COVID-19 Weekly Epidemiological Update

Data as received by WHO from national authorities, as of 31 January 2021, 10 am CET

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

- WHO COVID-19 Dashboard
- WHO COVID-19 Weekly Operational Update

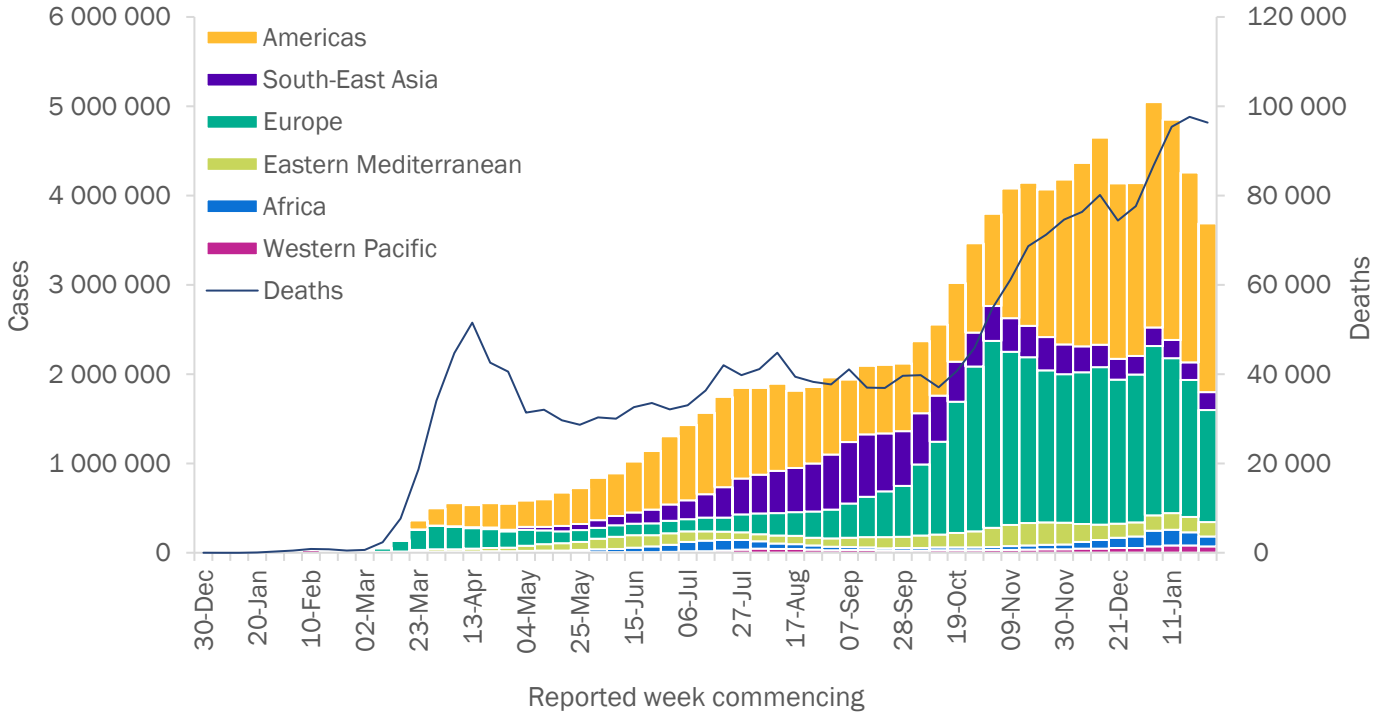
Global epidemiological situation

Globally, 3.7 million new cases were reported last week, a 13% decline as compared to the previous week, and the third consecutive week showing a decline in cases. There were 96 000 new deaths, and a 1% decline as compared to the previous week, (Figure 1). This brings the total number of cases to over 102 million and the total number of deaths to 2.2 million from 222 countries and territories. Last week, all WHO regions, except South-East Asia reported a decline in new cases (Table 1). Although new deaths declined globally by 1%, they rose in the Western Pacific (21%), Eastern Mediterranean (9%), and the Americas (4%).

Saturday 30 January 2021 marked one year since WHO declared COVID-19 a Public Health Emergency of International Concern. At that time, there were 9826 cases in 20 countries, and 213 deaths in one country (all of which were in China).

In the past week, the five countries reporting the highest number of new cases continue to be the United States of America (1 072 287 cases, a 15% decrease), Brazil (364 593 cases, a 1% increase), the United Kingdom of Great Britain and Northern Ireland (178 629 cases, a 31% decrease), France (141 092 cases, a 2% increase) and the Russian Federation (131 039 cases, a 13% decrease).

Figure 1: COVID-19 cases reported weekly by WHO Region, and global deaths, as of 31 January 2021**



**See *data, table and figure notes*

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

- COVID-19 and Health Workers
- SARS-CoV-2 variants of concern
- Additional Region-specific information: African Region, Region of the Americas, Eastern Mediterranean Region, European Region, South-East Asia Region, and Western Pacific Region
- Key Weekly Updates

Note: From 3 February 2021, a daily log of major changes and errata in WHO daily aggregate case and death count data will no longer be published online. A record of historic data adjustment made will continue to be 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.

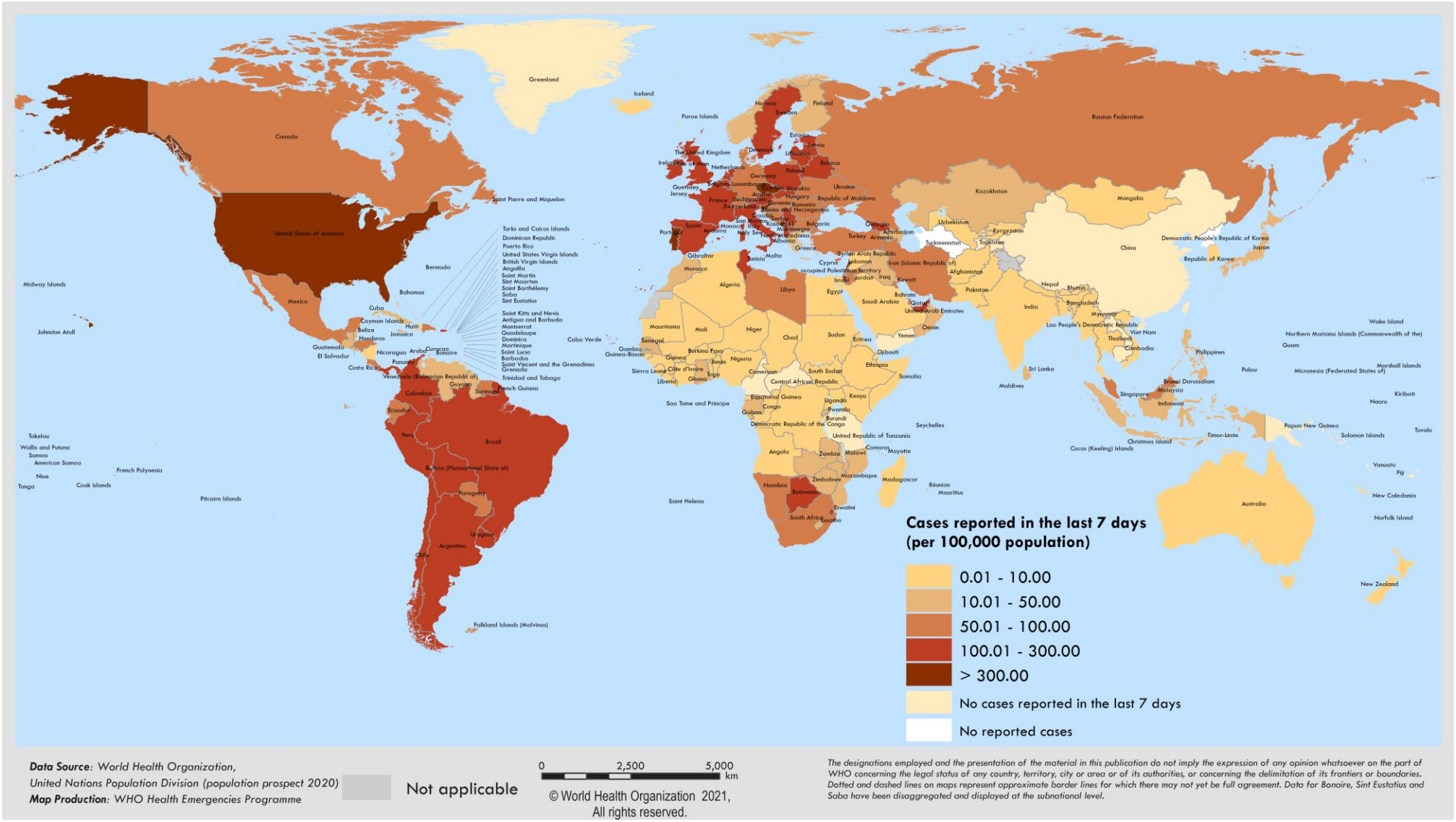
Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 31 January 2021**

WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days *	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days *	Cumulative deaths (%)
Americas	1 888 070 (51%)	-11%	45 345 051 (44%)	47 277 (49%)	4%	1 047 171 (47%)
Europe	1 255 352 (34%)	-18%	34 276 814 (34%)	36 674 (38%)	-8%	745 590 (34%)
South-East Asia	200 219 (5%)	3%	12 856 723 (13%)	3 258 (3%)	0%	197 707 (9%)
Eastern Mediterranean	161 943 (4%)	-5%	5 669 940 (6%)	3 272 (3%)	9%	134 189 (6%)
Africa	108 391 (3%)	-27%	2 570 474 (3%)	4 602 (5%)	-8%	62 504 (3%)
Western Pacific	72 135 (2%)	-11%	1 420 024 (1%)	1 281 (1%)	21%	24 588 (1%)
Global	**3 686 110 (100%)**	**-13%**	**102 139 771 (100%)**	**96 364 (100%)**	**-1%**	**2 211 762 (100%)**

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

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

Figure 2. COVID-19 cases per 100 000 population reported in the last seven days by countries, territories and areas, 25 January through 31 January 2021**



**See *data, table and figure notes*

Special Focus: COVID-19 and Health Workers

Overview

In his press briefing of 29 January 2021, WHO Director-General Dr Tedros again emphasized that healthcare workers have been at the forefront of the response to the pandemic but are often under-protected and over-exposed. He reiterated his 18 January 2021 call to action: for governments and industry leaders to work together to ensure that in the first 100 days of 2021, vaccination of health workers and older people is underway in all countries.

