COVID-19 Weekly Epidemiological Update

Edition 90, published 4 May 2022

In this edition:

- Global overview
- Special Focus: Update on SARS-CoV-2 variants of interest and variants of concern
- WHO regional overviews

Global overview

Data as of 1 May 2022

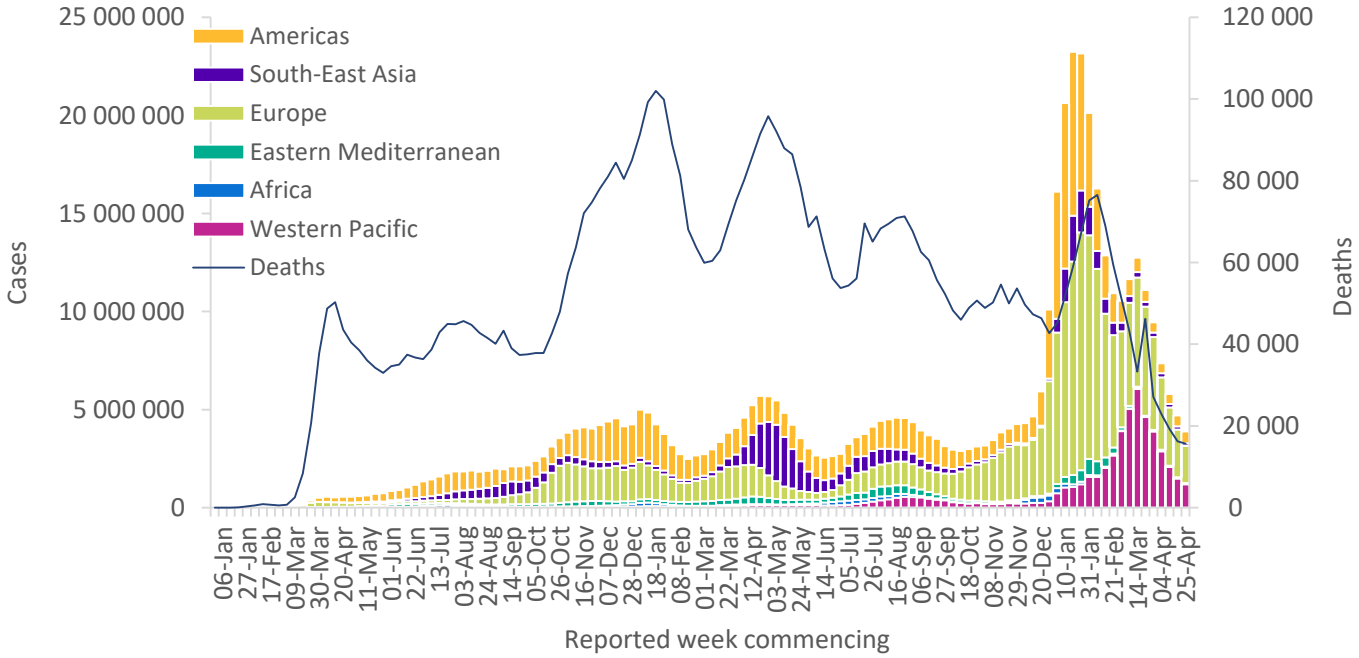
Globally, the number of new COVID-19 cases and deaths has continued to decline since the end of March 2022. During the week of 25 April through 1 May 2022, over 3.8 million cases and over 15 000 deaths were reported, decreases of 17% and 3% respectively, as compared to the previous week (Figure 1).

However, not all the Regions reported decreasing trends: the number of new weekly cases increased in the African Region (+31%) and in the Region of the Americas (+13%), while the number of new weekly deaths increased in the South-East Asia Region (+69%) largely due to a delay in the reporting of deaths from India.

As of 1 May 2022, over 500 million confirmed cases and over six million deaths have been reported globally.

These trends should be interpreted with caution as several countries have been progressively changing their COVID-19 testing strategies, resulting in lower overall numbers of tests performed and consequently lower numbers of cases detected.

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



**See *Annex 1: Data, table, and figure notes*

At the country level, the highest number of new weekly cases were reported from Germany (558 958 new cases; - 24%), Italy (384 825 new cases; -8%), France (382 208 new cases; -30%), the Republic of Korea (380 455 new cases; - 35%), and the United States of America (372 167 new cases; +27%).

