

COVID-19 Weekly Epidemiological Update

Edition 55, published 31 August 2021

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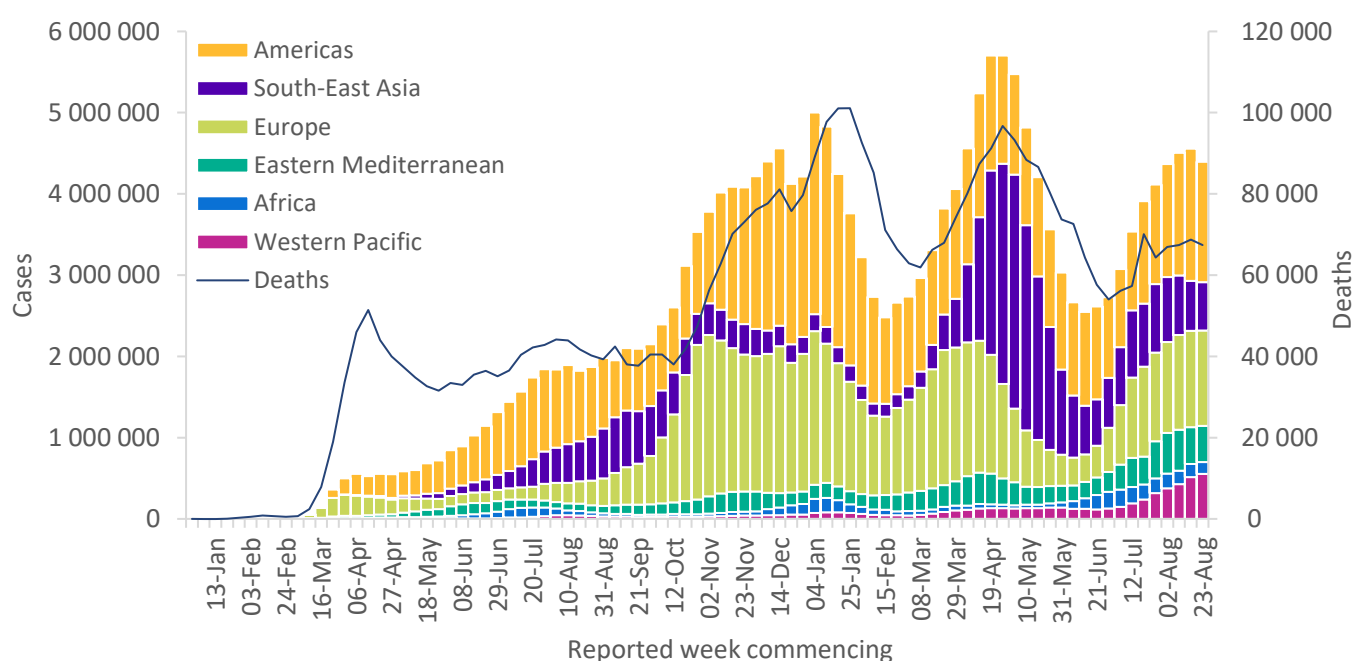
Global overview

Data as of 29 August 2021

With just under 4.4 million new cases reported this week (23-29 August), the number of new cases reported globally remains similar to the previous week after having increased for nearly two months (Figure 1). In the past week, all regions reported either a decline (Regions of Africa and the Americas) or a similar trend (Europe, South-East Asia and Eastern Mediterranean Regions) in new cases, except for the Western Pacific Region which reported a 7% increase as compared to previous week.

The number of deaths reported globally this week was also similar to last week, with just over 67 000 new deaths reported. The Eastern Mediterranean and Western Pacific Regions reported an increase in the number of weekly deaths, 9% and 16% respectively, while the South-East Asia Region reported the largest decrease (20%). The numbers of deaths reported in the Regions of Africa, Europe and the Americas were similar to last week. The cumulative number of cases reported globally is now nearly 216 million and the cumulative number of deaths is just under 4.5 million.

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 29 August 2021**



**See [Annex 2: Data, table and figure notes](#)

The Regions reporting the highest weekly incidence rates per 100 000 population of cases and of deaths remain the same as last week: the Regions of the Americas (144.9 new cases per 100 000 population; 2.2 deaths per 100 000 population) and Europe (125.7 new cases per 100 000 population; 1.3 deaths per 100 000 population). The Eastern Mediterranean Region also reported a high incidence of weekly deaths (1.1 per 100 000 population).

The highest numbers of new cases were reported from the United States of America (938 014 new cases; 8% decrease), India (270 796 new cases; 17% increase), the Islamic Republic of Iran (254 753 new cases; similar to the previous week), the United Kingdom (237 556 new cases; 8% increase), and Brazil (175 807 new cases; 16% decrease).

Globally, cases of the Alpha variant have been reported in 193 countries (one new country since last week), territories or areas (hereafter countries), while 141 countries (no new countries) have reported cases of the Beta variant; 91 countries (five new countries) have reported cases of the Gamma variant; and 170 countries (seven new countries) have reported cases of the Delta variant.

Table 1. Newly reported and cumulative COVID-19 cases and deaths, by WHO Region, as of 29 August 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	1 481 995 (34%)	-9%	83 231 838 (39%)	22 259 (33%)	1%	2 094 503 (47%)
Europe	1 172 461 (27%)	-1%	64 856 816 (30%)	12 584 (19%)	4%	1 267 494 (28%)
South-East Asia	596 456 (14%)	-3%	41 119 317 (19%)	14 010 (21%)	-20%	641 874 (14%)
Eastern Mediterranean	443 703 (10%)	-2%	14 498 768 (7%)	7 831 (12%)	9%	264 425 (6%)
Western Pacific	553 344 (13%)	7%	6 399 247 (3%)	6 835 (10%)	16%	88 168 (2%)
Africa	147 789 (3%)	-7%	5 608 074 (3%)	3 869 (6%)	-3%	134 276 (3%)
Global	4 395 748 (100%)	-4%	215 714 824 (100%)	67 388 (100%)	-2%	4 490 753 (100%)

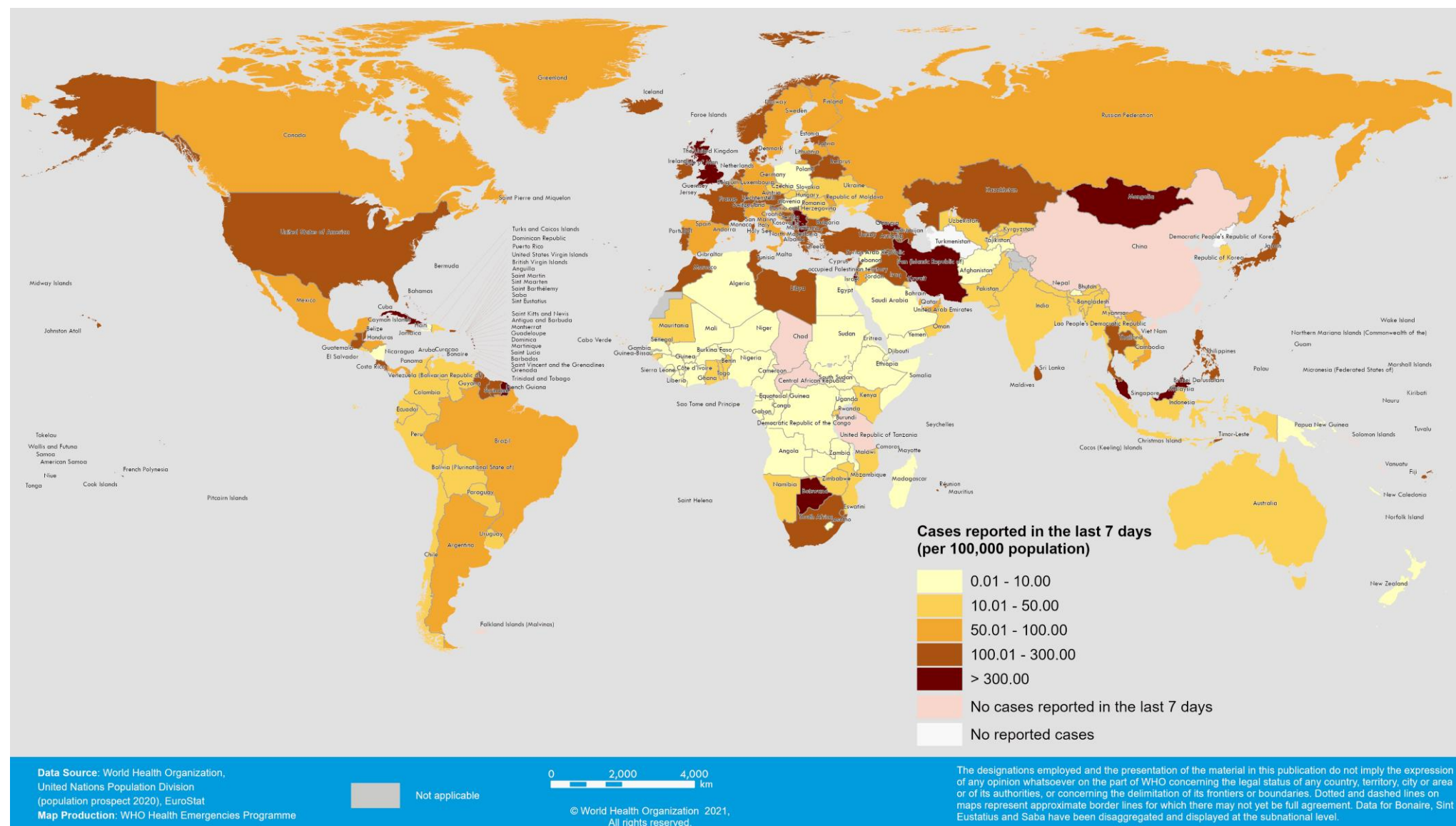
*Percent change in the number of newly confirmed cases/deaths in past seven days, compared to seven days prior

**See [Annex 2: Data, table and figure notes](#)

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

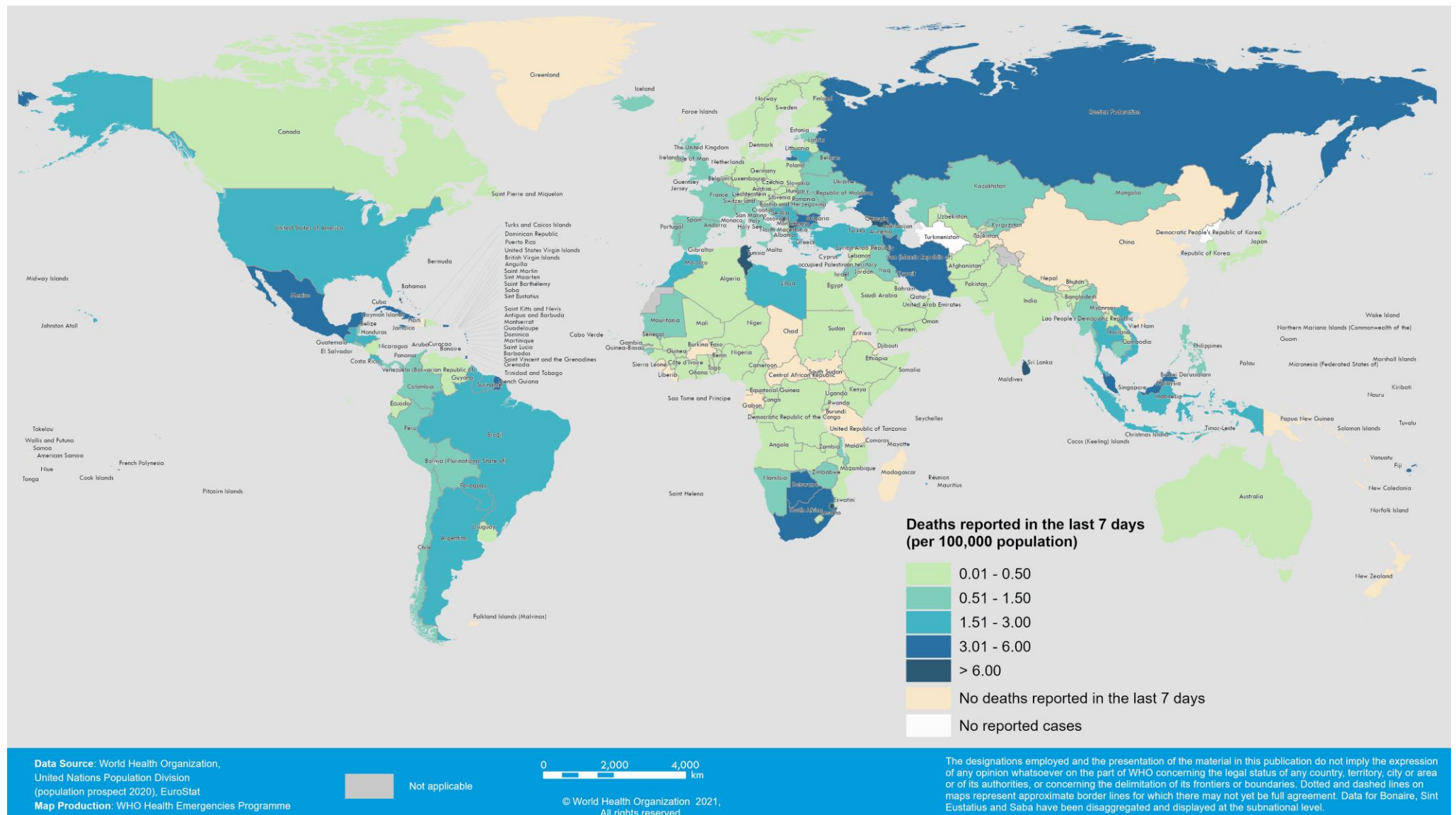
- [WHO COVID-19 Dashboard](#)
- [WHO COVID-19 Weekly Operational Update and previous editions of the Weekly Epidemiological Update](#)

Figure 2. COVID-19 cases per 100 000 population reported by countries, territories and areas, 23 – 29 August 2021**



**See Annex 2: Data, table and figure notes

Figure 3. COVID-19 deaths per 100 000 population reported by countries, territories and areas, 23 – 29 August 2021**



**See Annex 2: Data, table and figure notes

Special Focus: Update on SARS-CoV-2 Variants of Interest and Variants of Concern

WHO, in collaboration with national authorities, institutions and researchers, routinely assesses if variants of SARS-CoV-2 alter transmission or disease characteristics, or impact vaccine, therapeutics, diagnostics or effectiveness of public health and social measures (PHSM) applied by national authorities to control disease spread. “Signals” of potential Variants of Concern (VOCs) or Variants of Interest (VOIs) are detected and assessed based on the risk posed to global public health.

As these risks evolve, WHO will continue to update lists of global VOIs and VOCs to support setting priorities for surveillance and research, and ultimately guide response strategies (for more information, please see the [Tracking SARS-CoV-2 variants](#) website).

National authorities may choose to designate other variants of local interest/concern and are encouraged to investigate and report on impacts of these variants.

As surveillance activities to detect SARS-CoV-2 variants are strengthened at national and subnational levels, including through the expansion of genomic sequencing capacities, the number of countries/areas/territories (hereafter countries) reporting VOCs continues to increase (Figure 4, Annex 1). This distribution should nonetheless be interpreted with due consideration of surveillance limitations, including differences in sequencing capacities and sampling strategies between countries.

As countries gradually resume non-essential international travel, the introduction of risk mitigation measures aiming to reduce travel-associated exportation, importation and onward transmission of SARS-CoV-2 should be based on thorough risk assessments conducted systematically and routinely.

Updates to the variant classifications

As the global public health risks posed by specific SARS-CoV-2 variants become better understood, WHO will continue to update the list of global VOIs and VOCs to support the setting of priorities for surveillance and research, and ultimately to guide response strategies. These updates reflect virus evolution and the emergence of new variants, changing epidemiology, as well as our evolving understanding of the phenotypic impacts of variants as new evidence becomes available. A previously designated Alert for further monitoring which subsequently meets the [WHO working definition of a Variant of Interest \(VOI\) or Variant of Concern \(VOC\)](#) can be reclassified.

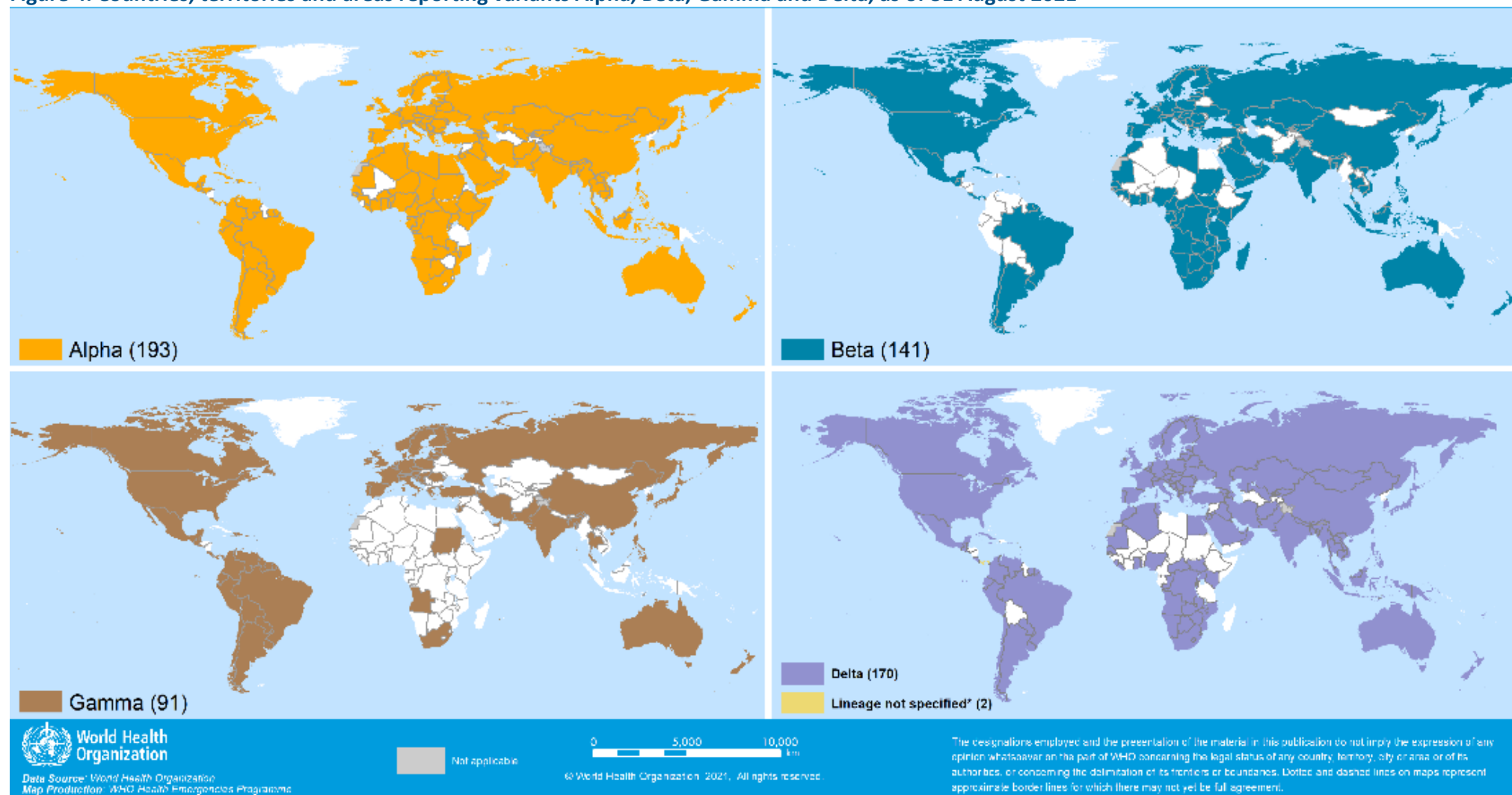
Based on the latest round of assessments, B.1.621 was classified as a VOI on 30 August 2021 and given the WHO label “Mu”. This includes the descendent Pango lineage B.1.621.1. This variant is known as 21H in Nextstrain nomenclature. The Mu variant has a constellation of mutations that indicate potential properties of immune escape. Preliminary data presented to the Virus Evolution Working Group show a reduction in neutralization capacity of convalescent and vaccinee sera similar to that seen for the Beta variant, but this needs to be confirmed by further studies.

Since its first identification in Colombia in January 2021, there have been a few sporadic reports of cases of the Mu variant and some larger outbreaks have been reported from other countries in South America and in Europe. As of 29 August, over 4500 sequences (3794 sequences of B.1.621 and 856 sequences of B.1.621.1) have been uploaded to [GISAID](#) from 39 countries. Although the global prevalence of the Mu variant among sequenced cases has declined and is currently below 0.1%, the prevalence in Colombia (39%) and Ecuador (13%) has consistently increased. The reported prevalence should be interpreted with due consideration of sequencing capacities and timeliness of sharing of sequences, both of which vary between countries. More studies are required to understand the phenotypic and clinical characteristics of this variant. The epidemiology of the Mu variant in South America, particularly with the co-circulation of the Delta variant, will be monitored for changes.

Additional resources

- [Tracking SARS-CoV-2 Variants](#)
- [COVID-19 new variants: Knowledge gaps and research](#)
- [Genomic sequencing of SARS-CoV-2: a guide to implementation for maximum impact on public health](#)
- [Considerations for implementing and adjusting public health and social measures in the context of COVID-19](#)

Figure 4. Countries, territories and areas reporting variants Alpha, Beta, Gamma and Delta, as of 31 August 2021**



*Includes countries/territories/areas reporting the detection of B.1.617 without further specification of lineage at this time. These will be reallocated as further details become available.

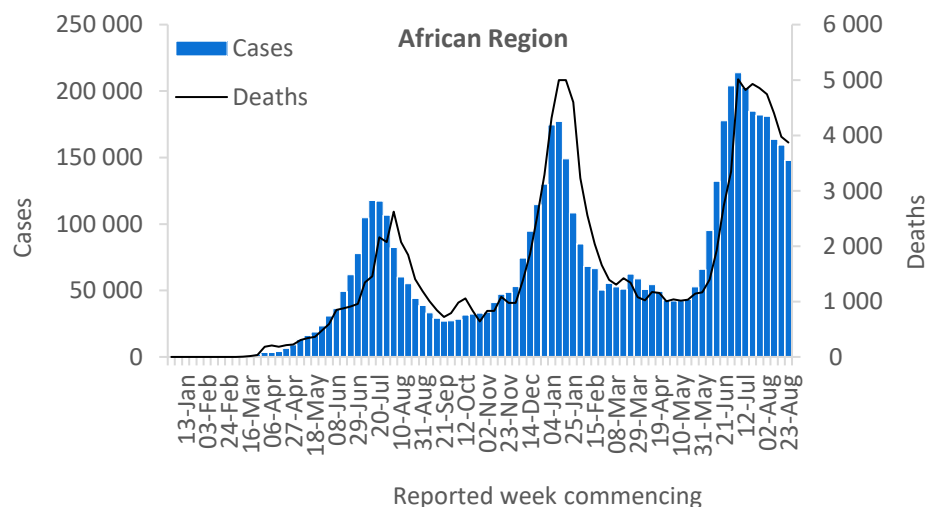
**Countries/territories/areas highlighted include both official and unofficial reports of VOC detections, and do not presently differentiate between detections among travellers (e.g., at Points of Entry) or local community cases. Please see [Annex 2](#) for further details.

WHO regional overviews — Epidemiological week 23 – 29 Aug 2021

African Region

This week the African Region reported over 147 000 new cases, a 7% decrease as compared to the previous week as the Region continued its decreasing trend. In the past week, two countries, South Africa and Ethiopia, accounted for over half (59%) of all the new cases reported in the Region. Over 3800 new deaths were reported in the Region this week, a similar number to that reported during the previous week. However, there are still a number of countries reporting worrying mortality trends; in the past week, eight countries reported increases of over 50% in weekly deaths. The highest numbers of new cases were reported from South Africa (76 966 new cases; 129.8 new cases per 100 000 population; a 9% decrease), Ethiopia (10 058 new cases; 8.7 new cases per 100 000; a 61% increase), and Botswana (7332 new cases; 311.8 new cases per 100 000; a 24% decrease).

The highest numbers of new deaths were reported from South Africa (2210 new deaths; 3.7 new deaths per 100 000 population; a 7% decrease), Kenya (227 new deaths; <1 new death per 100 000; a 53% increase), and Algeria (195 new deaths; 0.4 new deaths per 100 000; an 11% decrease).

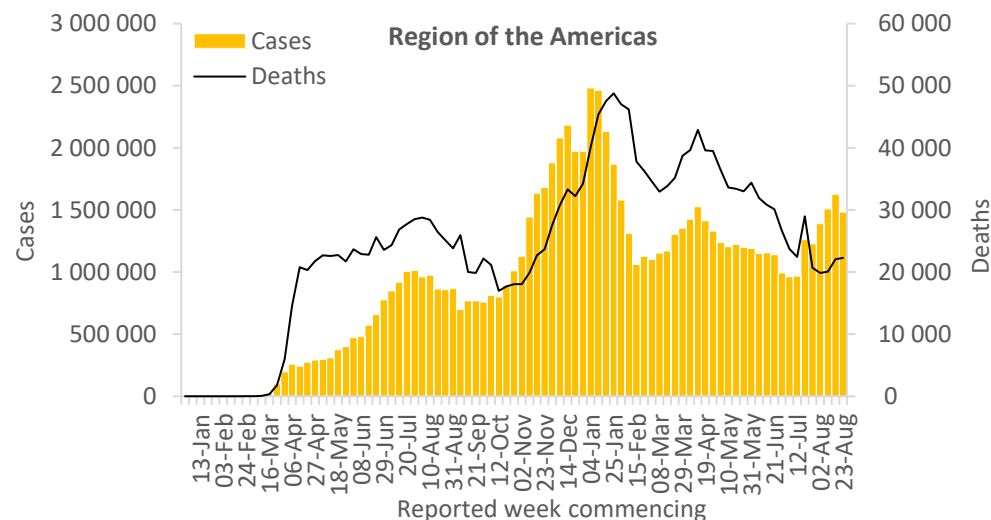


Updates from the [African Region](#)

Region of the Americas

Despite reporting the largest proportional decrease (9%) in cases this week, the Region of the Americas reported over 1.4 million new cases, the largest number of cases reported globally; the United States of America continued to report the largest number of cases in the Region accounting for 63% of all new cases reported this week. Notable increases in cases were also observed in Canada (28% increase) and Guatemala (23% increase) this week. The Region reported over 22 000 new deaths this week, similar to the number reported during the previous week. The highest numbers of new cases were reported from the United States of America (938 014 new cases; 283.4 new cases per 100 000; an 8% decrease), Brazil (175 807 new cases; 82.7 new cases per 100 000; a 16% decrease), and Mexico (114 209 new cases; 88.6 new cases per 100 000; an 11% decrease).

The highest numbers of new deaths were reported from the United States of America (7323 new deaths; 2.2 new deaths per 100 000; a 9% increase), Mexico (5070 new deaths; 3.9 new deaths per 100 000; a 9% increase), and Brazil (4815 new deaths; 2.3 new deaths per 100 000; a 15% decrease).

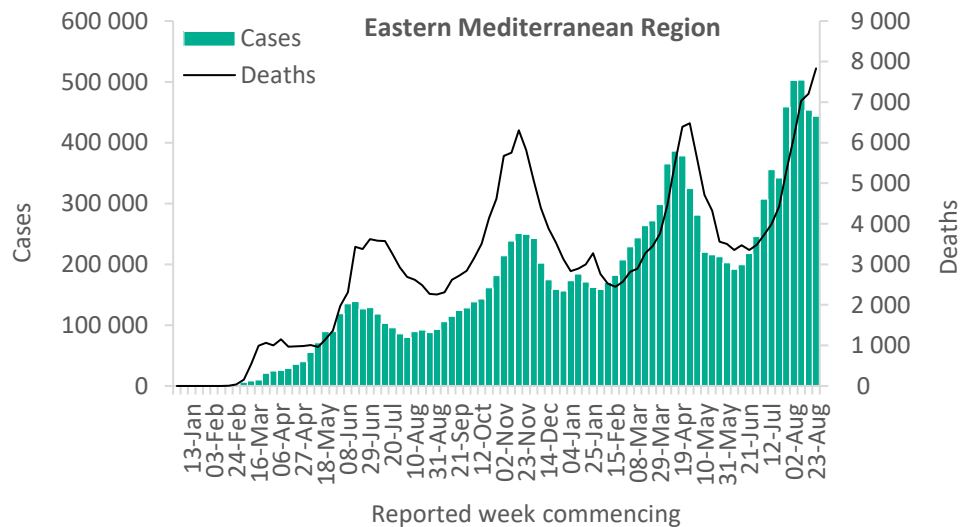


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

While the number of new cases reported in the Eastern Mediterranean Region this week remained similar to the previous week with over 443 000 new cases reported, the Region reported over 7800 new deaths, a 9% increase compared to the previous week. This increasing trend in mortality can be attributed to the number of deaths increasing in 9 of the 22 countries (41%) in the region this week. The highest numbers of new cases were reported from the Islamic Republic of Iran (254 753 new cases; 303.3 new cases per 100 000; similar to the previous week), Iraq (48 897 new cases; 121.6 new cases per 100 000; similar to the previous week), and Morocco (43 244 new cases; 117.2 new cases per 100 000; a 20% decrease).

The highest numbers of new deaths were reported from the Islamic Republic of Iran (4547 new deaths; 5.4 new deaths per 100 000; a 10% increase), Tunisia (760 new deaths; 6.4 new deaths per 100 000; a 7% increase), and Pakistan (687 new deaths; <1 new death per 100 000; a 35% increase).

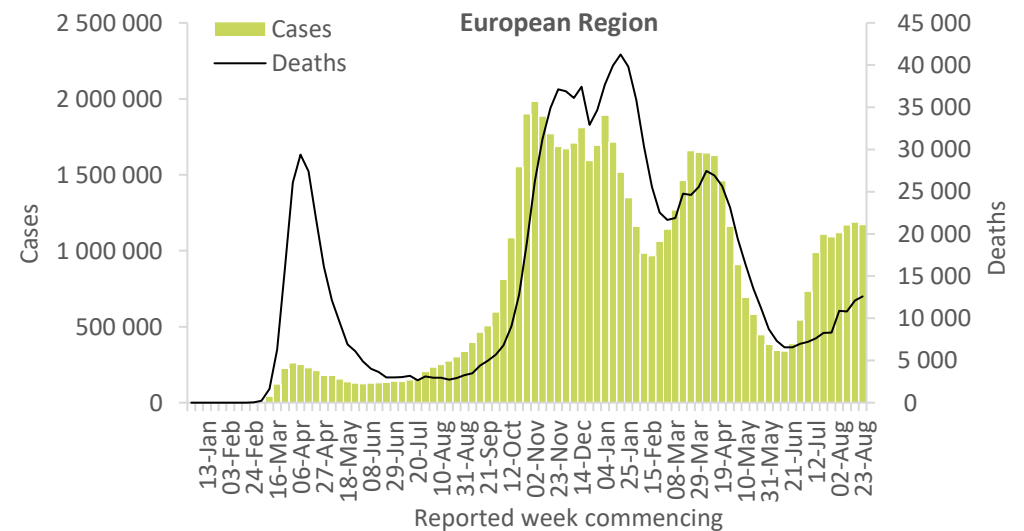


Updates from the [Eastern Mediterranean Region](#)

European Region

Overall, in the European Region the numbers of new cases and deaths reported this week remained similar to the previous week, with over 1.1 million new cases and over 12 000 new deaths. Although the number of new weekly cases seem to be plateauing, the number of new deaths, while showing signs of slowing, has continued to increase in many countries in the Region, and should continue to be closely monitored. The highest numbers of new cases were reported from the United Kingdom (237 556 new cases; 349.9 new cases per 100 000; an 8% increase), the Russian Federation (135 740 new cases; 93.0 new cases per 100 000; a 7% decrease), and Turkey (132 508 new cases; 157.1 new cases per 100 000; similar to the previous week).

The highest numbers of new deaths were reported from the Russian Federation (5593 new deaths; 3.8 new deaths per 100 000; similar to the previous week), Turkey (1631 new deaths; 1.9 new deaths per 100 000; a 23% increase), and the United Kingdom (785 new deaths; 1.2 new deaths per 100 000; a 13% increase).

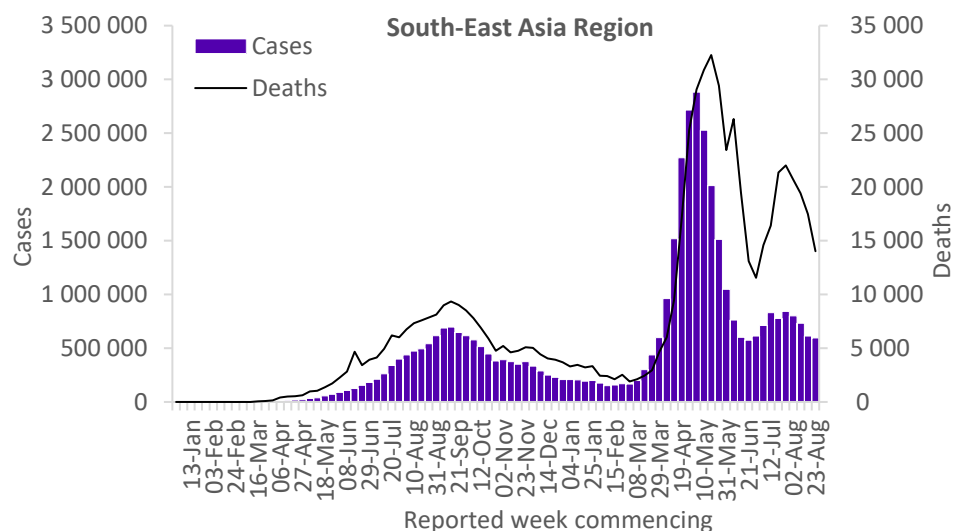


Updates from the [European Region](#)

South-East Asia Region

The South-East Asia Region reported a relatively similar case incidence as compared to the previous week with over 596 000 new cases. Despite a regional decrease in deaths, three countries reported increases of over 15% this week: Timor-Leste (32%), Sri Lanka (19%) and India (17%). The Region reported over 14 000 new deaths, a 20% decrease compared to the previous week, largely due to 60% (6/10) of countries in the Region reporting decreases in weekly mortality during the past week. The highest numbers of new cases were reported from India (270 796 new cases; 19.6 new cases per 100 000; a 17% increase), Thailand (124 796 new cases; 178.8 new cases per 100 000; a 12% decrease), and Indonesia (94 375 new cases; 34.5 new cases per 100 000; a 25% decrease).

