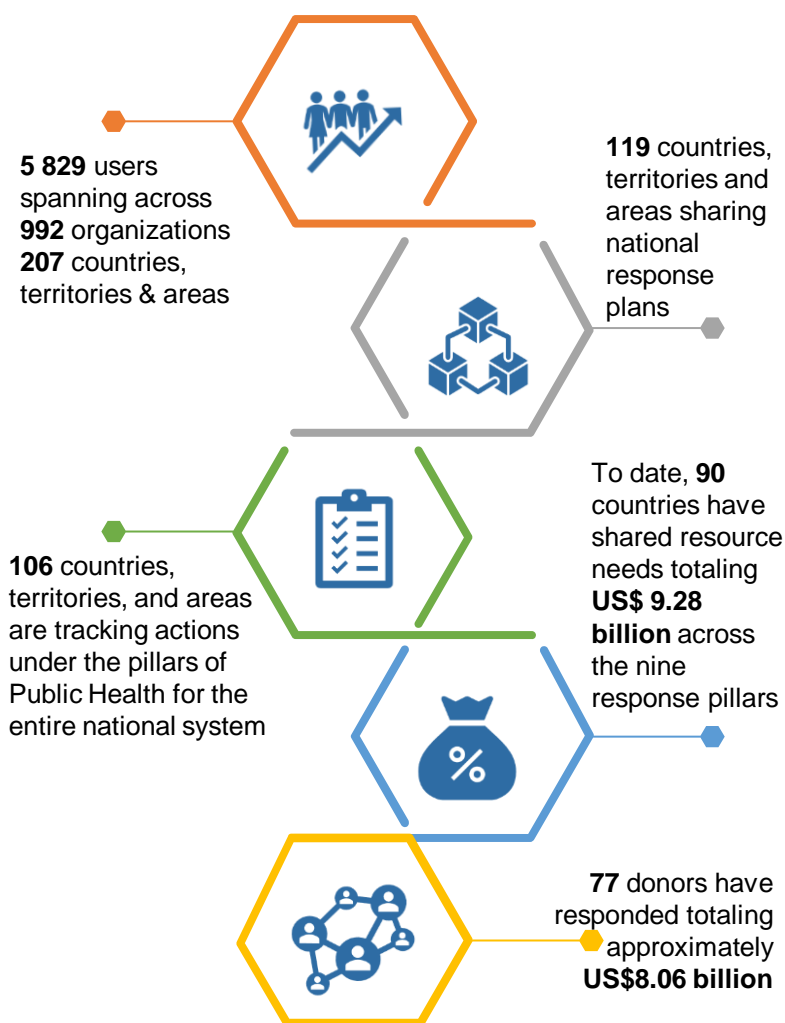
COVID-19 Partners platform

Vaccination Deployment Readiness map on the Partners Platform

The [Country Readiness and Delivery COVID-19 vaccine introduction](#) is launching on the Partners Platform this week. In addition to support for National Development and Vaccination Plan (NDVP) and Standard Review Form (SRF) completion, countries will be able to utilize another useful feature to come to this space - a new visual dashboard dedicated to vaccine technical assistance and resource mapping.

This dashboard will allow for real-time gap identification and streamlined coordination between donors, implementing partners and other stakeholders, meeting countries' greatest needs in a timely manner. The Partners Platform provides an interactive map of the end-to-end process that countries using the COVAX facility will follow for vaccine deployment.

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



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 19 January 2021

Shipped items as of 19 Jan 2021	Laboratory supplies			Personal protective equipment					
Region	Antigen RDTs	Sample collection kits	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	550 800	3 325 965	1 783 046	1 423 210	8 305 521	178 130	1 642 179	53 425 950	2 648 630
Americas (AMR)	6 030 050	1 019 862	10 515 548	3 333 200	4 696 000	322 940	1 613 020	55 136 330	7 669 760
Eastern Mediterranean (EMR)	840 300	1 134 960	1 381 970	914 985	5 613 000	174 480	799 322	26 317 550	1 502 095
Europe (EUR)	248 000	400 750	539 870	1 728 300	8 013 100	399 820	1 464 548	39 345 500	5 354 750
South East Asia (SEAR)	200 000	2 479 050	2 240 200	371 836	2 125 500	86 510	555 300	6 940 500	604 495
Western Pacific (WPR)		175 800	347 984	767 500	1 770 000	311 767	427 210	14 130 150	2 085 035
TOTAL	7 869 150	8 536 387	16 808 618	8 539 031	30 523 121	1 473 647	6 501 579	195 296 980	19 864 765

Note: Data within the table above undergoes periodic data verification and data cleaning exercises. Therefore, some subsequent small shifts in total numbers of procured items per category are anticipated

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** 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 20 January 2021

Global Strategic Preparedness & Response Plan (SPRP)

US\$ 1.5 billion raised

US\$ 1.7 billion requested

US\$ 1.5 billion raised by WHO during 2020

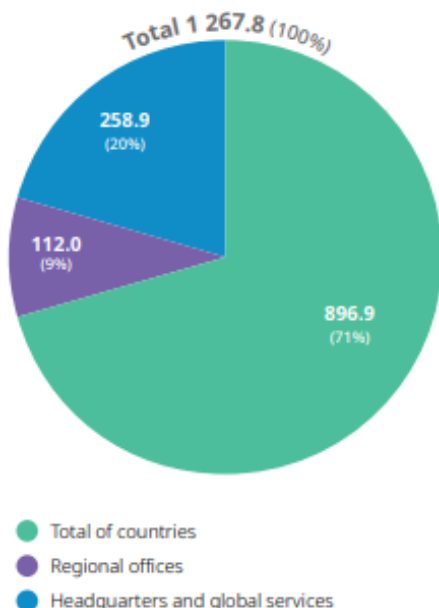
US\$ 1.3 billion projected utilization for 2020 SPRP

US\$ 240 million raised by the COVID-19 Solidarity Response Fund

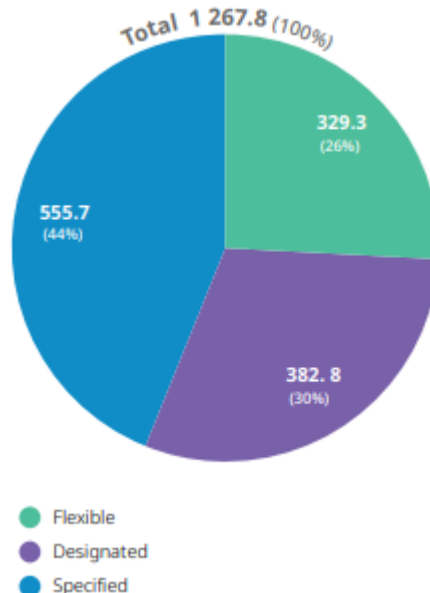
US\$1 billion on country support and regional coordination

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

Utilization* by type of funds by level of organization (US\$ million)



Utilization* by type of funding by level of earmarking (US\$ million)



*Based on interim 2020 year-end figures and estimated 2021 Q1 transition period implementation



WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

The COVID-19 [Solidarity Response Fund](#) remains the foremost way for companies, organisations and individuals to contribute to the essential work of WHO and its partners to help countries prevent, detect and respond to the global pandemic.

More than US\$ 240 Million



657 000 donors

[individuals – companies – philanthropies]

By 20 January 2021, more than 657,000 [leading companies, foundations](#) and individuals from more than 190 countries had committed more than US\$ 240 million in fully flexible funding to the COVID-19 Solidarity Response Fund to support the lifesaving work of WHO and its partners.

Last week, COVID-19 Solidarity Response Fund resources have been allocated in support of the following projects:

➤ [***Building and strengthening public health intelligence capacity in Member States through Epidemic Intelligence from Open Sources \(EIOS\) adoption and automated threat detection***](#)

The creation of the Epidemic Intelligence from Open Sources (EIOS) data platform in 2017 serves the purpose enabling multiple communities of users to collaboratively assess and share information about outbreak events in real time.

Funding from the Solidarity Response Fund will support the strengthening of actionable intelligence through EIOS for WHO, Member States and collaborating organisations focusing on two key areas of work:

- EIOS expansion: strengthening public health intelligence capacity in and support to Member States
- Automated anomaly detection: automated identification of unusual or unexpected events and threats

➤ [***Oxygen scale up project: bringing oxygen therapy to patients in need***](#)

Oxygen therapy is necessary for safe surgeries and effective management of many medical conditions, including for maternal and child care. Prior to COVID-19 pandemic, the lack of accessibility to oxygen therapy in Low-and Middle-Income Countries (LMICs) resulted each year in over 800,000 preventable deaths of children under five who succumbed to pneumonia.

With COVID-19 pandemic, the gaps were accentuated. Delivery of high flow oxygen to patients with severe and critical COVID-19 increased demand of oxygen and caused further strain on many health systems. The COVID-19 response strategy and clinical management guidelines emphasize the critical importance of ensuring that severe or critical COVID-19 patients have access to life-saving oxygen therapy and/or ventilator support.

To address this gap, the Oxygen scale up project originated during the COVID-19 response, as part of the Biomedical consortium. Support from the Solidarity Response Fund will contribute to ensuring that oxygen can be reliably provided to any patient that requires access due to COVID-19 and other pathologies. To date, the project is supporting a total of 15 countries.

WHO Funding Mechanisms - COVID-19 Solidarity Response Fund

WHO continues using chatbot to tackle COVID-19 misinformation

In an effort to better inform the world about COVID-19 and combat misinformation, a group of WHO staff spanning five different departments came together to develop WHO's first-ever COVID-19 chatbot in February 2020. The intention was to create a channel which could provide up-to-date advice and guidance directly to the public and support the Strategic Preparedness and Response Plan (SPRP). The WHO chatbot helps people quickly access key information on COVID-19, as well as recommend ways to protect their health based on WHO guidance.

Through initial pro bono support offered by tech companies for the COVID-19 response, the team was able to leverage support from Facebook, Whatsapp and Praekelt to create the chatbot. Within a week of launching the WHO chatbot, there were 10.1 million users.

In order to improve user experience, WHO will carry out a formal assessment of the chatbot initiative with support from the COVID-19 Solidarity Response Fund. Funding from the COVID-19 Solidarity Response Fund will also provide further support to improve the chatbot experience for end users. Developers will improve the service design based on assessment results and increase marketing and promotion of the chatbot feature. WHO will also add additional languages to improve its global reach

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

4 805 058
Course
enrollments

43 languages

Over 2.5 million certificates

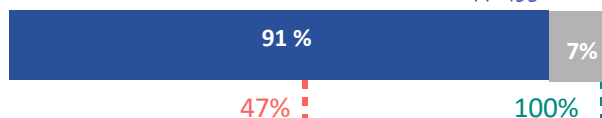
153 COVID-19 courses



COVID-19 Global Preparedness and Response Summary Indicators ^a

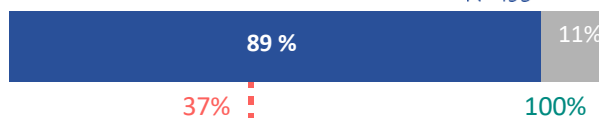
Countries have a COVID-19 preparedness and response plan

N=195



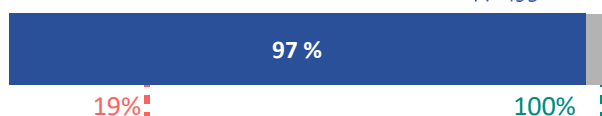
Countries have a clinical referral system in place to care for COVID-19 cases

N=195



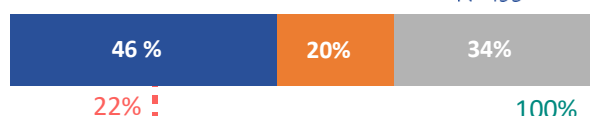
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE) ^b

N=195



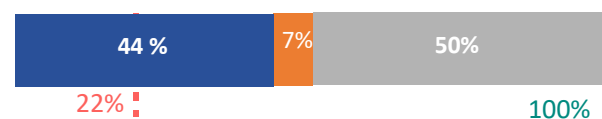
Countries that have defined essential health services to be maintained during the pandemic

N=195



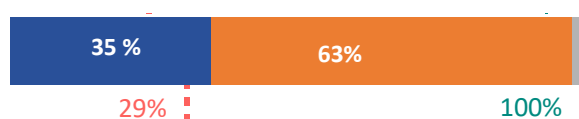
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities

N=195



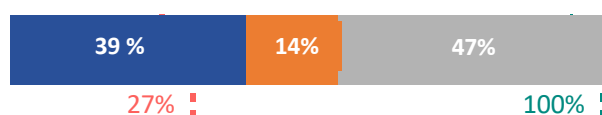
Countries in which all designated Points of Entry (PoE) have emergency contingency plans

N=195



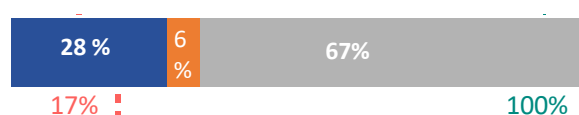
Countries with a national IPC programme & WASH standards within all health care facilities

N=195



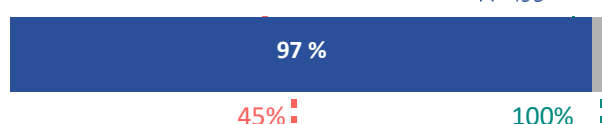
Countries have a health occupational safety plan for health care workers

N=195



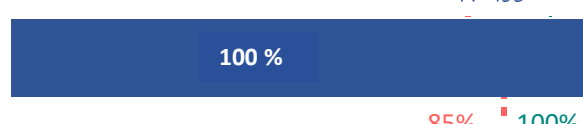
Countries have a functional multi-sectoral, multi-partner coordination mechanism for COVID-19

N=195



Countries have COVID-19 laboratory testing capacity

N=195



Legend



Yes



No



No information



Baseline value



Target value

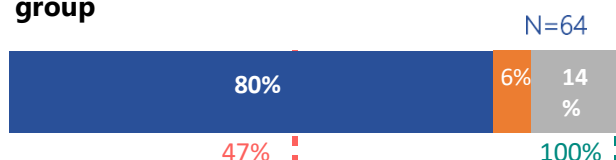
Notes:

^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

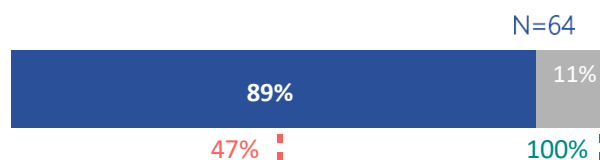
COVID-19 Global Preparedness and Response Summary Indicators

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



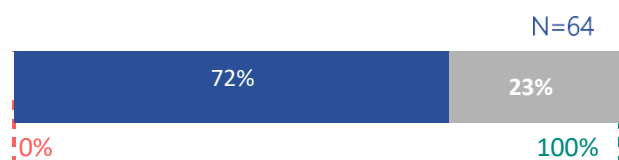
Priority countries with an active & implemented RCCE coordination mechanism



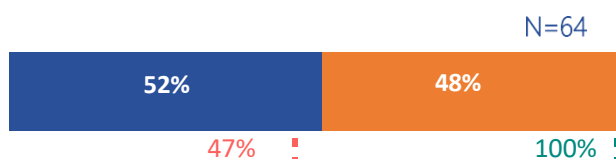
Priority countries that have postponed at least 1 vaccination campaign due to COVID-19 ^c



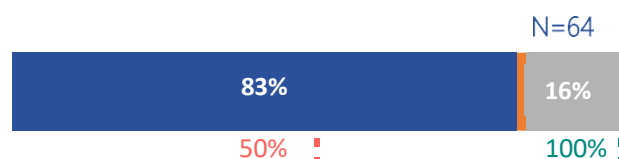
Priority countries with a contact tracing focal point



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:

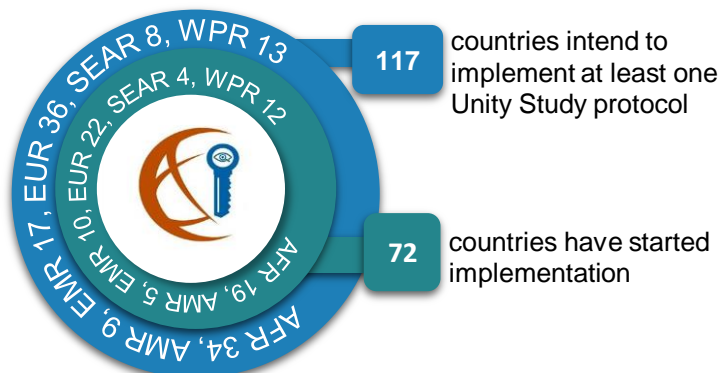
^c Source: WHO Immunization Repository

The Unity Studies: WHO Early Investigations Protocols

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.

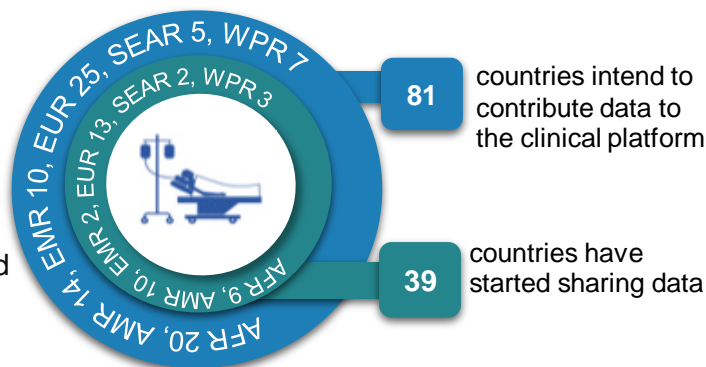
The Unity standard framework is an invaluable tool for research equity. It promotes the use of standardized study designs and laboratory assays



Global COVID-19 Clinical Data Platform

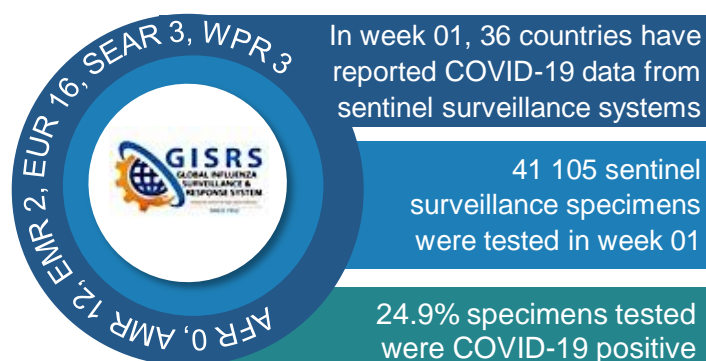
Global understanding of the severity, clinical features and prognostic factors of COVID-19 in different settings and populations remains incomplete.

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 16 December 2020, click [here](#)
 - ❑ For updated WHO Publications and Technical Guidance on COVID-19, click [here](#)
 - ❑ For updated GOARN network activities, click [here](#)
 - ❑ Updated COVID-19 Table top Exercise packages are now available online to better reflect the current situation as well as align it to the latest WHO guidance. The updated exercises include:
 - Generic table top exercise
 - Health Facility & IPC table top exercise
 - A Point of Entry (POE) table top exercise
 - Target population, supply chain and community engagement & communications table top exercise
 - The regulatory and safety issues table top exercise
- All COVID-19 simulation exercises can be found [here](#)

COVID-19 Weekly Epidemiological Update

Data as received by WHO from national authorities, as of 17 January 2021, 10 am CET

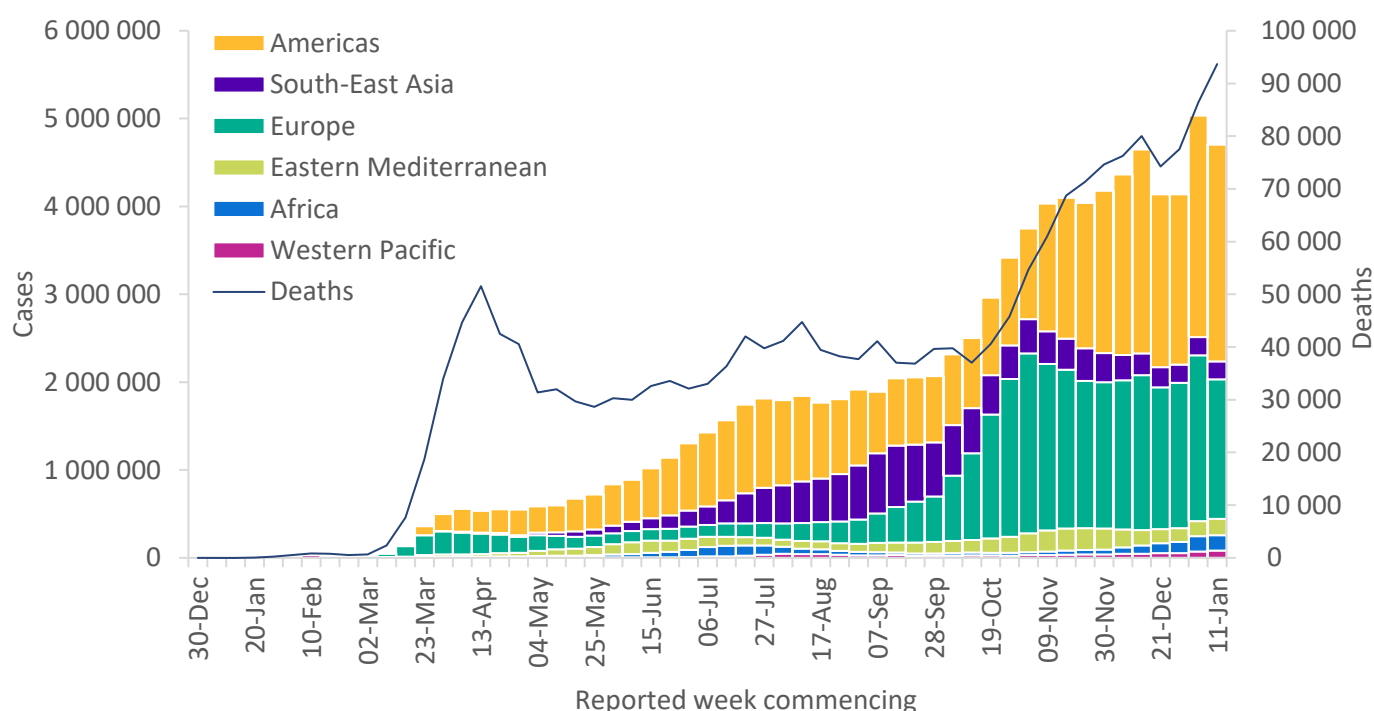
For the latest data and information on COVID-19, please see:

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

Global epidemiological situation

Globally, 4.7 million new cases were reported in the past week, a decline of 6% from last week (Figure 1). At the same time, the number of new deaths has climbed to a record high at 93 000, a 9% increase from last week. Over 2 million people have now lost their lives to COVID-19. The Americas, Europe, and South-East Asia regions showed declines in new cases, with Europe showing a 15% decline and the Americas and South-East Asia regions showing more moderate declines of 2% and 1% respectively (Table 1). On the other hand, the Eastern Mediterranean, African, and Western Pacific regions reported increases in new cases, with the Western Pacific showing the largest increase (14%). All regions reported increases in new deaths; case incidence continues to be one of the primary drivers of mortality – where increases in the number of COVID-19 related hospitalizations and deaths follow large numbers of cases after a short time lag.

Figure 1: COVID-19 cases reported weekly by WHO Region, and global deaths, as of 17 January 2021**



In the past week, the five countries reporting the highest number of cases were the United States of America (1 583 237 cases, an 11% decrease), Brazil (379 784 cases, a 21% increase), the United Kingdom of Great Britain and Northern Ireland (339 952 cases, a 19% decrease), the Russian Federation (166 255 cases, 1% increase) and France (125 279 cases, a 2% increase).

In this edition of the COVID-19 Weekly Epidemiological Update, special focus updates are provided on:

- [Children, COVID-19, and transmission in schools](#)

Note - Special Focus on Children, COVID-19, and transmission in schools: this section has been updated based on additional information received.

- [SARS-CoV-2 variants of concern](#)
- Additional Region-specific information: [African Region](#), [Region of the Americas](#), [Eastern Mediterranean Region](#), [European Region](#), [South-East Asia Region](#), and [Western Pacific Region](#)
- [Key Weekly Updates](#)

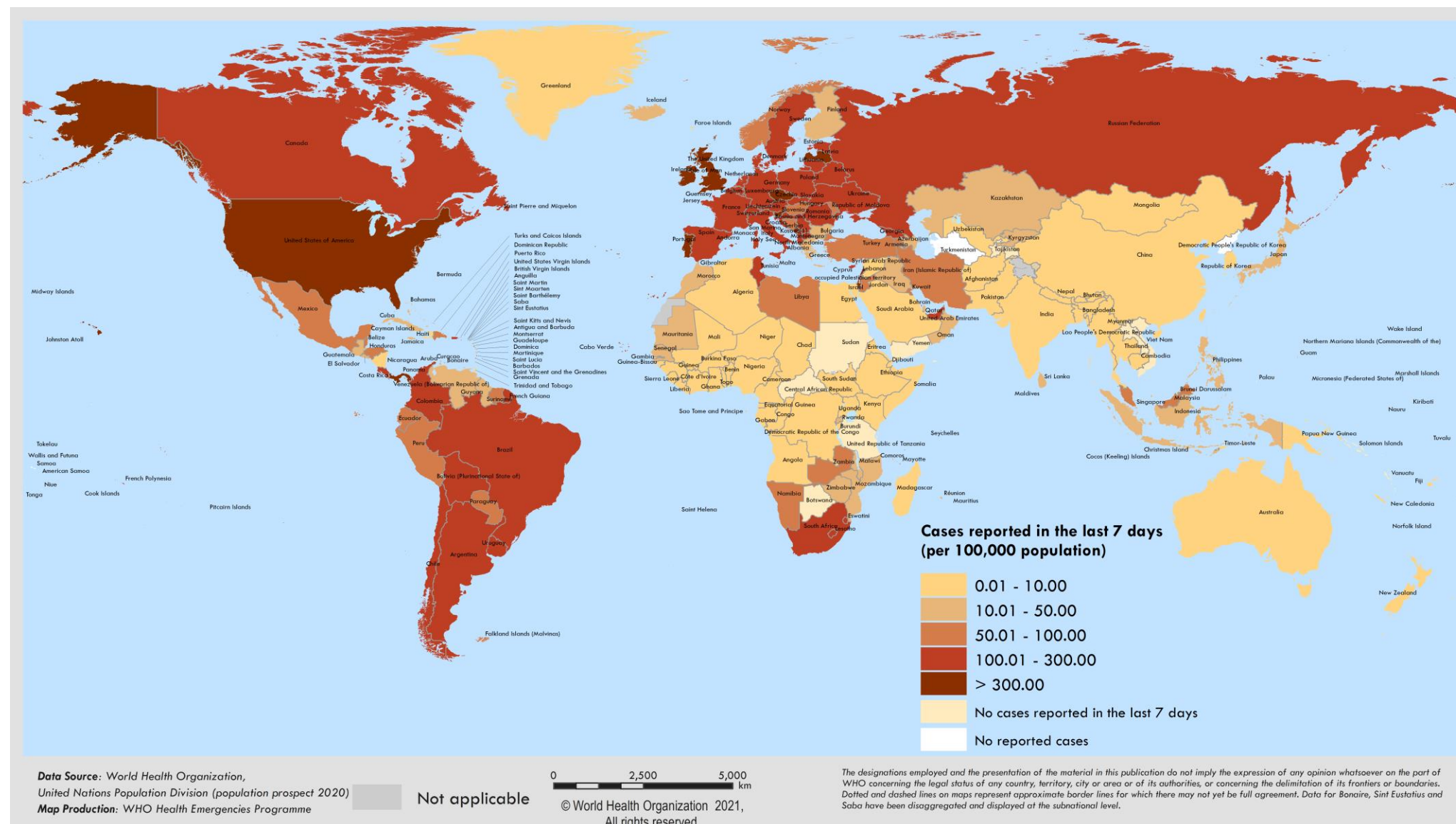
Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 17 January 2021**

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	2 467 817 (52%)	-2%	41 329 493 (44%)	43 804 (47%)	15%	954 545 (47%)
Europe	1 610 353 (34%)	-15%	30 509 880 (33%)	37 698 (40%)	2%	666 237 (33%)
South-East Asia	204 654 (4%)	-1%	12 462 338 (13%)	3 410 (4%)	4%	191 196 (9%)
Eastern Mediterranean	183 178 (4%)	7%	5 335 273 (6%)	2 846 (3%)	2%	127 817 (6%)
Africa	177 252 (4%)	1%	2 313 130 (2%)	5 000 (5%)	16%	52 905 (3%)
Western Pacific	81 775 (2%)	14%	1 266 428 (1%)	1 124 (1%)	35%	22 244 (1%)
Global	4 725 029 (100%)	-6%	93 217 287 (100%)	93 882 (100%)	9%	2 014 957 (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 100 000 population reported in the last seven days by countries, territories and areas, 11 January through 17 January 2021**



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

Special Focus: Children, COVID-19, and transmission in schools

One of the most concerning questions has been the extent to which COVID-19 affects children and adolescents and the role of schools in community transmission. As WHO Director-General Dr Tedros said in a press conference, “understanding how COVID-19 affects children has been a priority issue. We all want to see children back at school and we all want to make sure schools are the safe and supportive learning environments they should be.”¹ Research is ongoing into the factors that may put children and adolescents at risk, long-term health effects in those who have been infected, and importantly the impact of new variants of SARS-CoV-2. Here we present a number of research findings learned in 2020.