The highest number of new weekly deaths were reported from the United States of America (2 199 new deaths; - 5%), India (1 650 new deaths; +273%), the Russian Federation (1 129 new deaths; -19%), France (900 new deaths; +2%), and Italy (898 new deaths; -11%).

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 1 May 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 (%)
Europe	1 899 829 (49%)	-22%	215 107 376 (42%)	6 456 (41%)	-16%	1 988 860 (32%)
Western Pacific	1 188 038 (31%)	-20%	54 652 929 (11%)	2 063 (13%)	-8%	225 031 (4%)
Americas	616 348 (16%)	13%	153 159 475 (30%)	4 200 (27%)	<1%	2 724 151 (44%)
South-East Asia	123 210 (3%)	-24%	57 857 765 (11%)	2 669 (17%)	69%	786 199 (13%)
Africa	49 373 (1%)	31%	8 772 209 (2%)	84 (1%)	-56%	171 652 (3%)
Eastern Mediterranean	16 235 (0%)	-29%	21 702 163 (4%)	223 (1%)	-21%	342 243 (5%)
Global	**3 893 033 (100%)**	**-17%**	**511 252 681 (100%)**	**15 695 (100%)**	**-3%**	**6 238 149 (100%)**

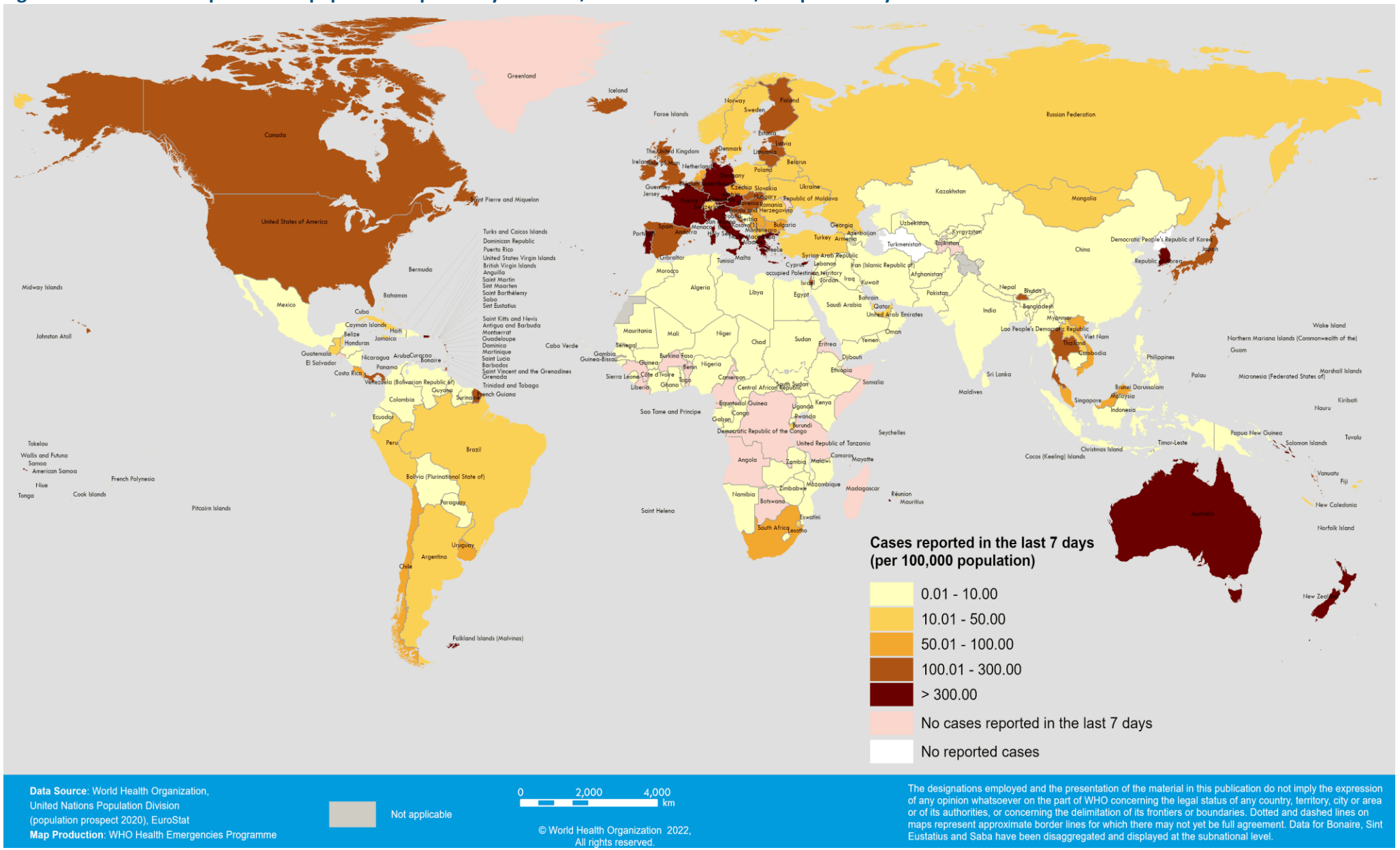
**Percent change in the number of newly confirmed cases/deaths in the past seven days, compared to seven days prior*