In this Special Focus – recognizing that 2021 has been designated as the International Year of Health and Care Workers – we present an overview of health worker SARS-CoV-2 infections using data collected via the WHO Global Surveillance systems, and analyse risk factors from available scientific literature.

To date, a total of 183 countries have reported data via WHO Case Report Forms (CRFs) to date, covering 37 million cases (36% of current global COVID-19 cases). The CRFs were mainly received from Member States in the Region of the Americas and European Region. Over 16 million CRFs (43% of CRFs received, representing 16% of global COVID-19 cases) included information on occupation status, including health workers[1]. Within this subset, health workers accounted for close to 1.29 million COVID-19 cases, or 8% of cases. The median age of health worker cases was 42 years (interquartile range 27 to 60 years), and 68% were women. This is in line with the proportion of women working in the health and social sectors globally.

At the outset, it is important to mention that the analyses based on CRF data provided to WHO has limitations, mainly due to variations in reporting coverage and completeness, reporting methods, some irregularity of weekly reports, health worker definitions, and lack of information about the setting of exposure. WHO advises Member States to use the definition of health workers as stated in the Surveillance Protocol for SARS-CoV-2 infection.[2]

Percentage of health worker infections and relative risk over time

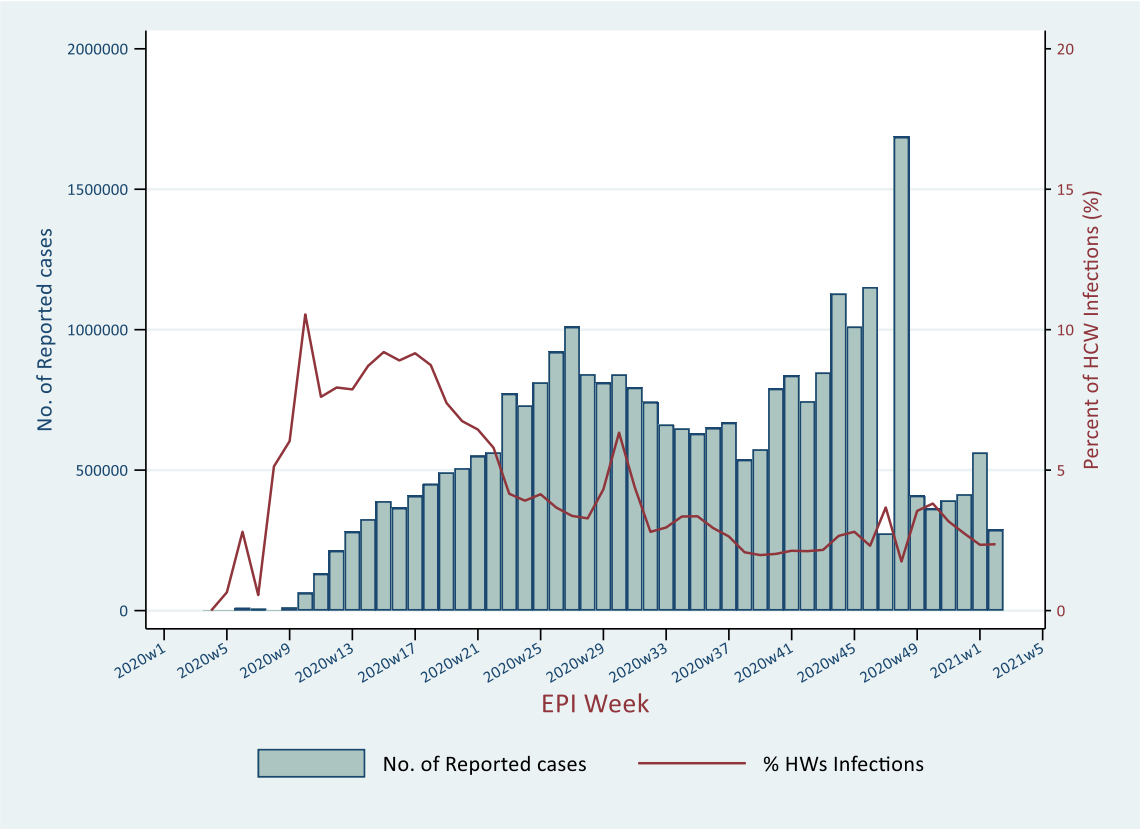
It is important to acknowledge that country-specific trends remain highly variable, and the data are based on reported cases (those testing positive for SARS-CoV-2) often without providing information on the overall number tested. Therefore, it is difficult to reliably compare incidence of health worker infections over time and trends should be interpreted with caution due to variations in reporting coverage and completeness, adaptations to testing strategies, differences in the implementation of public health measures and interventions, as well as differences in the circulation of SARS-CoV-2 in the community over time. Additionally, it is not possible to determine the place of exposure (e.g., health care facility or community) among health workers from WHO CFR data.

Based on WHO CRF data, in the first three months of the pandemic, health worker infections slightly exceeded 10% of reported cases (Figure 3), declining to less than 5% by early-June 2020 (Epi week 2) and to approximately 2.5% by September 2020 (Epi week 37).

[1] For the purposes of the case-based surveillance, 'health workers' were defined as those working "any job in a health care setting".

[2] The term "health worker" includes allied health workers and auxiliary health workers such as cleaning and laundry personnel, x-ray physicians and technicians, clerks, phlebotomists, respiratory therapists, nutritionists, social workers, physical therapists, laboratory personnel, cleaners, admission/reception clerks, patient transporters, catering staff and so on).

Figure 3: Weekly total number of cases, and percentage of health worker cases among infected individuals reported, data from WHO Case Report Forms where occupation was indicated, 20 January 2020 to 31 January 2021.



A relative risk measure (dividing the rate of health worker infections by that of the non-health workers) was calculated for each week by estimating the total number of health workers and non-health workers. The rate of health worker infections was calculated by dividing their number by all workers employed in the health and social sector. A similar rate of infection was calculated for non-health workers relative to the general population size. It must be noted that there has likely been surveillance bias and differences in testing of health workers compared to general population, particularly early on. Based on the data we have available, it is observed that health workers experienced more than triple the risk of infection as that of the general population in the period between mid-March to mid-May 2020. A similar level of relative risk[3] was also reported by an observational cohort study of about 2 million community individuals and 100 000 front-line health-care workers in the United Kingdom of Great Britain and Northern Ireland, and the United States of America. Our data suggests this period of elevated risk was followed by a steep decline to that found in the general population by end of May 2020.

Analysis of health worker risk factors

WHO first commissioned a rapid systematic review of published literature on the risk factors in health workers for SARS-CoV-2 infections in April 2020 and this has been updated regularly since. The latest update on 24 December 2020 identified a total of 37 studies evaluating risk factors associated with SARS-CoV-2 infection in health workers. Highlights include:

- SARS-CoV-2 infections occurred among health workers in various roles (clinical or non-clinical) and departments/settings (including outpatient and non-COVID-19 care settings).
- There was no consistent difference in risk of infection between job titles, including between nurses compared with physicians, which represented the most commonly reported health worker roles.

[3] Adjusted HR 3·40, 95% CI 3·37–3·43

- There was no association found between sex or age and risk of SARS-CoV-2 infection or seropositivity in health workers.
- African-Americans and Hispanic health workers had an increased risk of SARS CoV-2 infection.
- Education and training in infection prevention and control were associated with decreased risk of SARS-CoV-2 infection in health workers.
- Certain exposures such as those involving intubations, other aerosol-generating procedures, direct patient contact, or contact with bodily secretions were found to be associated with increased infection risk compared with less intensive or direct exposure; though evidence was inconsistent, likely related to confounding factors such as those related to the availability, distribution, and use of PPE.
- Evidence on the association between health worker infection and use of individual PPE measures (masks, gloves, gown, eye protection) and hand hygiene was limited. However, most studies found that availability and appropriate use of PPE as recommended by local authorities was associated with decreased risk of SARS-CoV-2 infection. Evidence on the use of N95 or FFP2 respirators versus medical/surgical masks was inconclusive and limited to two inconsistent observational studies. Further information on the use of masks in health facilities can be found in the interim guidance on mask use in the context of COVID-19.
- Three studies found that universal masking in health facilities was associated with decreased risk of SARS-CoV-2 infection in health workers.

