

COVID-19 Weekly Epidemiological Update

Edition 157 published 25 August 2023

In this edition:

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

Global overview

Data as of 20 August 2023

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

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

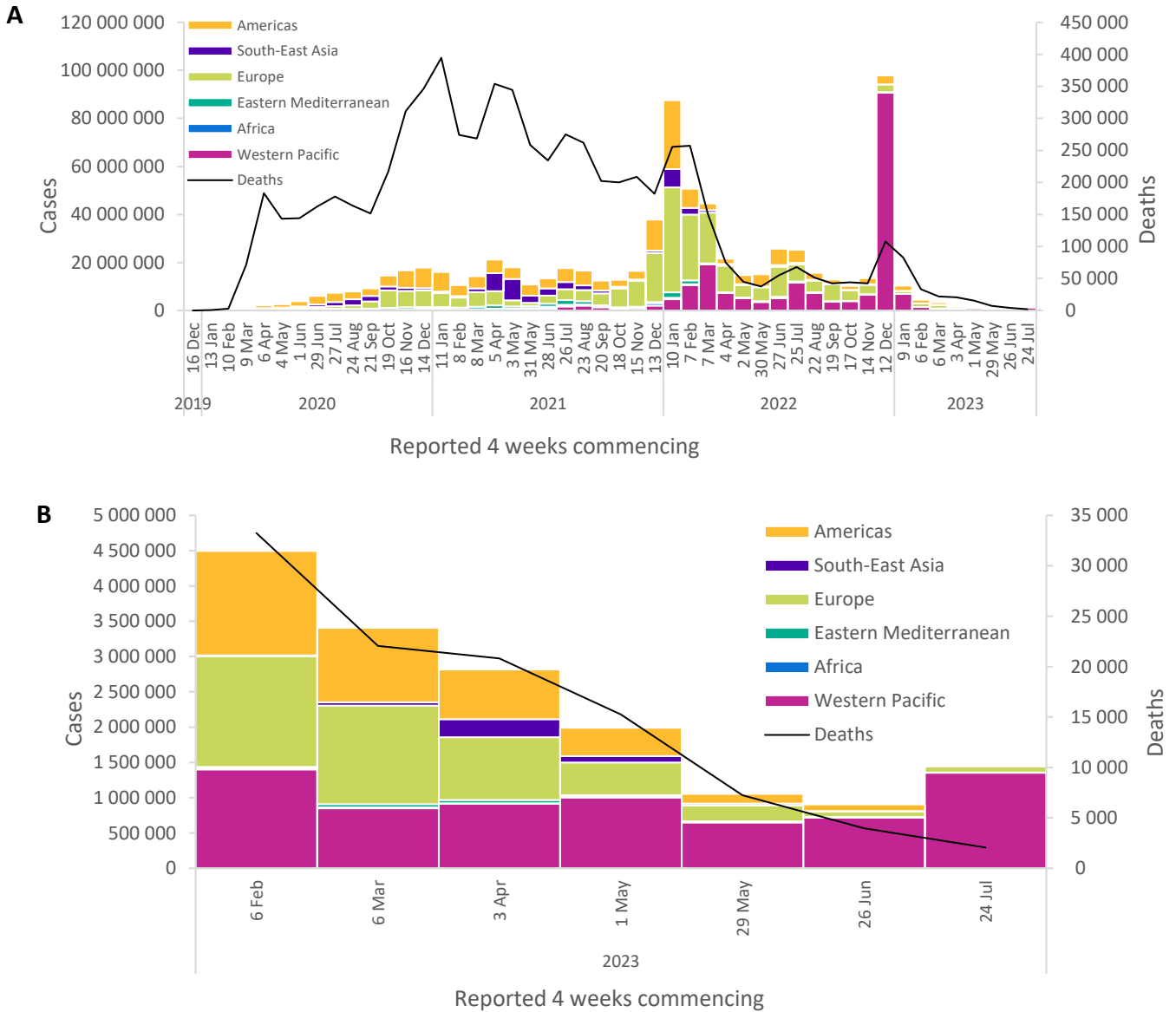
Currently, reported cases do not accurately represent infection rates due to the reduction in testing and reporting globally. During this 28-day period, 44% (103 of 234) of countries reported at least one case to WHO – a proportion that has been declining since mid-2022. As reported above, there are no data included from the Americas in this update. It is important to note that this statistic does not reflect the actual number of countries where cases exist. Additionally, data from previous weeks are continuously being updated to incorporate retrospective changes in reported COVID-19 cases and deaths made by countries. Data presented in this report are therefore incomplete and should be interpreted in light of these limitations. Some countries continue to report high burdens of COVID-19, including increases in newly reported cases and, more importantly, increases in hospitalizations and deaths – the latter of which are considered more reliable indicators given reductions in testing.

