

COVID-19 Weekly Epidemiological Update

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Global overview

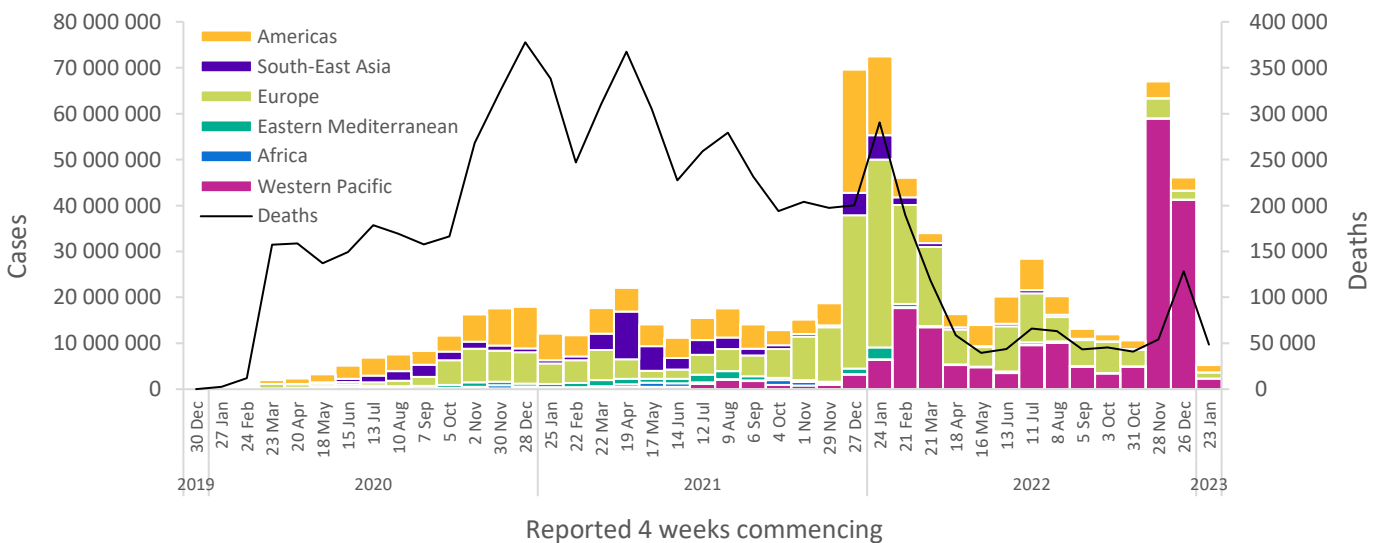
Data as of 19 February 2023

Globally, nearly 5.3 million new cases and over 48 000 deaths were reported in the last 28 days (23 January to 19 February 2023), a decrease of 89% and 62%, respectively, compared to the previous 28 days (Figure 1, Table 1). As of 19 February 2023, over 757 million confirmed cases and over 6.8 million deaths have been reported globally.

Current trends in reported COVID-19 cases are underestimates of the true number of global infections and reinfections as shown by prevalence surveys.¹⁻⁴ This is partly due to the reduction in testing and delays in reporting in many countries. Data presented in this report may be incomplete and should, therefore, be interpreted with caution. Additionally, data from previous weeks are continuously updated to incorporate retrospective changes in reported COVID-19 cases and deaths made by countries.

We present changes in epidemiological trends using a 28-day interval. This helps to account for delays in reporting, smooth out weekly fluctuations in case numbers, and provide a clear picture of where the pandemic is accelerating or decelerating. Weekly data are still accessible on the [WHO COVID-19 dashboard](#), where the full dataset is available for download.

Figure 1. COVID-19 cases reported by WHO Region, and global deaths by 28-day intervals, as of 19 February 2023**



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

At the regional level, the number of newly reported 28-day cases decreased across all WHO regions: the Western Pacific Region (-94%), the South-East Asia Region (-51%), the Region of the Americas (-43%), the African Region (-34%), the European Region (-33%), and the Eastern Mediterranean Region (-26%). The number of newly reported 28-day deaths decreased across five regions: the Western Pacific Region (-77%), the South-East Asia Region (-62%), the African Region (-52%), the European Region (-50%), and the Region of the Americas (-14%); while reported deaths increased in the Eastern Mediterranean Region (+18%).