- Of all COVID-19 cases reported by countries, children and adolescents under 18 have represented around 8% of cases in 2020, despite comprising 29% of the global population. This may be due to the under reporting of mild and asymptomatic infections, which are more likely among children and adolescents.
- Children are also much less likely than adults to be hospitalized or have fatal outcomes.² Approximately 0.2% of deaths were reported in people under the age of 20 years.³
- Evidence suggests that adolescents appear to transmit the virus as often as adults, whereas children under 10 years seem to be less susceptible and less infectious than older children and adolescents⁴. This is supported by the higher frequency of outbreaks reported in secondary/high schools compared to in primary/elementary schools⁵
- Large-scale community-based studies in the UK have showed higher levels of acute infection among adolescents and young adults compared to other age groups, further supporting differences in transmission patterns and susceptibility between primary and secondary-school aged children^{6,7}.
- A study⁸ in Norway from August to November 2020 found low levels of child-to-child and child-to-adult transmission in primary schools (children aged 5-13 years) that had infection prevention and control measures in place. Viral load studies suggest that children with symptoms carry as much virus in the nose, mouth and throat as adults, but for shorter periods with peak respiratory viral load early after symptom onset, followed by a rapid decline after the first week of illness.
- National surveillance data from the United Kingdom found that school staff are at lower risk of infection in school settings when compared to the general adult population. Another study among 57 000 caregivers at childcare facilities in the United States of America, found that there was no increased risk of infection for the caregivers.⁹
- Several studies and reviews have shown that school re-openings have not been associated with significant increases in community transmission.^{10,11,12,13} The return to school of many children in mid-August, following periods of lower community transmission in many countries, does not appear to have contributed toward the

¹ World Health Organization, 2020 (https://www.who.int/docs/default-source/coronaviruse/transcripts/who-audio-emergencies-coronavirus-press-conference-15sep2020.pdf?sfvrsn=580fa5f0_2)

² European centre for disease control, 2020 (<https://www.ecdc.europa.eu/en/publications-data/children-and-school-settings-covid-19-transmission>)

³ World Health Organization, 2020 (https://www.who.int/docs/default-source/coronaviruse/transcripts/who-audio-emergencies-coronavirus-press-conference-15sep2020.pdf?sfvrsn=580fa5f0_2)

⁴ Goldstein, et al., 2020 (<https://www.medrxiv.org/content/10.1101/2020.07.19.20157362v2>)

⁵ European centre for disease control, 2020 (<https://www.ecdc.europa.eu/en/publications-data/children-and-school-settings-covid-19-transmission>)

⁶ Riley et al, 2020 (<https://www.medrxiv.org/content/10.1101/2020.10.30.20223123v1>)

⁷ United Kingdom government, 2020

(<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurvey/pilot/13november2020>)

⁸ Brandal, et al., 2021 (<https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.26.1.2002011>)

⁹ Gilliam et al., 2020 (<https://pediatrics.aappublications.org/content/early/2020/10/16/peds.2020-031971>)

¹⁰ Von Bismarck-Osten, et al., 2020 (https://www.cream-migration.org/publ_uploads/CDP_22_20.pdf)

¹¹ European centre for disease control, 2020 (<https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-schools-transmission-August%202020.pdf>)

¹² Ludvigsson, 2020 (<https://pubmed.ncbi.nlm.nih.gov/32202343/>)

¹³ Yoon et al., 2020 (<https://www.medrxiv.org/content/10.1101/2020.08.03.20165589v1>)

risers seen in October. A United Kingdom government report¹⁴ found that when schools reopened in England and Wales in the summer, the infection rates among students did not increase over the existing population rate. A study in the Republic of Korea¹² found that there was not an increase in COVID-19 cases in the two months following the resumption of classes in May, and that in most COVID-19 cases in children, the infection had been acquired from family members outside of school.

- Following the detection of new SARS-CoV-2 variants of concern (VOC), further investigations are underway to fully assess each variant and potential impacts on COVID-19 age and sex distributions. Investigations in the United Kingdom suggest that the age and sex profile of VOC 202012/01 cases are similar to other SARS-CoV-2 viruses.¹⁵
- Impacts of school closures on children and adolescents:
 - The longer vulnerable children are out of school, the less likely they are to return.
 - Children from the poorest households are almost five times more likely to be out of primary school than those from the richest. Being out of school increases the risk of teenage pregnancy, sexual exploitation, child marriage, violence and other threats.¹⁶
 - Prolonged closures disrupt essential school-based services such as immunization, school feeding, and mental health and psychosocial support, and disrupt the important roles school play in child protection.¹⁷
 - Closures also cause stress and anxiety due to the loss of peer interaction and disrupted routines. These negative impacts are significantly higher for vulnerable children, such as those living in countries affected by conflict and other protracted crises, migrants, refugees and the forcibly displaced, minorities, children living with disabilities, and children in institutions.¹⁸
 - School closures affect children negatively in many ways besides their education, including equity, child health (both physical and mental health) and development and can affect the ability of parents to work, introducing other risks.^{19,20}

Audrey Azoulay, UNESCO Director-General, has warned that “The longer schools remain closed, the more damaging the consequences, especially for children from more disadvantaged backgrounds ... therefore, supporting safe schools must be a priority for us all”.²¹ Henrietta Fore, the United Nations Children’s Fund (UNICEF) Executive Director stated, “As we enter the second year of the COVID-19 pandemic, and as cases continue to soar around the world, no effort should be spared to keep schools open or prioritize them in reopening plans....closing schools must be a measure of last resort, after all other options have been considered.”²²

Based on available information, a number of preliminary conclusions and recommendations have been made:

- Transmission occurring in communities can be reflected in school settings: when community transmission is low and when appropriate mitigation measures are applied, schools are unlikely to be the main drivers of COVID-19

¹⁴ United Kingdom Scientific Advisory Group for Emergencies (SAGE), 2020

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/935125/tfc-covid-19-children-transmission-s0860-041120.pdf)

¹⁵ Public Health England, 2021

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/952490/Variant_of_Concern_VOC_202012_01_Technical_Briefing_4_England.pdf)

¹⁶ United Nations Children’s Fund (UNICEF), 2020 (<https://www.unicef.org/media/67506/file/TechnicalNote-COVID-19-and-HarmfulPractices-April%202020.pdf>)

¹⁷ Viner R et al., Impacts of school closures on physical and mental health of children and young people: a systematic review, Pre-print 20 January 2021, submitted to JAMA Pediatrics

¹⁸ United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Children’s Fund (UNICEF), World Food Programme, World Bank & United Nations High Commissioner for Refugees. Framework for Reopening Schools, June 2020 (<https://www.unicef.org/sites/default/files/2020-06/Framework-for-reopening-schools-2020.pdf>)

¹⁹ United Nations, 2020 (https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_children_16_april_2020.pdf)

²⁰ Public Health Ontario, 2020, (<https://www.publichealthontario.ca/-/media/documents/ncov/cong/2020/06/covid-19-negative-impacts-public-health-pandemic-families.pdf>)

²¹ United Nations, 2020 (<https://news.un.org/en/story/2020/09/1072472>)

²² United Nations Children’s Fund (UNICEF), 2021 (<https://www.unicef.org/press-releases/children-cannot-afford-another-year-school-disruption>)

transmission. However, where there is community transmission and/or the number of new cases is rising, schools, and particularly secondary schools, may play a substantial role in community transmission. As such, WHO continues to advise a comprehensive approach to reduce transmission, including early detection and isolation of cases as well as contact tracing and supported quarantine, along with other risk mitigation public health measures to reduce exposure and spread.

- WHO and partners have issued guidance on the safe operation of schools during the COVID-19 pandemic (see key resources below). Schools should have outbreak prevention and management plans ready, including control measures to protect staff and individuals at high risk. Measures include the need for adequate ventilation, hygiene practices (such as hand cleaning, cleaning of surfaces and items), mask use (12 years and older should wear a mask under the same conditions as adults and teacher and support staff should wear masks when they cannot guarantee at least a 1-metre distance from others where there is widespread transmission in the area), physical distancing (such as by limiting the number of students per class, alternating shifts, limiting mixing of classes), and frequent communication with parents, students, teachers and staff (such as asking parents to report any cases of COVID-19 in the household, posting signs in visible locations).
- Strong infection prevention and control measures are necessary in all schools and may need to be applied differently based on the age of the students (e.g. secondary/high schools and older students compared to primary/elementary schools and younger students). In particular, all students should be reminded to limit their risk of exposure outside educational settings by avoiding high risk environments, including crowded, close-contact and poorly ventilated spaces.
- School teachers and staff need to remain vigilant to prevent exposure outside the school, where they can be infected.
- Where a student or staff tests positive for SARS-CoV-2, appropriate actions must be taken, including notifying health officials, staff and families, cooperating closely with local health authorities, quarantine, identifying and notifying close contacts and advising them to stay home for 14 days, and disinfecting school areas.
- Considerations to decide to close, partially close or reopen schools should be guided by a risk-based approach to maximize the educational and health benefit for students, teachers, staff, and the wider community, and help prevent transmission of SARS-CoV-2 in the community. School closure should be implemented as a last resort, be temporary and only at a local level in areas with intense transmission.
- Where schools are fully or partially closed, opportunities for remote learning should be instituted, school-based health services, immunization, meals and support services should be maintained, and opportunities for psychosocial and mental health support enhanced.
- The time during which schools are physically closed should be used to put in place measures to prevent and respond to transmission when schools reopen.
- Health and education authorities should continue to monitor guidance based on new information and research, particularly with respect to the appearance of new and possibly more transmissible variants of SARS-CoV-2.

WHO thanks the participation of UNICEF in this special focus.

Key Resources:

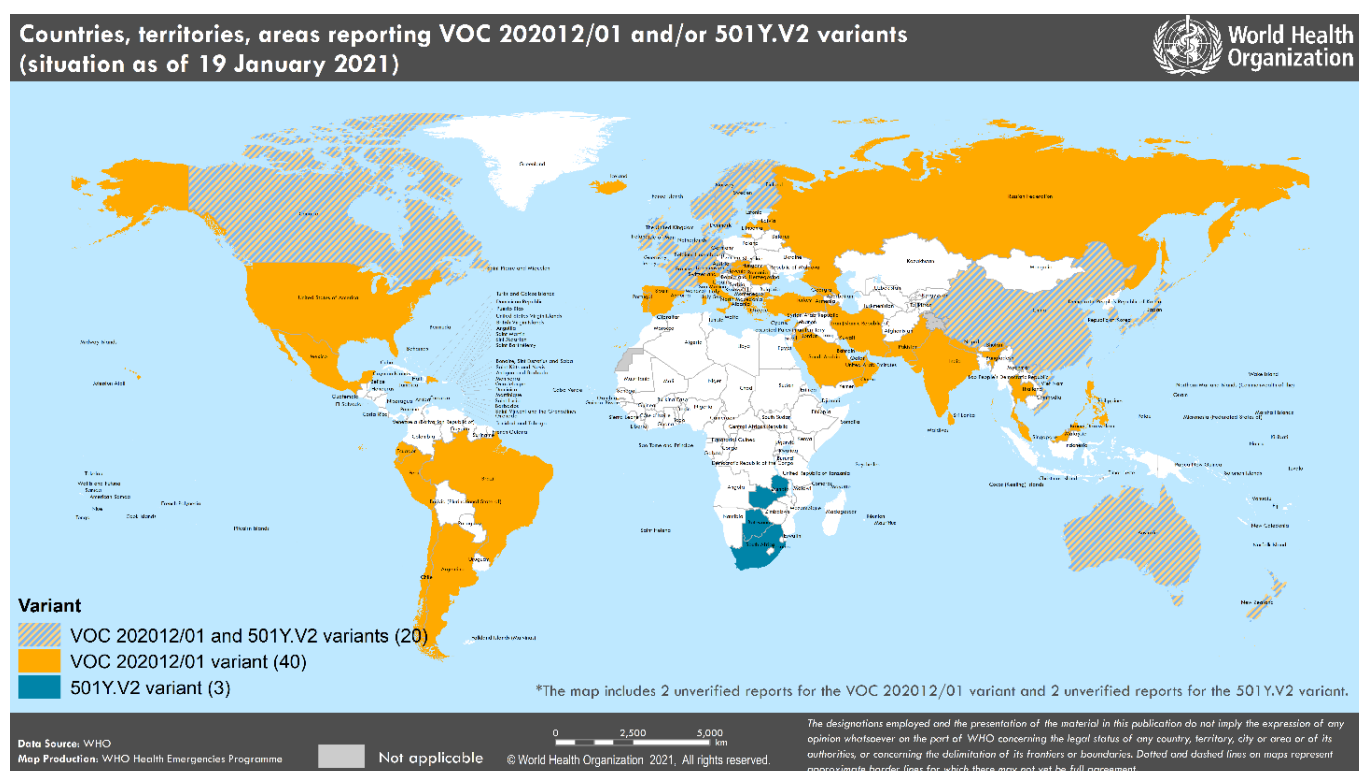
- [Coronavirus disease \(COVID-19\): Schools](#)
- [Checklist to support schools re-opening and preparation for COVID-19 resurgences or similar public health crises](#)
- [Considerations for implementing and adjusting public health and social measures in the context of COVID-19](#)
- [What we know about COVID-19 transmission in schools](#)
- [Framework for reopening schools](#)
- [Advice on the use of masks for children in the community in the context of COVID-19](#)
- [Coronavirus disease \(COVID-19\): Ventilation and air conditioning in public spaces and buildings](#)
- [Contact tracing in the context of COVID-19](#)
- [Criteria for releasing COVID-19 patients from isolation](#)
- [In-person schooling and COVID-19 transmission: a review of the evidence](#)
- [COVID-19 in children and the role of school settings in transmission - first update](#)

Special Focus: Update on SARS-CoV-2 variants of concern

WHO, in collaboration with national authorities, institutions and researchers, is closely monitoring the public health events associated with SARS-CoV-2 variants and will continue providing updates as new information becomes available. This includes routine assessment of SARS-CoV-2 variants to establish if they have altered transmissibility, clinical presentation and severity, or if they may respond differently to countermeasures, including diagnostics, therapeutics and vaccines. Further information on the background of variants of concern (VOC) is available in [Disease Outbreak News](#) and the Weekly Epidemiological Updates published on [5 January 2021](#) and [11 January 2021](#).

Since the last update on 12 January, VOC 20212/01 has been detected in 10 additional countries, territories and areas (hereafter countries). To date, 60 countries across all six WHO regions have reported either imported cases or community transmission of this variant (Figure 3). Several reports of ongoing [studies evaluating transmission and severity have been made available by Public Health England](#). Concurrently, variant 501Y.V2 has been reported from three additional countries – now totaling 23 countries across four of the six WHO regions.

Figure 3. Countries, territories and areas reporting SARS-CoV-2 VOC 20212/01 and SARS-CoV-2 501Y.V2 variant as of 19 January 2021



Since our last update, a new variant (named the P.1 variant) has been reported from Brazil (Manaus, Amazonas State), which belongs to Nextstrain clade 20B, GISAID clade GR, and Pangolin lineage B.1.1.28. This variant includes mutations N501Y, E484K, K417T, and deletion in ORF1b (del11288-11296) in the spike protein. In addition to the P.1 variant, another variant within the lineage B.1.1.28 with the E484K mutation (but none of the other mutations) has been reported from Brazil. There is currently little available information to assess if there are changes in transmissibility or severity as a result of these new variants; however, given similar amino acid changes observed in VOC 20212/01 and 501Y.V2, which have shown increased transmissibility and potential impacts on antibody neutralization, further investigations are needed and are underway.

On 14 January, WHO Director-General convened the sixth meeting of the [Emergency Committee on COVID-19](#), which included discussions on the impact of the emerging variants of SARS-CoV-2 and additional travel restrictions that many countries are imposing. The WHO secretariat presented a Risk Monitoring Framework to identify, monitor and assess SARS-CoV-2 mutations, variants of interest and variants of concern. The Emergency Committee supported the [call for a global effort](#) to sequence and share data to monitor the virus evolution and collaborate scientifically to increase global understanding of variants and their effects on vaccine, therapeutics and diagnostic efficacy. The Committee advised WHO to develop a standardized nomenclature and definitions of SARS-CoV-2 virus variants that are geographically neutral, an area WHO has already begun work in.

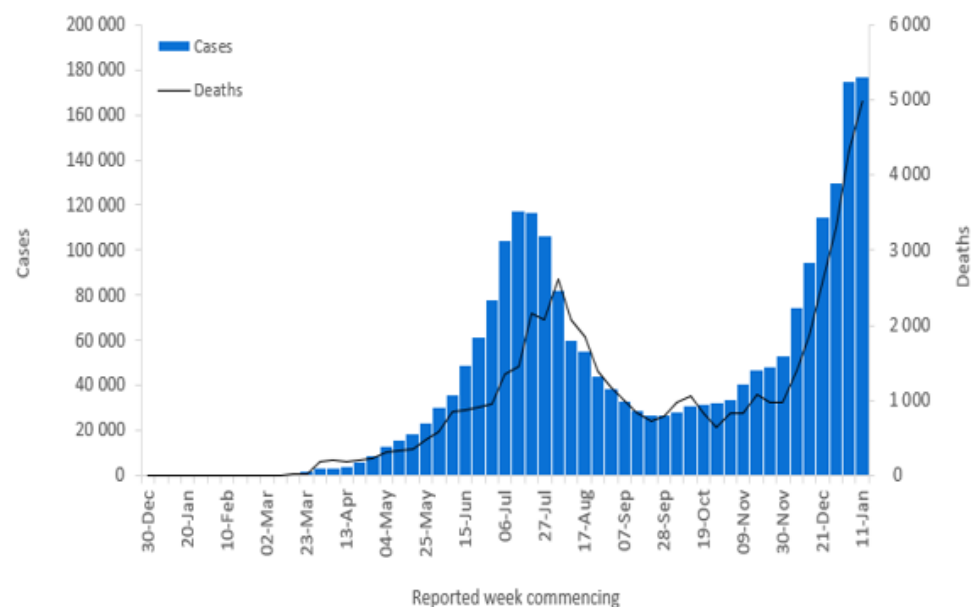
On 12 January and 15 January, WHO convened two global virtual meetings of scientific experts and partners, to identify and discuss critical knowledge gaps and research priorities for [emerging variants of SARS-CoV-2](#), and [vaccines developed for SARS-CoV-2](#). The participants of both meetings emphasized the importance of coordinated research to detect and understand early the potential impact of emerging variants on diagnostics, treatments, the efficacy of vaccines, the impact of vaccines on transmission of infection, and the need to develop the next generation of vaccine platforms. WHO will work to ensure that critical research is coordinated across all partners. The meeting concluded with agreement to establish a WHO-hosted platform for global sharing and coordination of emerging vaccine research information on efficacy and safety. The forum would enable scientists to share and discuss unpublished and published data and research protocols to further our collective understanding of SARS-CoV-2 vaccines.

Situation by WHO Region

African Region

In the past week, the African Region reported over 177 000 cases and 5000 deaths, a 1% increase in cases and 16% increase in deaths compared to the previous week. Cases in the Region continue to increase since mid-September 2020; however, the increase this week has been slight when compared to steeper increases in recent months. The highest numbers of new cases were reported in South Africa (111 483 new cases; 188 new cases per 100 000 population; a 11% decrease), Nigeria (11 465 new cases; 5.6 new cases per 100 000; a 38% increase) and Zambia (9507 new cases; 51.7 new cases per 100 000; a 78% increase).

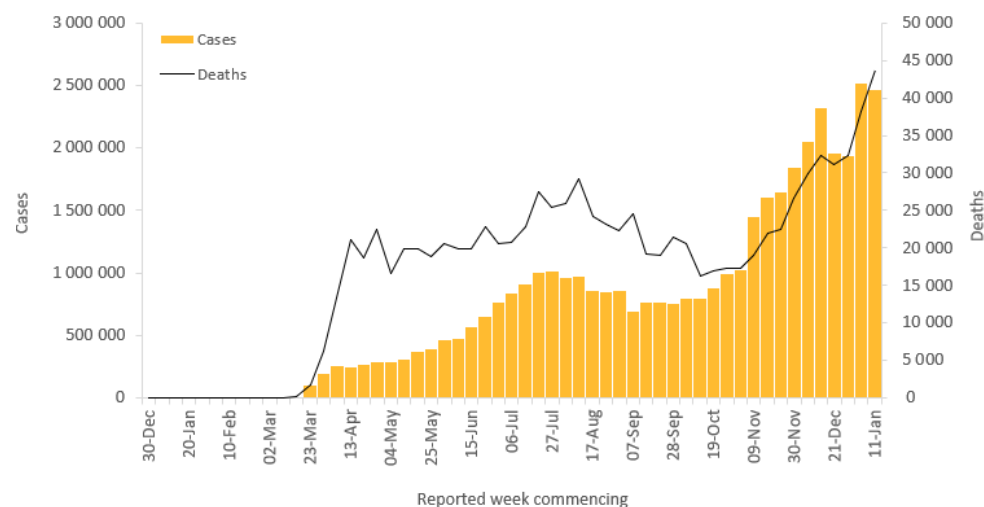
The countries reporting the highest number of new deaths in the past week were South Africa (4027 new deaths; 6.8 new deaths per 100 000; a 10% increase), Zimbabwe (200 new deaths; 1.3 new deaths per 100 000; an 89% increase) and Malawi (80 new deaths; 0.4 new deaths per 100 000; a 186% increase).



Region of the Americas

Over 2.4 million new cases and over 43 000 new deaths were reported in the Region of the Americas this week, a decrease of 2% and an increase of 15% respectively compared to the previous week. For the past four weeks, the highest numbers of new cases continue to be reported from the United States of America (1 583 237 new cases; 478.3 new cases per 100 000 population; a 11% decrease), Brazil (379 784 new cases; 178.7 new cases per 100 000; a 21% increase) and Colombia (114 611 new cases; 225.2 new cases per 100 000; a 14% increase).

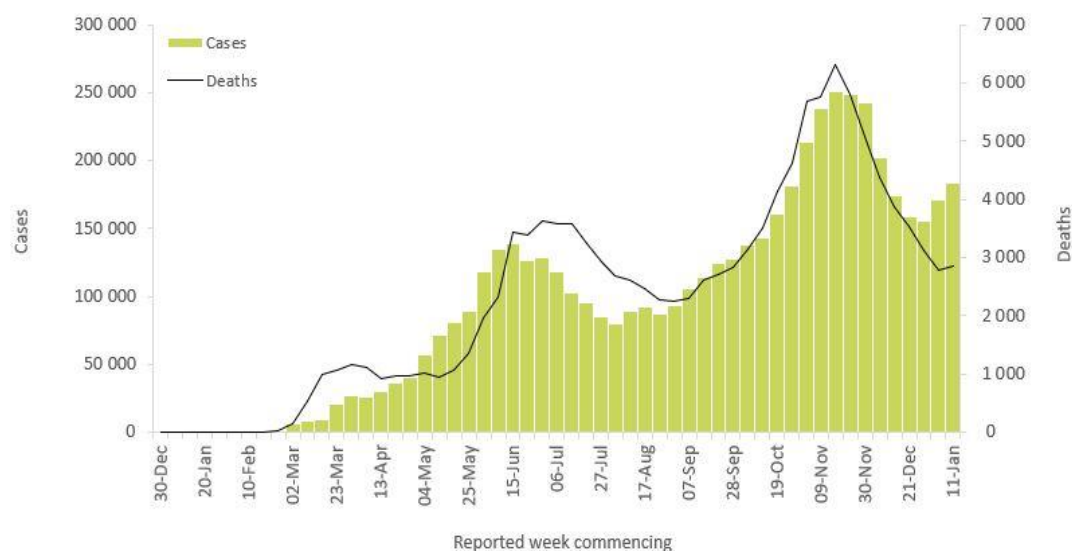
The highest numbers of deaths were reported from the United States of America (23 198 new deaths; 7.0 new deaths per 100 000; a 12% increase), Mexico (6953 new deaths; 5.4 new deaths per 100 000; a 25% increase) and Brazil (6786 new deaths; 3.2 new deaths per 100 000; a 12% increase).



Eastern Mediterranean Region

In the past week, the Eastern Mediterranean Region reported over 183 000 new cases, an increase of 7% compared to last week. The region reported 2846 new deaths, an increase of 2% after a sustained decrease in deaths from 23 November 2020 through the week of 11 January 2021. The three countries reporting the highest numbers of new cases continue to be Iran (43 957 new cases, 52.3 new cases per 100 000 population, a 2% increase), Lebanon (33 605 new cases, 492.3 new cases per 100 000, 15% increase) and United Arab Emirates (22 106 new cases, 223.5 new cases per 100 000, 38 % increase). These three countries accounted for almost half (54%) of the new weekly cases in the Region.

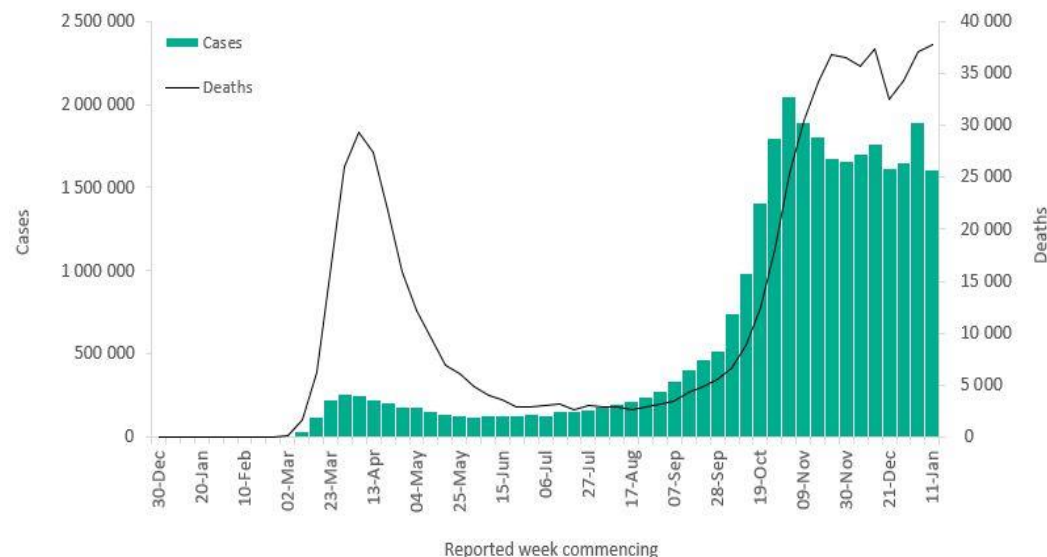
The highest numbers of new deaths were reported in Iran (617 new deaths, 0.7 new death per 100 000 population, 7% decrease) followed by Tunisia (463 new deaths, 3.9 new death per 100 000, 19% increase) and Egypt (385 new deaths, 0.4 new death per 100 000, a 4 % decrease). These countries accounted for almost 52% of deaths reported in the Region.



European Region

The European Region continues to report a substantial number of cases with over 1.6 million new cases and over 37 000 new deaths, a decrease of 15% and an increase of 2% respectively when compared to the previous week. The three countries reporting the highest numbers of new cases were the United Kingdom (339 952 new cases; 500.8 new cases per 100 000, 19% decrease), the Russian Federation (166 255 new cases, 113.9 new cases per 100 000, 1% increase) and France (125 279 new cases, 191.9 new cases per 100 000, 2% increase). These three countries accounted for almost 40% of all cases reported in the region with the United Kingdom accounting for 21% of all new cases.