**See *Annex 1: Data, table, and figure notes*

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

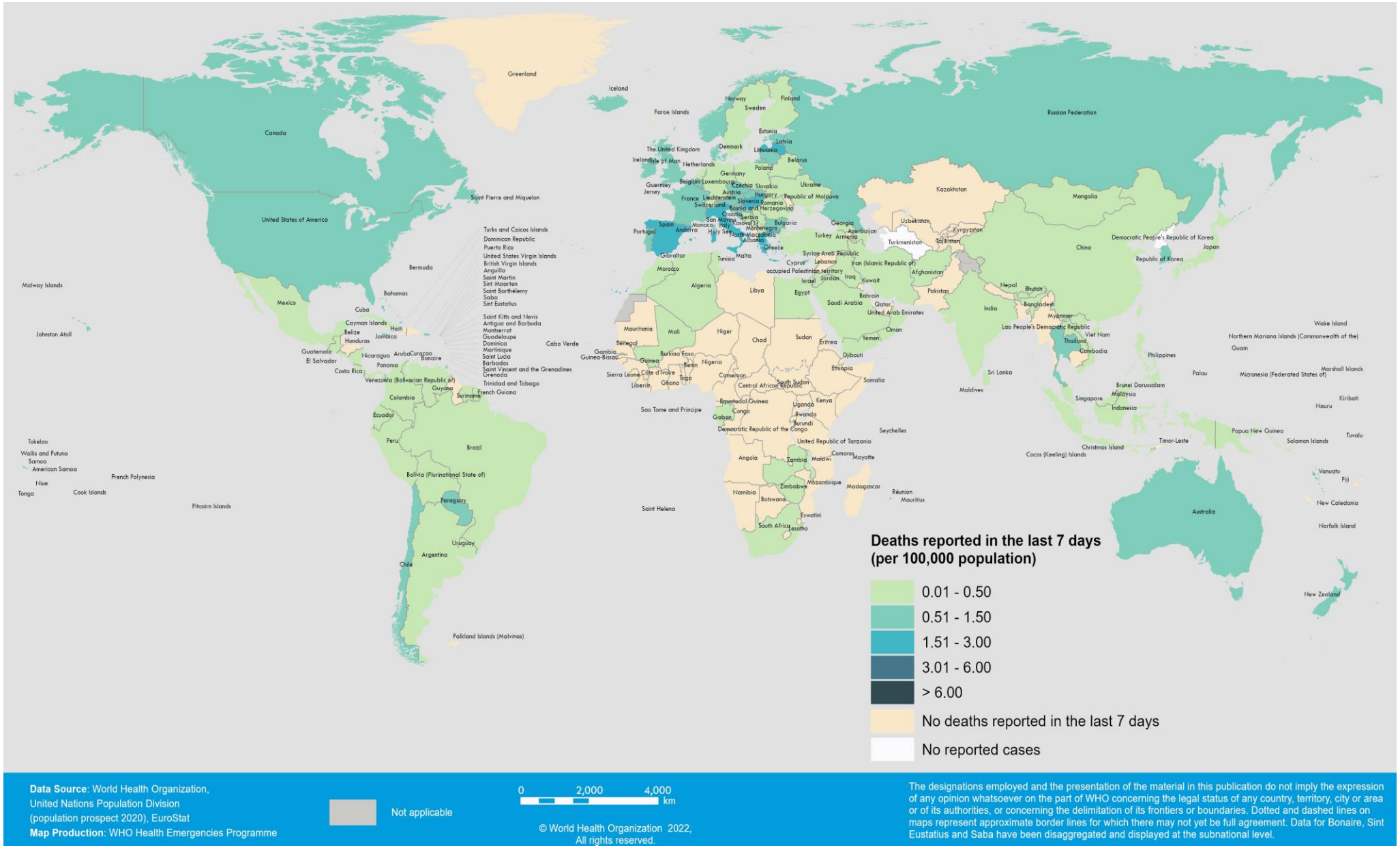
- WHO COVID-19 Dashboard
- WHO COVID-19 Weekly Operational Update and previous editions of the Weekly Epidemiological Update