At the country level, the highest numbers of new 28-day cases were reported from the United States of America (1 113 288 new cases; -31%), Japan (1 095 815 new cases; -71%), China (635 433 new cases; -98%), the Republic of Korea (430 042 new cases; -68%), and Germany (329 229 new cases; -25%). The highest numbers of new 28-day deaths were reported from the United States of America (13 517 new deaths; +1%), China (9945 new deaths; -86%), Japan (6536 new deaths; -33%), Australia (2179 new deaths; +107%), and the United Kingdom (2063 new deaths; -52%).

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 19 February 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	2 296 493 (43%)	-94%	200 898 740 (27%)	19 760 (41%)	-77%	403 669 (6%)
Americas	1 619 223 (31%)	-43%	189 943 114 (25%)	18 444 (38%)	-14%	2 926 994 (43%)
Europe	1 322 107 (25%)	-33%	272 737 266 (36%)	10 014 (21%)	-50%	2 190 311 (32%)
Africa	19 238 (<1%)	-34%	9 494 590 (1%)	51 (<1%)	-52%	175 289 (3%)
Eastern Mediterranean	14 495 (<1%)	-26%	23 252 777 (3%)	216 (<1%)	18%	349 453 (5%)
South-East Asia	11 013 (<1%)	-51%	60 763 529 (8%)	206 (<1%)	-62%	803 802 (12%)
Global	5 282 569 (100%)	-89%	757 090 780 (100%)	48 691 (100%)	-62%	6 849 531 (100%)

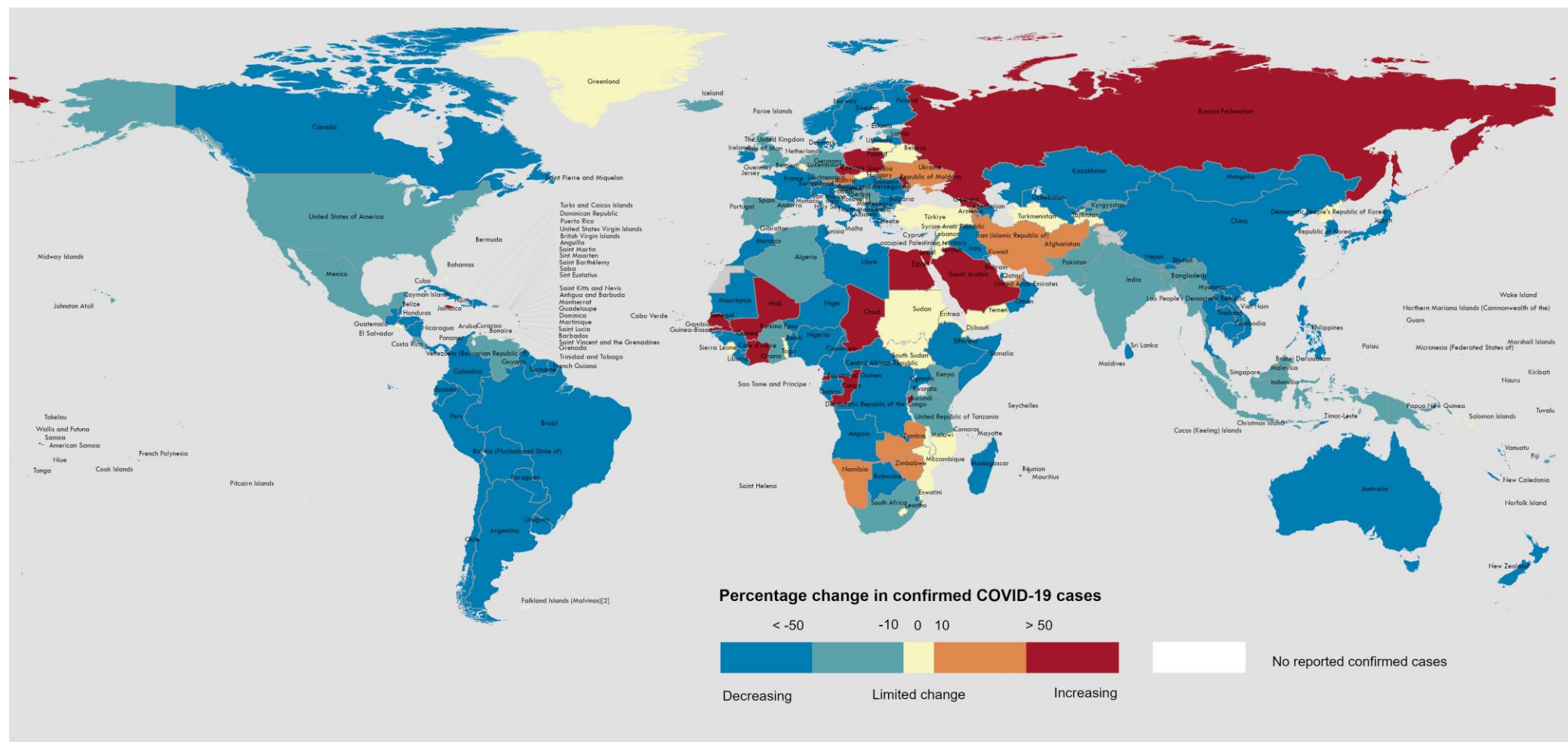
*Percent change in the number of newly confirmed cases/deaths in the past 28 days, compared to 28 days prior. Data from previous weeks are updated continuously with adjustments received from countries.