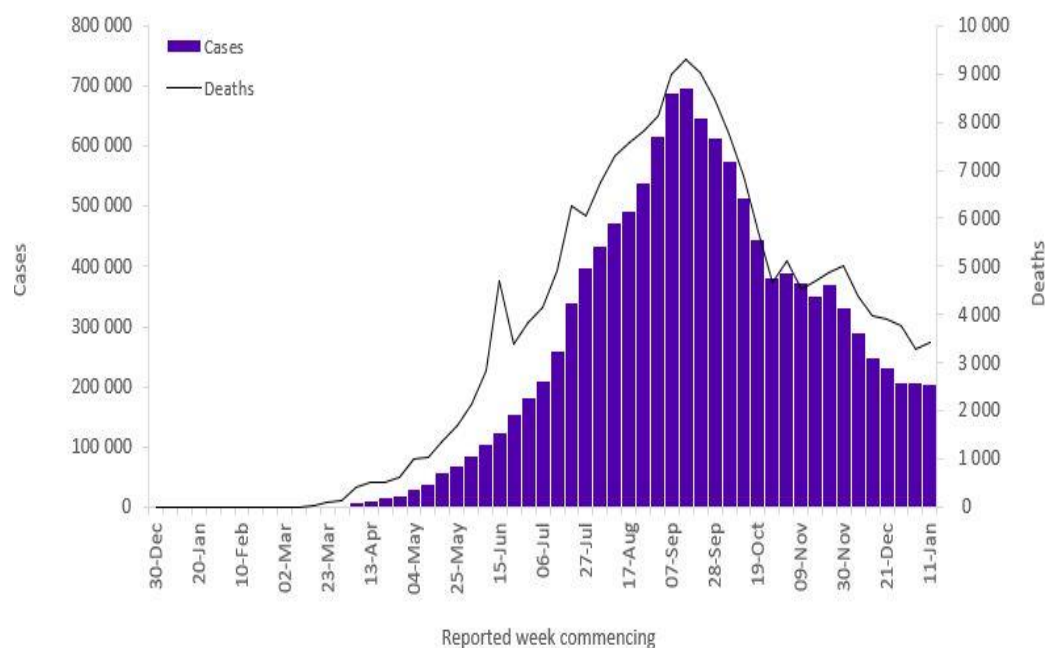
The highest numbers of deaths were reported from the United Kingdom (7722 new deaths; 11.4 new deaths per 100 000, 23% increase), Germany (6076 new deaths; 7.3 new deaths per 100 000, similar to the previous week) and the Russian Federation (3729 new deaths; 2.6 new deaths per 100 000, a 12% increase).



South-East Asia Region

The South-East Asia Region continues to report falling numbers of new cases and deaths, a decline observed since September 2020. Just over 200 000 new cases and over 3400 new deaths were reported in the past week, a 1% decrease and 4% increase respectively, compared to the previous week. The three countries reporting the highest numbers of new cases and new deaths were India (107 701 new cases; 7.8 new cases per 100 000, a 15% decrease), Indonesia (78 256 new cases; 28.6 new cases per 100 000; a 31% increase) and Bangladesh (5681 new cases; 3.4 new cases per 100 000; an 8% decrease).

The three countries reporting the highest numbers of new deaths this week were India (1275 new deaths; 0.1 new death per 100 000, a 18% decrease), Indonesia (1820 new deaths; 0.7 new death per 100 000, a 31% decrease) and Bangladesh (127 new deaths; 0.1 new death per 100 000; a 19% decrease).



Western Pacific Region

The Western Pacific Region reported an increase in the number of new cases by 14% (over 81 000) and new deaths by 35% (over 1100) in the past week compared to the previous week. The upward trend in new weekly cases and deaths has continued since October 2020. The three countries reporting the highest numbers of new cases this week were Japan (41 521 new cases; 32.8 new cases per 100 000, a 4% increase), Malaysia (21 536 new cases; 66.5 new cases per 100 000, a 33% increase) and the Philippines (12 894 new cases; 11.8 new cases per 100 000, a 45% increase).

The three countries reporting the highest numbers of new deaths this week were the Philippines (486 new deaths; 0.4 new deaths per 100 000, a 235% increase), Japan (450 new deaths; 0.4 new deaths per 100 000, similar to previous week) and the Republic of Korea (124 new deaths; 0.2 new deaths per 100 000, a 24% decrease).

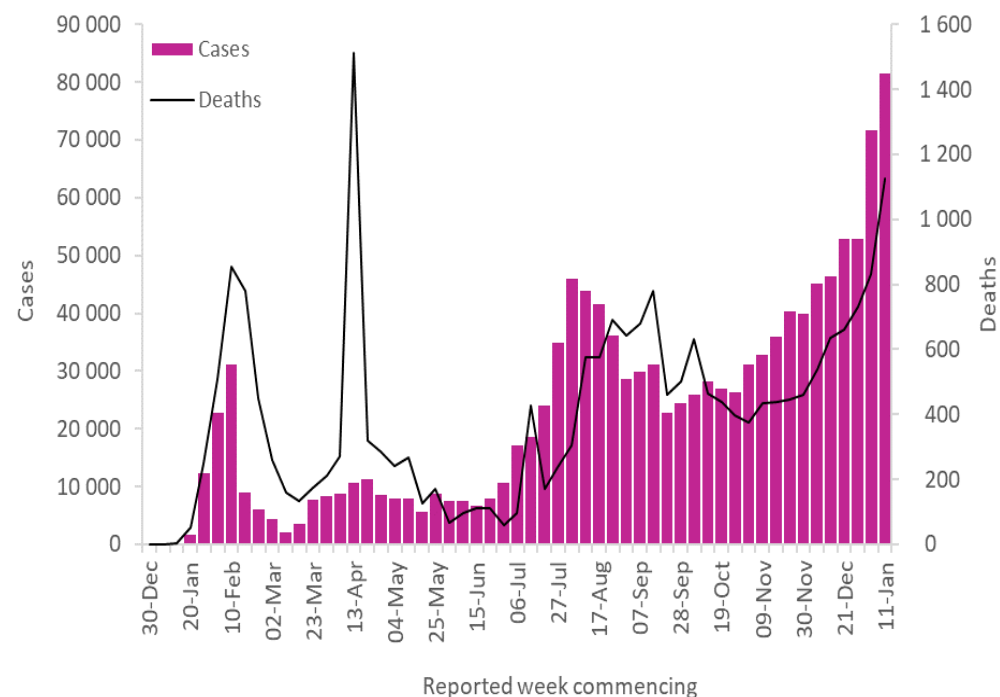


Table 2. COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories and areas, and WHO Region, as of 17 January 2021**

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
Africa	177 252	2 313 130	206.2	5 000	52 905	4.7	
South Africa	111 483	1 325 659	2 235.2	4 027	36 851	62.1	Community transmission
Nigeria	11 465	108 943	52.8	78	1 420	0.7	Community transmission
Zambia	9 507	36 074	196.2	68	532	2.9	Community transmission
Zimbabwe	6 382	26 881	180.9	200	683	4.6	Community transmission
Mozambique	4 501	25 862	82.7	47	234	0.7	Community transmission
Lesotho	3 794	6 371	297.4	47	97	4.5	Community transmission
Malawi	3 479	11 785	61.6	80	300	1.6	Community transmission
Ethiopia	2 980	130 772	113.8	44	2 029	1.8	Community transmission
Namibia	2 475	30 198	1 188.5	29	280	11.0	Community transmission
Senegal	1 738	22 738	135.8	50	509	3.0	Community transmission
Algeria	1 698	103 611	236.3	28	2 831	6.5	Community transmission
Democratic Republic of the Congo	1 658	20 625	23.0	19	629	0.7	Community transmission
Côte d'Ivoire	1 602	24 856	94.2	3	141	0.5	Community transmission
Eswatini	1 556	12 736	1 097.8	69	360	31.0	Community transmission
Rwanda	1 389	10 850	83.8	22	140	1.1	Clusters of cases
Ghana	1 209	56 981	183.4	5	341	1.1	Community transmission
Burkina Faso	1 134	9 000	43.1	12	101	0.5	Community transmission
Kenya	898	99 082	184.3	24	1 728	3.2	Community transmission
Niger	810	4 132	17.1	34	138	0.6	Community transmission
Mauritania	679	15 893	341.8	18	396	8.5	Community transmission
Cabo Verde	664	12 901	2 320.4	5	119	21.4	Community transmission
Angola	609	18 765	57.1	15	431	1.3	Community transmission
Congo	549	7 709	139.7	14	114	2.1	Community transmission
Uganda	531	38 085	83.3	3	304	0.7	Community transmission
Cameroon	488	27 336	103.0	3	451	1.7	Community transmission

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
Comoros	427	1 577	181.3	23	41	4.7	Community transmission
Chad	345	2 855	17.4	4	111	0.7	Community transmission
Togo	340	4 272	51.6	1	73	0.9	Community transmission
Eritrea	321	1 877	52.9	0	6	0.2	Sporadic cases
Mali	258	7 823	38.6	13	308	1.5	Community transmission
Burundi	250	1 236	10.4	0	2	0.0	Community transmission
Madagascar	234	18 001	65.0	5	267	1.0	Community transmission
Gabon	205	9 899	444.8	0	66	3.0	Community transmission
Guinea	194	14 098	107.3	0	81	0.6	Community transmission
Seychelles	187	689	700.6	0	1	1.0	Sporadic cases
Sierra Leone	167	2 970	37.2	0	77	1.0	Community transmission
Benin	109	3 413	28.2	2	46	0.4	Community transmission
Liberia	87	1 887	37.3	1	84	1.7	Community transmission
Sao Tome and Principe	76	1 130	515.6	0	17	7.8	Community transmission
Equatorial Guinea	67	5 356	381.8	0	86	6.1	Community transmission
South Sudan	53	3 693	33.0	0	63	0.6	Community transmission
Gambia	40	3 897	161.3	2	127	5.3	Community transmission
Guinea-Bissau	31	2 478	125.9	0	45	2.3	Community transmission
Mauritius	8	547	43.0	0	10	0.8	Clusters of cases
Botswana	0	16 051	682.5	0	48	2.0	Community transmission
Central African Republic	0	4 973	103.0	0	63	1.3	Community transmission
United Republic of Tanzania	0	509	0.9	0	21	0.0	Pending
Territoriesⁱⁱⁱ							
Mayotte	379	6 611	2 423.3	2	58	21.3	Clusters of cases
Réunion	196	9 443	1 054.7	3	45	5.0	Clusters of cases
Americas	2 467 817	41 329 493	4 040.9	43 804	954 545	93.3	
United States of America	1 583 237	23 344 423	7 052.6	23 198	389 084	117.5	Community transmission
Brazil	379 784	8 393 492	3 948.8	6 786	208 246	98.0	Community transmission
Colombia	114 611	1 870 179	3 675.5	2 437	47 868	94.1	Community transmission
Mexico	101 804	1 609 735	1 248.5	6 953	139 022	107.8	Community transmission

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
Argentina	79 695	1 783 047	3 945.2	954	45 227	100.1	Community transmission
Canada	51 359	695 707	1 843.3	1 022	17 729	47.0	Community transmission
Chile	27 751	665 493	3 481.3	398	17 435	91.2	Community transmission
Peru	26 552	1 056 023	3 202.8	509	38 654	117.2	Community transmission
Panama	20 555	293 592	6 804.4	326	4 689	108.7	Community transmission
Bolivia (Plurinational State of)	12 435	183 589	1 572.8	243	9 571	82.0	Community transmission
Dominican Republic	10 695	191 339	1 763.8	8	2 432	22.4	Community transmission
Ecuador	10 459	230 808	1 308.2	139	14 316	81.1	Community transmission
Paraguay	6 795	120 789	1 693.5	107	2 479	34.8	Community transmission
Uruguay	6 607	30 946	890.9	51	291	8.4	Community transmission
Costa Rica	6 573	184 187	3 615.7	111	2 416	47.4	Community transmission
Honduras	6 016	132 412	1 336.9	78	3 344	33.8	Community transmission
Guatemala	5 471	148 598	829.4	221	5 220	29.1	Community transmission
Cuba	3 313	17 501	154.5	18	166	1.5	Clusters of cases
Venezuela (Bolivarian Republic of)	3 189	118 856	418.0	39	1 095	3.9	Community transmission
El Salvador	1 583	50 157	773.3	71	1 479	22.8	Community transmission
Jamaica	641	14 096	476.0	12	323	10.9	Community transmission
Suriname	555	7 409	1 263.0	8	139	23.7	Clusters of cases
Haiti	540	10 781	94.5	3	240	2.1	Community transmission
Guyana	336	6 805	865.2	3	170	21.6	Clusters of cases
Belize	327	11 529	2 899.4	10	281	70.7	Community transmission
Saint Vincent and the Grenadines	246	450	405.6	1	1	0.9	Community transmission
Barbados	228	1 036	360.5	0	7	2.4	Clusters of cases
Saint Lucia	181	576	313.7	1	6	3.3	Sporadic cases
Trinidad and Tobago	124	7 343	524.7	3	130	9.3	Community transmission
Bahamas	55	8 032	2 042.5	0	175	44.5	Clusters of cases
Nicaragua	49	4 916	74.2	1	167	2.5	Community transmission

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
Antigua and Barbuda	18	187	191.0	1	6	6.1	Sporadic cases
Dominica	4	110	152.8	0	0	0.0	Clusters of cases
Grenada	4	139	123.5	0	1	0.9	Sporadic cases
Saint Kitts and Nevis	0	34	63.9	0	0	0.0	Sporadic cases
Territoriesⁱⁱⁱ							
Puerto Rico	3 893	86 523	3 024.4	87	1 703	59.5	Community transmission
French Guiana	862	14 975	5 013.7	1	75	25.1	Community transmission
Aruba	413	6 296	5 897.0	2	52	48.7	Community transmission
Guadeloupe	132	8 834	2 207.8	1	156	39.0	Community transmission
Turks and Caicos Islands	114	1 079	2 786.8	0	6	15.5	Clusters of cases
Martinique	110	6 227	1 659.4	0	43	11.5	Community transmission
United States Virgin Islands	109	2 252	2 156.6	0	24	23.0	Community transmission
Sint Maarten	98	1 629	3 798.8	0	27	63.0	Community transmission
Curaçao	93	4 498	2 741.1	1	19	11.6	Community transmission
Bonaire	75	329	1 573.0	0	3	14.3	Community transmission
Saint Martin	44	1 046	2 705.7	0	12	31.0	Community transmission
Saint Barthélemy	33	224	2 266.1	0	0	0.0	Sporadic cases
Bermuda	24	670	1 075.9	0	12	19.3	Clusters of cases
Cayman Islands	15	374	569.1	0	2	3.0	Sporadic cases
British Virgin Islands	7	121	400.2	0	1	3.3	Clusters of cases
Falkland Islands (Malvinas)	3	32	918.7	0	0	0.0	No cases
Anguilla	0	15	100.0	0	0	0.0	Sporadic cases
Montserrat	0	13	260.1	0	1	20.0	No cases
Saba	0	5	258.7	0	0	0.0	No cases
Saint Pierre and Miquelon	0	16	276.1	0	0	0.0	Sporadic cases
Sint Eustatius	0	19	605.3	0	0	0.0	Sporadic cases
Eastern Mediterranean	183 178	5 335 273	730.0	2 846	127 817	17.5	
Iran (Islamic Republic of)	43 957	1 324 395	1 576.8	617	56 717	67.5	Community transmission
Lebanon	33 605	249 158	3 650.4	276	1 866	27.3	Community transmission
United Arab Emirates	22 106	249 808	2 525.8	38	740	7.5	Community transmission

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
Tunisia	19 717	177 231	1 499.6	463	5 616	47.5	Community transmission
Pakistan	17 253	516 770	233.9	310	10 908	4.9	Community transmission
Jordan	7 598	313 557	3 073.1	128	4 137	40.5	Community transmission
Morocco	7 228	458 865	1 243.2	202	7 911	21.4	Clusters of cases
Egypt	6 708	155 507	152.0	385	8 527	8.3	Clusters of cases
Iraq	5 256	607 587	1 510.6	54	12 935	32.2	Community transmission
Libya	4 015	108 017	1 572.0	83	1 651	24.0	Community transmission
Kuwait	3 499	157 399	3 685.7	5	947	22.2	Community transmission
Bahrain	1 951	97 268	5 716.4	3	358	21.0	Clusters of cases
Qatar	1 417	147 089	5 105.4	0	246	8.5	Community transmission
Oman	1 194	131 264	2 570.5	4	1 509	29.5	Community transmission
Saudi Arabia	1 061	364 753	1 047.7	32	6 318	18.1	Sporadic cases
Syrian Arab Republic	668	12 942	74.0	56	824	4.7	Community transmission
Afghanistan	495	53 984	138.7	62	2 339	6.0	Clusters of cases
Djibouti	37	5 903	597.5	0	61	6.2	Clusters of cases
Somalia	18	4 744	29.8	0	130	0.8	Community transmission
Yemen	8	2 116	7.1	2	613	2.1	Sporadic cases
Sudan	0	26 279	59.9	0	1 603	3.7	Community transmission
Territoriesⁱⁱⁱ							
occupied Palestinian territory	5 387	170 637	3 344.9	126	1 861	36.5	Community transmission
Europe	1 610 353	30 509 880	3 268.6	37 698	666 237	71.4	
The United Kingdom	339 952	3 357 365	4 945.6	7 722	88 590	130.5	Community transmission
Russian Federation	166 255	3 568 209	2 445.1	3 729	65 566	44.9	Clusters of cases
France	125 279	2 846 971	4 361.6	2 536	69 753	106.9	Community transmission
Germany	124 991	2 033 518	2 427.1	6 076	46 419	55.4	Community transmission
Italy	110 867	2 368 733	3 917.7	3 406	81 800	135.3	Clusters of cases
Spain	93 971	2 211 967	4 731.0	500	53 079	113.5	Community transmission
Turkey	63 547	1 566 327	1 857.2	1 201	23 832	28.3	Community transmission

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
Portugal	63 229	539 416	5 290.1	1 008	8 709	85.4	Clusters of cases
Israel	58 248	539 731	6 235.7	289	3 940	45.5	Community transmission
Czechia	57 994	889 159	8 302.9	1 223	14 338	133.9	Community transmission
Poland	50 060	1 435 582	3 793.2	2 166	33 355	88.1	Community transmission
Ukraine	45 656	1 160 682	2 654.0	1 035	20 802	47.6	Community transmission
Netherlands	41 090	906 932	5 292.9	661	12 963	75.7	Community transmission
Ireland	29 053	169 780	3 438.4	259	2 595	52.6	Community transmission
Sweden	28 362	523 486	5 183.4	129	10 323	102.2	Community transmission
Romania	23 286	691 488	3 594.4	572	17 164	89.2	Community transmission
Slovakia	15 116	223 325	4 090.5	556	3 474	63.6	Clusters of cases
Switzerland	15 020	492 787	5 693.9	349	7 930	91.6	Community transmission
Serbia	13 322	371 216	5 330.7	182	3 730	53.6	Community transmission
Belgium	13 312	678 838	5 857.3	328	20 431	176.3	Community transmission
Belarus	13 169	223 537	2 365.6	66	1 573	16.6	Community transmission
Austria	11 642	389 752	4 327.5	350	6 964	77.3	Community transmission
Hungary	9 591	351 828	3 642.0	693	11 341	117.4	Community transmission
Slovenia	9 275	148 556	7 145.8	180	3 327	160.0	Clusters of cases
Georgia	8 576	247 805	6 211.9	160	2 933	73.5	Community transmission
Denmark	7 959	188 199	3 249.2	205	1 747	30.2	Community transmission
Lithuania	7 845	167 516	6 153.5	245	2 445	89.8	Community transmission
Kazakhstan	6 578	215 947	1 150.1	71	2 956	15.7	Clusters of cases
Latvia	6 145	55 097	2 921.1	143	961	50.9	Community transmission
Croatia	4 961	224 954	5 479.6	248	4 616	112.4	Community transmission
Albania	4 183	67 216	2 335.7	37	1 270	44.1	Clusters of cases
Greece	4 077	148 370	1 423.5	214	5 441	52.2	Community transmission
Norway	3 942	57 734	1 065.0	46	517	9.5	Community transmission
Estonia	3 563	37 079	2 795.2	42	325	24.5	Clusters of cases
Republic of Moldova	3 547	152 640	3 783.9	115	3 245	80.4	Community transmission
Bulgaria	3 330	211 736	3 047.2	377	8 474	122.0	Clusters of cases
Azerbaijan	2 901	226 951	2 238.4	108	2 998	29.6	Clusters of cases

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
Montenegro	2 819	55 561	8 846.4	20	745	118.6	Clusters of cases
North Macedonia	2 599	88 749	4 259.9	82	2 696	129.4	Community transmission
Armenia	2 455	164 586	5 554.3	63	2 992	101.0	Community transmission
Bosnia and Herzegovina	2 414	117 793	3 590.4	144	4 449	135.6	Community transmission
Cyprus	1 800	28 811	2 386.3	20	167	13.8	Clusters of cases
Finland	1 519	39 911	720.3	32	618	11.2	Community transmission
Malta	1 192	15 588	3 530.3	6	239	54.1	Clusters of cases
Luxembourg	881	48 757	7 788.9	22	552	88.2	Community transmission
Kyrgyzstan	836	83 109	1 273.9	15	1 384	21.2	Clusters of cases
Andorra	452	9 038	11 697.4	6	91	117.8	Community transmission
Uzbekistan	396	77 968	233.0	2	619	1.8	Clusters of cases
Monaco	141	1 194	3 042.5	3	8	20.4	Sporadic cases
San Marino	128	2 778	8 185.5	1	65	191.5	Community transmission
Iceland	76	5 956	1 745.4	0	29	8.5	Community transmission
Liechtenstein	62	2 441	6 400.6	2	40	104.9	Sporadic cases
Holy See	0	26	3 213.8	0	0	0.0	Sporadic cases
Tajikistan	0	13 705	143.7	0	91	1.0	Pending
Territoriesⁱⁱⁱ							
Kosovo	1 975	55 455	2 980.8	30	1 395	75.0	Community transmission
Gibraltar	554	3 575	10 611.1	18	30	89.0	Clusters of cases
Jersey	123	3 044	2 797.8	5	62	57.0	Community transmission
Isle of Man	26	418	491.6	0	25	29.4	No cases
Guernsey	7	309	489.0	0	13	20.6	Community transmission
Faroe Islands	3	649	1 328.1	0	1	2.0	Sporadic cases
Greenland	1	30	52.8	0	0	0.0	No cases
South-East Asia	204 654	12 462 338	616.5	3 410	191 196	9.5	
India	107 701	10 557 985	765.1	1 275	152 274	11.0	Clusters of cases
Indonesia	78 256	896 642	327.8	1 820	25 767	9.4	Community transmission

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
Bangladesh	5 681	527 063	320.0	127	7 883	4.8	Community transmission
Sri Lanka	4 473	52 313	244.3	27	256	1.2	Clusters of cases
Myanmar	3 820	133 869	246.0	116	2 942	5.4	Clusters of cases
Nepal	2 535	267 056	916.6	42	1 954	6.7	Clusters of cases
Thailand	1 756	12 054	17.3	3	70	0.1	Clusters of cases
Maldives	397	14 462	2 675.5	0	49	9.1	Clusters of cases
Bhutan	32	842	109.1	0	1	0.1	Clusters of cases
Timor-Leste	3	52	3.9	0	0	0.0	Sporadic cases
Western Pacific	81 775	1 266 428	64.5	1 124	22 244	1.1	
Japan	41 521	322 296	254.8	450	4 446	3.5	Clusters of cases
Malaysia	21 536	155 095	479.2	52	594	1.8	Clusters of cases
Philippines	12 894	498 691	455.1	486	9 884	9.0	Community transmission
Republic of Korea	3 685	72 340	141.1	124	1 249	2.4	Clusters of cases
China	1 107	98 625	6.7	6	4 804	0.3	Clusters of cases
Singapore	218	59 083	1 009.9	0	29	0.5	Sporadic cases
Australia	107	28 689	112.5	0	909	3.6	Clusters of cases
Mongolia	104	1 512	46.1	0	1	0.0	Clusters of cases
Cambodia	48	439	2.6	0	0	0.0	Sporadic cases
New Zealand	39	1 900	39.4	0	25	0.5	Clusters of cases
Viet Nam	24	1 537	1.6	0	35	0.0	Clusters of cases
Papua New Guinea	23	834	9.3	0	9	0.1	Community transmission
Fiji	2	55	6.1	0	2	0.2	Sporadic cases
Brunei Darussalam	1	174	39.8	0	3	0.7	Sporadic cases
Lao People's Democratic Republic	0	41	0.6	0	0	0.0	Sporadic cases
Solomon Islands	0	17	2.5	0	0	0.0	No cases
Territoriesⁱⁱⁱ							
French Polynesia	394	17 635	6 277.9	4	126	44.9	Sporadic cases
Guam	65	7 283	4 315.2	2	126	74.7	Clusters of cases
New Caledonia	4	44	15.4	0	0	0.0	Sporadic cases

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
Northern Mariana Islands (Commonwealth of the)	3	128	222.4	0	2	3.5	Pending
Marshall Islands	0	4	6.8	0	0	0.0	No cases
Micronesia (Federated States of)	0	1	0.9	0	0	0.0	No cases
Vanuatu	0	1	0.3	0	0	0.0	No cases
Wallis and Futuna	0	4	35.6	0	0	0.0	Sporadic cases
Global	4 725 029	93 217 287	1 195.9	93 882	2 014 957	25.8	

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

Key Weekly Updates

1. WHO is encouraging all countries to fulfil their pledges to COVAX. WHO is calling on all countries to start vaccinating health workers and those at high risk of developing severe disease or death in the next 100 days.
2. 13 January 2021 marks the one-year anniversary of WHO publishing the first protocol for developing PCR assays for diagnosing the new coronavirus, less than two weeks after the first cases were reported. The rapid isolation and sequencing of the virus laid the platform for the development of vaccines, which are now being rolled out globally.
3. An international team of scientists is in China to engage in and review scientific research with their Chinese counterparts on the origins of the virus.
4. As new virus variants have been reported, WHO calls on all countries to increase the systematic sequencing of the virus to supplement ongoing surveillance, monitoring and testing efforts.

Global vaccine research and development forum

- [Scientists tackle vaccine safety, efficacy and access at global R&D forum](#)
- [Global scientists double down on SARS-CoV-2 variants research at WHO-hosted forum](#)

Emergency Committee on COVID-19

- [Emergency Committee on COVID-19 advises on variants, vaccines](#)
- [Statement on the 6th meeting of the International Health Regulations \(2005\) Emergency Committee regarding the coronavirus disease \(COVID-19\) pandemic](#)
- [5th Open meeting of the Review Committee on the Functioning of the International Health Regulations during COVID-19](#)
- [WHO Director-General's opening remarks at the 6th Meeting of the IHR Emergency Committee on COVID-19](#)

Vaccine access and allocation

- [Access and allocation: how will there be fair and equitable allocation of limited supplies?](#)

Vaccine research and development

- [The race for a COVID-19 vaccine, explained](#)
- [Standardization of vaccines for coronavirus disease \(COVID-19\)](#)

Publication: using routine data to monitor the effects of COVID-19 on essential health services

- [Analyzing and using routine data to monitor the effects of COVID-19 on essential health services: practical guide for national and subnational decision-makers](#)

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.

Weekly Operational Update on COVID-19

19 January 2021



Confirmed cases^a

93 956 883

Confirmed deaths

2 029 084

WHO supports the installation of public address systems at 50 remote health centers in Lao People's Democratic Republic

During the pandemic a key challenge in Lao PDR has been getting important practical advice to remote villagers on how they can protect themselves from COVID-19.



Ms. Phonephet Philakham, senior nurse at Khone Keung Health Center testing the PA system. Photo credit: WHO / S Khounpaseuth

Many remote villagers cannot access the internet and furthermore are unable to understand the Lao language.

In response, Lao PDR has installed 50 sets of public address (PA) systems in selected remote areas prone to outbreaks and natural disasters, with 150 mobile loudspeakers also procured to support other activities against COVID-19. Funded by the German Federal Ministry of Health, WHO oversaw the installation of the systems and trained health centre staff on their use.

Well received by communities and health workers alike, the PA system allows health workers to easily communicate with villagers in their own languages, regarding COVID-19, measles and dengue. They can also provide flood alerts, broadcast reminders for parents about infant vaccinations, and be used to monitor designated quarantine centres..

For further information on the innovative approaches to risk communication, click [here](#)

Key Figures



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



144 GOARN deployments conducted to support COVID-19 pandemic response



19 732 165 respirators shipped globally



194 485 980 medical masks shipped globally



8 514 831 face shields shipped globally



6 280 279 gowns shipped globally



31 723 121 gloves shipped globally



More than **4.8 million** people registered on [OpenWHO](#) and able to access **150** COVID-19 online training courses across **23** topics in **43** 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:

Marking a decade since last polio case: WHO SEAR countries gear up for massive vaccination campaign – this time for COVID-19 virus

WHO South-East Asia Region reported its last case of wild poliovirus from West Bengal in India. A decade later, countries in the Region are taking lessons learned from the polio program to gear up for massive vaccination campaigns in a bid to end the COVID-19 pandemic.