A number of possible hypotheses may help to explain the observed trends in health worker infections. The higher proportion of health worker infections at the beginning of the pandemic in some countries may be due to the lack of preparedness to infectious disease outbreaks, of standard IPC precautions during care delivery, and reduced access to PPE, and overburdened health systems due to increased hospitalizations and limited health care capacities. Trends could also reflect different testing strategies prioritizing health workers over the general public. The subsequent decline in health worker infections could be a result of multiple interventions, including: i) training of health workers on IPC measures; ii) increased availability and appropriate use of personal protective equipment (PPE); iii) monitoring of IPC practices by occupational health and safety personnel; iv) improved clinical management based on improved knowledge about COVID-19, v) reduced bed capacity of COVID-19 patients in hospitals; vi) general reduction in community transmission with implementation of public health and social measures resulting in less pressure on hospital systems and hospitalizations; vi) increased SARS-CoV-2 testing capabilities; and, vii) increased knowledge of methods of transmission. Hence, it is impossible to determine from the available data how these interventions (individually or as a mix) contributed to the observed trends.

The WHO review of available studies found that observational studies provided important insights but had some methodological limitations. These limitations include potential recall bias, low or unclear participation rates, small sample sizes, and challenges in disentangling the effect of different measures, which were often implemented at the same time.

To bridge these gaps and improve the understanding of SARS-CoV-2 infection among health workers, WHO has developed a standardized protocol for COVID-19 surveillance among health workers that countries can use, and is leading an international multi-centre case-control study primarily aimed at identifying risk factors and settings of exposure. More than 140 sites in 28 countries have enrolled so far and recruitment is ongoing (for more information please contact: earlyinvestigations-2019-nCoV@who.int).

Additionally, to mitigate health workers' infections WHO has developed a health workers' risk assessment and management of exposure to COVID-19 cases and guidance on Prevention, identification and management of health worker infection in the context of COVID-19.

WHO continues to support health workforce managers and policy makers with the December 2020 release of Health workforce policy and management in the context of the COVID-19 pandemic response interim guidance, consolidating the evolving evidence on the design, management and preservation of the workforce necessary to respond to the COVID-19 pandemic and maintain essential health services.

References

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Nguyen LH et al., Risk of COVID-19 among front-line health-care workers and the general community: a prospective cohort study. Lancet Public Health. 2020;5(9):E475–E483

Chou et al., Epidemiology of and Risk Factors for Coronavirus Infection in Health Care Workers: A Living Rapid Review, Annals of Internal Medicine. 2020 Jul 21;173(2):120-136. doi: 10.7326/M20-1632. Epub 2020 May 5

Chou et al., Update Alert 6: Epidemiology of and Risk Factors for Coronavirus Infection in Health Care Workers, Annals of Internal Medicine. 2020 Nov 24 : L20-1323. Epub Nov 24. doi: 10.7326/L20-1323

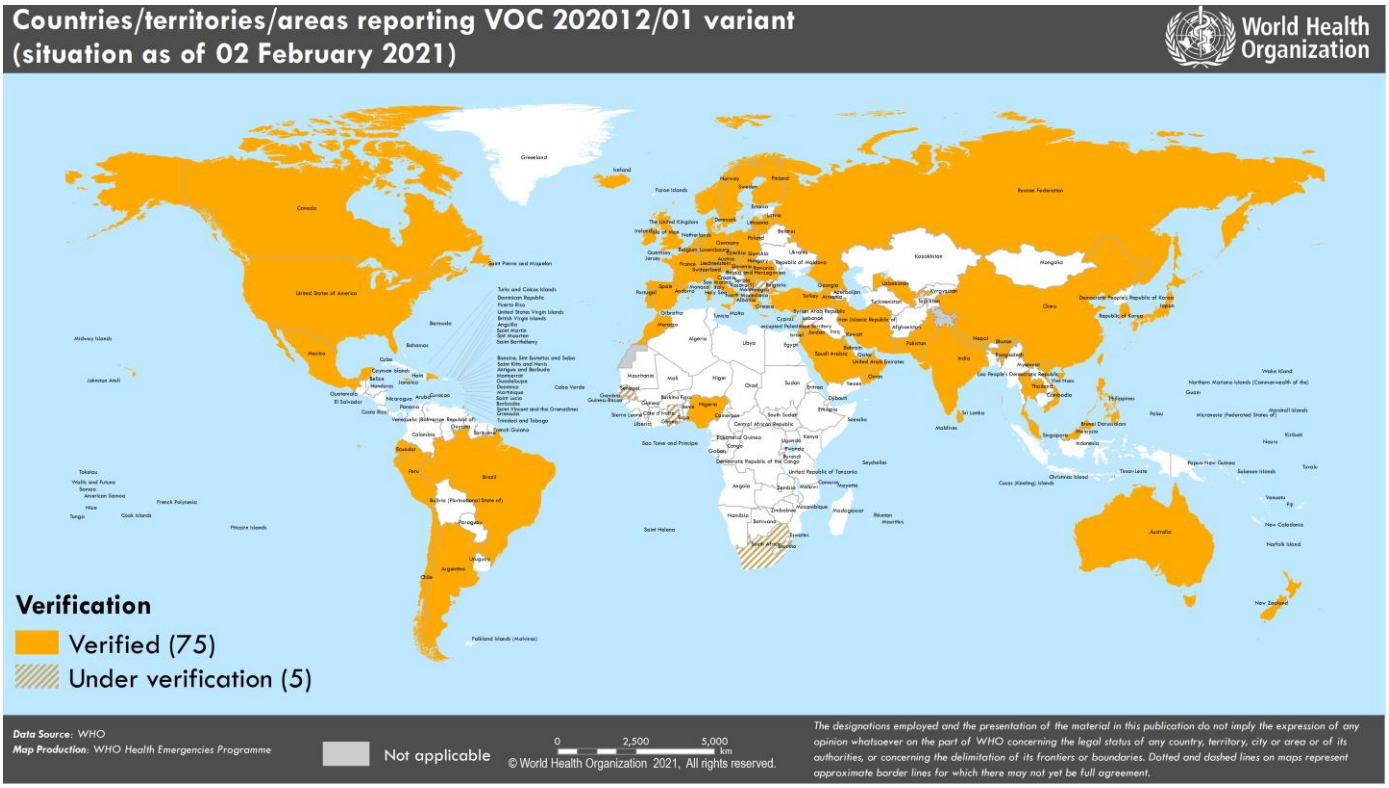
Special Focus: Update on SARS-CoV-2 variants of concern

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

WHO continues to work with partners to evaluate available evidence around transmissibility, severity, antibody neutralization capabilities and potential impacts on vaccines of specific mutations, variants of interest and variants of concern. Here we provide an update on the geographical distribution of three variants of concern as reported by countries, territories and areas (hereafter countries) as of 2 February 2021:

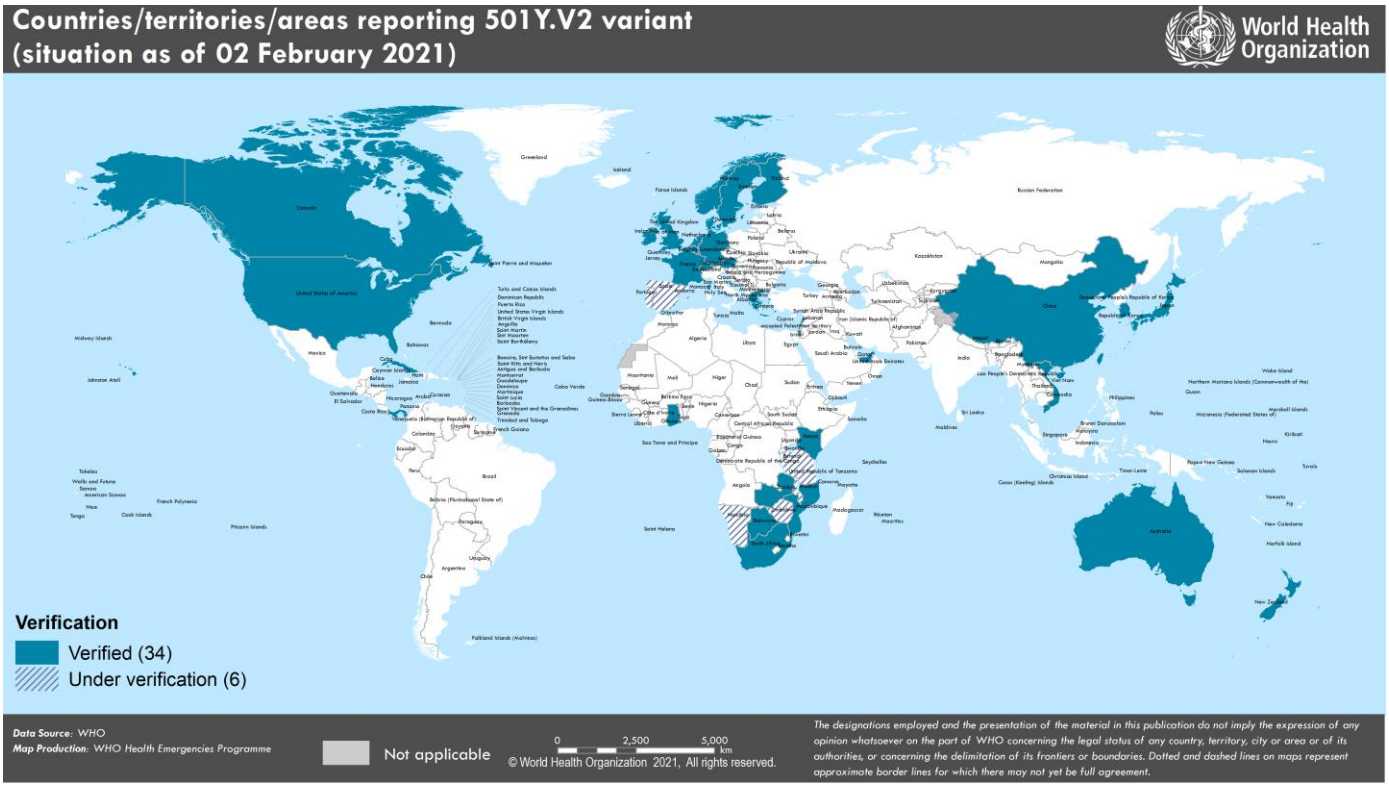
1. Variant VOC 202012/01, lineage B.1.1.7: Since our last update on 27 January, variant VOC 202012/01 has been detected in ten additional countries. As of 2 February, a total of 80 countries across all six WHO regions have reported either imported cases or community transmission of this variant (Figure 5).