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

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

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

Figure 2. Percentage change in confirmed COVID-19 cases over the last 28 days relative to the previous 28 days, 23 January to 19 February 2023**



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

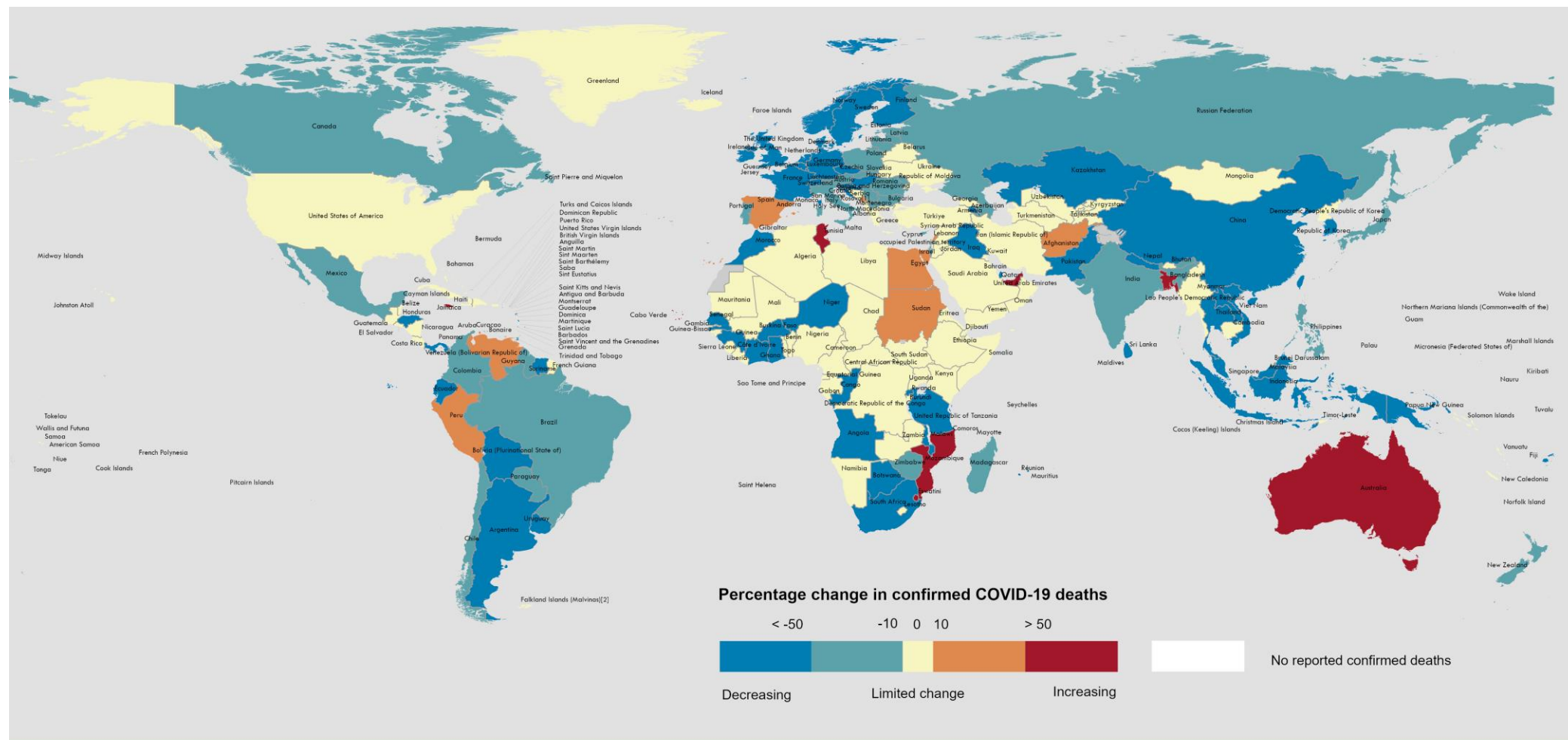
Not applicable

0 2,500 5,000 km
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**See [Annex 1: Data, table, and figure notes](#)