The highest numbers of new deaths were reported from Indonesia (5551 new deaths; 2.0 new deaths per 100 000; a 37% decrease), India (3463 new deaths; <1 new death per 100 000; a 10% increase), and Thailand (1823 new deaths; 2.6 new deaths per 100 000; similar to the previous week).

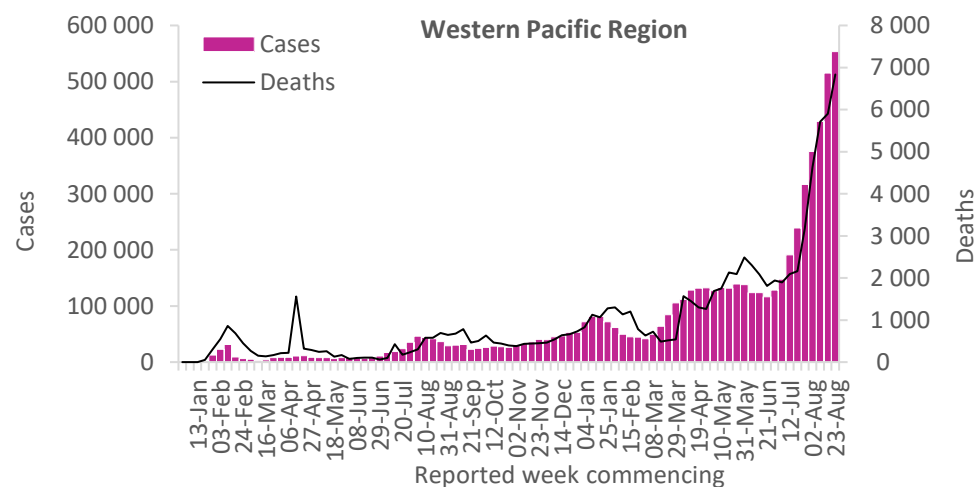


Updates from the [South-East Asia Region](#)

Western Pacific Region

For the past two months, the Western Pacific Region has reported an increasing trend in the numbers of weekly cases and deaths. In the past week, the Region reported over 553 000 new cases and over 6800 new deaths, increases of 7% and 16%, respectively, as compared to the previous week. Nearly half (48%) of all countries in the Region reported increases this week. The Western Pacific Region reported the highest proportionate increase in new deaths this week, an increase driven by substantial increases in case incidence in French Polynesia (86%), Japan (53%) and Viet Nam (36%). The highest numbers of new cases were reported from Japan (156 931 new cases; 124.1 new cases per 100 000; a 5% increase), Malaysia (150 224 new cases; 464.1 new cases per 100 000; similar to the previous week), and the Philippines (111 904 new cases; 102.1 new cases per 100 000; a 16% increase).

The highest numbers of new deaths were reported from Viet Nam (2865 new deaths; 2.9 new deaths per 100 000; a 36% increase), Malaysia (1866 new deaths; 5.8 new deaths per 100 000; a 9% increase), and the Philippines (1412 new deaths; 1.3 new deaths per 100 000; a 7% decrease).



Updates from the [Western Pacific Region](#)

Summary of the COVID-19 Weekly Operational Update

The [Weekly Operational Update](#) (WOU) is a report provided by the COVID-19 Strategic preparedness and response plan (SPRP) monitoring and evaluation team which aims to update on the ongoing global progress against the [COVID-19 SPRP 2021](#) framework.

In this week's edition of the COVID-19 Weekly Operational Update, published on 30 August, highlights of country-level actions and WHO support to countries include:

- GeneXpert machine donated to Belize's Central Medical Laboratory
- Supporting quality management implementation, coordination and costing as part of the COVID-19 laboratory response in Kyrgyzstan
- 15 000 kg of medical supplies arrive in Fiji to support the response to a surge in COVID-19 cases
- Extending COVID-19 vaccination to Rohingya refugees in Cox's Bazar camps in Bangladesh
- Responding to COVID-19 in Jordan: The Innovative Use of Online Platforms
- The Elsje Finck-Sanichar College COVAB in Suriname embraces OpenWHO and online learning during COVID-19 pandemic
- Progress on a subset of indicators from the SPRP 2021 Monitoring and Evaluation Framework
- Updates on WHO's financing to support countries in SPRP 2021 implementation and provision of critical supplies.

For more information, see the [Weekly operational update on COVID-19](#)

Annex

COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories and areas, and WHO Region (reported in previous issues) are now available at: <https://covid19.who.int/table>.

Annex 1. List of countries/territories/areas reporting Variants of Concern as of 31 August 2021**

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Afghanistan	●	-	-	●	-
Albania	●	-	-	○	-
Algeria	●	-	-	●	-
Andorra	○	○	-	○	-
Angola	●	●	●	●	-
Anguilla	●	-	-	●	-
Antigua and Barbuda	●	●	●	●	-
Argentina	●	●	●	●	-
Armenia	●	-	-	●	-
Aruba	●	●	●	●	-
Australia	●	●	●	●	-
Austria	●	●	●	●	-
Azerbaijan	●	-	-	○	-
Bahamas	●	-	-	-	-
Bahrain	●	●	●*	●	-
Bangladesh	●	●	●*	●	-
Barbados	●	-	●	●	-
Belarus	●	-	-	○	-
Belgium	●	●	●	●	-
Belize	●	-	●	●	-
Benin	●	-	-	-	-
Bermuda	●	●	-	●	-
Bhutan	●	●	-	●	-
Bolivia (Plurinational State of)	●	-	●	-	-
Bonaire	●	-	●	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Bosnia and Herzegovina	●	●	●	○	-
Botswana	○	●	-	●	-
Brazil	●	●	●	●	-
British Virgin Islands	●	-	●	●	-
Brunei Darussalam	●	●	-	○*	-
Bulgaria	●	●	-	●	-
Burkina Faso	●	-	-	-	-
Burundi	●	●	-	●	-
Cabo Verde	●	-	-	●	-
Cambodia	●	●	-	●	-
Cameroon	●	●	-	-	-
Canada	●	●	●	●	-
Cayman Islands	●	●	●	●	-
Central African Republic	●	●	-	●	-
Chad	●	-	-	-	-
Chile	●	●	●	●	-
China	●	●	●	○	-
Colombia	●	-	●	●	-
Comoros	●*	●	-	-	-
Congo	●	○	-	●	-
Costa Rica	●	●	●	●	-
Croatia	●	●	●	○	-
Cuba	●	●	-	●	-
Curaçao	●	●	●	●	●
Cyprus	●	●	-	○	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Czechia	●	●	●	●	-
Côte d'Ivoire	●	●	-	-	-
Democratic Republic of the Congo	●	●	-	●	-
Denmark	●	●	●	●	-
Djibouti	●	●	-	-	-
Dominica	●	-	-	-	-
Dominican Republic	●	-	●	-	-
Ecuador	●	-	●	●	-
Egypt	●	-	-	●	-
El Salvador	●	-	●	●	-
Equatorial Guinea	●	●	-	-	-
Estonia	●	●	○	○	-
Eswatini	-	●	-	●	-
Ethiopia	●	-	-	-	-
Falkland Islands (Malvinas)	●	●	-	-	-
Faroe Islands	●	-	●	-	-
Fiji	-	-	-	●	-
Finland	●	●	●	●	-
France	●	●	●	●	-
French Guiana	●	●	●	●	-
French Polynesia	●	●	●	●	-
Gabon	●	●	-	-	-
Gambia	●	-	-	●	-
Georgia	●	○	-	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Germany	●	●	●	●	-
Ghana	●	●	-	●	-
Gibraltar	●	-	-	○*	-
Greece	●	●	●	●	-
Grenada	●	-	-	●	-
Guadeloupe	●	●	●	●	-
Guam	●	●	●	●	-
Guatemala	●	●	●	●	-
Guinea	●	○	-	-	-
Guinea-Bissau	●	●	-	-	-
Guyana	-	-	●	-	-
Haiti	●	-	●	-	-
Honduras	●	-	-	-	-
Hungary	●	○	●	○	-
Iceland	●	-	-	-	-
India	●	●	●	●	-
Indonesia	●	●	-	●	-
Iran (Islamic Republic of)	●	●	●	●	-
Iraq	●	●	-	●	-
Ireland	●	●	●	●	-
Israel	●	●	●	●	-
Italy	●	●	●	●	-
Jamaica	●	-	-	●	-
Japan	●	●	●	●	-
Jordan	●	●	●	●	-
Kazakhstan	●	○	-	●	-
Kenya	●	●	-	●	-
Kosovo[1]	●	○	-	○	-
Kuwait	●	●	-	●	-
Kyrgyzstan	●	●	-	●*	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Lao People's Democratic Republic	●	-	-	●	-
Latvia	●	●	●	○	-
Lebanon	●	-	-	●	-
Lesotho	-	●	-	●	-
Liberia	●	-	-	○*	-
Libya	●	●	-	-	-
Liechtenstein	●	-	-	○*	-
Lithuania	●	●	●	○	-
Luxembourg	●	●	●	●	-
Madagascar	-	●	-	-	-
Malawi	●	●	-	●	-
Malaysia	●	●	-	●	-
Maldives	●	-	-	●	-
Malta	●	○	●	○	-
Martinique	●	●	●	●	-
Mauritania	●	●	-	●	-
Mauritius	●	●	-	●	-
Mayotte	●	●	-	-	-
Mexico	●	●	●	●	-
Monaco	●	●	-	●	-
Mongolia	●	-	-	●	-
Montenegro	●	-	○*	○	-
Montserrat	●	-	●	-	-
Morocco	●	●	-	●	-
Mozambique	●	●	-	●	-
Myanmar	●	-	-	●	-
Namibia	●	●	-	●	-
Nepal	●	-	-	●	-
Netherlands	●	●	●	●	-
New Caledonia	●	-	-	-	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
New Zealand	●	●	○	○	-
Niger	●	-	-	-	-
Nigeria	●	●	-	●	-
North Macedonia	●	●	-	○	-
Northern Mariana Islands (Commonwealth of the)	○	-	-	○	-
Norway	●	●	●	●	-
Occupied Palestinian Territory	●	●	-	●	-
Oman	●	●	-	●	-
Pakistan	●	●	●	●	-
Panama	●	●	●	●	●
Papua New Guinea	-	-	-	●	-
Paraguay	●	-	●	●	-
Peru	●	-	●	●	-
Philippines	●	●	●	●	-
Poland	●	○	●	●	-
Portugal	●	●	●	●	-
Puerto Rico	●	●	●	●	-
Qatar	●	●	-	●	-
Republic of Korea	●	●	●	●	-
Republic of Moldova	●	-	-	●	-
Romania	●	●	●	●	-
Russian Federation	●	●	○	●	-
Rwanda	●	●	-	●	-
Réunion	●	●	●	○	-
Saba	-	-	-	●	-
Saint Barthélemy	●	-	-	-	-
Saint Kitts and Nevis	-	-	-	●*	-
Saint Lucia	●	-	-	●	-
Saint Martin	●	●	-	-	-
Saint Pierre and Miquelon	-	-	-	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Saint Vincent and the Grenadines	-	-	-	●	-
Sao Tome and Principe	○	-	-	-	-
Saudi Arabia	●	●	-	●	-
Senegal	●	●	-	●	-
Serbia	●	-	-	●	-
Seychelles	●	●	-	●	-
Sierra Leone	-	-	-	○	-
Singapore	●	●	●	●	-
Sint Maarten	●	●	●	●	-
Slovakia	●	●	-	●	-
Slovenia	●	●	●	●	-
Somalia	●	●	-	-	-
South Africa	●	●	○*	●	-
South Sudan	●	●	-	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Spain	●	●	●	●	-
Sri Lanka	●	●	-	●	-
Sudan	●	●	●*	-	-
Suriname	●	●	●	●	-
Sweden	●	●	●	●	-
Switzerland	●	●	●	●	-
Thailand	●	●	●	●	-
Timor-Leste	●	-	-	●	-
Togo	●	●	-	○*	-
Trinidad and Tobago	●	-	●	●	-
Tunisia	●	●	-	●	-
Turkey	●	●	●	●	-
Turks and Caicos Islands	●	-	●	●	-
Uganda	●	●	-	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Ukraine	●	○	-	○	-
United Arab Emirates	●	●	●	●	-
United Kingdom	●	●	●	●	-
United Republic of Tanzania	-	●	-	-	-
United States Virgin Islands	●	●	-	●	-
United States of America	●	●	●	●	-
Uruguay	●	●	●	●	-
Uzbekistan	●	●	-	○	-
Venezuela (Bolivarian Republic of)	●	-	●	●	-
Viet Nam	●	●	-	●	-
Wallis and Futuna	●	-	-	-	-
Yemen	●	●	-	-	-
Zambia	●	●	-	●	-
Zimbabwe	-	●	-	●	-

*Newly reported in this update.

“Unspecified B.1.617” reflects countries/territories/areas reporting detection of B.1.617 without further specification of lineage at this time. These will be reallocated as further details become available.

“●” indicates that information for this variant was received by WHO from official sources.

“○” indicates that information for this variant was received by WHO from unofficial sources and will be reviewed as more information become available.

**Includes countries/territories/areas reporting the detection of VOCs among travelers (e.g., imported cases detected at points of entry), or local cases (detected in the community). Excludes countries, territories, and areas that have never reported the detection of a variant of concern

See also [Annex 2: Data, table and figure notes](#).

Annex 2. 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.

A record of historic data adjustment made is available upon request by emailing epi-data-support@who.int. Please specify the country(ies) of interest, time period(s), and purpose of the request/intended usage. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data.

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

^[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). In the map, number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

Technical guidance and other resources

- [WHO technical guidance](#)
- [WHO COVID-19 Dashboard](#)
- [WHO Weekly Operational Updates on COVID-19](#)
- [WHO COVID-19 case definitions](#)
- [COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update](#)
- [Research and Development](#)
- [OpenWHO courses on COVID-19](#) in official UN languages and in [additional national languages](#)
- [WHO Academy COVID-19 mobile learning app](#)
- [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
- Recommendations and advice for the public:
 - [Protect yourself](#)
 - [Questions and answers](#)
 - [Travel advice](#)
- [EPI-WIN: tailored information for individuals, organizations and communities](#)

COVID-19 Weekly Epidemiological Update

Edition 51, published 3 August 2021

In this edition:

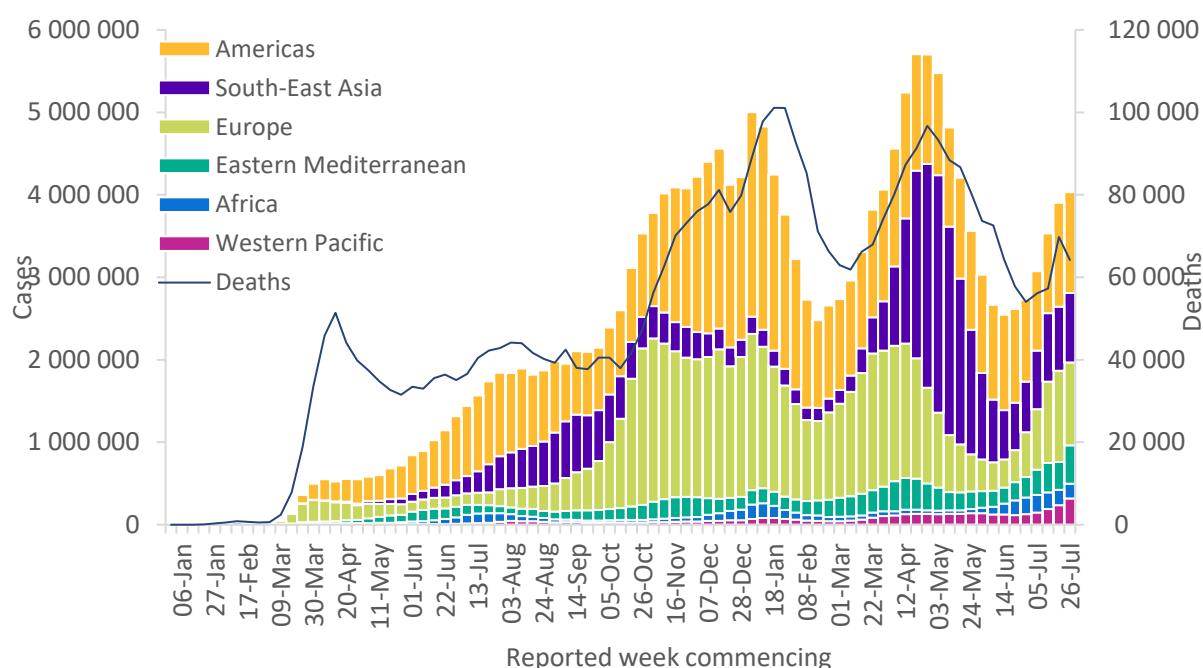
- [Global overview](#)
- [Special focus: Update on SARS-CoV-2 Variants of Interest and Variants of Concern](#)
- [WHO regional overviews](#)
- [Key weekly updates](#)

Global overview

Data as of 1 August 2021

The global number of new cases has been increasing for more than a month, with over 4 million cases reported in the past week (26 July to 1 August 2021) (Figure 1). This increasing trend is largely attributed to substantial increases in the Eastern Mediterranean and the Western Pacific Regions which reported 37% and 33% increases respectively as compared to the previous week, while the South-East Asia Region reported a 9% increase (Table 1); the other three Regions reported similar weekly case incidence or a slight decrease as compared to the previous week. Overall, the number of deaths reported this week decreased by 8% as compared to the previous week, with over 64 000 deaths reported. However, the Western Pacific and Eastern Mediterranean Regions showed a sharp increase in new deaths as compared to the previous week, reporting 48% and 31% increases, respectively. The other four Regions reported a similar number of weekly deaths as compared to the previous week, with the exception of the Region of the Americas which reported a 29% decrease. The cumulative number of cases reported globally is now nearly 197 million and the number of cumulative deaths is 4.2 million. If these trends continue, the cumulative number of cases reported globally could exceed 200 million by next week.

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



**See [Annex 2: Data, table and figure notes](#)

The Regions with the highest weekly case and deaths incidence rates per 100 000 population remain the same as last week: the Regions of the Americas (123.3 new cases per 100 000 population) and Europe (118.4 new cases per 100 000 population) reported the highest weekly case incidence while the Americas and South-East Asia Regions reported the highest weekly incidence in deaths , 2.0 and 1.1 new deaths per 100 000 population, respectively.

At the country level, the highest numbers of new cases in the past week were reported by the United States of America (543 420 new cases; 9% increase), India (283 923 new cases; 7% increase), Indonesia (273 891 new cases; 5% decrease), Brazil (247 830 new cases; 24% decrease), and the Islamic Republic of Iran (206 722 new cases; 27% increase).

Globally, cases of the Alpha variant have been reported in 182 countries, territories or areas (hereafter countries), while 132 countries (one new country) have reported cases of the Beta variant; 81 countries (one new country) have reported cases of the Gamma variant; and 135 countries (three new countries) have reported cases of the Delta variant.

Table 1. Newly reported and cumulative COVID-19 cases and deaths, by WHO Region, as of 3 August 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	1 225 408 (30%)	-3%	77 221 387 (39%)	20 590 (32%)	-29%	2 010 183 (48%)
Europe	1 004 722 (25%)	-9%	60 109 964 (30%)	8 024 (12%)	-2%	1 220 491 (29%)
South-East Asia	841 753 (21%)	9%	38 378 277 (19%)	22 010 (34%)	3%	570 286 (14%)
Eastern Mediterranean	463 090 (11%)	37%	12 596 128 (6%)	5 553 (9%)	31%	236 229 (6%)
Africa	182 067 (5%)	-1%	4 955 648 (3%)	4 853 (8%)	-2%	117 282 (3%)
Western Pacific	316 796 (8%)	33%	4 525 949 (2%)	3 186 (5%)	48%	65 094 (2%)
Global	4 033 836 (100%)	3%	197 788 117 (100%)	64 216 (100%)	-8%	4 219 578 (100%)

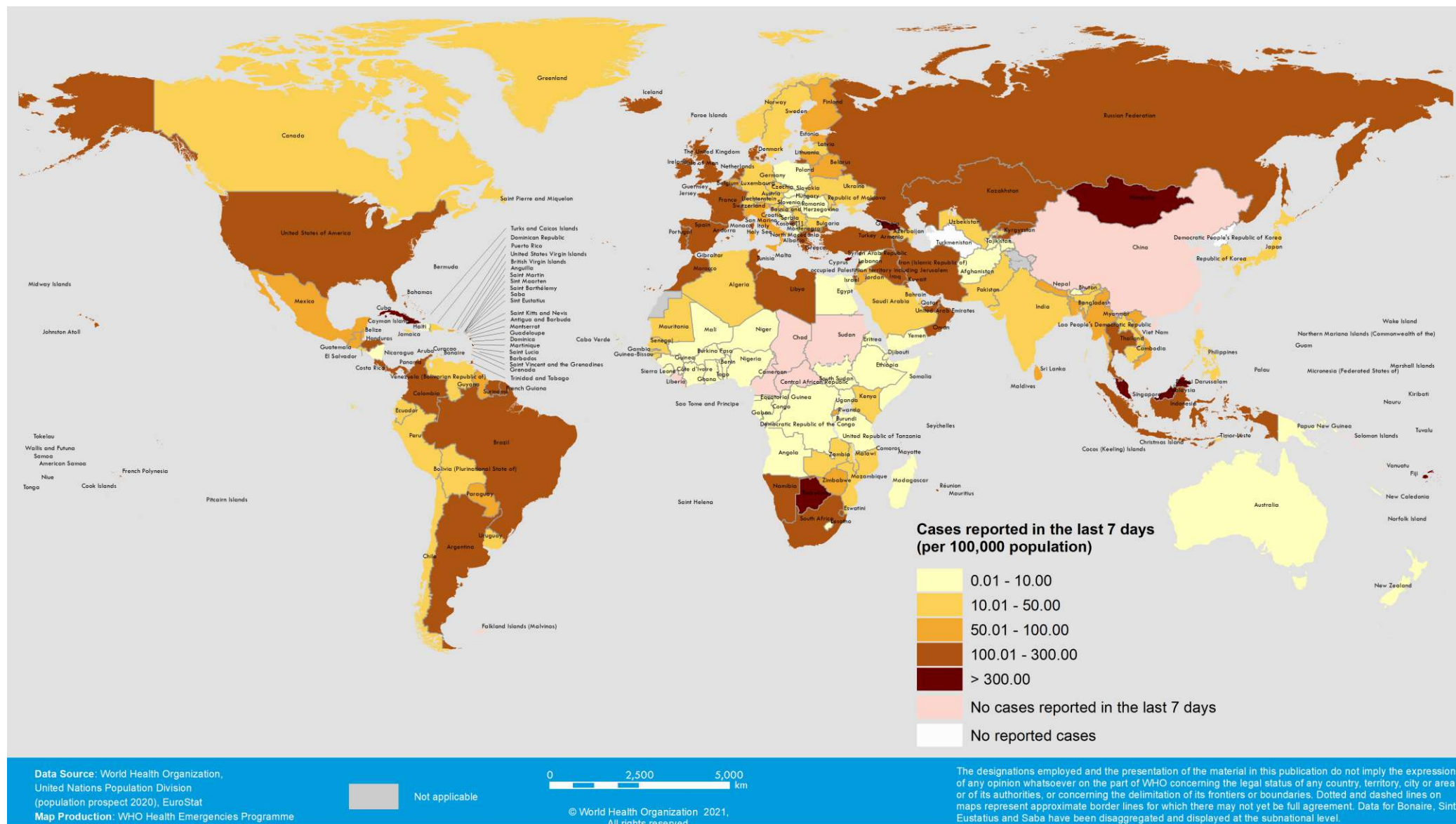
*Percent change in the number of newly confirmed cases/deaths in past seven days, compared to seven days prior

**See [Annex 2: Data, table and figure notes](#)

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

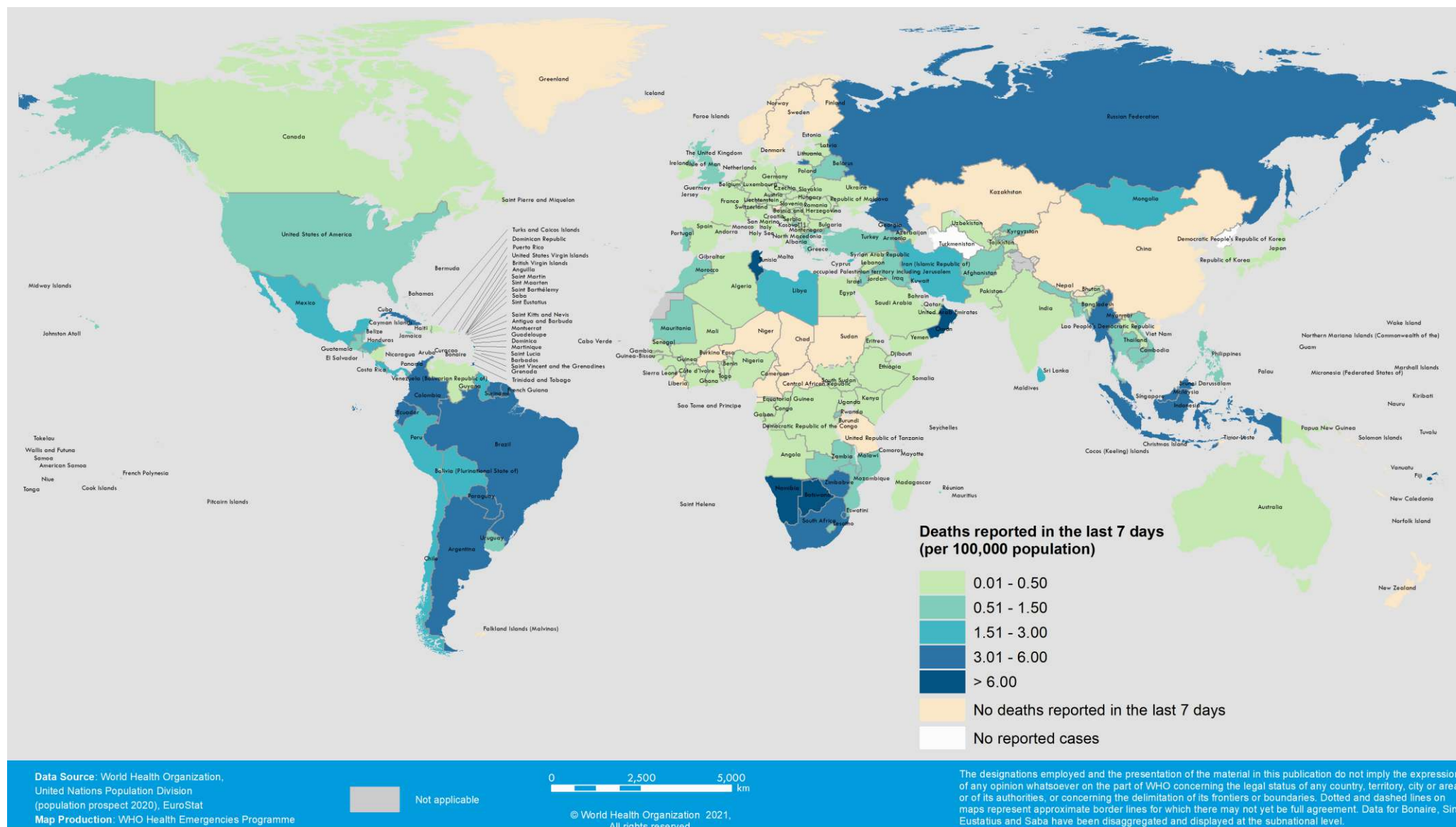
- [WHO COVID-19 Dashboard](#)
- [WHO COVID-19 Weekly Operational Update and previous editions of the Weekly Epidemiological Update](#)

Figure 2. COVID-19 cases per 100 000 population reported by countries, territories and areas, 26 July – 1 August 2021**



**See [Annex 2: Data, table and figure notes](#)

Figure 3. COVID-19 deaths per 100 000 population reported by countries, territories and areas, 26 July – 1 August 2021**



**See Annex 2: Data, table and figure notes

Special Focus: Update on SARS-CoV-2 Variants of Interest and Variants of Concern

WHO, in collaboration with national authorities, institutions and researchers, routinely assesses if variants of SARS-CoV-2 alter transmission or disease characteristics, or impact vaccine, therapeutics, diagnostics or effectiveness of public health and social measures (PHSM) applied by national authorities to control disease spread. “Signals” of potential Variants of Concern (VOCs) or Variants of Interest (VOIs) are detected and assessed based on the risk posed to global public health. As these risks evolve, WHO will continue to update lists of global VOIs and VOCs to support setting priorities for surveillance and research, and ultimately guide response strategies (for more information, please see the [Tracking SARS-CoV-2 variants](#) website).

National authorities may choose to designate other variants of local interest/concern and are encouraged to investigate and report on impacts of these variants.

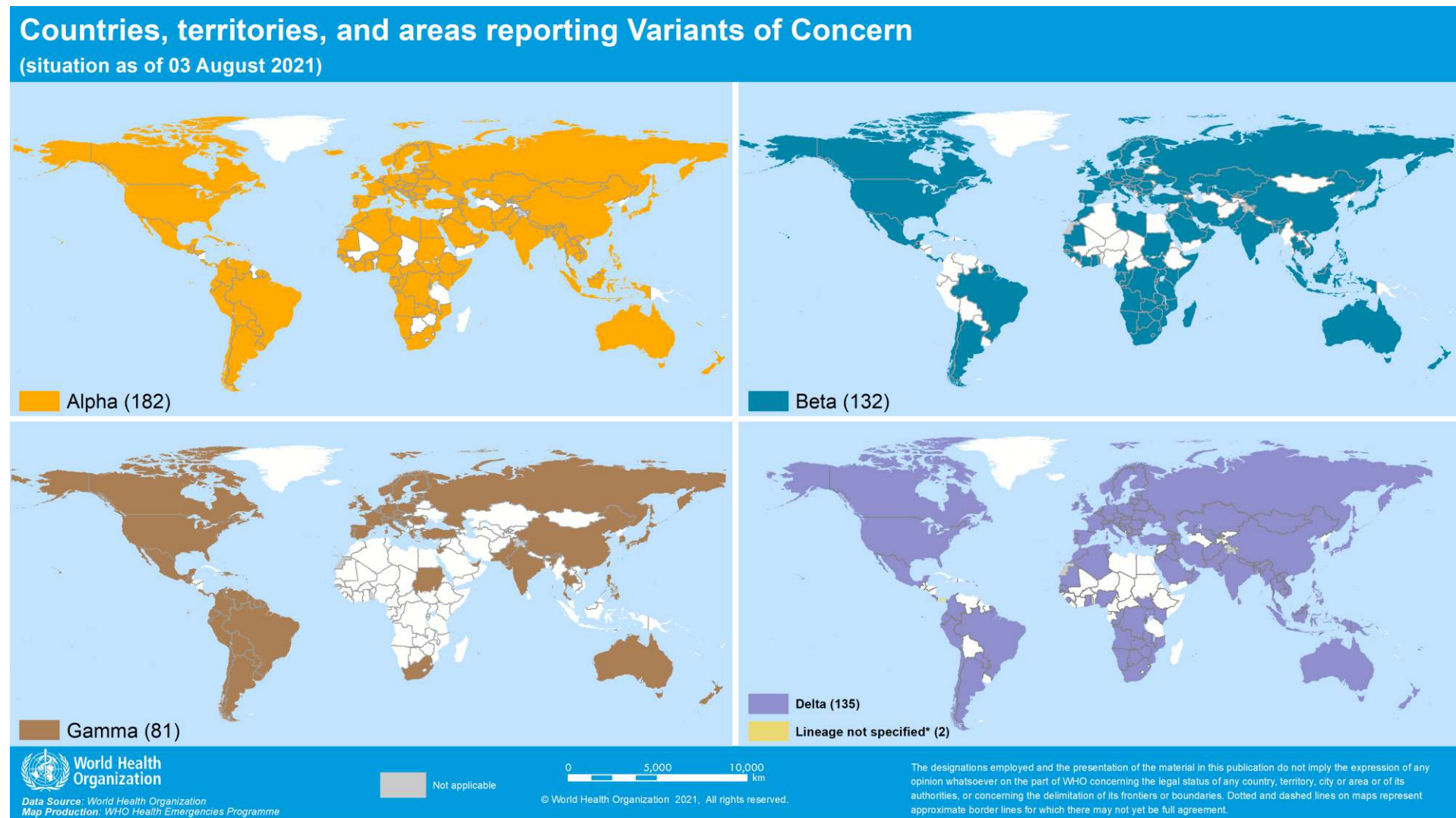
As surveillance activities to detect SARS-CoV-2 variants are strengthened at national and subnational levels, including through the expansion of genomic sequencing capacities, the number of countries/areas/territories (hereafter countries) reporting VOCs continues to increase (Figure 4, Annex 1). This distribution should nonetheless be interpreted with due consideration of surveillance limitations, including differences in sequencing capacities and sampling strategies between countries.

As countries gradually resume non-essential international travel, the introduction of risk mitigation measures aiming to reduce travel-associated exportation, importation and onward transmission of SARS-CoV-2 should be based on thorough risk assessments conducted systematically and routinely.

Additional resources

- [Tracking SARS-CoV-2 Variants](#)
- [COVID-19 new variants: Knowledge gaps and research](#)
- [Genomic sequencing of SARS-CoV-2: a guide to implementation for maximum impact on public health](#)
- [Considerations for implementing and adjusting public health and social measures in the context of COVID-19](#)

Figure 4 . Countries, territories and areas reporting variants Alpha, Beta, Gamma and Delta, as of 3 August 2021**



*Includes countries/territories/areas reporting the detection of B.1.617 without further specification of lineage at this time. These will be reallocated as further details become available.