Figure 2. COVID-19 cases per 100 000 population reported by countries, territories and areas, 25 April - 1 May 2022*



**See *Annex 1: Data, table, and figure notes*

Figure 3. COVID-19 deaths per 100 000 population reported by countries, territories and areas, 25 April - 1 May 2022*



**See *Annex 1: 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 the effectiveness of vaccines, therapeutics, diagnostics or public health and social measures (PHSM) applied to control disease spread. Potential variants of concern (VOCs), variants of interest (VOIs) or variants under monitoring (VUMs) are regularly assessed based on the risk posed to global public health.
The classifications of variants will be revised as needed to reflect the continuous evolution of circulating variants and their changing epidemiology. Criteria for variant classification, and the lists of currently circulating and previously circulating VOCs, VOIs and VUMs, are available on the WHO Tracking SARS-CoV-2 variants website. National authorities may choose to designate other variants and are strongly encouraged to investigate and report newly emerging variants and their impact.

Geographic spread and prevalence of VOCs

The Omicron variant of concern is the dominant variant circulating globally, accounting for nearly all sequences reported to GISAID. Since its designation as a VOC by WHO on 26 November 2021, Omicron has continued to evolve, leading to variants with slightly different genetic constellations of mutations. Each constellation may differ in the public health risk it poses, including the change in epidemiology and or the severity profile. The main features of Omicron sublineages are the high growth advantage over other variants, which is mainly driven by immune evasion. Omicron sublineages have led and are still leading to a high number of cases and, as a result, to a high number of hospitalizations and deaths.

Three Omicron sublineages BA.4, BA.5 and BA.2.12.1 have acquired a few additional mutations that may impact their characteristics (BA.4 and BA.5 have the del69/70, L452R and F486V mutations; BA.2.12.1 has the L452Q and S704L mutations). Based on GISAID data and reports from WHO regional offices and countries, the number of cases and the number of countries reporting the detection of these three variants are rising. Limited evidence to date, does not indicate a rise in hospital admissions or other signs of increased severity. Preliminary data from South Africa using S gene target failure data (absent in BA.2, present in BA.4 and BA.5) indicate no difference in the risk of hospitalization for BA.4 and BA.5, as compared to BA.1; however, the short follow-up of BA.4 and BA.5 cases does not allow for conclusions on disease severity of these sublineages to be drawn at this stage.

WHO continues to closely monitor the BA.4, BA.5, and BA.2.12.1 variants as part of Omicron VOC and provide further updates as more evidence on severity becomes available. WHO requests countries to continue to be vigilant, to monitor and report sequences, as well as to conduct independent and comparative analyses of the different emerging variants.