Figure 3. Percentage change in confirmed COVID-19 deaths over the last 28 days relative to the previous 28 days, 23 January to 19 February 2023**



Data Source: World Health Organization

Map Production: WHO Health Emergencies Programme

Not applicable

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

SARS-CoV-2 variants of concern and Omicron subvariants under monitoring

Geographic spread and prevalence

Globally, from 23 January to 19 February 2023 (28 days), 67 250 SARS-CoV-2 sequences were shared through GISAID. Among these, 67 081 sequences (99.7%) were the Omicron variant of concern (VOC).

In epidemiological week 5 (30 January to 5 February 2023), Omicron BA.5 and its descendent lineages accounted for 35.3% prevalence of all shared sequences (6904 out of 19 556 sequences). However, their share has declined as compared to week 1 (2 to 8 January 2023), when they accounted for 67.1% prevalence (38 575 out of 57 533 sequences). The decline in BA.5 lineages is probably due to the increase in the proportions of recombinant lineages. Pooled recombinant variant sequences have shown an increase in relative prevalence from 13.8% (7937 sequences) in week 1, 2023 to 38.3% (7494 sequences) in week 5, 2023. The majority of these recombinant variants in week 5 were XBB.1.5 (29.6% among all sequences). In addition, recombinant variant XBF accounted for 1.8% of all sequences. During the same reporting period, the prevalence of Omicron BA.2 and its descendent lineages remained stable (13.3% as compared to 13.5% in week 1, 2023). Unassigned sequences (all presumably Omicron awaiting descendent lineage assignment) accounted for 12.9% of shared sequences in week 5. Omicron BA.1, BA.3 and BA.4 variants and their descendent lineages all accounted for <1% prevalence.

WHO currently has seven Omicron subvariants under monitoring.⁵ These include BF.7 (BA.5 + R346T mutation in spike); BQ.1* (including BQ.1.1, with BA.5 + R346T, K444T, N460K mutations in spike); BA.2.75* (including BA.2.75.2); CH.1.1 (BA.2.75 + L452R, F486S); XBB*; XBB.1.5 and XBF. These variants are included due to their observed transmission advantage relative to other circulating variants and additional amino acid changes that are known or suspected to confer fitness advantage.

Additional resources

- [Tracking SARS-CoV-2 Variants](#)
- [WHO updated rapid risk assessment of XBB.1.5, published on 25 January 2023](#)
- [Genomic sequencing of SARS-CoV-2: a guide to implementation for maximum impact on public health](#)
- [VIEW-hub: repository for the most relevant and recent vaccine data](#)

* Indicates all descendent lineages.

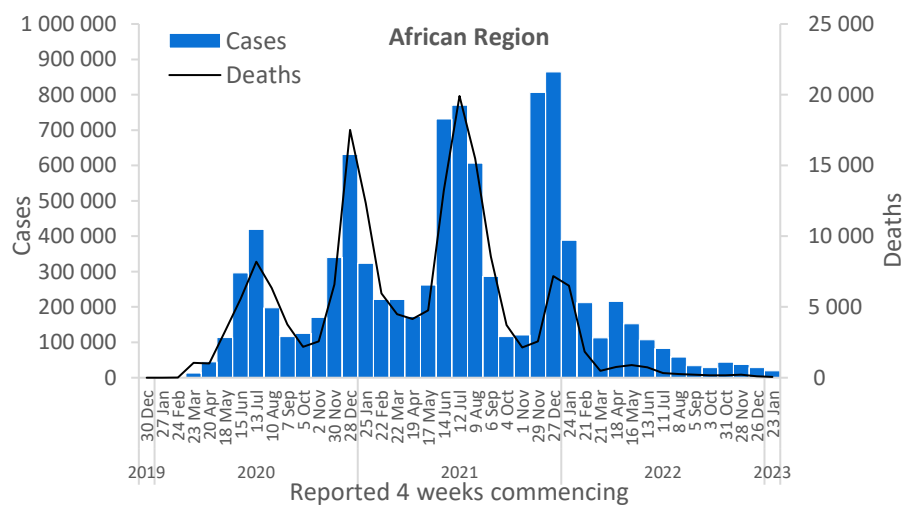
WHO regional overviews

Data for 23 January to 19 February 2023

African Region

The African Region reported over 19 000 new cases, a 34% decrease as compared to the previous 28-day period. Nine (18%) of the 50 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Mali (93 vs seven new cases; +1229%), Chad (10 vs two new cases; +400%), and Côte d'Ivoire (132 vs 33 new cases; +300%). The highest numbers of new cases were reported from South Africa (4709 new cases; 7.9 new cases per 100 000; -21%), Zambia (4537 new cases; 24.7 new cases per 100 000; +22%), and Zimbabwe (2089 new cases; 14.1 new cases per 100 000; +30%).