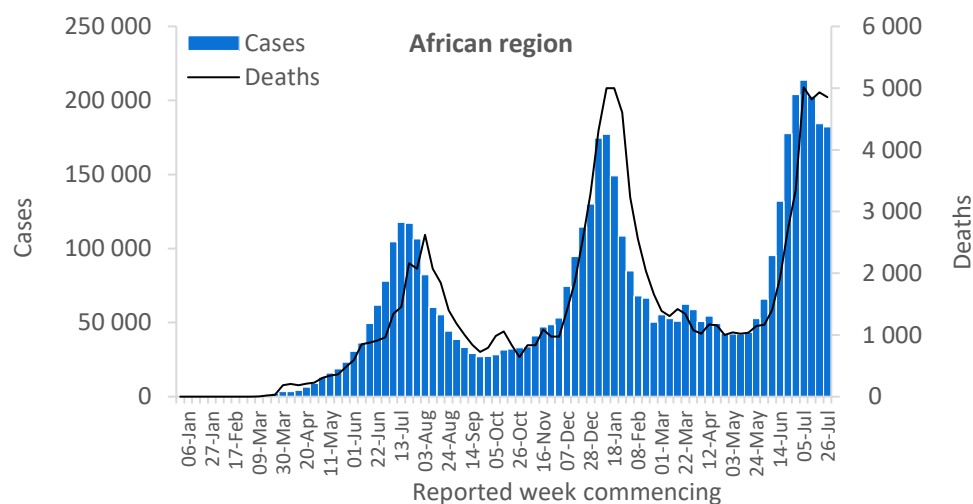
**Countries/territories/areas highlighted include both official and unofficial reports of VOC detections, and do not presently differentiate between detections among travellers (e.g., at Points of Entry) or local community cases. Please see [Annex 2](#) for further details.

WHO regional overviews - Epidemiological week 26 July - 1 Aug 2021

African Region

The Region reported relatively similar numbers of weekly cases and deaths as the previous week, with just over 182 000 new cases and over 4800 new deaths reported this week. The overall decrease in weekly cases reported in the Region since the middle of July has been largely driven by declines observed in South Africa. In contrast, many other countries in the Region continue to report increasing case incidence. Similarly, for mortality, the trend in the region is largely driven by a decline in new weekly deaths reported by South Africa.

The highest numbers of new cases were reported from South Africa (79 349 new cases; 133.8 new cases per 100 000 population; 6% decrease), Mozambique (13 268 new cases; 42.5 new cases per 100 000; 25% increase), and Zimbabwe (11 583 new cases; 77.9 new cases per 100 000; 21% decrease). The highest numbers of new deaths were reported from South Africa (2525 new deaths; 4.3 new deaths per 100 000 population; 10% decrease), Zimbabwe (482 new deaths; 3.2 new deaths per 100 000; 4% increase), and Namibia (284 new deaths; 11.2 new deaths per 100 000; 12% increase).

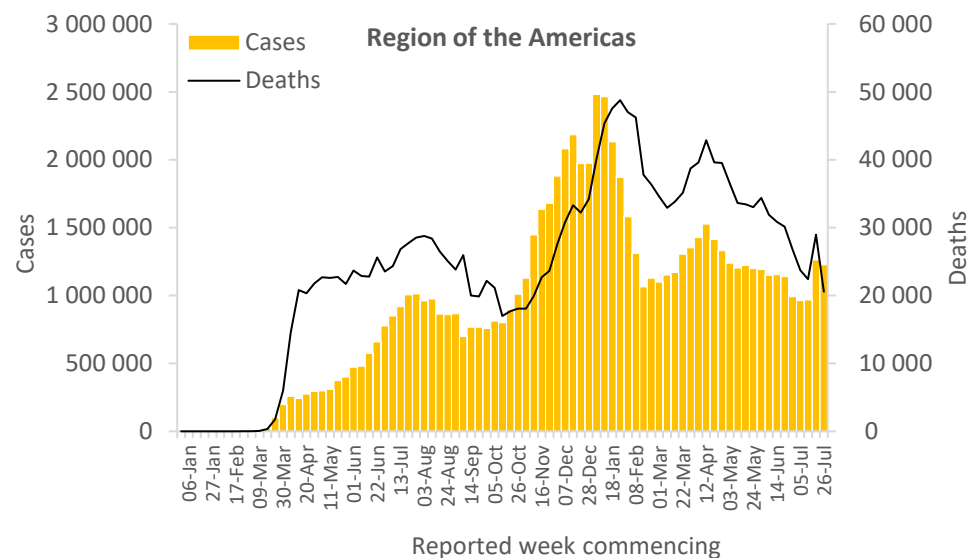


Updates from the [African Region](#)

Region of the Americas

The Region of the Americas reported over 1.2 million new cases and over 20 000 new deaths in the past week. While the number of cases reported was similar to the previous week, the number of weekly deaths decreased by 29%. This is largely due to a sharp decline in deaths in Ecuador this week as compared to last week (19-25 July) when the country reported a sharp increase in new weekly deaths. This increase was mainly due to a change in the definition of a COVID-19 death in Ecuador^[2] that had artificially inflated the death count for the region in the previous week.

The highest numbers of new cases were reported from the United States of America (543 420 new cases; 164.2 new cases per 100 000; 9% increase), Brazil (247 830 new cases; 116.6 new cases per 100 000; 24% decrease), and Mexico (103 283 new cases; 80.1 new cases per 100 000; 23% increase). The highest numbers of new deaths were reported from Brazil (7120 new deaths; 3.3 new deaths per 100 000; 10% decrease), Mexico (2502 new deaths; 1.9 new deaths per 100 000; 29% increase), and the United States of America (2455 new deaths; <1 new death per 100 000; 32% increase).

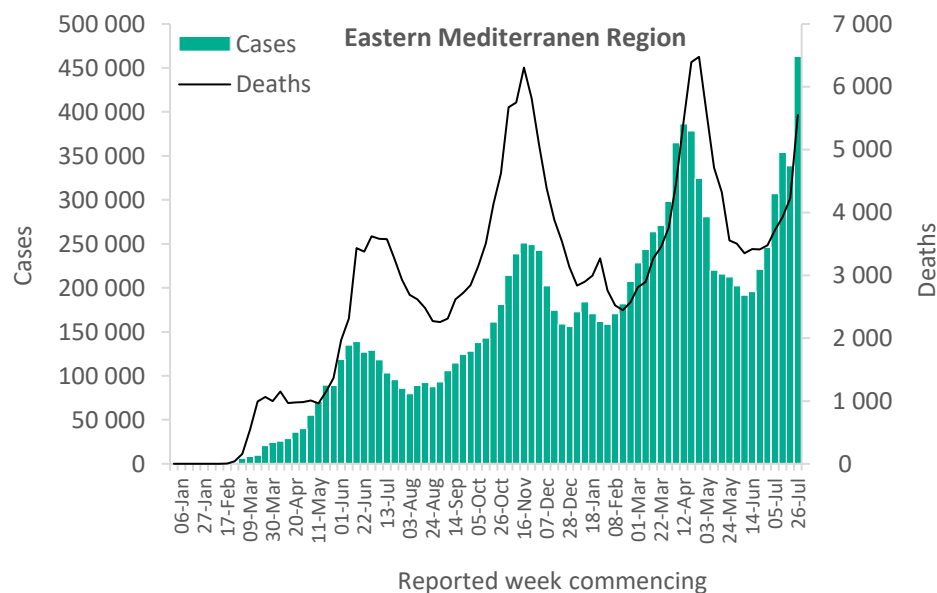


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 463 000 new cases and over 5500 new deaths, increases of 37% and 31%, respectively, as compared to the previous week. This week, the Region reported the highest weekly number of cases since the beginning of the pandemic. The increase in cases and deaths is mainly driven by an increase in new cases reported by the Islamic Republic of Iran. The highest numbers of new cases were reported from the Islamic Republic of Iran (206 722 new cases; 246.1 new cases per 100 000; 27% increase), Iraq (83 098 new cases; 206.6 new cases per 100 000; 37% increase), and Morocco (48 366 new cases; 131.0 new cases per 100 000; 146% increase).

The highest numbers of new deaths were reported from the Islamic Republic of Iran (2098 new deaths; 2.5 new deaths per 100 000; 34% increase), Tunisia (1258 new deaths; 10.6 new deaths per 100 000; 5% increase), and Iraq (425 new deaths; 1.1 new deaths per 100 000; 4% decrease).

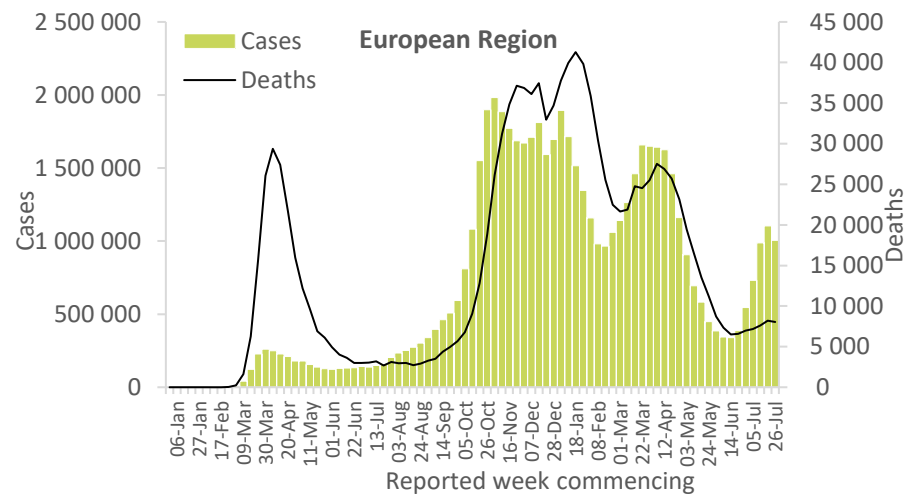


Updates from the [Eastern Mediterranean Region](#)

European Region

After more than a month of reporting increases in the number of weekly cases and deaths, the Region reported a 9% decrease in weekly cases as compared to the previous week, with just over one million new cases reported. The number of weekly reported deaths was similar to the previous week, with just over 8 000 new deaths reported. The highest numbers of new cases were reported from the United Kingdom (187 268 new cases; 275.9 new cases per 100 000; 34% decrease), the Russian Federation (162 136 new cases; 111.1 new cases per 100 000; 4% decrease), and Turkey (139 667 new cases; 165.6 new cases per 100 000; 114% increase). The observed decrease in newly reported cases in the Region has been mainly driven by decline in new cases from Spain, where cases dropped from 181 322 cases reported during the past week to 90 332 this week, and from the United Kingdom where cases dropped from 282 920 in the previous week to 187 268 this week.

The highest numbers of new deaths were reported from the Russian Federation (5478 new deaths; 3.8 new deaths per 100 000; no change compared to last week), the United Kingdom (524 new deaths; 0.8 new deaths per 100 000; 17% increase), and Turkey (453 new deaths; <1 new death per 100 000; 16% increase).

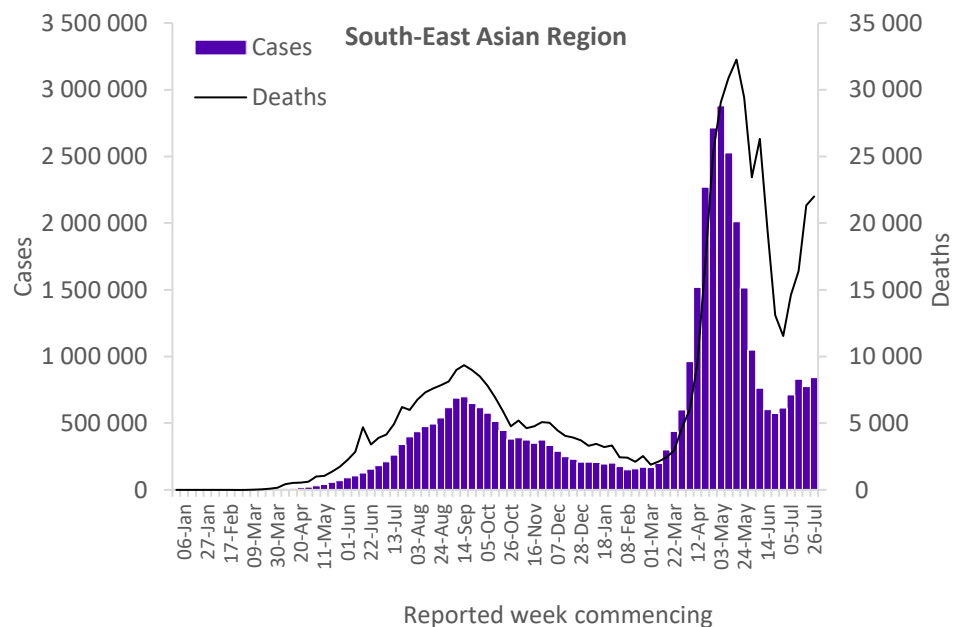


Updates from the [European Region](#)

South-East Asia Region

The Region reported a 9% increase in new cases as compared to the previous week (over 841 000 cases), while the number of weekly deaths remained similar to the previous week (22 000 deaths). The highest numbers of new cases were reported from India (283 923 new cases; 20.6 new cases per 100 000; 7% increase), Indonesia (273 891 new cases; 100.1 new cases per 100 000; 5% decrease), and Thailand (118 012 new cases; 169.1 new cases per 100 000; 26% increase). Cases from these three countries accounted for 80% of new cases being reported from the Region.

The highest numbers of new deaths were reported from Indonesia (12 444 new deaths; 4.5 new deaths per 100 000; 28% increase), India (3800 new deaths; <1 new death per 100 000; 45% decrease), and Myanmar (2620 new deaths; 4.8 new deaths per 100 000; 24% increase).

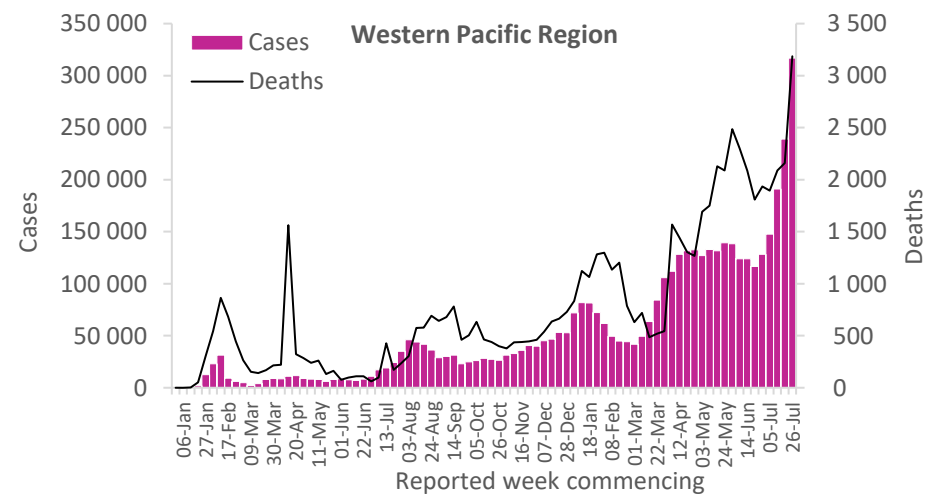


Updates from the [South-East Asia Region](#)

Western Pacific Region

Cases have continued to increase for over a month. This week, the Region reported nearly 317 000 new cases and nearly 3200 new deaths, increases of 33% and 48% respectively, as compared to the previous week. The increase in newly reported cases has been mainly driven by Japan and Malaysia while the increase in newly reported deaths is largely driven by Viet Nam as well as Malaysia, where Viet Nam reported over 500% increase when compared to last week while Malaysia reported an 8% increase, with over 1100 new deaths reported. Overall, the majority of countries in the Region (15 out of 24; 62.5%) have reported an increasing trend in newly reported cases, as compared to the previous week.

The highest numbers of new cases were reported from Malaysia (116 879 new cases; 361.1 new cases per 100 000; 29% increase), Japan (60 157 new cases; 47.6 new cases per 100 000; 121% increase), and Viet Nam (55 147 new cases; 56.7 new cases per 100 000; 26% increase). The highest numbers of new deaths were reported from Malaysia (1122 new deaths; 3.5 new deaths per 100 000; 8% increase), Viet Nam (936 new deaths; 1.0 new deaths per 100 000; 546% increase), and the Philippines (758 new deaths; <1 new death per 100 000; 42% increase).



Updates from the [Western Pacific Region](#)

Key weekly updates

WHO Director-General's key messages

- In his opening remarks at the [media briefing on COVID-19 – 30 July 2021](#), the Director-General highlighted the following:
 - In response to the Delta surge, the Access to COVID-19 Tools Accelerator is launching the Rapid ACT-Accelerator Delta Response, or RADAR, issuing an urgent call for 7.7 billion U.S. dollars for tests, treatments and vaccines.
 - WHO's goal remains to support every country to vaccinate at least 10% of its population by the end of September, at least 40% by the end of this year, and 70% by the middle of next year.

Updates and publications

- [Holding gatherings during the COVID-19 pandemic: WHO policy brief, 2 August 2021](#)
- [Interim recommendations for use of the ChAdOx1-S \[recombinant\] vaccine against COVID-19 \(AstraZeneca COVID-19 vaccine AZD1222 Vaxzevria™, SII COVISHIELD™\)](#)
- [Annexes to the interim recommendations for use of the ChAdOx1-S \[recombinant\] vaccine against COVID-19 \(AstraZeneca COVID-19 vaccine AZD1222 Vaxzevria™, SII COVISHIELD™\)](#)
- [Joint Statement of the Multilateral Leaders Task Force on COVID-19 Vaccines, Therapeutics, and Diagnostics for Developing Countries following its Second Meeting](#)
- [COVID-19 Task Force on COVID-19 vaccines, therapeutics, and diagnostics: website](#)
- [New consortium working to boost vaccine production in South Africa](#)

Annex

- COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories and areas, and WHO Region (reported in previous issues) are now available at: <https://covid19.who.int/table>.

Annex 1. List of countries/territories/areas reporting Variants of Concern as of 3 August 2021**

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Afghanistan	●	-	-	●	-
Albania	●	-	-	○	-
Algeria	●	-	-	●	-
Angola	●	●	-	●	-
Anguilla	●	-	-	●	-
Antigua and Barbuda	●	●	-	-	-
Argentina	●	●	●	●	-
Armenia	○	-	-	●*	-
Aruba	●	●	●	●	-
Australia	●	●	●	●	-
Austria	●	●	●	●	-
Azerbaijan	●	-	-	○	-
Bahamas	●	-	-	-	-
Bahrain	●	●	-	●	-
Bangladesh	●	●	-	●	-
Barbados	●	-	●	●	-
Belarus	●	-	-	○	-
Belgium	●	●	●	●	-
Belize	●	-	-	-	-
Bermuda	●	●	-	-	-
Bhutan	●	●	-	●	-
Bolivia (Plurinational State of)	●	-	●	-	-
Bonaire	●	-	●*	●*	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Bosnia and Herzegovina	○	○	○	○	-
Botswana	-	●	-	●	-
Brazil	●	●	●	●	-
British Virgin Islands	●	-	●	-	-
Brunei Darussalam	●	●	-	-	-
Bulgaria	●	●	-	●	-
Burkina Faso	●	-	-	-	-
Burundi	●	●	-	●	-
Cabo Verde	●	-	-	-	-
Cambodia	●	○	-	●	-
Cameroon	●	●	-	-	-
Canada	●	●	●	●	-
Cayman Islands	●	-	●	-	-
Central African Republic	●	-	-	-	-
Chile	●	●	●	●	-
China	●	●	●	○	-
Colombia	●	-	●	●	-
Comoros	-	●	-	-	-
Congo	●	●	-	●	-
Costa Rica	●	●	●	●	-
Croatia	●	●	○	○	-
Cuba	●	●	-	-	-
Curaçao	●	-	●	●	●

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Cyprus	●	●	-	○	-
Czechia	●	●	●	●	-
Côte d'Ivoire	●	●	-	-	-
Democratic Republic of the Congo	●	●	-	●	-
Denmark	●	●	●	●	-
Djibouti	●	●	-	-	-
Dominica	●	-	-	-	-
Dominican Republic	●	-	●	-	-
Ecuador	●	-	●	●	-
Egypt	●	-	-	-	-
Equatorial Guinea	●	●	-	-	-
Estonia	●	●	○	○	-
Eswatini	-	●	-	-	-
Ethiopia	○	-	-	-	-
Faroe Islands	●	-	●	-	-
Fiji	-	-	-	●	-
Finland	●	●	●	●	-
France	●	●	●	●	-
French Guiana	●	●	●	●	-
French Polynesia	●	●	●	●	-
Gabon	●	○	-	-	-
Gambia	●	-	-	●	-
Georgia	●	○	-	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Germany	●	●	●	●	-
Ghana	●	●	-	●	-
Gibraltar	●	-	-	-	-
Greece	●	●	●	●	-
Grenada	●	-	-	-	-
Guadeloupe	●	●	●	●	-
Guam	●	●	●	●	-
Guatemala	●	●	●	-	-
Guinea	●	●	-	-	-
Guinea-Bissau	●	●	-	-	-
Guyana	-	-	●	-	-
Haiti	●	-	●	-	-
Honduras	●	-	-	-	-
Hungary	●	○	●	○	-
Iceland	●	-	-	-	-
India	●	●	●	●	-
Indonesia	●	●	-	●	-
Iran (Islamic Republic of)	●	●	-	●	-
Iraq	●	●	-	●	-
Ireland	●	●	●	●	-
Israel	●	●	●	●	-
Italy	●	●	●	●	-
Jamaica	●	-	-	-	-
Japan	●	●	●	●	-
Jordan	●	●	●	●	-
Kazakhstan	○	○	-	●	-
Kenya	●	●	-	●	-
Kosovo[1]	●	○	-	○	-
Kuwait	●	●	-	●	-
Kyrgyzstan	●	●	-	-	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Lao People's Democratic Republic	●	-	-	●	-
Latvia	●	●	●	○	-
Lebanon	●	-	-	●	-
Lesotho	-	●	-	-	-
Liberia	●	-	-	-	-
Libya	●	●	-	-	-
Liechtenstein	●	-	-	-	-
Lithuania	●	●	●	○	-
Luxembourg	●	●	●	●	-
Madagascar	-	●	-	-	-
Malawi	●	●	-	●	-
Malaysia	●	●	-	●	-
Maldives	●	-	-	●	-
Malta	●	○	●	○	-
Martinique	●	●	●	●	-
Mauritania	●	●	-	●	-
Mauritius	○	●	-	●	-
Mayotte	●	●	-	-	-
Mexico	●	●	●	●	-
Monaco	●	○	-	○	-
Mongolia	●	-	-	●	-
Montenegro	●	-	-	-	-
Montserrat	●	-	-	-	-
Morocco	●	●*	-	●	-
Mozambique	○	●	-	●	-
Myanmar	●	-	-	●	-
Namibia	●	●	-	●	-
Nepal	●	-	-	●	-
Netherlands	●	●	●	●	-
New Caledonia	●	-	-	-	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
New Zealand	●	●	○	○	-
Niger	●	-	-	-	-
Nigeria	●	-	-	●	-
North Macedonia	●	●	-	○	-
Norway	●	●	●	●	-
Occupied Palestinian Territory	●	●	-	●	-
Oman	●	●	-	●	-
Pakistan	●	●	●	●	-
Panama	●	●	●	-	●
Papua New Guinea	-	-	-	●	-
Paraguay	●	-	●	●*	-
Peru	●	-	●	●	-
Philippines	●	●	●	●	-
Poland	●	○	●	●	-
Portugal	●	●	●	●	-
Puerto Rico	●	●	●	●	-
Qatar	●	●	-	●	-
Republic of Korea	●	●	●	●	-
Republic of Moldova	○	-	-	●	-
Romania	●	●	●	●	-
Russian Federation	●	●	○	●	-
Rwanda	●	○	-	●	-
Réunion	●	●	●	○	-
Saba	-	-	-	●	-
Saint Barthélemy	●	-	-	-	-
Saint Lucia	●	-	-	-	-
Saint Martin	●	●	-	-	-
Sao Tome and Principe	●	-	-	-	-
Saudi Arabia	●	●	-	●	-
Senegal	●	●	-	●	-
Serbia	●	-	-	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Seychelles	-	●	-	-	-
Sierra Leone	-	-	-	○	-
Singapore	●	●	●	●	-
Sint Maarten	●	●	-	●	-
Slovakia	●	●	-	●	-
Slovenia	●	●	●	●	-
Somalia	●	○	-	-	-
South Africa	●	●	○	●	-
South Sudan	●	○	-	●	-
Spain	●	●	●	●	-
Sri Lanka	●	●	-	●	-
Sudan	●	●	●	-	-
Suriname	●	●	●	-	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Sweden	●	●	●	●	-
Switzerland	●	●	○	●	-
Thailand	●	●	●	●	-
Timor-Leste	●	-	-	●	-
Togo	●	●	-	-	-
Trinidad and Tobago	●	-	●	-	-
Tunisia	●	●	-	●	-
Turkey	●	●	●	●	-
Turks and Caicos Islands	●	-	●	-	-
Uganda	●	●	-	●	-
Ukraine	●	○	-	○	-
United Arab Emirates	●	●	●	●	-
United Kingdom	●	●	●	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
United Republic of Tanzania	-	●	-	-	-
United States Virgin Islands	-	-	-	●	-
United States of America	●	●	●	●	-
Uruguay	●	-	●	-	-
Uzbekistan	●	●	-	○	-
Venezuela (Bolivarian Republic of)	●	-	●	-	-
Viet Nam	●	●	-	●	-
Wallis and Futuna	●	-	-	-	-
Zambia	●	●	-	●	-
Zimbabwe	-	●	-	●	-

*Newly reported in this update.

"Unspecified B.1.617" reflects countries/territories/areas reporting detection of B.1.617 without further specification of lineage at this time. These will be reallocated as further details become available.

"●" indicates that information for this variant was received by WHO from official sources.

"○" indicates that information for this variant was received by WHO from unofficial sources and will be reviewed as more information become available.

** Gamma was excluded for Bangladesh this week based on further information.

***Includes countries/territories/areas reporting the detection of VOCs among travelers (e.g., imported cases detected at points of entry), or local cases (detected in the community).

Excludes countries, territories, and areas that have never reported the detection of a variant of concern

See also [Annex 2: Data, table and figure notes](#).

Annex 2. 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.

A record of historic data adjustment made is available upon request by emailing epi-data-support@who.int. Please specify the country(ies) of interest, time period(s), and purpose of the request/intended usage. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data.

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

^[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). In the map, number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

^[2] On 20 July, [Ecuador Ministry of Public Health \(MSP\)](#) revised their process of reporting on deaths. The country has now started reporting probable deaths and deaths in other facilities, as well as confirmed deaths, as part of their cumulative death count. Due to this change in reporting, an artificial inflation in last week's deaths in the Region has been observed. Thus, the decline in deaths observed this week should be interpreted carefully.

Technical guidance and other resources

- [WHO technical guidance](#)
- [WHO COVID-19 Dashboard](#)
- [WHO Weekly Operational Updates on COVID-19](#)
- [WHO COVID-19 case definitions](#)
- [COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update](#)
- [Research and Development](#)
- [OpenWHO courses on COVID-19](#) in official UN languages and in [additional national languages](#)
- [WHO Academy COVID-19 mobile learning app](#)
- [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
- Recommendations and advice for the public:
 - [Protect yourself](#)
 - [Questions and answers](#)
 - [Travel advice](#)
- [EPI-WIN: tailored information for individuals, organizations and communities](#)

COVID-19 Weekly Epidemiological Update

Edition 52, published 10 August 2021

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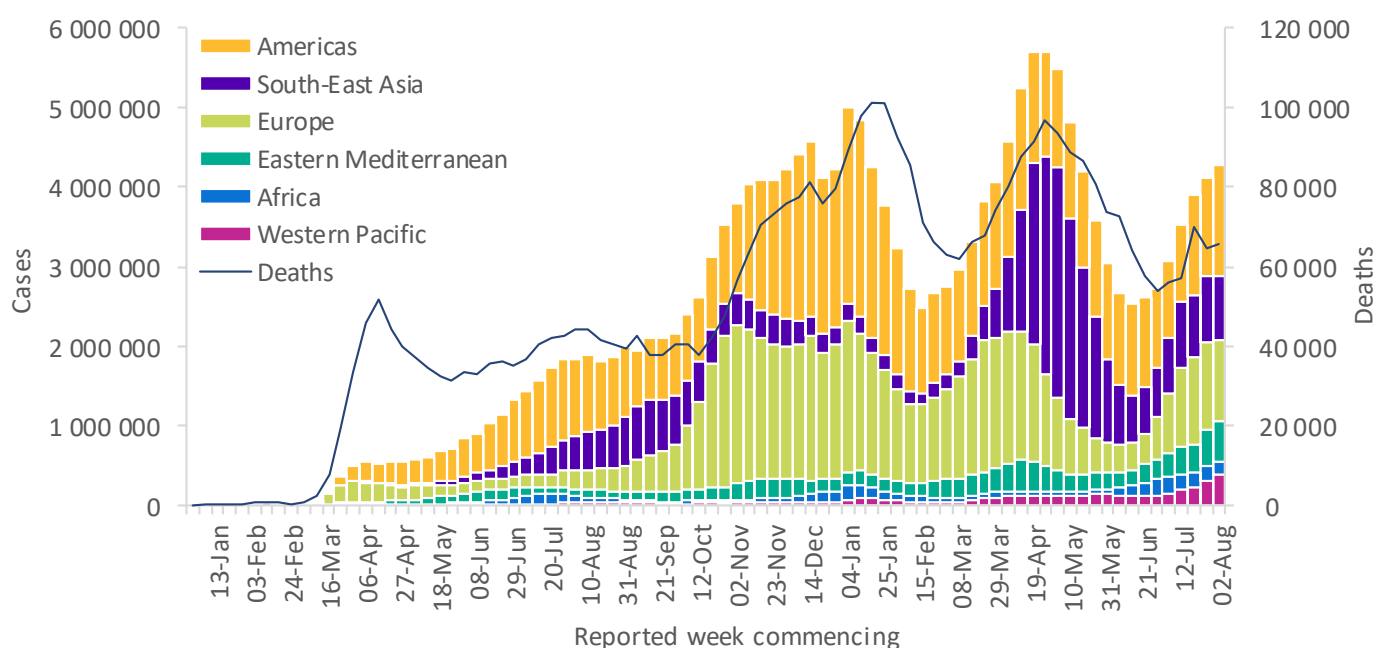
- [Global overview](#)
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Global overview

Data as of 8 August 2021

On 5 August, the cumulative number of COVID-19 cases globally surpassed 200 million, just six months after reaching 100 million cases. This week alone, over 4.2 million new cases and over 65 000 new deaths were reported, a slight increase as compared to the previous week. The largest proportionate increases in new cases were reported by the Region of the Americas (14%) and Western Pacific Region (19%), with 1.3 million and over 375 000 new cases reported, respectively. Additionally, a substantial increase (46%) in the number of new deaths was reported this week in the Western Pacific Region (Table 1). Of the 228 Member States and territories, 38 (17%) reported more than a 50% increase in new cases as compared to the previous week and 34 (15%) reported a more than a 50% increase in new deaths.

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 8 August 2021**



**See [Annex 2: Data, table and figure notes](#)

The Regions reporting the highest weekly case and deaths incidence rates per 100 000 population remain the same as last week: the Regions of the Americas (136.5 new cases per 100 000 population; 14% increase) and Europe (108.6 new cases per 100 000 population; 7% decrease) reported the highest weekly incidence in cases; while the Regions of the Americas (1.9 per 100 000 population; 4% decrease), Europe (1.0 per 100 000

population; 16% increase) and South-East Asia (1.0 per 100 000 population; 6% decrease) reported the highest weekly incidence in deaths.

At the country level, the highest numbers of new cases were reported from the United States of America (734 354 new cases; 35% increase), India (278 631 new cases; 2% decrease), the Islamic Republic of Iran (248 102 new cases; 20% increase), Brazil (228 473 new cases; 8% decrease), and Indonesia (225 635 new cases; 18% decrease).

Globally, cases of the Alpha variant have been reported in 185 countries, territories or areas (hereafter countries), with three new countries reporting this Variant of Concern (VOC) since last week, while 136 countries (four new countries) have reported cases of the Beta variant; 81 countries (no new country) have reported cases of the Gamma variant; and 142 countries (seven new countries) have reported cases of the Delta variant.