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

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

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

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



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

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

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

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

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

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

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

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

[¥] NA represents not available

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

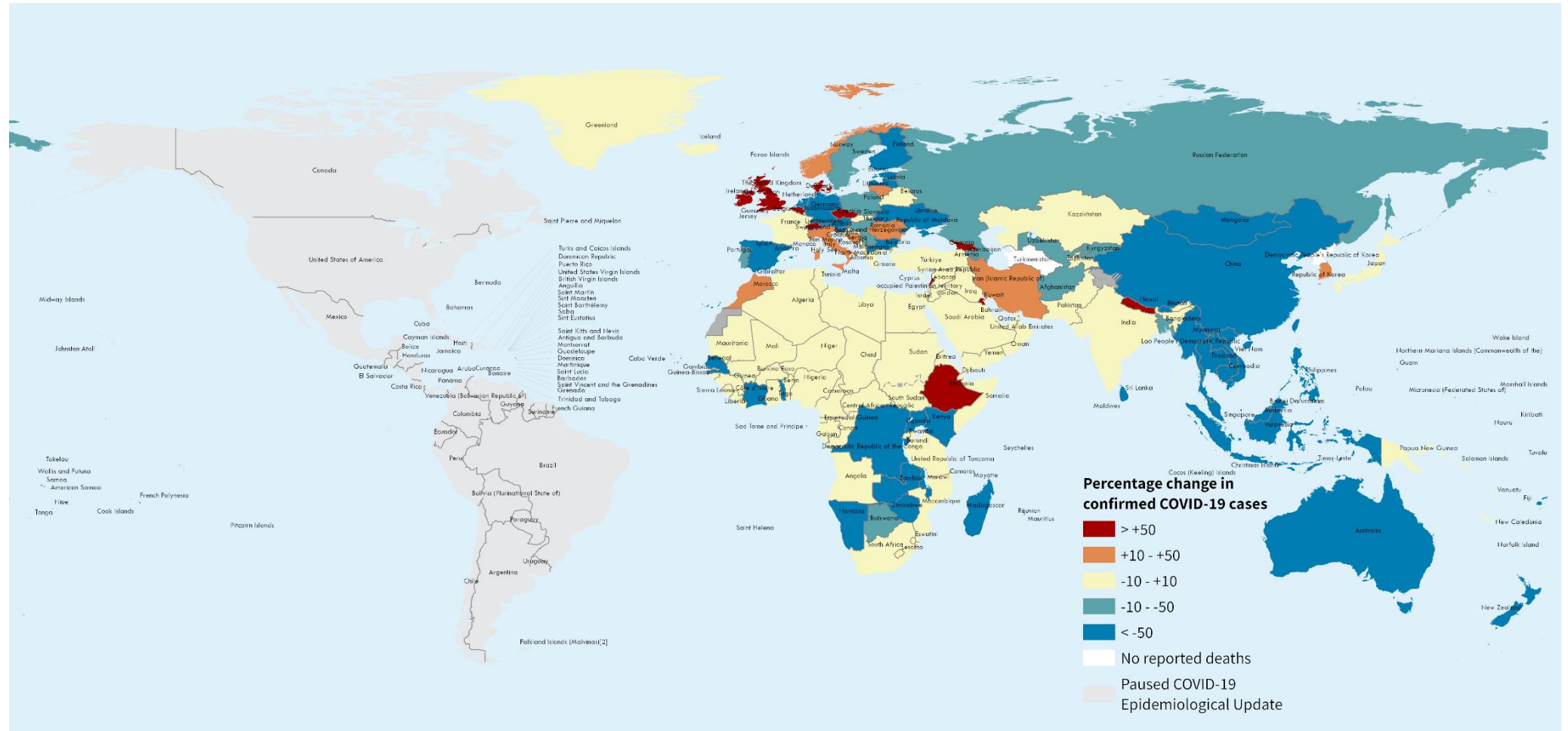
**See [Annex 1: Data, table, and figure notes](#)