“We are witnessing unprecedented efforts by Member countries to protect their vulnerable population against COVID-19 with vaccines,” said Dr Poonam Khetrapal Singh, Regional Director, WHO South-East Asia.

Indonesia rolled out COVID-19 vaccination on 13 January 2021, vaccination has started in full swing in India for one of the world’s biggest vaccination programme beginning 16 January, Other countries in the regions will roll out their campaigns in the coming months.

Safe and effective vaccines can be a gamechanger if accessible across the world and to all vulnerable population within the countries. Vaccines will help to curtail the COVID-19 pandemic. However, they won't solve everything by themselves as initially they are bound to be in limited supplies. As the COVID-19 crisis continues, necessary behavioural measures still need to continue - masks, hand hygiene, cough etiquette, physical distancing - and core public health measures by the authorities – detect, test, trace, isolate and treat - to prevent the virus from spreading and causing more disease and deaths.

Community engagement and participation – both for continued COVID-19 appropriate behavior and vaccination – will be critical to curtail the virus transmission. WHO continues to work with all countries for COVID-19 vaccination planning and roll out, to have a robust National Deployment and Vaccination Plan covering all elements of planning and management needed to deliver a vaccine.

The networks of surveillance officers in countries such as Bangladesh, India, Indonesia, Myanmar and Nepal, which was the backbone of polio eradication programme, are now also in the forefront supporting coordination, preparedness and roll out of COVID-19 vaccination down to the district level.

Bringing in best practices from polio eradication, WHO has supported countries in the Region with development of operational guidelines and plans for COVID-19 vaccination; training of vaccinators; planning vaccine and logistics management; and monitoring key preparatory activities.

At the global level, the ACT-Accelerator partnership launched by WHO and partners, has supported the fastest, most coordinated, and successful global effort in history to develop tools to fight COVID-19. The vaccine pillar - COVAX - co-led by WHO, Gavi and the Coalition for Epidemic Preparedness Innovations, aims to accelerate the development and manufacture of COVID-19 vaccines, and to guarantee fair and equitable access.

For further information on the vaccine scale-up activities in the region, click [here](#)

From the field:

WHO EURO convenes Member States to support response to new SARS-CoV-2 variants of concern

Since the notification of a new SARS-CoV-2 variant of concern (VOC 202012/01) on 14 December 2020 from the United Kingdom of Great Britain and Northern Ireland, the WHO Regional Office for Europe has continued to support countries across the Region. WHO has continually assessed the public health risks; provided recommendations on virological studies, sequencing and surveillance, and guidance on enhancing public measures, including risk communication.

As part of this support and in order to inform countries on the evolving situation in Europe, WHO/Europe held a virtual briefing on the SARS-CoV-2 variant with the Director Generals (DGs) and Chief Medical Officers (CMOs) of the 53 Member States of the WHO European Region and has followed this with bilateral meetings with countries.

Regular technical exchanges have also been established with the United Kingdom of Great Britain and Northern Ireland – with the first of series taking place 23 December 2020. This platform to exchange knowledge and information was extended, on 08 and 14 January 2021, to other countries also now documenting local circulation of VOC202012/01 including Denmark, Israel, Ireland and The Netherlands.

These meetings, held jointly by WHO and the European Centres for Disease Prevention and Control (ECDC), have provided a platform for European countries to share scientific findings and experiences responding to new variants of concern in real-time. Discussions have centred around the epidemiology; diagnostic testing, including monitoring of spread through S-gene target drop-out in some PCR assays; studies to characterise any phenotypic changes; modelling to look at transmission and measures; impact of additional public health measures; case management; whole genome sequencing; and vaccine implications. This sharing of knowledge and lessons learned will help WHO to support other countries in the Region to reduce the impact of spread on their health systems.

As of 14 January, VOC 202012/01 has been reported to WHO from 26 countries in the European region.

US\$ 50 million Iran COVID-19 Emergency Response Project (ICERP) scales up nationwide response to the epidemic

The World Health Organization (WHO) and the Ministry of Health and Medical Education of the Islamic Republic of Iran have delivered life-saving medical and diagnostic equipment to public hospitals and laboratories across the country to support the fight against the COVID-19 pandemic.

The procurement is part of the COVID-19 Emergency Response Project (ICERP), a collaboration between WHO

and the Ministry of Health and Medical Education initiated on 16 June 2020 and funded at US \$50 million in an effort to support the country's health care system in diagnosing and treating patients with COVID-19.



The portable ultrasound devices undergo quality control at the warehouse of the supplier's local agent. ©WHO/Islamic Republic of Iran

"We are facing even more risks in winter and urgently need more resources and more projects like ICERP to support the Ministry to scale up hospital and laboratory capacities serving all people in Islamic Republic of Iran, in parallel with all preventive measures and work towards a vaccine," said Dr Christoph Hamelmann, WHO Representative in Islamic Republic of Iran.

By its closing date on 31 May 2021, the project is planned to procure and deliver a total of 316 medical devices, including CT scanners, ultrasound machines, portable digital x-ray machines, as well as 135 diagnostic laboratory devices and their consumables. The devices are being distributed to 136 public hospitals and 43 laboratories across the country caring for COVID-19 patients.

The Ministry confirmed the country's first 2 cases of COVID-19 on 19 February 2020 in the city of Qom situated near the capital Tehran. Since then, 1 280 438 laboratory confirmed COVID-19 cases were reported and 54 100 COVID-19 related deaths as of 9 January 2021. At the recent highest peak on 27 November, a total of 5860 patients were hospitalized in intensive care units, posing serious challenges for all hospitals and health care workers throughout the country.

To guide the response, WHO monitors the COVID-19 situation on a daily basis and prepares a comprehensive report which includes daily and cumulative figures, risk status for Islamic Republic of Iran's provincial capitals, updates on the imposed national and international travel restrictions, and useful links. The report archive can be accessed [here](#).

Public health response and coordination highlights

During the United Nations (UN) Crisis Management Team (CMT) meeting on 15 January 2021, WHO provided an overview of the SARS-CoV-2 Variants, noting that viruses constantly change through mutation, and the emergence of new variants is an expected occurrence. Given the transmissibility of the new variants, WHO stressed the continued, and even increased, importance of maintaining the public health and social measures taking by countries even as vaccines are being introduced.

WHO also provided an overview on the current state of COVID-19 vaccinations around the world, noting that some countries have already covered their high risk population while many other countries in the world has not yet started vaccinating; citing equity in access problems.

WHO indicated that the COVAX facility aims to deliver 2 billion doses of vaccines in 2021 and is expediting regulatory review of promising vaccines.

WHO also noted the substantial progress in country readiness for vaccinations, with thanks to partners including DCO, the World Bank and UNICEF.

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

4 781 756
Course
enrollments

43 languages

Over 2.5 million certificates

150 COVID-19 courses

Partnerships

The Global Outbreak Alert and Response Network - GOARN

GOARN partner institutions continue to provide technical support across all health operation pillars, particularly epidemiology and surveillance, laboratory, clinical management, infection prevention and control, data management, and risk communication and community engagement (RCCE).

From the start of the pandemic until mid-January 2021, nearly 700 individual offers of support have been received from 65 institutions in support to GOARN requests for assistance for COVID-19 response. **144 deployments have been conducted to date.** Due to logistical challenges and travel restrictions many of these deployments are conducted on a remote support basis.

Go.Data – field data collection, contact tracing

WHO and GOARN partners are supporting over **60 projects worldwide** to implement Go.Data, including virtual trainings and briefings, providing direct user support and technical support for local responders for epidemiology, training, analytics, reporting, interoperability, and technology.

To further scale up support WHO and GOARN partners are focusing on country-specific Go.Data rollouts for 2021. Additional on-site missions are being planned and will take place in the coming months.

GOARN Training

- GOARN is collaborating with Robert Koch Institute in Germany, Public Health Agency of Canada and other key training partners across the Network for rolling out the next phase of the GOARN Leadership Training Programme which targets over 140 individuals working in leadership capacities across GOARN partners for COVID-19 response worldwide. The next phase includes a Leadership Seminar with the entire cohort of programme participants and roll-out of 6 new virtual training workshop modules designed to address the participants priority leadership and crisis-management needs, taking place between January-July 2021.
- GOARN in partnership with TEPHINET and US CDC are undertaking arrangements for a series of virtual training workshops on *Orientation to International Outbreak Response with GOARN/WHO* for TEPHINET alumni from around the world. These workshops will take place over January and February, with supporting faculty from regional Field Epidemiological Training Programmes (FETPs).

GOARN Risk Communication and Community engagement

The updated global RCCE strategy was published in collaboration with UNICEF, WHO, IFRC, GOARN and a wide range of collective service partners recognizing the evolved state of the pandemic, the central role of communities in stopping transmission and the need for a collaborative global response.

GOARN continues to support the RCCE collective service coordination with a focus on stronger partner engagement in the roll out of the strategy and ensuring that RCCE principles are integrated across the pillars of response.

For further information on GOARN RCCE click [here](#)



Infodemic management



COVID-19 **Global Risk Communication** **and Community Engagement** **Strategy**

December 2020 — May 2021

Interim Guidance
23 December 2020



With an unprecedented need to elevate the role risk communication and community engagement (RCCE) plays in breaking the chains of transmission and mitigating the impact of the COVID-19 pandemic, WHO, IFRC, GOARN, and UNICEF have updated and published a revised COVID-19 Global Risk Communication and Community Engagement Strategy (December 2020-May 2021) to support Member States and partners.

Until biomedical tools such as vaccines or treatments are developed and widely available, people's behaviours and their willingness to follow public health and social measures remain the most powerful tools to stop the spread of the virus.

The updated strategy is underpinned by a socio-behavioural trends analysis and builds on the learnings from the response to-date. The strategy moves from directive one-way communication toward the community engagement and participatory approaches that have been proven to help control and eliminate outbreaks in the past.

The overarching goal of the strategy: That people-centred and community-led approaches are championed widely – resulting in increased trust and social cohesion, and ultimately a reduction in the negative impacts of COVID-19.

For further information on the updated COVID-19 Global Risk Communication and Community Engagement Strategy – interim guidance, click [here](#)

COVID-19 Partners platform

WHO provides leadership in vaccine rollout

WHO is supporting countries to prepare for COVID-19 vaccine introduction. The COVID-19 Partners provides an established and secure online space for countries to upload their National Deployment and Vaccination Plans (NDVPs) and request resources, for regional review committees to review the NDVPs and for all vaccine stakeholders to view resources, and for countries to request technical and financial support

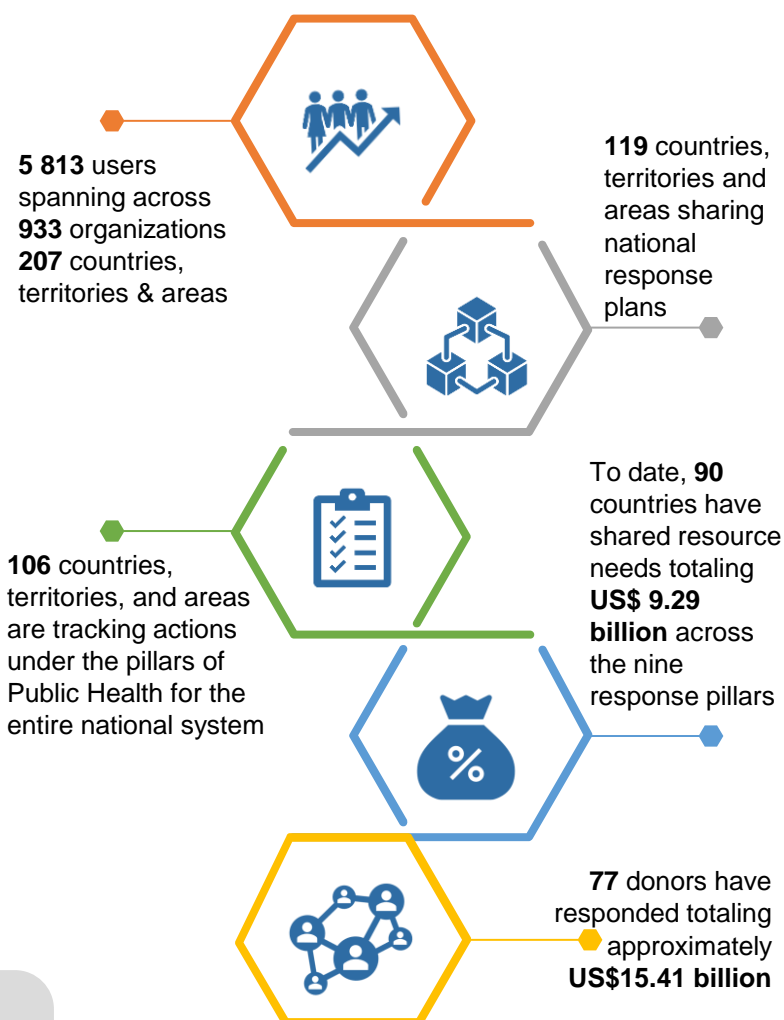
Country Readiness and Delivery: COVID-19 Vaccine Introduction

This week WHO is beginning a step-wise launch on the COVID-19 Partners Platform of Pillar 10 on COVID-19 Vaccine Deployment Readiness.

Pillar 10 is a new Pillar in the updated COVID-19 Strategic Planning and Response Plan (SPRP) for 2021. The first functionality that country administrators will have in the Pillar 10 space will be uploading the NDVP onto the Platform. [The WHO Country Readiness and Delivery workstream developed guidance on developing a national and deployment vaccination plan](#) to support countries in developing their NDVP. Government officials are responsible for validating the NDVP.

Regional review committees will be reviewing the plans to ensure they meet the minimum criteria needed for vaccine allocation, preparedness for vaccination, and monitoring of vaccine implementation.

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





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 15 January 2021

Shipped items as of 15 Jan 2021	Laboratory supplies			Personal protective equipment					
Region	Antigen RDTs	Sample collection kits	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	325 400	3 068 465	1 815 878	1 417 810	8 305 521	165 810	1 535 679	53 077 950	2 595 630
Americas (AMR)	4 975 050	1 426 902	10 514 748	3 333 200	4 696 000	322 940	1 613 020	55 136 330	7 669 760
Eastern Mediterranean (EMR)	740 300	869 560	1 326 920	914 985	5 613 000	174 480	799 322	26 317 550	1 502 095
Europe (EUR)	168 000	320 650	511 870	1 715 300	9 213 100	386 380	1 349 048	39 215 500	5 299 150
South East Asia (SEAR)	200 000	2 605 850	2 240 200	371 836	2 215 500	86 510	556 000	6 940 500	604 495
Western Pacific (WPR)		213 800	338 984	761 700	1 770 000	310 807	427 210	13 798 150	2 051 035
TOTAL	6 408 750	8 505 227	16 748 600	8 514 831	31 723 212	1 446 927	6 280 279	194 485 980	19 732 165

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



Appeals

As of 15 January 2021

*WHO appreciates and thanks donors for the support already provided or pledged and encourages donors to **give fully flexible funding for the SPRP** 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.*

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](#)

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 15 January 2021, [The Solidarity Response Fund](#) has raised or committed more than US\$ 240 million.

From the Fund's March 13, 2020 launch through today leading companies and organizations and more than 657,000 individuals together contributed more than US\$651 million in fully flexible funding to support the WHO-led global response effort

More than US\$ 240 Million



657 000 donors

[individuals – companies – philanthropies]

The WHO Contingency Fund for Emergency (CFE)

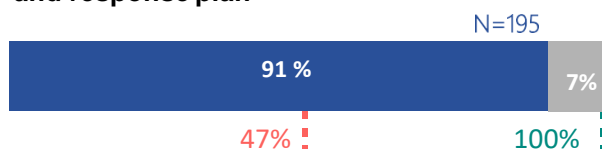
WHO's Contingency Fund for Emergencies (CFE) provided \$8.9 million for COVID-19 preparedness and response worldwide at the very onset of the outbreak when no other funding was available.

US\$ 8.9 Million released

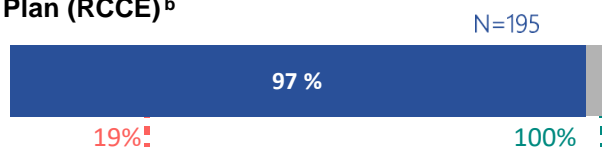
The WHO Contingency Fund for Emergencies 2019 Annual Report was published on 7 August. WHO is grateful to all donors who contributed to the fund allowing us to respond swiftly and effectively to emerging crises including COVID-19. Full report is available [here](#).

COVID-19 Global Preparedness and Response Summary Indicators ^a

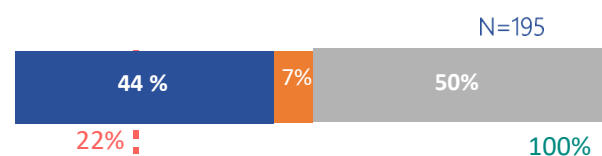
Countries have a COVID-19 preparedness and response plan



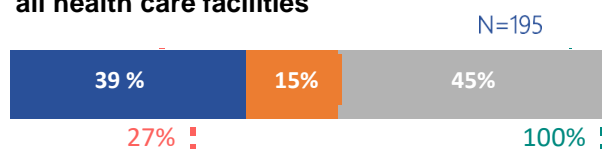
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE) ^b



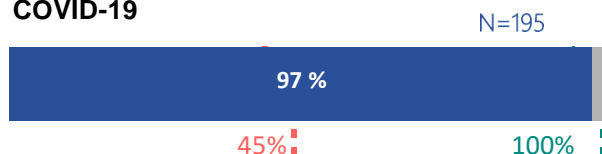
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities



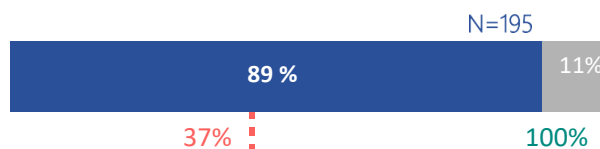
Countries with a national IPC programme & WASH standards within all health care facilities



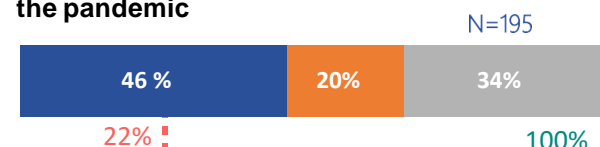
Countries have a functional multi-sectoral, multi-partner coordination mechanism for COVID-19



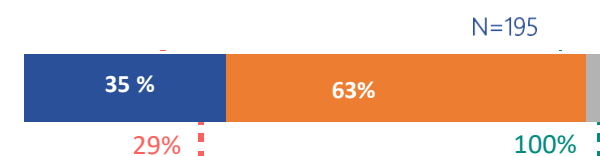
Countries have a clinical referral system in place to care for COVID-19 cases



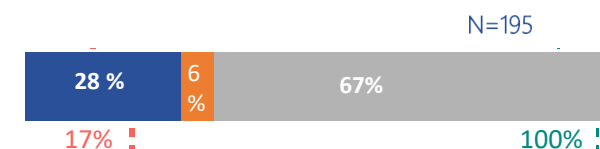
Countries that have defined essential health services to be maintained during the pandemic



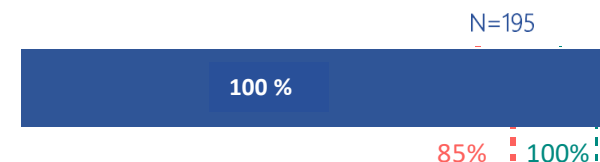
Countries in which all designated Points of Entry (PoE) have emergency contingency plans



Countries have a health occupational safety plan for health care workers



Countries have COVID-19 laboratory testing capacity



Legend



Yes



No



No information



Baseline value



Target value

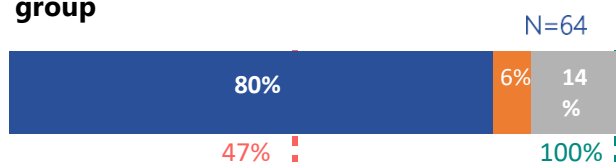
Notes:

^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

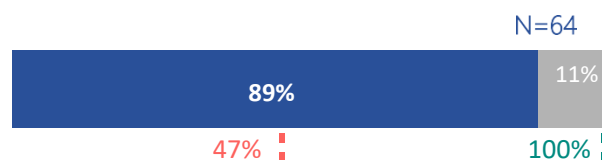
COVID-19 Global Preparedness and Response Summary Indicators

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



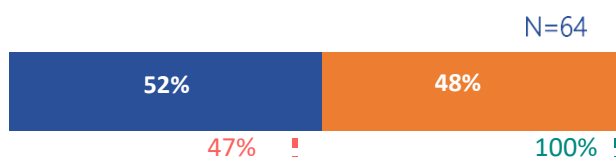
Priority countries that have postponed at least 1 vaccination campaign due to COVID-19^c



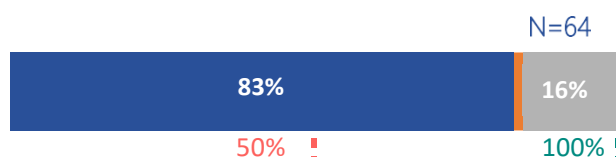
Priority countries with a contact tracing focal point



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:

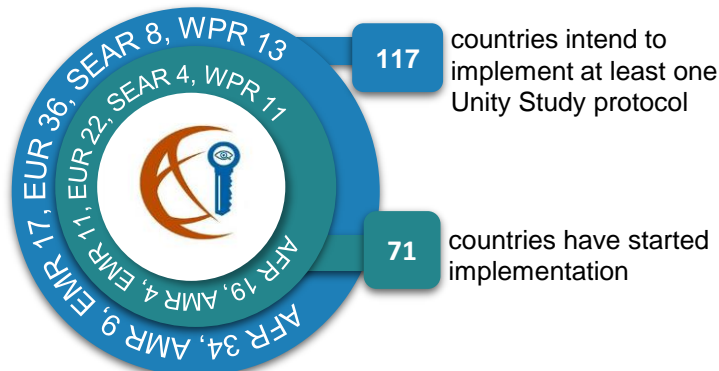
^c Source: WHO Immunization Repository

The Unity Studies: WHO Early Investigations Protocols

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.

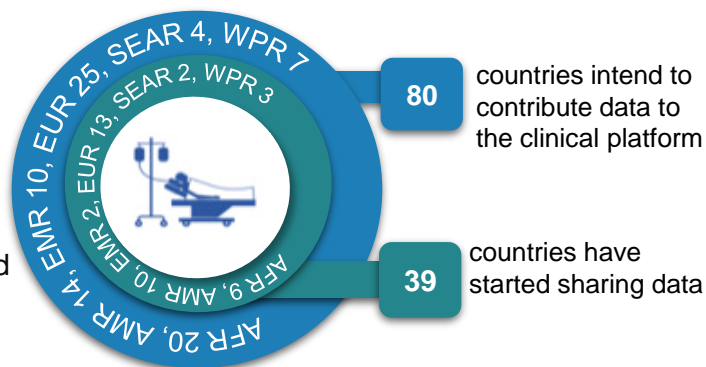
The Unity standard framework is an invaluable tool for research equity. It promotes the use of standardized study designs and laboratory assays



Global COVID-19 Clinical Data Platform

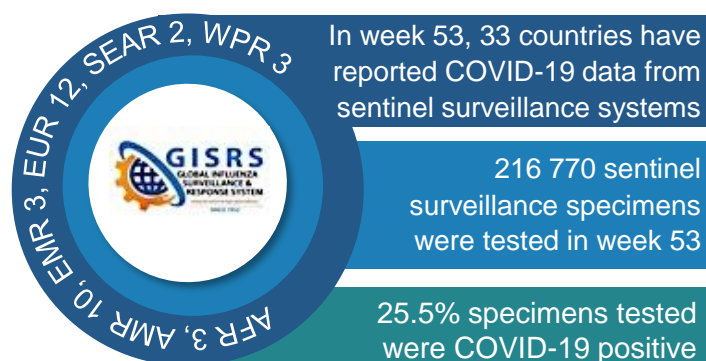
Global understanding of the severity, clinical features and prognostic factors of COVID-19 in different settings and populations remains incomplete.

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 16 December 2020, click [here](#)
- ❑ For updated WHO Publications and Technical Guidance on COVID-19, click [here](#)
- ❑ For updated GOARN network activities, click [here](#)
- ❑ Updated COVID-19 Table top Exercise packages are now available online to better reflect the current situation as well as align it to the latest WHO guidance. The updated exercises include:
 - Generic table top exercise
 - Health Facility & IPC table top exercise
 - A Point of Entry (POE) table top exercise
 - Target population, supply chain and community engagement & communications table top exercise
 - The regulatory and safety issues table top exercise

All COVID-19 simulation exercises can be found [here](#)

COVID-19 Weekly Epidemiological Update

Data as received by WHO from national authorities, as of 10 January 2021, 10 am CET

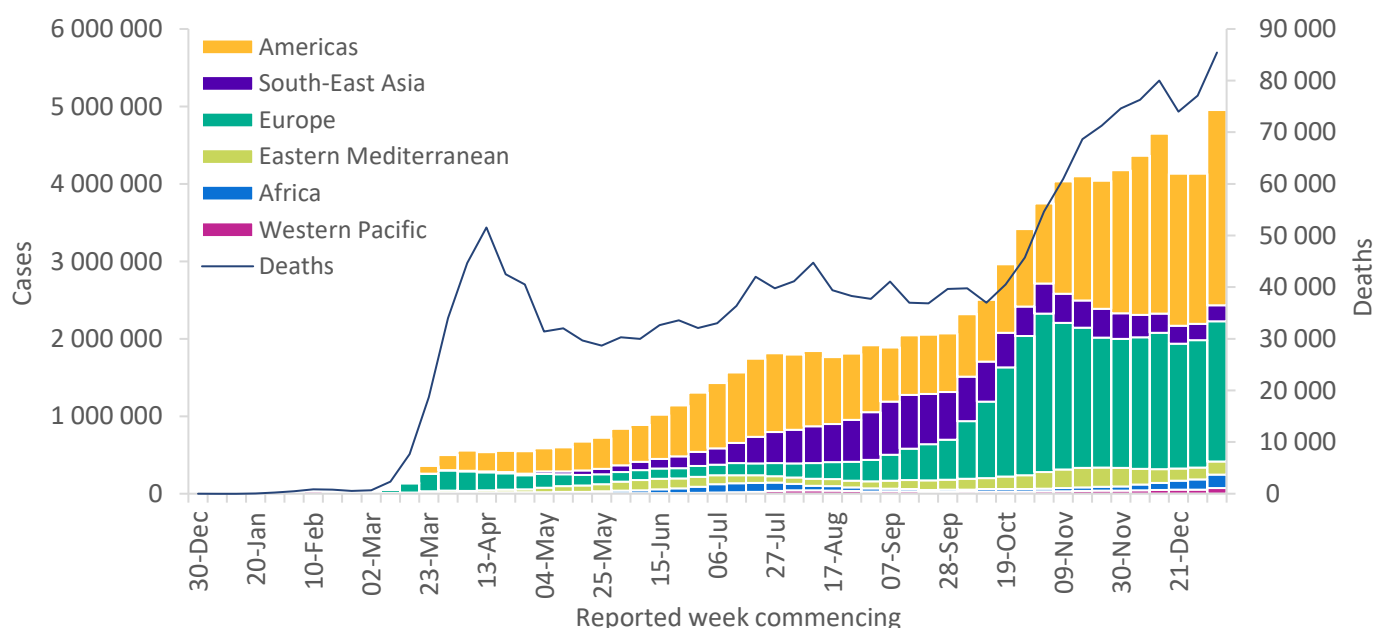
For the latest data and information on COVID-19, please see:

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

Global epidemiological situation

Following two weeks of low reporting, likely due to the year-end holiday period, the overall upward trend seen in earlier weeks has resumed, with just under 5 million new cases reported last week globally. The number of new deaths has also shown a similar trend, with over 85 000 reported last week, an 11% increase (Figure 1, Table 1). All regions apart from South-East Asia showed an increase in new cases, with the Western Pacific, Africa and the Americas reporting increases of over 30%. The Region of the Americas accounted for 51% of all new cases and 45% of all new deaths globally in the past week. The European Region had a lower increase in new cases (10%), however still accounts for over a third of new cases globally. In South-East Asia, the decline in new cases and new deaths seen since the end of November 2020 continues. Although the Eastern Mediterranean Region is showing an 11% increase in new cases, new deaths have fallen by 9%, continuing a downward trend since a peak in mid-November. The African Region reported 175 000 new cases and 4300 new deaths, an increase of over 30% in new cases and new deaths, far exceeding previous peaks in July 2020. The Western Pacific also reported an increase of more than 30% in new cases, while the number of new deaths also rose by 14%.