The number of new 28-day deaths in the region decreased by 52% as compared to the previous 28-day period, with 51 new deaths reported. The highest numbers of new deaths were reported from Zambia (14 new deaths; <1 new death per 100 000; -7%), Zimbabwe (10 new deaths; <1 new death per 100 000; -41%), and Mozambique (nine new deaths; <1 new death per 100 000; +200%).

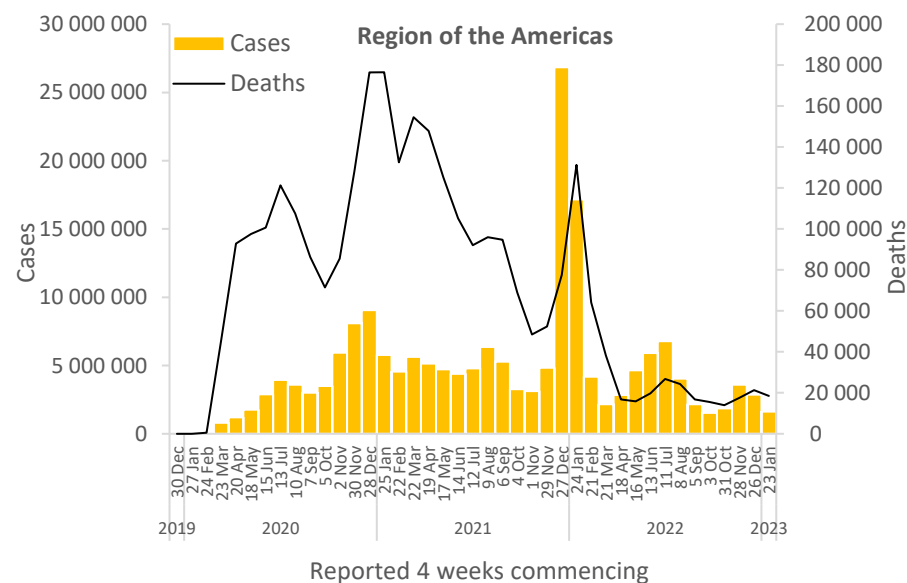


Updates from the [African Region](#)

Region of the Americas

The Region of the Americas reported over 1.6 million new cases, a 43% decrease as compared to the previous 28-day period. Two (4%) of the 56 countries for which data are available reported increases in new cases of 20% or greater: Jamaica (922 vs 352 new cases; +162%) and Saint Lucia (79 vs 55 new cases; +44%). The highest numbers of new cases were reported from the United States of America (1 113 288 new cases; 336.3 new cases per 100 000; -31%), Brazil (274 831 new cases; 129.3 new cases per 100 000; -53%), and Mexico (62 712 new cases; 48.6 new cases per 100 000; -46%).

The number of new 28-day deaths in the region decreased by 14% as compared to the previous 28-day period, with 18 444 new deaths reported. The highest numbers of new deaths were reported from the United States of America (13 517 new deaths; 4.1 new deaths per 100 000; +1%), Brazil (1859 new deaths; <1 new death per 100 000; -46%), and Peru (712 new deaths; 2.2 new deaths per 100 000; +19%).