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

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

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

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



Data Source: World Health Organization

Map Production: WHO Health Emergencies Programme

Not applicable



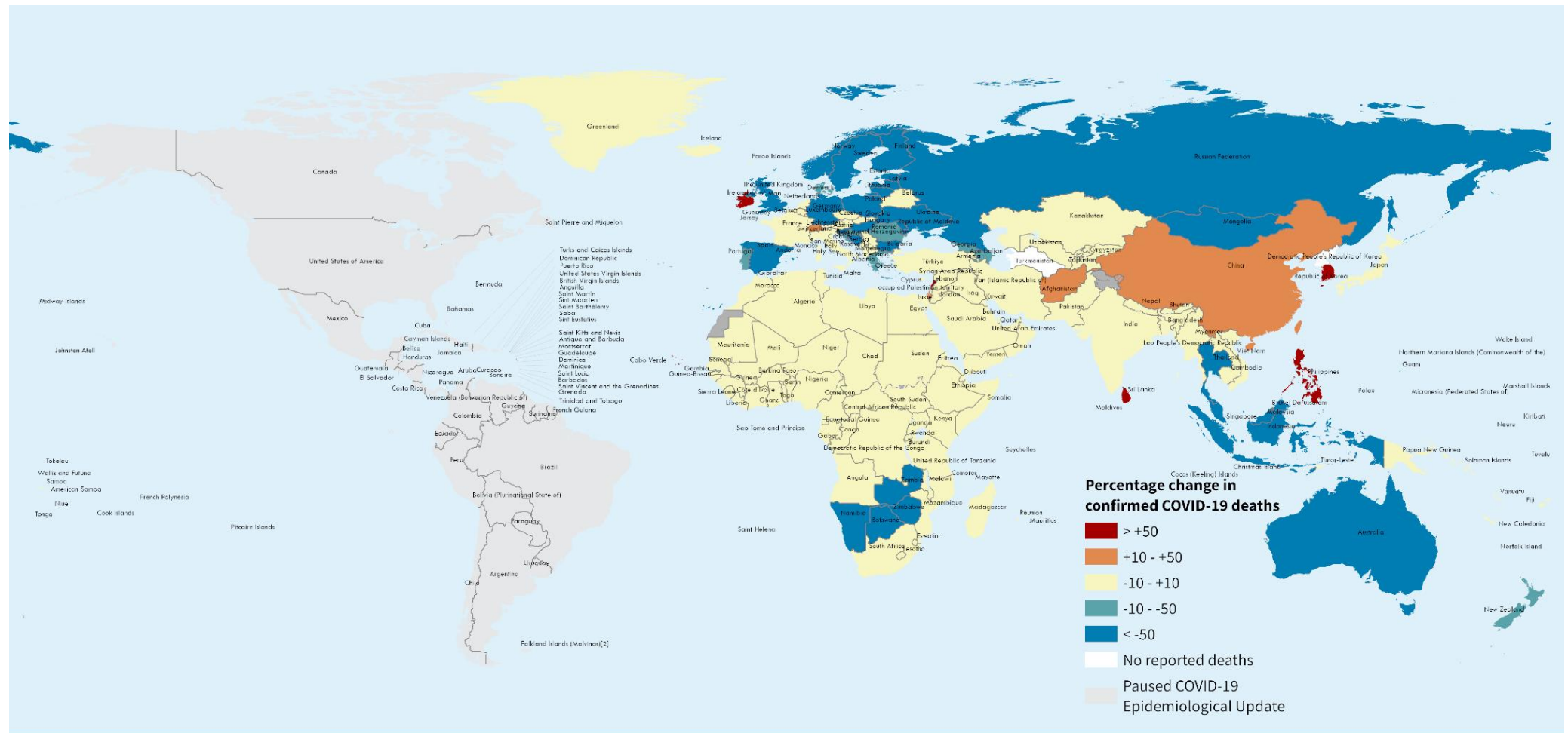
© World Health Organization 2023. All rights reserved.

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

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

Figure 3. Percentage change in confirmed COVID-19 deaths over the last 28 days relative to the previous 28 days, as of 20 August 2023§**

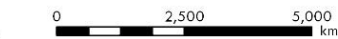
§ The data from the Region of the Americas are until 6 August 2023.