Table 1. Newly reported and cumulative COVID-19 cases and deaths, by WHO Region, as of 8 August 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	1 396 284 (33%)	14%	78 619 744 (39%)	19 832 (30%)	-4%	2 030 101 (47%)
Europe	1 012 890 (24%)	-7%	61 214 530 (30%)	9 562 (15%)	16%	1 230 343 (29%)
South-East Asia	799 225 (19%)	-5%	39 177 502 (19%)	20 702 (32%)	-6%	590 988 (14%)
Eastern Mediterranean	499 655 (12%)	8%	13 095 783 (6%)	6 000 (9%)	8%	242 229 (6%)
Africa	181 019 (4%)	-1%	5 137 088 (3%)	4 743 (7%)	-2%	122 025 (3%)
Western Pacific	375 568 (9%)	19%	4 901 518 (2%)	4 633 (7%)	46%	69 722 (2%)
Global	4 264 641 (100%)	4%	202 146 929 (100%)	65 472 (100%)	2%	4 285 421 (100%)

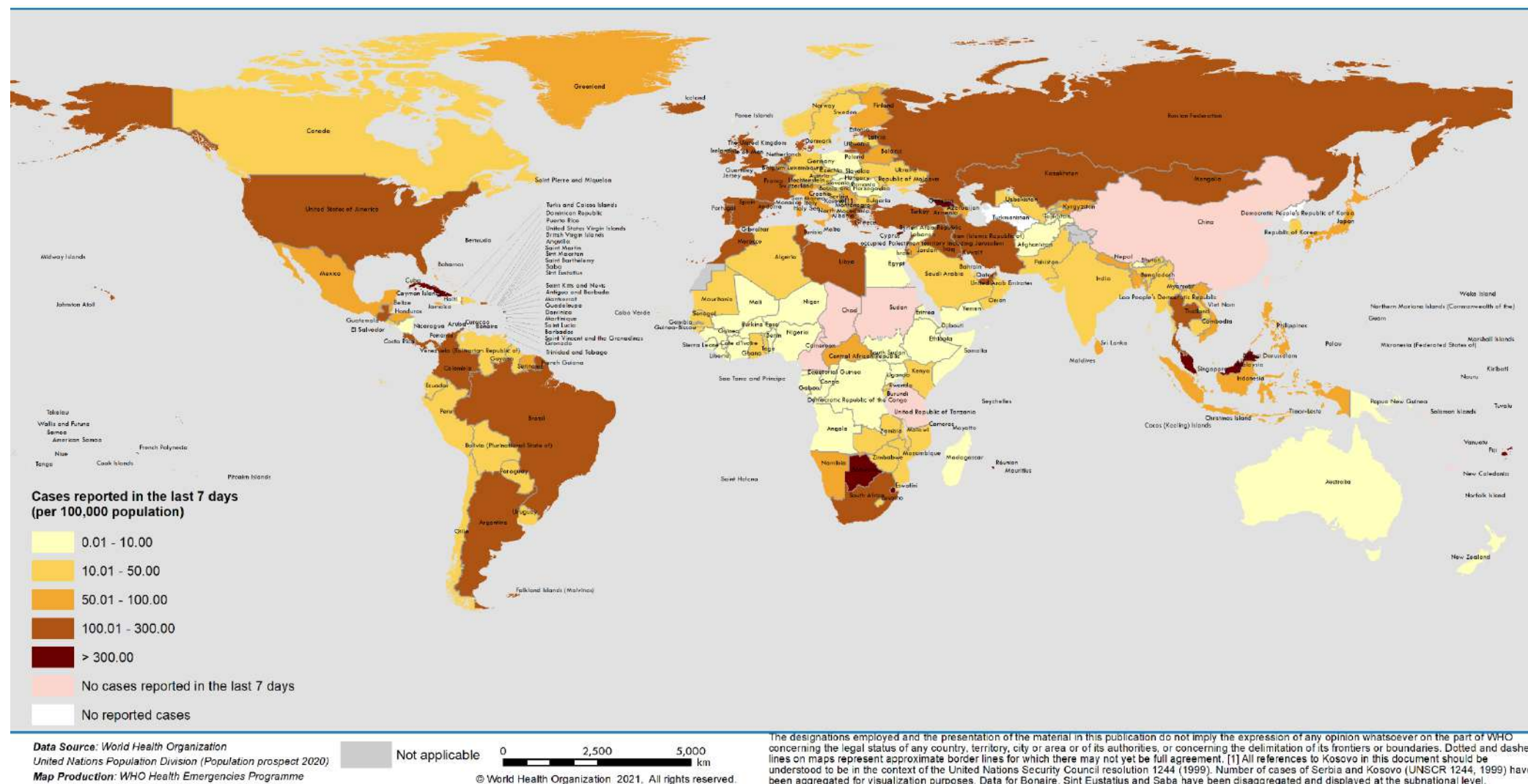
*Percent change in the number of newly confirmed cases/deaths in past seven days, compared to seven days prior

**See [Annex 2: Data, table and figure notes](#)

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

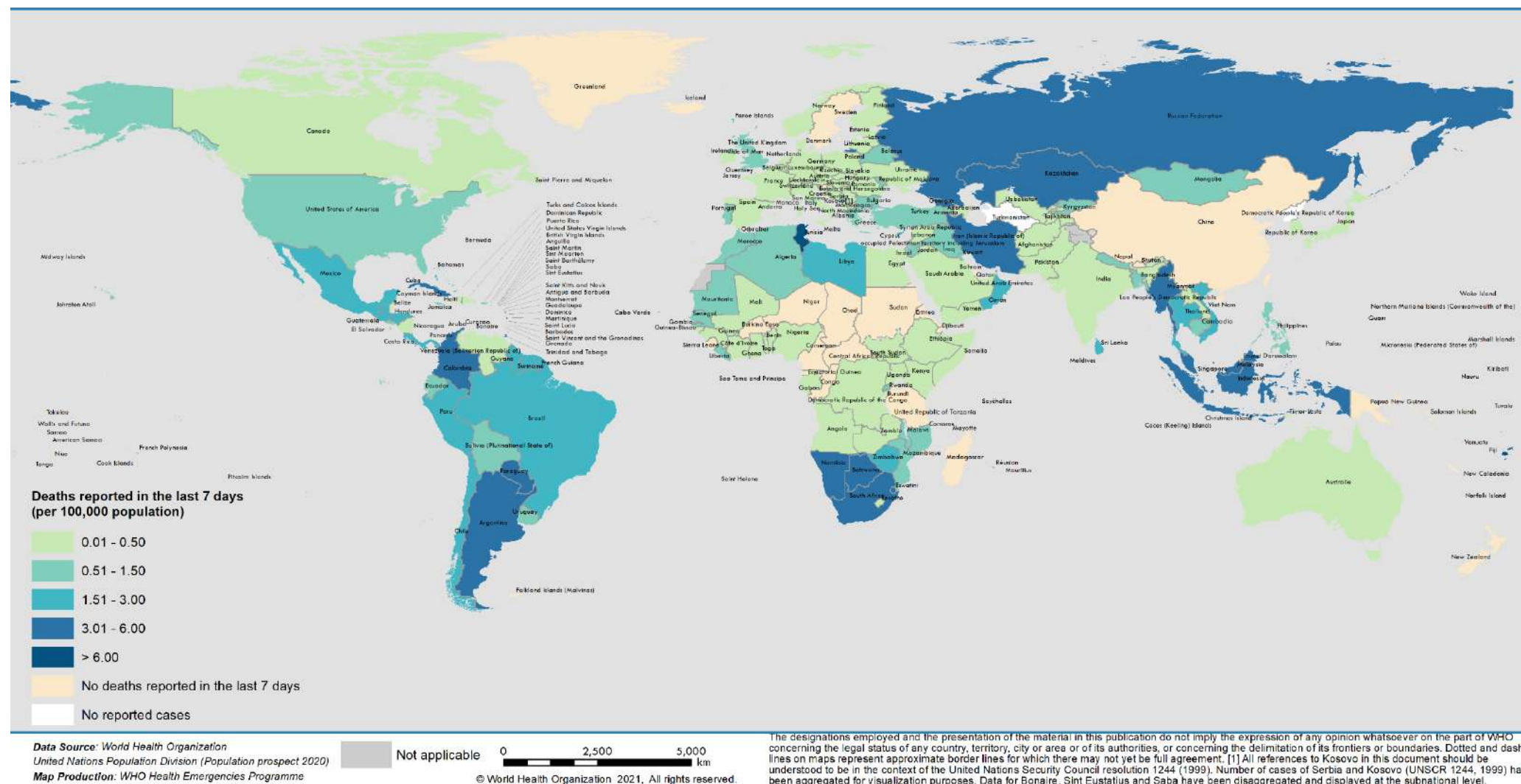
- [WHO COVID-19 Dashboard](#)
- [WHO COVID-19 Weekly Operational Update and previous editions of the Weekly Epidemiological Update](#)

Figure 2. COVID-19 cases per 100 000 population reported by countries, territories and areas, 2 – 8 August 2021**



**See Annex 2: Data, table and figure notes

Figure 3. COVID-19 deaths per 100 000 population reported by countries, territories and areas, 2 – 8 August 2021**



**See [Annex 2: Data, table and figure notes](#)

Special Focus: Update on SARS-CoV-2 Variants of Interest and Variants of Concern

WHO, in collaboration with national authorities, institutions and researchers, routinely assesses if variants of SARS-CoV-2 alter transmission or disease characteristics, or impact vaccine, therapeutics, diagnostics or effectiveness of public health and social measures (PHSM) applied by national authorities to control disease spread. “Signals” of potential Variants of Concern (VOCs) or Variants of Interest (VOIs) are detected and assessed based on the risk posed to global public health. National authorities may choose to designate other variants of local interest/concern and are encouraged to investigate and report on impacts of these variants.

For updates on VOCs and VOIs, and a list of Alerts for Further Monitoring, are available on the [WHO Tracking SARS-CoV-2 Variants website](#).

Geographic distribution

As surveillance activities to detect SARS-CoV-2 variants are strengthened at national and subnational levels, including through the expansion of genomic sequencing capacities, the number of countries/areas/territories (hereafter countries) reporting VOCs continues to increase (Figure 4, Annex 1). This distribution should nonetheless be interpreted with due consideration of surveillance limitations, including differences in sequencing capacities and sampling strategies between countries.

Phenotypic characteristics

Available evidence on phenotypic impacts of VOCs is summarized in Table 2, as well as in [previous editions](#) of these COVID-19 Weekly Epidemiological Updates. Since the last detailed [update](#) on 20 July, new evidence has been published on the phenotypic characteristics of VOCs.

A case-control study conducted in Qatar¹ using a national database comparing outcomes of cases (defined as individuals with severe or critical COVID-19 or who progressed to death) and controls (individuals with asymptomatic or mild disease) found the odds of progressing to severe disease requiring acute-care hospitalization was 1.24 (95% CI 1.11-1.39) for cases infected with Beta compared to Alpha. The odds of cases progressing to critical disease requiring ICU admission was 1.49 (95%CI 1.13-1.97) for Beta compared to Alpha, and the odds of death were 1.57 (95% CI 1.03-2.43) for Beta compared to Alpha^{1(p)}.

An analysis of symptomatic², PCR positive cases aged 15 years or older in the United Kingdom (n=83 197) identified between 12 April and 27 June 2021 found that 1.2% (980/83 197) were possible reinfections. The adjusted odds ratio of reinfection with the Delta variant was 1.46 (95% CI 1.03-2.05) compared to the Alpha variant³.

A report on the first local transmission of the Delta SARS-CoV-2 variant in China⁴ described viral infection and transmission dynamics of 167 cases that were traced back to the index case. Daily sequential PCR testing of the quarantined subjects indicated that among those who became infected, the viral load of the first positive test of Delta infections was approximately 1000 times

higher than that of the original non-VOC strain, suggesting the potential for faster viral replication and increased infectiousness of the Delta variant during early stages of infection⁵.

Another report by Public Health England⁶ showed similar findings of high viral loads among breakthrough cases infected with Delta. However, the authors highlighted that the results may be influenced by test-seeking behaviour or by changes, such as age distribution of cases, which can also influence cycle threshold (Ct) values.

Table 2: Summary of phenotypic impacts* of Variants of Concern

WHO label	Alpha	Beta	Gamma	Delta
Transmissibility	Increased transmissibility and secondary attack rate ⁷	Increased transmissibility ⁸	Increased transmissibility ⁹	Increased transmissibility and secondary attack rate ¹⁰ Similar transmissibility between vaccinated and unvaccinated individuals ^{11–13}
Disease severity	Increased risk of hospitalization ¹⁴ , possible increased risk of severity and mortality ¹⁵	Not confirmed, possible increased risk of in-hospital mortality ¹⁶	Not confirmed, possible increased risk of hospitalization ¹⁷	Increased risk of hospitalization ¹⁸
Risk of reinfection	Neutralizing activity retained ¹⁹ , risk of reinfection remains similar ²⁰	Reduction in neutralizing activity reported; T cell response elicited by D614G virus remains effective ²¹	Moderate reduction in neutralizing activity reported ²²	Reduction in neutralizing activity reported ^{23–25}
Impacts on diagnostics	Limited impact – S gene target failure (SGTF); no impact on overall result from multiple target RT-PCR, No impact on Ag RDTs observed ²⁶	No impact on RT-PCR or Ag RDTs observed ²⁵	None reported to date	None reported to date

**Generalized findings as compared to previously/co-circulating variants. Based on emerging evidence, including non-peer-reviewed preprint articles and reports, all subject to ongoing investigation and revision.*

Table 3. Summary of vaccine performance against Variants of Concern

	Anhui ZL- Recombinant	AstraZeneca- Vaxzevria	Beijing CNBG- BBIBP-CorV	Bharat-Covaxin	Gamaleya- Sputnik V	Janssen- Ad26.COV 2.5	Moderna- mRNA-1273	Moderna- mRNA-1273/ Pfizer BioNTech- Comirnaty	Novavax- Covavax	Pfizer BioNTech- Comirnaty	SII - Covishield	Sinovac- CoronaVac
Alpha^{27,28}												
Summary of VE*	Protection retained against all outcomes											
- Severe disease	-	↓ ₁	-	-	-	-	↔ ₁	↔ ₁	-	↔ ₃	-	-
- Symptomatic disease	-	↔ to ↓ ₃	-	-	-	-	↔ ₁	↔ ₁	↓ ₁	↔ ₃	-	-
- Infection	-	↔ to ↓ ₂	-	-	-	-	↔ ₁	-	-	↔ ₂	-	-
Neutralization	↔ ₂	↓ ₃	↔ ₁	↔ ₁	↔ ₁	↔ ₂	↔ ₁₀	↓ ₁	↔ ₁	↔ to ↓ ₂₈	-	↔ to ↓ ₅
Beta²⁹⁻³²												
Summary of VE*	Protection retained against severe disease; reduced protection against symptomatic disease; limited evidence											
- Severe disease	-	-	-	-	-	↔ ₁	-	-	-	↔	-	-
- Symptomatic disease	-	↓↓↓ ₁	-	-	-	↔ ₁	-	-	↓↓↓ ₁	-	-	-
- Infection	-	-	-	-	-	-	↔ ₁	-	-	↔ to ↓ ₂	-	-
Neutralization	↔ to ↓ ₃	↓↓↓ ₅	↔ to ↓ ₂	↓ ₁	↓↓↓ ₁	↓ to ↓↓ ₅	↓ to ↓↓ ₁₂	↓↓↓ ₁	↓↓↓ ₁	↓ to ↓↓ ₂₈	-	↓ to ↓↓ ₄
Gamma												
Summary of VE*	Unclear impact; very limited evidence											
- Severe disease	-	-	-	-	-	-	-	-	-	-	-	-
- Symptomatic disease	-	-	-	-	-	-	-	-	-	-	-	-
- Infection	-	-	-	-	-	-	-	-	-	-	-	↔ ₁
Neutralization	↔ ₁	↓ ₁	-	-	-	↓ ₂	↓ ₄	-	-	↔ to ↓ ₁₃	-	↔ to ↓ ₃
Delta³³												
Summary of VE*	Protection retained against severe disease; possible reduced protection against symptomatic disease and infection; limited evidence											
- Severe disease	-	↔ ₁	-	-	-	-	-	-	-	↔	-	-
- Symptomatic disease	-	↓↓ ₂	-	↓ ₁	-	-	-	-	-	↔ to ↓ ₃	-	-
- Infection	-	↓ ₁	-	-	-	-	-	-	-	↓ ₁	-	-
Neutralization	↔ to ↓ ₂	↓ to ↓↓ ₃	-	↔ to ↓ ₂	-	↓ ₃	↓ ₃	↓↓↓ ₁	-	↓ ₇	↓ ₁	↓ to ↓↓ ₂

VE refers to vaccine effectiveness and vaccine efficacy. Summary VE*: indicates the general conclusions but only for the vaccines evaluated against the specific variant. Arrows generalize the magnitude of reduction in VE or neutralization: "↔" <10% reduction in VE, or VE >90% with no comparator, or that there was a <2-fold reduction in neutralization; "↓" 10 to <20% reduction in VE, or 2 to <5-fold reduction in neutralization; "↓↓" 20 to <30% reduction in VE, or 5 to <10-fold reduction in neutralization; "↓↓↓" ≥30% reduction in VE, or ≥10-fold reduction in neutralization. When

more than one neutralization study is available, the interquartile range (25th and 75th percentiles) of fold-reductions across all studies for specific vaccine/variant was used. “Moderna-mRNA-1273/Pfizer BioNTech-Comirnaty” indicates that both vaccines were evaluated together in study.

The number of studies is shown as subscripts: vaccine effectiveness and neutralization studies informing this table can be found on the VIEW-hub Resources page (<https://view-hub.org/resources>). For vaccine effectiveness studies, see references noted with ‘#’ in the ‘COVID-19 Vaccine Effectiveness Results Summary Table’. For a list of all neutralization studies, see ‘COVID-19 Vaccine Neutralization Studies Table’.

References indicated by superscripts are vaccine efficacy studies informing this table and are included in the reference section below.

Additional notes on VOC impacts on vaccines

- All comparisons of results with and without VOC are within a given vaccine product.
- Studies presenting VOC-specific vaccine efficacy or effectiveness (VE) estimates for full vaccination (≥ 7 days post final dose) are assessed against a comparator VE estimate for that product to determine level of reduction in VE. For symptomatic disease, VOC VE is compared against phase 3 randomised RCT results from non-VOC settings. For severe disease and infection, VOC VE is compared to non-VOC VE estimates from the same study when available (or to Alpha VE from same study when assessing Beta, Gamma, or Delta); with an exception for AstraZeneca Vaxzevria for severe disease (phase 3 RCT efficacy estimates against severe disease are used as comparator since a within study comparator is unavailable) and for infection (when phase 3 estimate of VE against infection due to non-VOC is available and used as comparator). In some instances, a study may be included for severe disease or infection outcome even without a comparator if a very high VE estimate is reported against a VOC (i.e., $>90\%$).
- It is also important to note that studies vary in population, outcome definitions, study design and other methodological considerations, which may in part explain differences when comparing VE estimates for a product between different studies. In addition, the reductions summarized in the table represent VE point estimates and do not represent the uncertainty intervals around these estimates which vary substantially across studies. The reductions in VE noted should be interpreted with these limitations in mind.

Table 3 presents the impact of variants on product specific vaccine efficacy/effectiveness (VE) and quantifies the reduction in VE in the setting of VOCs compared to VE in non-VOC settings. Of note, reductions in VE do not necessarily mean loss of protection, as indicated by the absolute VE estimate. For example, a 10-percentage point reduction in VE against symptomatic disease for mRNA vaccines would still mean high vaccine effectiveness of $\sim 85\%$. In addition, vaccines have shown higher VE against severe disease; thus, small reductions in VE against severe disease due to VOCs may still mean substantial protection, as is the case for AstraZeneca -Vaxzevria.

Since the [20 July update](#), results from an ongoing randomized clinical trial evaluating the 6-month efficacy of Pfizer BioNTech-Comirnaty against SARS-CoV-2 infection (symptomatic + asymptomatic) in persons ≥ 12 years old reports an overall vaccine efficacy against infection and against severe disease ≥ 7 days post second dose of 91% (95% CI: 89.0-93.2%) and 96.7% (95% CI: 80.3-99.9%), respectively, across 152 participating sites in 6 countries. The authors also estimated VE against the Beta variant in South Africa and found 2 doses of Pfizer BioNTech-Comirnaty prevented 100% (95% CI: 53.5-100.0%) of SARS-CoV-2 infections ≥ 7 days post second dose, though confidence intervals are wide.³² These results have not yet been peer-reviewed.

A second study (not yet peer-reviewed) estimated the effectiveness of Pfizer BioNTech-Comirnaty against infection with the Beta variant among residents of long-term care facilities (LTCFs) in France. The authors describe two outbreaks associated with the Beta variant among LTCFs in which more than 70% of residents had received both doses of the vaccine. VE in this population against any SARS-CoV-2 infection ≥ 7 days after receipt of the second dose was 49% (95% CI: 14-69%). VE against severe disease remained high at 86% (95% CI: 67-94%).³⁴

Another study (not yet peer-reviewed) evaluated the real-world effectiveness of mRNA (Moderna-mRNA-1273 and Pfizer BioNTech-Comirnaty) vaccines among health care workers in Canada, where the interval between doses was 16 weeks. Most participants (88%) included in the analysis received Pfizer BioNTech-Comirnaty vaccine. Using a test-negative design, the study found that a single dose of mRNA vaccine had lower effectiveness against symptomatic COVID-19 due to the Alpha variant compared to non-VOC strains: 60% (95%CI: 53.6-65.5%) vs. 77.0% (95%CI: 72.6-80.7%), but no substantive difference in two-dose recipients: 92.6% (95%CI: 87.1%-95.8%) vs. 86.5% (95%CI: 56.8-95.8%).³⁵

A fourth study (not yet peer-reviewed), also using a test-negative case-control design, evaluated the effectiveness of AstraZeneca-Vaxzevria in adults ≥ 60 years in Brazil in a setting of high prevalence of the Gamma variant. Single dose VE estimates against SARS-CoV-2 infection, hospitalization, and death ≥ 28 days after immunization were 33.4% (95% CI: 26.4 to 39.7%), 55.1% (95% CI: 46.6 to 62.2%), and 61.8% (95% CI: 48.9 to 71.4%), respectively. Beginning at 14 days after receipt of the second dose, respective VE estimates increased to 77.9% (95% CI: 69.2 to 84.2%), 87.6% (95% CI: 78.2 to 92.9%), and 93.6% (95% CI: 81.9 to 97.7%).³⁶

Eight recent studies have assessed the impact of the Delta variant on COVID-19 vaccine performance. Three evaluated vaccine effectiveness. A study from India (not yet peer-reviewed) assessed the effectiveness of AstraZeneca-Vaxzevria vaccine at preventing SARS-CoV-2 infection and severe COVID-19 disease in a setting with high prevalence of the Delta variant. Two doses of the vaccine were 63.1% (95%CI: 51.5-72.1%) and 81.5% (95%CI: 9.9- 99.0) effective at preventing infection and moderate-severe disease, respectively. Single dose VE against infection (46.2%, 95%CI: 31.6, 57.7) was lower than 2 dose VE, while single dose VE against moderate-severe disease (79.2%, 95%CI: 46.1-94.0%) was similar to that of 2 doses. While this study was conducted during a time of high transmission of the Delta variant, it is noteworthy that viral sequencing and lineage determination were available from only a small subset of positive cases (4.4%); of these samples 90% were the Delta variant.³⁷

A second study, from the United States, evaluated cases occurring between April and June 2021 in Mesa County, Colorado, where cases of the Delta variant had increased rapidly. The fraction of cases who were fully vaccinated with any vaccine was evaluated in Mesa county and compared to the rest of the state which experienced a slower increase in the proportion of the Delta variant cases among new infections. Among COVID-19 cases aged ≥ 65 years in Mesa county, 27.5% were fully vaccinated compared to 17.4% in other Colorado counties. The authors report a crude VE of 78% (95% CI: 71%–84%) against symptomatic infection for a 2-week period ending June 5 in Mesa County and 89% (95% CI = 88%–91%) for the rest of the state; during this time Delta made up close to 100% of sequenced samples in Mesa compared to $\sim 50\%$ for all other counties.³⁸ A third study (not yet peer reviewed), from the UK, estimated VE of any COVID-19 vaccine against infection and symptomatic disease to be 49% (95%: 22-67%) and 59% (95% CI: 23-78%), respectively, among adults 18 to 64 years during the period from 24 June to 12 July 2021 when the Delta variant was highly prevalent. These estimates were reduced compared to the period from 20 May to 7 June 2021 characterized by lower Delta prevalence and VE estimates against infection and symptomatic disease of 64% (95% CI: 11%-85%) and 83% (95% CI: 19-97%), respectively. VE against severe disease was not evaluated in this study.³⁹

The authors of this UK study also found reduced viral load (higher cycle threshold values) among vaccinated COVID-19 cases compared to unvaccinated cases during the period of high Delta prevalence. A study of Delta breakthrough infections in Singapore (not yet peer reviewed) found that those who were fully vaccinated with an mRNA vaccine had similar viral loads to those who were infected with Delta but unvaccinated; however, the viral loads were found to decrease faster among those who were vaccinated. The authors also reported that fully vaccinated individuals experienced less severe illness than unvaccinated individuals.⁴⁰ Two additional studies from the United States of America (one not yet peer reviewed) also found no difference in viral load among cases who had been vaccinated with any vaccine and unvaccinated cases during a time when there was a high prevalence of the Delta variant.^{11,13}

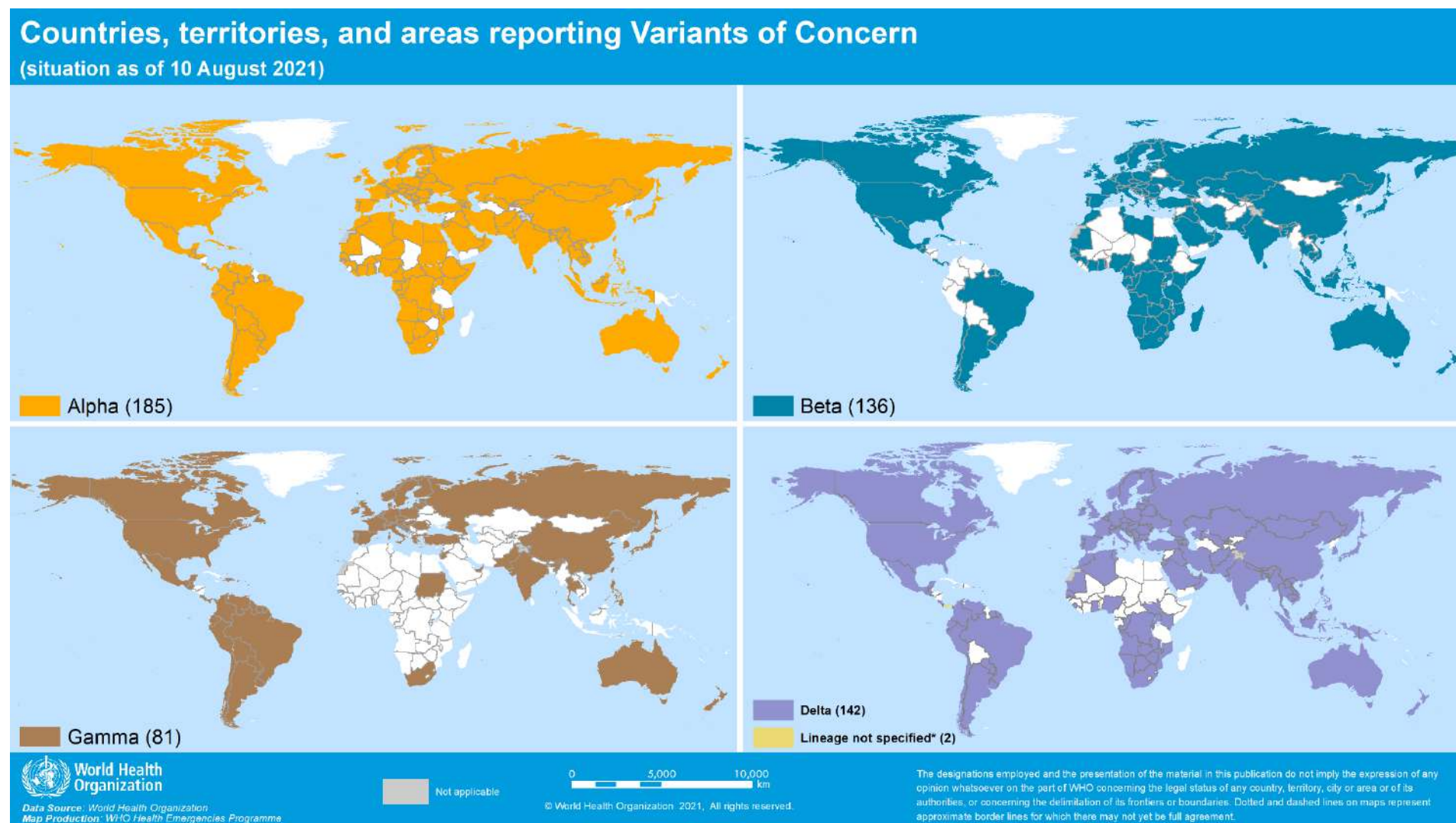
Two studies from Israel (both not yet peer-reviewed) assessed the duration of protection by the Pfizer BioNTech-Comirnaty vaccine. The first study compared the rate of breakthrough infection during June and July 2021, a period during which the Delta variant was dominant, between individuals who received 2 doses of the vaccine in winter 2021 to individuals who received two doses of the vaccine in the spring, adjusting for confounders. The authors report that persons vaccinated between January and February 2021 had a 53% (95% CI: 40-68%) increased risk of breakthrough infection in June and July compared to individuals vaccinated between March and April 2021.⁴¹ The second study, conducted during a time of high Delta

transmission (Delta infections accounted for 93% of a small subset of cases which were sequenced) found an increased odds (odds ratio: 2.1, 95% CI: 1.7-2.5) of SARS-CoV-2 infection among persons vaccinated at least 146 days before their positive test results compared to individuals who were vaccinated less than 146 days prior to becoming infected.⁴² These preliminary findings may suggest a decrease in long-term protection of the vaccine or decreased effectiveness of the vaccine against the Delta variant or a combination of these factors. No unvaccinated persons were included in these two studies; thus vaccine effectiveness was not evaluated.

Additional resources

- [Tracking SARS-CoV-2 Variants](#)
- [COVID-19 new variants: Knowledge gaps and research](#)
- [Genomic sequencing of SARS-CoV-2: a guide to implementation for maximum impact on public health](#)
- [Considerations for implementing and adjusting public health and social measures in the context of COVID-19](#)

Figure 4. Countries, territories and areas reporting variants Alpha, Beta, Gamma and Delta, as of 10 August 2021**



*Includes countries/territories/areas reporting the detection of B.1.617 without further specification of lineage at this time. These will be reallocated as further details become available.

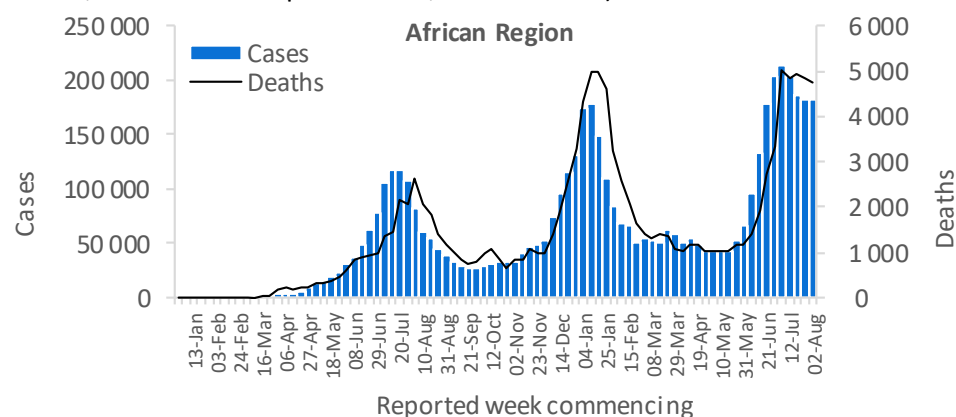
**Countries/territories/areas highlighted include both official and unofficial reports of VOC detections, and do not presently differentiate between detections among travellers (e.g., at Points of Entry) or local community cases. Please see [Annex 2](#) for further details.

WHO regional overviews – Epidemiological week 2 – 8 Aug 2021

African Region

The Region reported relatively similar numbers of weekly cases and deaths as the previous week, with just over 181 000 new cases (-1%) and over 4700 new deaths (-2%) reported this week. After cases peaked in June 2021, the Region has experienced a decrease in weekly reported cases since the middle of July, largely driven by declines observed in South Africa. However, over the past two weeks the rate of decline has slowed and nearly half of the countries in the Region (24; 49%) are now reporting increasing trends.

Most countries in the Region (31; 63%) showed decreasing trends in the number of new deaths reported. This decline has been driven by decreases in deaths reported from Namibia (-51%), Uganda (-42%), Zimbabwe (-39%) and Zambia (-39%). Overall, the highest numbers of new cases were reported from South Africa (76 034 new cases; 128.2 new cases per 100 000 population; 4% decrease), Botswana (15 884 new cases; 675.4 new cases per 100 000; 76% increase), and Mozambique (9771 new cases; 31.3 new cases per 100 000; 26% decrease). The highest numbers of new deaths were reported from South Africa (2610 new deaths; 4.4 new deaths per 100 000 population; 3% increase), Zimbabwe (294 new deaths; 2.0 new deaths per 100 000; 39% decrease), and Algeria (233 new deaths; 0.5 new deaths per 100 000; 10% increase).

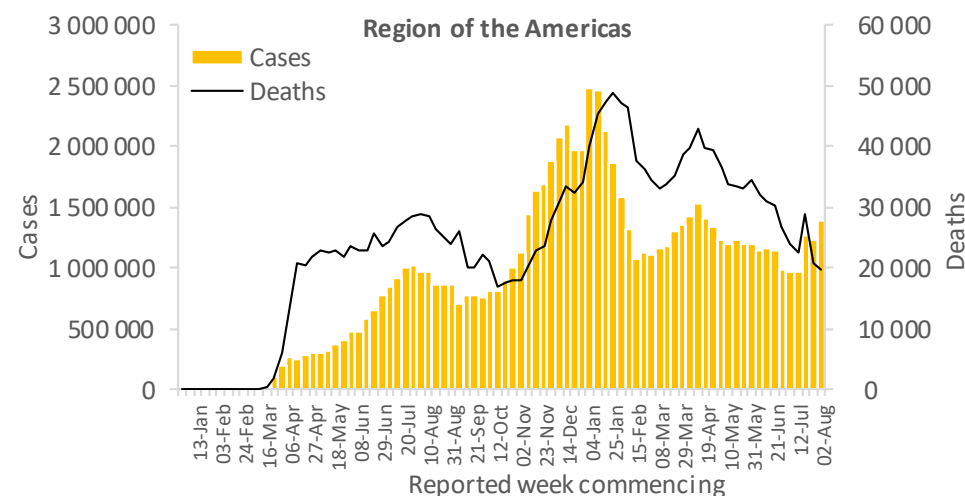


Updates from the [African Region](#)

Region of the Americas

This week, the Region of the Americas reported an increase of 14% in new cases as compared to the previous week, with just under 1.4 million new cases reported. The Region showed a slight decrease in the number of weekly deaths as compared to the previous week, with nearly 20 000 new deaths reported (4% decrease compared with the previous week).

The increase in weekly cases is mainly driven by Peru (a 64% increase), and the United States of America (35%). The declines in mortality reported by the Region in recent weeks have been mainly driven by Ecuador* (-81%), Argentina (-27%), Colombia (-26%) and Brazil (-12%). Overall, the highest numbers of new cases were reported from the United States of America (734 354 new cases; 221.9 new cases per 100 000; 35% increase), Brazil (228 473 new cases; 107.5 new cases per 100 000; 8% decrease), and Mexico (114 783 new cases; 89.0 new cases per 100 000; 11% increase). The highest numbers of new deaths were reported from Brazil (6302 new deaths; 3.0 new deaths per 100 000; 11% decrease), the United States of America (3391 new deaths; 1.0 new deaths per 100 000; 38% increase), and Mexico (3277 new deaths; 2.5 new deaths per 100 000; 31% increase).

