COVID-19 Weekly Epidemiological Update

Edition 83, published 15 March 2022

In this edition:

Global overview

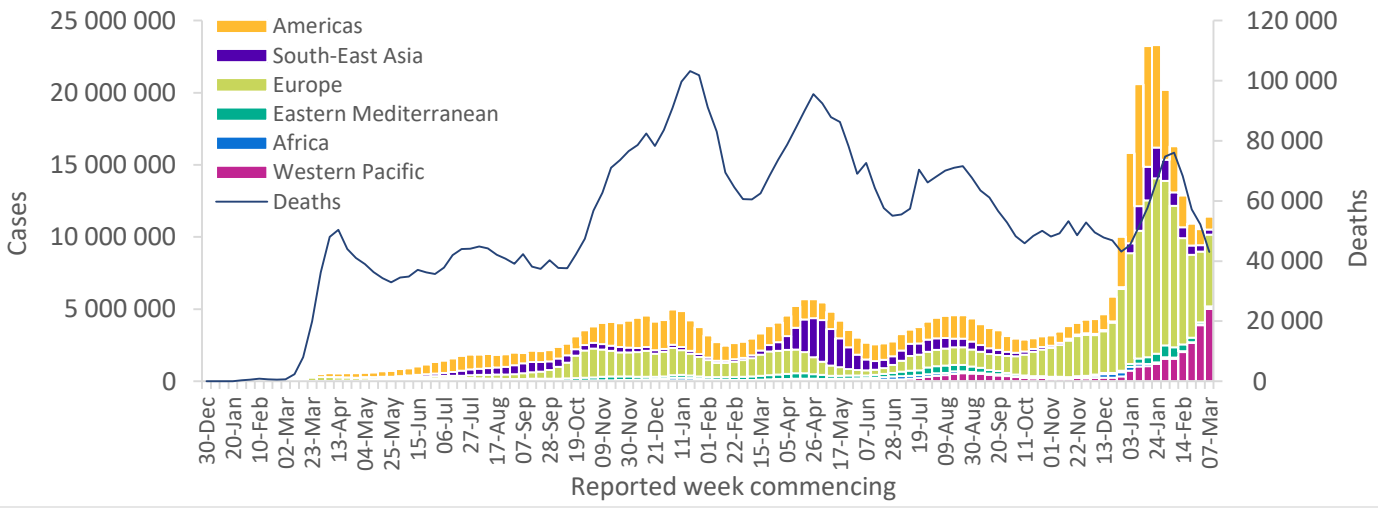
Data as of 13 March 2022

After a consistent decrease since the end of January 2022, the number of new weekly cases increased by 8% during the week of 7 through 13 March 2022. The number of new deaths continued a decreasing trend (-17% as compared to the previous week) (Figure 1). Across the six WHO regions, over 11 million new cases and just over 43 000 new deaths were reported (Table 1). As of 13 March 2022, over 455 million confirmed cases and over 6 million deaths have been reported globally.

At the regional level, the Western Pacific Region, the African Region and the European Region reported increases in new weekly cases of 29%, 12% and 2%, respectively, as compared to the previous week; while decreases were reported by the Eastern Mediterranean Region (-24%), the South-East Asia Region (-21%) and the Region of the Americas (-20%).

These trends should be interpreted with caution as several countries are progressively changing their testing strategies, resulting in lower overall numbers of tests performed and consequently numbers of cases detected.

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 13 March 2022**



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

The highest numbers of new cases were reported from the Republic of Korea (2 100 171 new cases; +44%), Viet Nam (1 670 627 new cases; +65%), Germany (1 350 362 new cases; +22%), Netherlands (475 290 new cases; +42%), and France (419 632 new cases; +20%).

The highest numbers of new deaths were reported from the United States of America (9078 new deaths; -13%), the Russian Federation (4530 new cases; -15%), Brazil (3301 new cases; -15%), Indonesia (1994 new cases; -5%) and China (1955 new deaths; +63%).