Data Source: World Health Organization

Map Production: WHO Health Emergencies Programme

Not applicable



© World Health Organization, 2023. All rights reserved.

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

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

Hospitalizations and ICU admissions

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

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

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

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

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

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

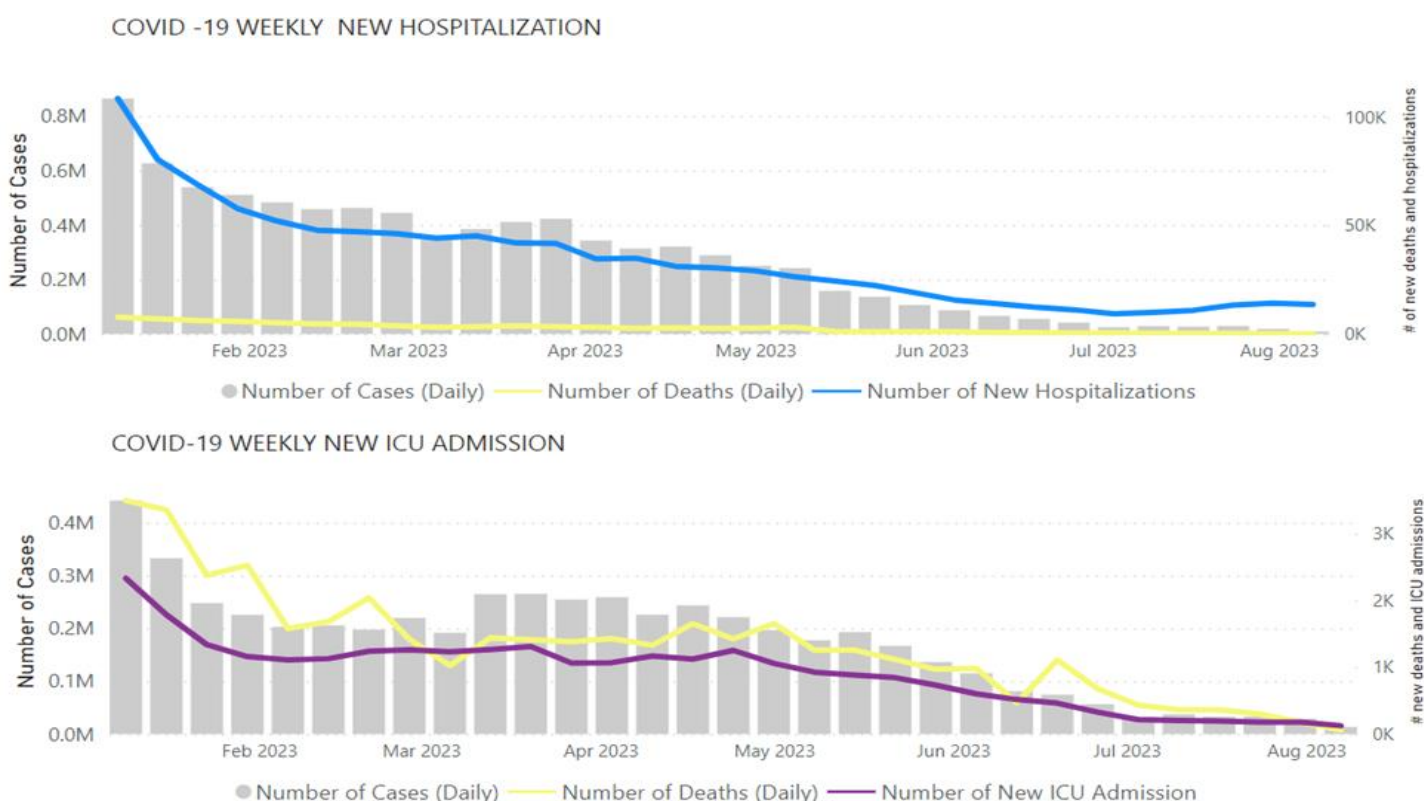
Table 2. New hospitalizations and ICU admissions in the last 28 days (with percent change) by WHO Region, 17 July to 13 August 2023 compared to 19 June to 16 July 2023