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

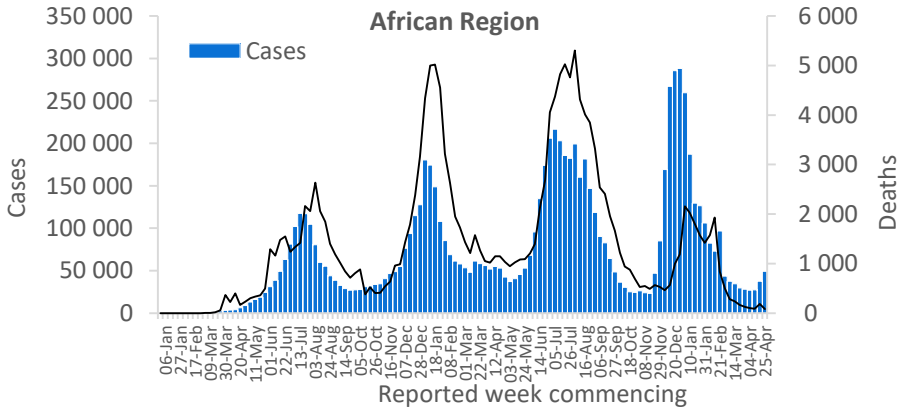
WHO regional overviews:

Epidemiological week 25 April - 1 May 2022**

African Region

Following the decreasing trend observed since January 2002, the Africa Region showed an increase in cases for the second consecutive week (+31% as compared to the previous week), with over 49 000 new weekly cases reported. Twelve (24%) countries in the region reported an increase of over 20% in cases, with some of the greatest proportional increases observed in Burundi (1253 vs 343 new cases; +265%), Rwanda (45 vs 18 new cases; +150%) and Eswatini (359 vs 186 new cases; +93%). The highest numbers of new cases were reported from South Africa (32 236 new cases; 54.4 new cases per 100 000 population; +67%), Réunion (12 889 new cases; 1439.6 new cases per 100 000; -7%), and Burundi (1253 new cases; 10.5 new cases per 100 000; +265%).

The Region reported 84 new weekly deaths, a 56% decrease as compared with the previous week. The highest numbers of new deaths were reported from South Africa (65 new deaths; <1 new death per 100 000 population; - 58%), Réunion (seven new deaths; <1 new death per 100 000; -36%), and Seychelles (three deaths; 3.1 new deaths per 100 000; similar to the previous week's figures).

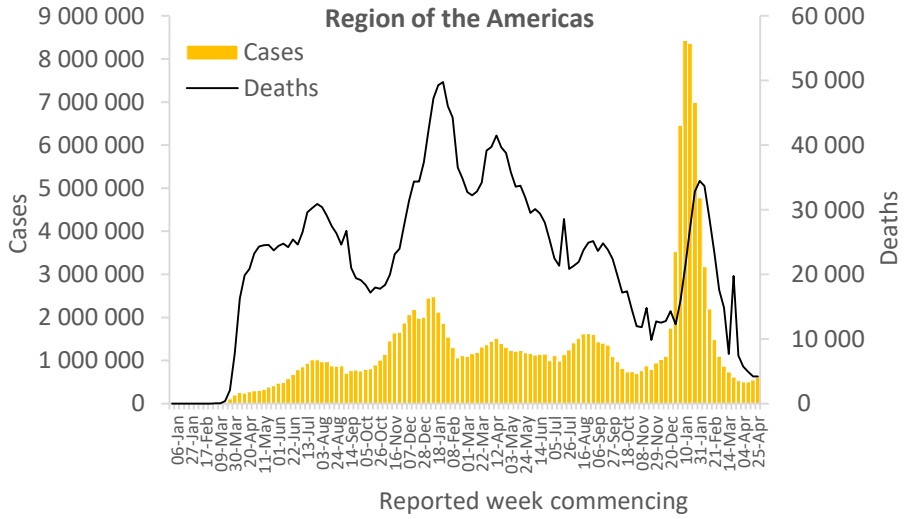


Updates from the African Region

Region of the Americas

The Region of the Americas shows an increasing trend for the third consecutive week, with over 616 000 new cases reported, a 13% increase as compared to the previous week. Twenty-two (39%) countries in the Region reported increases in new cases of 20% or greater, with the largest increases observed in Montserrat (39 vs one new case; +3800), Haiti (42 vs 15 new cases; +180%) and Costa Rica (4290 vs 1642 new cases; +161%). The highest numbers of new cases were reported from the United States of America (372 167 new cases; 112.4 new cases per 100 000; +27%), Brazil (94 345 new cases; 44.4 new cases per 100 000; +3%), and Canada (54 519 new cases; 144.5 new cases per 100 000; -14%).