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 13 March 2022**

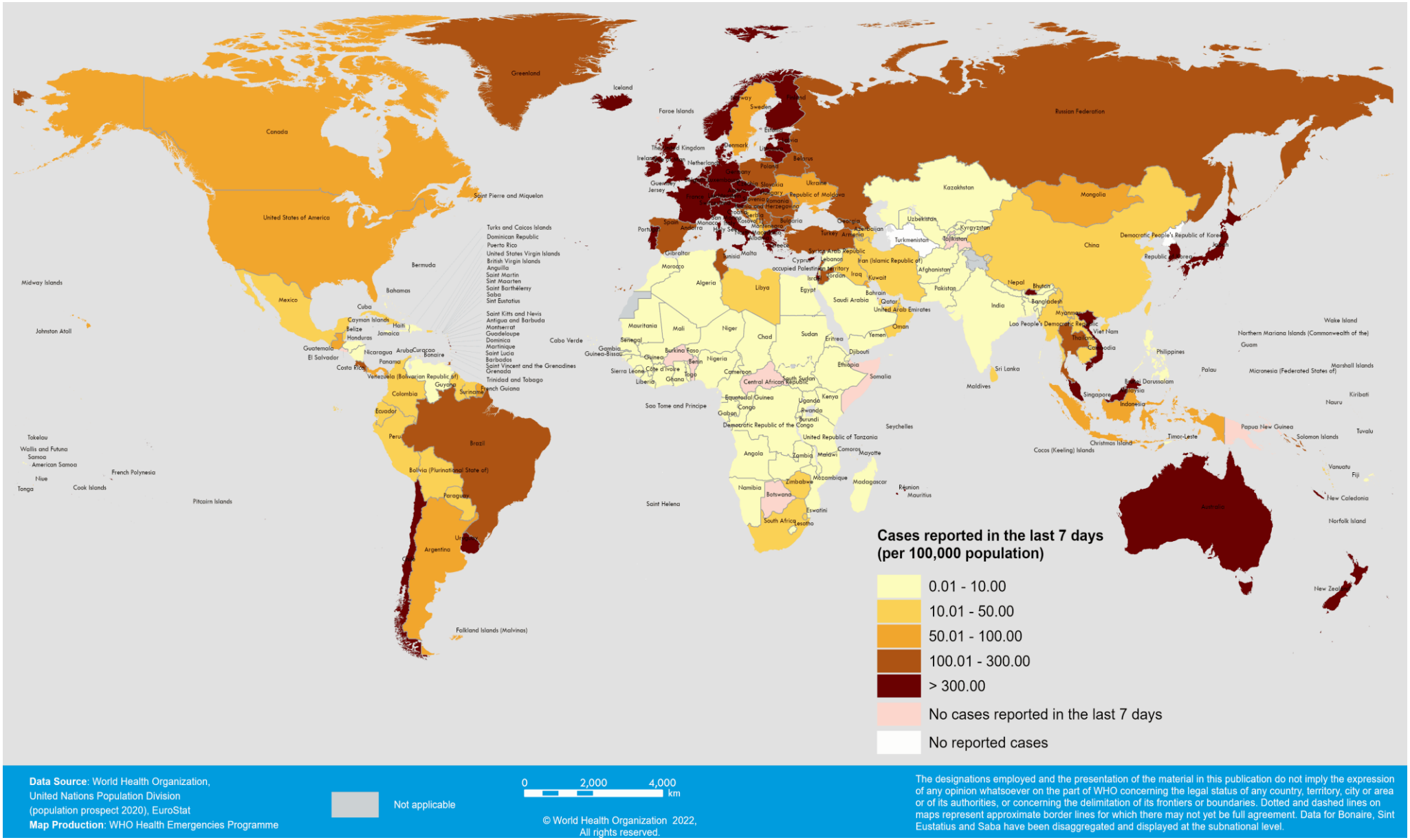
WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days *	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days *	Cumulative deaths (%)
Western Pacific	5 022 507 (44%)	29%	32 460 327 (7%)	6 639 (15%)	12%	193 740 (3%)
Europe	4 985 405 (44%)	2%	187 814 829 (41%)	14 985 (35%)	-23%	1 904 095 (32%)
Americas	887 162 (8%)	-20%	148 915 745 (33%)	16 093 (37%)	-15%	2 663 786 (44%)
South-East Asia	348 330 (3%)	-21%	56 470 189 (12%)	3 397 (8%)	-15%	769 025 (13%)
Eastern Mediterranean	126 257 (1%)	-24%	21 416 619 (5%)	1 694 (4%)	-49%	338 192 (6%)
Africa	38 053 (0%)	12%	8 486 757 (2%)	289 (1%)	-41%	170 589 (3%)
Global	**11 407 714 (100%)**	**8%**	**455 565 230 (100%)**	**43 097 (100%)**	**-17%**	**6 039 440 (100%)**

**Percent change in the number of newly confirmed cases/deaths in the past seven days, compared to seven days prior*
**See *Annex 2: Data, table, and figure notes*

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

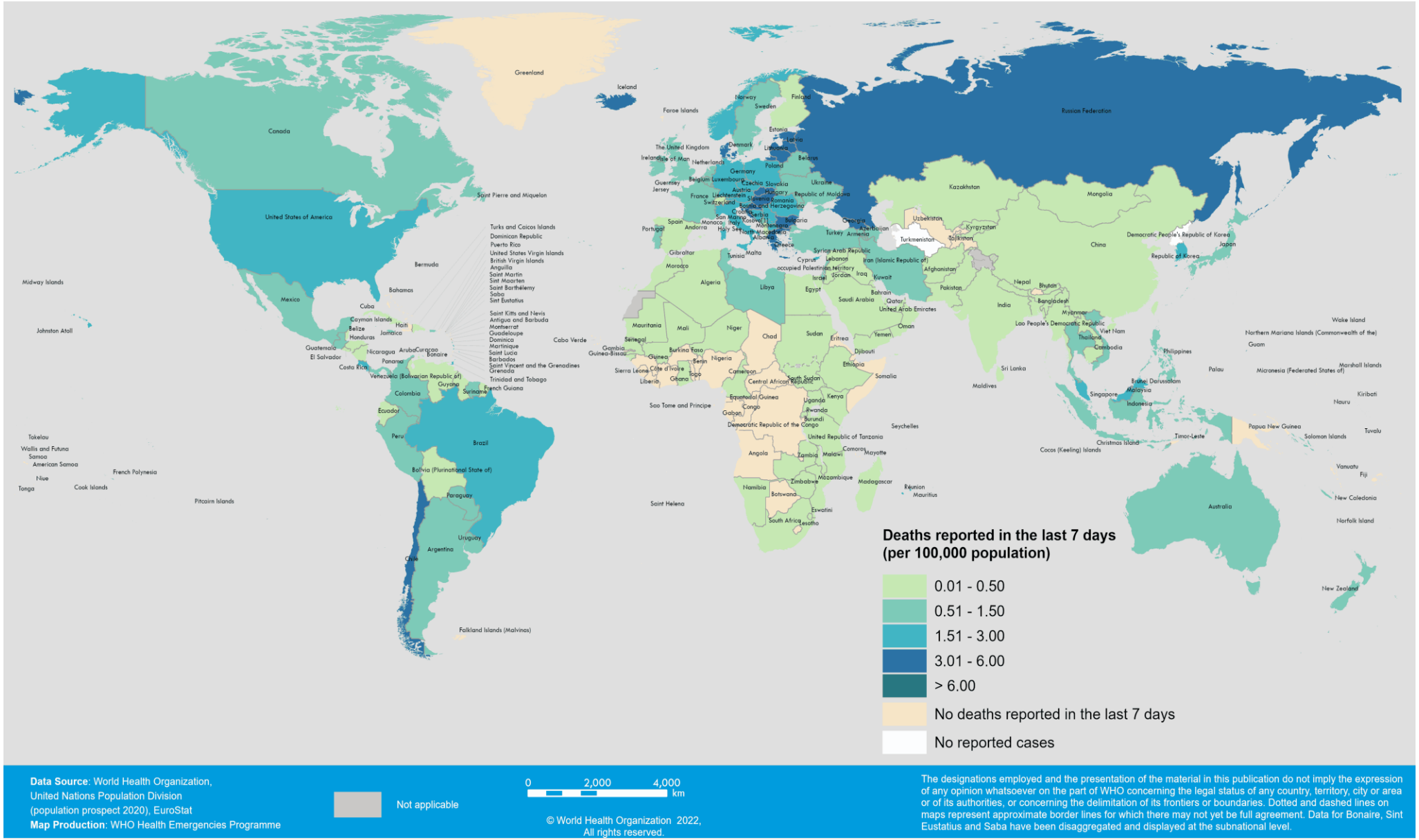
- WHO COVID-19 Dashboard
- WHO COVID-19 Weekly Operational Update and previous editions of the Weekly Epidemiological Update