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

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

** NA represents not available

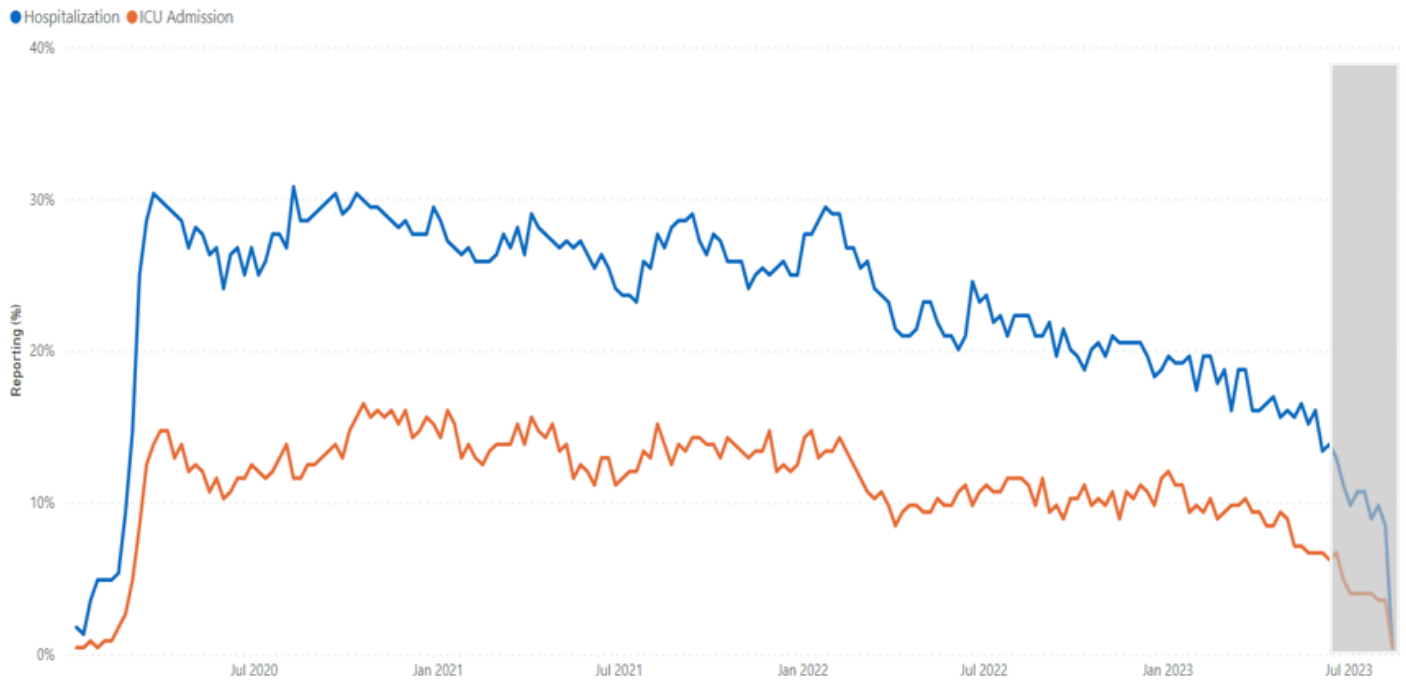
Figure 4. COVID-19 cases, deaths, hospitalizations, and ICU admissions reported weekly to WHO, as of 13 August 2023