Figure 1: COVID-19 cases reported weekly by WHO Region, and global deaths, as of 10 January 2021**



In the past week, the five countries reporting the highest number of cases were the United States of America (with 1 786 773 cases, a 35% increase), the United Kingdom of Great Britain and Northern Ireland (417 620 cases, a 22% increase), Brazil (313 130 cases, a 24% increase), the Russian Federation (165 167 cases, continuing last week's decrease with an 12% decrease) and Germany (142 861 cases, reversing last week's decrease with a 15% 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](#).

Please note: New cases and deaths will be reported per 100 000 population instead of per 1 million population, starting from this report.

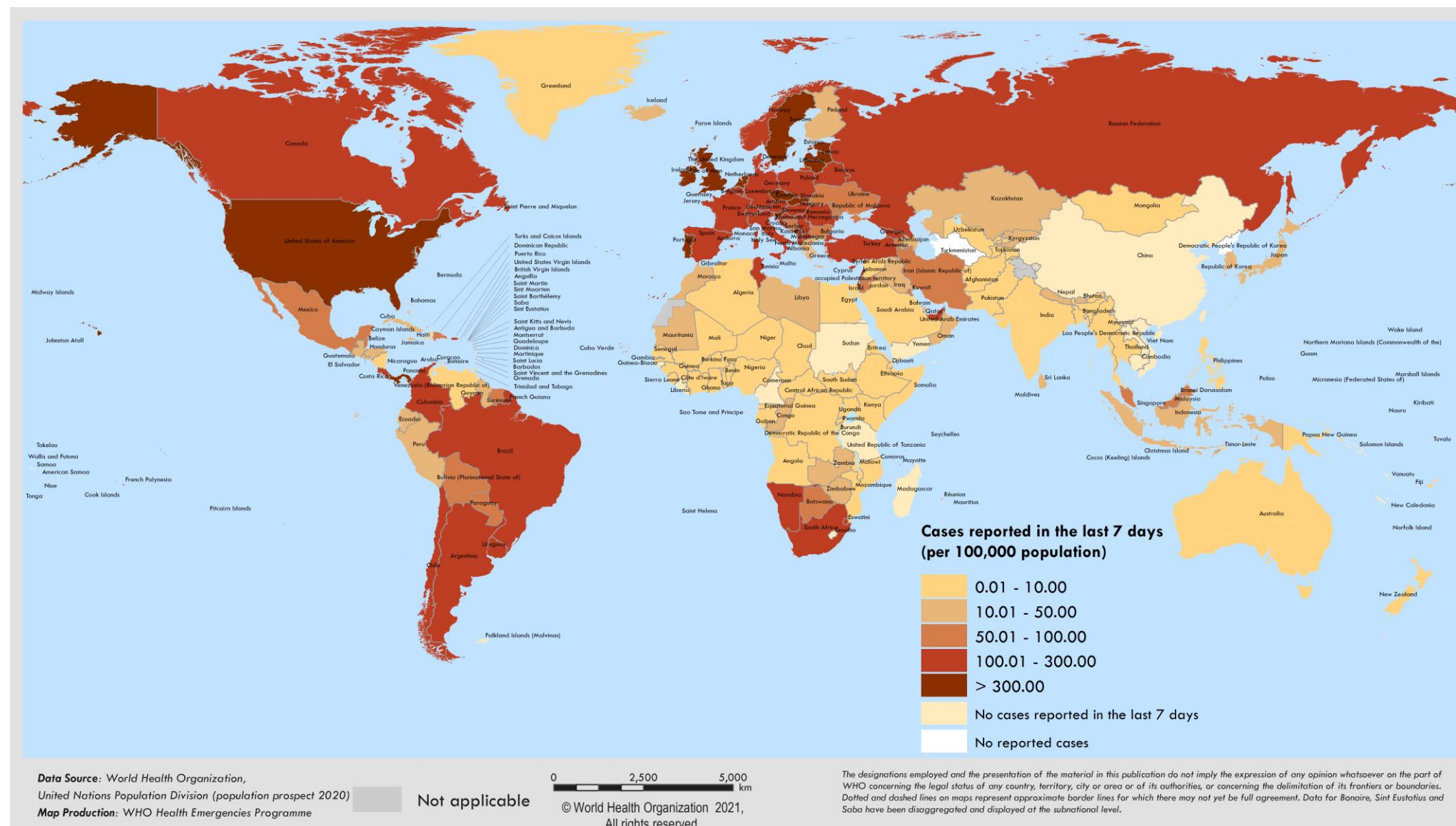
Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 10 January 2021**

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	2 522 297 (51%)	30%	38 861 668 (44%)	38 183 (45%)	18%	910 741 (47%)
Europe	1 806 928 (36%)	10%	28 797 583 (33%)	36 041 (42%)	6%	626 804 (33%)
South-East Asia	206 670 (4%)	-1%	12 257 684 (14%)	3 293 (4%)	-12%	187 786 (10%)
Eastern Mediterranean	171 280 (3%)	11%	5 149 132 (6%)	2 775 (3%)	-9%	124 836 (7%)
Africa	174 644 (4%)	34%	2 135 878 (2%)	4 313 (5%)	31%	47 905 (2%)
Western Pacific	71 939 (1%)	36%	1 184 662 (1%)	831 (1%)	14%	21 119 (1%)
Global	4 953 758 (100%)	20%	88 387 352 (100%)	85 436 (100%)	11%	1 919 204 (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, 4 January through 10 January 2021**



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

SARS-CoV-2 Variants of concern

Since the start of the COVID-19 pandemic, WHO has received several reports of public health events associated with variants of SARS-CoV-2. When considered to potentially have different epidemiological, immunological or pathogenic properties, variants are reported to WHO and raised for further investigation by national authorities. Further background on variants of concern (VOC) is available in [Disease Outbreak News](#) and the [Weekly Epidemiological Update](#) published 5 January. In collaboration with local authorities, institutions and researchers, WHO routinely assesses if variants of SARS-CoV-2 result in changes in transmissibility, clinical presentation and severity, or if they may impact on countermeasures, including diagnostics, therapeutics and vaccines. While investigations are ongoing, in the following update, we highlight the geographical extent of two variants – VOC 202012/01 (initially identified in the United Kingdom) and 501Y.V2 (initially identified in South Africa) – reported by countries, territories and areas as of 12 January 2021, as well as highlight recent reports of other new variants of potential concern.

Since first detected on 14 December 2020, VOC 202012/01 has been detected in 50 countries, territories and areas across five of the six WHO regions to date (Figure 3). In England, the variant has been detected in all regions and almost all local authorities. Here, investigations are using a proxy S gene target failure (SGTF) to indicate carriage of the VOC, as only a small proportion of these variants is detected using whole genome sequencing, which lags approximately two weeks behind the initial test date. Results show that the age and sex distribution of VOC 202012/01, as determined by SGTF, is similar that of other variants in circulation over the same period. Analyses using contact tracing data showed higher transmissibility (secondary attack rates) where the index case has the variant strain, from around 11% to 15% of named contacts.

Since first reported on 18 December 2020, variant 501Y.V2 has been detected in 20 countries, territories and areas across four of the six WHO regions (Figure 4). From preliminary and ongoing investigations in South Africa, it is possible that the 501Y.V2 variant is more transmissible than variants circulating in South Africa previously. Moreover, while this new variant does not appear to cause more severe illness, the observed rapid increases in case numbers has placed health systems under pressure.

On 9 January, Japan notified WHO of a new SARS-CoV-2 variant within lineage B.1.1.28 (initially reported as B.1.1.248) detected in four travelers arriving from Brazil. This variant has 12 mutations to the spike protein, including three mutations of concern in common with VOC 202012/01 and 501Y.V2, i.e.: K417N/T, E484K and N501Y, which may impact transmissibility and host immune response. Researchers in Brazil have additionally reported the emergence of a similar variant also with a E484K mutation, which has likely evolved independently of the variant detected among Japanese travelers. The extent and public health significance of these new variants require further investigation.

It is well known that viruses constantly change through mutation, and so the emergence of new variants is an expected occurrence. Many mutations have no impact on the virus itself while some could be detrimental to the virus and few may result in an advantage to the virus. These variants of concern identified in different countries highlight the importance of increasing diagnostic capacity and systematic sequencing of SARS-CoV-2 where capacity allows, as well as the timely sharing of sequence data internationally.

Systematic sequencing should be considered for a subset of incoming travellers, as well as community-based samples to ascertain the existence and extent of local transmission. The geographical extent of both VOC 202012/01 and 501Y.V2 reported above is likely underestimated given a bias toward countries/territories/areas detecting the variants with sequencing capacity, and where surveillance systems have been adapted to detect these new variants. Irrespective of sequencing capacity in countries, surveillance through established systems and regular epidemiology analyses should continue to inform adjustments to public health and social measures. Research is ongoing to determine the impact of new variants on transmission, disease severity as well as any potential impacts on vaccines, therapeutics and diagnostics. These efforts will require coordination of research between WHO, partners and groups of international scientists (WHO Virus Evolution Working Group).

Figure 3. Countries, territories and areas reporting SARS-CoV-2 202012/01 variant as of 12 January 2021

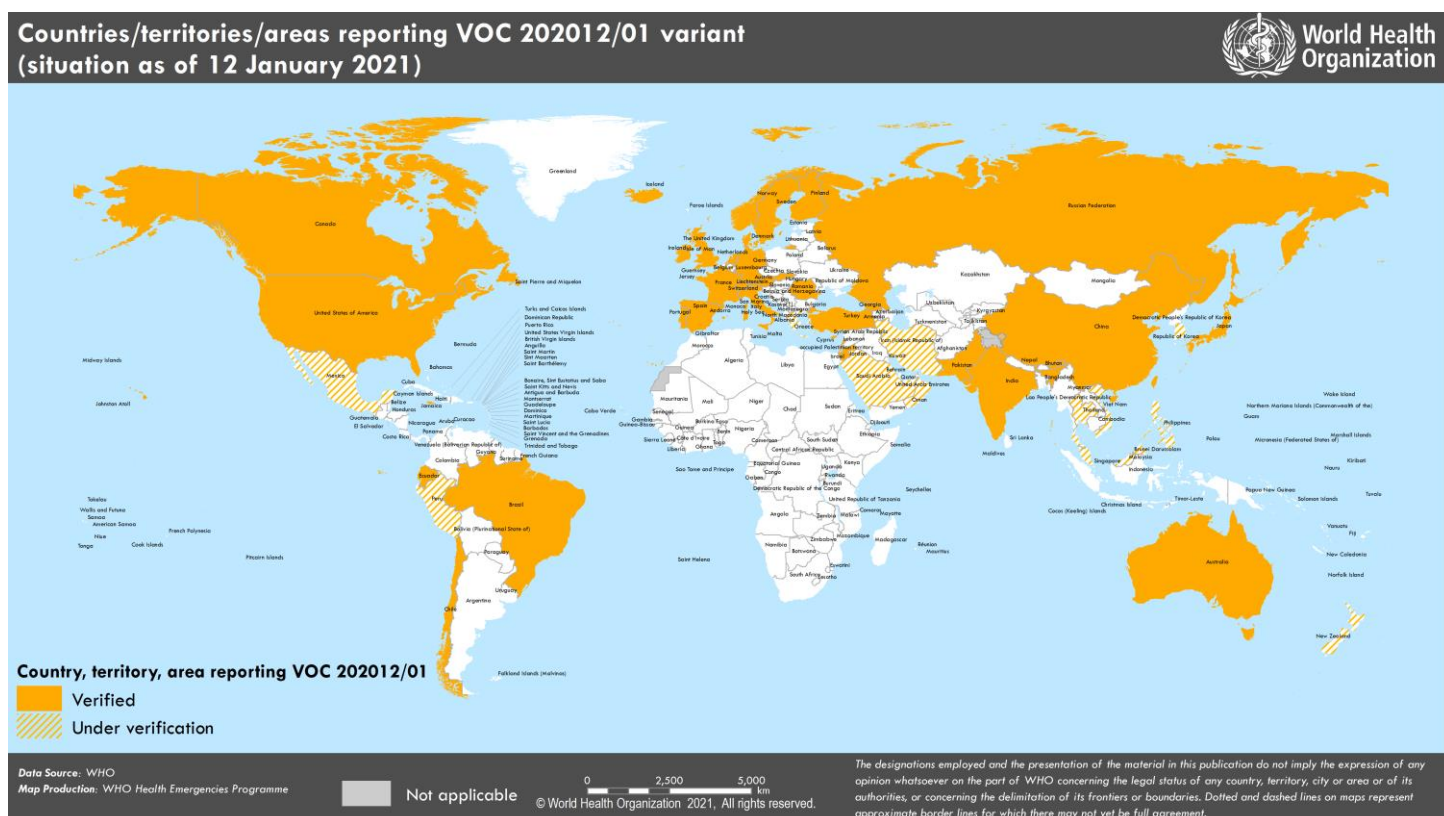
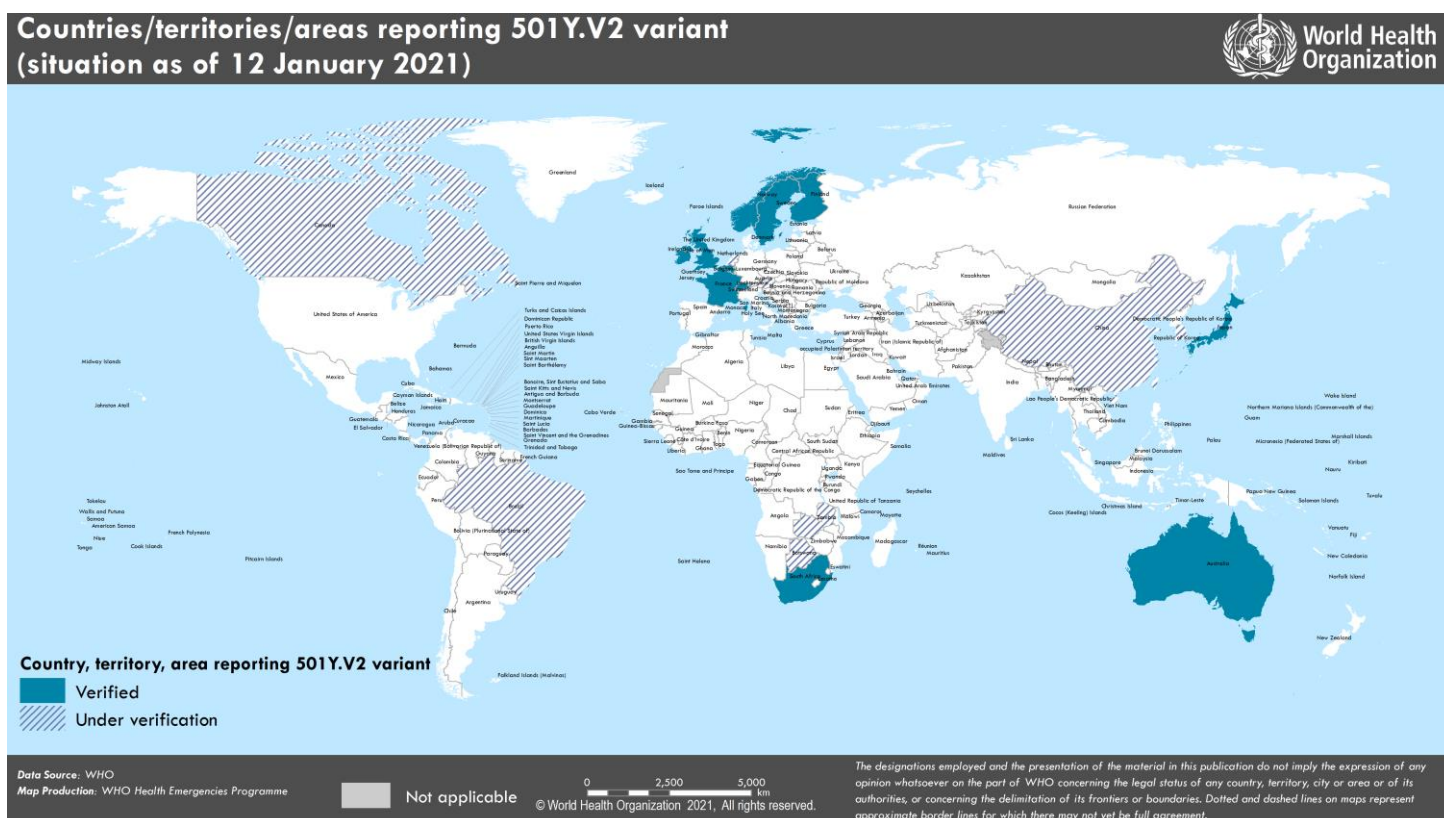


Figure 4. Countries, territories and areas reporting SARS-CoV-2 501Y.V2 variant as of 12 January 2021

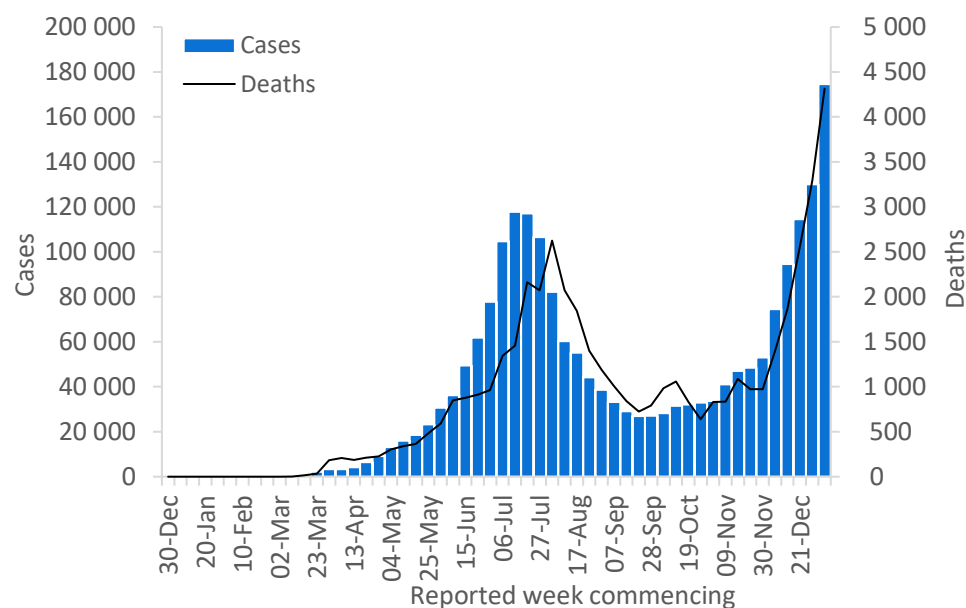


Situation by WHO Region

African Region

In the past week, the African Region reported the highest percentage increases in both cases and deaths compared to the previous week. Over 174 000 new cases and over 4300 deaths were reported, increases of 34% and 31% respectively. Cases in the Region have been increasing since mid-September 2020 but steeper increases have been observed since late November. The highest numbers of new cases were reported in South Africa (125 287 new cases; 211.2 new cases per 100 000 population; a 27% increase), Nigeria (8315 new cases; 4.0 new cases per 100 000; a 49% increase) and Zimbabwe (6008 new cases; 40.4 new cases per 100 000; a 293% increase).

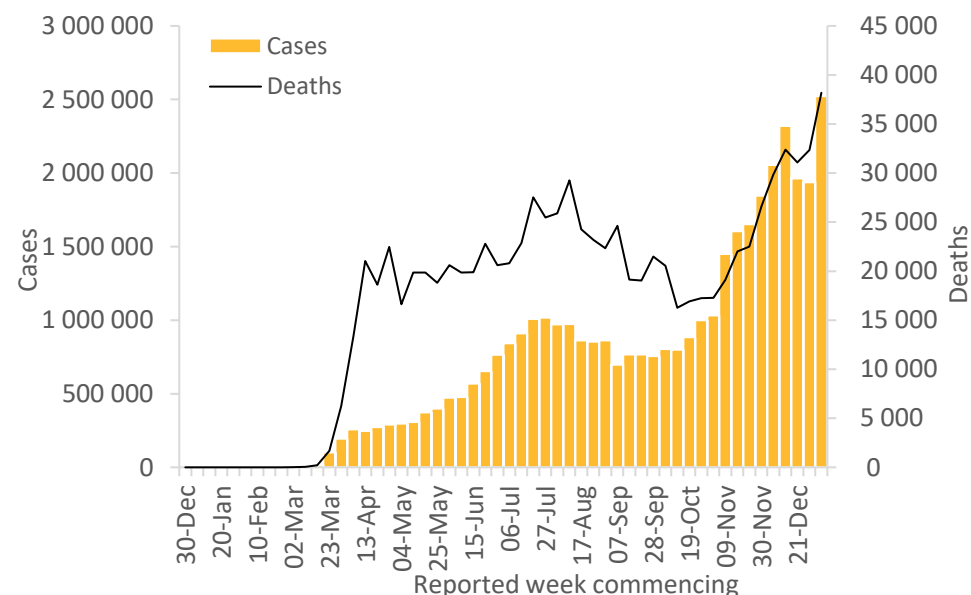
The countries reporting the highest number of new deaths in the past week were South Africa (3649 new deaths; 6.2 new deaths per 100 000; a 37% increase), Zimbabwe (106 new deaths; 0.7 new deaths per 100 000; a 194% increase) and Zambia (72 new deaths; 0.4 new deaths per 100 000; a 620% increase).



Region of the Americas

Over 2.5 million new cases and over 38 000 new deaths were reported in the Region of the Americas this week, a 30% and 18% increase respectively, compared to the previous week. The countries reporting the highest number of new cases in the past week were the United States of America (1 786 773 new cases; 539.8 new cases per 100 000 population; a 35% increase), Brazil (313 130 new cases; 147.3 new cases per 100 000; a 24% increase) and Colombia (100 688 new cases; 197.9 new cases per 100 000; a 26% increase).

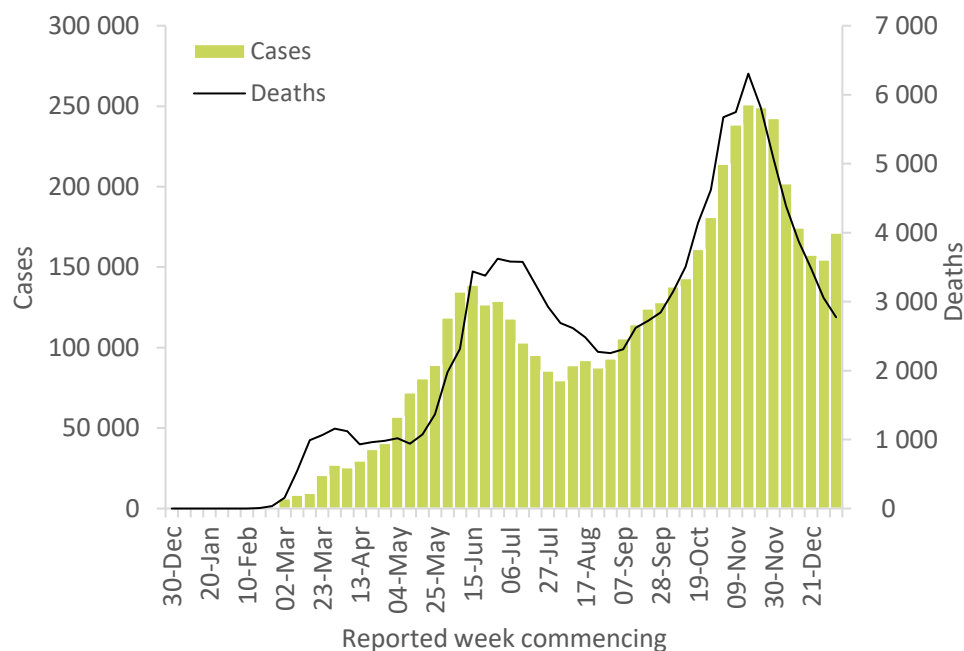
The highest number of new deaths this week were reported in the United States of America (20 633 new deaths; 6.2 new deaths per 100 000; a 20% increase), Brazil (6049 new deaths; 2.8 new deaths per 100 000; a 23% increase) and Mexico (5562 new deaths; 4.3 new deaths per 100 000; a 19% increase).



Eastern Mediterranean Region

In the past week, the Eastern Mediterranean Region reported over 171 000 new cases, an increase of 11% after a sustained decrease in cases from 23 November through the week of 28 December 2020. The new deaths continue to decrease for the seventh consecutive week with over 2700 new deaths (9% decrease) reported this week. The three countries reporting the highest number of new cases were Iran (42 964 new cases, 51.2 new cases per 100 000 population, a 1% increase), Lebanon (29 145 new cases, 427.0 new cases per 100 000, 72% increase) and United Arab Emirates (16 061 new cases, 162.4 new cases per 100 000, 49 % increase). These three countries accounted for almost half (52%) of the new weekly cases in the Region.

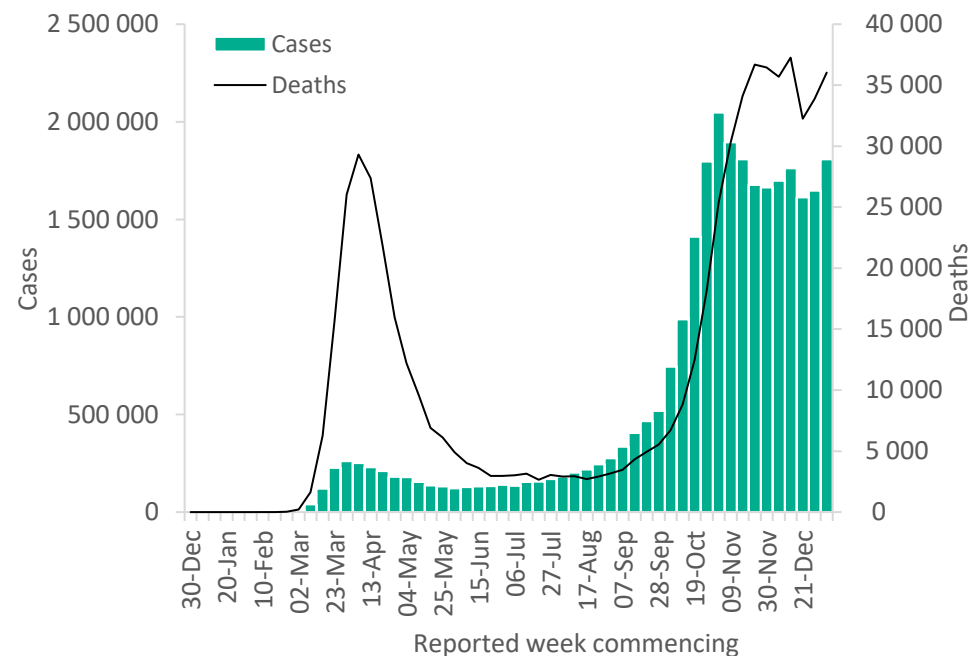
The highest number of new deaths were reported in Iran (662 new deaths, 0.8 new death per 100 000 population, 23% decrease) followed by Pakistan (340 new deaths, 0.2 new death per 100 000, 23% decrease) and Egypt (401 new deaths, 0.4 new death per 100 000, a 3 % increase). These countries accounted for almost 60% of deaths reported in the Region.



European Region

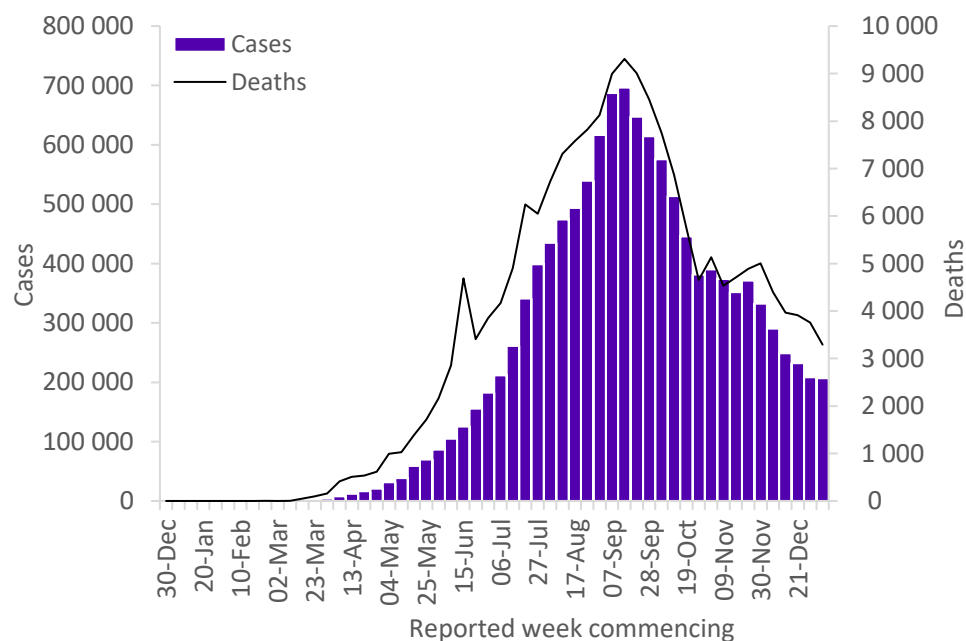
The European Region continues to report a substantial number of cases with over 1.8 million new cases and 36 000 new deaths, increases of 10% and 7% compared to the previous week, respectively. The three countries reporting the highest number of new cases remain the same as last week with United Kingdom (417 620 new cases; 615.2 new cases per 100 000, 21% increase), Russian Federation (165 167 new cases, 113.2 new cases per 100 000, 11% decrease) and Germany (142 861 new cases, 170.5 new cases per 100 000, 14% increase). These three countries accounted for almost 40% of all cases reported in the region with the United Kingdom accounting for 23% of all new cases.