Figure 2. COVID-19 cases per 100 000 population reported by countries, territories and areas, 7-13 March 2022*



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

Figure 3. COVID-19 deaths per 100 000 population reported by countries, territories and areas, 7-13 March 2022**



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

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

WHO, in collaboration with national authorities, institutions and researchers, routinely assesses if variants of SARS-CoV-2 alter transmission or disease characteristics, or impact effectiveness of vaccines, therapeutics, diagnostics or public health and social measures (PHSM) applied to control disease spread. Potential variants of concern (VOCs), variants of interest (VOIs) or variants under monitoring (VUMs) are regularly assessed based on the risk posed to global public health. As evidence becomes available, classifications of variants will be revised to reflect the continuous evolution of circulating variants and their changing epidemiology. Criteria for variant classification, and the current lists of VOCs, VOIs and VUMs, are available on the WHO Tracking SARS-CoV-2 variants website. National authorities may choose to designate other variants and are encouraged to investigate and report on the impacts of these variants.

Geographic spread and prevalence of VOCs

The current global epidemiology of SARS-CoV-2 is characterized by the global dominance of the Omicron variant. Delta remains the only other VOC with reported circulation at non-negligible levels. Among the 430 487 sequences uploaded to GISAID with specimens collected in the last 30 days[i], 429 994 (99.9%) were Omicron and 400 (0.1%) were Delta. To note, the global distribution of VOCs should be interpreted with due consideration of surveillance limitations, including differences in sequencing capacities and sampling strategies between countries, as well as delays in reporting.

Designation of SARS-CoV-2 VOCs as currently and previously circulating VOCs

During the last six months, a significant decline in the circulation of the **VOCs Alpha, Beta and Gamma** has been observed in all six WHO regions. Over the past 90 days, few to no sequences of these variants have been reported. The WHO Technical Advisory Group on SARS-CoV-2 Virus Evolution (TAG-VE) convened on 7 March 2022 to discuss the classification of these variants. While the classification of VOCs and VOIs remains unchanged, VOCs and VOIs will further be designated as either **'currently circulating**' or **'previously circulating**' depending on current epidemiological trends. On 9 March 2022, on the advice of the TAG-VE, WHO designated Alpha, Beta and Gamma as 'previously circulating VOCs' and Delta and Omicron as 'currently circulating VOCs'.

Once a variant has been classified by WHO as a VOC using an assessment based on several criteria (WHO Tracking SARS-CoV-2 variants website, see list of criteria), it remains a VOC. Low circulation of a VOC does not alter the concerning characteristics of the virus; its initial phenotypic characteristics remain unchanged. Given the uncertainty regarding the existence and low circulation of any of these VOCs in regions with limited sampling and sequencing capacity, all VOCs should continue to be monitored within the framework of representative community sampling and sequencing.

[i] Includes sequences submitted to GISAID with sample collected dates from 10 February to 11 March 2022 (last reported sample at the time of data extraction), excluding low coverage sequences. Proportions are estimated for countries submitting more than 100 total sequences. In the past 30 days, 44 countries submitted a total of 100 sequences and above on GISAID.10 February to 11 March 2022.

Designation of SARS-CoV-2 VOIs Lambda and Mu as previously circulating VOIs

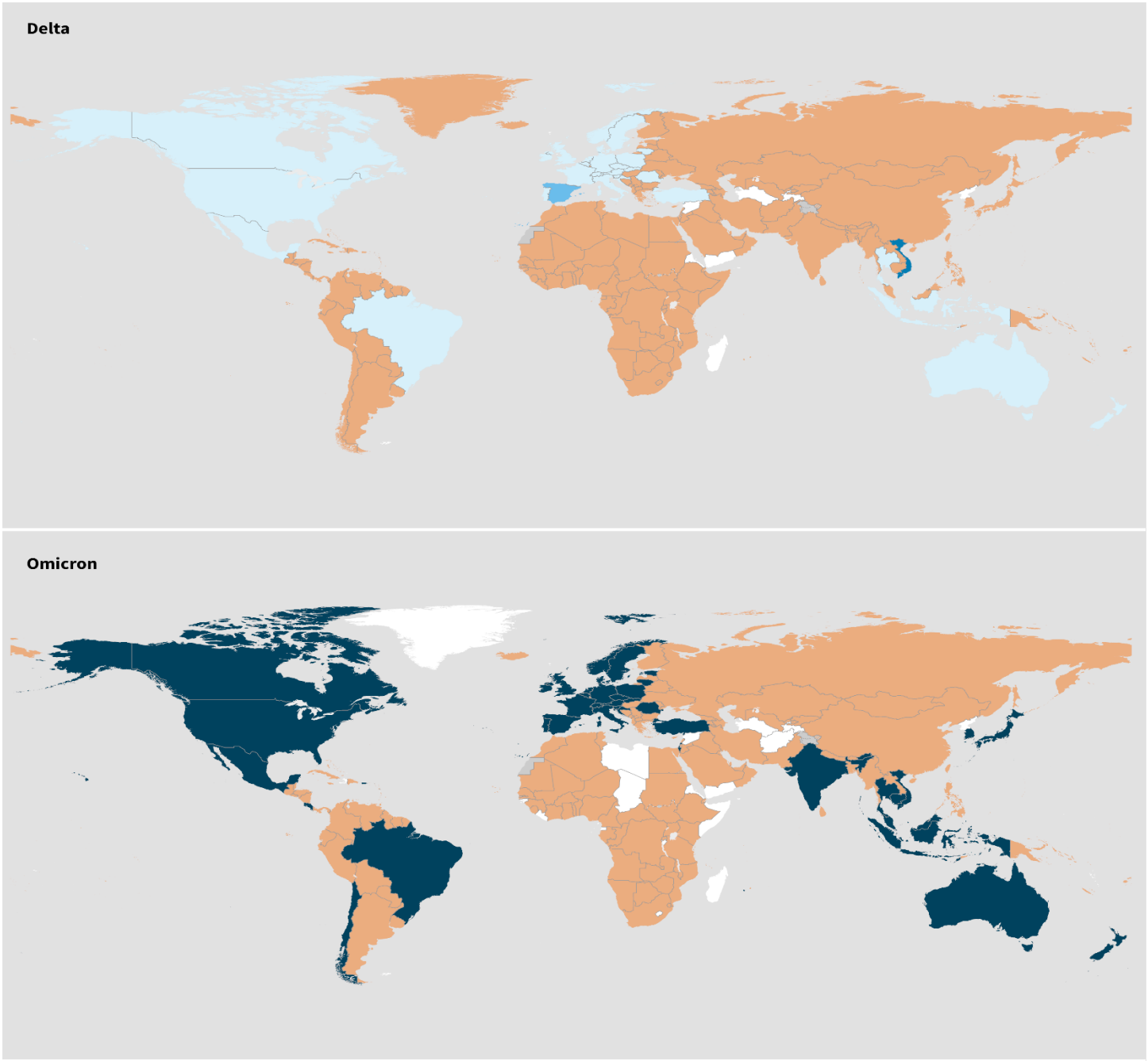
On 9 March 2022, Lambda, first detected in Peru in December 2020, and Mu, first detected in Colombia in January 2021, were designated as 'previously circulating VOIs'. Their prevalence has declined significantly over the last year, with no circulation reported during the past 90 days in any of the six WHO regions.