Figure 5. Countries, territories and areas reporting SARS-CoV-2 VOC 202012/01 as of 2 February 2021



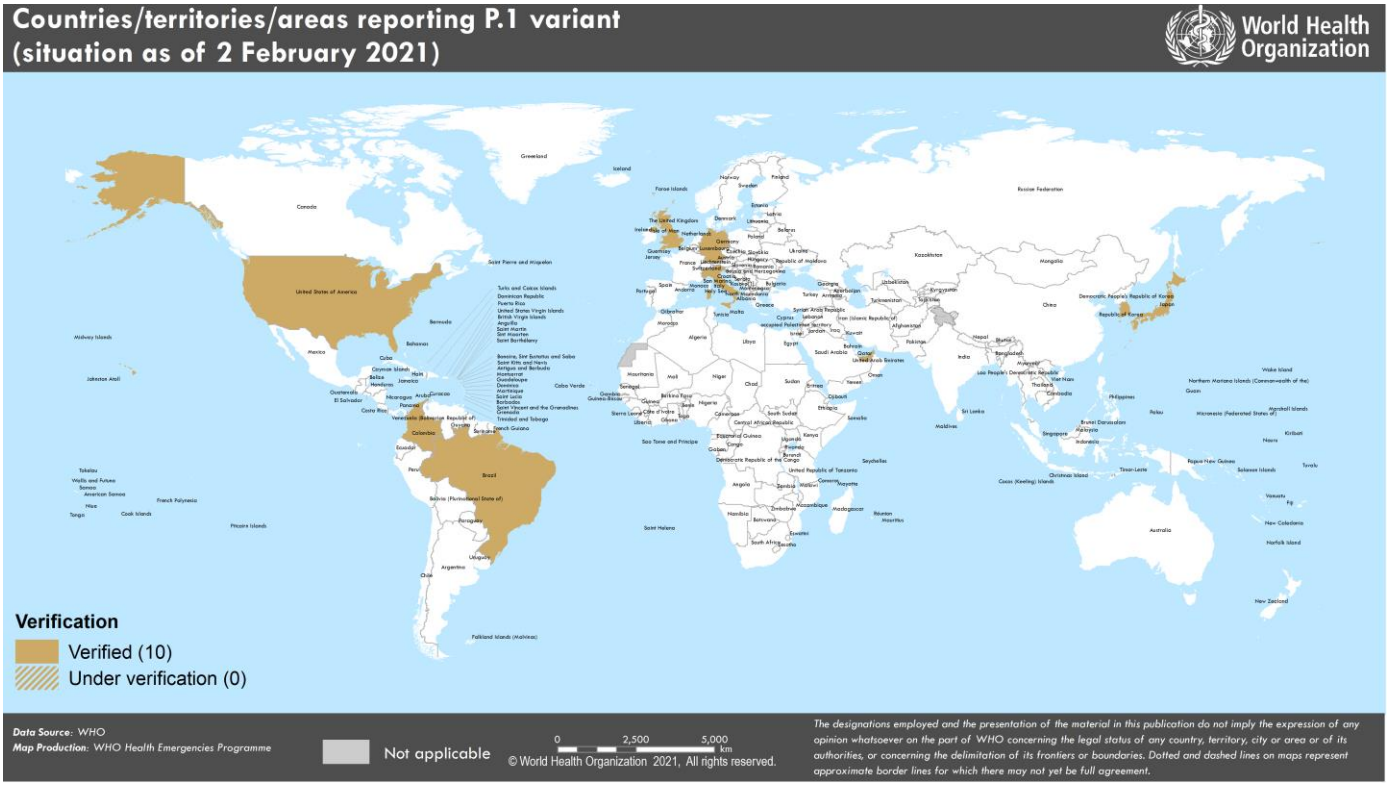
2. Variant 501Y.V2, lineage B.1.351: Since the last update on 27 January, 501Y.V2 has been reported from ten additional countries– now totaling 41 countries across four of the six WHO regions (Figure 6).

Figure 6. Countries, territories and areas reporting SARS-CoV-2 501Y.V2 as of 2 February 2021



3. Variant P.1, lineage B.1.1.28: Since our last update, variant P.1 has been reported in two additional countries. To date, this variant is reported in ten countries across four of the six WHO regions (Figure 7).

Figure 7. Countries, territories and areas reporting SARS-CoV-2 P.1 variant as of 2 February 2021



Last week, WHO held a multidisciplinary Global Transmission Discussion Seminar on SARS-CoV-2 variants and transmission. Participants from Brazil, Denmark, South Africa and the United Kingdom presented ongoing work aiming to understand transmission aspects of the variants of concern emerging in their countries, namely variants: P.1/P.2, cluster 5, 501Y.V2 and VOC202012/01, respectively. Initial analyses suggest that some variants may be more transmissible, possibly due to mutations that improve the virus's ability to bind to human cells, but available studies have found that the modes of transmission have not changed.

SARS-CoV-2 incidence and hospitalizations in a number of countries where VOC202012/01 and 501Y.V2 are circulating has started to decline in recent weeks, demonstrating the effectiveness of public health and social measures for controlling transmission of these variants.

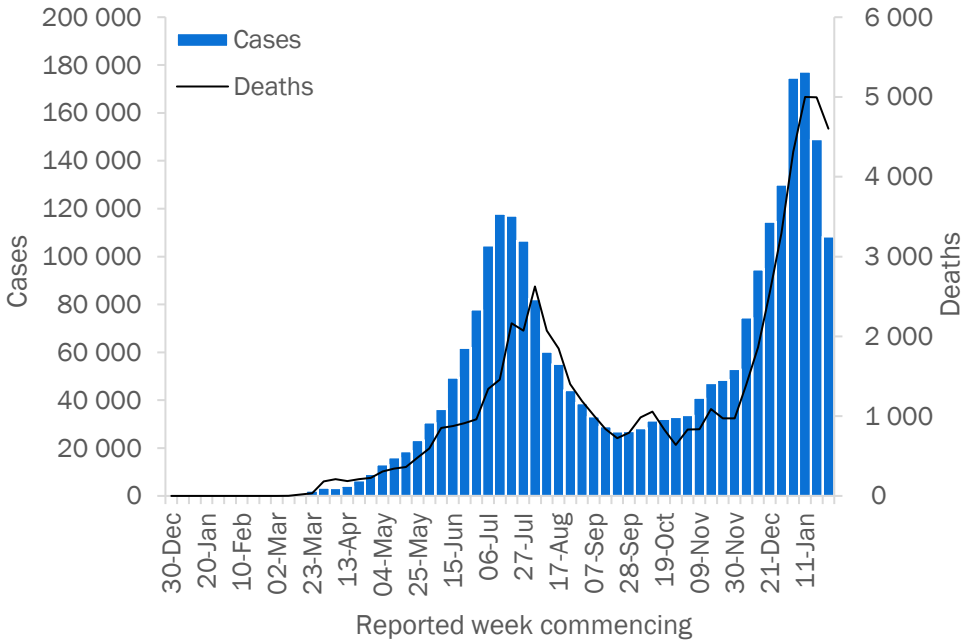
The emergence of new variants has highlighted the importance for everyone to continue to comply with local and national public health and social measures, and to take simple precautions, such as physical distancing, wearing a mask, keeping rooms well ventilated, avoiding crowds, cleaning your hands, and coughing into a bent elbow or tissue (see also Protect yourself and others from COVID-19). It remains critical to increase diagnostic capacity and strategic genetic sequencing of SARS-CoV-2 where capacity allows, and continue to share sequence data internationally in a timely manner. Genetic sequencing should be considered for a subset of SARS-CoV-2 cases in each country, especially among outbreaks or clusters where transmission and/or severity may appear unusual. WHO has recently issued guidance for SARS-CoV-2 suggesting how to apply the use sequencing to monitor virus evolution in addition to epidemiological and virologic surveillance sequencing (SARS-CoV-2 genomic sequencing for public health goals: Interim guidance; Genomic sequencing of SARS-CoV-2: a guide to implementation for maximum impact on public health).