The highest numbers of deaths were reported from the United Kingdom (6298 new deaths; 9.3 new deaths per 100 000, 51% increase), Germany (6071 new deaths; 7.2 new deaths per 100 000, 35% increase), and Italy (3409 new deaths; 5.6 new deaths per 100 000, a 1 % increase).



South-East Asia Region

The South-East Asia Region reported similar numbers of new cases and deaths, with an overall declining trend observed since early September 2020. Just over 200 000 new cases and 3200 new deaths were reported in the past week, a 1% and 12% decrease respectively, compared to the previous week. The three countries reporting the highest number of new cases and new deaths were India (126 319 new cases; 9.2 new cases per 100 000, a 7% decrease; 1564 new deaths; 0.1 new death per 100 000, a 14% decrease), Indonesia (59 913 new cases; 21.9 new cases per 100 000; a 16% increase; 1392 new deaths; 0.5 new death per 100 000, a 11% decrease) and Bangladesh (6198 new cases; 3.8 new cases per 100 000; a 13% decrease; 157 new deaths; 0.1 new death per 100 000; an 8% decrease). India has consistently reported the highest number of new cases and deaths cumulatively in the region since the end of the first week of April 2020.



Western Pacific Region

In the past week, the Western Pacific Region reported an increase in the number of new cases by 36% (over 71 000) and new deaths by 14% (over 800) compared to the previous week. An upward trend in new weekly cases has been reported since late October 2020. The three countries reporting the highest numbers of new cases this week were Japan (39 821 new cases; 31.5 new cases per 100 000, a 68% increase), Malaysia (16 186 new cases; 50.0 new cases per 100 000, a 20% increase) and the Philippines (8881 new cases; 8.1 new cases per 100 000, a 12% increase).

The three countries reporting the highest numbers of new deaths this week were Japan (448 new deaths; 0.4 new deaths per 100 000, a 34% increase), the Republic of Korea (163 new deaths; 0.3 new deaths per 100 000, a 6% increase) and the Philippines (145 new deaths; 0.1 new deaths per 100 000, a 22% decrease).

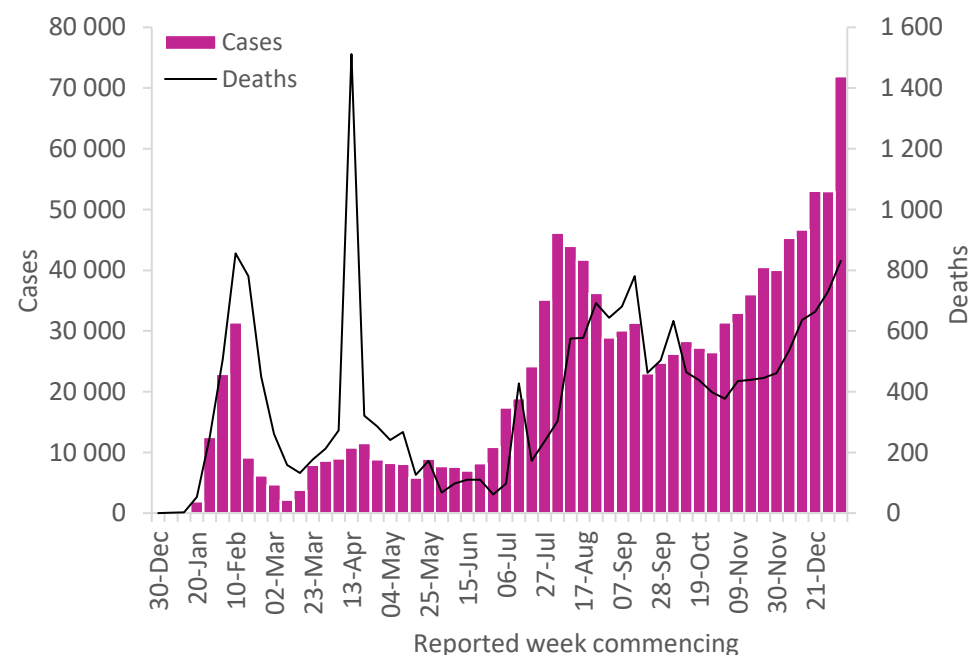


Table 2. COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories and areas, and WHO Region, as of 10 January 2021**

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
Africa	174 644	2 135 878	190.4	4 313	47 905	4.3	
South Africa	125 287	1 214 176	2 047.2	3 649	32 824	55.3	Community transmission
Nigeria	8 315	97 478	47.3	40	1 342	0.7	Community transmission
Zimbabwe	6 008	20 499	137.9	106	483	3.2	Community transmission
Zambia	5 337	26 567	144.5	72	464	2.5	Community transmission
Namibia	3 069	27 723	1 091.1	38	251	9.9	Community transmission
Ethiopia	2 743	127 792	111.2	41	1 985	1.7	Community transmission
Mozambique	2 393	21 361	68.3	19	187	0.6	Community transmission
Uganda	1 842	37 554	82.1	27	301	0.7	Community transmission
Algeria	1 754	101 913	232.4	34	2 803	6.4	Community transmission
Malawi	1 595	8 306	43.4	28	220	1.2	Community transmission
Kenya	1 506	98 184	182.6	19	1 704	3.2	Community transmission
Senegal	1 489	21 000	125.4	43	459	2.7	Community transmission
Eswatini	1 469	11 180	963.7	64	291	25.1	Community transmission
Botswana	1 246	16 051	682.5	6	48	2.0	Community transmission
Democratic Republic of the Congo	1 119	18 967	21.2	19	610	0.7	Community transmission
Côte d'Ivoire	1 004	23 254	88.2	1	138	0.5	Community transmission
Congo	960	7 160	129.8	0	100	1.8	Community transmission
Burkina Faso	926	7 866	37.6	3	89	0.4	Community transmission
Rwanda	894	9 461	73.0	20	118	0.9	Clusters of cases
Mauritania	850	15 214	327.2	31	378	8.1	Community transmission
Ghana	708	55 772	179.5	1	336	1.1	Community transmission
Angola	548	18 156	55.2	9	416	1.3	Community transmission
Cabo Verde	354	12 237	2 201.0	1	114	20.5	Community transmission
Chad	341	2 510	15.3	3	107	0.7	Community transmission
Mali	339	7 565	37.4	19	295	1.5	Community transmission
Comoros	286	1 150	132.2	5	18	2.1	Community transmission
Togo	249	3 932	47.5	4	72	0.9	Community transmission

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
Sierra Leone	243	2 803	35.1	1	77	1.0	Community transmission
Eritrea	236	1 556	43.9	3	6	0.2	Sporadic cases
Seychelles	218	502	510.4	1	1	1.0	Sporadic cases
Burundi	153	986	8.3	0	2	0.0	Community transmission
Gabon	123	9 694	435.5	2	66	3.0	Community transmission
Guinea	120	13 904	105.9	0	81	0.6	Community transmission
Niger	114	3 322	13.7	2	104	0.4	Community transmission
South Sudan	82	3 640	32.5	0	63	0.6	Community transmission
Gambia	55	3 857	159.6	1	125	5.2	Community transmission
Benin	53	3 304	27.3	0	44	0.4	Community transmission
Sao Tome and Principe	30	1 054	480.9	0	17	7.8	Community transmission
Equatorial Guinea	12	5 289	377.0	0	86	6.1	Community transmission
Mauritius	12	539	42.4	0	10	0.8	Clusters of cases
Central African Republic	10	4 973	103.0	0	63	1.3	Community transmission
Cameroon	0	26 848	101.1	0	448	1.7	Community transmission
Guinea-Bissau	0	2 447	124.3	0	45	2.3	Community transmission
Lesotho	0	2 577	120.3	0	50	2.3	Community transmission
Liberia	0	1 800	35.6	0	83	1.6	Community transmission
Madagascar	0	17 767	64.2	0	262	0.9	Community transmission
United Republic of Tanzania	0	509	0.9	0	21	0.0	Community transmission
Territoriesⁱⁱⁱ							
Mayotte	342	6 232	2 284.3	1	56	20.5	Clusters of cases
Réunion	210	9 247	1 032.8	0	42	4.7	Clusters of cases
Americas	2 522 297	38 861 668	3 799.6	38 183	910 741	89.0	
United States of America	1 786 773	21 761 186	6 574.3	20 633	365 886	110.5	Community transmission
Brazil	313 130	8 013 708	3 770.1	6 049	201 460	94.8	Community transmission
Colombia	100 688	1 755 568	3 450.2	1 936	45 431	89.3	Community transmission
Argentina	73 758	1 703 352	3 768.8	954	44 273	98.0	Community transmission

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
Mexico	70 746	1 507 931	1 169.5	5 562	132 069	102.4	Community transmission
Canada	56 071	644 348	1 707.2	966	16 707	44.3	Community transmission
Panama	23 304	273 037	6 328.0	299	4 363	101.1	Community transmission
Chile	21 840	637 742	3 336.1	313	17 037	89.1	Community transmission
Peru	12 272	1 029 471	3 122.3	421	38 145	115.7	Community transmission
Bolivia (Plurinational State of)	9 099	171 154	1 466.2	142	9 328	79.9	Community transmission
Dominican Republic	7 679	180 644	1 665.2	8	2 424	22.3	Community transmission
Costa Rica	7 023	177 614	3 486.6	112	2 305	45.2	Community transmission
Ecuador	5 836	220 349	1 248.9	118	14 177	80.4	Community transmission
Paraguay	5 645	113 994	1 598.2	110	2 372	33.3	Community transmission
Guatemala	4 811	143 127	798.9	172	4 999	27.9	Community transmission
Uruguay	4 586	24 339	700.7	47	240	6.9	Community transmission
Honduras	3 422	126 396	1 276.1	106	3 266	33.0	Community transmission
El Salvador	2 332	48 574	748.9	57	1 408	21.7	Community transmission
Venezuela (Bolivarian Republic of)	2 105	115 667	406.8	28	1 056	3.7	Community transmission
Cuba	1 963	14 188	125.3	2	148	1.3	Clusters of cases
Suriname	577	6 854	1 168.4	8	131	22.3	Clusters of cases
Jamaica	524	13 455	454.4	8	311	10.5	Community transmission
Barbados	413	808	281.2	0	7	2.4	Clusters of cases
Belize	395	11 202	2 817.2	22	271	68.2	Community transmission
Haiti	164	10 241	89.8	1	237	2.1	Community transmission
Guyana	118	6 469	822.5	3	167	21.2	Clusters of cases
Saint Vincent and the Grenadines	82	204	183.9	0	0	0.0	Sporadic cases
Bahamas	70	7 969	2 026.5	4	175	44.5	Clusters of cases
Trinidad and Tobago	61	7 219	515.8	0	127	9.1	Community transmission
Saint Lucia	42	395	215.1	0	5	2.7	Sporadic cases
Nicaragua	38	4 867	73.5	1	166	2.5	Community transmission
Antigua and Barbuda	10	169	172.6	0	5	5.1	Sporadic cases
Dominica	10	106	147.2	0	0	0.0	Clusters of cases

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
Grenada	5	135	120.0	0	1	0.9	Sporadic cases
Saint Kitts and Nevis	1	34	63.9	0	0	0.0	Sporadic cases
Territoriesⁱⁱⁱ							
Puerto Rico	4 698	82 630	2 888.3	90	1 616	56.5	Community transmission
French Guiana	840	14 113	4 725.1	3	74	24.8	Community transmission
Aruba	441	5 883	5 510.2	1	50	46.8	Community transmission
Curaçao	175	4 405	2 684.5	4	18	11.0	Community transmission
United States Virgin Islands	107	2 143	2 052.2	1	24	23.0	Community transmission
Sint Maarten	97	1 531	3 570.3	0	27	63.0	Community transmission
Bonaire	89	254	1 214.4	0	3	14.3	Sporadic cases
Guadeloupe	82	8 702	2 174.8	0	155	38.7	Community transmission
Turks and Caicos Islands	57	965	2 492.4	0	6	15.5	Clusters of cases
Bermuda	42	646	1 037.4	2	12	19.3	Clusters of cases
Martinique	26	6 117	1 630.0	0	43	11.5	Community transmission
British Virgin Islands	21	114	377.0	0	1	3.3	Clusters of cases
Cayman Islands	21	359	546.3	0	2	3.0	Sporadic cases
Saint Martin	7	1 002	2 591.9	0	12	31.0	Community transmission
Saint Barthélemy	1	191	1 932.2	0	0	0.0	Sporadic cases
Anguilla	0	15	100.0	0	0	0.0	Sporadic cases
Falkland Islands (Malvinas)	0	29	832.6	0	0	0.0	No cases
Montserrat	0	13	260.1	0	1	20.0	No cases
Saba	0	5	258.7	0	0	0.0	No cases
Saint Pierre and Miquelon	0	16	276.1	0	0	0.0	Sporadic cases
Sint Eustatius	0	19	605.3	0	0	0.0	Sporadic cases
Eastern Mediterranean	171 280	5 149 132	704.6	2 775	124 836	17.1	
Iran (Islamic Republic of)	42 964	1 280 438	1 524.5	662	56 100	66.8	Community transmission
Lebanon	29 145	215 553	3 158.1	114	1 590	23.3	Community transmission
United Arab Emirates	16 061	227 702	2 302.3	28	702	7.1	Community transmission

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
Tunisia	15 535	157 514	1 332.8	388	5 153	43.6	Community transmission
Pakistan	15 155	499 517	226.1	340	10 598	4.8	Clusters of cases
Morocco	9 496	451 637	1 223.6	257	7 709	20.9	Clusters of cases
Jordan	9 291	305 959	2 998.7	132	4 009	39.3	Community transmission
Egypt	7 921	148 799	145.4	401	8 142	8.0	Clusters of cases
Iraq	5 298	602 331	1 497.5	52	12 881	32.0	Community transmission
Libya	3 258	104 002	1 513.6	81	1 568	22.8	Community transmission
Kuwait	2 826	153 900	3 603.7	5	942	22.1	Community transmission
Bahrain	2 133	95 317	5 601.7	3	355	20.9	Clusters of cases
Qatar	1 432	145 672	5 056.2	1	246	8.5	Community transmission
Oman	1 203	130 070	2 547.1	6	1 505	29.5	Community transmission
Afghanistan	780	53 489	137.4	56	2 277	5.8	Clusters of cases
Saudi Arabia	713	363 692	1 044.7	47	6 286	18.1	Sporadic cases
Syrian Arab Republic	658	12 274	70.1	45	768	4.4	Community transmission
Djibouti	25	5 866	593.7	0	61	6.2	Clusters of cases
Somalia	12	4 726	29.7	0	130	0.8	Community transmission
Yemen	3	2 108	7.1	0	611	2.0	Sporadic cases
Sudan	0	23 316	53.2	0	1 468	3.3	Community transmission
Territoriesⁱⁱⁱ							
occupied Palestinian territory	7 371	165 250	3 239.3	157	1 735	34.0	Community transmission
Europe	1 806 928	28 797 583	3 085.2	36 041	626 804	67.2	
The United Kingdom	417 620	3 017 413	4 444.8	6 298	80 868	119.1	Community transmission
Russian Federation	165 167	3 401 954	2 331.2	3 331	61 837	42.4	Clusters of cases
Germany	142 861	1 908 527	2 277.9	6 071	40 343	48.2	Community transmission
France	122 565	2 721 692	4 169.7	2 674	67 217	103.0	Community transmission
Italy	116 665	2 257 866	3 734.4	3 409	78 394	129.7	Clusters of cases
Czechia	90 684	831 165	7 761.4	1 155	13 115	122.5	Community transmission
Turkey	85 083	1 502 780	1 781.8	1 336	22 631	26.8	Community transmission
Poland	66 960	1 385 522	3 660.9	2 070	31 189	82.4	Community transmission

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
Spain	59 343	2 025 560	4 332.3	354	51 690	110.6	Community transmission
Netherlands	52 774	866 190	5 055.1	751	12 307	71.8	Community transmission
Portugal	52 317	476 187	4 670.0	656	7 701	75.5	Clusters of cases
Israel	49 605	481 306	5 560.7	250	3 631	42.0	Community transmission
Ireland	43 801	140 727	2 850.0	84	2 336	47.3	Community transmission
Ukraine	40 933	1 115 026	2 549.6	913	19 767	45.2	Community transmission
Sweden	32 004	489 471	4 846.6	69	9 433	93.4	Community transmission
Romania	30 807	668 202	3 473.4	673	16 592	86.2	Community transmission
Slovakia	20 746	208 209	3 813.6	601	2 918	53.4	Clusters of cases
Switzerland	20 737	475 604	5 495.4	402	7 545	87.2	Community transmission
Serbia	15 990	357 894	5 139.4	260	3 548	50.9	Community transmission
Austria	15 147	378 110	4 198.2	400	6 614	73.4	Community transmission
Hungary	14 242	342 237	3 542.7	764	10 648	110.2	Community transmission
Slovenia	14 195	139 281	6 699.6	258	3 147	151.4	Clusters of cases
Belgium	13 590	664 261	5 731.5	337	20 069	173.2	Community transmission
Lithuania	13 046	159 671	5 865.3	262	2 200	80.8	Community transmission
Denmark	12 699	180 240	3 111.8	197	1 542	26.6	Community transmission
Belarus	12 243	210 368	2 226.3	65	1 507	15.9	Community transmission
Georgia	10 060	239 229	5 997.0	170	2 773	69.5	Community transmission
Croatia	7 035	219 993	5 358.8	296	4 368	106.4	Community transmission
Latvia	7 023	48 952	2 595.3	150	818	43.4	Community transmission
Kazakhstan	5 806	209 369	1 115.0	40	2 885	15.4	Clusters of cases
Bulgaria	5 526	208 406	2 999.3	453	8 097	116.5	Clusters of cases
Norway	5 514	53 792	992.2	35	471	8.7	Community transmission
Azerbaijan	4 588	224 050	2 209.7	187	2 890	28.5	Clusters of cases
Greece	4 584	144 293	1 384.4	306	5 227	50.1	Community transmission
Estonia	4 385	33 516	2 526.6	39	283	21.3	Clusters of cases
Albania	4 042	63 033	2 190.3	43	1 233	42.8	Clusters of cases

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
Cyprus	3 566	27 011	2 237.2	18	147	12.2	Clusters of cases
Republic of Moldova	3 399	149 093	3 695.9	110	3 130	77.6	Community transmission
Bosnia and Herzegovina	3 034	115 379	3 516.8	205	4 305	131.2	Community transmission
Montenegro	2 989	52 468	8 353.9	36	725	115.4	Clusters of cases
North Macedonia	2 361	86 150	4 135.1	92	2 614	125.5	Community transmission
Armenia	2 104	162 131	5 471.4	79	2 929	98.8	Community transmission
Finland	1 464	38 068	687.1	25	586	10.6	Community transmission
Malta	1 399	14 396	3 260.4	13	233	52.8	Clusters of cases
Luxembourg	1 038	47 876	7 648.2	27	530	84.7	Community transmission
Kyrgyzstan	968	82 273	1 261.0	10	1 369	21.0	Clusters of cases
Andorra	420	8 586	11 112.4	1	85	110.0	Community transmission
Uzbekistan	334	77 572	231.8	3	617	1.8	Clusters of cases
San Marino	187	2 650	7 808.4	3	64	188.6	Community transmission
Liechtenstein	158	2 379	6 238.0	5	38	99.6	Sporadic cases
Monaco	152	1 053	2 683.2	1	5	12.7	Sporadic cases
Iceland	126	5 880	1 723.1	0	29	8.5	Community transmission
Tajikistan	31	13 705	143.7	0	91	1.0	Pending
Holy See	0	26	3 213.8	0	0	0.0	Sporadic cases
Territoriesⁱⁱⁱ							
Kosovo	1 792	53 480	2 874.7	35	1 365	73.4	Community transmission
Gibraltar	809	3 021	8 966.8	5	12	35.6	Clusters of cases
Jersey	161	2 921	2 684.7	13	57	52.4	Community transmission
Faroe Islands	32	646	1 322.0	1	1	2.0	Sporadic cases
Isle of Man	12	392	461.0	0	25	29.4	No cases
Guernsey	3	302	477.9	0	13	20.6	Community transmission
Greenland	2	29	51.1	0	0	0.0	No cases
South-East Asia	206 670	12 257 684	606.4	3 293	187 786	9.3	
India	126 319	10 450 284	757.3	1 564	150 999	10.9	Clusters of cases
Indonesia	59 913	818 386	299.2	1 392	23 947	8.8	Community transmission

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
Bangladesh	6 198	521 382	316.6	157	7 756	4.7	Community transmission
Myanmar	4 433	130 049	239.0	115	2 826	5.2	Clusters of cases
Sri Lanka	3 469	47 840	223.4	18	229	1.1	Clusters of cases
Nepal	3 083	264 521	907.9	42	1 912	6.6	Clusters of cases
Thailand	2 919	10 298	14.8	3	67	0.1	Clusters of cases
Maldives	231	14 065	2 602.0	1	49	9.1	Clusters of cases
Bhutan	100	810	105.0	1	1	0.1	Clusters of cases
Timor-Leste	5	49	3.7	0	0	0.0	Sporadic cases
Western Pacific	71 939	1 184 662	60.3	831	21 119	1.1	
Japan	39 821	280 775	222.0	448	3 996	3.2	Clusters of cases
Malaysia	16 186	133 559	412.7	59	542	1.7	Clusters of cases
Philippines	8 881	485 797	443.3	145	9 398	8.6	Community transmission
Republic of Korea	5 420	68 663	133.9	163	1 125	2.2	Clusters of cases
China	624	97 518	6.6	7	4 798	0.3	Clusters of cases
Singapore	203	58 865	1 006.2	0	29	0.5	Sporadic cases
Mongolia	166	1 408	42.9	0	0	0.0	Clusters of cases
Australia	120	28 582	112.1	0	909	3.6	Clusters of cases
New Zealand	37	1 862	38.6	0	25	0.5	Clusters of cases
Papua New Guinea	31	811	9.1	0	9	0.1	Community transmission
Viet Nam	31	1 513	1.6	0	35	0.0	Clusters of cases
Brunei Darussalam	16	173	39.5	0	3	0.7	Sporadic cases
Cambodia	10	391	2.3	0	0	0.0	Sporadic cases
Fiji	4	53	5.9	0	2	0.2	Sporadic cases
Lao People's Democratic Republic	0	41	0.6	0	0	0.0	Sporadic cases
Solomon Islands	0	17	2.5	0	0	0.0	No cases
Territoriesⁱⁱⁱ							
French Polynesia	315	17 241	6 137.6	8	122	43.4	Sporadic cases
Guam	70	7 218	4 276.7	1	124	73.5	Clusters of cases

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
Northern Mariana Islands (Commonwealth of the)	3	125	217.2	0	2	3.5	Pending
Micronesia (Federated States of)	1	1	0.9	0	0	0.0	No cases
Marshall Islands	0	4	6.8	0	0	0.0	No cases
New Caledonia	0	40	14.0	0	0	0.0	Sporadic cases
Vanuatu	0	1	0.3	0	0	0.0	No cases
Wallis and Futuna	0	4	35.6	0	0	0.0	Sporadic cases
Global	4 953 758	88 387 352	1 133.9	85 436	1 919 204	24.6	

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

Key Weekly Updates

- WHO Director-General Dr Tedros Adhanom Ghebreyesus at the Member States briefing on COVID-19 - 7 January 2021

["Vaccines are giving us real hope of bringing the pandemic under control in the next 12 months."](#)

- **COVAX, WHO's vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator**

[COVAX – set up by GAVI, CEPI and WHO in April last year – has secured contracts of 2 billion doses of safe and effective COVID-19 vaccines](#)

- **Pfizer-BioNTech COVID-19 vaccine**

[WHO issues its first emergency use validation for a COVID-19 vaccine and emphasizes need for equitable global access](#)

[Who can take the Pfizer-BioNTech COVID-19 vaccine?](#)

[Interim recommendations for use of the Pfizer–BioNTech COVID-19 vaccine, BNT162b2, under Emergency Use Listing](#)

- **Genomic sequencing**

[Genomic sequencing of SARS-CoV-2: a guide to implementation for maximum impact on public health](#)

[SARS-CoV-2 genomic sequencing for public health goals: Interim guidance, 8 January 2021](#)

- **Infection prevention and control for long-term care facilities**

[Infection prevention and control guidance for long-term care facilities in the context of COVID-19 update](#)

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.

Weekly Operational Update on COVID-19

11 January 2021



Confirmed cases^a

88 828 387

Confirmed deaths

1 926 625

Islamic Republic of Iran tackles COVID-19 by enhancing primary health care

The Islamic Republic of Iran was one of the first countries severely affected by COVID-19. The government designed its national COVID-19 response around its well-established primary health care (PHC) system.



A pharmacy at Fasham Urban Comprehensive Health Centre, Shemiranat District Tehran. ©WHO Islamic Republic of Iran

Across the country, comprehensive health centres provide the first point of care for people. The [UHC \(Universal Health Coverage\) Partnership](#) has been supporting the Ministry of Health and Medical Education in piloting and scaling up a PHC measurement and improvement model to identify opportunities for a more efficient and effective response to COVID-19.

Local officials are focused on raising population awareness on keeping safe from COVID-19, improving access to health services, and using triage to reduce the load and burden on hospitals. PHC staff routinely follow up on suspected cases in the communities. By using a strong PHC approach, services have been brought closer to communities, further demonstrating that a well-functioning, resilient health system is the bedrock for progress towards health security and UHC.

For more information, click [here](#)

Key Figures



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



141 GOARN deployments conducted to support COVID-19 pandemic response



19 580 165 respirators shipped globally



194 435 980 medical masks shipped globally



8 464 831 face shields shipped globally



6 240 279 gowns shipped globally



30 884 121 gloves shipped globally



More than **4.7** million people registered on [OpenWHO](#) and able to access **148** COVID-19 online training courses across **23** 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 Montenegro supports COVID-19 response and continuity of essential health services

The COVID 19 pandemic remains a major challenge in Montenegro despite a decline in the number of cases compared to the peak in mid-November. To further support the COVID-19 response, a two-week mission, from 9 – 23 December 2020, was organized by experts from the WHO Country Office and the WHO Health Emergencies Programme (WHE) Balkan Hub Office. The main objectives of the mission were to assess the overall COVID-19 response in Montenegro, review the COVID-19 Country Preparedness and Response Plan, determine the current status of essential health services (EHS) provision and define measures required for ensuring the continuity of EHS.

With the aim of strengthening the pandemic response through a whole-of-government approach, the COVID-19 response coordination mechanism will be reorganized in line with the pillars of the established COVID-19 preparedness and response plan. As a result, the highest coordination body will now be a multi-sectoral council composed of relevant Ministries and government authorities.

During the pandemic, access to and the utilization of health services has been affected at all levels of the health delivery system. At the Primary Health Care (PHC) level the family health model was reportedly overwhelmed due to the increased case load and the provision of EHS either declined or was suspended at the secondary and tertiary level. This highlights the need for a strengthened interconnected dual-track approach through maintaining and strengthening preparedness and response for health security and ensuring continuity and safety of essential health services delivery while responding to the COVID-19 pandemic.

With the recently established EHS pillar within the new national coordination mechanism, a focal point will be assigned to lead the development of a plan for restoring and maintain the EHS delivery based on the 4-step approach developed by the WHO EURO Incident Management Support Team (IMST) that includes:

1. assessment of the impact of COVID-19 on EHS and situation analysis;
2. development of the action plan to address the identified gaps;
3. implementation of the action plan;
4. monitoring and evaluation of the action plan implementation.

The actions mentioned above will contribute to ensure the interface between health security, emergency risk management and UHC. The Ministry of Health with support from the WHO Country Office in Montenegro has also established a working group to redefine PHC in the context of COVID-19. The first meeting was held on 23 December 2020.