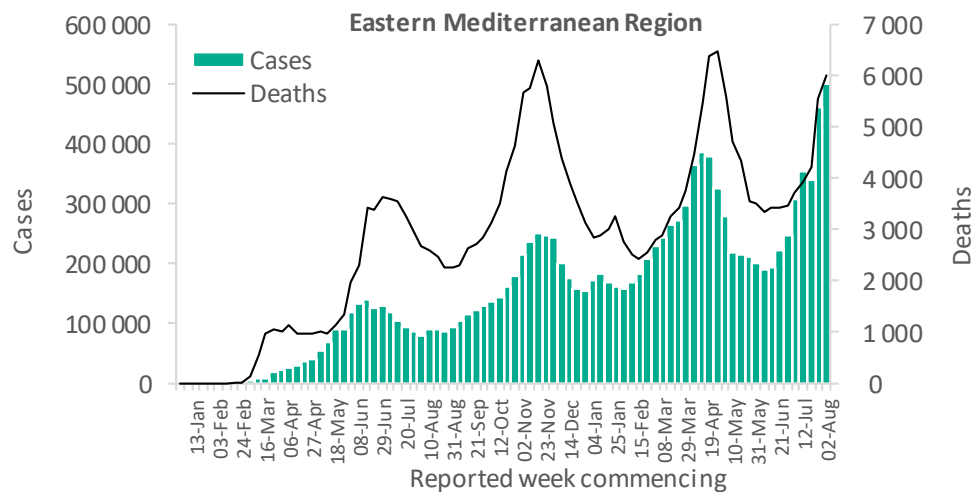


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region reported just under half a million new cases and over 6000 new deaths, increases of 8% as compared to the previous week. The Region continued to report the highest weekly number of cases since the beginning of the pandemic for the second consecutive week. Almost half of the countries in the Region (10 of 22) have reported an increase in cases as compared to the previous week, mainly driven by the surge reported by the Islamic Republic of Iran (20%) and Morocco (31%). The highest numbers of new cases were reported from the Islamic Republic of Iran (248 102 new cases; 295.4 new cases per 100 000), Iraq (77 764 new cases; 193.3 new cases per 100 000; 6% decrease), and Morocco (63 764 new cases; 172.8 new cases per 100 000).

The highest numbers of new deaths were reported from the Islamic Republic of Iran (2843 new deaths; 3.4 new deaths per 100 000; 36% increase), Tunisia (951 new deaths; 8.0 new deaths per 100 000; 24% decrease), and Iraq (489 new deaths; 1.2 new deaths per 100 000; 15% increase).

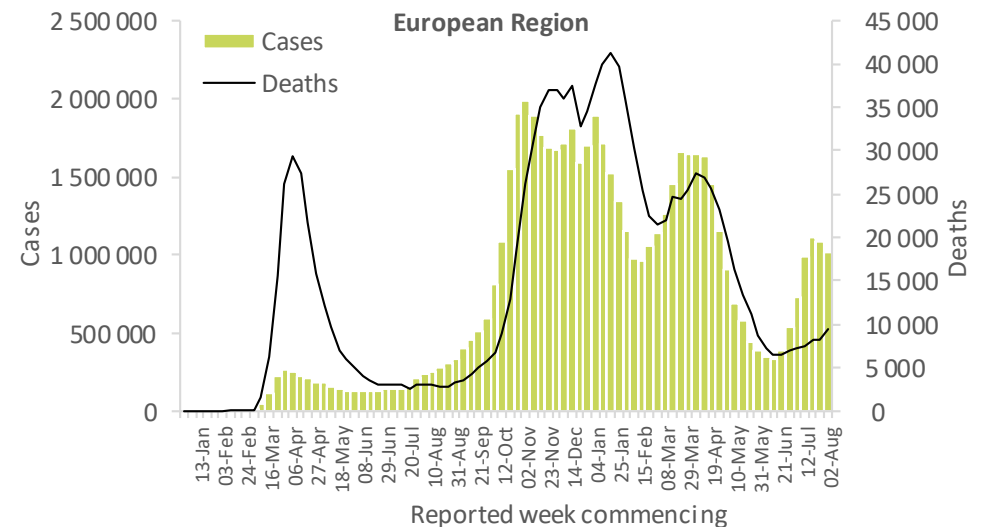


Updates from the [Eastern Mediterranean Region](#)

European Region

While the European Region reported a 7% decrease in the number of weekly cases as compared to the previous week, it still reported over one million new cases with an increasing trend in a number of countries in South-East Europe including North Macedonia, Kosovo and Albania. The number of weekly deaths increased by 16% as compared to the previous week, with over 9500 new deaths reported, and Estonia, Kosovo and Romania reporting sharp increases in new deaths. The highest numbers of new cases were reported from the United Kingdom (185 724 new cases; 273.6 new cases per 100 000; similar to the previous week), Russian Federation (159 073 new cases; 109.0 new cases per 100 000; similar to the previous week), and Turkey (144 839 new cases; 171.7 new cases per 100 000; a 4% increase).

The highest numbers of new deaths were reported from the Russian Federation (5529 new deaths; 3.8 new deaths per 100 000; similar to the previous week), Kazakhstan (832 new deaths; 4.4 new deaths per 100 000; 25% decrease) and Turkey (649 new deaths; <1 new deaths per 100 000; 43% increase).

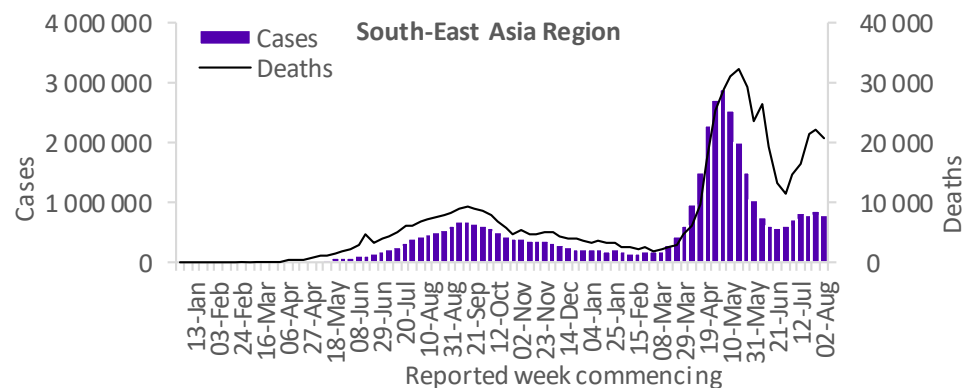


Updates from the [European Region](#)

South-East Asia Region

The South-East Asia Region reported over 799 000 new cases, a 5% decrease as compared to the previous week, however, several countries in the Region continue to report increasing trends, including Sri Lanka and Thailand (26% and 20% increases, respectively). Case incidence in the region peaked in early May and has since largely plateaued over the past month. This is largely due to cases in India remaining stable, and consistent decreases in Indonesia and Myanmar over the past month. Following a steep increase in the mortality rate in the Region, this is the first time in seven weeks that a decline in the number of new weekly deaths has been reported; a trend largely driven by declines in the Maldives and Myanmar this week. Large increases in weekly deaths were reported in several countries including Sri Lanka, Nepal and Thailand (47%, 35% and 30% increases, respectively). The highest numbers of new cases were reported from India (278 631 new cases; 20.2 new cases per 100 000; 2% decrease), Indonesia (225 635 new cases; 82.5 new cases per 100 000; 18% decrease), and Thailand (141 191 new cases; 202.3 new cases per 100 000; 20% increase).

The highest numbers of new deaths were reported from Indonesia (11 373 new deaths; 4.2 new deaths per 100 000; 9% decrease), India (3511 new deaths; 0.3 new deaths per 100 000; 8% decrease), and Myanmar (2045 new deaths; 3.8 new deaths per 100 000; 22% decrease).

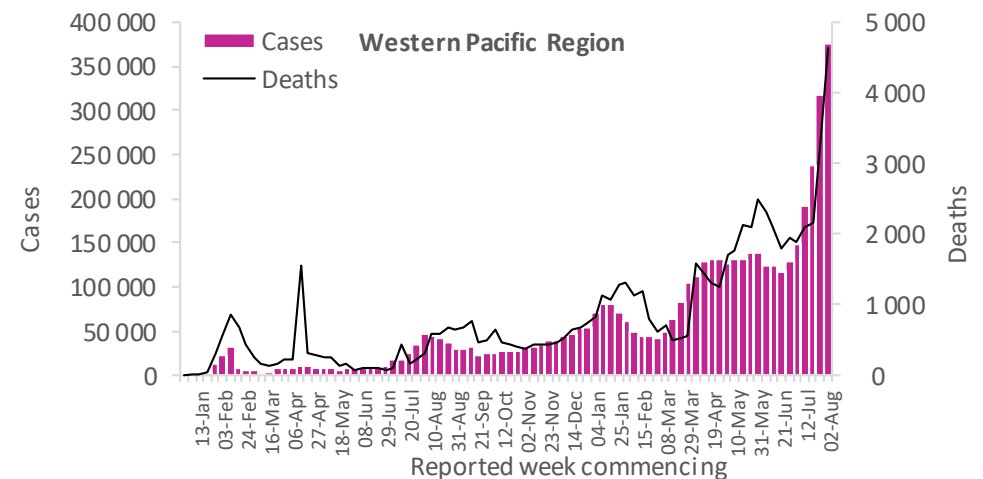


Updates from the [South-East Asia Region](#)

Western Pacific Region

The Western Pacific Region reported over 375 000 new cases and over 4600 new deaths, increases of 19% and a 46%, respectively, as compared to the previous week. This increasing trend in both cases and deaths has been observed for nearly two months and is largely due to continued increases in case incidence in Japan, Philippines and Malaysia, although nearly half of the countries in the region are reporting rising case numbers (11 of 24; 46%). Similarly, the number of reported deaths has also been climbing over the past six weeks with a third (8 of 24; 33%) of the region's countries reporting an increase in deaths in the past week.

The highest numbers of new cases were reported from Malaysia (130 580 new cases; 403.4 new cases per 100 000; 12% increase), Japan (90 958 new cases; 71.9 new cases per 100 000; 51% increase), and the Philippines (60 373 new cases; 55.1 new cases per 100 000; 32% increase). The highest numbers of new deaths were reported from Viet Nam (1944 new deaths; 2.0 new deaths per 100 000; 108% increase), Malaysia (1365 new deaths; 4.2 new deaths per 100 000; 22% increase), and the Philippines (946 new deaths; 0.9 new deaths per 100 000; 25% increase).



Updates from the [Western Pacific Region](#)

Key weekly updates

WHO Director-General's key messages

- In his opening remarks at the [media briefing on COVID-19 - 4 August 2021](#), the Director-General called for a moratorium on booster shots until at least the end of September to enable at least 10% of the population of every country to be vaccinated.
- In his remarks at the [1st International Forum on Vaccine Cooperation - 5 August 2021](#), the Director-General quantified the WHO's global targets for vaccines against COVID-19: vaccinate at least 10% of the population of every country by September, at least 40% by the end of the year, and 70% of the world's population by mid-next year. With more than 11 billion doses of vaccine needed to reach these critical milestones.
- In his opening remarks at [the Member State Information Session on COVID-19 - 5 August 2021](#), the Director-General highlighted:
 - The WHO Strategic Preparedness and Response Plan for 2021 faces a funding shortfall of US\$900 million, less than half of what is needed. Of the funds received, nearly all of them are earmarked and not flexible to sustain urgent priorities for vaccination, surveillance and response in countries experiencing surges in cases based on emerging needs.
 - In addition, the Access to COVID-19 Tools Accelerator is launching the Rapid ACT-Accelerator Delta Response, or RADAR, issuing an urgent call for US\$7.7 billion for tests, treatments and vaccines.
 - In parallel, WHO will need \$3.8 billion in additional financing this year for COVAX to exercise its options to purchase vaccines for 2022.

Updates and publications

- [Training on handling, storing, and transporting Pfizer BioNTech COVID-19 Vaccine COMIRNATY® \(Tozinameran\), 4 August 2021](#)
- [ACT Accelerator: Quarterly Update Q2: 1 April - 30 June 2021, published on 4 August 2021](#)
- [Fraudulent "COVID-19 Compensation Lottery Prize" scam, falsely alleges association with WHO and others, 6 August 2021](#)
- [COVID-19 vaccines available for all healthcare workers in the Western Pacific Region, 6 August 2021](#)

Annex

- COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories and areas, and WHO Region (reported in previous issues) are now available at: <https://covid19.who.int/table>.

Annex 1. List of countries/territories/areas reporting Variants of Concern as of 10 August 2021**

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Afghanistan	●	-	-	●	-
Albania	●	-	-	○	-
Algeria	●	-	-	●	-
Angola	●	●	-	●	-
Anguilla	●	-	-	●	-
Antigua and Barbuda	●	●	-	-	-
Argentina	●	●	●	●	-
Armenia	○	-	-	●	-
Aruba	●	●	●	●	-
Australia	●	●	●	●	-
Austria	●	●	●	●	-
Azerbaijan	●	-	-	○	-
Bahamas	●	-	-	-	-
Bahrain	●	●	-	●	-
Bangladesh	●	●	-	●	-
Barbados	●	-	●	●	-
Belarus	●	-	-	○	-
Belgium	●	●	●	●	-
Belize	●	-	-	-	-
Bermuda	●	●	-	-	-
Bhutan	●	●	-	●	-
Bolivia (Plurinational State of)	●	-	●	-	-
Bonaire	●	-	●	●	-
Bosnia and Herzegovina	○	○	○	○	-
Botswana	●*	●	-	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Brazil	●	●	●	●	-
British Virgin Islands	●	-	●	-	-
Brunei Darussalam	●	●	-	-	-
Bulgaria	●	●	-	●	-
Burkina Faso	●	-	-	-	-
Burundi	●	●	-	●	-
Cabo Verde	●	-	-	●*	-
Cambodia	●	●	-	●	-
Cameroon	●	●	-	-	-
Canada	●	●	●	●	-
Cayman Islands	●	-	●	-	-
Central African Republic	●	●*	-	-	-
Chile	●	●	●	●	-
China	●	●	●	○	-
Colombia	●	-	●	●	-
Comoros	-	●	-	-	-
Congo	●	●	-	●	-
Costa Rica	●	●	●	●	-
Croatia	●	●	○	○	-
Cuba	●	●	-	-	-
Curaçao	●	-	●	●	●
Cyprus	●	●	-	○	-
Czechia	●	●	●	●	-
Côte d'Ivoire	●	●	-	-	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Democratic Republic of the Congo	●	●	-	●	-
Denmark	●	●	●	●	-
Djibouti	●	●	-	-	-
Dominica	●	-	-	-	-
Dominican Republic	●	-	●	-	-
Ecuador	●	-	●	●	-
Egypt	●	-	-	-	-
El Salvador	●*	-	-	●*	-
Equatorial Guinea	●	●	-	-	-
Estonia	●	●	○	○	-
Eswatini	-	●	-	-	-
Ethiopia	●	-	-	-	-
Faroe Islands	●	-	●	-	-
Fiji	-	-	-	●	-
Finland	●	●	●	●	-
France	●	●	●	●	-
French Guiana	●	●	●	●	-
French Polynesia	●	●	●	●	-
Gabon	●	●	-	-	-
Gambia	●	-	-	●	-
Georgia	●	○	-	●	-
Germany	●	●	●	●	-
Ghana	●	●	-	●	-
Gibraltar	●	-	-	-	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Greece	●	●	●	●	-
Grenada	●	-	-	-	-
Guadeloupe	●	●	●	●	-
Guam	●	●	●	●	-
Guatemala	●	●	●	●*	-
Guinea	●	●	-	-	-
Guinea-Bissau	●	●	-	-	-
Guyana	-	-	●	-	-
Haiti	●	-	●	-	-
Honduras	●	-	-	-	-
Hungary	●	○	●	○	-
Iceland	●	-	-	-	-
India	●	●	●	●	-
Indonesia	●	●	-	●	-
Iran (Islamic Republic of)	●	●	-	●	-
Iraq	●	●	-	●	-
Ireland	●	●	●	●	-
Israel	●	●	●	●	-
Italy	●	●	●	●	-
Jamaica	●	-	-	-	-
Japan	●	●	●	●	-
Jordan	●	●	●	●	-
Kazakhstan	○	○	-	●	-
Kenya	●	●	-	●	-
Kosovo[1]	●	○	-	○	-
Kuwait	●	●	-	●	-
Kyrgyzstan	●	●	-	-	-
Lao People's Democratic Republic	●	-	-	●	-
Latvia	●	●	●	○	-
Lebanon	●	-	-	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Lesotho	-	●	-	-	-
Liberia	●	-	-	-	-
Libya	●	●	-	-	-
Liechtenstein	●	-	-	-	-
Lithuania	●	●	●	○	-
Luxembourg	●	●	●	●	-
Madagascar	-	●	-	-	-
Malawi	●	●	-	●	-
Malaysia	●	●	-	●	-
Maldives	●	-	-	●	-
Malta	●	○	●	○	-
Martinique	●	●	●	●	-
Mauritania	●	●	-	●	-
Mauritius	●	●	-	●	-
Mayotte	●	●	-	-	-
Mexico	●	●	●	●	-
Monaco	●	○	-	○	-
Mongolia	●	-	-	●	-
Montenegro	●	-	-	-	-
Montserrat	●	-	-	-	-
Morocco	●	●	-	●	-
Mozambique	●	●	-	●	-
Myanmar	●	-	-	●	-
Namibia	●	●	-	●	-
Nepal	●	-	-	●	-
Netherlands	●	●	●	●	-
New Caledonia	●	-	-	-	-
New Zealand	●	●	○	○	-
Niger	●	-	-	-	-
Nigeria	●	●*	-	●	-
North Macedonia	●	●	-	○	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Norway	●	●	●	●	-
Occupied Palestinian Territory	●	●	-	●	-
Oman	●	●	-	●	-
Pakistan	●	●	●	●	-
Panama	●	●	●	●*	●
Papua New Guinea	-	-	-	●	-
Paraguay	●	-	●	●	-
Peru	●	-	●	●	-
Philippines	●	●	●	●	-
Poland	●	○	●	●	-
Portugal	●	●	●	●	-
Puerto Rico	●	●	●	●	-
Qatar	●	●	-	●	-
Republic of Korea	●	●	●	●	-
Republic of Moldova	○	-	-	●	-
Romania	●	●	●	●	-
Russian Federation	●	●	○	●	-
Rwanda	●	●	-	●	-
Réunion	●	●	●	○	-
Saba	-	-	-	●	-
Saint Barthélemy	●	-	-	-	-
Saint Lucia	●	-	-	-	-
Saint Martin	●	●	-	-	-
Sao Tome and Principe	●	-	-	-	-
Saudi Arabia	●	●	-	●	-
Senegal	●	●	-	●	-
Serbia	●	-	-	●	-
Seychelles	-	●	-	-	-
Sierra Leone	-	-	-	○	-
Singapore	●	●	●	●	-
Sint Maarten	●	●	-	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Slovakia	●	●	-	●	-
Slovenia	●	●	●	●	-
Somalia	●	●	-	-	-
South Africa	●	●	○	●	-
South Sudan	●	●	-	●	-
Spain	●	●	●	●	-
Sri Lanka	●	●	-	●	-
Sudan	●	●	●	-	-
Suriname	●	●	●	●*	-
Sweden	●	●	●	●	-
Switzerland	●	●	○	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Thailand	●	●	●	●	-
Timor-Leste	●	-	-	●	-
Togo	●	●	-	-	-
Trinidad and Tobago	●	-	●	-	-
Tunisia	●	●	-	●	-
Turkey	●	●	●	●	-
Turks and Caicos Islands	●	-	●	-	-
Uganda	●	●	-	●	-
Ukraine	●	○	-	○	-
United Arab Emirates	●	●	●	●	-
United Kingdom	●	●	●	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
United Republic of Tanzania	-	●	-	-	-
United States Virgin Islands	●*	●*	-	●	-
United States of America	●	●	●	●	-
Uruguay	●	●*	●	●*	-
Uzbekistan	●	●	-	○	-
Venezuela (Bolivarian Republic of)	●	-	●	●*	-
Viet Nam	●	●	-	●	-
Wallis and Futuna	●	-	-	-	-
Zambia	●	●	-	●	-
Zimbabwe	-	●	-	●	-

*Newly reported in this update.

"Unspecified B.1.617" reflects countries/territories/areas reporting detection of B.1.617 without further specification of lineage at this time. These will be reallocated as further details become available.

"●" indicates that information for this variant was received by WHO from official sources.

"○" indicates that information for this variant was received by WHO from unofficial sources and will be reviewed as more information become available.

** Gamma was excluded for Bangladesh this week based on further information.

*** Includes countries/territories/areas reporting the detection of VOCs among travelers (e.g., imported cases detected at points of entry), or local cases (detected in the community).

Excludes countries, territories, and areas that have never reported the detection of a variant of concern

See also [Annex 2: Data, table and figure notes](#).

Annex 2. 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.

A record of historic data adjustment made is available upon request by emailing epi-data-support@who.int. Please specify the country(ies) of interest, time period(s), and purpose of the request/intended usage. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data.

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

^[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). In the map, number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

^[2] On 20 July, [Ecuador Ministry of Public Health \(MSP\)](#) revised their process of reporting on deaths. The country has now started reporting probable deaths and deaths in other facilities, as well as confirmed deaths, as part of their cumulative death count. Due to this change in reporting, an artificial inflation in last week's deaths in the Region has been observed. Thus, the decline in deaths observed this week should be interpreted carefully.

Technical guidance and other resources

- [WHO technical guidance](#)
- [WHO COVID-19 Dashboard](#)
- [WHO Weekly Operational Updates on COVID-19](#)
- [WHO COVID-19 case definitions](#)
- [COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update](#)
- [Research and Development](#)
- [OpenWHO courses on COVID-19](#) in official UN languages and in [additional national languages](#)
- [WHO Academy COVID-19 mobile learning app](#)
- [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
- Recommendations and advice for the public:
 - [Protect yourself](#)
 - [Questions and answers](#)
 - [Travel advice](#)
- [EPI-WIN: tailored information for individuals, organizations and communities](#)

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COVID-19 Weekly Epidemiological Update

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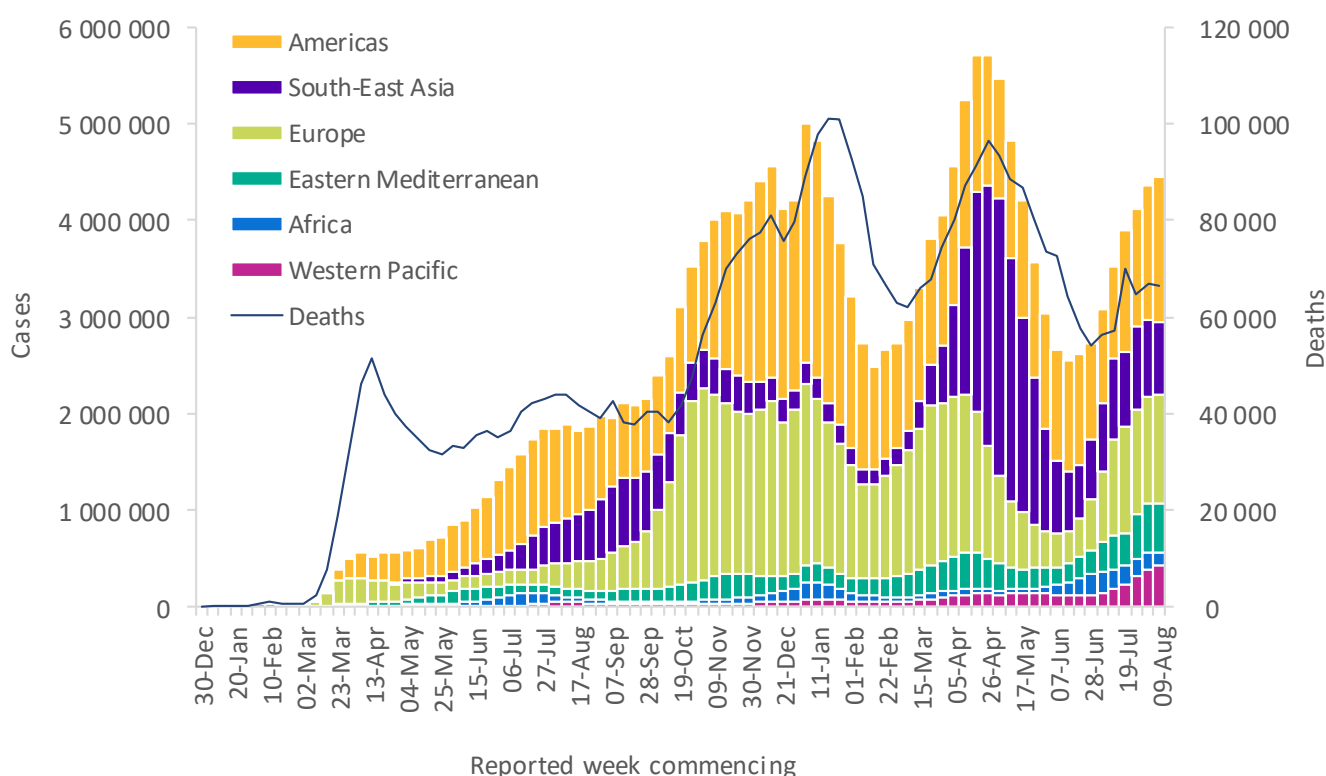
- [Global overview](#)
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Global overview

Data as of 15 August 2021

The global number of new cases has been increasing for the last two months, with over 4.4 million cases reported in the past week (9 – 15 August 2021) (Figure 1). This increasing trend is largely attributed to increases in the Western Pacific Region and the Region of the Americas which reported 14% and 8% increases respectively as compared to the previous week; the other four regions reported similar or a decrease in new weekly cases as compared to the previous week. The cumulative number of cases reported globally is now over 206 million and the cumulative number of deaths is almost 4.4 million. All regions except the Western Pacific and the Eastern Mediterranean Regions reported similar or a decrease in the number of deaths this week as compared to the previous week. While the African Region reported the largest decline in cases and deaths, with 23% and 18% decreases in incidence respectively, data from the weekend is incomplete which may overestimate differences as compared to the previous week.

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 15 August 2021**



**See [Annex 2: Data, table and figure notes](#)

The regions with the highest weekly incidence rates of cases and deaths per 100 000 population remain the same as last week: the Region of the Americas and the European Region reported the highest weekly case (147.4 and 121.6 new cases per 100 000 population, respectively) and death incidence (2.0 and 1.1 new deaths per 100 000 population, respectively).

At the country level, the highest numbers of new cases in the past week were reported by the United States of America (883 996 new cases; 9% increase), the Islamic Republic of Iran (26 9975 new cases, 9% increase), and India (258 121 new cases; 7% decrease). However, the highest numbers of new deaths in the past week were reported by Indonesia (10 492996 new cases; 8% decrease), Brazil (6100 new cases, 3% decrease) and the Russian Federation (5618 new cases; a 2% increase).

Globally, cases of the Alpha variant have been reported in 190 countries, territories or areas (hereafter countries), while 138 countries (one new country) have reported cases of the Beta variant; 82 countries (one new country) have reported cases of the Gamma variant; and 148 countries (three new countries) have reported cases of the Delta variant.

Table 1. Newly reported and cumulative COVID-19 cases and deaths, by WHO Region, as of 15 August 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	1 507 234 (34%)	8%	80 121 215 (39%)	19 956 (30%)	1%	2 050 072 (47%)
Europe	1 134 516 (26%)	1%	62 474 616 (30%)	10 495 (16%)	-3%	1 242 204 (29%)
South-East Asia	731 279 (16%)	-9%	39 908 781 (19%)	19 401 (29%)	-6%	610 389 (14%)
Eastern Mediterranean	502 683 (11%)	0%	13 601 389 (7%)	7 034 (11%)	15%	249 389 (6%)
Western Pacific	429 153 (10%)	14%	5 330 671 (3%)	5 711 (9%)	23%	75 433 (2%)
Africa	139 767 (3%)	-23%	5 276 855 (3%)	3 909 (6%)	-18%	125 934 (3%)
Global	4 444 632 (100%)	2%	206 714 291 (100%)	66 506 (100%)	0%	4 353 434 (100%)

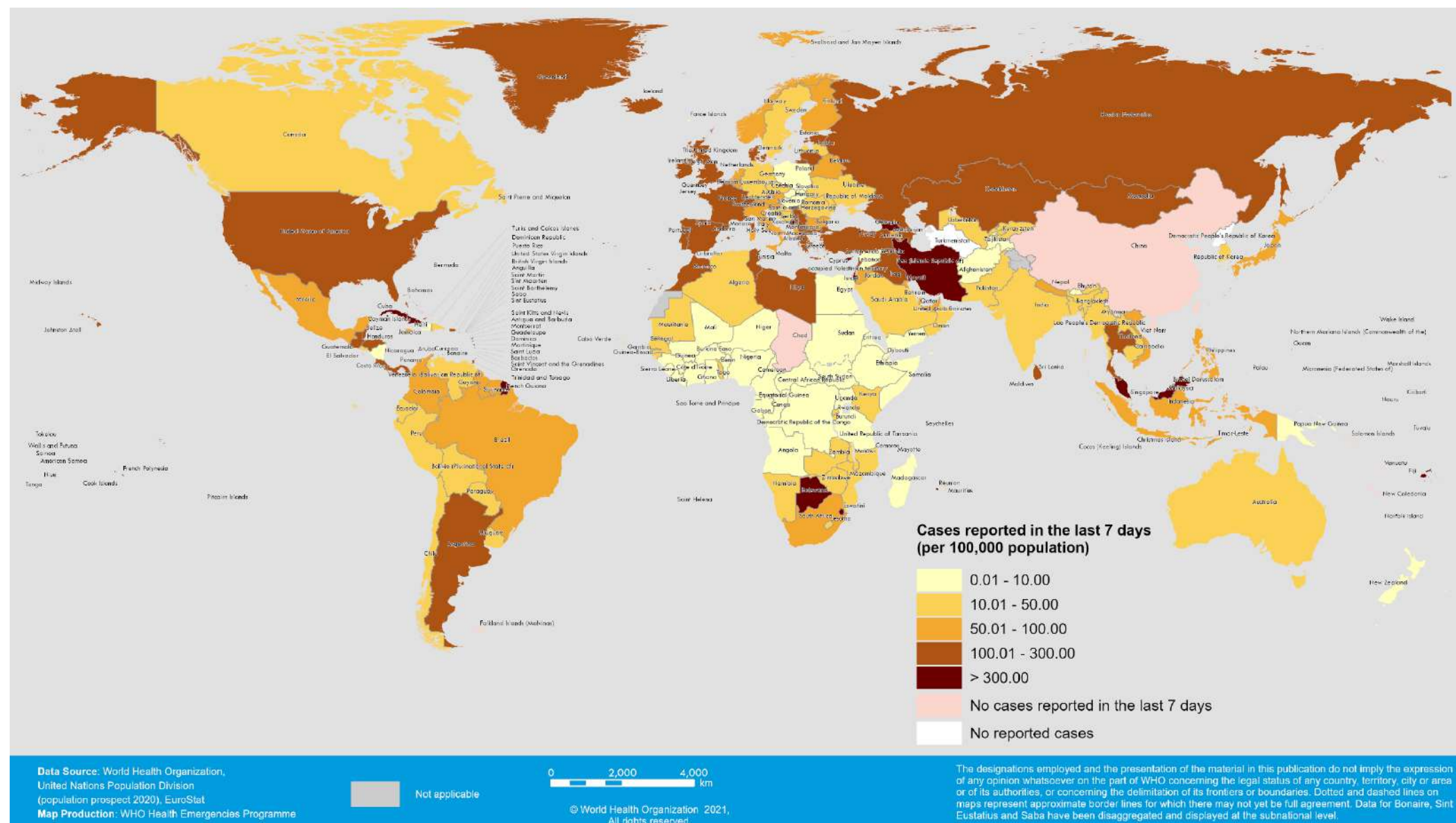
*Percent change in the number of newly confirmed cases/deaths in the past seven days, compared to the seven days prior

**See [Annex 2: Data, table and figure notes](#)

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

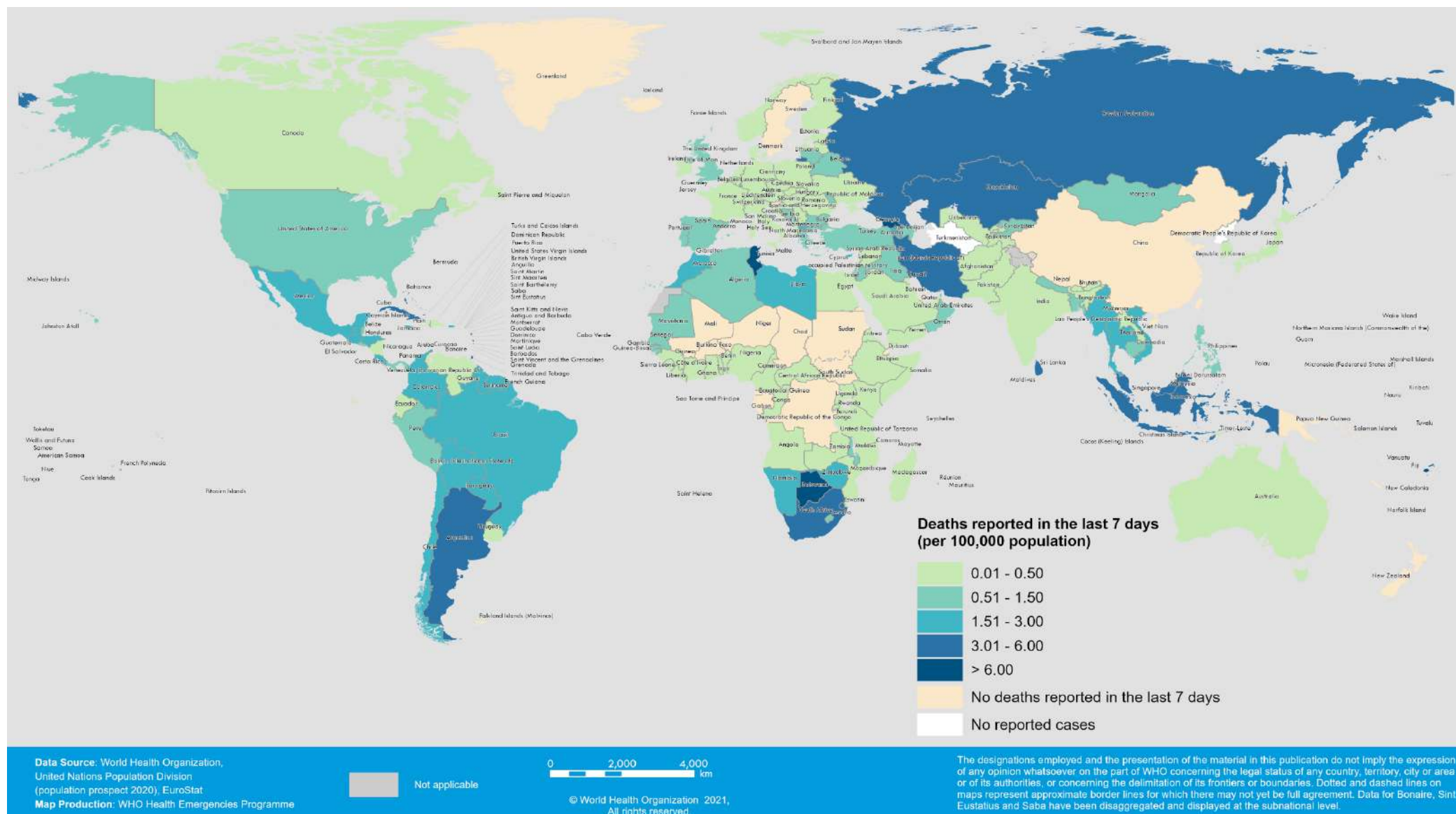
- [WHO COVID-19 Dashboard](#)
- [WHO COVID-19 Weekly Operational Update and previous editions of the Weekly Epidemiological Update](#)

Figure 2. COVID-19 cases per 100 000 population reported by countries, territories and areas, 9 - 15 August 2021**



**See Annex 2: Data, table and figure notes

Figure 3. COVID-19 deaths per 100 000 population reported by countries, territories and areas, 9 – 15 August 2021**



**See Annex 2: Data, table and figure notes

Special Focus: Update on SARS-CoV-2 Variants of Interest and Variants of Concern

WHO, in collaboration with national authorities, institutions and researchers, routinely assesses if variants of SARS-CoV-2 alter transmission or disease characteristics, or impact vaccine, therapeutics, diagnostics or effectiveness of public health and social measures (PHSM) applied by national authorities to control disease spread. “Signals” of potential Variants of Concern (VOCs) or Variants of Interest (VOIs) are detected and assessed based on the risk posed to global public health. As these risks evolve, WHO will continue to update the lists of global VOIs and VOCs to support prioritization for surveillance and research, and ultimately guide response strategies (for more information, please see the [Tracking SARS-CoV-2 variants](#) website).

