COVID-19 Weekly Epidemiological Update

Edition 44, published 15 June 2021

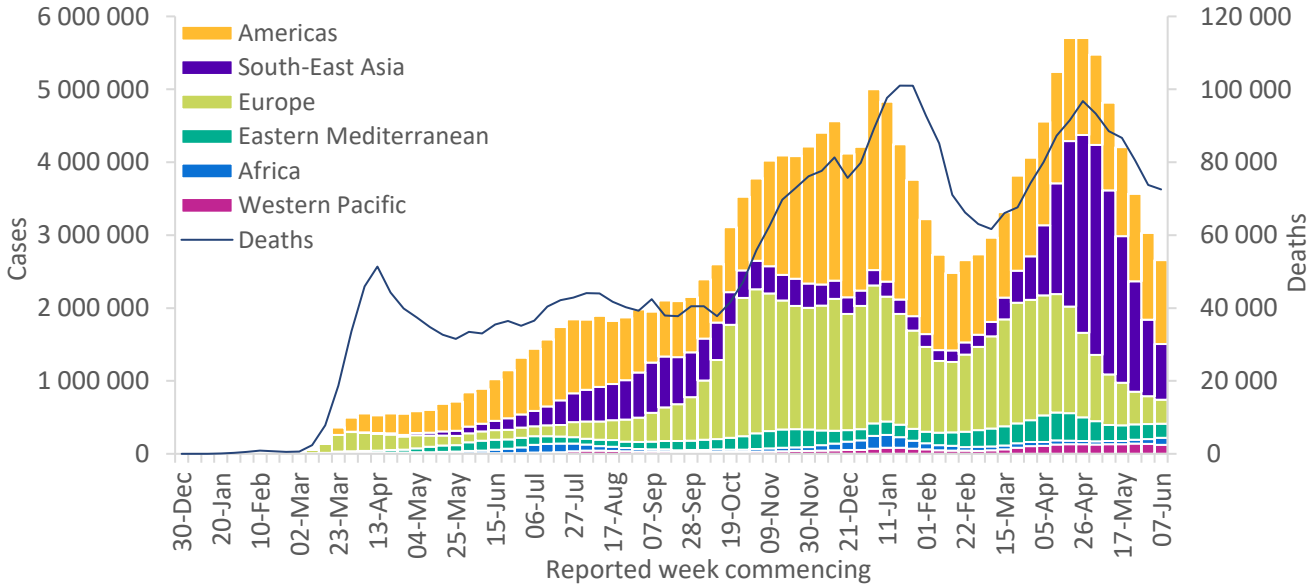
In this edition:

Global overview

Data as of 13 June 2021

Global numbers of cases and deaths continued to decrease over the past week (7-13 June 2021) with over 2.6 million new weekly cases and over 72 000 deaths, a 12% and a 2% decrease respectively, compared to the previous week (Figure 1). While the number of cases reported globally now exceeds 175 million, last week saw the lowest weekly case incidence since February 2021. Declines in the number of new weekly cases were reported across all Regions except for the African Region. The South-East Asia, European and Western Pacific Regions reported marked declines in the number of new cases in the past week, whereas the Region of the Americas and the Eastern Mediterranean Region reported similar numbers as compared to the previous week (Table 1). While the number of new deaths reported in the past week decreased across all Regions except for the African and the South-East Asia Regions, globally mortality remains high with more than 10 000 deaths reported each day. While the epidemics in some of the most affected countries have started to show signs of slowing down, and the global weekly mortality rate continues to decline for a sixth consecutive week, many countries across all WHO Regions continue to struggle with access to vaccines, the spread of emerging SARS-CoV-2 variants, and overburdened healthcare systems.

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 13 June 2021**



**See *Annex 3: Data, table and figure notes*

The highest numbers of new cases were reported from India (630 650 new cases; 31% decrease), Brazil (454 710 new cases; similar to the previous week), Argentina (177 693 new cases; 17% decrease), Colombia (176 661 new cases; similar to the previous week) and the United States of America (105 019 new cases; 6% increase).

Table 1. Newly reported and cumulative COVID-19 cases and deaths, by WHO Region, as of 13 June 2021**

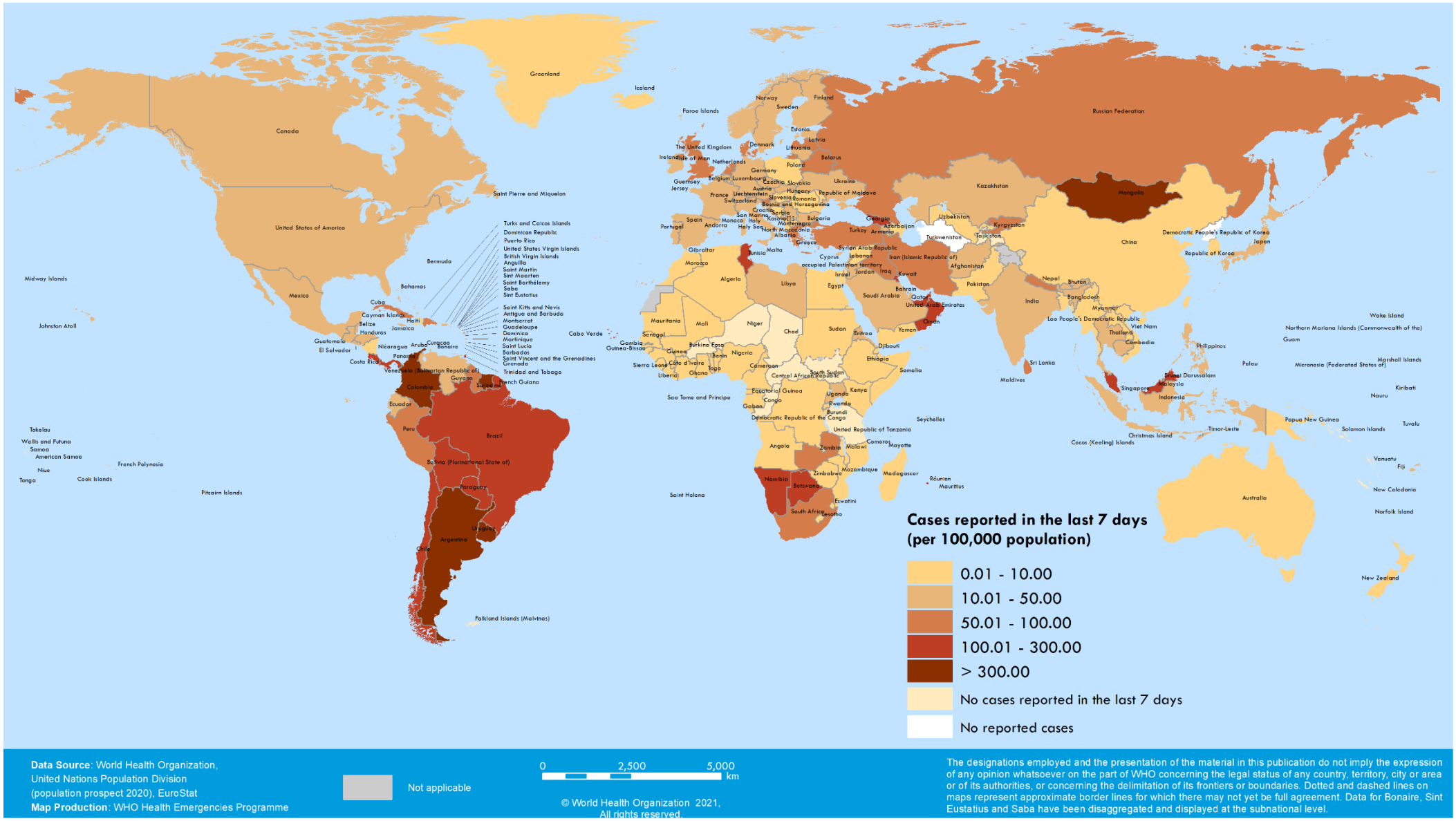
WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days *	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days *	Cumulative deaths (%)
Americas	1 148 857 (43%)	-4%	69 519 254 (40%)	31 902 (44%)	-7%	1 826 772 (48%)
Europe	332 656 (13%)	-13%	54 988 102 (31%)	7 248 (10%)	-17%	1 166 500 (31%)
South-East Asia	763 305 (29%)	-27%	33 432 290 (19%)	26 324 (36%)	12%	451 838 (12%)
Eastern Mediterranean	191 794 (7%)	-5%	10 470 698 (6%)	3 353 (5%)	-4%	208 498 (5%)
Africa	95 151 (4%)	44%	3 658 976 (2%)	1 400 (2%)	20%	89 674 (2%)
Western Pacific	124 019 (5%)	-10%	3 263 070 (2%)	2 301 (3%)	-7%	49 935 (1%)
Global	**2 655 782 (100%)**	**-12%**	**175 333 154 (100%)**	**72 528 (100%)**	**-2%**	**3 793 230 (100%)**

**Percent change in the number of newly confirmed cases/deaths in past seven days, compared to seven days prior*
**See *Annex 3: Data, table and figure notes*

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

- WHO COVID-19 Dashboard
- WHO COVID-19 Weekly Operational Update and previous editions of the Weekly Epidemiological Update

Figure 2. COVID-19 cases per 100 000 population reported by countries, territories and areas, 7 – 13 June 2021**