Situation by WHO Region

African Region

In the past week, the African Region reported over 108 000 cases and just over 4600 deaths, a 27% decrease in cases and an 8% decrease in deaths respectively compared to the previous week. Cases have decreased for two consecutive weeks. The highest numbers of new cases were reported in South Africa (44 397 new cases; 74.9 new cases per 100 000 population; a 44% decrease), Nigeria (9955 new cases; 4.8 new cases per 100 000; a 15% decrease) and Zambia (8760 new cases; 47.7 new cases per 100 000; a 3% increase).

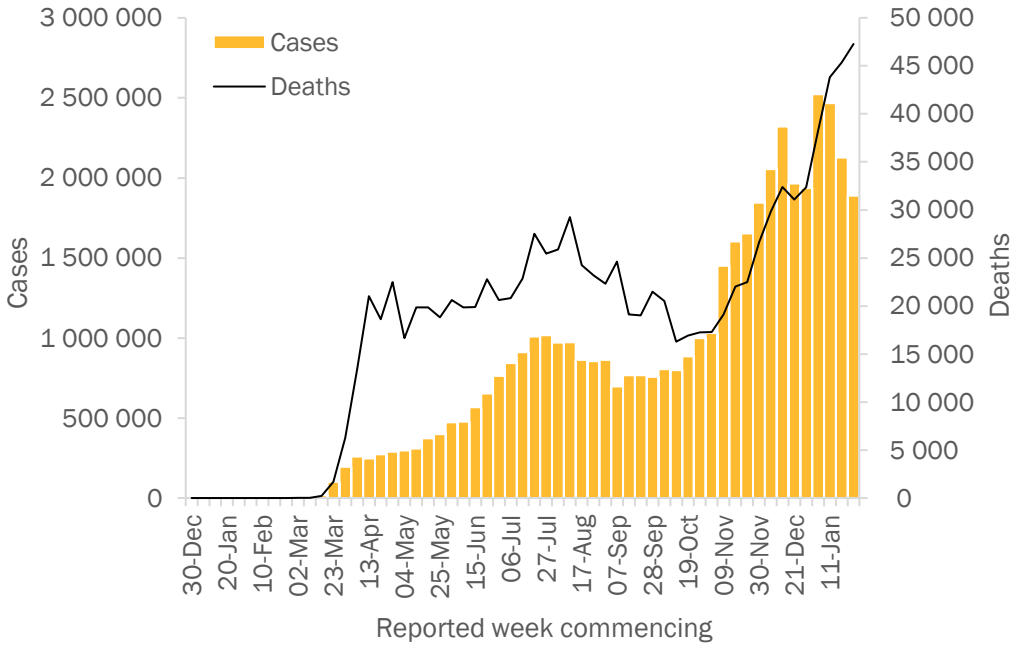
The countries reporting the highest number of new deaths in the past week were South Africa (3377 new deaths; 5.7 new deaths per 100 000; a 9% decrease), Zimbabwe (219 new deaths; 1.5 new deaths per 100 000; a 25% decrease) and Malawi (217 new deaths; 1.1 new deaths per 100 000; a 28% increase).



Region of the Americas

Over 1.8 million new cases and over 47 000 new deaths were reported in the Region of the Americas this week, a decrease of 11% and an increase of 4% respectively compared to the previous week. The highest numbers of new cases were reported from the United States of America (1 072 287 new cases; 324.0 new cases per 100 000 population; a 15% decrease), Brazil (364 593 new cases; 171.5 new cases per 100 000; a 1% increase) and Mexico (109 603 new cases; 85.0 new cases per 100 000; an 11% decrease).

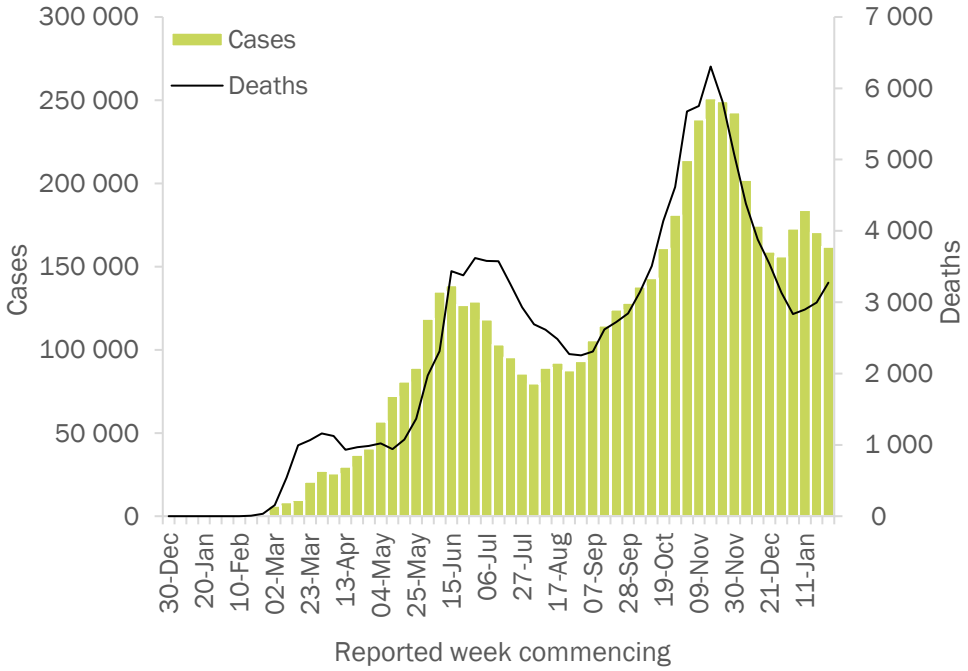
The highest numbers of deaths were reported from the same countries, the United States of America (22 506 new deaths; 6.8 new deaths per 100 000; a 4% increase), Mexico (8965 new deaths; 7.0 new deaths per 100 000; a 4% increase) and Brazil (7423 new deaths; 3.5 new deaths per 100 000; a 6% increase).



Eastern Mediterranean Region

In the past week, the Eastern Mediterranean Region reported over 161 000 new cases, a decrease of 5% compared to last week. The region reported 3200 new deaths, a 9% increase. The three countries reporting the highest numbers of new cases continue to be the Islamic Republic of Iran (44 699 new cases, 53.2 new cases per 100 000 population, a 5% increase), Lebanon (22 326 new cases, 327.1 new cases per 100 000, a 19% decrease) and United Arab Emirates (26 285 new cases, 265.8 new cases per 100 000, 7% increase).

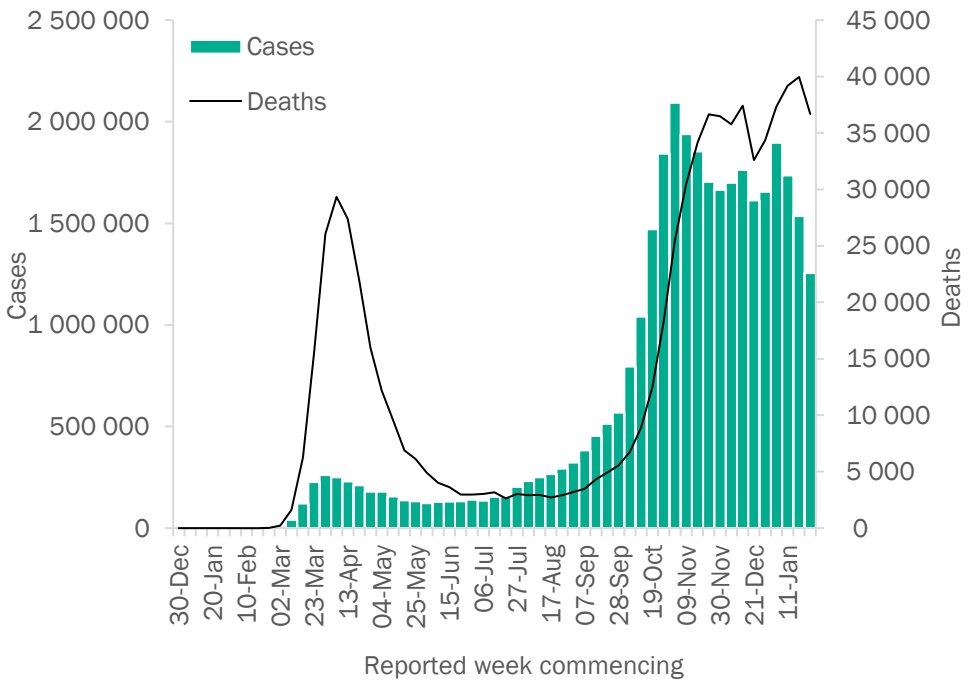
The highest numbers of new deaths were reported in Lebanon (751 new deaths, 11.0 new death per 100 000, an 81% increase), Iran (595 new deaths, 0.7 new death per 100 000 population, a 3% increase), and Tunisia (526 new deaths, 4.5 new death per 100 000, a 2% decrease).



European Region

The European Region reported over 1.2 million new cases and over 36 000 new deaths, a decrease of 18% and 8% respectively when compared to the previous week. The three countries reporting the highest numbers of new cases were the United Kingdom (178 629 new cases, 263.1 new cases per 100 000, a 31% decrease), France (141 092 new cases; 216.2 new cases per 100 000, a 2% increase) and the Russian Federation (131 039 new cases, 89.8 new cases per 100 000, a 13% decrease).