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

Source: WHO Detailed Surveillance Dashboard

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



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

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

Geographic spread and prevalence

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Additional resources

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

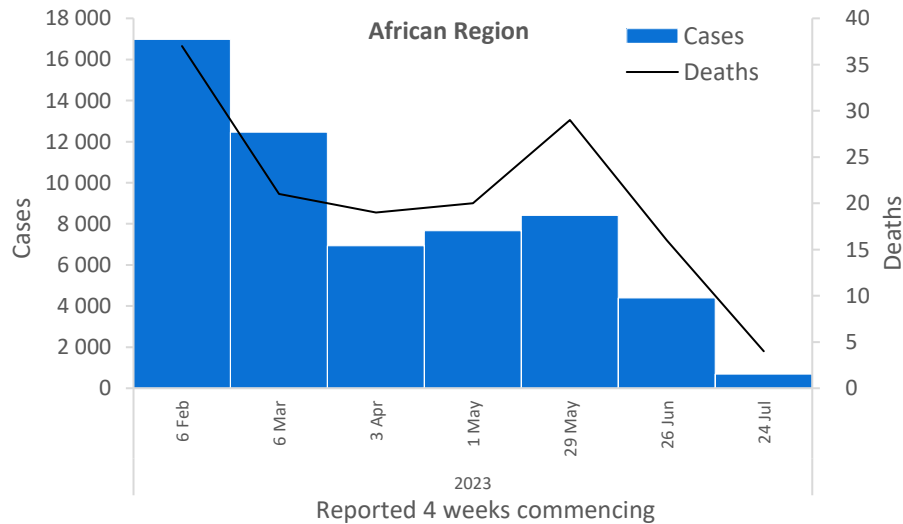
WHO regional overviews

Data for 24 July to 20 August 2023

African Region

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

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



Updates from the [African Region](#)

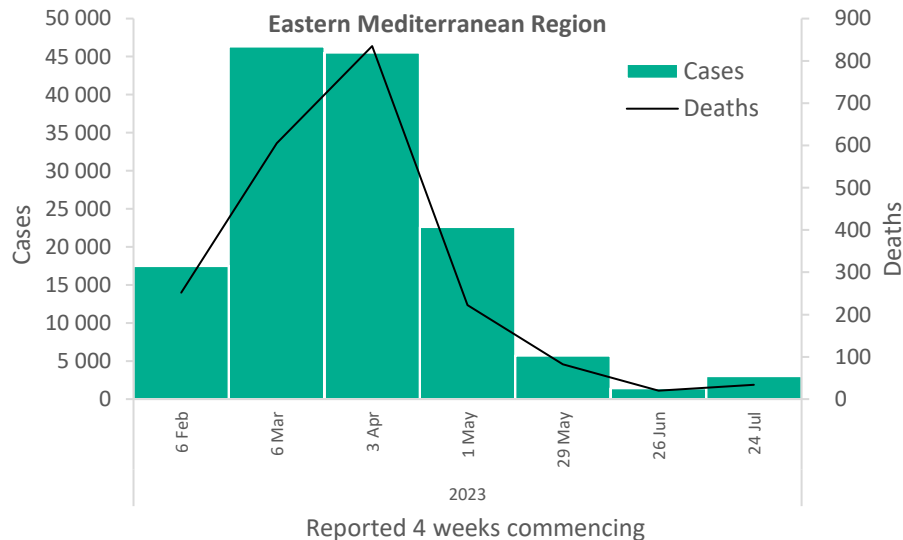
Region of the Americas

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

Eastern Mediterranean Region

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

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

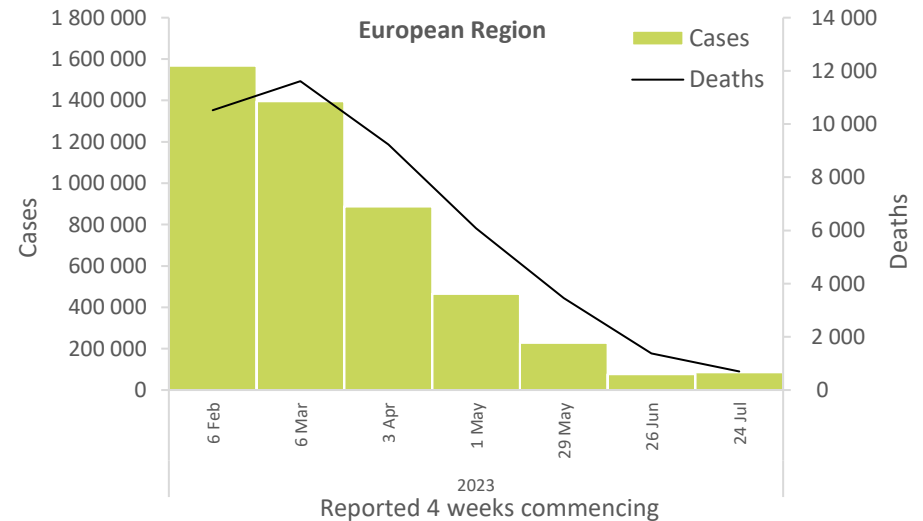


Updates from the [Eastern Mediterranean Region](#)

European Region

The European Region reported over 85 000 new cases, an 11% increase as compared to the previous 28-day period. Fifteen (25%) of the 61 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Belgium (2081 vs 758 new cases; +175%), Ireland (2122 vs 775 new cases; +174%), and Czechia (657 vs 267 new cases; +146%). The highest numbers of new cases were reported from the United Kingdom (21 866 new cases; 32.2 new cases per 100 000; +92%), Italy (19 777 new cases; 33.2 new cases per 100 000; +32%), and the Russian Federation (12 043 new cases; 8.3 new cases per 100 000; -32%).