**See *Annex 3: Data, table and figure notes*

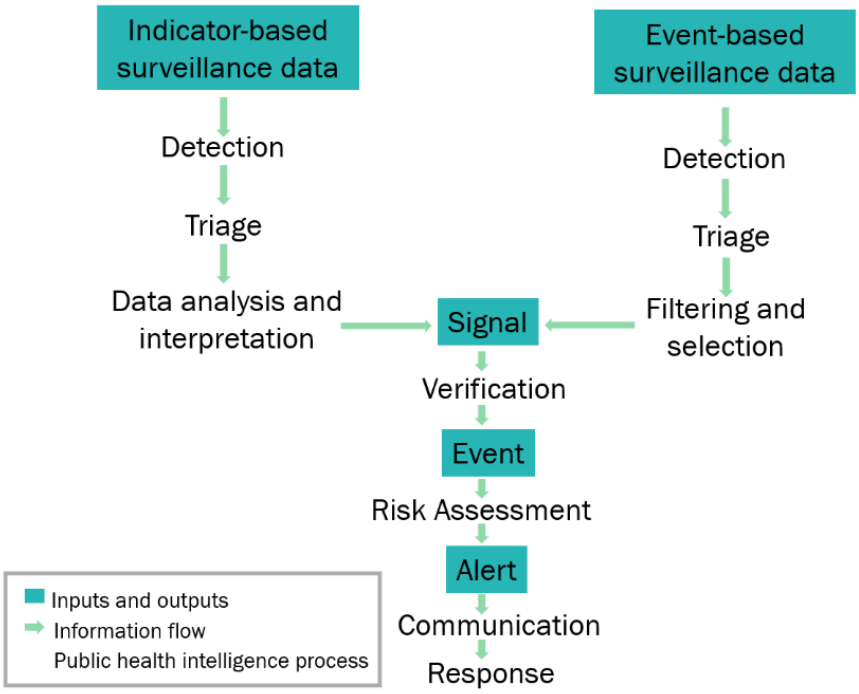
Special focus: Strengthening public health intelligence through event-based surveillance – learning from the COVID-19 pandemic

Public health intelligence and event-based surveillance

Public health intelligence (PHI) is a conceptual framework that encompasses all activities that relate to the detection, verification, assessment, investigation and communication of information on events that pose a potential risk to human health (e.g., disease, natural disaster, chemical exposure). PHI serves as an early warning and response system, which is informed by indicator-based surveillance (IBS), which uses structured data from formal sources, and event-based surveillance (EBS) which uses informal sources such as media articles, hotlines and community reports, in order to detect acute public health events and/or risks.

EBS aims to rapidly collect, monitor, assess and interpret information in an organized manner and complement information derived from IBS. EBS involves the detection, triaging (filtering and selection) and verification of new public health threats as well as relevant changes in ongoing events. It also triggers risk assessments that may consequently lead to a response (Figure 3). Successful EBS depends on efficient networks, timely information sharing, diverse sources, collaboration and buy-in of stakeholders. A signal is information that is collected and triaged as a potential public health risk and can include changes in an ongoing event. Signals are rapidly detected from media and community sources to complement IBS data, demonstrating the importance of systematic integration of EBS in PHI. EBS can more readily be established in limited-resource settings compared to IBS, where surveillance structures may be limited or absent.

Figure 3. Processes and information flow for public health intelligence



Modified from Early detection, assessment and response to acute public health events: Implementation of Early Warning and Response with a focus on Event-Based Surveillance Epidemic Intelligence process.

EBS informs the COVID-19 response

In the context of COVID-19, EBS has informed WHO's COVID-19 response by providing important contextualization of epidemiological data in a timely manner. Media monitoring in multiple languages has been the main method for EBS. Signals of interest from around the world are identified, assessed and documented daily based on predefined criteria. These criteria consider changes in epidemiology, virus mutations/variants, testing, impact on vulnerable populations, clusters related to various settings (e.g., workplaces, schools,

prisons and long-term care homes), as well as the implementation of public health and social measures (PHSM), changes in travel patterns and restrictions, social gatherings and events. Criteria are adapted over time depending on emerging knowledge and are tailored to specific needs at global and regional levels. EBS is also used to identify potential areas of concern, by monitoring reports of health system capacity, and to inform estimates of disease dynamics in areas where surveillance or reporting are limited.

The Epidemic Intelligence from Open Sources (EIOS) system is one of the main tools used by WHO to conduct monitoring of publicly available information, including for COVID-19. It is a fit-for-purpose but constantly evolving web-based system designed to augment and accelerate global public health intelligence activities. The core of the EIOS system is developed by the Joint Research Centre of the European Commission based on a long-standing collaboration with WHO. The EIOS system is the technological centerpiece of the broader EIOS initiative, a unique collaboration between various public health stakeholders around the globe. EIOS brings together new and existing initiatives, networks and systems to create a unified all-hazards, One Health approach to early detection, verification, assessment and communication of public health threats using publicly available information.

Evolution of COVID-19 EBS

Since the beginning of the COVID-19 pandemic, the scope and processes for EBS has evolved to reflect the changing response priorities. Early in 2020, during the early weeks and months of the pandemic, EBS media monitoring complemented official reporting of case and death counts through the International Health Regulations (IHR 2005) mechanism. As the pandemic evolved, EBS more regularly identified epidemiological trends in COVID-19 disease patterns, sometimes unusual, that were not readily captured by global indicator-based surveillance. Topics of interest have also evolved over time, such as health systems capacity, the introduction of vaccines, emergence of new variants, unusual clinical presentations and manifestations as well as upsurges in case and deaths in localized areas and among population groups at risk; for example, health care workers, rapid response teams, indigenous populations, children, pregnant women and the elderly.

Consistent and systematic media monitoring, however, has been challenging due to the unprecedentedly high volume of reports and media articles, and the rapid evolution of risks and response needs. In response to these challenges, WHO strengthened the collaboration across all regions throughout 2020 through the shared use of the EIOS system to maximize the use of resources and to jointly address challenges. This collaboration has facilitated information sharing and increased efficiency of work, particularly around detection and assessment of SARS-CoV-2 variants and supported a rapid response.

The COVID-19 pandemic has highlighted an opportunity for new and strengthened collaborations among WHO, Member States and partners, as well as strengthened communication between WHO offices. EBS has provided critical public health intelligence during the COVID-19 pandemic and can continue adapting to align with evolving needs of this pandemic. Sustained, multi-level collaboration is needed to enable continuous adaptation to the changing surveillance landscape and to further improve geographical representativeness of EBS sources. Best practices and lessons learned in EBS during the COVID-19 pandemic can also be applied to strengthen and optimize non-COVID-19 surveillance.

Additional resources

- A Guide to Establishing Event-based Surveillance
- Epidemic Intelligence from Open Sources
- Early detection, assessment and response to acute public health events: Implementation of Early Warning and Response with a focus on Event-Based Surveillance Epidemic Intelligence process

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

WHO, in collaboration with national authorities, institutions and researchers, routinely assess if variants of SARS-CoV-2 alter transmission or disease characteristics, or impact effectiveness of vaccines, therapeutics, diagnostics, or public health and social measures (PHSM) applied by national authorities to control disease spread. Systems have been established to detect "signals" of potential Variants of Concern (VOCs) or Variants of Interest (VOIs) and assess these based on the risk posed to global public health. As these risks evolve, WHO will update lists of global VOIs and VOCs (Table 2) to support setting priorities for surveillance and research, and ultimately guide response strategies.

National authorities may choose to designate other variants of local interest/concern and are encouraged to investigate and report on impacts of these variants. Here we provide updates on classifications of VOCs and VOIs, including a newly designated global VOI – Lambda (lineage C.37) – as well as the updated countries/territories/areas reporting the detection of VOCs.

Table 2: SARS-CoV-2 Variants of Concern (VOCs) and Variants of Interest (VOIs), as of 15 June 2021

WHO label	Pango lineage	GISAID clade	Nextstrain clade	Earliest documented samples	Date of designation
Variants of Concern (VOCs):					
Alpha	B.1.1.7	GRY (formerly GR/501Y.V1)	20I (V1)	United Kingdom, Sep-2020	18-Dec-2020
Beta	B.1.351	GH/501Y.V2	20H (V2)	South Africa, May-2020	18-Dec-2020
Gamma	P.1	GR/501Y.V3	20J (V3)	Brazil, Nov-2020	11-Jan-2021
Delta	B.1.617.2	G/478K.V1	21A	India, Oct-2020	VOI: 4-Apr-2021 VOC: 11-May-2021
Variants of Interest (VOIs):					
Epsilon	B.1.427/ B.1.429	GH/452R.V1	21C	United States of America, Mar-2020	5-Mar-2021
Zeta	P.2	GR/484K.V2	20B/S.484K	Brazil, Apr-2020	17-Mar-2021
Eta	B.1.525	G/484K.V3	21D	Multiple countries, Dec-2020	17-Mar-2021
Theta	P.3	GR/1092K.V1	21E	Philippines, Jan-2021	24-Mar-2021
Iota	B.1.526	GH/253G.V1	21F	United States of America, Nov-2020	24-Mar-2021
Kappa	B.1.617.1	G/452R.V3	21B	India, Oct-2020	4-Apr-2021
Lambda	C.37	GR/452Q.V1	20D	Peru, Aug-2020	14-Jun-2021

VOI Lambda

On 14 June 2021, a variant assigned to Pango lineage C.37, GISAID clade GR/452Q.V1, NextStrain clade 20D, was designated as a global VOI, and assigned the WHO label "Lambda". This variant has been monitored as an alert for an extended period, and upon more information and updated assessments, is now considered as meeting the VOI working definition based upon evidence of continued emergence and suspected phenotypic implications.