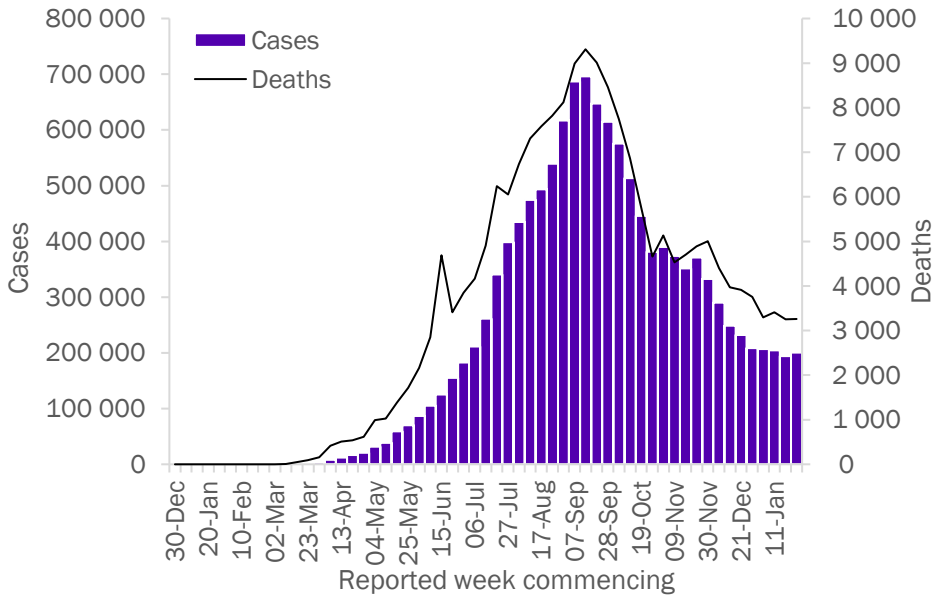
The highest numbers of deaths were reported from the United Kingdom (8242 new deaths; 12.1 new deaths per 100 000, a 6% decrease), Germany (5075 new deaths; 6.1 new deaths per 100 000, a 7% decrease) and the Russian Federation (3720 new deaths; 2.5 new deaths per 100 000, a 5% decrease).



South-East Asia Region

Following slow declines in the number of new cases in the South-East Asia Region in recent weeks, there was a plateau in newly reported cases (200 000 new cases, 3% increase from last week), and deaths (3000 new deaths, 0% change) this week. The three countries reporting the highest numbers of new cases and new deaths were India (91 650 new cases; 6.6 new cases per 100 000, a 5% decrease), Indonesia (88 839 new cases; 32.5 new cases per 100 000; a 10% increase) and Sri Lanka (5706 new cases; 26.6 new cases per 100 000; an 8% increase).

The three countries reporting the highest numbers of new deaths this week were Indonesia (2064 new deaths; 0.8 new deaths per 100 000, a 9% increase), India (935 new deaths; <0.1 new deaths per 100 000, a 12% decrease) and Bangladesh (108 new deaths; <0.1 new deaths per 100 000; a 10% decrease).



Western Pacific Region

The Western Pacific Region reported 72 000 new cases the past week, an 11% decrease compared the previous week, while a marked (21%) increase was seen in the number of new deaths, with over 1200 deaths reported this week. The three countries reporting the highest numbers of new cases in the region this week were Malaysia (29 206 new cases; 90.2 new cases per 100 000, a 15% decrease), Japan (26 081 new cases; 20.6 new cases per 100 000, a 32% decrease), and the Philippines (11 837 new cases; 10.8 new cases per 100 000, a 9% decrease).

The three countries reporting the highest numbers of new deaths this week were Japan (635 new deaths; 0.5 new deaths per 100 000, an 8% increase), the Philippines (479 new deaths; 0.4 new deaths per 100 000, an 11% increase) and Malaysia (79 new deaths; 0.2 new deaths per 100 000, a 56% increase).

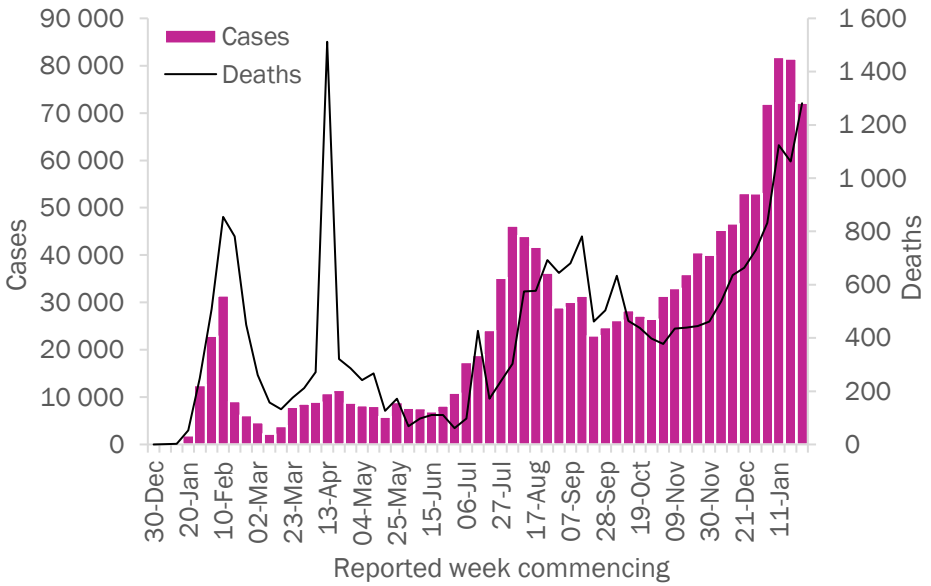


Table 2. COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories and areas, and WHO Region, as of 31 January 2021**

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
Africa	**108 391**	**2 570 474**	**229.1**	**4 602**	**62 504**	**5.6**	
South Africa	44 397	1 449 236	2 443.5	3 377	43 951	74.1	Community transmission
Nigeria	9 955	130 557	63.3	83	1 578	0.8	Community transmission
Zambia	8 760	53 352	290.2	118	745	4.1	Community transmission
Mozambique	6 077	37 705	120.6	66	363	1.2	Community transmission
Ghana	5 312	65 427	210.6	44	405	1.3	Community transmission
Malawi	5 058	23 497	122.8	217	687	3.6	Community transmission
Ethiopia	3 723	137 021	119.2	28	2 091	1.8	Community transmission
Botswana	2 663	21 293	905.5	46	134	5.7	Community transmission
Rwanda	2 471	15 118	116.7	21	193	1.5	Community transmission
Zimbabwe	2 264	33 271	223.9	219	1 193	8.0	Community transmission
Algeria	1 753	107 122	244.3	27	2 888	6.6	Community transmission
Senegal	1 753	26 213	156.6	52	621	3.7	Community transmission
Namibia	1 615	33 828	1 331.3	33	350	13.8	Community transmission
Côte d'Ivoire	1 566	28 178	106.8	7	152	0.6	Community transmission
Eswatini	1 336	15 666	1 350.3	104	562	48.4	Community transmission
Kenya	777	100 675	187.2	15	1 755	3.3	Community transmission
Democratic Republic of the Congo	735	22 603	25.2	11	671	0.7	Community transmission
Lesotho	622	8 278	386.4	37	160	7.5	Community transmission
Burkina Faso	613	10 580	50.6	11	120	0.6	Community transmission
Cabo Verde	567	13 981	2 514.6	9	133	23.9	Community transmission
Uganda	489	39 533	86.4	7	324	0.7	Community transmission
Gabon	470	10 748	482.9	1	68	3.1	Community transmission
Comoros	458	2 718	312.6	20	90	10.3	Community transmission
Madagascar	442	18 743	67.7	6	279	1.0	Community transmission
Angola	415	19 782	60.2	7	464	1.4	Community transmission
Sierra Leone	408	3 528	44.2	2	79	1.0	Community transmission

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
Togo	405	5 041	60.9	3	77	0.9	Community transmission
Mauritania	238	16 460	354.0	8	418	9.0	Community transmission
Chad	210	3 347	20.4	3	118	0.7	Community transmission
Eritrea	195	2 135	60.2	1	7	0.2	Sporadic cases
Niger	195	4 516	18.7	8	159	0.7	Community transmission
South Sudan	188	3 961	35.4	0	64	0.6	Community transmission
Guinea	175	14 475	110.2	1	82	0.6	Community transmission
Burundi	160	1 632	13.7	0	2	0.0	Community transmission
Seychelles	153	1 186	1 205.9	0	3	3.1	Clusters of cases
Benin	143	3 786	31.2	0	48	0.4	Community transmission
Gambia	132	4 090	169.2	0	128	5.3	Community transmission
Equatorial Guinea	115	5 516	393.2	0	86	6.1	Community transmission
Mali	104	8 069	39.8	7	330	1.6	Community transmission
Congo	93	7 887	142.9	0	117	2.1	Community transmission
Guinea-Bissau	92	2 623	133.3	0	45	2.3	Community transmission
Sao Tome and Principe	74	1 256	573.1	0	17	7.8	Community transmission
Liberia	25	1 939	38.3	0	84	1.7	Community transmission
Mauritius	12	568	44.7	0	10	0.8	Sporadic cases
Central African Republic	1	4 981	103.1	0	63	1.3	Community transmission
Cameroon	0	29 617	111.6	0	462	1.7	Community transmission
United Republic of Tanzania	0	509	0.9	0	21	0.0	Pending
Territories[iii]							
Mayotte	687	8 231	3 017.1	2	61	22.4	Clusters of cases
Réunion	295	9 996	1 116.5	1	46	5.1	Clusters of cases
Americas	**1 888 070**	**45 345 051**	**4 433.5**	**47 277**	**1 047 171**	**102.4**	
United States of America	1 072 287	25 676 612	7 757.2	22 506	433 173	130.9	Community transmission
Brazil	364 593	9 118 513	4 289.9	7 423	222 666	104.8	Community transmission
Mexico	109 603	1 841 893	1 428.6	8 965	156 579	121.4	Community transmission
Colombia	90 215	2 077 633	4 083.2	2 698	53 284	104.7	Community transmission
Argentina	61 532	1 915 362	4 237.9	1 200	47 775	105.7	Community transmission