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

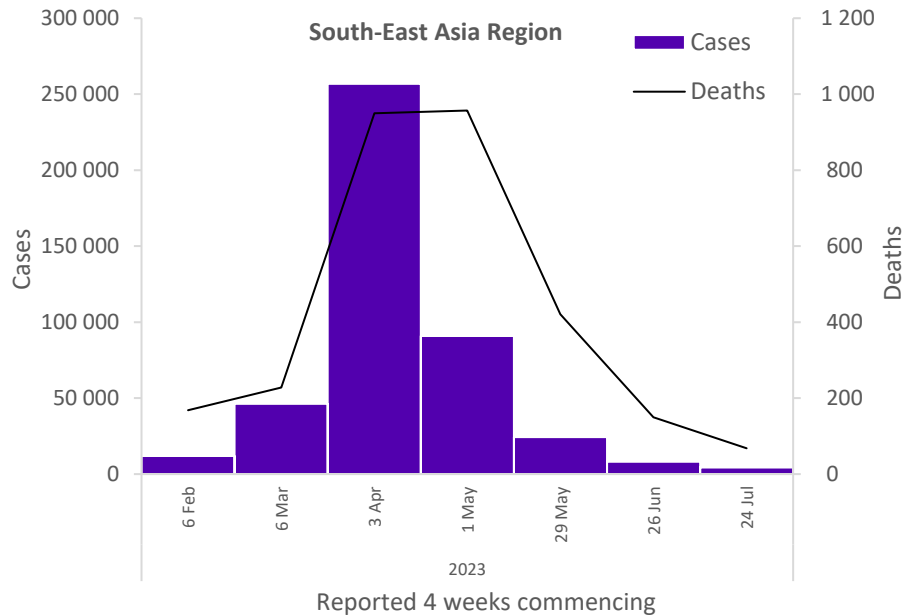


Updates from the [European Region](#)

South-East Asia Region

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

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

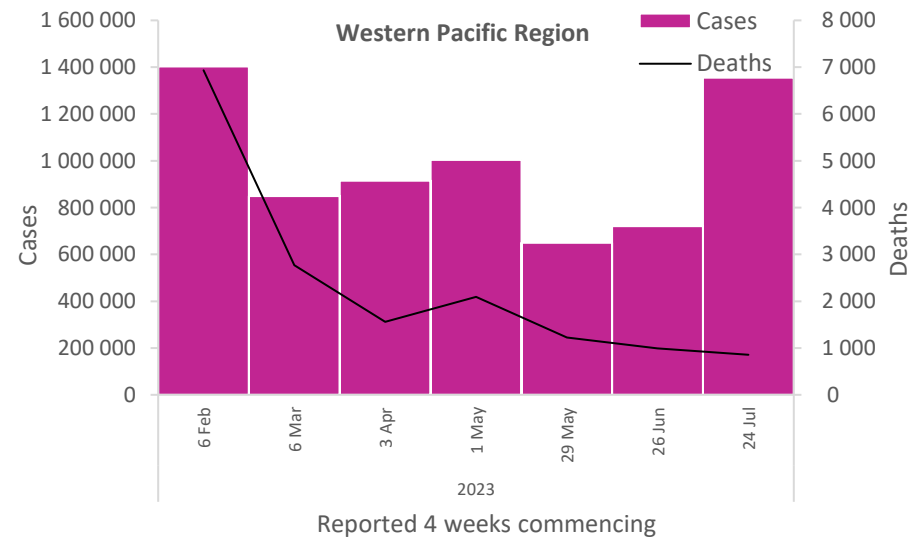


Updates from the [South-East Asia Region](#)

Western Pacific Region

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

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



Updates from the [Western Pacific Region](#)

Annex 1. Data, table, and figure notes

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

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

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

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

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

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

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

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

References

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