The actions required by Member States remain the same whether the VOC or VOI is further categorized as currently or previously circulating, for more details see the WHO Tracking SARS-CoV-2 variants website. Member States should continue to monitor SARS-CoV-2 variants, including current and previously circulating VOCs and VOIs, and flag any observed upsurge of cases linked to these variants. The designation from currently circulating VOC or VOI to previously circulating VOC or VOI reflects the declined circulation of the variant but does not exclude the possibility of a future upsurge of this variant.

Additional resources

- Tracking SARS-CoV-2 Variants
- COVID-19 new variants: Knowledge gaps and research
- Genomic sequencing of SARS-CoV-2: a guide to implementation for maximum impact on public health
- Considerations for implementing and adjusting public health and social measures in the context of COVID-19
- VIEW-hub: repository for the most relevant and recent vaccine data
- WHO Statement on Omicron sublineage BA.2

Figure 4: Prevalence of currently circulating variants of concern (VOCs) in the last 30 days, data as of 15 March 2022



See also Annex 1 for reported VOC detections by country/territory/area

Special Focus: Contact tracing and quarantine in the context of the Omicron SARS-CoV-2 variant: interim guidance

With the emergence of the Omicron variant and the significant surge in SARSCoV-2 infections, many countries experienced overwhelmed public health capacities to effectively conduct comprehensive contact tracing as part of the COVID-19 response. The increasing number of contacts needing quarantine also risked leading to the disruption of essential societal services, including health services.

In light of these challenges and with the increasing levels of population immunity, both from past infection and vaccination, on 17 February 2022 WHO released updated interim guidance for contact tracing and quarantine in the context of the Omicron variant.[1] This document was produced in collaboration with the Contact Tracing Guideline Development Group and the Infection Prevention and Control Guideline Development Group. Both groups of external experts, together with WHO technical experts, reviewed the available evidence on Omicron transmission dynamics and the persistence of immunity. The guidance document recommends a risk-based approach that focuses on reducing the morbidity and mortality from infection rather than attempting to break all chains of transmission when the number of cases is overwhelming capacities to respond.

Prioritizing contacts to follow up

In situations where contact tracing and public health capacities are overstretched, and there is a risk of essential societal service disruption, prioritization for contact tracing should be given to:

- contacts at highest risk of getting infected and those, such as health and care workers, who are at highest risk of spreading the virus to vulnerable people – particularly those working in nursing homes, long-term care facilities and hospitals; and other frontline essential workers.
- contacts at highest risk for developing severe disease, such as people with comorbidities, those who are immunosuppressed, the elderly, and adults who are unvaccinated or partially-vaccinated with no known prior SARS-CoV-2 infection.

In these situations, there is a particular added value in educating and encouraging cases to notify their own contacts, and where possible, using automated contact notification technologies (e.g., digital contact tracing apps) to quickly reach and provide guidance to multiple contacts simultaneously.

Quarantine in a high COVID-19 incidence area

The document offers guidance on the possibility to shorten the quarantine period from 14 to seven days, provided a negative PCR or an antigen rapid test result is obtained on day seven. In the case of overstretched testing capacity, authorities can shorten the quarantine period from 14 to 10 days, provided that contacts do not have any COVID-19 symptoms. Both options present some risk of further transmission, but in a situation of high incidence and considering the disruption of essential services, the benefits in doing so may outweigh the risks. If the quarantine is shortened, WHO recommends that contacts wear a well-fitted medical mask, monitor symptoms and avoid contact with vulnerable people for the remained 14-day period.

Vaccinated and previously infected contacts

The available evidence on vaccine effectiveness suggests that protection against infection wanes over time. The likelihood of infection with the Omicron variant is reduced within 90 days after the primary series or booster vaccination. Therefore, contacts vaccinated within the last 90 days can be considered a lower priority for contact tracing and may undergo a shorter quarantine. Similarly, infection-derived immunity wanes over time, but it is

expected to persist at least 90 days from infection. Thus, contacts infected within the last 90 days can also be considered a lower priority for contact tracing and may undergo a shorter quarantine.

Conclusions

As per the experience with the Omicron variant, countries may need to take policy decisions before the evidence on an emerging future variant is consolidated. In this case, WHO advises Member States to consider applying risk-based approaches that take into account different aspects of the epidemic, such as the intensity of transmission, the severity of disease associated with circulating variants, the levels of population immunity from past infection and vaccination, the capacity to track and trace contacts, access to rapid and accurate SARS-CoV-2 diagnostics, the capacity to assess the risk of exposure in health and care workers and other essential services personnel, and the overall pre-existing capacities of the health care system.

Any interruption of contact tracing activities or shortening of the duration of quarantine will increase the risk of onward transmission and this must be weighed against healthcare capacity, population immunity against the Omicron variant, and other health and socioeconomic priorities.