National authorities may choose to designate other variants of local interest/concern and are encouraged to investigate and report on the impacts of these variants.

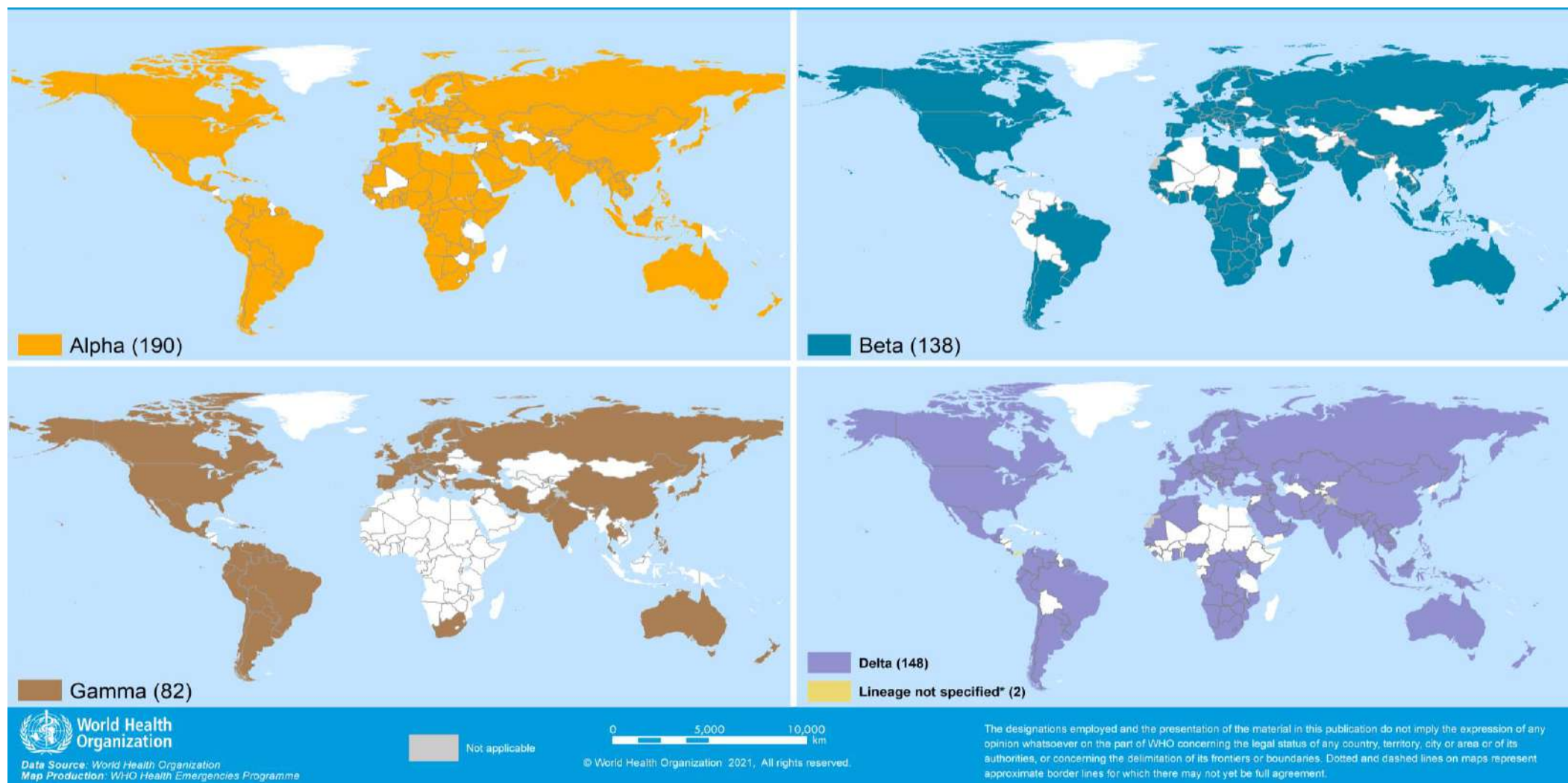
As surveillance activities to detect SARS-CoV-2 variants are strengthened at national and subnational levels, including through the expansion of genomic sequencing capacities, the number of countries/areas/territories (hereafter countries) reporting VOCs continues to increase (Figure 4, Annex 1). This distribution should nonetheless be interpreted with due consideration of surveillance limitations, including differences in sequencing capacities and sampling strategies between countries.

As countries gradually resume non-essential international travel, the introduction of risk mitigation measures aiming to reduce travel-associated exportation, importation and onward transmission of SARS-CoV-2 should be based on a thorough risk assessment conducted systematically and routinely.

Additional resources

- [Tracking SARS-CoV-2 Variants](#)
- [COVID-19 new variants: Knowledge gaps and research](#)
- [Genomic sequencing of SARS-CoV-2: a guide to implementation for maximum impact on public health](#)
- [Considerations for implementing and adjusting public health and social measures in the context of COVID-19](#)

Figure 4. Countries, territories and areas reporting variants Alpha, Beta, Gamma and Delta, as of 17 August 2021**



*Includes countries/territories/areas reporting the detection of B.1.617 without further specification of lineage at this time. These will be reallocated as further details become available.

**Countries/territories/areas highlighted include both official and unofficial reports of VOC detections, and do not presently differentiate between detections among travellers (e.g., at Points of Entry) or local community cases. Please see Annex 2 for further details.

Special Focus: COVID-19 in Prisons

Prisons are unique environments for pathogen transmission due to high population density, overcrowding, and proximity among detainees and guards. Since the beginning of the pandemic, outbreaks of COVID-19 have been reported in prisons and correctional facilities in at least 122 countries across the world.¹ COVID-19 outbreaks in detention centers have been reported in countries across all WHO regions.² Early in the pandemic, and in response to a request made by Member States, the WHO Health In Prisons Programme (WHO/HIPP; based out of the WHO Regional Office for Europe) published interim guidance on 15 March 2020 to support countries in preparedness, prevention and control of COVID-19 in prisons and other places of detention. As the pandemic progressed, further understanding of the pathophysiology of COVID-19 informed a revision, which was published on 8 February 2021. The revised guidance included updates on the signs and symptoms, transmission of the virus that causes COVID-19 and the measures to prevent infection. It also addressed issues of vaccine availability and allocation and advised on indicators for the surveillance of COVID-19 in detention settings.

To enable monitoring of the evolution of the pandemic in detention settings, WHO developed a minimum set of indicators, which Member States have been voluntarily reporting to WHO/HIPP since April 2020. The indicators requested include information on the operational capacity and on the number of individuals living in prisons (disaggregated by age categories and sex) to monitor the occupancy rate over time; the number of individuals tested and diagnosed with SARS-CoV-2 infection (also disaggregated by age category, sex and divided by staff and detainees); those being transferred to hospital and those who have died. This minimum dataset was revised in February 2021 to include vaccination in detainees, staff and health care workers. As this is a voluntary system, reporting by Member States is not consistent and only 18 Member States have submitted data to WHO/HIPP since the system was established. The submitted data are analyzed on a weekly basis to compare the epidemiology of COVID-19 in detention facilities with that observed in the general population. This comparison enables the early identification of outbreaks that could benefit from WHO's technical support.

Despite a clear positive progression in the reporting capacity of Member States, in some countries it is challenging to separate the subsection of COVID-19 data attributable to detainees or detention center staff within larger public health datasets. Disaggregating the data in prison health information systems from the general public health data would allow for a more specific and tailored evaluation of the evolving situation and burden of the COVID-19 pandemic within these settings.

Summarizing the evidence: Early analysis conducted on persons living in prisons (from January to June 2020) identified 42 107 cases of SARS-CoV-2 infection and 510 deaths among nearly 1.3 million people living in prisons, in the United States of America. This is similar to the case rate of 3251 per 100 000 population reported in the same country and 5.5 times higher than that in people of the same age and sex in the general population across the same time period.³ Among prison staff, the case rate reported up to November 2020 was 3.2 times higher than in community settings in the United States of America.⁴ Based on data between 31 March and 6 June 2020, the estimated mortality rate among people in prisons was 39 per 100 000 compared to 29 per 100 000 for the general population of the United States of America.⁵ In the WHO European region, some countries have observed a mortality rate 3.3 times higher in detention centers compared to people of the same age and sex in the general population between March 2020 and February 2021.⁶

¹ https://www.prisonstudies.org/sites/default/files/resources/downloads/keeping_covid_out_of_prisons.pdf

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7568916/>

³ <https://pubmed.ncbi.nlm.nih.gov/32639537/>

⁴ <https://pubmed.ncbi.nlm.nih.gov/33750599/>

⁵ <https://pubmed.ncbi.nlm.nih.gov/32639537/>

⁶ <https://www.thelancet.com/journals/lanres/article/PIIS2213-2600%2821%2900137-5/fulltext>

Overcrowding in prisons has negative consequences on health. For COVID-19, one study has shown that when prison capacity exceeds 85%, there is an increased risk of SARS-CoV-2 infection and death.⁷ In an effort to reduce overcrowding, the adoption of non-custodial measures, including decarceration of non-violent offenders, pardons and home confinement, are among some of the most commonly adopted measures globally. A survey conducted between March and June 2020 indicated that 109 countries took such measures, resulting in an average reduction of the prison population by 6%.⁸ These COVID-19 mitigation measures were in line with the call from the United Nations High Commission for Human Rights and the UN System common position on incarceration⁹ The mitigation measures implemented were considered crucial as overcrowding posed issues in being able to prevent and control COVID-19 outbreaks. Overcrowding also adversely affects access to health care and essential, basic hygiene practices products such water and soap. Despite these measures being implemented, overcrowding and its implications on SARS-CoV-2 transmission and other health issues continues to be a challenge in prisons.^{10, 11}

An effective measure used to control transmission of SARS-CoV-2 in detention centers has been the implementation of intensive epidemiological surveillance and contact tracing.¹² However, in many countries, due to limited resources, the capacity to routinely identify SARS-CoV-2 infections in detention centers is insufficient, making it difficult to ascertain the true burden of the disease in these settings.¹³

A potential strategy to ensure more representative COVID-19 case and mortality identification is to increase testing efforts. A study conducted in 16 facilities, in the United States of America, showed that mass testing increased the detection of cases by nearly 13-fold.¹⁴ Some countries in the European Region have intensified their testing strategy in the most recent months. While effective, this approach may not be feasible in every country and where this is the case, alternative approaches to testing in settings with limited resources have been recommended in WHO guidance.

As the availability of testing and COVID-19 vaccines has increased in a number of countries, advocacy for equitable access to vaccines among people living and working in detention centers continues.¹⁵ Many Member States have been working to increase the vaccine coverage among people living in detention centers with this coverage in the European Region, where this data is available, varying between less than 15% to above 60% coverage, and others not reporting on vaccination rollout in detention centers.

It is important to understand the impact of the pandemic in prisons, including the numbers of cases identified and the associated outcomes. Governments assume fully accountability for the health and well-being of detainees; therefore, providing detainees with protection from COVID-19 is a fundamental component of upholding their human rights. Furthermore, people living in prisons are not isolated from communities: there is constant movement of staff and visitors, and detainees are admitted, released and transferred frequently. Protecting those in detention will therefore have an impact on the surrounding communities and potentially on the capacity of the healthcare system.

Much progress has been made in the identification, detection and control of COVID-19 in some detention centers around the world. As the pandemic evolves, this progress must continue to better align health outcomes in prisons with overall public health goals.

⁷ <https://pubmed.ncbi.nlm.nih.gov/33337529/>

⁸ <https://www.hri.global/covid-19-prison-diversion-measures>

⁹ https://www.unodc.org/res/justice-and-prison-reform/nelsonmandelarules-GoF/UN_System_Common_Position_on_Incarceration.pdf

¹⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7826114/>

¹¹ <https://pubmed.ncbi.nlm.nih.gov/33211577/>

¹² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7347475/>

¹³ <https://pubmed.ncbi.nlm.nih.gov/33564262/>

¹⁴ <https://pubmed.ncbi.nlm.nih.gov/32817597/>

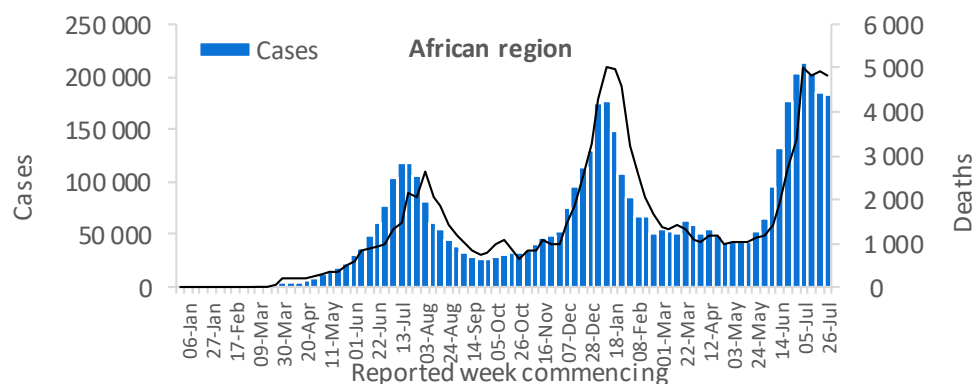
¹⁵ <https://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/publications/2021/why-people-living-and-working-in-detention-facilities-should-be-included-in-national-covid-19-vaccination-plans-advocacy-brief-2021>

WHO regional overviews - Epidemiological week 9 - 15 August 2021

African Region

This week, the data for the African Region is incomplete due to reporting delays and trends should be interpreted with caution until the missing data has been incorporated. The Region reported just over 139 000 new cases and over 3900 new deaths. The overall decrease in weekly cases reported in the region since the middle of July has been largely driven by declines observed in South Africa. In contrast, many other countries in the region continue to report increases in case incidence. For mortality, the trend in the region is largely driven by a decline in new weekly deaths reported by a majority of the countries in the Region, including Mozambique, South Africa, Zambia and Zimbabwe among others. This decrease in overall weekly mortality could be partly due to the lack of reporting of regional data for 15 August.

The highest numbers of new cases were reported from South Africa (58 939 new cases; 99.4 new cases per 100 000 population; 22% decrease), Botswana (14 184 new cases; 603.2 new cases per 100 000; 11% decrease), and Kenya (7685 new cases; 14.3 new cases per 100 000; 2% decrease). The highest numbers of new deaths were reported from South Africa (2008 new deaths; 3.4 new deaths per 100 000 population; 23% decrease), Botswana (269 new deaths; 11.4 new deaths per 100 000; 99% increase), and Zimbabwe (247 new deaths; 1.7 new deaths per 100 000; 16% decrease).

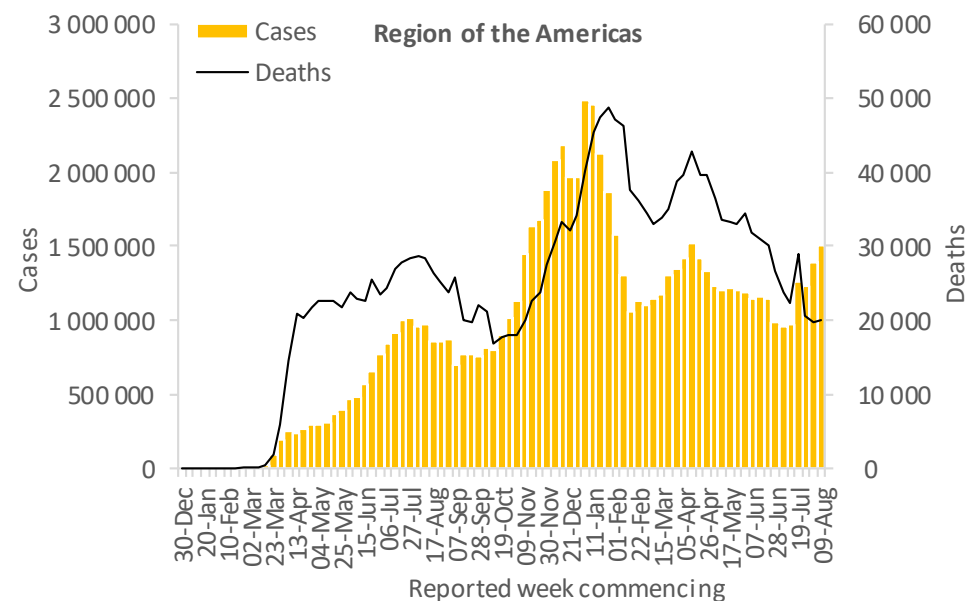


Updates from the [African Region](#)

Region of the Americas

The Region of the Americas reported over 1.5 million new cases and nearly 20 000 new deaths in the past week. While the number of cases increased by 8% as compared to last week, the number of weekly deaths was similar to the week before. Dominica, Saint Vincent and the Grenadines and Guadeloupe reported the largest percentage increase in weekly case incidence over the past seven days.

The highest numbers of new cases were reported from the United States of America (883 996 new cases; 267.1 new cases per 100 000; 20% increase), Brazil (210 254 new cases; 98.9 new cases per 100 000; 8% decrease), and Mexico (124 103 new cases; 96.3 new cases per 100 000; 8% increase). The highest numbers of new deaths were reported from Brazil (6100 new deaths, 2.9 new deaths per 100 000 population, 3% decrease), the United States of America (4245 new deaths; 1.3 new deaths per 100 000; 25% increase), and Mexico (3681 new deaths; 2.9 new death per 100 000; 12% increase).

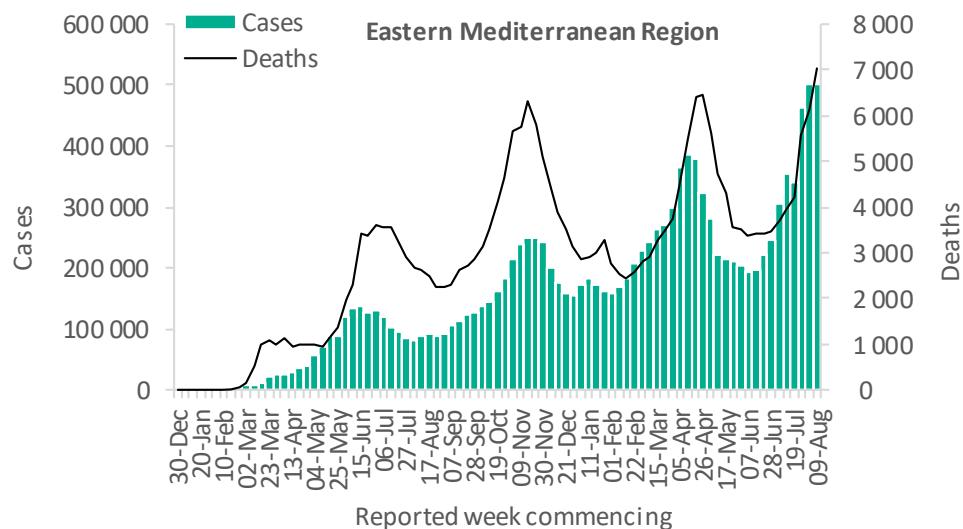


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 502 000 new cases and over 7000 new deaths this past week. While the number of cases reported were similar to those reported in the previous week, the number of weekly deaths increased by 15%. This week, the region reported the highest weekly number of deaths since the beginning of the pandemic. The increase in deaths was mainly driven by an increase in new deaths reported by several countries in the region, including the Islamic Republic of Iran, Morocco, Pakistan, Syrian Arab Republic and Yemen.

The highest numbers of new cases were reported from the Islamic Republic of Iran (269 975 new cases; 321.4 new cases per 100 000; 9% increase), Morocco (64 784 new cases; 175.5 new cases per 100 000; 2% increase), and Iraq (64 390 new cases; 160.1 new cases per 100 000; 17% decrease). The highest numbers of new deaths were reported from the Islamic Republic of Iran (3735 new deaths; 4.4 new deaths per 100 000; 31% increase), Tunisia (896 new deaths; 7.6 new deaths per 100 000; 17% decrease), and Morocco (678 new deaths; 1.8 new deaths per 100 000; 44% increase).

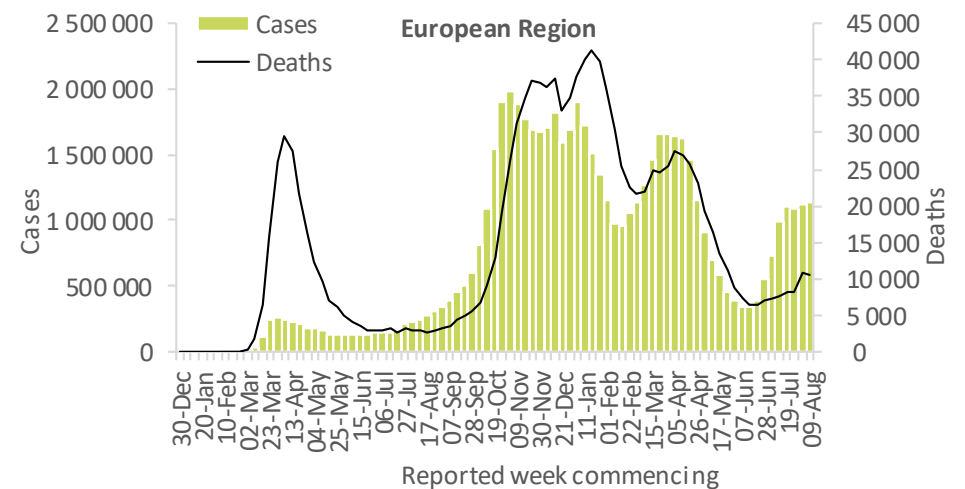


Updates from the [Eastern Mediterranean Region](#)

European Region

The European Region reported over 1.1 million new cases and over 10 000 new deaths, similar numbers to those reported the previous week. While overall, the region is starting to plateau in terms of new weekly cases and deaths, most of the countries in the region continue to see significant increases in the number of weekly cases, including Azerbaijan, Georgia, Israel, Kosovo, Montenegro and North Macedonia. Following a gradual increase in weekly death incidence for the sixth week in a row, a slight decrease in the number of new deaths was reported over the last seven days.

The highest numbers of new cases were reported from the United Kingdom (198 759 new cases; 292.8 new cases per 100 000; 7% increase), Turkey (163 965 new cases; 194.4 new cases per 100 000; 3% decrease), and the Russian Federation (153 086 new cases; 104.9 new cases per 100 000; 4% decrease). The highest numbers of new deaths were reported from the Russian Federation (5618 new deaths; 3.8 new deaths per 100 000; 2% increase), Kazakhstan (934 new deaths; 5.0 new deaths per 100 000; 46% decrease), and Turkey (917 new deaths; 1.1 new deaths per 100 000; 21% increase).

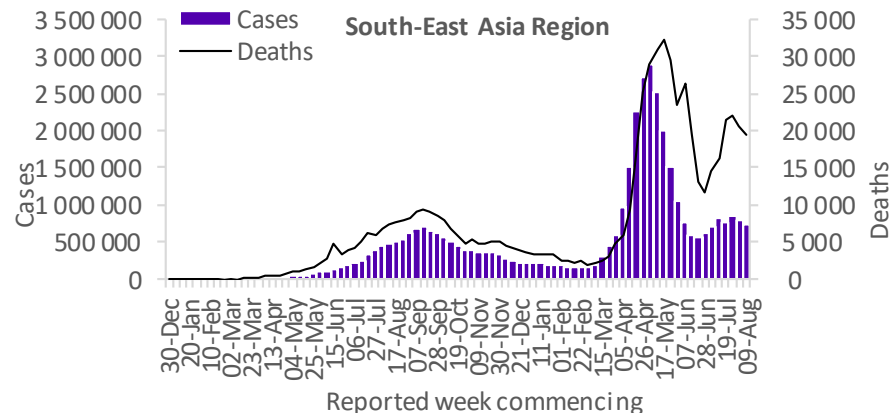


Updates from the [European Region](#)

South-East Asia Region

Cases in the South-East Asia Region continued to decline this week. The region reported just over 731 000 new cases and 19 000 new deaths, decreases of 9% and 6% respectively, as compared to the previous week. Following a spike in the regional mortality rate two weeks ago, the number of new deaths has been declining following large decreases reported in the Maldives and Myanmar. While most of the countries reported decreases or similar numbers of cases this week, Sri Lanka, Thailand, and Timor-Leste reported increases in case incidence. Similarly, not all countries follow the regional declining trend in deaths as large increases were reported in a number of countries including Sri Lanka, Thailand and Timor-Leste this week, an increase of 63%, 11% and 200% respectively. The highest numbers of new cases were reported from India (258 121 new cases; 18.7 new cases per 100 000; 7% decrease), Indonesia (188 323 new cases; 68.9 new cases per 100 000; 17% decrease), and Thailand (150 652 new cases; 215.8 new cases per 100 000; 7% increase).

The highest numbers of new deaths were reported from Indonesia (10 492 new deaths; 3.8 new deaths per 100 000; 8% decrease), India (3363 new deaths; 0.2 new deaths per 100 000; 4% decrease), and Bangladesh (1523 new deaths; 0.9 new deaths per 100 000; 12% decrease).

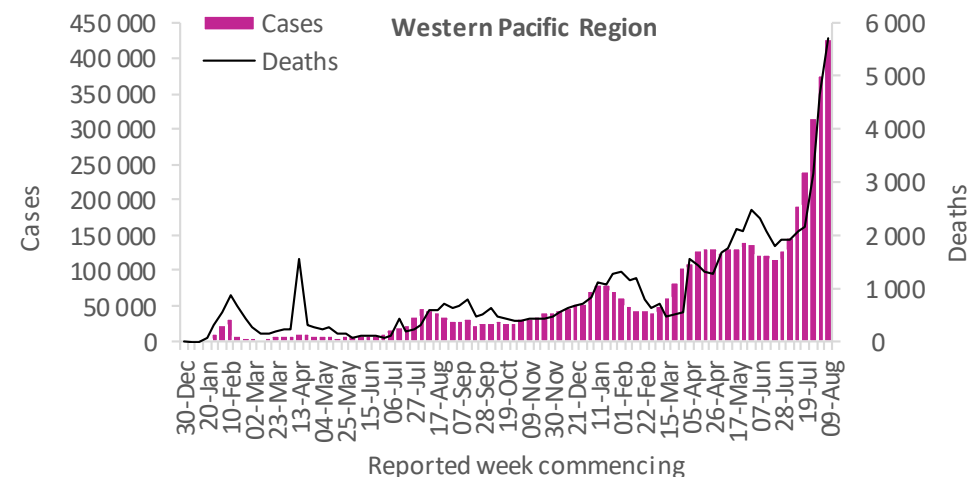


Updates from the [South-East Asia Region](#)

Western Pacific Region

The Western Pacific Region reported the largest proportionate increases in cases and deaths this week, with over 429 000 new cases and 5700 new deaths, increases of 14% and 23% respectively, as compared to the previous week. This exponential increase in cases and deaths has been ongoing for nearly two months. Over half of the countries and territories in the region that are providing regular data to WHO are reporting an increase in cases (10/18; 56%) and nearly half are reporting increases in deaths (8/18; 44%). The largest proportionate increases in cases and deaths were seen in Australia, French Polynesia, Japan, Philippines and Republic of Korea. The highest numbers of new cases were reported from Malaysia (140 501 new cases; 434.1 new cases per 100 000; 8% increase), Japan (111 601 new cases; 88.2 new cases per 100 000; 23% increase), and the Philippines (77 540 new cases; 70.8 new cases per 100 000; 28% increase).

The highest numbers of new deaths were reported from Viet Nam (2187 new deaths; 2.2 new deaths per 100 000; 13% increase), Malaysia (1839 new deaths; 5.7 new deaths per 100 000; 35% increase), and the Philippines (1235 new deaths; 1.1 new deaths per 100 000; 31% increase).



Updates from the [Western Pacific Region](#)

Key weekly updates

WHO Director-General's key messages

- In his opening remarks at the [media briefing on COVID-19 – 11 August 2021](#), the Director-General highlighted the following:
 - In October 2020, WHO shared [the results of the Solidarity Therapeutics Trial](#), which tested four treatments for COVID-19, involving almost 13,000 patients in 500 hospitals, in 30 countries
 - The next phase of the trial - Solidarity PLUS - will test three drugs: artesunate, a treatment for severe malaria; imatinib, a drug for certain cancers; and infliximab, a treatment for immune system disorders such as Crohn's disease. The trial involves thousands of researchers at more than 600 hospitals in 52 countries.

Updates and publications

- [Interim statement on heterologous priming for COVID-19 vaccines](#)
- [Interim statement on dose-sparing strategies for COVID-19 vaccines \(fractionated vaccine doses\)](#)
- [Interim statement on COVID-19 vaccine booster doses](#)
- [WHO's Solidarity clinical trial enters a new phase with three new candidate drugs](#)
- [WHO Statement on advancing the next series of studies to find the origins of SARS-CoV-2](#)
- [ACT-Accelerator launches urgent US\\$ 7.7 billion appeal to stem surge of dangerous variants and save lives everywhere](#)

Annex

- COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories and areas, and WHO Region (reported in previous issues) are now available at: <https://covid19.who.int/table>.