Lambda has been associated with substantive rates of community transmission in multiple countries, with rising prevalence over time concurrent with increased COVID-19 incidence. The earliest sequenced samples were reported from Peru in August 2020. As of 15 June 2021, over 1730 sequences have been uploaded to GISAID from 29 countries/territories/areas in five WHO regions.[1] Elevated prevalence has been noted particularly in South America in countries such as Chile (31% overall prevalence among submitted sequences

since first detected in this location to date), Peru (9%), Ecuador (8%), and Argentina (3%).[2] Authorities in Peru reported that 81% of COVID-19 cases sequenced since April 2021 were associated with Lambda.[3] Argentina reported increasing prevalence of Lambda since the third week of February 2021, and between 2 April and 19 May 2021, the variant accounted for 37% of the COVID-19 cases sequenced.[4] In Chile, prevalence of Lambda has increased over time, accounting for 32% of sequenced cases reported in the last 60 days – co-circulating at similar rates to variant Gamma (33%), but outcompeting variant Alpha (4%) over the same period.[5]

Lambda carries a number of mutations with suspected phenotypic implications, such as a potential increased transmissibility or possible increased resistance to neutralizing antibodies.[6] It is characterised by mutations in the spike protein, including G75V, T76I, del247/253, L452Q, F490S, D614G and T859N; however, there is currently limited evidence on the full extent of the impact associated with these genomic changes, and further robust studies into the phenotypic impacts are needed to better understand the impact on countermeasures and to control the spread. Further studies are also required to validate the continued effectiveness of vaccines.

Geographic distribution of VOCs

As surveillance activities to detect SARS-CoV-2 variants are strengthened at local and national levels, including by strategic genomic sequencing and the sharing of sequences and supporting meta-data, the number of countries/areas/territories reporting VOCs has continued to increase (Figure 4). This distribution should be interpreted with due consideration of surveillance limitations, including differences in sequencing capacities and sampling strategies between countries.

WHO recommendations

Virus evolution continues to be expected, and the more SARS-CoV-2 circulates, the more opportunities it has to evolve. Reducing transmission through established and proven disease control methods such as those outlined in the COVID-19 Strategic Preparedness and Response Plan, as well as avoiding introductions into animal populations, are fundamental to and crucial aspects of the global strategy to reduce the occurrence of mutations that have negative public health implications. PHSM remain critical to curb the spread of SARS-CoV-2, including all variants that evolve.

Evidence from multiple countries with extensive transmission of VOCs has indicated that PHSM, including infection prevention and control (IPC) measures in health facilities, have been effective in reducing COVID-19 case incidence, which has led to a reduction in hospitalizations and deaths among COVID-19 patients. National and local authorities are encouraged to continue strengthening existing PHSM, IPC and disease control activities. Authorities are also encouraged to strengthen surveillance and sequencing capacities and apply a systematic approach to provide a representative indication of the extent of transmission of SARS-CoV-2 variants based on the local context, and to detect unusual events.

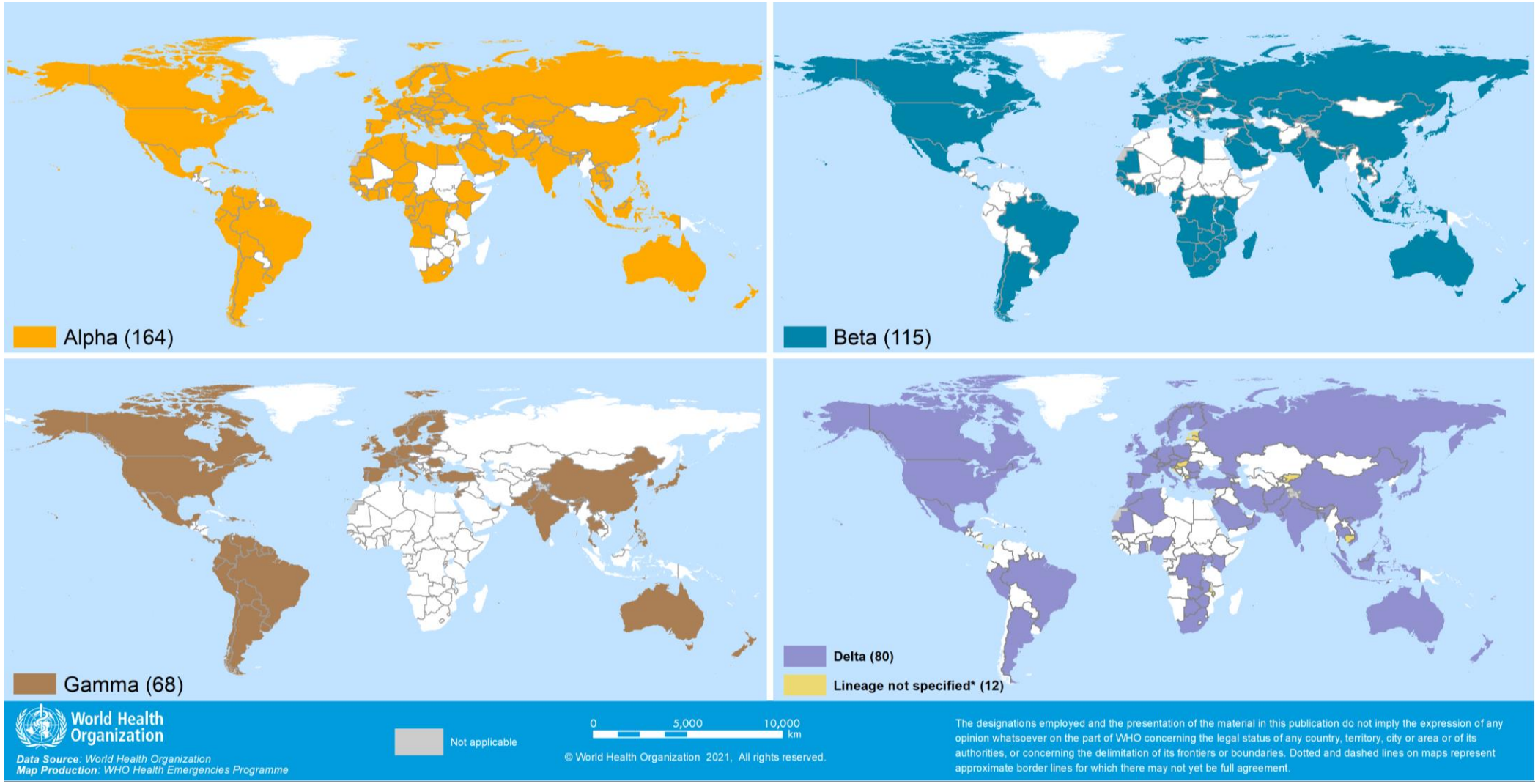
Additional resources

- Tracking SARS-CoV-2 variants
- COVID-19 new variants: Knowledge gaps and research
- Genomic sequencing of SARS-CoV-2: a guide to implementation for maximum impact on public health
- Considerations for implementing and adjusting PHSM in the context of COVID-19
- COVID-19 Situation Reports from WHO Regional Offices and partners: AFRO, AMRO/PAHO, EMRO, EURO/ECDC, SEARO, WPRO
- ACT accelerator diagnostic pillar, FIND test directory

References

1. GISAID. Tracking of variants. www.gisaid.org/hcov19-variants.
2. Latif AA, et al. C.37 Lineage Report. https://outbreak.info/situation-reports?pango=C.37.
3. Peru Ministerio de Salud: Instituto Nacional de Salud. INS confirma presencia de variante C-37 del coronavirus en Perú, 25 Mayo 2021. https://web.ins.gob.pe/index.php/es/prensa/noticia/minsa-ins-confirma-presencia-de-variante-c-37-del-coronavirus-en-peru.
4. Argentina.gob.ar. Vigilancia de variantes de SARS-CoV-2 en CABA, Provincia de Buenos Aires, Córdoba, Entre Ríos, Neuquén y Santa Fe. https://www.argentina.gob.ar/noticias/vigilancia-de-variantes-de-sars-cov-2-en-caba-provincia-de-buenos-aires-cordoba-entre-rios
5. Latif AA, et al. Chile Mutation Report. https://outbreak.info/location-reports?loc=CHL&pango=C.37.
6. Romero PE. et al. (2021). Novel sublineage within B.1.1.1 currently expanding in Peru and Chile, with a convergent deletion in the ORF1a gene (Δ3675-3677) and a novel deletion in the Spike gene (Δ246-252, G75V, T76I, L452Q, F490S, T859N). Virologica.org, 24 Apr 2021.