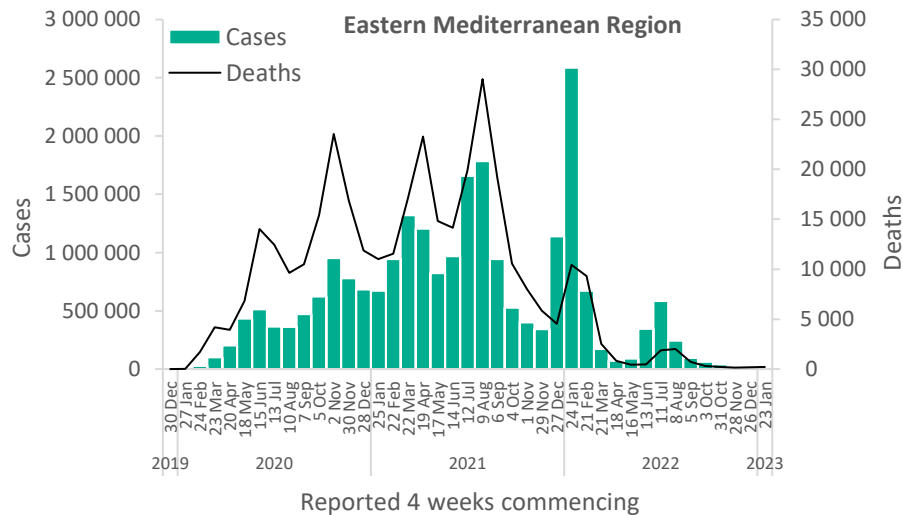


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 14 000 new cases, a 26% decrease as compared to the previous 28-day period. Four (18%) of the 22 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Egypt (118 vs 66 new cases; +79%), Saudi Arabia (1296 vs 812 new cases; +60%), and Afghanistan (989 vs 775 new cases; +28%). The highest numbers of new cases were reported from Lebanon (3941 new cases; 57.7 new cases per 100 000; -15%), the Islamic Republic of Iran (3163 new cases; 3.8 new cases per 100 000; +24%), and the United Arab Emirates (2338 new cases; 23.6 new cases per 100 000; +13%).

The number of new 28-day deaths in the region increased by 18% as compared to the previous 28-day period, with 216 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (63 new deaths; <1 new death per 100 000; +3%), Saudi Arabia (45 new deaths; <1 new death per 100 000; -4%), and Lebanon (40 new deaths; <1 new death per 100 000; +38%).

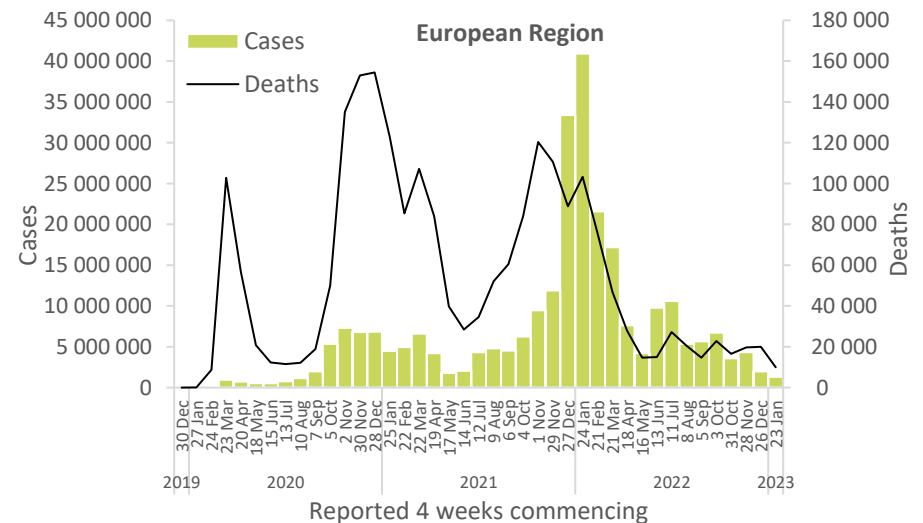


Updates from the [Eastern Mediterranean Region](#)

European Region

The European Region reported over 1.3 million new cases, a 33% decrease as compared to the previous 28-day period. Nine (15%) 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 Poland (24 882 vs 10 007 new cases; +149%), the Russian Federation (272 478 vs 129 865 new cases; +110%), and Georgia (8367 vs 4499 new cases; +86%). The highest numbers of new cases were reported from Germany (329 229 new cases; 395.9 new cases per 100 000; -25%), the Russian Federation (272 478 new cases; 186.7 new cases per 100 000; +110%), and Italy (119 336 new cases; 200.1 new cases per 100 000; -68%).

The number of new 28-day deaths in the region decreased by 50% as compared to the previous 28-day period, with 10 014 new deaths reported. The highest numbers of new deaths were reported from the United Kingdom (2063 new deaths; 3.0 new deaths per 100 000; -52%), Italy (1249 new deaths; 2.1 new deaths per 100 000; -49%), and the Russian Federation (1105 new deaths; <1 new death per 100 000; -16%).