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
Peru	37 779	1 125 875	3 414.7	1 259	40 686	123.4	Community transmission
Canada	33 386	770 793	2 042.3	973	19 801	52.5	Community transmission
Chile	28 253	722 900	3 781.6	485	18 339	95.9	Community transmission
Bolivia (Plurinational State of)	15 135	213 392	1 828.1	355	10 226	87.6	Community transmission
Ecuador	11 547	249 779	1 415.7	255	14 851	84.2	Community transmission
Panama	10 460	318 253	7 375.9	241	5 221	121.0	Community transmission
Dominican Republic	10 046	212 553	1 959.4	133	2 646	24.4	Community transmission
Honduras	6 928	146 110	1 475.2	136	3 575	36.1	Community transmission
Paraguay	5 516	131 886	1 849.1	108	2 693	37.8	Community transmission
Guatemala	5 228	159 118	888.2	162	5 618	31.4	Community transmission
Cuba	5 047	25 674	226.7	22	213	1.9	Clusters of cases
Uruguay	4 359	40 529	1 166.7	61	425	12.2	Community transmission
Costa Rica	3 968	193 276	3 794.1	86	2 604	51.1	Community transmission
Venezuela (Bolivarian Republic of)	2 981	125 776	442.3	41	1 177	4.1	Community transmission
El Salvador	1 317	53 989	832.4	63	1 614	24.9	Community transmission
Jamaica	755	15 527	524.4	12	348	11.8	Community transmission
Haiti	434	11 533	101.1	2	245	2.1	Community transmission
Saint Lucia	425	1 195	650.8	3	13	7.1	Sporadic cases
Suriname	419	8 364	1 425.8	6	154	26.3	Clusters of cases
Guyana	385	7 528	957.1	5	175	22.2	Clusters of cases
Barbados	255	1 498	521.3	3	12	4.2	Community transmission
Belize	177	11 877	2 987.0	11	301	75.7	Community transmission
Saint Vincent and the Grenadines	176	896	807.6	0	2	1.8	Clusters of cases
Trinidad and Tobago	77	7 533	538.3	1	134	9.6	Community transmission
Bahamas	64	8 174	2 078.6	1	176	44.8	Clusters of cases
Nicaragua	39	4 992	75.4	1	169	2.6	Community transmission
Antigua and Barbuda	23	218	222.6	1	7	7.1	Sporadic cases
Dominica	4	117	162.5	0	0	0.0	Clusters of cases

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
Saint Kitts and Nevis	2	37	69.6	0	0	0.0	Sporadic cases
Grenada	1	148	131.5	0	1	0.9	Sporadic cases
Territories[iii]							
Puerto Rico	3 333	93 406	3 265.0	52	1 823	63.7	Community transmission
French Guiana	419	16 083	5 384.7	0	76	25.4	Community transmission
Aruba	235	6 858	6 423.4	6	58	54.3	Community transmission
Turks and Caicos Islands	215	1 459	3 768.3	1	8	20.7	Clusters of cases
Sint Maarten	114	1 822	4 248.9	0	27	63.0	Community transmission
Guadeloupe	100	9 156	2 288.3	0	157	39.2	Community transmission
Saint Martin	98	1 289	3 334.3	0	12	31.0	Community transmission
United States Virgin Islands	63	2 398	2 296.4	0	24	23.0	Community transmission
Curaçao	37	4 574	2 787.4	0	20	12.2	Community transmission
Bonaire	12	362	1 730.8	0	3	14.3	Community transmission
Cayman Islands	7	390	593.4	0	2	3.0	Sporadic cases
Bermuda	5	691	1 109.6	0	12	19.3	Sporadic cases
British Virgin Islands	4	141	466.3	0	1	3.3	Clusters of cases
Saint Pierre and Miquelon	4	24	414.2	0	0	0.0	Clusters of cases
Falkland Islands (Malvinas)	3	40	1 148.4	0	0	0.0	No cases
Saint Barthélemy	3	379	3 834.1	0	0	0.0	Sporadic cases
Anguilla	2	17	113.3	0	0	0.0	Sporadic cases
Martinique	0	6 370	1 697.5	0	44	11.7	Community transmission
Montserrat	0	13	260.1	0	1	20.0	No cases
Saba	0	6	310.4	0	0	0.0	Sporadic cases
Sint Eustatius	0	20	637.1	0	0	0.0	Sporadic cases
Eastern Mediterranean	**161 943**	**5 669 940**	**775.8**	**3 272**	**134 189**	**18.4**	
Iran (Islamic Republic of)	44 699	1 411 731	1 680.8	595	57 889	68.9	Community transmission
United Arab Emirates	26 285	300 661	3 039.9	55	838	8.5	Community transmission
Lebanon	22 326	298 913	4 379.4	751	3 031	44.4	Community transmission
Pakistan	12 396	543 214	245.9	376	11 623	5.3	Community transmission
Tunisia	12 154	207 468	1 755.4	526	6 680	56.5	Community transmission

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
Jordan	6 155	325 674	3 191.9	87	4 304	42.2	Community transmission
Iraq	6 052	618 922	1 538.7	53	13 041	32.4	Community transmission
Libya	5 110	117 650	1 712.2	105	1 842	26.8	Community transmission
Morocco	4 922	470 691	1 275.2	131	8 259	22.4	Clusters of cases
Egypt	4 275	165 418	161.6	361	9 263	9.1	Clusters of cases
Kuwait	3 721	164 622	3 854.8	7	959	22.5	Community transmission
Bahrain	3 170	102 626	6 031.2	5	372	21.9	Clusters of cases
Qatar	2 212	150 984	5 240.6	0	248	8.6	Community transmission
Saudi Arabia	1 628	367 813	1 056.5	22	6 372	18.3	Sporadic cases
Oman	1 242	133 728	2 618.7	10	1 527	29.9	Community transmission
Sudan	579	29 449	67.2	69	1 807	4.1	Community transmission
Syrian Arab Republic	441	13 998	80.0	37	916	5.2	Community transmission
Afghanistan	428	55 023	141.3	22	2 400	6.2	Clusters of cases
Somalia	30	4 784	30.1	0	130	0.8	Community transmission
Djibouti	13	5 931	600.3	1	62	6.3	Clusters of cases
Yemen	2	2 124	7.1	0	616	2.1	Community transmission
Territories[iii]							
occupied Palestinian territory	4 103	178 516	3 499.3	59	2 010	39.4	Community transmission
Europe	**1 255 352**	**34 276 814**	**3 672.2**	**36 674**	**745 590**	**79.9**	
The United Kingdom	178 629	3 796 092	5 591.9	8 242	105 571	155.5	Community transmission
France	141 092	3 126 351	4 789.6	2 982	75 466	115.6	Community transmission
Russian Federation	131 039	3 850 439	2 638.5	3 720	73 182	50.1	Clusters of cases
Spain	109 866	2 705 001	5 785.5	1 153	57 806	123.6	Community transmission
Italy	86 598	2 541 783	4 203.9	3 117	88 279	146.0	Clusters of cases
Portugal	86 549	711 018	6 973.0	1 985	12 179	119.4	Clusters of cases
Germany	81 427	2 216 363	2 645.3	5 075	56 945	68.0	Community transmission
Czechia	47 157	984 774	9 195.8	939	16 308	152.3	Community transmission
Turkey	46 573	2 470 901	2 929.7	932	25 865	30.7	Community transmission