Figure 4. Countries, territories and areas reporting variants Alpha, Beta, Gamma and Delta, as of 15 June 2021**



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

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

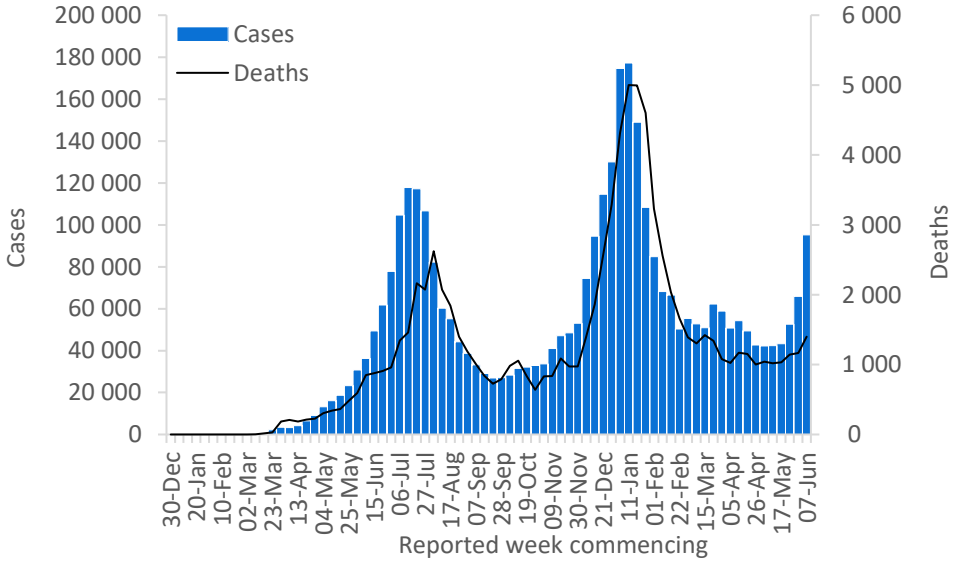
WHO regional overviews

Epidemiological week 7-13 June 2021

African Region

The African Region reported over 95 000 new cases and over 1400 new deaths, a 44% and a 20% increase respectively compared to the previous week. The region reported a marked increase in weekly case incidence for the third consecutive week, with the largest increases in countries in the Southern, Eastern and Northern parts of Africa. The highest numbers of new cases were reported from South Africa (47 934 new cases; 80.8 new cases per 100 000 population; a 48% increase), Zambia (10 792 new cases; 58.7 new cases per 100 000; a 125% increase), and Uganda (8574 new cases; 18.7 new cases per 100 000; a 49% increase).

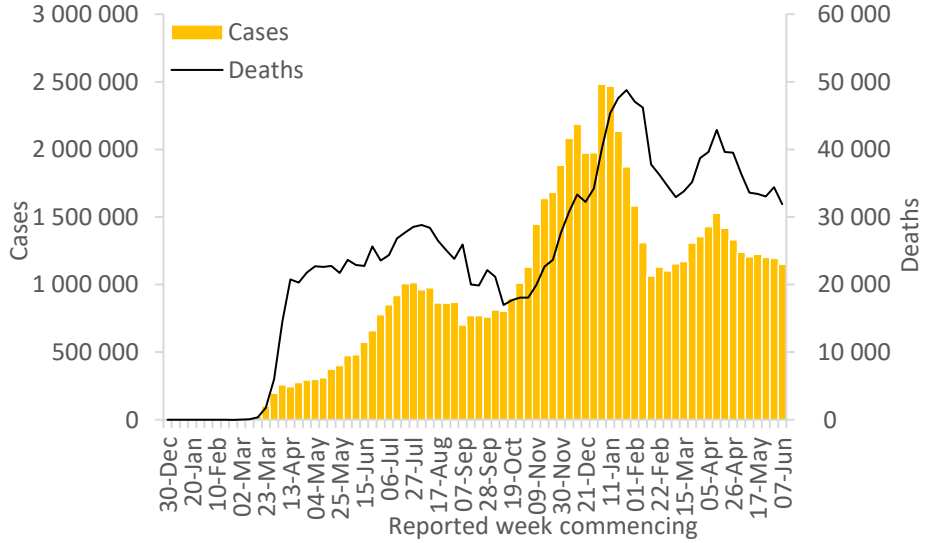
The highest numbers of new deaths were reported from South Africa (724 new deaths; 1.2 new deaths per 100 000 population; a 28% increase), Kenya (132 new deaths; 0.2 new deaths per 100 000; a 7% increase) and Namibia (88 new deaths; 3.5 new deaths per 100 000; a 1% increase).



Region of the Americas

The Region of the Americas reported over 1.1 million new cases, a similar number to the previous week, and just under 32 000 new deaths, a 7% decrease compared to the previous week. Despite this decrease, high levels of transmission and mortality are still being recorded in many countries in South and Central America. The highest numbers of new cases were reported from Brazil (454 710 new cases; 213.9 new cases per 100 000; similar to the previous week), Argentina (177 693 new cases; 393.2 new cases per 100 000; a 17% decrease), and Colombia (176 661 new cases; 347.2 new cases per 100 000; a 1% increase).

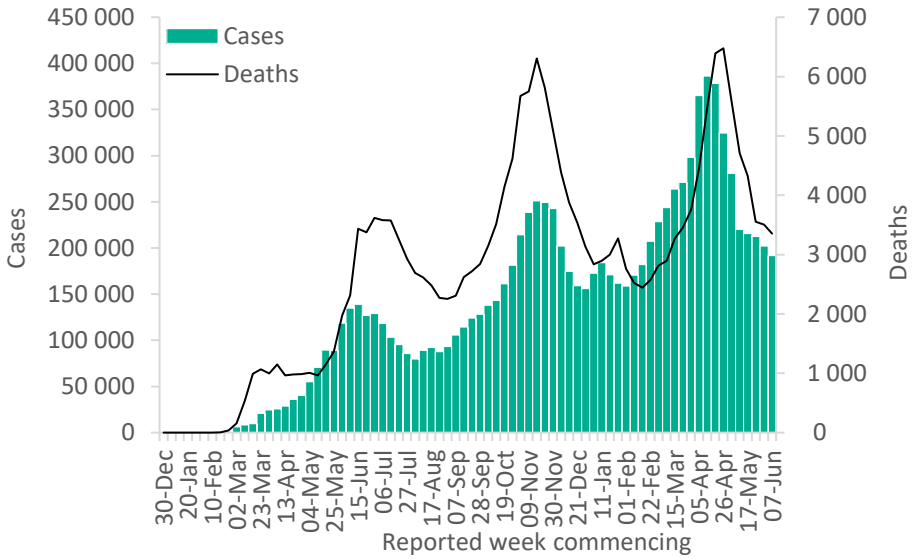
The highest numbers of new deaths were also reported from Brazil (13 393 new deaths; 6.3 new deaths per 100 000; a 14% increase), Argentina (4217 new deaths; 9.3 new deaths per 100 000; a 13% increase), and Colombia (3725 new deaths; 7.3 new deaths per 100 000; similar to the previous week).



Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 191 000 new cases and over 3300 new deaths, a 5% and a 4% decrease respectively compared to the previous week. While declining weekly case incidence trends have been recorded for the eighth consecutive week, a number of countries across the region are starting to report increasing case and death incidence, including Oman, Tunisia and Afghanistan. The highest numbers of new cases were reported from the Islamic Republic of Iran (59 771 new cases; 71.2 new cases per 100 000; an 11% decrease), Iraq (29 013 new cases; 72.1 new cases per 100 000; a 3% increase), and the United Arab Emirates (14 820 new cases; 149.8 new cases per 100 000; a 6% increase).

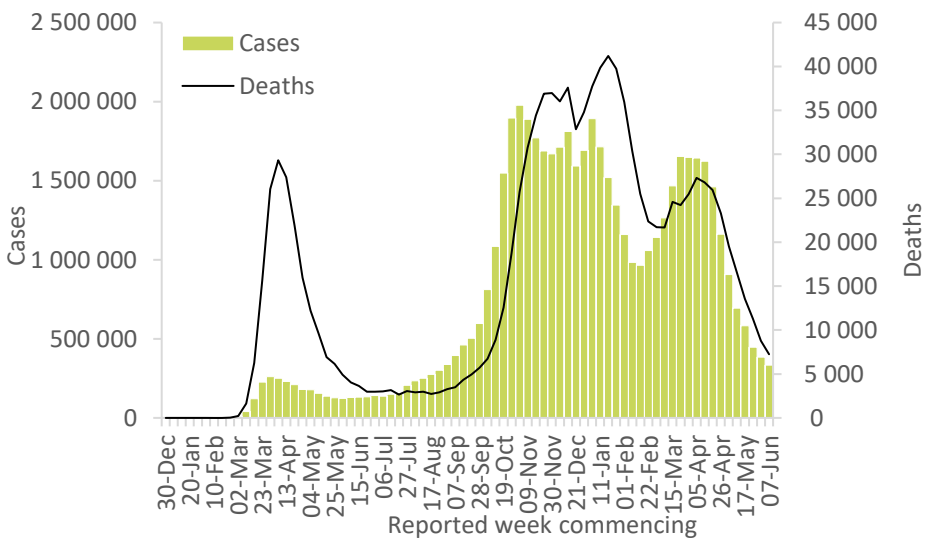
The highest numbers of new deaths were reported from the Islamic Republic of Iran (970 new deaths; 1.2 new deaths per 100 000; a 19% decrease), Tunisia (488 new deaths; 4.1 new deaths per 100 000; a 30% increase), and Pakistan (444 new deaths; 0.2 new deaths per 100 000; a 13% decrease).