Infodemic management

3rd VIRTUAL GLOBAL WHO INFODEMIC MANAGEMENT CONFERENCE



Read and sign our call to action here:
<https://bit.ly/WHOmanifesto>

#societyvsinfodemic



Infodemic Response Call to Action

Become a signatory

The overabundance of information—including mis- and disinformation—has gravely affected our societies and remains a threat to our health and well-being.

Join the World Health Organization and partners in making a commitment to hold ourselves accountable to infodemic management. Sign our call to action to show your support.



World Health
Organization



For further information on WHO's call to action and how to become a signatory, click [here](#)

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





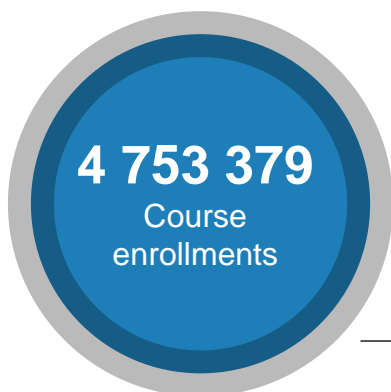









OpenWHO.org 



42 languages

Over 2.5 million certificates

148 COVID-19 courses



COVID-19 Partners Platform

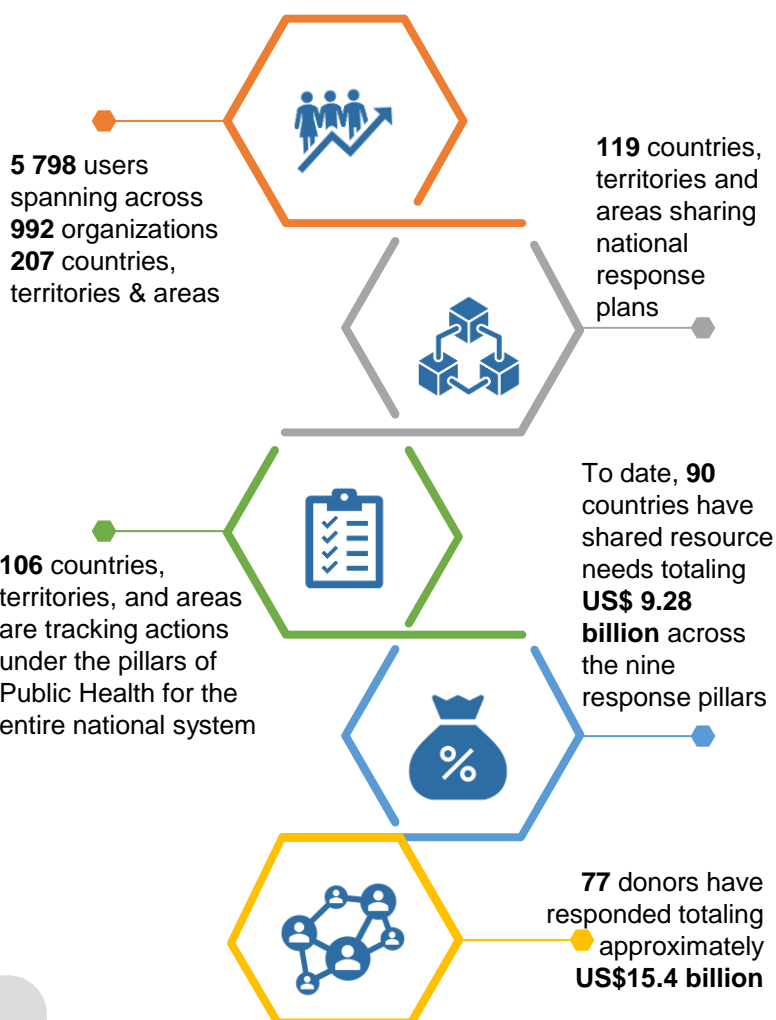
Regular Regional Focal Point discussions

WHO has been holding weekly discussions with the six regional offices on incorporating upcoming revisions to the Partners Platform. Inputs provided by regional colleagues are greatly informing the Partners Platform's planned operations for 2021.

New pathways for country planning

In order to incorporate a country's diverse number of plans, the Partners Platform now includes pathways, or subfolders, for users to add multiple types of plans, including but not limited to: SPRP, Socio-economic and Global Humanitarian Response. Going beyond planning, users will also have the ability to upload evaluations such as Intra-Action and After-Action Reviews, to provide further transparency for monitoring and evaluation.

This feature launched on 22 December and is available to all users. With this new feature, country users will have increased planning opportunities, going beyond the SPRP to incorporate a broader range of national and global response needs, with the new folders for other destination plans.



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



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 8 January 2021

Shipped items as of 8 Jan 2021	Laboratory supplies			Personal protective equipment					
Region	Antigen RDTs	Sample collection kits	PCR tests	Face shields	Gloves	Goggles	Gowns	Medical Masks	Respirators
Africa (AFR)	95 000	2 833 835	1 431 634	1 417 810	8 216 521	165 810	1 535 679	53 077 950	2 595 630
Americas (AMR)	2 788 000	1 019 862	10 504 038	3 333 200	4 696 000	322 940	1 613 020	55 136 330	7 669 760
Eastern Mediterranean (EMR)	330 300	663 160	1 133 720	864 985	5 613 000	173 520	759 322	26 267 550	1 350 095
Europe (EUR)	20 000	210 650	451 270	1 715 300	8 463 100	386 380	1 349 048	39 215 500	5 299 150
South East Asia (SEAR)	200 000	2 271 550	1 936 700	371 836	2 125 500	86 510	556 000	6 940 500	604 495
Western Pacific (WPR)		114 300	252 064	761 700	1 770 000	310 807	427 210	13 798 150	2 061 035
TOTAL	3 433 300	7 113 357	15 709 426	8 464 831	30 884 121	1 445 967	6 240 279	194 435 980	19 580 165

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 23 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\$ 240 million.

From the Fund's March 13, 2020 launch through today leading companies and organizations and more than 656,000 individuals together contributed more than US\$651 million in fully flexible funding to support the WHO-led global response effort

More than **US\$ 240 Million**



656 000 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.

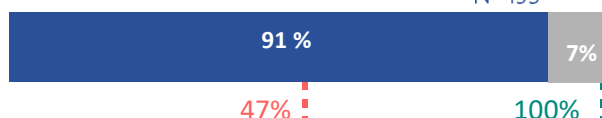
US\$ 8.9 Million released

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

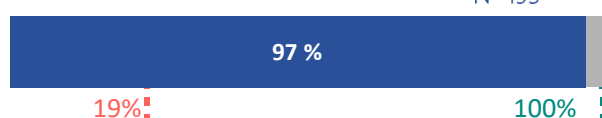
Countries have a COVID-19 preparedness and response plan

N=195



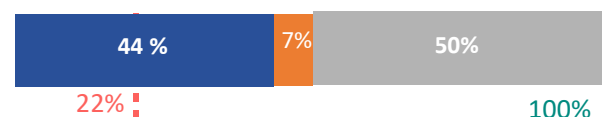
Countries have a COVID-19 Risk Communication and Community Engagement Plan (RCCE) ^b

N=195



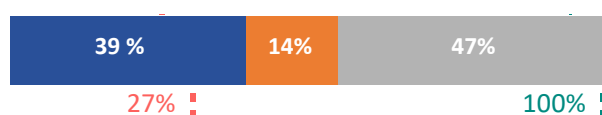
Countries have a national policy & guidelines on Infection and Prevention Control (IPC) for long-term care facilities

N=195



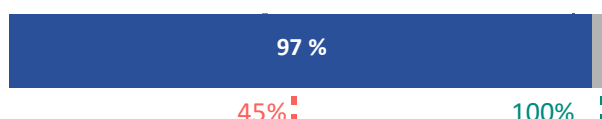
Countries with a national IPC programme & WASH standards within all health care facilities

N=195



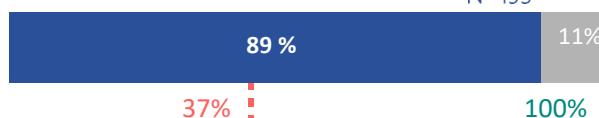
Countries have a functional multi-sectoral, multi-partner coordination mechanism for COVID-19

N=195



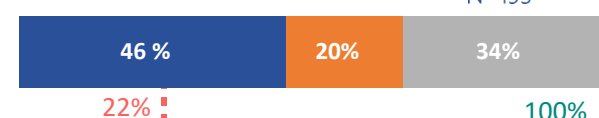
Countries have a clinical referral system in place to care for COVID-19 cases

N=195



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

N=195



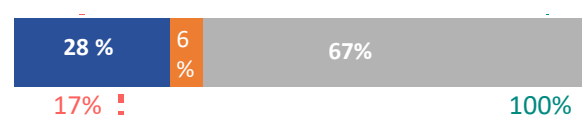
Countries in which all designated Points of Entry (PoE) have emergency contingency plans

N=195



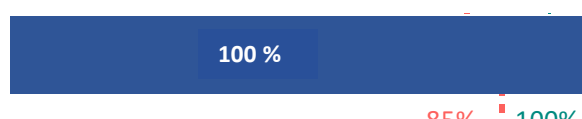
Countries have a health occupational safety plan for health care workers

N=195



Countries have COVID-19 laboratory testing capacity

N=195



Legend



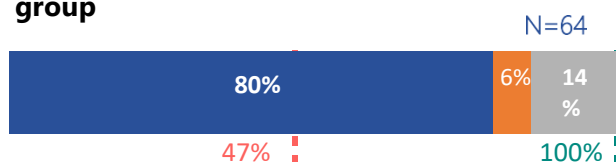
Notes:

^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

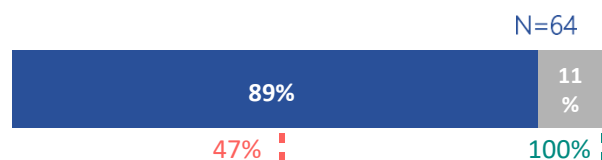
COVID-19 Global Preparedness and Response Summary Indicators

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



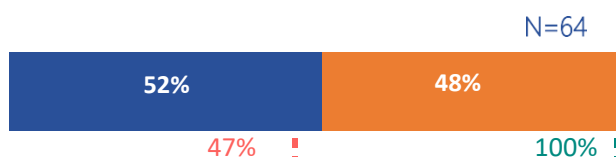
Priority countries that have postponed at least 1 vaccination campaign due to COVID-19^c



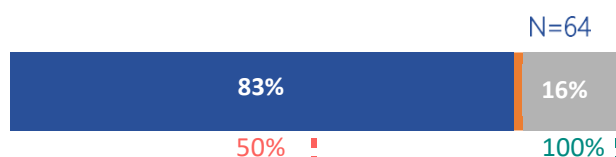
Priority countries with a contact tracing focal point



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:

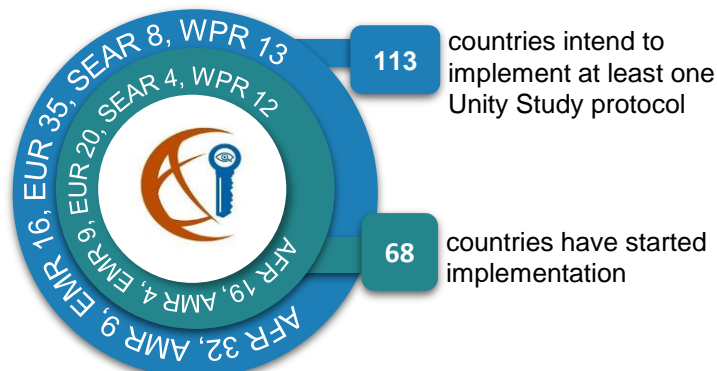
^c Source: WHO Immunization Repository

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.

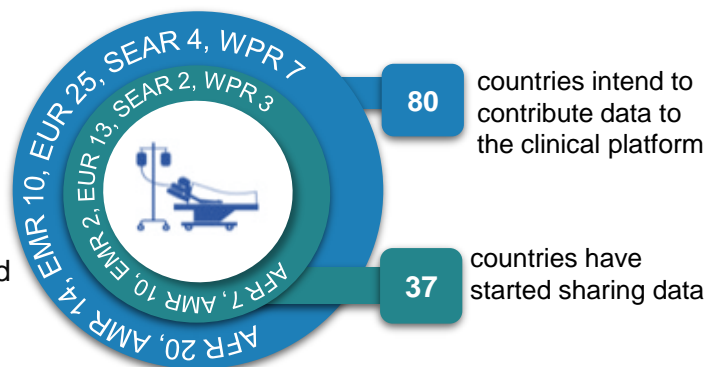
The Unity standard framework is an invaluable tool for research equity. It promotes the use of standardized study designs and laboratory assays



Global COVID-19 Clinical Data Platform*

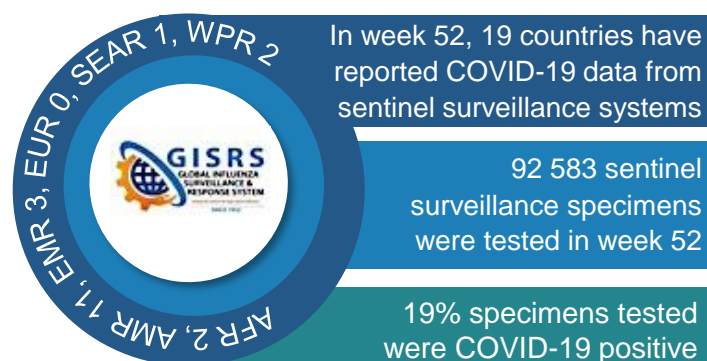
Global understanding of the severity, clinical features and prognostic factors of COVID-19 in different settings and populations remains incomplete.

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



*Note: Data derives from week 49



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 [16 December 2020](#), click [here](#)
 - ❑ For updated WHO Publications and Technical Guidance on COVID-19, click [here](#)
 - ❑ For updated GOARN network activities, click [here](#)
 - ❑ Updated COVID-19 Table top Exercise packages are now available online to better reflect the current situation as well as align it to the latest WHO guidance.
 - The updated exercises include:
 - Generic table top exercise
 - Health Facility & IPC table top exercise
 - A Point of Entry (POE) table top exercise
- All COVID-19 simulation exercises can be found [here](#)

COVID-19 Weekly Epidemiological Update

Data as received by WHO from national authorities, as of 3 January 2021, 10 am CET

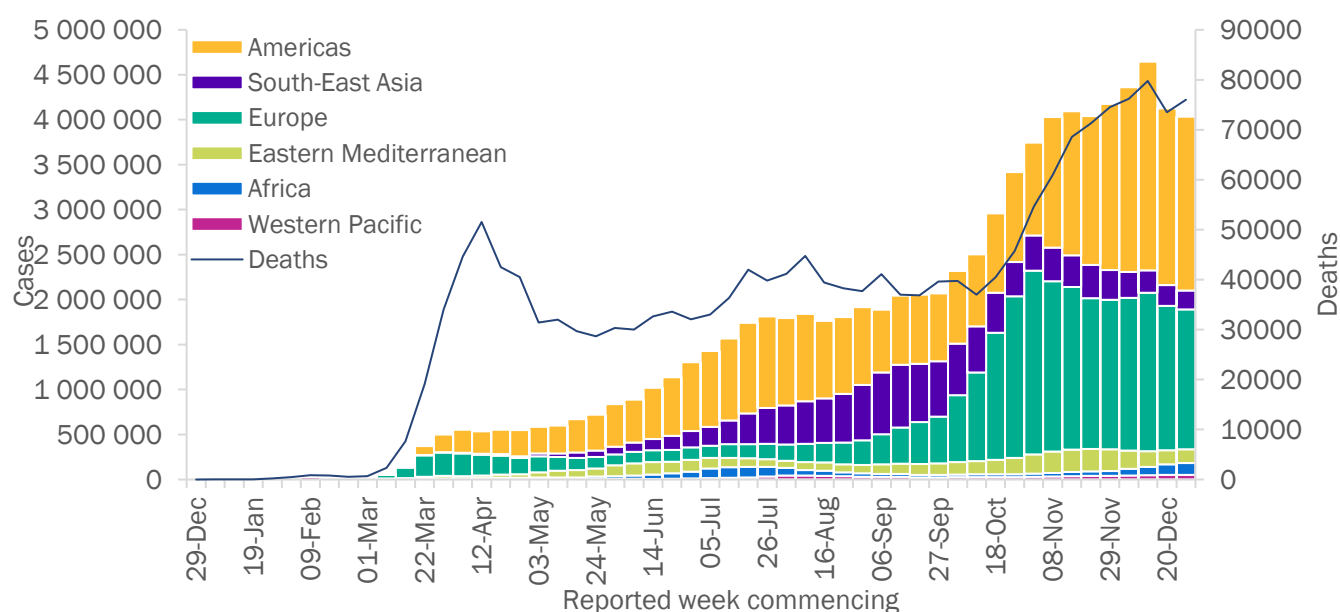
For the latest data and information on COVID-19, please see:

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

Global epidemiological situation

For the third week in a row over 4 million new cases were reported globally, although this week saw a slight decrease compared to the previous week. However, this and other short-term trends in data should be interpreted with caution owing to the end-of-year holiday season, as numbers may be influenced by presentation, testing and reporting delays. The decrease seen last week in new deaths has been reversed with deaths rising by 3% to 76 000 (Figure 1, Table 1). The Region of the Americas accounted for 47% of all new cases and 42% of all new deaths globally in the past week. New cases and deaths remained high in the European Region, which accounted for 38% and 43% respectively, showing a slight decrease in new cases and a slight increase in new deaths. New cases and deaths continue to decline in the South-East Asia and Eastern Mediterranean regions. In the African Region, while both new cases and deaths remain low in absolute numbers, for the fourth week in a row, the Region is reporting the largest percentage increase globally in weekly reported case numbers and this week there was a further 13% increase in new cases and 28% increase in new deaths. In the Western Pacific Region, new cases remained comparable to the previous week, but new deaths rose by 10%. As we welcome the New Year, and look eagerly towards COVID-19 vaccination campaigns worldwide, the current epidemiological situation with near record numbers of new cases and deaths, makes it imperative to continue to adhere to safety measures to prevent further transmission and loss of life.

Figure 1: COVID-19 cases reported weekly by WHO Region, and global deaths, as of 3 January 2021**



Recent reports of different variants of SARS-CoV-2, the virus that causes COVID-19, have again raised interest in and concern about the impact of viral changes. In the last months, [two different variants of SARS-CoV-2 have been reported to WHO as unusual public health events from the United Kingdom of Great Britain and Northern Ireland, referred to as VOC 202012/01, and the Republic of South Africa, named 501Y.V2](#). Preliminary epidemiologic, modelling, phylogenetic and clinical findings suggest that SARS-CoV-2 VOC 202012/01 has increased transmissibility, and preliminary data also indicates that there is no change in disease severity (as measured by length of hospitalization and 28-day case fatality), or occurrence of reinfection between variant cases compared to other SARS-CoV-2 viruses circulating in the United Kingdom. To date, outside of the United Kingdom, 40 countries across five of the six WHO regions have reported cases of VOC 202012/01, while outside of South Africa six countries, in two of the six WHO regions have reported cases of 501Y.V2. The authorities in both countries are conducting further epidemiological and virological investigations to further assess the transmissibility, severity, risk of reinfection and antibody response to these new variants, as well as potential impact on countermeasures, including diagnostics, therapeutics and vaccines.

In the past week, the five countries reporting the highest number of cases were the United States of America (with 1 325 424 cases, just under a third of global cases and unchanged from last week), the United Kingdom of Great Britain and Northern Ireland (343 784 cases, continuing last week's rapid increase with a 36% increase), Brazil (252 018 cases, an 11% decrease), the Russian Federation (186 539 cases, a 7% decrease) and India (136 115 cases, a 13% 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](#).

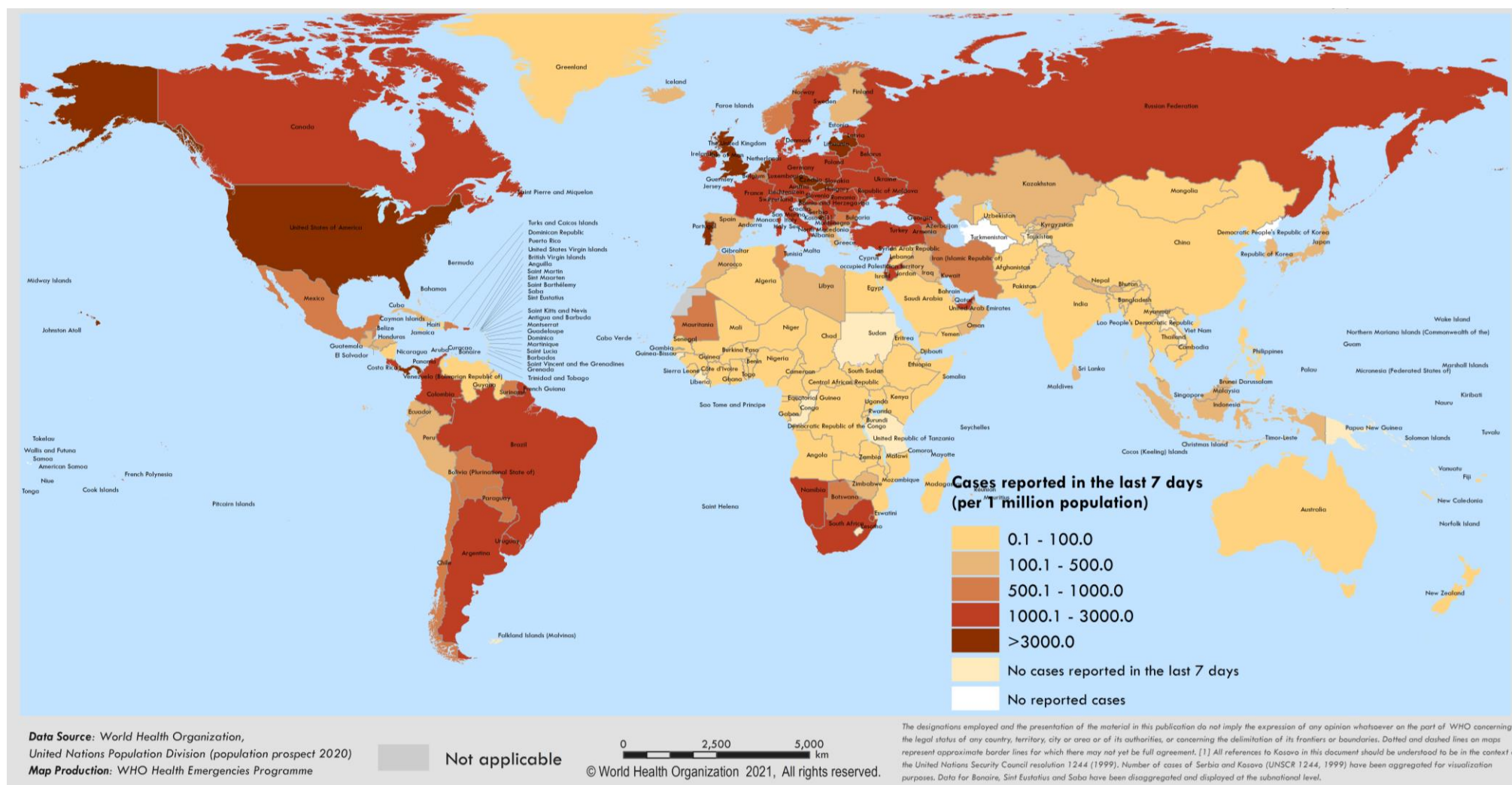
Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 3 January 2021**

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	1 935 621 (47%)	-1%	36 337 439 (43%)	32 283 (42%)	3%	872 486 (47%)
Europe	1 553 332 (38%)	-3%	26 885 471 (32%)	32 898 (43%)	3%	588 770 (32%)
South-East Asia	208 592 (5%)	-10%	12 051 014 (14%)	3 756 (4%)	-3%	184 493 (10%)
Eastern Mediterranean	154 695 (3%)	-1%	4 977 852 (5%)	3 057 (4%)	-12%	122 061 (6%)
Africa	130 007 (3%)	13%	1 961 234 (2%)	3 293 (4%)	28%	43 592 (2%)
Western Pacific	52 979 (1%)	0%	1 112 724 (1%)	730 (0%)	10%	20 288 (1%)
Global	4 035 226 (100%)	-2%	83 326 479 (100%)	76 017 (100%)	3%	1 831 703 (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, 28 December through 3 January 2021**

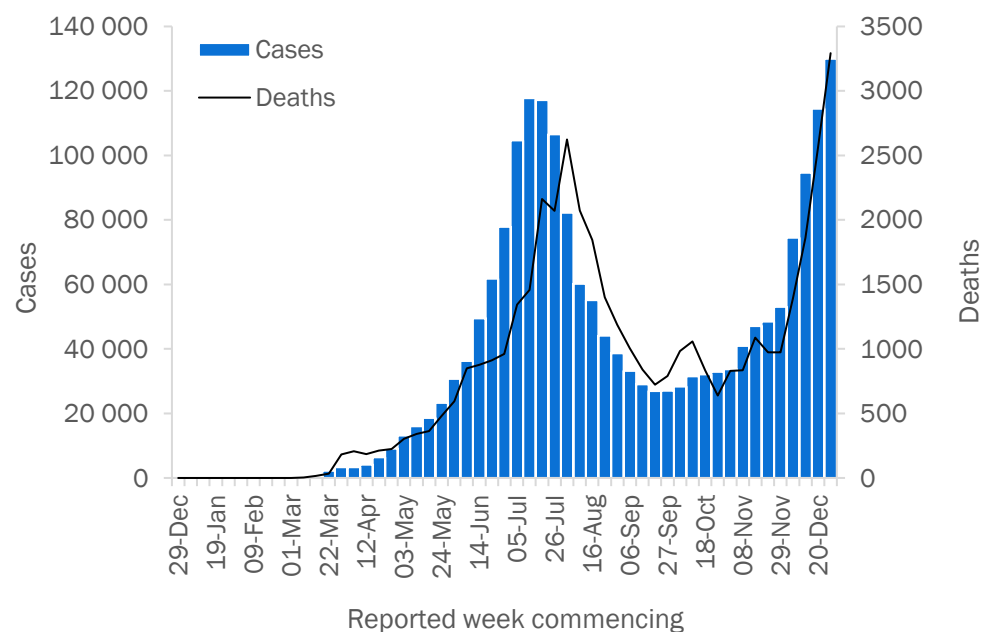


****See data, table and figure notes**

Situation by WHO Region

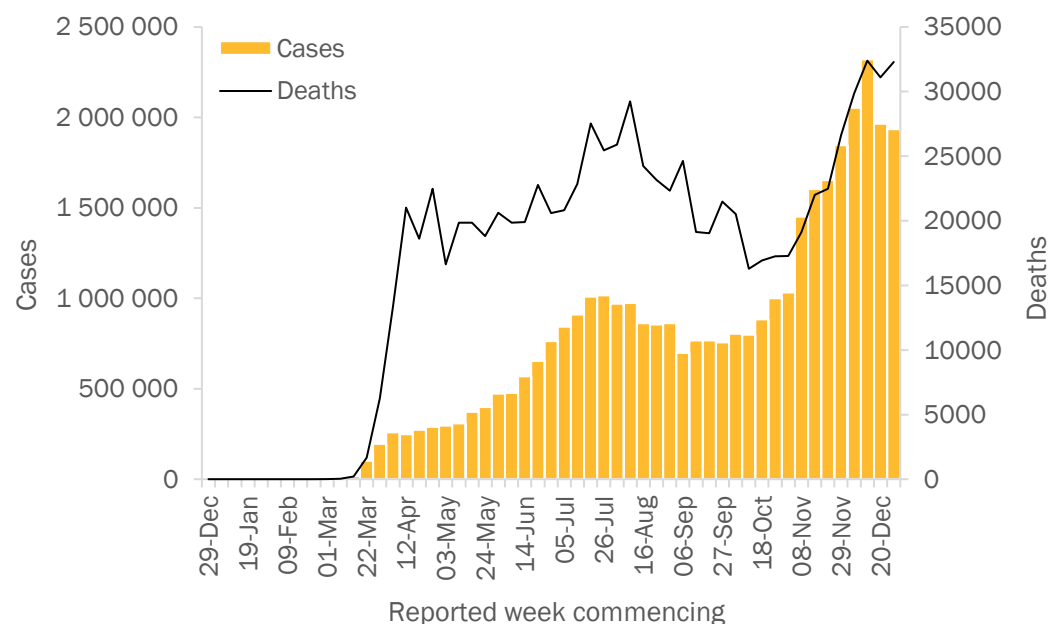
African Region

In the past week, over 130 000 new cases were reported in the African Region, a 13% increase compared to the previous week, and over 3000 deaths, a 4% increase over the previous week. In the past week, South Africa reported the highest number of new cases (93 978 new cases; 1585 new cases per 1 million population), Nigeria (5587 new cases; 27 new cases per 1 million), Mauritania (3393 new cases, 730 new cases per 1 million) and Namibia (3256 new cases, 1281 new cases per 1 million). The highest numbers of new deaths were reported from South Africa (2654 new deaths; 45 new deaths per 1 million), Mauritania (122 new deaths; 26 new deaths per 1 million) and the Kingdom of Eswatini (64 new deaths; 55 new deaths per 1 million).