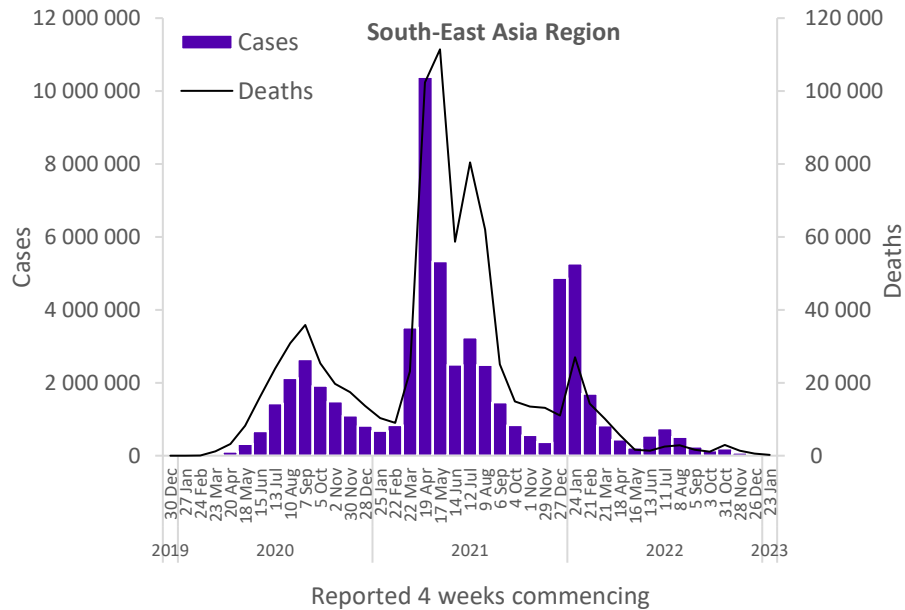


Updates from the [European Region](#)

South-East Asia Region

The South-East Asia Region reported over 11 000 new cases, a 51% decrease as compared to the previous 28-day period. No country has reported increases in new cases of 20% or greater compared to the previous 28-day period. The highest numbers of new cases were reported from Indonesia (6150 new cases; 2.2 new cases per 100 000; -49%), India (2996 new cases; <1 new case per 100 000; -38%), and Thailand (1319 new cases; 1.9 new cases per 100 000; -72%).

The number of new 28-day deaths in the region decreased by 62% as compared to the previous 28-day period, with 206 new deaths reported. The highest numbers of new deaths were reported from Indonesia (105 new deaths; <1 new death per 100 000; -57%), Thailand (66 new deaths; <1 new death per 100 000; -73%), and India (27 new deaths; <1 new death per 100 000; -33%).

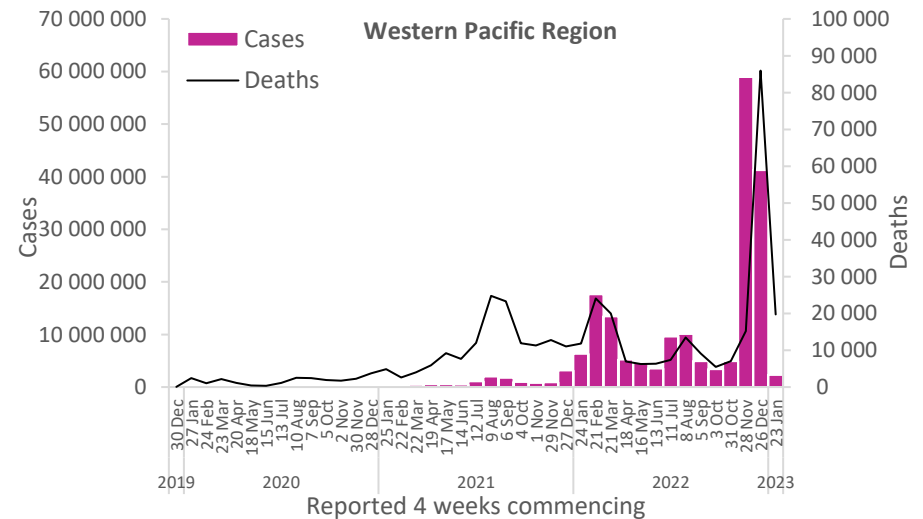


Updates from the [South-East Asia Region](#)

Western Pacific Region

The Western Pacific Region reported nearly 2.3 million new cases, a 94% decrease as compared to the previous 28-day period. One (3%) of the 35 countries for which data are available reported increases in new cases of 20% or greater: Samoa (105 vs 40 new cases; +163%). The highest numbers of new cases were reported from Japan (1 095 815 new cases; 866.4 new cases per 100 000; -71%), China (635 433 new cases; 43.2 new cases per 100 000; -98%), and the Republic of Korea (430 042 new cases; 838.8 new cases per 100 000; -68%).