European Region

The European Region reported over 332 000 new cases, a 13% decrease when compared to the previous week and a declining trend for the ninth consecutive week. The Region reported over 7200 new deaths, a 17% decrease when compared to the previous week. While most countries across the Region continue to see decreasing or stabilizing trends, some countries, such as the Russian Federation, the United Kingdom and Kyrgyzstan have reported increases in case incidence this week compared to the previous week. The highest numbers of new cases were reported from Russian Federation (82 250 new cases; 56.4 new cases per 100 000; a 31% increase), The United Kingdom (46 825 new cases; 69.0 new cases per 100 000; a 52% increase), and Turkey (42 841 new cases; 50.8 new cases per 100 000; an 8% decrease).

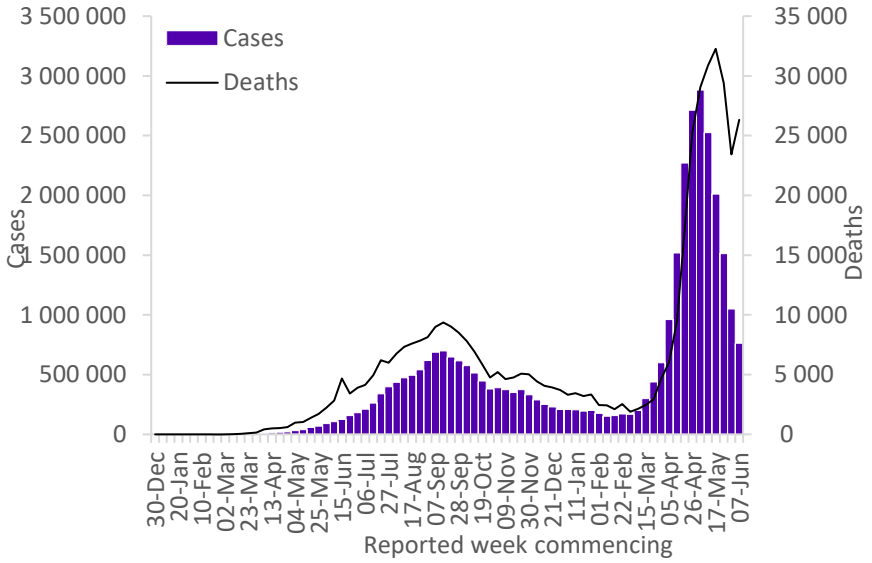
The highest numbers of new deaths were reported from Russian Federation (2643 new deaths; 1.8 new deaths per 100 000; a 1% increase), Germany (612 new deaths; 0.7 new deaths per 100 000; a 25% decrease), and Turkey (600 new deaths; 0.7 new deaths per 100 000; a 25% decrease).



South-East Asia Region

The South-East Asia Region reported over 763 000 new cases, a 27% decrease compared to the previous week. Weekly case incidence has been decreasing sharply for five consecutive weeks, largely driven by decreases in the number of cases in a small number of countries. While the number of newly reported cases continues to decrease in India, Bangladesh has reported an increasing trend in cases for the past four weeks. The Region reported over 26 000 new deaths a 12% increase when compared to the previous week. The highest numbers of new cases were reported from India (630 650 new cases; 45.7 new cases per 100 000; a 31% decrease), Indonesia (55 320 new cases; 20.2 new cases per 100 000; a 38% increase), and Nepal (20 348 new cases; 69.8 new cases per 100 000; a 34% decrease).

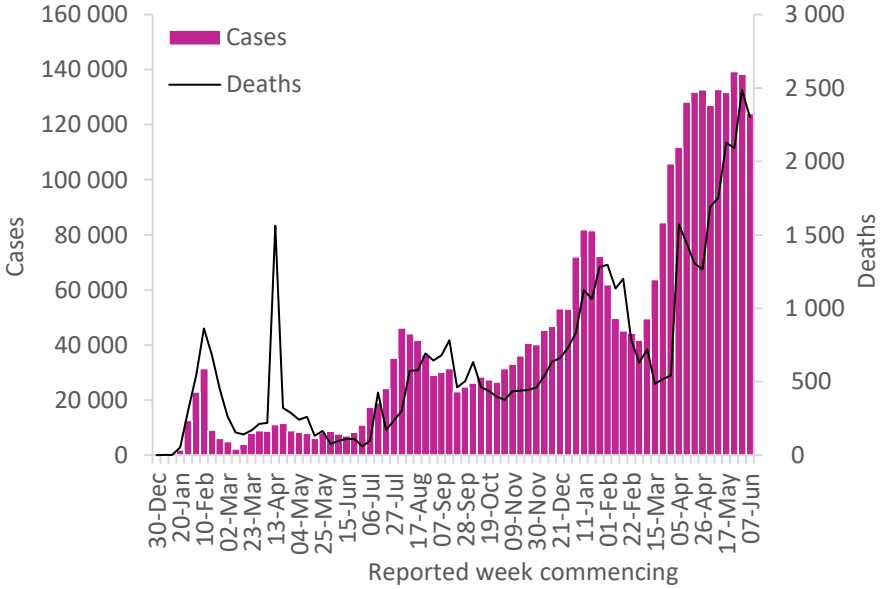
The highest numbers of new deaths were also reported from India (23 625 new deaths; 1.7 new deaths per 100 000; a 14% increase), Indonesia (1267 new deaths; 0.5 new deaths per 100 000; a 5% increase), and Nepal (514 new deaths; 1.8 new deaths per 100 000; an 18% decrease).



Western Pacific Region

The Western Pacific Region reported over 124 000 new cases and over 2300 new deaths, a 10% and a 7% decrease respectively compared to the previous week. While the region has an overall decreasing trend in cases, some countries, including Fiji, Vietnam and Mongolia are reporting increases and peak numbers of cases. The highest numbers of new cases were reported from the Philippines (46 087 new cases; 42.1 new cases per 100 000; a 1% increase), Malaysia (41 630 new cases; 128.6 new cases per 100 000; a 20% decrease), and Japan (13 499 new cases; 10.7 new cases per 100 000; a 28% decrease).

The highest numbers of new deaths were also reported from the Philippines (920 new deaths; 0.8 new deaths per 100 000; a 9% decrease), Malaysia (553 new deaths; 1.7 new deaths per 100 000; a 14% decrease), and Japan (510 new deaths; 0.4 new deaths per 100 000; a 15% decrease).



Key weekly updates

WHO Director-General's key messages

- In his opening remarks at the media briefing on COVID-19 – 14 June 2021, the Director-General highlighted that the global decline in cases of COVID-19 reported to WHO masks a worrying increase in cases and deaths in many countries, and that the steep increase in Africa is especially concerning because it is the region with the least access to vaccines, diagnostics and therapeutic oxygen.
- The emergence of more transmissible variants means public health and social measures (PHSM) may need to be more stringent and applied for longer, particularly in areas where vaccination rates remain low. To improve the evidence base on the effectiveness of PHSM, WHO is collecting data globally on which measures are used and the level at which they are applied. WHO has also established a new working group, with the support of Norway, to study the impact of PHSM during COVID-19 and other health emergencies.
- In his opening remarks at the G7 Summit – 12 June 2021, the Director-General said that to end the pandemic, our shared goal must be to vaccinate at least 70% of the world's population by the time the G7 meets again in Germany in 2022. He welcomed the announcement that the G7 countries will donate 870 million vaccine doses, primarily through COVAX. "This is a big help, but we need more, and we need them faster. More than 10 000 people are dying every day."

Updates and publications

- Young people and COVID-19: Behavioural considerations for promoting safe behaviours
- COVID-19 Vaccine Introduction and deployment Costing tool (CVIC tool)
- Update on WHO Interim recommendations on COVID-19 vaccination of pregnant and lactating women
- Statement for healthcare professionals: How COVID-19 vaccines are regulated for safety and effectiveness
- G7 announces pledges of 870 million COVID-19 vaccine doses, of which at least half to be delivered by the end of 2021
- The ACT Accelerator partnership welcomes commitment of 870 million vaccine doses and calls for more investment in all tools to end the pandemic

Technical guidance and other resources

- Technical guidance
- WHO Coronavirus Disease (COVID-19) Dashboard
- Weekly COVID-19 Operational Updates
- WHO COVID-19 case definitions
- COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update
- Research and Development
- Online courses on COVID-19 in official UN languages and in additional national languages
- The Strategic Preparedness and Response Plan (SPRP) outlining the support the international community can provide to all countries to prepare and respond to the virus
- Updates from WHO regions:
  - African Region
  - Region of the Americas
  - Eastern Mediterranean Region
  - South-East Asia Region
  - European Region
  - Western Pacific Region
- Recommendations and advice for the public:
  - Protect yourself
  - Questions and answers
  - Travel advice
- EPI-WIN: tailored information for individuals, organizations and communities
- WHO Academy COVID-19 mobile learning app