The number of new weekly deaths in the Region remained similar to the number reported during the previous week, with 4200 new deaths reported. The highest numbers of new deaths were reported from the United States of America (2199 new deaths; <1 new death per 100 000; -5%), Brazil (853 new deaths; <1 new death per 100 000; +31%), and Canada (477 new deaths; 1.3 new deaths per 100 000; +6%).

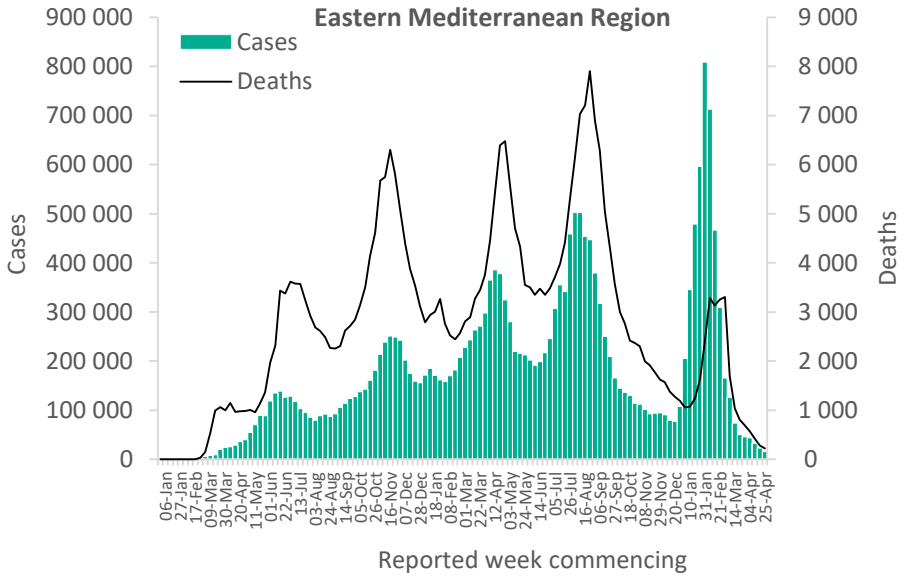


Updates from the Region of the Americas

Eastern Mediterranean Region

In the Eastern Mediterranean Region, new weekly cases have continued to decline after reaching a peak in early February 2022. Over 16 000 new weekly cases were reported last week, a 29% decrease as compared to the previous week. However, Djibouti reported an increase in new weekly cases of 54% (29 vs 13 new cases). The highest numbers of new cases were reported from the Islamic Republic of Iran (6141 new cases; 7.3 new cases per 100 000; - 41%), Bahrain (2876 new cases; 169.0 new cases per 100 000; -6%), and the United Arab Emirates (1679 new cases; 17.0 new cases per 100 000; +3%).

The number of new weekly deaths in the Region decreased by 21% when compared to the previous week, with 223 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (121 new deaths; <1 new death per 100 000; -25%), Egypt (42 new deaths; <1 new death per 100 000; similar to the previous week), and Tunisia (17 new deaths; <1 new death per 100 000; -29%).