Additional resources

- Contact tracing in the context of COVID-19
- Considerations for quarantine of contacts of COVID-19 cases
- Critical preparedness, readiness and response actions for COVID-19
- Recommendations for national SARS-CoV-2 testing strategies and diagnostic capacities

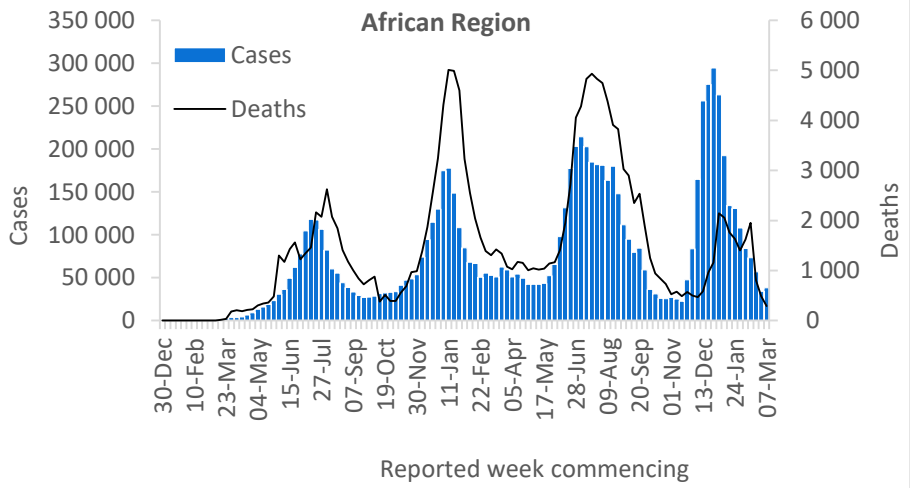
WHO regional overviews

Epidemiological week 7-13 March 2022**

African Region

The African Region reported over 38 000 new weekly cases, an 8% increase as compared to the previous week. This followed on from a declining trend observed since January 2022. Eleven (22%) countries in the Region reported an increase of over 20% in cases, with some of the highest proportional increases observed in Mauritius (11566 vs 4133 new cases; +180%), Nigeria (308 vs 136 new cases; +126%), and the Democratic Republic of Congo (190 vs 136 new cases; +40%). The highest numbers of new cases were reported from Mauritius (11 566 new cases; 909.4 new cases per 100 000 population; +180%), South Africa (10 360 new cases; 17.5 new cases per 100 000; -7%), and Réunion (8019 new cases; 895.7 new cases per 100 000; -20%).

The number of new weekly deaths in the Region decreased by 41% as compared to the previous week, with just under 300 new deaths reported. The highest numbers of new deaths were reported from South Africa (169 new deaths; <1 new death per 100 000 population; -52%), Mauritius (30 new deaths; 2.4 new deaths per 100 000; +233%), and Zimbabwe (17 new deaths; <1 new death per 100 000; +325%).

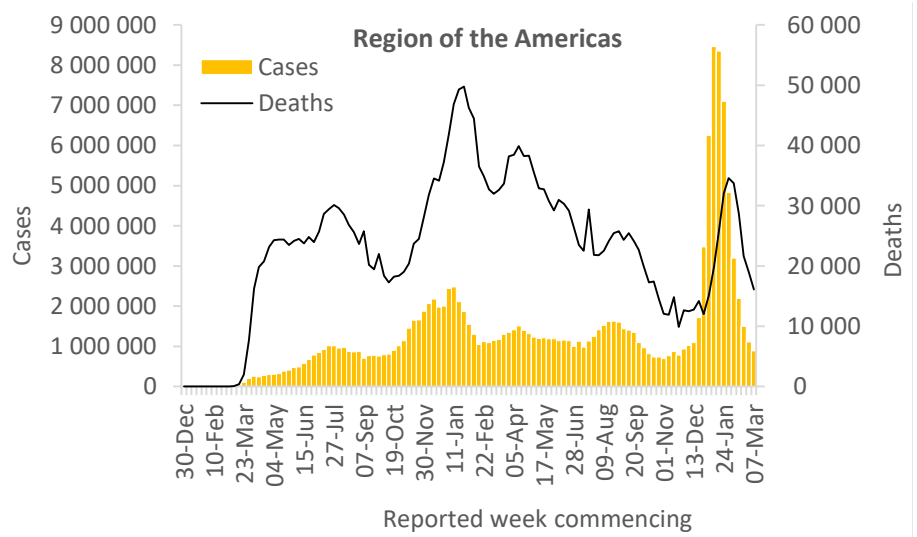


Updates from the African Region

Region of the Americas

With over 887 000 new weekly cases reported, the Region of the Americas continued to experience a decreasing trend (20% decrease as compared to the previous week). However, nine (16%) countries in the Region reported increases in new cases of 20% or greater, with the greatest increases observed in the islands of Saint Pierre and Miquelon (52 vs 8 new cases; +550%), Martinique (13686 vs 3216 new cases; +326%), and the United States Virgin Islands (130 vs 31 new cases; +319%). The highest numbers of new cases were reported from Brazil (331 315 new cases; 155.9 new cases per 100 000; -16%), the United States of America (247 936 new cases; 74.9 new cases per 100 000; -28%), and Chile (118 141 new cases; 618.0 new cases per 100 000; -23%).

The Region reported over 16 000 new deaths this week, a 15% decrease as compared to the previous week. The highest numbers of new deaths were reported from the United States of America (9078 new deaths; 2.7 new deaths per 100 000; -13%), Brazil (3301 new deaths; 1.6 new deaths per 100 000; -15%), and Mexico (976 new deaths; <1 new death per 100 000; +69%).