Annex

Annex 1. COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories and areas, and WHO Region, as of 13 June 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	**95 151**	**3 658 976**	**326.1**	**1 400**	**89 674**	**8.0**	
South Africa	47 934	1 739 425	2 932.8	724	57 653	97.2	Community transmission
Zambia	10 792	110 332	600.2	62	1 365	7.4	Community transmission
Uganda	8 574	60 250	131.7	49	423	0.9	Community transmission
Namibia	6 148	64 205	2 526.9	88	993	39.1	Community transmission
Botswana	3 276	62 040	2 638.2	30	896	38.1	Community transmission
Kenya	2 851	175 176	325.8	132	3 396	6.3	Community transmission
Algeria	2 389	133 070	303.5	55	3 565	8.1	Community transmission
Democratic Republic of the Congo	2 153	34 949	39.0	37	834	0.9	Community transmission
Ethiopia	1 223	274 028	238.4	36	4 237	3.7	Community transmission
Seychelles	1 176	13 414	13 639.5	1	43	43.7	Community transmission
Angola	1 006	36 600	111.4	31	825	2.5	Community transmission
Cameroon	975	79 904	301.0	27	1 302	4.9	Community transmission
Zimbabwe	684	39 852	268.1	27	1 632	11.0	Community transmission
Cabo Verde	568	31 571	5 678.4	6	273	49.1	Community transmission
Rwanda	498	27 660	213.6	7	366	2.8	Community transmission
Eritrea	387	4 848	136.7	2	16	0.5	Community transmission
Mozambique	379	71 461	228.6	3	840	2.7	Community transmission
Senegal	321	41 952	250.6	6	1 151	6.9	Community transmission
Ghana	305	94 493	304.1	3	789	2.5	Community transmission
Nigeria	303	167 059	81.0	0	2 117	1.0	Community transmission
Madagascar	263	41 894	151.3	23	882	3.2	Community transmission
Mauritania	255	20 040	431.0	9	475	10.2	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]
Liberia	233	2 484	49.1	7	93	1.8	Community transmission
Côte d'Ivoire	186	47 662	180.7	0	306	1.2	Community transmission
Gabon	145	24 736	1 111.4	2	156	7.0	Community transmission
Sierra Leone	144	4 312	54.1	3	82	1.0	Community transmission
Guinea	134	23 389	178.1	5	167	1.3	Community transmission
Mauritius	114	1 572	123.6	0	18	1.4	Clusters of cases
Burundi	108	5 013	42.2	0	8	0.1	Community transmission
Malawi	101	34 485	180.3	3	1 159	6.1	Community transmission
Eswatini	96	18 732	1 614.6	3	676	58.3	Community transmission
Togo	64	13 597	164.2	1	126	1.5	Community transmission
Mali	53	14 349	70.9	5	523	2.6	Community transmission
Benin	27	8 109	66.9	0	102	0.8	Community transmission
Equatorial Guinea	24	8 650	616.5	2	120	8.6	Community transmission
Lesotho	22	10 859	506.9	0	326	15.2	Community transmission
Guinea-Bissau	15	3 802	193.2	1	69	3.5	Community transmission
Gambia	9	6 008	248.6	1	180	7.4	Community transmission
Comoros	8	3 964	455.8	0	146	16.8	Community transmission
Niger	8	5 446	22.5	0	192	0.8	Community transmission
Burkina Faso	7	13 459	64.4	0	167	0.8	Community transmission
Sao Tome and Principe	4	2 357	1 075.5	0	37	16.9	Community transmission
Chad	3	4 942	30.1	0	174	1.1	Community transmission
Central African Republic	0	7 101	147.0	0	98	2.0	Community transmission
Congo	0	11 920	216.0	0	155	2.8	Community transmission
South Sudan	0	10 688	95.5	0	115	1.0	Community transmission
United Republic of Tanzania	0	509	0.9	0	21	0.0	Pending
Territories[iii]							
Réunion	1 160	27 235	3 042.0	9	212	23.7	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]
Mayotte	26	19 373	7 101.1	0	173	63.4	Community transmission
Americas	**1 148 857**	**69 519 254**	**6 797.1**	**31 902**	**1 826 772**	**178.6**	
Brazil	454 710	17 296 118	8 137.1	13 393	484 235	227.8	Community transmission
Argentina	177 693	4 093 090	9 056.4	4 217	84 628	187.2	Community transmission
Colombia	176 661	3 694 707	7 261.2	3 725	94 615	185.9	Community transmission
United States of America	105 019	33 120 623	10 006.2	2 996	594 272	179.5	Community transmission
Chile	48 726	1 468 992	7 684.5	763	30 579	160.0	Community transmission
Uruguay	24 994	333 484	9 600.2	390	4 906	141.2	Community transmission
Peru	21 890	1 998 056	6 059.9	2 287	188 100	570.5	Community transmission
Bolivia (Plurinational State of)	19 834	403 291	3 454.9	517	15 417	132.1	Community transmission
Paraguay	19 504	387 687	5 435.5	952	10 561	148.1	Community transmission
Mexico	19 189	2 448 820	1 899.3	1 255	229 823	178.3	Community transmission
Costa Rica	11 921	339 900	6 672.4	169	4 322	84.8	Community transmission
Canada	10 208	1 399 716	3 708.6	207	25 886	68.6	Community transmission
Venezuela (Bolivarian Republic of)	9 568	248 820	875.0	99	2 797	9.8	Community transmission
Cuba	8 407	156 238	1 379.4	54	1 057	9.3	Community transmission
Dominican Republic	8 166	307 847	2 837.8	53	3 705	34.2	Community transmission
Guatemala	7 916	269 308	1 503.2	136	8 416	47.0	Community transmission
Ecuador	5 692	437 121	2 477.6	224	20 997	119.0	Community transmission
Panama	5 147	386 269	8 952.3	38	6 427	149.0	Community transmission
Honduras	4 656	245 695	2 480.6	145	6 599	66.6	Community transmission
Trinidad and Tobago	2 305	28 106	2 008.3	88	644	46.0	Community transmission
Suriname	1 790	17 799	3 034.1	58	390	66.5	Community transmission
El Salvador	1 210	75 351	1 161.7	26	2 292	35.3	Community transmission
Guyana	629	18 088	2 299.7	16	419	53.3	Community transmission
Haiti	475	16 079	141.0	18	346	3.0	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]
Jamaica	331	49 232	1 662.6	32	996	33.6	Community transmission
Nicaragua	136	6 085	91.9	1	188	2.8	Community transmission
Belize	77	12 938	3 253.8	0	325	81.7	Community transmission
Bahamas	65	12 052	3 064.8	2	234	59.5	Clusters of cases
Saint Lucia	60	5 168	2 814.4	0	80	43.6	Community transmission
Saint Kitts and Nevis	41	119	223.7	0	0	0.0	Clusters of cases
Saint Vincent and the Grenadines	33	2 101	1 893.8	0	12	10.8	Community transmission
Barbados	4	4 033	1 403.4	0	47	16.4	Community transmission
Dominica	1	189	262.5	0	0	0.0	Clusters of cases
Antigua and Barbuda	0	1 263	1 289.7	0	42	42.9	Clusters of cases
Grenada	0	161	143.1	0	1	0.9	Sporadic cases
Territories[iii]							
French Guiana	781	25 506	8 539.5	12	133	44.5	Community transmission
Puerto Rico	374	139 323	4 870.0	14	2 530	88.4	Community transmission
Guadeloupe	180	17 288	4 320.7	5	265	66.2	Community transmission
United States Virgin Islands	130	3 690	3 533.6	0	28	26.8	Community transmission
Saint Martin	115	2 228	5 763.2	3	25	64.7	Community transmission
Martinique	70	12 130	3 232.4	2	99	26.4	Community transmission
Sint Maarten	63	2 511	5 855.6	3	31	72.3	Community transmission
Aruba	51	11 069	10 367.5	0	107	100.2	Community transmission
Curaçao	15	12 291	7 490.3	1	123	75.0	Community transmission
British Virgin Islands	6	295	975.6	0	1	3.3	Clusters of cases
Cayman Islands	5	592	900.8	0	2	3.0	Sporadic cases
Bermuda	3	2 497	4 009.8	0	33	53.0	Community transmission
Saint Barthélemy	3	1 032	10 440.1	0	1	10.1	Clusters of cases
Bonaire	2	1 591	7 607.0	0	17	81.3	Community transmission
Turks and Caicos Islands	1	2 421	6 252.9	1	18	46.5	Clusters of cases

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
Anguilla	0	109	726.6	0	0	0.0	Clusters of cases
Falkland Islands (Malvinas)	0	63	1 808.8	0	0	0.0	Sporadic cases
Montserrat	0	20	400.1	0	1	20.0	No cases
Saba	0	7	362.1	0	0	0.0	No cases
Saint Pierre and Miquelon	0	25	431.4	0	0	0.0	No cases
Sint Eustatius	0	20	637.1	0	0	0.0	No cases
Eastern Mediterranean	**191 794**	**10 470 698**	**1 432.7**	**3 353**	**208 498**	**28.5**	
Iran (Islamic Republic of)	59 771	3 020 522	3 596.2	970	81 911	97.5	Community transmission
Iraq	29 013	1 250 691	3 109.4	172	16 690	41.5	Community transmission
United Arab Emirates	14 820	596 017	6 026.2	28	1 724	17.4	Community transmission
Tunisia	13 265	367 047	3 105.7	488	13 436	113.7	Community transmission
Afghanistan	10 637	89 861	230.8	382	3 527	9.1	Community transmission
Kuwait	10 551	326 451	7 644.2	23	1 817	42.5	Community transmission
Oman	10 353	233 152	4 565.7	88	2 489	48.7	Community transmission
Pakistan	9 420	939 931	425.5	444	21 633	9.8	Community transmission
Bahrain	8 270	257 852	15 153.7	115	1 206	70.9	Community transmission
Saudi Arabia	8 218	464 780	1 335.0	113	7 553	21.7	Community transmission
Egypt	5 320	272 491	266.3	273	15 582	15.2	Clusters of cases
Jordan	3 512	742 831	7 280.4	66	9 582	93.9	Community transmission
Morocco	2 425	523 620	1 418.6	34	9 207	24.9	Community transmission
Libya	1 809	188 762	2 747.1	21	3 158	46.0	Community transmission
Qatar	1 158	219 613	7 622.7	10	576	20.0	Community transmission
Lebanon	1 100	542 523	7 948.5	36	7 794	114.2	Community transmission
Sudan	300	36 304	82.8	35	2 732	6.2	Clusters of cases
Syrian Arab Republic	150	24 789	141.6	18	1 808	10.3	Community transmission
Yemen	77	6 857	23.0	22	1 347	4.5	Community transmission
Somalia	50	14 779	93.0	1	774	4.9	Community transmission