The number of new 28-day deaths in the region decreased by 77% as compared to the previous 28-day period, with 19 760 new deaths reported. The highest numbers of new deaths were reported from China (9945 new deaths; <1 new death per 100 000; -86%), Japan (6536 new deaths; 5.2 new deaths per 100 000; -33%), and Australia (2179 new deaths; 8.5 new deaths per 100 000; +107%).



Updates from the [Western Pacific Region](#)

Hospitalizations and ICU admissions

At the global level, during the past 28 days (16 January to 12 February 2023), a total of 53 269 new hospitalizations and 2321 new intensive care unit (ICU) admissions were reported. This represents a reduction in both new hospitalizations and ICU admissions of 40% and 23%, respectively, compared to the previous 28 days (9 January to 5 February 2023). The presented hospitalization data are preliminary and might change as new data become available. Furthermore, hospitalization data are subject to reporting delays. These data are also likely to include both hospitalizations with incidental cases of SARS-CoV-2 infection and those due to COVID-19 disease.

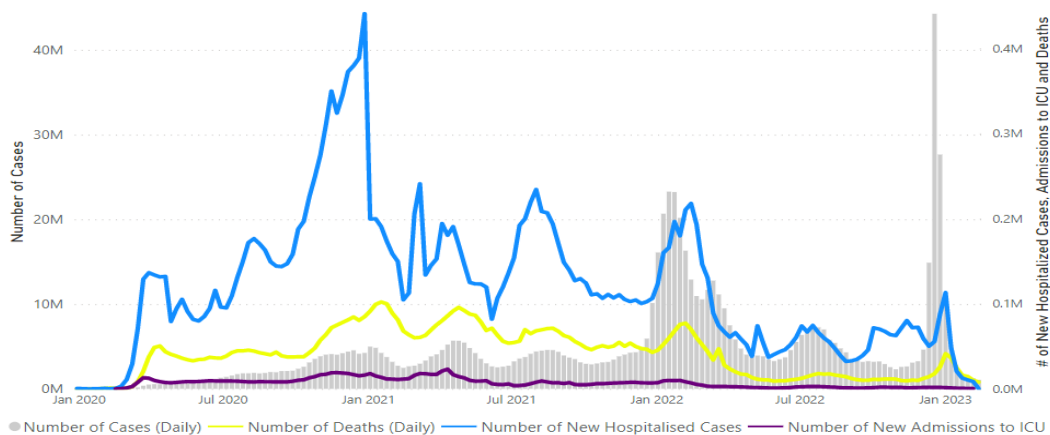
Globally, during the past 28 days, 47 (20%) countries reported data to WHO on new hospitalizations at least once. The region with the highest proportion of countries reporting data on new hospitalizations was the European Region (25 countries; 41%), followed by the Eastern Mediterranean Region (five countries; 23%), the South-East Asia Region (two countries; 18%), the Region of the Americas (seven countries; 13%), the African Region (five countries; 10%) and the Western Pacific Region (three countries; 9%).

A total of 24 countries (10%) consistently # reported new hospital admissions for the period. Among them, 12 countries reported more than 200 total new hospitalizations, including one that showed an increasing trend compared to the previous 28-day period (9 January to 5 February 2023): Ukraine (9887 vs 9469; 4%).

Across the six WHO regions, in the past 28 days, a total of 32 (14%) countries reported data to WHO on new ICU admissions at least once. The region with the highest proportion of countries reporting data on new ICU admissions was the European Region (18 countries; 30%) followed by the Eastern Mediterranean Region (four countries; 18%), the Western Pacific Region (four countries; 11%), the South-East Asia Region (one country; 9%) the Region of the Americas (four countries; 7%) and the African Region (one country; 2%).

A total of 14 countries (6%) consistently reported new ICU admissions for the period. Among them, nine countries reported more than 40 total new ICU admissions; none of these countries showed an increasing trend compared to the previous 28 days period.

Figure 4. COVID-19 cases, deaths, hospitalizations, and ICU admissions reported weekly to WHO, as of 12 February 2023



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

Source: [WHO Detailed Surveillance Dashboard](#)

“Consistently” as used here refers to countries that submitted data for new hospitalizations and intensive care unit admissions for the four consecutive weeks that make up the 28-day period.

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 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, the 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).

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 website](#). 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 SARS-CoV-2 variants, including descendent lineages of VOCs, to track changes in prevalence and viral characteristics. The current trends describing the circulation of Omicron descendent lineages 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.⁶

References

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