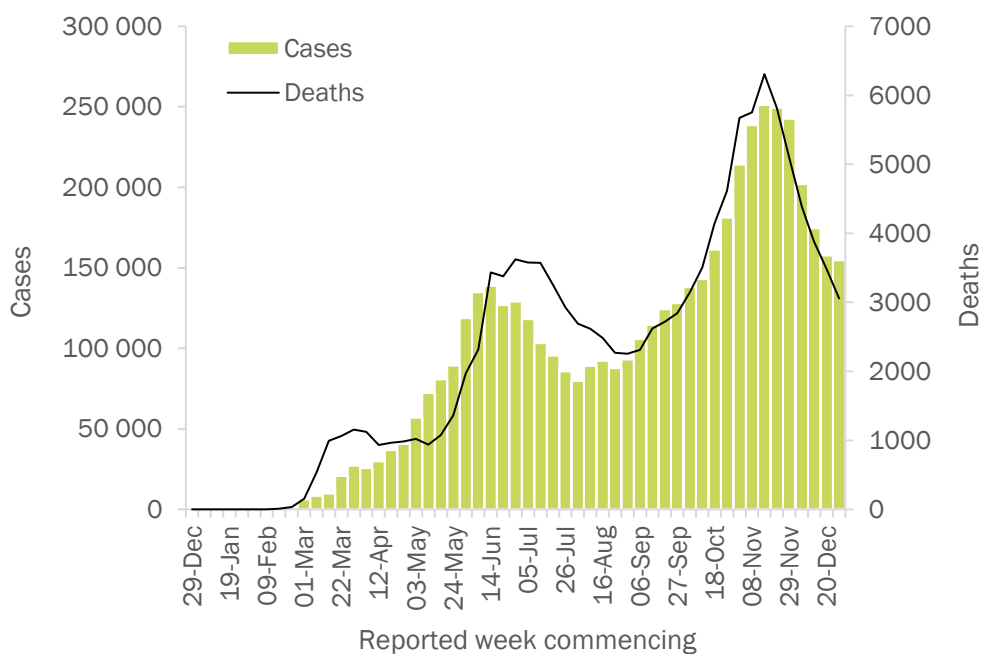
Region of the Americas

In the Region of the Americas, the number of new weekly cases remained at similar levels to last week with over 1.9 million new cases and 32 000 new deaths reported (a slight fall of 1% and rise of 3% respectively from last week). The highest new case counts were reported in the United States of America (1 325 424 new cases, 4004 new cases per 1 million), Brazil (252 018 new cases; 1186 new cases per 1 million) and Colombia (80 173 new cases, 1576 new cases per 1 million). The highest numbers of new deaths were reported from the United States of America (17 239 new deaths; 52 new deaths per 1 million), Brazil (4923 new deaths; 23 new deaths per 1 million) and Mexico (4670 new deaths; 36 new deaths per 1 million).



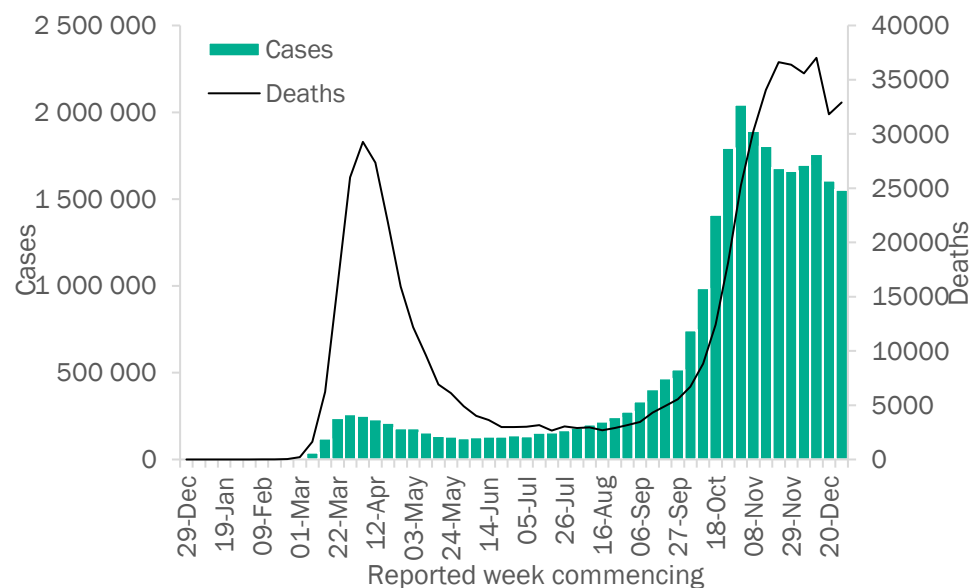
Eastern Mediterranean Region

In the past week, the Eastern Mediterranean Region reported over 154 000 new cases and over 3000 new deaths, a decrease of 1% and 12%, respectively compared to the previous week. Cases and deaths in the Region decreased for the sixth consecutive week. The highest number of new cases were reported from the Islamic Republic of Iran (42 511 new cases, 506 new cases per 1 million), Lebanon (16 936 new cases, 2841 new cases per 1 million) and Pakistan (14 880 new cases, 67 new cases per 1 million). These three countries accounted for almost half (48%) of new weekly cases in the Region. The highest number of new deaths were reported from the Islamic Republic of Iran (864 new deaths; 10 new deaths per 1 million), Pakistan (442 new deaths; 2 new deaths per 1 million) and Egypt (389 new deaths; 4 new deaths per 1 million).



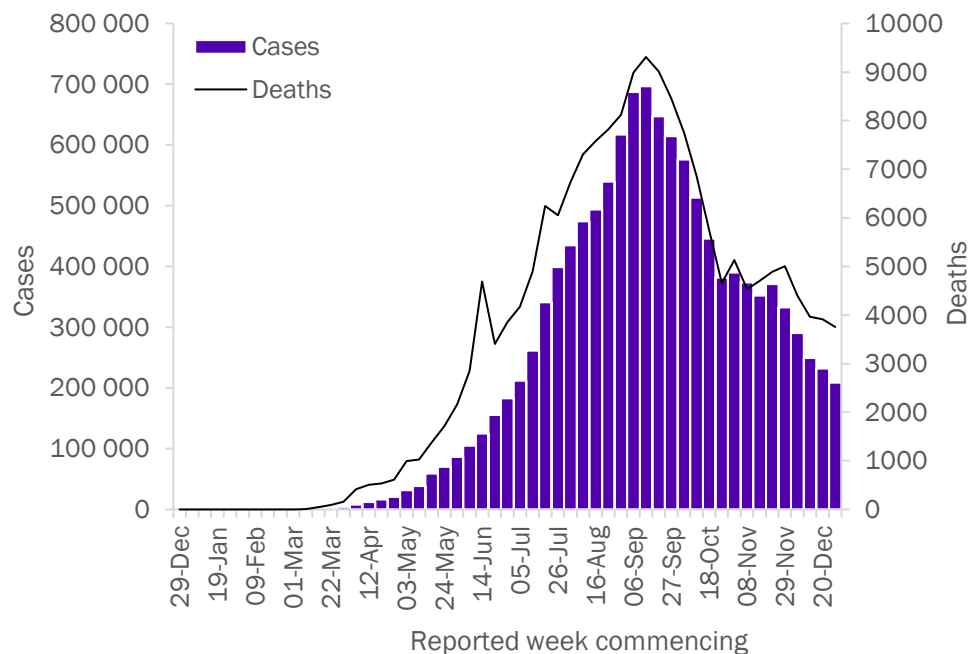
European Region

The European Region continues to report a large number of cases with over 1.5 million new cases and 3200 new deaths, a 3% decrease and 2% increase compared to the previous week, respectively. New weekly cases have decreased for the past two weeks. The Region reported the highest proportion (43%) of global new deaths among all regions. Last week, the countries reporting the highest number of new cases were the United Kingdom of Great Britain and Northern Ireland (343 784 new cases, 5064 new cases per 1 million), the Russian Federation (186 539 new cases; 1278 new cases per 1 million) and Germany (124 808 new cases; 1490 new cases per 1 million). The highest number of deaths were reported from Germany (4494 new deaths; 54 new deaths per 1 million), the United Kingdom (4165 new deaths; 61 new deaths per 1 million) and the Russian Federation (3728 new deaths; 26 new deaths per 1 million).



South-East Asia Region

New cases and deaths in the South-East Region have continued to decrease, a trend observed since early September. Just over 200 000 new cases and 3700 new deaths were reported this week, a 10% and 3% decrease respectively, compared to the previous week. The three countries reporting the highest number of new cases and new deaths were India (136 115 new cases; 99 new cases per 1 million; 1813 new deaths; 1 new death per 1 million), Indonesia (51 636 new cases; 189 new cases per 1 million; 1561 new deaths; 6 new deaths per 1 million) and Bangladesh (7085 new cases; 43 new cases per 1 million; 171 new deaths; 1 new death per 1 million). India has consistently reported the highest number of new cases and deaths since the end of the first week of April 2020.



Western Pacific Region

In the past week, there has been little change in the number of new cases (just under 53 000) reported in the Western Pacific Region, while new deaths increased by 10% (over 700) compared to the previous week. The plateau in new cases over the past week comes after four weeks of increasing trends. The three countries reporting the highest number of new cases this week were Japan (23 642 new cases; 187 new cases per 1 million), Malaysia (13 473 new cases; 416 new cases per 1 million) and Philippines (7911 new cases; 72 new cases per 1 million). The three countries reporting the greatest number of new deaths this week included Japan (335 new deaths; 3 new deaths per 1 million), Philippines (186 new deaths; 2 new deaths per 1 million) and the Republic of Korea (154 new deaths; 3 new deaths per 1 million).

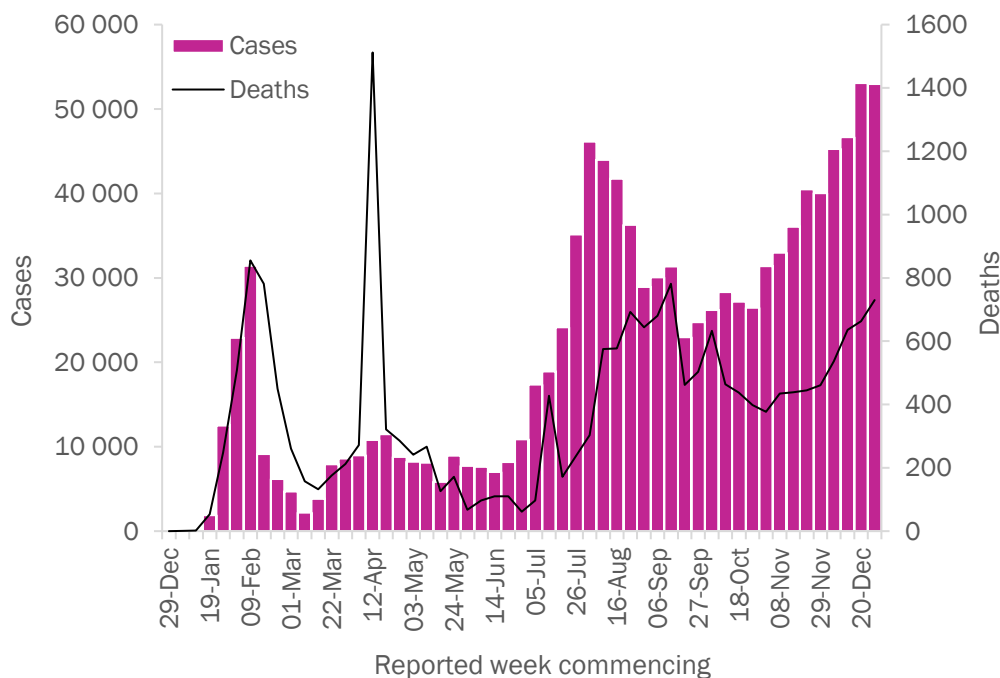


Table 2. COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories and areas, and WHO Region, as of 3 January 2021**

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	130 007	1 961 234	1 748	3 293	43 592	39	
South Africa	93 978	1 088 889	18 360	2 654	29 175	492	Community transmission
Nigeria	5 587	89 163	433	55	1 302	6	Community transmission
Mauritania	3 393	14 364	3 089	122	347	75	Community transmission
Namibia	3 256	24 654	9 703	26	213	84	Community transmission
Ethiopia	2 636	125 049	1 088	43	1 944	17	Community transmission
Algeria	2 302	100 159	2 284	47	2 769	63	Community transmission
Uganda	2 149	35 712	781	29	274	6	Community transmission
Democratic Republic of the Congo	1 568	17 848	199	25	591	7	Community transmission
Zambia	1 559	21 230	1 155	10	392	21	Community transmission
Zimbabwe	1 528	14 491	975	36	377	25	Community transmission
Eswatini	1 344	9 711	8 370	64	227	196	Community transmission
Botswana	1 183	14 805	6 296	4	42	18	Community transmission
Senegal	988	19 511	1 165	29	416	25	Community transmission
Kenya	835	96 678	1 798	30	1 685	31	Community transmission
Mozambique	806	18 968	607	9	168	5	Community transmission
Ghana	778	55 064	1 772	2	335	11	Community transmission
Rwanda	750	8 567	661	26	98	8	Clusters of cases
Burkina Faso	685	6 940	332	9	86	4	Community transmission
Mali	652	7 226	357	27	276	14	Community transmission
Cameroon	571	26 848	1 011	0	448	17	Community transmission
Angola	459	17 608	536	8	407	12	Community transmission
Niger	405	3 208	133	13	102	4	Community transmission
Malawi	368	6 711	351	4	192	10	Community transmission
Eritrea	328	1 320	372	2	3	1	Sporadic cases
South Sudan	250	3 558	318	1	63	6	Community transmission
Cabo Verde	185	11 883	21 373	1	113	203	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
Chad	183	2 169	132	1	104	6	Community transmission
Côte d'Ivoire	169	22 250	843	4	137	5	Community transmission
Comoros	149	864	994	6	13	15	Community transmission
Guinea	138	13 784	1 050	1	81	6	Community transmission
Madagascar	134	17 767	642	2	262	9	Community transmission
Togo	128	3 683	445	0	68	8	Community transmission
Gabon	74	9 571	4 300	0	64	29	Community transmission
Seychelles	73	284	2 888	0	0	0	Sporadic cases
Benin	46	3 251	268	0	44	4	Community transmission
Equatorial Guinea	41	5 277	3 761	1	86	61	Community transmission
Burundi	29	833	70	0	2	0	Community transmission
Central African Republic	15	4 963	1 028	0	63	13	Community transmission
Sierra Leone	11	2 560	321	0	76	10	Community transmission
Gambia	10	3 802	1 573	1	124	51	Community transmission
Sao Tome and Principe	10	1 024	4 672	0	17	78	Community transmission
Mauritius	3	527	414	0	10	8	Clusters of cases
Congo	0	6 200	1 124	0	100	18	Community transmission
Guinea-Bissau	0	2 447	1 243	0	45	23	Community transmission
Lesotho	0	2 577	1 203	0	50	23	Community transmission
Liberia	0	1 800	356	0	83	16	Community transmission
United Republic of Tanzania	0	509	9	0	21	0	Community transmission
Territoriesⁱⁱⁱ							
Réunion	128	9 037	10 094	0	42	47	Clusters of cases
Mayotte	123	5 890	21 590	1	55	202	Clusters of cases
Americas	1 935 621	36 337 439	35 528	32 283	872 486	853	
United States of America	1 325 424	19 974 413	60 345	17 239	345 253	1 043	Community transmission
Brazil	252 018	7 700 578	36 228	4 923	195 411	919	Community transmission
Colombia	80 173	1 654 880	32 523	1 805	43 495	855	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	64 942	1 437 185	11 147	4 670	126 507	981	Community transmission
Argentina	55 040	1 629 594	36 056	897	43 319	958	Community transmission
Canada	50 966	587 639	15 570	959	15 679	415	Community transmission
Panama	23 073	249 733	57 879	308	4 064	942	Community transmission
Chile	17 508	615 902	32 219	320	16 724	875	Community transmission
Peru	11 653	1 017 199	30 851	356	37 724	1 144	Community transmission
Bolivia (Plurinational State of)	8 465	162 055	13 883	103	9 186	787	Community transmission
Dominican Republic	7 025	172 965	15 945	12	2 416	223	Community transmission
Costa Rica	5 259	169 321	33 239	82	2 185	429	Community transmission
Ecuador	5 239	214 513	12 158	69	14 059	797	Community transmission
Paraguay	4 461	108 349	15 191	108	2 262	317	Community transmission
Honduras	4 315	122 974	12 416	99	3 160	319	Community transmission
Uruguay	3 905	19 753	5 686	50	193	56	Community transmission
Guatemala	3 145	138 316	7 720	64	4 827	269	Community transmission
Venezuela (Bolivarian Republic of)	1 959	113 562	3 994	18	1 028	36	Community transmission
El Salvador	1 623	46 242	7 129	54	1 351	208	Community transmission
Cuba	1 187	12 225	1 079	5	146	13	Clusters of cases
Suriname	397	6 277	10 700	4	123	210	Clusters of cases
Belize	317	10 807	27 179	21	249	626	Community transmission
Jamaica	247	12 931	4 367	9	303	102	Community transmission
Haiti	231	10 077	884	1	236	21	Community transmission
Bahamas	83	7 871	20 016	1	170	432	Clusters of cases
Guyana	62	6 351	8 074	2	164	209	Clusters of cases
Trinidad and Tobago	61	7 158	5 115	2	127	91	Community transmission
Barbados	48	395	1 375	0	7	24	Clusters of cases
Saint Lucia	48	353	1 922	0	5	27	Sporadic cases
Nicaragua	39	4 829	729	1	165	25	Community transmission
Grenada	18	134	1 191	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
Saint Vincent and the Grenadines	14	122	1 100	0	0	0	Sporadic cases
Antigua and Barbuda	4	159	1 624	0	5	51	Sporadic cases
Saint Kitts and Nevis	3	33	620	0	0	0	Sporadic cases
Dominica	0	96	1 334	0	0	0	Clusters of cases
Territoriesⁱⁱⁱ							
Puerto Rico	5 489	77 932	27 241	94	1 526	533	Community transmission
French Guiana	500	13 273	44 439	0	71	238	Community transmission
Aruba	214	5 442	50 971	2	49	459	Community transmission
Curaçao	179	4 230	25 778	2	14	85	Community transmission
Sint Maarten	64	1 434	33 441	1	27	630	Community transmission
Turks and Caicos Islands	64	908	23 452	0	6	155	Clusters of cases
United States Virgin Islands	57	2 036	19 497	0	23	220	Community transmission
Bermuda	43	604	9 699	1	10	161	Clusters of cases
Cayman Islands	20	338	5 143	0	2	30	Sporadic cases
Martinique	19	6 091	16 231	1	43	115	Community transmission
Saint Martin	9	995	25 738	0	12	310	Community transmission
Bonaire, Sint Eustatius and Saba	7	189	7 208	0	3	114	
Anguilla	3	15	1 000	0	0	0	Sporadic cases
Saint Barthélemy	1	190	19 221	0	0	0	Sporadic cases
British Virgin Islands	0	93	3 076	0	1	33	Clusters of cases
Falkland Islands (Malvinas)	0	29	8 326	0	0	0	No cases
Guadeloupe	0	8 620	21 543	0	155	387	Community transmission
Montserrat	0	13	2 601	0	1	200	No cases
Saint Pierre and Miquelon	0	16	2 761	0	0	0	Sporadic cases
Eastern Mediterranean	154 695	4 977 852	6 811	3 057	122 061	167	
Iran (Islamic Republic of)	42 511	1 237 474	14 733	864	55 438	660	Community transmission
Lebanon	16 936	186 408	27 311	97	1 476	216	Community transmission
Pakistan	14 880	484 362	2 193	442	10 258	46	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
Tunisia	11 749	141 979	12 013	339	4 765	403	Community transmission
Morocco	11 579	442 141	11 979	248	7 452	202	Clusters of cases
United Arab Emirates	10 749	211 641	21 399	19	674	68	Community transmission
Jordan	10 312	296 668	29 076	148	3 877	380	Community transmission
Egypt	9 563	140 878	1 377	389	7 741	76	Clusters of cases
Iraq	6 254	597 033	14 843	62	12 829	319	Community transmission
Libya	3 091	100 744	14 662	72	1 487	216	Community transmission
Bahrain	1 666	93 184	54 763	1	352	207	Clusters of cases
Kuwait	1 625	151 074	35 376	8	937	219	Community transmission
Qatar	1 337	144 240	50 065	1	245	85	Community transmission
Saudi Arabia	913	362 979	10 426	63	6 239	179	Sporadic cases
Afghanistan	861	52 709	1 354	63	2 221	57	Clusters of cases
Syrian Arab Republic	684	11 616	664	54	723	41	Community transmission
Oman	577	128 867	25 235	8	1 499	294	Community transmission
Djibouti	36	5 841	5 912	0	61	62	Clusters of cases
Somalia	24	4 714	297	3	130	8	Sporadic cases
Yemen	9	2 105	71	4	611	20	Sporadic cases
Sudan	0	23 316	532	0	1 468	33	Community transmission
Territoriesⁱⁱⁱ							
occupied Palestinian territory	9 339	157 879	30 948	172	1 578	309	Community transmission
Europe	1 553 332	26 885 471	28 803	32 898	588 770	631	
The United Kingdom	343 784	2 599 793	38 296	4 165	74 570	1 098	Community transmission
Russian Federation	186 539	3 236 787	22 180	3 728	58 506	401	Clusters of cases
Germany	124 808	1 765 666	21 074	4 494	34 272	409	Clusters of cases
Italy	102 442	2 141 201	35 414	3 365	74 985	1 240	Clusters of cases
Turkey	98 662	1 417 697	16 809	1 671	21 295	252	Community transmission
France	91 595	2 599 127	39 819	2 346	64 543	989	Community transmission
Czechia	69 882	740 481	69 146	916	11 960	1 117	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	60 763	1 318 562	34 840	2 001	29 119	769	Community transmission
Netherlands	59 975	813 725	47 489	600	11 565	675	Community transmission
Ukraine	48 104	1 074 093	24 560	1 080	18 854	431	Community transmission
Portugal	30 874	423 870	41 569	489	7 045	691	Clusters of cases
Israel	28 963	425 582	49 169	132	3 338	386	Community transmission
Romania	23 635	637 395	33 133	811	15 919	827	Community transmission
Sweden	22 117	437 379	43 308	68	8 727	864	Community transmission
Slovakia	19 940	187 463	34 336	544	2 317	424	Clusters of cases
Switzerland	18 879	450 075	52 004	419	7 049	814	Community transmission
Serbia	18 537	341 904	49 098	305	3 288	472	Community transmission
Spain	16 852	1 893 502	40 499	168	50 442	1 079	Community transmission
Denmark	16 374	167 541	28 925	192	1 345	232	Community transmission
Lithuania	16 039	146 637	53 865	390	1 644	604	Community transmission
Austria	14 604	362 963	40 301	462	6 214	690	Community transmission
Belarus	13 203	198 125	20 967	66	1 442	153	Community transmission
Hungary	11 935	327 995	33 953	837	9 884	1 023	Community transmission
Ireland	11 532	96 926	19 629	52	2 252	456	Community transmission
Slovenia	10 894	125 086	60 168	359	2 889	1 390	Clusters of cases
Belgium	10 458	650 009	56 085	436	19 693	1 699	Community transmission
Croatia	8 028	212 958	51 874	401	4 072	992	Community transmission
Georgia	7 564	229 169	57 448	226	2 603	653	Community transmission
Azerbaijan	6 270	219 462	21 645	249	2 703	267	Clusters of cases
Latvia	6 110	41 929	22 229	153	668	354	Clusters of cases
Kazakhstan	5 661	203 563	10 841	96	2 845	152	Clusters of cases
Bulgaria	5 496	202 880	29 198	521	7 644	1 100	Clusters of cases
Republic of Moldova	4 698	145 694	36 117	137	3 020	749	Community transmission
Greece	4 595	139 709	13 404	368	4 921	472	Community transmission
Cyprus	4 054	23 445	19 418	18	129	107	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
Estonia	3 739	29 131	21 960	40	244	184	Clusters of cases
Norway	3 346	48 278	8 905	15	436	80	Clusters of cases
Albania	3 236	58 991	20 499	47	1 190	414	Clusters of cases
Bosnia and Herzegovina	3 015	112 345	34 243	177	4 100	1 250	Community transmission
Armenia	2 880	160 027	54 004	87	2 850	962	Community transmission
Montenegro	2 439	49 339	78 557	23	690	1 099	Clusters of cases
North Macedonia	2 364	83 789	40 218	95	2 522	1 211	Community transmission
Finland	2 023	36 107	6 517	37	561	101	Community transmission
Luxembourg	1 062	46 838	74 824	33	503	804	Community transmission
Kyrgyzstan	932	81 305	12 462	11	1 359	208	Clusters of cases
Malta	756	12 997	29 435	14	220	498	Clusters of cases
Uzbekistan	487	77 238	2 308	1	614	18	Clusters of cases
Andorra	360	8 166	105 688	1	84	1 087	Community transmission
Liechtenstein	223	2 221	58 237	7	33	865	Sporadic cases
San Marino	199	2 463	72 574	4	61	1 797	Community transmission
Monaco	101	901	22 959	1	4	102	Sporadic cases
Iceland	71	5 754	16 862	1	29	85	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	1 326	51 688	27 784	35	1 330	715	Community transmission
Gibraltar	678	2 212	65 656	1	7	208	Clusters of cases
Jersey	177	2 760	25 368	3	44	404	Community transmission
Faroe Islands	43	614	12 565	0	0	0	Sporadic cases
Isle of Man	6	380	4 469	0	25	294	No cases
Guernsey	2	299	4 731	0	13	206	Community transmission
Greenland	1	27	476	0	0	0	No cases
South-East Asia	208 592	12 051 014	5 962	3 756	184 493	91	

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	136 115	10 323 965	7 481	1 813	149 435	108	Clusters of cases
Indonesia	51 636	758 473	2 773	1 561	22 555	82	Community transmission
Bangladesh	7 085	515 184	3 128	171	7 599	46	Community transmission
Myanmar	4 336	125 616	2 309	132	2 711	50	Clusters of cases
Sri Lanka	3 991	44 371	2 072	24	211	10	Clusters of cases
Nepal	3 738	261 438	8 973	51	1 870	64	Clusters of cases
Thailand	1 359	7 379	106	4	64	1	Clusters of cases
Maldives	216	13 834	25 593	0	48	89	Clusters of cases
Bhutan	113	710	920	0	0	0	Clusters of cases
Timor-Leste	3	44	33	0	0	0	Sporadic cases
Western Pacific	52 979	1 112 724	566	730	20 288	10	
Japan	23 642	240 954	1 905	335	3 548	28	Clusters of cases
Malaysia	13 473	117 373	3 626	32	483	15	Clusters of cases
Philippines	7 911	476 916	4 352	186	9 253	84	Community transmission
Republic of Korea	6 378	63 244	1 234	154	962	19	Clusters of cases
China	570	96 894	66	14	4 791	3	Clusters of cases
Australia	166	28 462	1 116	1	909	36	Sporadic cases
Mongolia	160	1 242	379	0	0	0	Clusters of cases
Singapore	143	58 662	10 027	0	29	5	Sporadic cases
Viet Nam	42	1 482	15	0	35	0	Clusters of cases
New Zealand	37	1 825	378	0	25	5	Clusters of cases
Cambodia	17	381	23	0	0	0	Sporadic cases
Brunei Darussalam	5	157	359	0	3	7	No cases
Fiji	3	49	55	0	2	2	Sporadic cases
Lao People's Democratic Republic	0	41	6	0	0	0	Sporadic cases
Papua New Guinea	0	780	87	0	9	1	Community transmission
Solomon Islands	0	17	25	0	0	0	No cases
Territories ⁱⁱⁱ							

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	376	16 926	60 255	6	114	406	Sporadic cases
Guam	54	7 148	42 352	2	123	729	Clusters of cases
New Caledonia	2	40	140	0	0	0	Sporadic cases
Marshall Islands	0	4	68	0	0	0	No cases
Northern Mariana Islands (Commonwealth of the)	0	122	2 120	0	2	35	Pending
Vanuatu	0	1	3	0	0	0	No cases
Wallis and Futuna	0	4	356	0	0	0	Sporadic cases
Global	4 035 226	83 326 479	518	76 017	1 831 703	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. 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.