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
Djibouti	16	11 572	1 171.3	0	154	15.6	Clusters of cases
Territories[iii]							
occupied Palestinian territory	1 559	340 253	6 669.8	14	3 798	74.4	Community transmission
Europe	**332 656**	**54 988 102**	**5 893.3**	**7 248**	**1 166 500**	**125.0**	
Kosovo [1]	85	107 528		5	2 239		Community transmission
Russian Federation	82 250	5 208 687	3 569.2	2 643	126 430	86.6	Clusters of cases
The United Kingdom	46 825	4 558 498	6 714.9	60	127 896	188.4	Community transmission
Turkey	42 841	5 325 435	6 314.3	600	48 668	57.7	Community transmission
France	27 792	5 632 993	8 660.9	403	109 499	168.4	Community transmission
Germany	14 602	3 714 969	4 466.9	612	89 834	108.0	Community transmission
Spain	13 768	3 729 458	7 879.3	69	80 465	170.0	Community transmission
Italy	13 329	4 243 482	7 115.0	504	126 976	212.9	Clusters of cases
Netherlands	10 491	1 671 678	9 603.2	34	17 708	101.7	Community transmission
Ukraine	9 041	2 223 558	5 084.3	497	51 679	118.2	Community transmission
Kazakhstan	7 584	458 452	2 441.6	121	7 586	40.4	Clusters of cases
Belarus	5 831	404 740	4 283.3	69	2 969	31.4	Community transmission
Greece	5 824	414 613	3 868.2	152	12 405	115.7	Community transmission
Belgium	5 203	1 076 337	9 341.2	52	25 088	217.7	Community transmission
Georgia	4 867	353 965	8 873.1	138	5 048	126.5	Community transmission
Portugal	4 706	856 740	8 321.2	13	17 045	165.6	Clusters of cases
Sweden	4 215	1 083 456	10 490.9	5	14 574	141.1	Community transmission
Denmark	3 923	289 559	4 972.9	7	2 525	43.4	Community transmission
Kyrgyzstan	3 397	110 370	1 691.7	43	1 890	29.0	Clusters of cases
Ireland	2 347	266 489	5 368.0	0	4 941	99.5	Community transmission
Poland	2 333	2 877 469	7 580.6	421	74 573	196.5	Community transmission
Austria	1 932	644 361	7 239.1	23	10 396	116.8	Community transmission

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
Uzbekistan	1 788	103 510	309.3	12	708	2.1	Clusters of cases
Switzerland	1 766	696 934	8 052.7	11	10 246	118.4	Community transmission
Czechia	1 580	1 665 097	15 570.5	66	30 225	282.6	Community transmission
Norway	1 507	127 676	2 378.7	5	789	14.7	Clusters of cases
Lithuania	1 293	277 746	9 940.5	32	4 339	155.3	Community transmission
Latvia	1 263	135 940	7 126.0	44	2 451	128.5	Community transmission
Serbia	1 191	714 753	10 318.8	49	6 958	100.5	Community transmission
Slovenia	1 131	256 352	12 231.3	9	4 721	225.3	Clusters of cases
Croatia	998	358 563	8 835.6	53	8 139	200.6	Community transmission
Romania	915	1 079 657	5 585.7	108	31 825	164.7	Community transmission
Bulgaria	868	420 294	6 046.1	85	17 898	257.5	Clusters of cases
Hungary	782	806 790	8 258.2	50	29 820	305.2	Community transmission
Finland	616	93 774	1 697.2	5	964	17.4	Clusters of cases
Slovakia	590	391 026	7 164.4	35	12 439	227.9	Clusters of cases
Armenia	502	223 682	7 548.6	26	4 484	151.3	Community transmission
Azerbaijan	479	335 126	3 305.3	17	4 953	48.9	Clusters of cases
Cyprus	407	73 157	8 238.4	10	373	42.0	Clusters of cases
Estonia	391	130 510	9 820.3	3	1 266	95.3	Clusters of cases
Republic of Moldova	326	255 758	6 340.1	20	6 152	152.5	Community transmission
Bosnia and Herzegovina	283	204 643	6 237.6	93	9 488	289.2	Community transmission
Luxembourg	224	70 406	11 245.0	0	818	130.6	Community transmission
Montenegro	121	99 947	15 913.6	6	1 598	254.4	Clusters of cases
North Macedonia	121	155 528	7 465.2	23	5 471	262.6	Sporadic cases
Israel	97	839 663	9 700.9	12	6 430	74.3	Community transmission
Albania	75	132 449	4 602.4	2	2 453	85.2	Clusters of cases
Andorra	55	13 813	17 877.4	0	127	164.4	Community transmission
Monaco	16	2 524	6 431.6	0	33	84.1	Sporadic cases

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
Malta	13	30 581	5 943.1	0	419	81.4	Clusters of cases
Iceland	12	6 616	1 816.9	0	30	8.2	Community transmission
Liechtenstein	4	3 117	8 044.5	1	58	149.7	Sporadic cases
Holy See	0	26	3 213.8	0	0	0.0	Sporadic cases
San Marino	0	5 090	14 997.9	0	90	265.2	Community transmission
Tajikistan	0	13 714	143.8	0	91	1.0	Pending
Territories[iii]							
Jersey	31	3 274	3 037.2	0	69	64.0	Community transmission
Faroe Islands	14	755	1 545.1	0	1	2.0	Sporadic cases
Gibraltar	8	4 308	12 786.8	0	94	279.0	Clusters of cases
Isle of Man	2	1 599	1 880.5	0	29	34.1	No cases
Greenland	1	44	77.5	0	0	0.0	No cases
Guernsey	0	823	1 276.6	0	17	26.4	Community transmission
South-East Asia	**763 305**	**33 432 290**	**1 653.9**	**26 324**	**451 838**	**22.4**	
India	630 650	29 439 989	2 133.3	23 625	370 384	26.8	Clusters of cases
Indonesia	55 320	1 911 358	698.8	1 267	52 879	19.3	Community transmission
Nepal	20 348	608 472	2 088.3	514	8 412	28.9	Community transmission
Thailand	18 442	195 909	280.7	213	1 449	2.1	Clusters of cases
Sri Lanka	18 305	223 638	1 044.4	394	2 136	10.0	Clusters of cases
Bangladesh	15 932	826 922	502.1	279	13 118	8.0	Community transmission
Maldives	2 351	70 301	13 005.6	12	197	36.4	Clusters of cases
Myanmar	1 286	145 603	267.6	19	3 244	6.0	Clusters of cases
Timor-Leste	545	8 285	628.4	1	18	1.4	Community transmission
Bhutan	126	1 813	235.0	0	1	0.1	Clusters of cases
Western Pacific	**124 019**	**3 263 070**	**166.1**	**2 301**	**49 935**	**2.5**	
Philippines	46 087	1 308 337	1 193.9	920	22 652	20.7	Community transmission
Malaysia	41 630	652 204	2 015.1	553	3 844	11.9	Community transmission

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
Japan	13 499	773 822	611.8	510	14 033	11.1	Clusters of cases
Mongolia	9 918	73 896	2 254.1	44	351	10.7	Clusters of cases
Cambodia	4 346	37 959	227.0	68	320	1.9	Sporadic cases
Republic of Korea	3 724	147 874	288.4	12	1 985	3.9	Clusters of cases
China	1 998	116 103	7.9	187	5 257	0.4	Clusters of cases
Viet Nam	1 757	10 337	10.6	5	58	0.1	Clusters of cases
Fiji	409	1 013	113.0	0	4	0.4	Sporadic cases
Papua New Guinea	353	16 727	187.0	1	165	1.8	Community transmission
Singapore	87	62 263	1 064.3	1	34	0.6	Sporadic cases
Australia	79	30 237	118.6	0	910	3.6	Clusters of cases
Lao People's Democratic Republic	33	1 990	27.4	0	3	0.0	Sporadic cases
New Zealand	26	2 352	48.8	0	26	0.5	Sporadic cases
Brunei Darussalam	5	249	56.9	0	3	0.7	Sporadic cases
Solomon Islands	0	20	2.9	0	0	0.0	No cases
Territories[iii]							
French Polynesia	41	18 930	6 738.9	0	142	50.6	Sporadic cases
Guam	27	7 984	4 730.6	0	139	82.4	Clusters of cases
Marshall Islands	0	4	6.8	0	0	0.0	No cases
New Caledonia	0	128	44.8	0	0	0.0	Sporadic cases
Northern Mariana Islands (Commonwealth of the)	0	183	317.9	0	2	3.5	Pending
Samoa	0	1	0.5	0	0	0.0	No cases
Vanuatu	0	3	1.0	0	0	0.0	No cases
Wallis and Futuna	0	454	4 037.0	0	7	62.2	Sporadic cases
Global	**2 655 782**	**175 333 154**		**72 528**	**3 793 230**		