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
Israel	45 194	637 242	7 362.2	406	4 722	54.6	Community transmission
Poland	37 940	1 513 385	3 998.7	1 817	37 180	98.2	Community transmission
Netherlands	31 069	974 761	5 688.8	455	13 958	81.5	Community transmission
Ukraine	27 643	1 219 455	2 788.4	846	22 707	51.9	Community transmission
Romania	17 724	726 918	3 778.6	542	18 264	94.9	Community transmission
Sweden	16 073	566 957	5 613.8	76	11 591	114.8	Community transmission
Belgium	15 503	710 153	6 127.5	283	21 092	182.0	Community transmission
Slovakia	13 437	249 913	4 577.5	574	4 642	85.0	Clusters of cases
Serbia	11 612	393 897	5 656.4	132	4 000	57.4	Community transmission
Belarus	10 711	246 570	2 609.4	69	1 708	18.1	Community transmission
Kazakhstan	9 953	235 844	1 256.0	91	3 126	16.6	Clusters of cases
Austria	9 705	409 892	4 551.1	318	7 636	84.8	Community transmission
Ireland	9 119	195 303	3 955.3	345	3 292	66.7	Community transmission
Slovenia	8 593	166 473	8 007.6	124	3 752	180.5	Clusters of cases
Switzerland	8 120	518 759	5 994.0	138	8 601	99.4	Community transmission
Hungary	8 012	367 586	3 805.1	556	12 524	129.6	Community transmission
Lithuania	5 915	182 539	6 705.3	154	2 803	103.0	Community transmission
Albania	5 810	77 251	2 684.4	59	1 369	47.6	Clusters of cases
Latvia	5 212	65 708	3 483.6	83	1 180	62.6	Community transmission
Greece	4 827	156 473	1 501.2	157	5 779	55.4	Community transmission
Georgia	4 593	258 111	6 470.3	123	3 178	79.7	Community transmission
Denmark	4 178	198 095	3 420.0	137	2 106	36.4	Community transmission
Bulgaria	3 922	218 618	3 146.3	217	9 028	129.9	Clusters of cases
Republic of Moldova	3 576	159 513	3 954.3	87	3 434	85.1	Community transmission
Croatia	3 506	232 426	5 661.7	200	5 027	122.5	Community transmission
Estonia	3 492	44 208	3 332.6	43	419	31.6	Clusters of cases
Montenegro	3 034	61 719	9 826.8	37	805	128.2	Clusters of cases
Finland	2 068	44 402	801.4	23	671	12.1	Community transmission
Bosnia and Herzegovina	2 051	121 891	3 715.3	127	4 696	143.1	Community transmission
North Macedonia	2 047	92 518	4 440.8	69	2 848	136.7	Community transmission

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
Norway	2 010	62 575	1 154.3	19	563	10.4	Community transmission
Azerbaijan	1 378	230 066	2 269.1	54	3 126	30.8	Clusters of cases
Malta	1 245	17 903	4 054.6	16	267	60.5	Clusters of cases
Armenia	990	167 026	5 636.6	41	3 080	103.9	Community transmission
Luxembourg	966	50 547	8 074.9	15	579	92.5	Community transmission
Cyprus	883	30 770	2 548.5	14	197	16.3	Clusters of cases
Kyrgyzstan	629	84 529	1 295.6	12	1 412	21.6	Clusters of cases
Andorra	386	9 885	12 793.6	5	101	130.7	Community transmission
Uzbekistan	336	78 711	235.2	0	621	1.9	Clusters of cases
San Marino	151	3 025	8 913.3	2	67	197.4	Community transmission
Monaco	130	1 475	3 758.5	4	12	30.6	Sporadic cases
Liechtenstein	50	2 561	6 715.3	0	46	120.6	Sporadic cases
Iceland	21	6 002	1 758.9	0	29	8.5	Community transmission
Holy See	0	26	3 213.8	0	0	0.0	Sporadic cases
Tajikistan	0	13 714	143.8	0	91	1.0	Pending
Territories[iii]							
Kosovo	2 235	59 891	3 219.3	42	1 482	79.7	Community transmission
Gibraltar	191	4 096	12 157.5	14	73	216.7	Clusters of cases
Guernsey	139	449	710.5	0	13	20.6	Community transmission
Jersey	39	3 143	2 888.8	3	66	60.7	Community transmission
Faroe Islands	2	654	1 338.4	0	1	2.0	Sporadic cases
Isle of Man	2	434	510.4	0	25	29.4	No cases
Greenland	0	30	52.8	0	0	0.0	No cases
South-East Asia	**200 219**	**12 856 723**	**636.0**	**3 258**	**197 707**	**9.8**	
India	91 650	10 746 183	778.7	935	154 274	11.2	Clusters of cases
Indonesia	88 839	1 066 313	389.8	2 064	29 728	10.9	Community transmission
Sri Lanka	5 706	63 293	295.6	33	313	1.5	Clusters of cases
Thailand	5 282	18 782	26.9	4	77	0.1	Clusters of cases

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
Bangladesh	3 444	534 770	324.7	108	8 111	4.9	Community transmission
Myanmar	2 766	139 864	257.1	80	3 125	5.7	Clusters of cases
Nepal	1 674	270 854	929.6	33	2 027	7.0	Clusters of cases
Maldives	851	15 736	2 911.1	1	51	9.4	Clusters of cases
Bhutan	4	858	111.2	0	1	0.1	Clusters of cases
Timor-Leste	3	70	5.3	0	0	0.0	Sporadic cases
Western Pacific	**72 135**	**1 420 024**	**72.3**	**1 281**	**24 588**	**1.3**	
Malaysia	29 206	209 661	647.8	79	746	2.3	Clusters of cases
Japan	26 081	386 742	305.8	635	5 654	4.5	Clusters of cases
Philippines	11 837	523 516	477.7	479	10 669	9.7	Community transmission
Republic of Korea	3 122	78 203	152.5	71	1 420	2.8	Clusters of cases
China	946	100 877	6.9	13	4 823	0.3	Clusters of cases
Singapore	247	59 507	1 017.2	0	29	0.5	Sporadic cases
Viet Nam	233	1 781	1.8	0	35	0.0	Clusters of cases
Mongolia	131	1 742	53.1	0	2	0.1	Clusters of cases
Australia	45	28 806	113.0	0	909	3.6	Clusters of cases
New Zealand	21	1 947	40.4	0	25	0.5	Clusters of cases
Cambodia	7	465	2.8	0	0	0.0	Sporadic cases
Brunei Darussalam	5	180	41.1	0	3	0.7	Sporadic cases
Papua New Guinea	2	851	9.5	0	9	0.1	Community transmission
Lao People's Democratic Republic	1	44	0.6	0	0	0.0	Sporadic cases
Fiji	0	55	6.1	0	2	0.2	Sporadic cases
Solomon Islands	0	17	2.5	0	0	0.0	No cases
Territories[iii]							
French Polynesia	208	18 060	6 429.2	3	131	46.6	Sporadic cases
Guam	39	7 379	4 372.1	1	129	76.4	Clusters of cases
New Caledonia	3	47	16.5	0	0	0.0	Sporadic cases
Wallis and Futuna	1	5	44.5	0	0	0.0	Sporadic cases
Marshall Islands	0	4	6.8	0	0	0.0	No cases

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
Northern Mariana Islands (Commonwealth of the)	0	132	229.3	0	2	3.5	Pending
Samoa	0	2	1.0	0	0	0.0	No cases
Vanuatu	0	1	0.3	0	0	0.0	No cases
Global	**3 686 110**	**102 139 771**	**1 310.3**	**96 364**	**2 211 762**	**28.4**	

See *data, table and figure notes*

Key Weekly Updates

WHO Director-General Dr Tedros remarks

On health workers and older people
"I leave you with the challenge I set at the beginning of the week: together, we must ensure that vaccination of health workers and older people is underway in all countries within the first 100 days of this year." Closing remarks at 148th session of the Executive Board

On vaccine equity
"Vaccine nationalism is self-defeating and inefficient, leaving the world's poorest and most vulnerable people at risk." The Director-General recommended three urgent actions: "First, prompt and equitable dose sharing is critical if we are to overcome this pandemic. Second, we need support to close the funding gap of 26 billion US dollars for the ACT Accelerator this year, including 7.8 billion dollars for COVAX. If fully funded, the ACT Accelerator would return up to 166 US dollars for every dollar invested. And third, even as we work to end the pandemic, we must learn the lessons it is teaching us." NORAD Conference 2021, panel: Vaccine nationalism and global distribution and Closing remarks at 148th session of the Executive Board

Therapeutics and vaccines
"We have identified dexamethasone to treat severe disease, which is being stockpiled for use in low and lower-middle income countries.

And the development and approval of safe and effective vaccines less than a year after the emergence of this new virus is a stunning scientific achievement. It gives us all a much-needed source of hope." Debate on the report "COVID-19 vaccines: ethical, legal and practical considerations

Moderna vaccine

The Moderna COVID-19 (mRNA-1273) vaccine: what you need to know

Interim recommendations for use of the Moderna mRNA-1273 vaccine against COVID-19

Testing

WHO publishes new Essential Diagnostics List and urges countries to prioritize investments in testing

The selection and use of essential in vitro diagnostics - TRS 1031

COVID-19 and oral health-care

New videos explain how to prevent COVID-19 infection in oral health-care services

Publications

COVID-19 Clinical management: living guidance

Laboratory biosafety guidance related to coronavirus disease (COVID-19): Interim guidance

Technical guidance and other resources

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

Recommendations and advice for the public

- Protect yourself
- Questions and answers
- Travel advice
- EPI-WIN: tailored information for individuals, organizations and communities

Data, table and figure notes

Data presented are based on official laboratory-confirmed COVID-19 case and deaths reported to WHO by country/territories/areas, largely based upon WHO case definitions and surveillance guidance. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change, and caution must be taken when interpreting these data as several factors influence the counts presented, with variable underestimation of true case and death incidence, and variable delays to reflecting these data at global level. Case detection, inclusion criteria, testing strategies, reporting practices, and data cut-off and lag times differ between countries/territories/areas. A small number of countries/territories/areas report combined probable and laboratory-confirmed cases. Differences are to be expected between information products published by WHO, national public health authorities, and other sources. Due to public health authorities conducting data reconciliation exercises which remove large numbers of cases or deaths from their total counts, negative numbers may be displayed in the new cases/deaths columns as appropriate. When additional details become available that allow the subtractions to be suitably apportioned to previous days, graphics will be updated accordingly. See the log of major changes and errata for details. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data.
Global totals include 745 cases and 13 deaths reported from international conveyances.

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

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

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

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

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

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