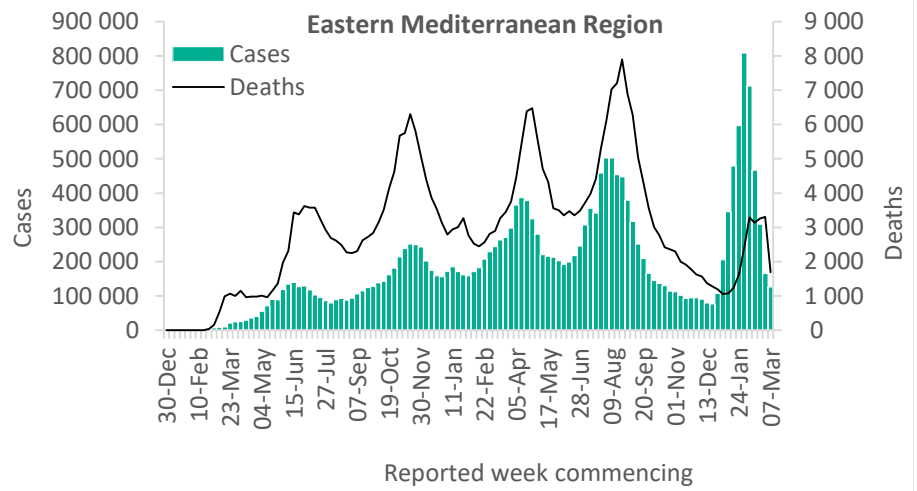


Updates from the Region of the Americas

Eastern Mediterranean Region

In the Eastern Mediterranean Region, new weekly cases have continued to decline following a peak reached in early February 2022. Over 126 000 new weekly cases were reported, a 24% decrease as compared to the previous week. However, two countries in the Region have reported increases in new cases of 20% or greater: Tunisia (24061 vs 9454 new cases; +155%) and Afghanistan (1715 vs 1167 new cases; +47%). The highest numbers of new cases were reported from the Islamic Republic of Iran (35 457 new cases; 42.2 new cases per 100 000; -34%), Tunisia (24 061 new cases; 203.6 new cases per 100 000; +155%), and Jordan (16 449 new cases; 161.2 new cases per 100 000; -22%).

The number of new weekly deaths decreased by 49% in the Region when compared to the previous week, with just under 1700 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (1084 new deaths; 1.3 new deaths per 100 000; -20%), Tunisia (124 new deaths; 1.0 new deaths per 100 000; -44%), and Egypt (105 new deaths; <1 new death per 100 000; -42%).

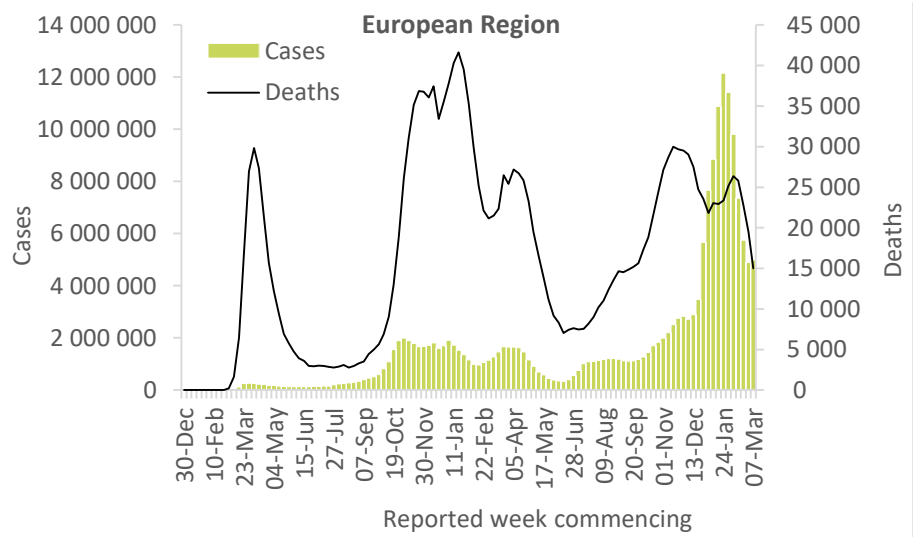


Updates from the Eastern Mediterranean Region

European Region

After a decreasing trend observed since the end of January 2022, the European Region reported a slight increase (+2%) in the number of new weekly cases as compared to the previous week, with just under 5 million new cases. Twelve countries (20%) in the Region reported increases in new cases of 20% or greater, with the largest observed in Monaco (240 vs 162 new cases; +48%), Malta (887 vs 621 new cases; +43%) and the Netherlands (475 290 vs 335 283 new cases; +42%). The highest numbers of new cases were reported from Germany (1 350 362 new cases; 1623.7 new cases per 100 000; +22%), the Netherlands (475 290 new cases; 2730.4 new cases per 100 000; +42%), and France (419 632 new cases; 645.2 new cases per 100 000; +20%).

The number of new deaths has continued to decrease in the Region, with just under 15 000 new deaths reported this week, a 23% decrease as compared to the previous week. The highest numbers of new deaths were reported from the Russian Federation (4530 new deaths; 3.1 new deaths per 100 000; -15%), Germany (1469 new deaths; 1.8 new deaths per 100 000; +3%), and Italy (1000 new deaths; 1.7 new deaths per 100 000; -27%).