Annex 1. List of countries/territories/areas reporting Variants of Concern as of 17 August 2021**

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Afghanistan	●	-	-	●	-
Albania	●	-	-	○	-
Algeria	●	-	-	●	-
Angola	●	●	-	●	-
Anguilla	●	-	-	●	-
Antigua and Barbuda	●	●	-	-	-
Argentina	●	●	●	●	-
Armenia	●	-	-	●	-
Aruba	●	●	●	●	-
Australia	●	●	●	●	-
Austria	●	●	●	●	-
Azerbaijan	●	-	-	○	-
Bahamas	●	-	-	-	-
Bahrain	●	●	-	●	-
Bangladesh	●	●	-	●	-
Barbados	●	-	●	●	-
Belarus	●	-	-	○	-
Belgium	●	●	●	●	-
Belize	●	-	-	-	-
Benin	●*	-	-	-	-
Bermuda	●	●	-	-	-
Bhutan	●	●	-	●	-
Bolivia (Plurinational State of)	●	-	●	-	-
Bonaire	●	-	●	●	-
Bosnia and Herzegovina	●	●	●	○	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Botswana	○	●	-	●	-
Brazil	●	●	●	●	-
British Virgin Islands	●	-	●	-	-
Brunei Darussalam	●	●	-	-	-
Bulgaria	●	●	-	●	-
Burkina Faso	●	-	-	-	-
Burundi	●	●	-	●	-
Cabo Verde	●	-	-	●	-
Cambodia	●	●	-	●	-
Cameroon	●	●	-	-	-
Canada	●	●	●	●	-
Cayman Islands	●	-	●	-	-
Central African Republic	●	●	-	●*	-
Chad	●*	-	-	-	-
Chile	●	●	●	●	-
China	●	●	●	○	-
Colombia	●	-	●	●	-
Comoros	-	●	-	-	-
Congo	●	○	-	●	-
Costa Rica	●	●	●	●	-
Croatia	●	●	●	○	-
Cuba	●	●	-	-	-
Curaçao	●	-	●	●	●
Cyprus	●	●	-	○	-
Czechia	●	●	●	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Côte d'Ivoire	●	●	-	-	-
Democratic Republic of the Congo	●	●	-	●	-
Denmark	●	●	●	●	-
Djibouti	●	●	-	-	-
Dominica	●	-	-	-	-
Dominican Republic	●	-	●	-	-
Ecuador	●	-	●	●	-
Egypt	●	-	-	-	-
El Salvador	●	-	●*	●	-
Equatorial Guinea	●	●	-	-	-
Estonia	●	●	○	○	-
Eswatini	-	●	-	●*	-
Ethiopia	●	-	-	-	-
Falkland Islands (Malvinas)	●*	●*	-	-	-
Faroe Islands	●	-	●	-	-
Fiji	-	-	-	●	-
Finland	●	●	●	●	-
France	●	●	●	●	-
French Guiana	●	●	●	●	-
French Polynesia	●	●	●	●	-
Gabon	●	●	-	-	-
Gambia	●	-	-	●	-
Georgia	●	○	-	●	-
Germany	●	●	●	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Ghana	●	●	-	●	-
Gibraltar	●	-	-	-	-
Greece	●	●	●	●	-
Grenada	●	-	-	-	-
Guadeloupe	●	●	●	●	-
Guam	●	●	●	●	-
Guatemala	●	●	●	●	-
Guinea	●	○	-	-	-
Guinea-Bissau	●	●	-	-	-
Guyana	-	-	●	-	-
Haiti	●	-	●	-	-
Honduras	●	-	-	-	-
Hungary	●	○	●	○	-
Iceland	●	-	-	-	-
India	●	●	●	●	-
Indonesia	●	●	-	●	-
Iran (Islamic Republic of)	●	●	●*	●	-
Iraq	●	●	-	●	-
Ireland	●	●	●	●	-
Israel	●	●	●	●	-
Italy	●	●	●	●	-
Jamaica	●	-	-	-	-
Japan	●	●	●	●	-
Jordan	●	●	●	●	-
Kazakhstan	●	○	-	●	-
Kenya	●	●	-	●	-
Kosovo[1]	●	○	-	○	-
Kuwait	●	●	-	●	-
Kyrgyzstan	●	●	-	-	-
Lao People's Democratic Republic	●	-	-	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Latvia	●	●	●	○	-
Lebanon	●	-	-	●	-
Lesotho	-	●	-	●*	-
Liberia	●	-	-	-	-
Libya	●	●	-	-	-
Liechtenstein	●	-	-	-	-
Lithuania	●	●	●	○	-
Luxembourg	●	●	●	●	-
Madagascar	-	●	-	-	-
Malawi	●	●	-	●	-
Malaysia	●	●	-	●	-
Maldives	●	-	-	●	-
Malta	●	○	●	○	-
Martinique	●	●	●	●	-
Mauritania	●	●	-	●	-
Mauritius	●	●	-	●	-
Mayotte	●	●	-	-	-
Mexico	●	●	●	●	-
Monaco	●	●	-	●	-
Mongolia	●	-	-	●	-
Montenegro	●	-	-	-	-
Montserrat	●	-	-	-	-
Morocco	●	●	-	●	-
Mozambique	●	●	-	●	-
Myanmar	●	-	-	●	-
Namibia	●	●	-	●	-
Nepal	●	-	-	●	-
Netherlands	●	●	●	●	-
New Caledonia	●	-	-	-	-
New Zealand	●	●	○	○	-
Niger	●	-	-	-	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Nigeria	●	●	-	●	-
North Macedonia	●	●	-	○	-
Norway	●	●	●	●	-
Occupied Palestinian Territory	●	●	-	●	-
Oman	●	●	-	●	-
Pakistan	●	●	●	●	-
Panama	●	●	●	●	●
Papua New Guinea	-	-	-	●	-
Paraguay	●	-	●	●	-
Peru	●	-	●	●	-
Philippines	●	●	●	●	-
Poland	●	○	●	●	-
Portugal	●	●	●	●	-
Puerto Rico	●	●	●	●	-
Qatar	●	●	-	●	-
Republic of Korea	●	●	●	●	-
Republic of Moldova	●	-	-	●	-
Romania	●	●	●	●	-
Russian Federation	●	●	○	●	-
Rwanda	●	●	-	●	-
Réunion	●	●	●	○	-
Saba	-	-	-	●	-
Saint Barthélemy	●	-	-	-	-
Saint Lucia	●	-	-	●*	-
Saint Martin	●	●	-	-	-
Sao Tome and Principe	○	-	-	-	-
Saudi Arabia	●	●	-	●	-
Senegal	●	●	-	●	-
Serbia	●	-	-	●	-
Seychelles	●*	●	-	●*	-
Sierra Leone	-	-	-	○	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Singapore	●	●	●	●	-
Sint Maarten	●	●	-	●	-
Slovakia	●	●	-	●	-
Slovenia	●	●	●	●	-
Somalia	●	●	-	-	-
South Africa	●	●	○	●	-
South Sudan	●	●	-	●	-
Spain	●	●	●	●	-
Sri Lanka	●	●	-	●	-
Sudan	●	●	-	-	-
Suriname	●	●	●	●	-
Sweden	●	●	●	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Switzerland	●	●	●	●	-
Thailand	●	●	●	●	-
Timor-Leste	●	-	-	●	-
Togo	●	●	-	-	-
Trinidad and Tobago	●	-	●	●*	-
Tunisia	●	●	-	●	-
Turkey	●	●	●	●	-
Turks and Caicos Islands	●	-	●	-	-
Uganda	●	●	-	●	-
Ukraine	●	○	-	○	-
United Arab Emirates	●	●	●	●	-
United Kingdom	●	●	●	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
United Republic of Tanzania	-	●	-	-	-
United States Virgin Islands	●	●	-	●	-
United States of America	●	●	●	●	-
Uruguay	●	●	●	●	-
Uzbekistan	●	●	-	○	-
Venezuela (Bolivarian Republic of)	●	-	●	●	-
Viet Nam	●	●	-	●	-
Wallis and Futuna	●	-	-	-	-
Yemen	●*	●*	-	-	-
Zambia	●	●	-	●	-
Zimbabwe	-	●	-	●	-

*Newly reported in this update.

"Unspecified B.1.617" reflects countries/territories/areas reporting detection of B.1.617 without further specification of lineage at this time. These will be reallocated as further details become available.

"●" indicates that information for this variant was received by WHO from official sources.

"○" indicates that information for this variant was received by WHO from unofficial sources and will be reviewed as more information become available.

** Gamma was excluded for Bangladesh this week based on further information.

***Includes countries/territories/areas reporting the detection of VOCs among travelers (e.g., imported cases detected at points of entry), or local cases (detected in the community).

Excludes countries, territories, and areas that have never reported the detection of a variant of concern

See also [Annex 2: Data, table and figure notes](#).

Annex 2. 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.

A record of historic data adjustment made is available upon request by emailing epi-data-support@who.int. Please specify the country(ies) of interest, time period(s), and purpose of the request/intended usage. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data.

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

^[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). In the map, number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

^[2] On 20 July, [Ecuador Ministry of Public Health \(MSP\)](#) revised their process of reporting on deaths. The country has now started reporting probable deaths and deaths in other facilities, as well as confirmed deaths, as part of their cumulative death count. Due to this change in reporting, an artificial inflation in last week's deaths in the Region has been observed. Thus, the decline in deaths observed this week should be interpreted carefully.

Technical guidance and other resources

- [WHO technical guidance](#)
- [WHO COVID-19 Dashboard](#)
- [WHO Weekly Operational Updates on COVID-19](#)
- [WHO COVID-19 case definitions](#)
- [COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update](#)
- [Research and Development](#)
- [OpenWHO courses on COVID-19](#) in official UN languages and in [additional national languages](#)
- [WHO Academy COVID-19 mobile learning app](#)
- [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
- Recommendations and advice for the public:
 - [Protect yourself](#)
 - [Questions and answers](#)
 - [Travel advice](#)
- [EPI-WIN: tailored information for individuals, organizations and communities](#)

COVID-19 Weekly Epidemiological Update

Edition 54, published 24 August 2021

In this edition:

- [Global overview](#)
- [Special focus: Update on SARS-CoV-2 Variants of Interest and Variants of Concern](#)
- [WHO regional overviews](#)
- [Key weekly updates](#)

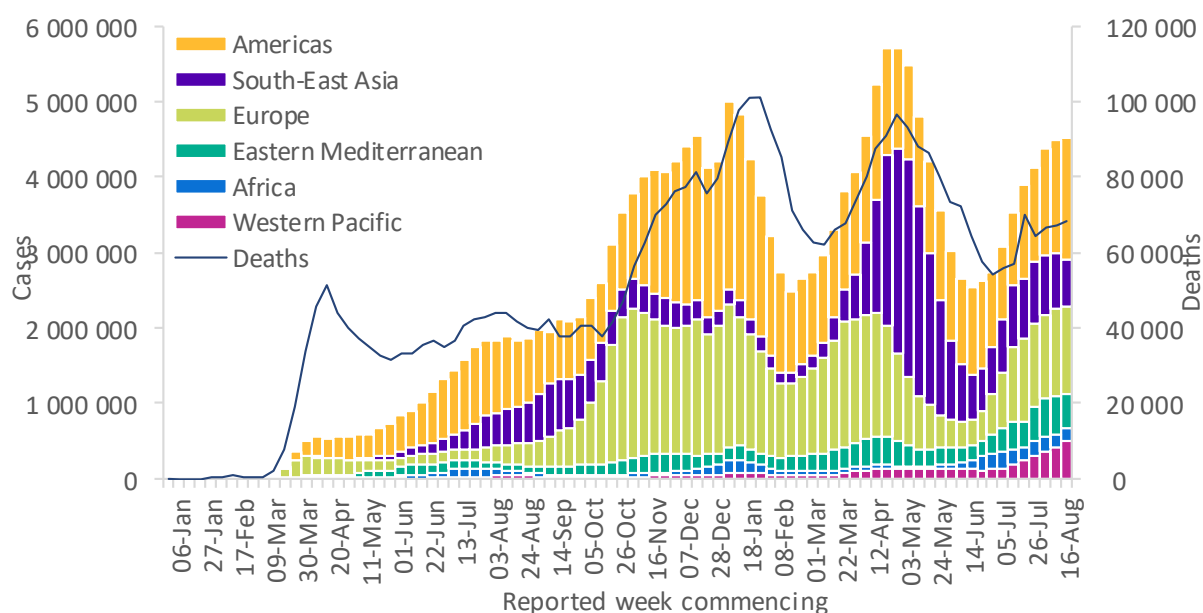
Global overview

Data as of 22 August 2021

With over 4.5 million new cases reported this week (16-22 August), the number of new cases reported globally seems to be stable after increasing for nearly two months (since mid-June) (Figure 1). The Regions of Western Pacific and Americas continue to report increases in new cases, with increases of 20% and 8% respectively as compared to last week. The South-East Asia and Eastern Mediterranean regions reported decreases in weekly incidence of 16% and 10% respectively. The European and African Regions reported case incidence rates similar to those reported last week.

The number of deaths reported globally this week remains similar to last week, with over 68 000 new deaths reported. Two Regions including Europe and Americas reported increases in new deaths of 11% and 10% respectively. The African and South-East Asia Regions reported decreases in new deaths of 11% and 10% respectively, whereas the numbers of deaths reported in the Eastern Mediterranean and Western Pacific Regions were similar to the numbers reported last week. The cumulative number of cases reported globally is now over 211 million and the cumulative number of deaths is just over 4.4 million.

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 22 August 2021**



**See [Annex 2: Data, table and figure notes](#)

The Regions reporting the highest weekly case and deaths incidence rates per 100 000 population remain the same as last week: the Regions of the Americas (158.8 new cases per 100 000 population; 2.1 deaths per 100 000 population) and Europe (124.9 new cases per 100 000 population; 1.3 deaths per 100 000 population). The Eastern Mediterranean Region also reported a high weekly incidence in deaths (1.0 per 100 000 population).

The highest numbers of new cases were reported from the United States of America (1 020 072 new cases; 15% increase), the Islamic Republic of Iran (251 610 new cases; 7% decrease), India (231 658 new cases; 10% decrease), the United Kingdom (219 919 new cases; 11% increase), and Brazil (209 099 new cases; 1% decrease).

Globally, cases of the Alpha variant have been reported in 192 countries (three new countries since last week), territories or areas (hereafter countries), while 141 countries (four new countries) have reported cases of the Beta variant; 86 countries (no new country) have reported cases of the Gamma variant; and 163 countries (seven new countries) have reported cases of the Delta variant.

Table 1. Newly reported and cumulative COVID-19 cases and deaths, by WHO Region, as of 22 August 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	1 623 891 (36%)	8%	81 746 260 (39%)	21 983 (32%)	10%	2 072 143 (47%)
Europe	1 165 092 (26%)	0%	63 662 465 (30%)	11 912 (17%)	11%	1 254 406 (28%)
South-East Asia	614 080 (14%)	-16%	40 522 861 (19%)	17 475 (26%)	-10%	627 864 (14%)
Eastern Mediterranean	450 624 (10%)	-10%	14 052 013 (7%)	7 115 (10%)	1%	256 504 (6%)
Western Pacific	513 581 (11%)	20%	5 844 252 (3%)	5 896 (9%)	3%	81 329 (2%)
Africa	158 595 (4%)	-3%	5 459 743 (3%)	3 958 (6%)	-11%	130 407 (3%)
Global	4 525 863 (100%)	0%	211 288 358 (100%)	68 339 (100%)	1%	4 422 666 (100%)

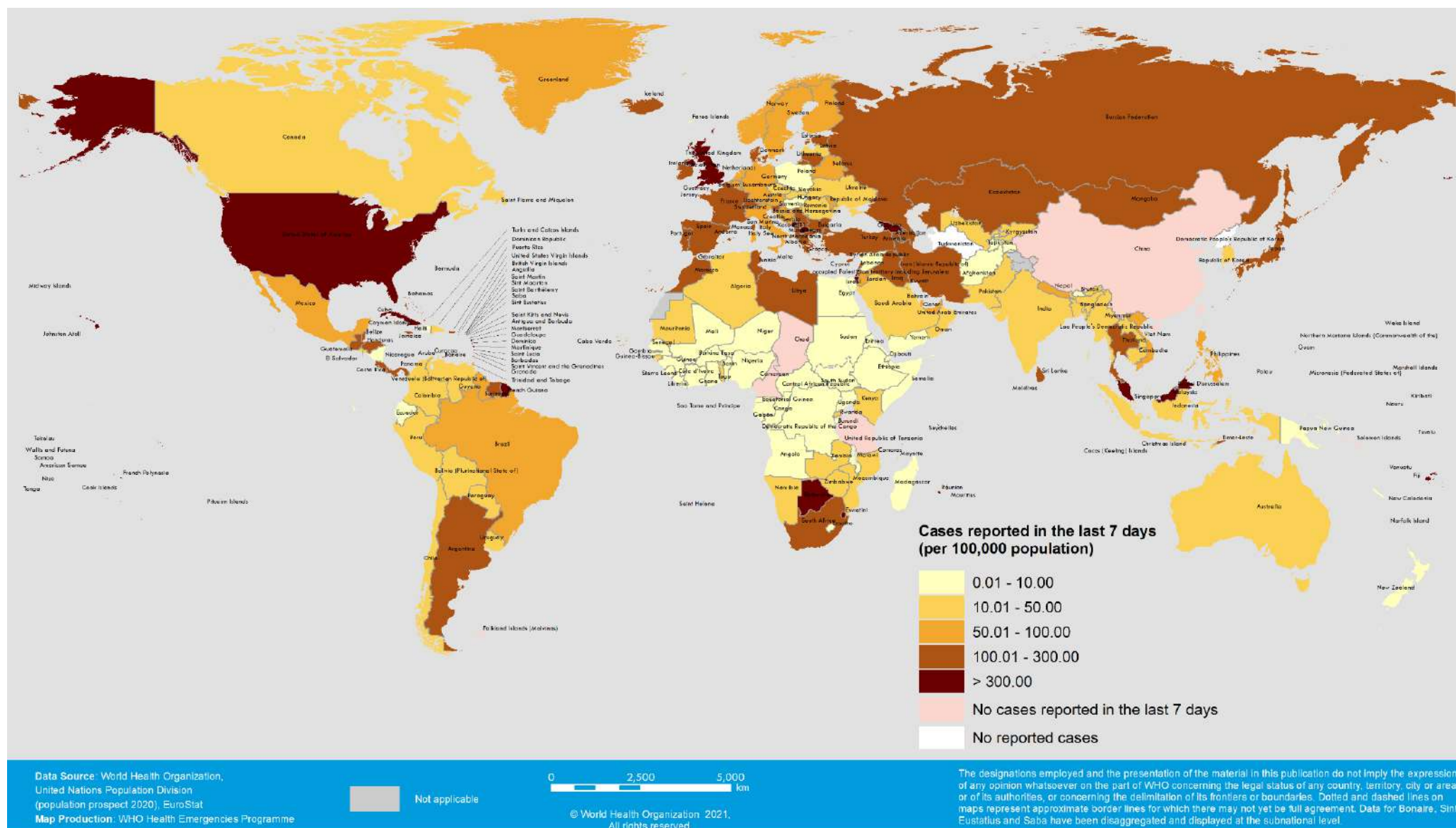
*Percent change in the number of newly confirmed cases/deaths in past seven days, compared to seven days prior

**See [Annex 2: Data, table and figure notes](#)

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

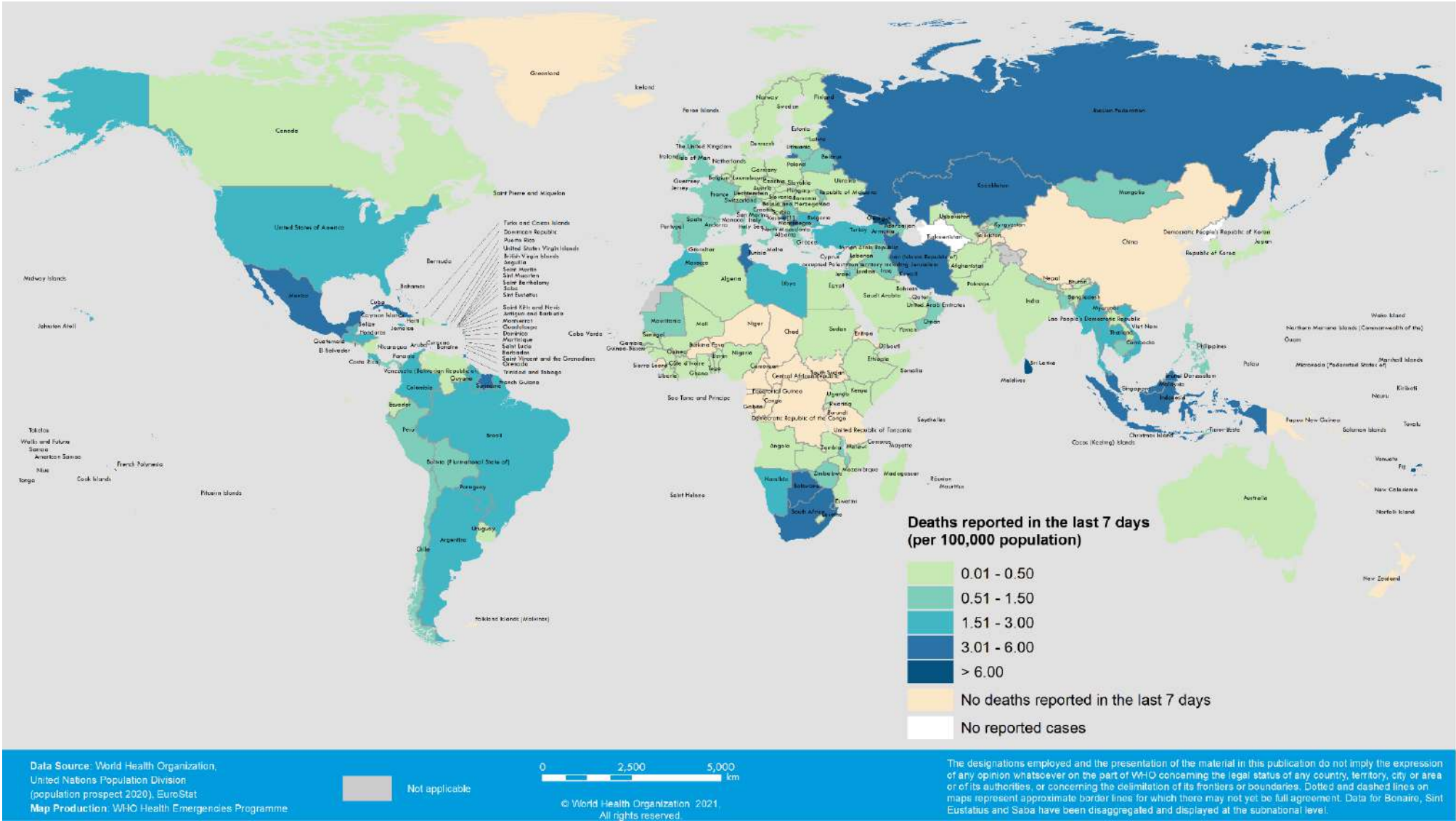
- [WHO COVID-19 Dashboard](#)
- [WHO COVID-19 Weekly Operational Update and previous editions of the Weekly Epidemiological Update](#)

Figure 2. COVID-19 cases per 100 000 population reported by countries, territories and areas, 16–22 August 2021**



**See Annex 2: Data, table and figure notes

Figure 3. COVID-19 deaths per 100 000 population reported by countries, territories and areas, 16–22 August 2021**



**See Annex 2: Data, table and figure notes

Special Focus: Update on SARS-CoV-2 Variants of Interest and Variants of Concern

WHO, in collaboration with national authorities, institutions and researchers, routinely assesses if variants of SARS-CoV-2 alter transmission or disease characteristics, or impact vaccine, therapeutics, diagnostics or effectiveness of public health and social measures (PHSM) applied by national authorities to control disease spread. “Signals” of potential Variants of Concern (VOCs) or Variants of Interest (VOIs) are detected and assessed based on the risk posed to global public health. National authorities may choose to designate other variants of local interest/concern and are encouraged to investigate and report on impacts of these variants.

Updates on VOCs and VOIs, and a list of Alerts for Further Monitoring, are available on the [WHO Tracking SARS-CoV-2 Variants website](#).

Geographic distribution

As surveillance activities to detect SARS-CoV-2 variants are strengthened at national and subnational levels, including through the expansion of genomic sequencing capacities, the number of countries/areas/territories (hereafter countries) reporting VOCs continues to increase (Figure 4, Annex 1). This distribution should nonetheless be interpreted with due consideration of surveillance limitations, including differences in sequencing capacities and sampling strategies between countries.

Phenotypic characteristics

Available evidence on phenotypic impacts of VOCs is summarized in Table 2, as well as in [previous editions](#) of these COVID-19 Weekly Epidemiological Updates. Since the last detailed [update](#) on 10 August, new evidence has been published on the phenotypic characteristics of VOCs.

A preliminary population-level observational study conducted in Israel found that infection with the Alpha variant did not lead to higher case fatality rates. This finding contradicts previous studies from the United Kingdom that indicated an increase in the risk of severe outcomes and mortality associated with the Alpha variant¹. These findings could nonetheless be influenced by several factors such as much younger general population, high vaccination coverage and extensive free testing throughout Israel². Another prospective longitudinal household study (preprint) found a higher secondary attack rate among cases infected with the Alpha variant (77.8%) as compared to those infected with non-VOCs (42.5%) in Norway, suggesting the potential for very high household transmission levels for the Alpha variant. The same study also found that primary cases experiencing loss of taste/smell were associated with a significant increase in the onwards secondary attack rates, which could also be due to the observed increase in viral load^{3,4} in these cases.⁵

A systematic review (preliminary study) which aimed to understand the impact of the Alpha and Gamma variants on the rates of hospitalization of nine of these studies in the analysis. The study found that the relative risk of hospitalization is higher (between 1.4 to 2) for the Alpha variant as compared to non-VOCs. The evidence for hospitalization with the Gamma variant, compared to non-VOC was limited (only one

study was included), but the odds ratio of hospitalization was found to be much higher (above 2), particularly for cases between the age of 20-39 years.⁶

Results from a recent preprint study in the United States of America suggest that the Delta variant has greater replication fitness as compared to the Alpha variant, meaning that Delta has the propensity to replicate more easily and is in turn more infectious.⁷ The study identified a key spike protein mutation (P681R at the furin cleavage site) as the molecular determinant for the enhanced fitness of the Delta variant and its dominance over the Alpha variant. In a systematic review (preprint) comparing the basic reproductive number (R_0) of the Delta variant to the early R_0 estimates of non-VOC strains, the mean R_0 of the Delta variant was found to be 5.08, far higher than the R_0 of non-VOC strains (2.79).⁸ The authors of the study screened nearly 30 000 records, of which only 5 were identified as providing evidence that the true value of the R_0 of the Delta variant is likely under-estimated as the R_0 estimates in the studies identified were taken at the time when variable movement restrictions were in place in most parts of the world.

The emergence of these Variants of Concern highlight the importance of maintaining public health and social measures (PHSM) and the need to increase vaccination coverage against SARS-CoV-2. The timing of lifting these measures is critical as highlighted by a modelling study conducted in England whereby lifting the PHSM fully on 21 June, as originally planned, as opposed to 19 July, would have led to a peak of 3,400 (95% CI: 1,300-4,400) daily admissions to hospital due to the emergence of the Delta variant. Delaying the lifting of PHSL until 19 July reduced the peak in daily hospitalizations by nearly three fold to 1,400 (95% CI: 700-1500).⁹ It is important to note that these hospitalization rates were based on estimates, including uncertainties as to the effectiveness of vaccines against the Delta variant, which require careful interpretation. Relaxation of PHSM should therefore be carefully and cautiously balanced against levels of vaccination coverage, and the circulation of Variants of Concern.

Table 2: Summary of phenotypic impacts* of Variants of Concern

WHO label	Alpha	Beta	Gamma	Delta
Transmissibility	Increased transmissibility and secondary attack rate ¹⁰	Increased transmissibility ¹¹	Increased transmissibility ¹²	Increased transmissibility and secondary attack rate ¹³ Similar transmissibility between vaccinated and unvaccinated individuals ^{14–16}
Disease severity	Increased risk of hospitalization ¹⁷ , possible increased risk of severity and mortality ¹	Not confirmed, possible increased risk of in-hospital mortality ¹⁸	Not confirmed, possible increased risk of hospitalization ¹⁹	Increased risk of hospitalization ²⁰

Risk of reinfection	Neutralizing activity retained ²¹ , risk of reinfection remains similar ²²	Reduction in neutralizing activity reported; T cell response elicited by D614G virus remains effective ²³	Moderate reduction in neutralizing activity reported ²⁴	Reduction in neutralizing activity reported ^{25–27}
Impacts on diagnostics	Limited impact – S gene target failure (SGTF); no impact on overall result from multiple target RT-PCR, No impact on Ag RDTs observed ²⁸	No impact on RT-PCR or Ag RDTs observed ²⁷	None reported to date	None reported to date

**Generalized findings as compared to previously/co-circulating variants. Based on emerging evidence, including non-peer-reviewed preprint articles and reports, all subject to ongoing investigation and revision.*

Table 3. Summary of vaccine performance against Variants of Concern

	Anhui ZL- Recombinant	AstraZeneca- Vaxzevria	Beijing CNBG- BBIBP-CorV	Bharat-Covaxin	Gamaleya- Sputnik V	Janssen- Ad26.COV 2.5	Moderna- mRNA-1273	Moderna- mRNA-1273/ Pfizer BioNTech- Comirnaty	Novavax- Covavax	Pfizer BioNTech- Comirnaty	SII - Covishield	Sinovac- CoronaVac
Alpha^{29,30}												
Summary of VE*	Protection retained against all outcomes											
- Severe disease	-	↓ ₁	-	-	-	-	↔ ₁	↔ ₁	-	↔ ₃	-	-
- Symptomatic disease	-	↔ to ↓ ₃	-	-	-	-	↔ ₁	↔ ₁	↓ ₁	↔ ₃	-	-
- Infection	-	↔ to ↓ ₂	-	-	-	-	↔ ₁	-	-	↔ ₂	-	-
Neutralization	↔ ₂	↓ ₄	↔ ₁	↔ ₂	↔ ₂	↔ ₃	↔ to ↓ ₁₁	↓ ₁	↓ ₁	↔ to ↓ ₃₄	↔ ₁	↔ to ↓ ₅
Beta³¹⁻³⁴												
Summary of VE*	Protection retained against severe disease; reduced protection against symptomatic disease; limited evidence											
- Severe disease	-	-	-	-	-	↔ ₁	-	-	-	↔ ₁	-	-
- Symptomatic disease	-	↓↓↓ ₁	-	-	-	↔ ₁	-	-	↓↓↓ ₁	↔ ₁	-	-
- Infection	-	-	-	-	-	-	↔ ₁	-	-	↓ ₁	-	-
Neutralization	↔ to ↓ ₃	↓↓↓ ₅	↔ to ↓ ₂	↓ ₂	↓ to ↓↓ ₂	↓ to ↓↓ ₅	↓ to ↓↓↓ ₈	↓↓↓ ₁	↓↓↓ ₁	↓ to ↓↓ ₃	↓ ₁	↓ to ↓↓ ₄
Gamma												
Summary of VE*	Unclear impact; very limited evidence											
- Severe disease	-	-	-	-	-	-	-	-	-	-	-	-
- Symptomatic disease	-	-	-	-	-	-	-	-	-	-	-	-
- Infection	-	-	-	-	-	-	-	-	-	-	-	↔ ₁
Neutralization	↔ ₁	↓ ₁	-	-	↓ ₁	↓ ₂	↓ ₆	-	-	↔ to ↓ ₁₆	-	↔ to ↓ ₃
Delta³⁵												
Summary of VE*	Protection retained against severe disease; possible reduced protection against symptomatic disease and infection; limited evidence											
- Severe disease	-	↔ ₁	-	-	-	-	↔ ₁	-	-	↔ ₂	-	-
- Symptomatic disease	-	↓↓ ₂	-	↓ ₁	-	-	-	-	-	↔ to ↓ ₃	-	-
- Infection	-	↓ ₁	-	-	-	-	-	-	-	↓ ₁	-	-
Neutralization	↔ to ↓ ₂	↓ to ↓↓ ₄	-	↔ to ↓ ₃	-	↓ ₃	↓ ₃	↓↓ ₁	-	↓ to ↓↓ ₈	↓ ₂	↓ to ↓↓↓ ₂

VE refers to vaccine effectiveness and vaccine efficacy

Summary of VE*: indicates the general conclusions but only for the vaccines evaluated against the specific variant

Arrows generalize the magnitude of reduction in VE or neutralization: “↔” <10% reduction in VE, or VE >90% with no comparator, or that there was a <2-fold reduction in neutralization; “↓” 10 to <20% reduction in VE, or 2 to <5-fold reduction in neutralization; “↓↓” 20 to <30% reduction in VE, or 5 to <10-fold reduction in neutralization; “↓↓↓” ≥30% reduction in VE, or ≥10-fold reduction in neutralization. When more than one neutralization study is available, the interquartile range (25th and 75th percentiles) of fold-reductions across all studies for specific vaccine/variant was used.

“Moderna-mRNA-1273/Pfizer BioNTech-Comirnaty” indicates that both vaccines were evaluated together in study.

The number of studies is shown as subscripts: vaccine effectiveness and neutralization studies informing this table can be found on the VIEW-hub Resources page (<https://view-hub.org/resources>).

For individual vaccine effectiveness studies, see ‘COVID-19 Vaccine Effectiveness Results Summary’, reference numbers noted with a ‘#’. For a list of all neutralization studies, see ‘COVID-19 Vaccine Neutralization Studies Table’.

References indicated by superscripts next to VOC name in column 1 are vaccine efficacy results from randomized controlled trials informing this table and are included in the reference section below.

Additional notes on VOC impacts on vaccines

- Studies presenting VOC-specific vaccine efficacy or effectiveness (VE) estimates for full vaccination (≥ 7 days post final dose) are assessed against a comparator VE estimate for that vaccine product to determine level of reduction in VE. For symptomatic disease, VOC VE is compared against phase 3 randomised RCT results from non-VOC settings. For severe disease and infection, VOC VE is compared to non-VOC VE estimates from the same study when available (or to Alpha VE from same study when assessing Beta, Gamma, or Delta); with an exception for AstraZeneca Vaxzevria for severe disease (phase 3 RCT efficacy estimates against severe disease are used as comparator since a within study comparator is unavailable) and for infection (when phase 3 estimate of VE against infection due to non-VOC is available and used as comparator). In some instances, a study may be included for severe disease or infection outcome even without a comparator if a very high VE estimate is reported against a VOC (i.e., $>90\%$).
- It is also important to note that studies vary in population, outcome definitions, study design and other methodological considerations, which may in part explain differences when comparing VE estimates for a product between different studies. In addition, the reductions summarized in the table represent VE point estimates and do not represent the uncertainty intervals around these estimates which vary substantially across studies. The reductions in VE noted should be interpreted with these limitations in mind.

Table 3 presents the impact of variants on product specific vaccine efficacy/effectiveness (VE) and quantifies the reduction in VE in the setting of variants compared to VE in non-VOC settings. Of note, reductions in VE do not necessarily mean loss of protection, as indicated by the absolute VE estimate. For example, a 10-percentage point reduction in VE against symptomatic disease for mRNA vaccines would still mean high vaccine effectiveness of $\sim 85\%$. In addition, vaccines have shown higher VE against severe disease; thus, small reductions in VE against severe disease due to VOCs may still mean substantial protection, as is the case for AstraZeneca-Vaxzevria.

Since the [10 August update](#), four notable studies have assessed vaccine effectiveness against SARS-CoV-2 Variants of Concern. A test-negative case-control study from Qatar (preprint) evaluated the effectiveness of mRNA vaccines against symptomatic and severe COVID-19 disease due to Delta. VE against symptomatic Delta infection ≥ 14 days post second dose was 56.1% (95% CI: 41.4-67.2%) for Pfizer BioNTech-Comirnaty and 85.8% (95% CI: 70.6-93.9%) for Moderna-mRNA-1273. The lower VE for Pfizer BioNTech-Comirnaty may be explained by a lower VE against Delta and/or by waning of protection with time. The VE against symptomatic disease due to Delta for Pfizer BioNTech-Comirnaty is lower than that found by studies conducted in the UK and Canada^{36–38} where, due to the longer interval between doses, most of the study population had received their second dose 3 months later than in the study in Qatar. The same drop in VE was not observed in this study for the Moderna-mRNA-1273 vaccine, which may be due to the vaccine being introduced into Qatar three months later than Pfizer BioNTech-Comirnaty and being administered with a slightly longer dosing interval (i.e., 4 weeks instead of 3 weeks). Third, as the authors note, differential application of restrictions in Qatar could have contributed to a lower VE, with some restrictions in Qatar eased for the vaccinated while maintained for the unvaccinated. Importantly, VE against hospitalization and death due to Delta remained high (VEs of 97-100%) for both vaccines. Finally, persons with a prior history of SARS-CoV-2 infection were not excluded from this study which could downwardly bias VE estimates if a substantial proportion of the unvaccinated population has natural immunity.³⁹

Two studies from the United States of America evaluated VE of Pfizer BioNTech-Comirnaty and Moderna-mRNA-1273 vaccines during a period of high Delta prevalence (June-July 2021). The first, a retrospective cohort study found decreased VE against infection among nursing home residents during June-July 2021 when Delta predominated as compared to the period of March-May 2021. VE against infection from June-July 2021 was 52.4% (95% CI: 48.0-56.4%) and 50.6% (95% CI: 45.0-55.7%) for Pfizer BioNTech-Comirnaty and

Moderna-mRNA-1273 vaccines, respectively. Corresponding VE during March-May were 74.2% (95% CI: 69.0-78.7%) and 74.7% (95% CI: 66.2-81.1%). It is not possible to know whether decreased VE during the later time period was due to the Delta variant or due to waning of protection. The estimates are also limited due to the inability to control for potential confounders.⁴⁰ The second study, a case-control study of adults ≥ 18 years, found VE of Pfizer BioNTech-Comirnaty or Moderna-mRNA-1273 vaccines found that protection against hospitalization ≥ 14 days post second dose was maintained during the period when Delta was predominant (VE of 84%, 95% CI: 79-89%) as compared to the pre-Delta period (VE of 87%, 95% CI: 83-90%).