*See *Annex 3: Data, table and figure notes*

Annex 2. List of countries/territories/areas reporting Variants of Concern as of 15 June 2021**

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Delta+
Afghanistan	●	-	-	○*	-
Albania	●	-	-	-	-
Algeria	●	-	-	●	-
Angola	●	●	-	-	-
Argentina	●	●	●	●	-
Armenia	○	-	-	-	-
Aruba	●	●	●	●	-
Australia	●	●	●	●	-
Austria	●	●	●	●	-
Azerbaijan	●	-	-	-	-
Bahrain	●	●	-	●	-
Bangladesh	●	●	-	●	-
Barbados	●	-	-	-	-
Belarus	●	-	-	-	-
Belgium	●	●	●	●	-
Belize	●	-	-	-	-
Bolivia (Plurinational State of)	●	-	●	-	-
Bonaire	●	-	-	-	-
Bosnia and Herzegovina	○	-	-	-	-
Botswana	-	●	-	●	-
Brazil	●	●	●	●	-
British Virgin Islands	●*	-	●*	-	-
Brunei Darussalam	●	●	-	-	-
Bulgaria	●	-	-	●	-
Burkina Faso	●	-	-	-	-
Cabo Verde	●	-	-	-	-
Cambodia	●	-	-	●*	●
Cameroon	●	●	-	-	-
Canada	●	●	●	●	-
Cayman Islands	●	-	-	-	-
Central African Republic	●	-	-	-	-
Chile	●	●	●	-	-
China	●	●	●	○	-
Colombia	●	-	●	-	-
Comoros	●	●	-	-	-
Congo	●	-	-	-	-
Costa Rica	●	●	●	-	-
Croatia	●	●	-	-	○
Cuba	●	●	-	-	-
Curaçao	●	-	●	-	●
Cyprus	●	●	-	-	●
Czechia	●	●	-	●	-
Côte d'Ivoire	●	●	-	-	-
Democratic Republic of the Congo	●	●	-	●	-
Denmark	●	●	●	●	-
Dominica	●	-	-	-	-
Dominican Republic	●	-	●	-	-
Ecuador	●	-	●	-	-
Egypt	●	-	-	-	-
Equatorial Guinea	●	●	-	-	-
Estonia	●	●	○	-	○
Eswatini	-	●	-	-	-
Ethiopia	○	-	-	-	-
Faroe Islands	●	-	●	-	-
Fiji	-	-	-	●	-
Finland	●	●	●	●	-
France	●	●	●	●	-
French Guiana	●	●	●	-	-
French Polynesia	●	-	●	-	-
Gabon	●	○	-	-	-
Gambia	●	-	-	●	-
Georgia	●	○	-	●	-
Germany	●	●	●	●	-
Ghana	●	●	-	●	-
Gibraltar	●	-	-	-	-
Greece	●	●	●*	●	-
Grenada	●	-	-	-	-
Guadeloupe	●	●	●*	-	●
Guam	●	-	-	●	-
Guinea	●	●	-	-	-
Guinea-Bissau	●	●	-	-	-
Guyana	-	-	●	-	-
Haiti	●	-	●	-	-
Hungary	●	○	-	-	○
Iceland	●	-	-	-	-
India	●	●	●	●	-
Indonesia	●	●	-	●	-
Iran (Islamic Republic of)	●	●	-	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Delta+
Iraq	●	●*	-	-	-
Ireland	●	●	●	●	-
Israel	●	●	●	●	-
Italy	●	●	●	●	-
Jamaica	●	-	-	-	-
Japan	●	●	●	●	-
Jordan	●	●	●	●	-
Kazakhstan	○	○	-	-	-
Kenya	●	●	-	●	-
Kosovo[1]	●	○	-	-	-
Kuwait	●	-	-	●*	-
Kyrgyzstan	●	●	-	-	●
Lao People's Democratic Republic	●	-	-	-	-
Latvia	●	●	●	-	○
Lebanon	●	-	-	-	-
Lesotho	-	●	-	-	-
Liberia	●	-	-	-	-
Libya	●	●	-	-	-
Liechtenstein	●	-	-	-	-
Lithuania	●	●	●	-	-
Luxembourg	●	●	●	●	-
Madagascar	-	●	-	-	-
Malawi	●	●	-	-	●
Malaysia	●	●	-	●	-
Maldives	●*	-	-	●*	-
Malta	●	○	●	○	-
Martinique	●	●	●*	-	-
Mauritania	●	●	-	●	-
Mauritius	○	●	-	-	-
Mayotte	●	●	-	-	-
Mexico	●	●	●	●	-
Monaco	●	○	-	-	-
Montenegro	●	-	-	-	-
Morocco	●	-	-	●	-
Mozambique	-	●	-	-	-
Namibia	-	●	-	-	-
Nepal	●	-	-	●	-
Netherlands	●	●	●	●	-
New Caledonia	●	-	-	-	-
New Zealand	●	●	○	○	-
Niger	●	-	-	-	-
Nigeria	●	-	-	●	-
North Macedonia	●	●	-	-	●
Norway	●	●	●	●	-
Occupied Palestinian Territory	●	●	-	-	-
Oman	●	-	-	○*	-
Pakistan	●	●	●	●	-
Panama	●	●	●	-	●
Paraguay	-	-	●	-	-
Peru	●	-	●	●*	-
Philippines	●	●	●	●	-
Poland	●	○	●	●	-
Portugal	●	●	●	○	-
Puerto Rico	●	●	●	●	-
Qatar	●	●	-	●	-
Republic of Korea	●	●	●	●*	-
Republic of Moldova	○	-	-	-	-
Romania	●	●	●	●	-
Russian Federation	●	●	-	●	-
Rwanda	●	○	-	-	-
Réunion	●	●	●	○	-
Saba	-	-	-	●	-
Saint Barthélemy	●	-	-	-	-
Saint Lucia	●	-	-	-	-
Saint Martin	●	●	-	-	-
Sao Tome and Principe	●	-	-	-	-
Saudi Arabia	●	●	-	●	-
Senegal	●	●	-	-	-
Serbia	●	-	-	-	-
Seychelles	-	●	-	-	-
Singapore	●	●	●	●	-
Sint Maarten	●	●	-	●	-
Slovakia	●	●	-	●	-
Slovenia	●	●	●	●	-
South Africa	●	●	-	●	-
Spain	●	●	●	●	-
Sri Lanka	●	●	-	○	-
Suriname	●	●	●	-	-
Sweden	●	●	●	●	-
Switzerland	●	●	○	●	-
Thailand	●	●	●	●	-
Timor-Leste	●*	-	-	-	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Delta+
Togo	●	●	-	-	-
Trinidad and Tobago	●	-	●	-	-
Tunisia	●	●	-	-	-
Turkey	●	●	●	●	-
Turks and Caicos Islands	●	-	-	-	-
Uganda	●	●	-	●	-
Ukraine	●	○	-	-	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Delta+
United Arab Emirates	●	●	●	-	-
United Kingdom	●	●	●	●	-
United Republic of Tanzania	-	●	-	-	-
United States of America	●	●	●	●	-
Uruguay	●	-	●	-	-
Uzbekistan	●	●	-	-	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Delta+
Venezuela (Bolivarian Republic of)	●	-	●	-	-
Viet Nam	●	●	-	●	-
Wallis and Futuna	●	-	-	-	-
Zambia	-	●	-	●	-
Zimbabwe	-	○	-	●	-

**Newly reported in this update.*
"Delta+" reflects countries/territories/areas reporting detection of B.1.617 without further specification of lineage at this time. These will be reallocated as further details become available.
"●" indicates that information for this variant was received by WHO from official sources.
"○" indicates that information for this variant was received by WHO from unofficial sources and will be reviewed as more information become available.
Variant Beta for Ecuador was excluded this week based on further information received.
***Includes countries/territories/areas reporting the detection of VOCs among travelers (e.g., imported cases detected at points of entry), or local cases (detected in the community). Efforts are ongoing to differentiate these in future reports. See also Annex 3: Data, table and figure notes.*

Annex 3. Data, table and figure notes

Data presented are based on official laboratory-confirmed COVID-19 case and deaths reported to WHO by country/territories/areas, largely based upon WHO case definitions and surveillance guidance. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change, and caution must be taken when interpreting these data as several factors influence the counts presented, with variable underestimation of true case and death incidence, and variable delays to reflecting these data at global level. Case detection, inclusion criteria, testing strategies, reporting practices, and data cut-off and lag times differ between countries/territories/areas. A small number of countries/territories/areas report combined probable and laboratory-confirmed cases. Differences are to be expected between information products published by WHO, national public health authorities, and other sources. Due to public health authorities conducting data reconciliation exercises which remove large numbers of cases or deaths from their total counts, negative numbers may be displayed in the new cases/deaths columns as appropriate. When additional details become available that allow the subtractions to be suitably apportioned to previous days, graphics will be updated accordingly.

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

Global totals include 758 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 (Annex 1), or the detection of a variant of concern (Annex 2).

[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.

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