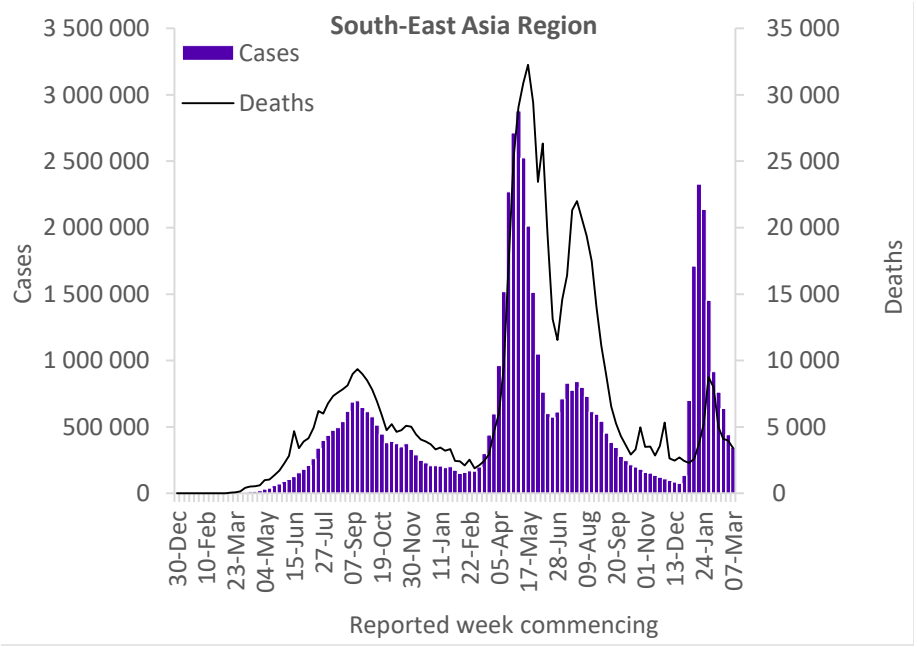


Updates from the European Region

South-East Asia Region

The South-East Asia Region reported over 348 000 new weekly cases, a 21% decline as compared to the previous week, continuing the decreasing trend observed since mid-January 2022. The highest numbers of new cases were reported from Thailand (158 130 new cases; 226.5 new cases per 100 000; a +1%), Indonesia (141 770 new cases; 51.8 new cases per 100 000; -32%), and India (28 038 new cases; 2.0 new cases per 100 000; -40%).

Regionally, the number of new weekly deaths declined, with just under 3400 new deaths reported, a 15% decrease as compared to the previous week. The highest numbers of new deaths were reported from Indonesia (1994 new deaths; <1 new death per 100 000; -5%), India (814 new deaths; <1 new death per 100 000; -38%), and Thailand (474 new deaths; <1 new death per 100 000; +38%).

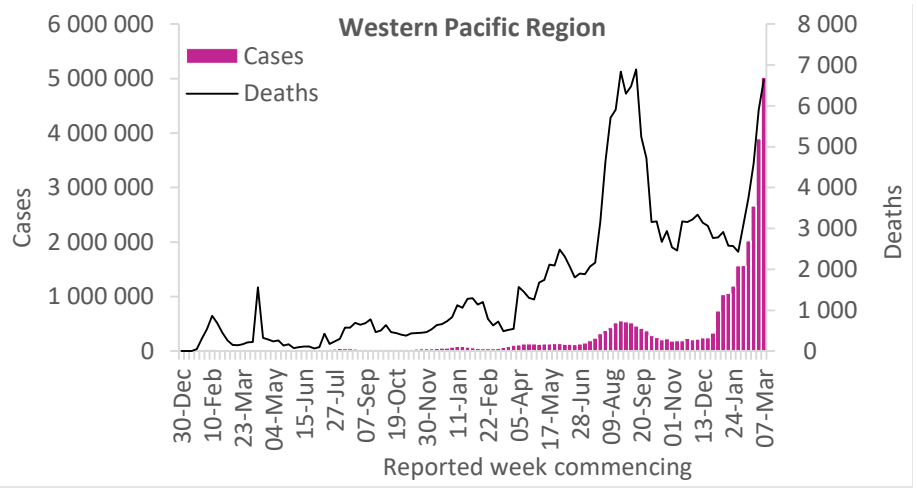


Updates from the South-East Asia Region

Western Pacific Region

Consistent with the increasing trend observed since the end of December 2021, the Western Pacific Region reported an increase of 29% in the number of new weekly cases as compared to the previous week, with over 5 million new cases. Seven (23%) countries in the region reported an increase of 20% or greater in the past week, with the largest increases observed in Vanuatu (146 vs 3 new cases; +4767%), Tonga (685 vs 280 new cases; +145%), and American Samoa (257 vs 112 new cases; +121%). The highest numbers of new cases were reported from the Republic of Korea (2 100 171 new cases; 4096.4 new cases per 100 000; +44%), Viet Nam (1 670 627 new cases; 1716.3 new cases per 100 000; +65%), and Japan (382 278 new cases; 302.3 new cases per 100 000; -16%).

The number of new weekly deaths continues to increase, with over 660 new deaths reported, a 12% increase as compared to the previous week. The highest numbers of new deaths were reported from China (1955 new deaths; <1 new death per 100 000; +63%), the Republic of Korea (1438 new deaths; 2.8 new deaths per 100 000; +42%), and Japan (1240 new deaths; 1.0 new deaths per 100 000; -18%).



Updates from the Western Pacific Region

Summary of the COVID-19 Weekly Operational Update

The Weekly Operational Update is a report provided by the COVID-19 Strategic Preparedness and Response Plan (SPRP) Monitoring and Evaluation team, which aims to update on the ongoing global progress against the COVID-19 SPRP 2021 framework, and to highlight country-level actions and WHO support to countries. In this week's edition, highlights include the following:

- WHO scales-up sub-regional training on intra and after-action reviews (IAR/AARs) for COVID-19 in the European Region
- Women in India lead the fight against COVID-19 in communities
- Nigeria holds its first infodemic management workshop
- Update on the joint PAHO/WHO-ITU initiative in the Eastern Caribbean to leverage digital technology to promote COVID-19 vaccines
- WHO in partnership with UNICEF hands over reconstructed central drug warehouse to serve over 1 million residents in Lebanon
- WHO Information Network for Epidemics (EPI-WIN) co-developing solutions with networks
- OpenWHO COVID-19 vaccination training: Health workers' experiences in India, Indonesia, Kenya and Pakistan
- Progress on a subset of global indicators that demonstrate country and global progress to end the acute phase of the pandemic

Technical guidance and other resources

- WHO technical guidance
- WHO COVID-19 Dashboard
- WHO Weekly Operational Updates on COVID-19
- WHO COVID-19 case definitions
- COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update
- Research and Development
- Open WHO courses on COVID-19 in official UN languages and in additional national languages
- WHO Academy COVID-19 mobile learning app
- The Strategic Preparedness and Response Plan (SPRP) outlining the support the international community can provide to all countries to prepare and respond to the virus
- EPI-WIN: tailored information for individuals, organizations, and communities
- Recommendations and advice for the public:
  - Protect yourself
  - Questions and answers
  - Travel advice

Annex 1. List of countries/territories/areas reporting currently circulating variants of concern as of 15 March 2022