41

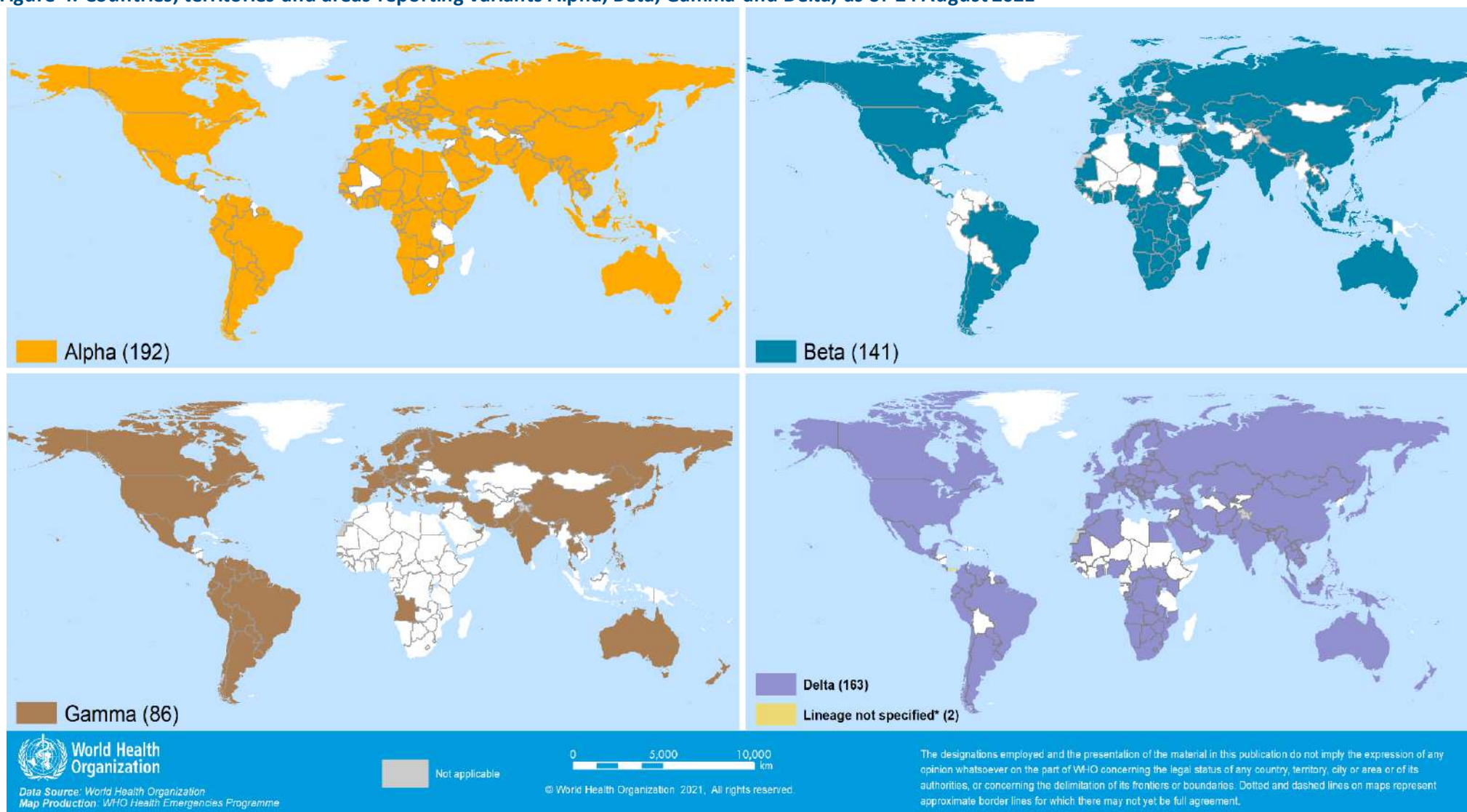
The fourth study, from the UK (preprint), assessed VE of Pfizer BioNTech-Comirnaty and AstraZeneca-Vaxzevria vaccines against SARS-CoV-2 infection (asymptomatic and symptomatic) among adults ≥ 18 years through a large survey of randomly selected households. The study compares VE during a period of high Alpha prevalence to that of a period of high Delta prevalence. Findings showed possible reduced effectiveness of AstraZeneca-Vaxzevria vaccine in the period when Delta was most dominant compared to when Alpha was dominant: 67% (95% CI: 62-71%) vs 79% (95% CI: 56-90%). No reduction was observed for Pfizer BioNTech-Comirnaty: VE was 78% (95% CI: 68-84%) during the period when Alpha was dominant and 80% (95% CI: 77-83%) during when Delta was most dominant. One-dose effectiveness for both vaccines was markedly lower: VE of nearly 60% during both periods for Pfizer BioNTech-Comirnaty and VE estimates of 63% and 46% for AstraZeneca-Vaxzevria during the time the Alpha and Delta variants were predominant, respectively. The study also estimates one-dose VE of Moderna-mRNA-1273 against SARS-CoV-2 during the period the Delta variant was predominant to be 75% (95% CI: 64% - 83%), higher than that of the other vaccines although this could be in part due to predominantly younger persons receiving Moderna-mRNA-1273.⁴²

Together these studies provide evidence for the maintenance of high levels of protection against severe COVID-19 disease due to Delta. While there is some evidence that VE against SARS-CoV-2 infection and non-severe disease may be reduced with Delta, it is currently not possible to separate the effect of Delta from the effect of potential waning immunity, differential risk of exposure profiles between vaccinated and unvaccinated populations, spuriously low VE due to increasing levels of natural immunity in the unvaccinated population, or other potential confounding factors.

Additional resources

- [Tracking SARS-CoV-2 Variants](#)
- [COVID-19 new variants: Knowledge gaps and research](#)
- [Genomic sequencing of SARS-CoV-2: a guide to implementation for maximum impact on public health](#)
- [Considerations for implementing and adjusting public health and social measures in the context of COVID-19](#)

Figure 4. Countries, territories and areas reporting variants Alpha, Beta, Gamma and Delta, as of 24 August 2021**



*Includes countries/territories/areas reporting the detection of B.1.617 without further specification of lineage at this time. These will be reallocated as further details become available.

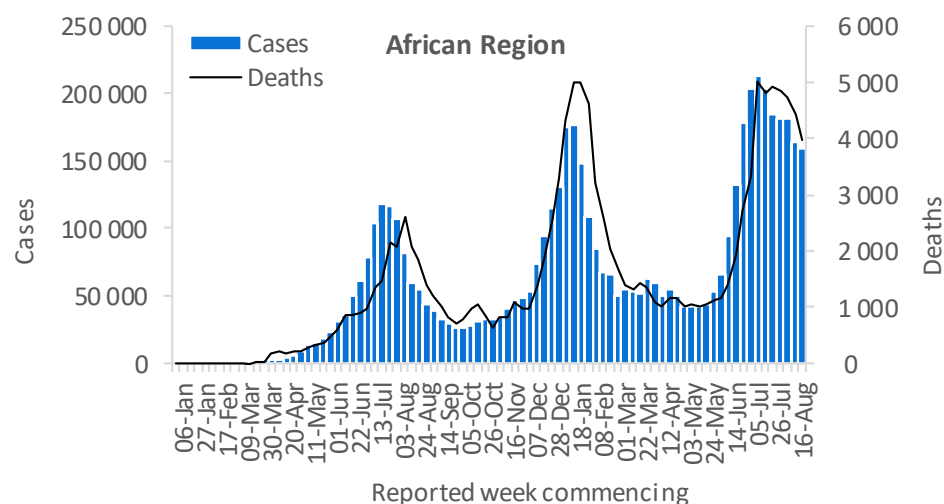
**Countries/territories/areas highlighted include both official and unofficial reports of VOC detections, and do not presently differentiate between detections among travellers (e.g., at Points of Entry) or local community cases. Please see [Annex 2](#) for further details.

WHO regional overviews – Epidemiological week 16 – 22 Aug 2021

African Region

The Region reported a similar weekly case incidence as compared to last week, with over 158 500 new cases reported this week. Overall, since the 5 July, the Region continues to show a declining trend in weekly new cases. This week, around half (53%) of the weekly new cases were reported from South Africa. Weekly new deaths have been declining for past four consecutive weeks, and a sharp decrease (by 11%) was reported this week as compared to last week, with just over 3900 new deaths reported. A total of 17 of 49 countries/territories/areas reported an increase in weekly case incidence, with highest increase reported in Benin and Sao Tome and Principe.

This week, the highest numbers of new cases were reported from South Africa (84 778 new cases; 142.9 new cases per 100 000 population; an 18% increase), Botswana (9703 new cases; 412.6 new cases per 100 000; a 32% decrease), and Kenya (8425 new cases; 15.7 new cases per 100 000; a 5% decrease). The highest numbers of new deaths were reported from South Africa (2382 new deaths; 4.0 new deaths per 100 000 population; a 6% increase), Algeria (218 new deaths; <1 new deaths per 100 000; a 22% decrease), and Kenya (148 new deaths; <1 new deaths per 100 000; a 27% decrease).

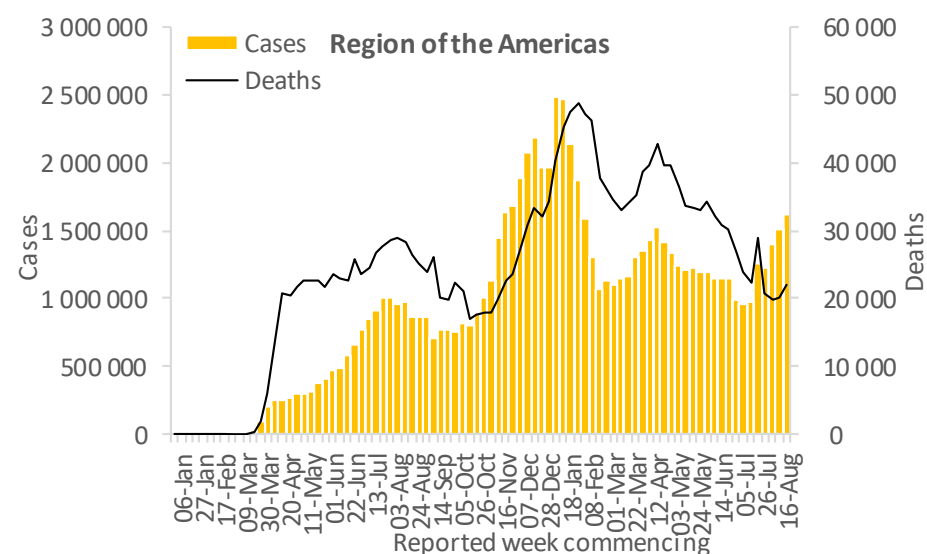


Updates from the [African Region](#)

Region of the Americas

The Region of the Americas reported over 1.6 million new cases and just under 22 000 new deaths, an 8% and a 10% increase respectively compared to the previous week. This increase is mainly driven by increase in cases in the United States of America which accounted for 63% of all new cases reported this week. Overall, cases continue to increase for past three weeks in the Region. In South America, most countries reported a decline in new cases, with the exception of El Salvador and Costa Rica which reported increases in new cases of 45% and 6% respectively as compared to last week.

The highest numbers of new cases were reported from the United States of America (1 020 072 new cases; 308.2 new cases per 100 000; a 15% increase), Brazil (209 099 new cases; 98.4 new cases per 100 000; a 1% decrease), and Mexico (128 779 new cases; 99.9 new cases per 100 000; a 4% increase). Similarly, the highest numbers of new deaths were reported from the United States of America (6712 new deaths; 2.0 new deaths per 100 000; a 58% increase), Brazil (5649 new deaths; 2.7 new deaths per 100 000; a 7% decrease), and Mexico (4666 new deaths; 3.6 new deaths per 100 000; a 27% increase).

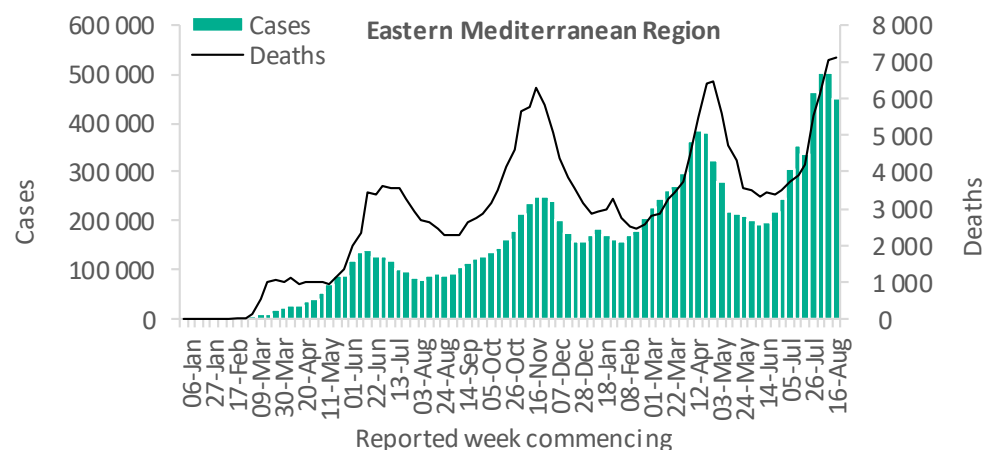


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

The majority of countries in the Eastern Mediterranean Region (13/22; 59%) reported declining trends this week and for the first time since the end of May, the Region reported a 10% decrease in cases, with just over 450 000 new cases this week. These declines were largely due to decreases in the number of new cases reported in the Islamic Republic of Iran, Morocco, Pakistan and Iraq, although it is important to note that there is still ongoing transmission in all countries in the Region and case numbers while declining, remain high in most countries. Following seven weeks of increasing death incidence, this week over 7100 new deaths were reported in the Region, a number similar to that of the previous week. Eight out of the twenty-two countries reported increases in deaths over the past seven days.

The highest numbers of new cases were reported from the Islamic Republic of Iran (251 610 new cases; 299.6 new cases per 100 000; a 7% decrease), Morocco (54 212 new cases; 146.9 new cases per 100 000; a 16% decrease), and Iraq (50 702 new cases; 126.1 new cases per 100 000; a 21% decrease). The highest numbers of new deaths were reported from the Islamic Republic of Iran (4146 new deaths; 4.9 new deaths per 100 000; an 11% increase), Morocco (744 new deaths; 2.0 new deaths per 100 000; a 10% increase), and Tunisia (630 new deaths; 5.3 new deaths per 100 000; a 30% decrease).

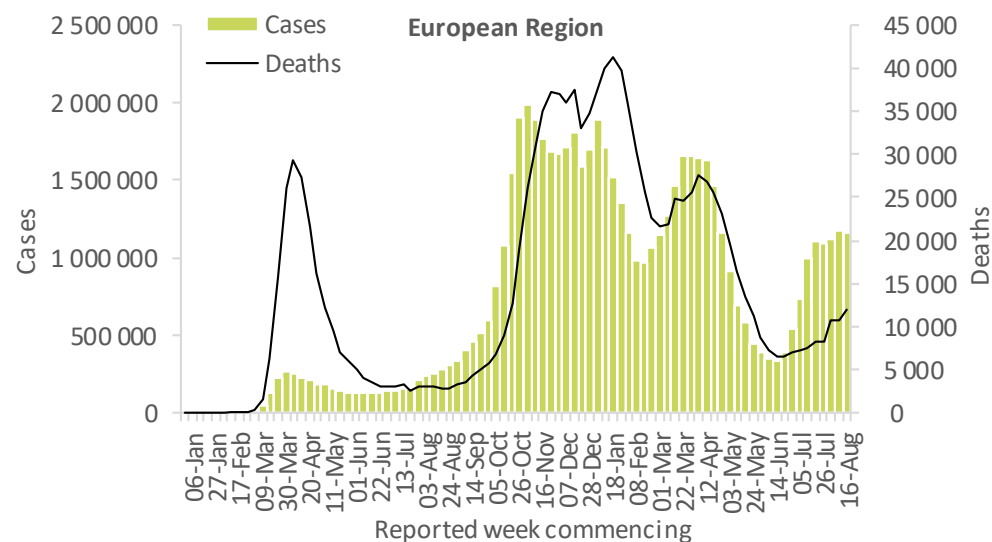


Updates from the [Eastern Mediterranean Region](#)

European Region

The number of new cases in the European Region remained similar to that of the previous week with over 1.1 million new cases reported. With just under 12 000 deaths reported this week, the weekly deaths in the Region represent the largest proportionate increase (11%) seen across all six WHO regions this week as compared to the previous week. In the past week, this increase in new deaths was largely due to increases in deaths reported in France (74%), Italy (54%) and Turkey (44%).

The highest numbers of new cases were reported from The United Kingdom (219 919 new cases; 324.0 new cases per 100 000; an 11% increase), Russian Federation (146 251 new cases; 100.2 new cases per 100 000; a 4% decrease), and Turkey (137 235 new cases; 162.7 new cases per 100 000; a 16% decrease). The highest numbers of new deaths were reported from Russian Federation (5545 new deaths; 3.8 new deaths per 100 000; a 1% decrease), Turkey (1322 new deaths; 1.6 new deaths per 100 000; a 44% increase), and Kazakhstan (930 new deaths; 5.0 new deaths per 100 000; a 0% decrease).

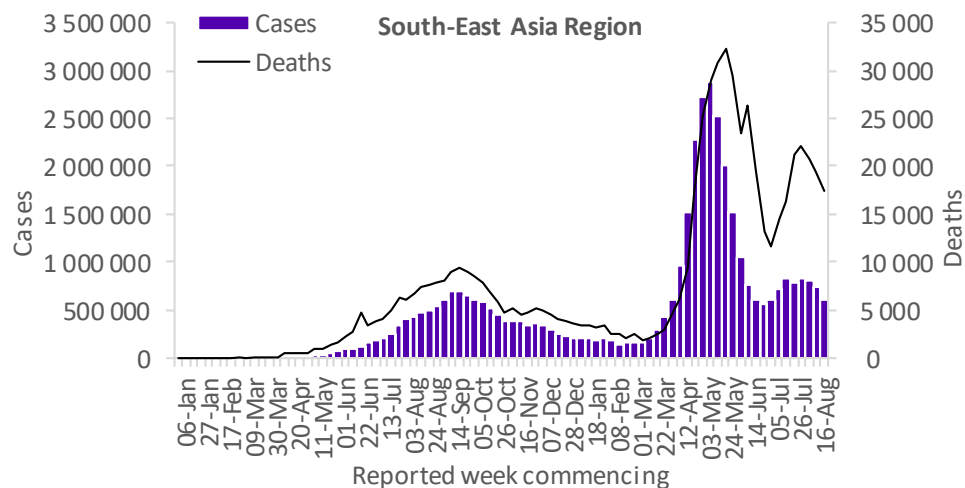


Updates from the [European Region](#)

South-East Asia Region

The South-East Asia Region reported over 614 000 new cases this week, a 16% decrease as compared to the previous week and the largest proportional decrease across all six WHO regions. All countries in the Region reported a decrease in the number of weekly cases, except from Maldives, Sri Lanka, and Timor-Leste where the number of new cases increased by 6%, 40%, and 59% respectively. This week the Region reported 17 000 new deaths, a 10% decrease respectively compared to the previous week, although half of the countries (5/10; 50%) continued to report increases.

The highest numbers of new cases were reported from India (231 658 new cases; 16.8 new cases per 100 000; a 10% decrease), Thailand (142 138 new cases; 203.6 new cases per 100 000; a 6% decrease), and Indonesia (125 102 new cases; 45.7 new cases per 100 000; a 34% decrease). The highest numbers of new deaths were reported from Indonesia (8784 new deaths; 3.2 new deaths per 100 000; a 16% decrease), India (3142 new deaths; 0.2 new deaths per 100 000; a 7% decrease), and Thailand (1768 new deaths; 2.5 new deaths per 100 000; a 31% increase).

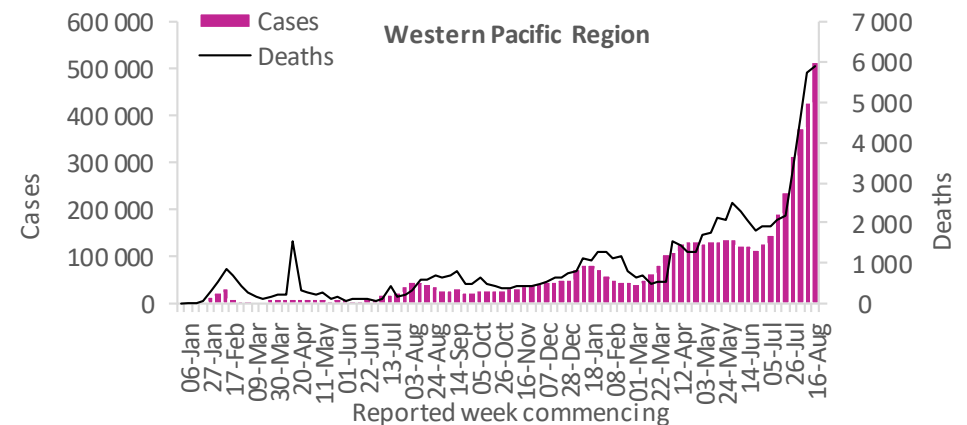


Updates from the [South-East Asia Region](#)

Western Pacific Region

The number of new cases in the Western Pacific Region continued to increase this week with over 513 000 new cases, a 20% increase as compared to the previous week. Regionally, 14 of the 18 countries (78%) reported increasing trends this week, although sharp increases in case incidence in Malaysia, Viet Nam, Japan and Philippines are responsible for much of the regional increase. In the past week, although the number of deaths remained similar to that of the previous week with just under 5900 new deaths reported, a quarter of the countries (6/24) in the region reported significant proportionate increases (<30%) in the number of new deaths reported.

The highest numbers of new cases were reported from Malaysia (150 933 new cases; 466.3 new cases per 100 000; a 7% increase), Japan (149 057 new cases; 117.9 new cases per 100 000; a 34% increase), and the Philippines (96 724 new cases; 88.3 new cases per 100 000; a 25% increase). The highest numbers of new deaths were reported from Viet Nam (2103 new deaths; 2.2 new deaths per 100 000; a 4% decrease), Malaysia (1708 new deaths; 5.3 new deaths per 100 000; a 7% decrease), and the Philippines (1526 new deaths; 1.4 new deaths per 100 000; a 24% increase).



Updates from the [Western Pacific Region](#)

Key weekly updates

WHO Director-General's key messages

- In his opening remarks at the 18 August [media briefing on COVID-19](#), the Director-General called for
 - a moratorium on booster shots to help shift supply to those countries that have not been able to vaccinate their health workers or at risk-risk communities and are now experiencing major surge in cases.
 - equitable allocation of Interleukin-6 blockers, a drug that has shown a reduction in death amongst patients hospitalised with severe COVID-19.
- In his opening remarks at on 19 August, the Director-General provided an update on the setting up of a permanent International [Scientific Advisory Group on the Origins of Novel Pathogens \(SAGO\)](#) to establish a more systematic way of identifying the source of new outbreaks. SAGO will play a vital role in studying the emergence of new pathogens, including the origins of SARS-CoV-2.

Updates and publications

- [Joint Statement from Unitaaid and the World Health Organization \(on behalf of the Access to COVID-19 Tools Accelerator\) regarding availability of tocilizumab](#)
- [Call for experts to join Scientific Advisory Group for the Origins of Novel Pathogens](#)
- [Making clean cooking affordable and accessible during COVID-19: 'Pay-as-you-go' smart meters promote health equity, Nairobi](#)

Annex

- COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories and areas, and WHO Region (reported in previous issues) are now available at: <https://covid19.who.int/table>.

Annex 1. List of countries/territories/areas reporting Variants of Concern as of 24 August 2021**

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Afghanistan	●	-	-	●	-
Albania	●	-	-	○	-
Algeria	●	-	-	●	-
Andorra	○*	○*	-	○*	-
Angola	●	●	●*	●	-
Anguilla	●	-	-	●	-
Antigua and Barbuda	●	●	●*	●*	-
Argentina	●	●	●	●	-
Armenia	●	-	-	●	-
Aruba	●	●	●	●	-
Australia	●	●	●	●	-
Austria	●	●	●	●	-
Azerbaijan	●	-	-	○	-
Bahamas	●	-	-	-	-
Bahrain	●	●	-	●	-
Bangladesh	●	●	-	●	-
Barbados	●	-	●	●	-
Belarus	●	-	-	○	-
Belgium	●	●	●	●	-
Belize	●	-	●*	●*	-
Benin	●	-	-	-	-
Bermuda	●	●	-	●*	-
Bhutan	●	●	-	●	-
Bolivia (Plurinational State of)	●	-	●	-	-
Bonaire	●	-	●	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Bosnia and Herzegovina	●	●	●	○	-
Botswana	○	●	-	●	-
Brazil	●	●	●	●	-
British Virgin Islands	●	-	●	●*	-
Brunei Darussalam	●	●	-	-	-
Bulgaria	●	●	-	●	-
Burkina Faso	●	-	-	-	-
Burundi	●	●	-	●	-
Cabo Verde	●	-	-	●	-
Cambodia	●	●	-	●	-
Cameroon	●	●	-	-	-
Canada	●	●	●	●	-
Cayman Islands	●	●*	●	●*	-
Central African Republic	●	●	-	●	-
Chad	●	-	-	-	-
Chile	●	●	●	●	-
China	●	●	●	○	-
Colombia	●	-	●	●	-
Comoros	-	●	-	-	-
Congo	●	○	-	●	-
Costa Rica	●	●	●	●	-
Croatia	●	●	●	○	-
Cuba	●	●	-	●*	-
Curaçao	●	●*	●	●	●
Cyprus	●	●	-	○	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Czechia	●	●	●	●	-
Côte d'Ivoire	●	●	-	-	-
Democratic Republic of the Congo	●	●	-	●	-
Denmark	●	●	●	●	-
Djibouti	●	●	-	-	-
Dominica	●	-	-	-	-
Dominican Republic	●	-	●	-	-
Ecuador	●	-	●	●	-
Egypt	●	-	-	●*	-
El Salvador	●	-	●	●	-
Equatorial Guinea	●	●	-	-	-
Estonia	●	●	○	○	-
Eswatini	-	●	-	●	-
Ethiopia	●	-	-	-	-
Falkland Islands (Malvinas)	●	●	-	-	-
Faroe Islands	●	-	●	-	-
Fiji	-	-	-	●	-
Finland	●	●	●	●	-
France	●	●	●	●	-
French Guiana	●	●	●	●	-
French Polynesia	●	●	●	●	-
Gabon	●	●	-	-	-
Gambia	●	-	-	●	-
Georgia	●	○	-	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Germany	●	●	●	●	-
Ghana	●	●	-	●	-
Gibraltar	●	-	-	-	-
Greece	●	●	●	●	-
Grenada	●	-	-	●*	-
Guadeloupe	●	●	●	●	-
Guam	●	●	●	●	-
Guatemala	●	●	●	●	-
Guinea	●	○	-	-	-
Guinea-Bissau	●	●	-	-	-
Guyana	-	-	●	-	-
Haiti	●	-	●	-	-
Honduras	●	-	-	-	-
Hungary	●	○	●	○	-
Iceland	●	-	-	-	-
India	●	●	●	●	-
Indonesia	●	●	-	●	-
Iran (Islamic Republic of)	●	●	●	●	-
Iraq	●	●	-	●	-
Ireland	●	●	●	●	-
Israel	●	●	●	●	-
Italy	●	●	●	●	-
Jamaica	●	-	-	●*	-
Japan	●	●	●	●	-
Jordan	●	●	●	●	-
Kazakhstan	●	○	-	●	-
Kenya	●	●	-	●	-
Kosovo[1]	●	○	-	○	-
Kuwait	●	●	-	●	-
Kyrgyzstan	●	●	-	-	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Lao People's Democratic Republic	●	-	-	●	-
Latvia	●	●	●	○	-
Lebanon	●	-	-	●	-
Lesotho	-	●	-	●	-
Liberia	●	-	-	-	-
Libya	●	●	-	-	-
Liechtenstein	●	-	-	-	-
Lithuania	●	●	●	○	-
Luxembourg	●	●	●	●	-
Madagascar	-	●	-	-	-
Malawi	●	●	-	●	-
Malaysia	●	●	-	●	-
Maldives	●	-	-	●	-
Malta	●	○	●	○	-
Martinique	●	●	●	●	-
Mauritania	●	●	-	●	-
Mauritius	●	●	-	●	-
Mayotte	●	●	-	-	-
Mexico	●	●	●	●	-
Monaco	●	●	-	●	-
Mongolia	●	-	-	●	-
Montenegro	●	-	-	○*	-
Montserrat	●	-	●*	-	-
Morocco	●	●	-	●	-
Mozambique	●	●	-	●	-
Myanmar	●	-	-	●	-
Namibia	●	●	-	●	-
Nepal	●	-	-	●	-
Netherlands	●	●	●	●	-
New Caledonia	●	-	-	-	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
New Zealand	●	●	○	○	-
Niger	●	-	-	-	-
Nigeria	●	●	-	●	-
North Macedonia	●	●	-	○	-
Northern Mariana Islands (Commonwealth of the)	○*	-	-	○*	-
Norway	●	●	●	●	-
Occupied Palestinian Territory	●	●	-	●	-
Oman	●	●	-	●	-
Pakistan	●	●	●	●	-
Panama	●	●	●	●	●
Papua New Guinea	-	-	-	●	-
Paraguay	●	-	●	●	-
Peru	●	-	●	●	-
Philippines	●	●	●	●	-
Poland	●	○	●	●	-
Portugal	●	●	●	●	-
Puerto Rico	●	●	●	●	-
Qatar	●	●	-	●	-
Republic of Korea	●	●	●	●	-
Republic of Moldova	●	-	-	●	-
Romania	●	●	●	●	-
Russian Federation	●	●	○	●	-
Rwanda	●	●	-	●	-
Réunion	●	●	●	○	-
Saba	-	-	-	●	-
Saint Barthélemy	●	-	-	-	-
Saint Lucia	●	-	-	●	-
Saint Martin	●	●	-	-	-
Saint Pierre and Miquelon	-	-	-	●*	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Saint Vincent and the Grenadines	-	-	-	●*	-
Sao Tome and Principe	○	-	-	-	-
Saudi Arabia	●	●	-	●	-
Senegal	●	●	-	●	-
Serbia	●	-	-	●	-
Seychelles	●	●	-	●	-
Sierra Leone	-	-	-	○	-
Singapore	●	●	●	●	-
Sint Maarten	●	●	●*	●	-
Slovakia	●	●	-	●	-
Slovenia	●	●	●	●	-
Somalia	●	●	-	-	-
South Africa	●	●	-	●	-
South Sudan	●	●	-	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Spain	●	●	●	●	-
Sri Lanka	●	●	-	●	-
Sudan	●	●	-	-	-
Suriname	●	●	●	●	-
Sweden	●	●	●	●	-
Switzerland	●	●	●	●	-
Thailand	●	●	●	●	-
Timor-Leste	●	-	-	●	-
Togo	●	●	-	-	-
Trinidad and Tobago	●	-	●	●	-
Tunisia	●	●	-	●	-
Turkey	●	●	●	●	-
Turks and Caicos Islands	●	-	●	●*	-
Uganda	●	●	-	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Ukraine	●	○	-	○	-
United Arab Emirates	●	●	●	●	-
United Kingdom	●	●	●	●	-
United Republic of Tanzania	-	●	-	-	-
United States Virgin Islands	●	●	-	●	-
United States of America	●	●	●	●	-
Uruguay	●	●	●	●	-
Uzbekistan	●	●	-	○	-
Venezuela (Bolivarian Republic of)	●	-	●	●	-
Viet Nam	●	●	-	●	-
Wallis and Futuna	●	-	-	-	-
Yemen	●	●	-	-	-
Zambia	●	●	-	●	-
Zimbabwe	-	●	-	●	-

*Newly reported in this update.

"Unspecified B.1.617" reflects countries/territories/areas reporting detection of B.1.617 without further specification of lineage at this time. These will be reallocated as further details become available.

"●" indicates that information for this variant was received by WHO from official sources.

"○" indicates that information for this variant was received by WHO from unofficial sources and will be reviewed as more information become available.

***Includes countries/territories/areas reporting the detection of VOCs among travelers (e.g., imported cases detected at points of entry), or local cases (detected in the community).

Excludes countries, territories, and areas that have never reported the detection of a variant of concern

See also [Annex 2: Data, table and figure notes](#).

Annex 2. 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.

A record of historic data adjustment made is available upon request by emailing epi-data-support@who.int. Please specify the country(ies) of interest, time period(s), and purpose of the request/intended usage. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data.

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

^[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). In the map, number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

Technical guidance and other resources

- [WHO technical guidance](#)
- [WHO COVID-19 Dashboard](#)
- [WHO Weekly Operational Updates on COVID-19](#)
- [WHO COVID-19 case definitions](#)
- [COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update](#)
- [Research and Development](#)
- [OpenWHO courses on COVID-19](#) in official UN languages and in [additional national languages](#)
- [WHO Academy COVID-19 mobile learning app](#)
- [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
- Recommendations and advice for the public:
 - [Protect yourself](#)
 - [Questions and answers](#)
 - [Travel advice](#)
- [EPI-WIN: tailored information for individuals, organizations and communities](#)

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