Country/Territory/Area	Delta	Omicron
Afghanistan	●	-
Albania	○	●
Algeria	●	●
American Samoa	○	○
Andorra	○	○
Angola	●	●
Anguilla	●	●
Antigua and Barbuda	●	●
Argentina	●	●
Armenia	●	●
Aruba	●	●
Australia	●	●
Austria	●	●
Azerbaijan	○	●
Bahamas	●	●
Bahrain	●	●
Bangladesh	●	●
Barbados	●	●
Belarus	○	●
Belgium	●	●
Belize	●	●
Benin	●	●
Bermuda	●	●
Bhutan	●	●
Bolivia (Plurinational State of)	●	○
Bonaire	●	●
Bosnia and Herzegovina	○	○
Botswana	●	●
Brazil	●	●
British Virgin Islands	●	●
Brunei Darussalam	●	●
Bulgaria	●	●

Country/Territory/Area	Delta	Omicron
Burkina Faso	●	●
Burundi	●	-
Cabo Verde	●	●
Cambodia	●	●
Cameroon	●	●
Canada	●	●
Cayman Islands	●	●
Central African Republic	●	●
Chad	●	-
Chile	●	●
China	●	●
Colombia	●	●
Comoros	●	●
Congo	●	●
Costa Rica	●	●
Croatia	●	●
Cuba	●	●
Curaçao	●	●
Cyprus	●	●
Czechia	●	●
Côte d'Ivoire	●	●
Democratic Republic of the Congo	●	●
Denmark	●	●
Djibouti	●	●
Dominica	●	-
Dominican Republic	●	●
Ecuador	●	●
Egypt	●	●
El Salvador	●	●
Equatorial Guinea	●	-
Estonia	○	●

Country/Territory/Area	Delta	Omicron
Eswatini	●	●
Ethiopia	●	●
Falkland Islands (Malvinas)	-	-
Faroe Islands	-	-
Fiji	●	●
Finland	●	●
France	●	●
French Guiana	●	●
French Polynesia	●	●
Gabon	●	●
Gambia	●	●
Georgia	●	●
Germany	●	●
Ghana	●	●
Gibraltar	○	●
Greece	●	●
Greenland	●	-
Grenada	●	●
Guadeloupe	●	●
Guam	●	●
Guatemala	●	●
Guernsey	-	●
Guinea	●	●
Guinea-Bissau	●	-
Guyana	●	●
Haiti	●	-
Honduras	●	●
Hungary	○	●
Iceland	●	●
India	●	●
Indonesia	●	●
Iran (Islamic Republic of)	●	●

Country/Territory/Area	Delta	Omicron
Iraq	●	●
Ireland	●	●
Israel	●	●
Italy	●	●
Jamaica	●	●
Japan	●	●
Jordan	●	●
Kazakhstan	●	●
Kenya	●	●
Kiribati	-	●
Kosovo[1]	○	●
Kuwait	●	●
Kyrgyzstan	●	●
Lao People's Democratic Republic	●	●
Latvia	○	●
Lebanon	●	●
Lesotho	●	-
Liberia	●	-
Libya	●	-
Liechtenstein	○	○
Lithuania	○	●
Luxembourg	●	●
Madagascar	-	-
Malawi	●	●
Malaysia	●	●
Maldives	●	●
Mali	●	○
Malta	○	●
Martinique	●	●
Mauritania	●	●
Mauritius	●	●

Country/Territory/Area	Delta	Omicron
Mayotte	●	●
Mexico	●	●
Monaco	●	●
Mongolia	●	●
Montenegro	○	○
Montserrat	●	●
Morocco	●	●
Mozambique	●	●
Myanmar	●	●
Namibia	●	●
Nepal	●	●
Netherlands	●	●
New Caledonia	●	●
New Zealand	●	●
Nicaragua	●	●
Niger	●	●
Nigeria	●	●
North Macedonia	○	○
Northern Mariana Islands (Commonwealth of the)	●	●
Norway	●	●
Occupied Palestinian Territory	●	●
Oman	●	●
Pakistan	●	●

Country/Territory/Area	Delta	Omicron
Palau	○	○
Panama	●	●
Papua New Guinea	●	●
Paraguay	●	●
Peru	●	●
Philippines	●	●
Poland	●	●
Portugal	●	●
Puerto Rico	●	●
Qatar	●	●
Republic of Korea	●	●
Republic of Moldova	●	●
Romania	●	●
Russian Federation	●	●
Rwanda	●	●
Réunion	●	●
Saba	●	-
Saint Barthélemy	●	●
Saint Kitts and Nevis	●	●
Saint Lucia	●	●
Saint Martin	●	●
Saint Pierre and Miquelon	●	●
Saint Vincent and the Grenadines	●	●

Country/Territory/Area	Delta	Omicron
Sao Tome and Principe	○	-
Saudi Arabia	●	●
Senegal	●	●
Serbia	●	○
Seychelles	●	●
Sierra Leone	●	●
Singapore	●	●
Sint Maarten	●	●
Slovakia	●	●
Slovenia	●	●
Solomon Islands	●	●
Somalia	●	-
South Africa	●	●
South Sudan	●	●
Spain	●	●
Sri Lanka	●	●
Sudan	●	●
Suriname	●	●
Sweden	●	●
Switzerland	●	●
Thailand	●	●
Timor-Leste	●	●
Togo	●	●
Tonga	-	○

Country/Territory/Area	Delta	Omicron
Trinidad and Tobago	●	●
Tunisia	●	●
Turkey	●	●
Turks and Caicos Islands	●	-
Uganda	●	●
Ukraine	○	●
United Arab Emirates	●	●
United Kingdom	●	●
United Republic of Tanzania	●	●
United States Virgin Islands	●	●
United States of America	●	●
Uruguay	●	●
Uzbekistan	○	●
Vanuatu	●	-
Venezuela (Bolivarian Republic of)	●	●
Viet Nam	●	●
Wallis and Futuna	-	-
Yemen	-	-
Zambia	●	●
Zimbabwe	●	●

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

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

Annex 2. Data, table, and figure notes

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

Due to public health authorities conducting data reconciliation exercises that 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 countries of interest, time period, and purpose of the request/intended usage. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data. COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories, and areas, and WHO Region (reported in previous issues) are now available at: https://covid19.who.int/table.

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

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

References

1. World Health Organization, Contact tracing and quarantine in the context of the Omicron SARS-CoV-2 variant: interim guidance, 17 February 2022. Available at https://www.who.int/publications/i/item/WHO-2019-nCoV-Contact-tracing-and-quarantine-Omicron-variant-2022.1