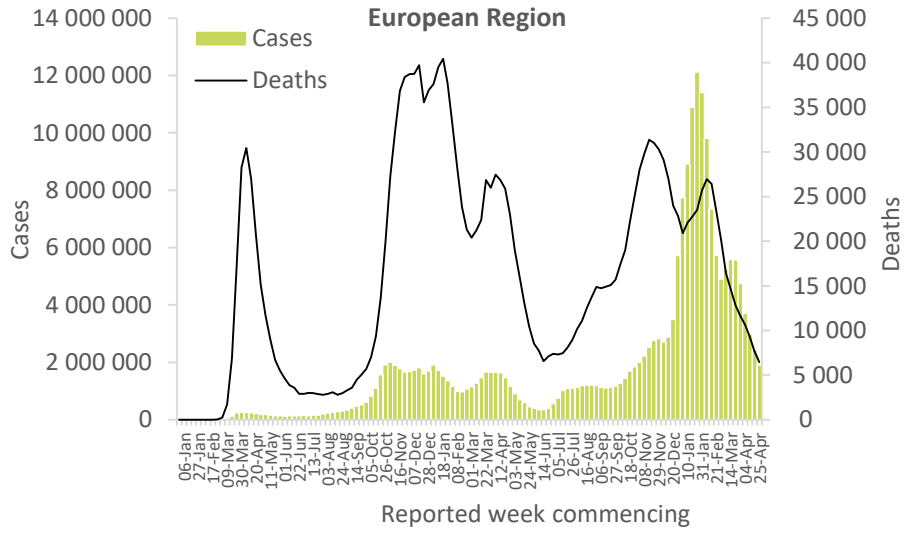


Updates from the Eastern Mediterranean Region

European Region

After the increase observed during the first half of March 2022, new weekly cases have continued to decrease in the European Region. Just under 1.9 million new cases were reported, a 22% decrease as compared to the previous week. However, six (10%) countries in the Region reported increases in new cases of 20% or greater, with the largest increases observed in Cyprus (9901 vs 6115 new cases; +62%), Spain (110 116 vs 76 005 new cases; +45%) and Kazakhstan (174 vs 125 new cases; +39%). The highest numbers of new cases were reported from Germany (558 958 new cases; 672.1 new cases per 100 000; -24%), Italy (384 825 new cases; 645.2 new cases per 100 000; -8%), and France (382 208 new cases; 587.7 new cases per 100 000; -30%).

The number of new deaths has continued to decrease in the Region, with just over 6400 new deaths reported this week, a 16% decrease as compared to the previous week. The highest numbers of new deaths were reported from the Russian Federation (1129 new deaths; <1 new death per 100 000; -19%), France (900 new deaths; 1.4 new deaths per 100 000; +2%), and Italy (898 new deaths; 1.5 new deaths per 100 000; -11%).

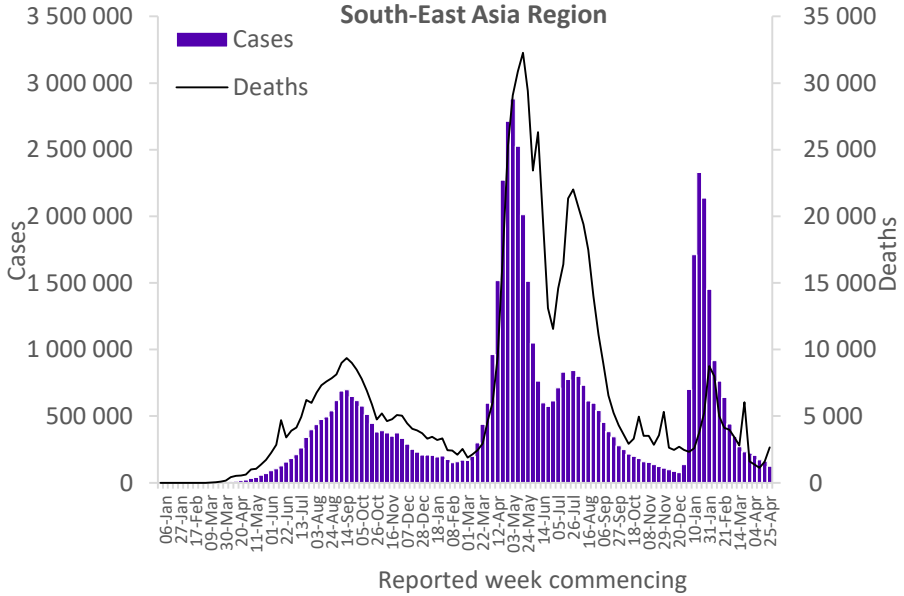


Updates from the European Region

South-East Asia Region

The South-East Asia Region reported over 123 000 new weekly cases, a 24% decline as compared to the previous week, continuing the decreasing trend observed since January 2022. However, Timor-Leste and India reported increases in new weekly cases of 57% (11 vs 7 new cases) and 40% (21 643 vs 15 448 new cases), respectively. The highest numbers of new cases were reported from Thailand (96 610 new cases; 138.4 new cases per 100 000; -29%), India (21 643 new cases; 1.6 new cases per 100 000; +40%), and Indonesia (2890 new cases; 1.1 new cases per 100 000; -32%).

New weekly deaths increased by 69% in the Region as compared to the previous week, with over 2600 new deaths reported, mostly due to a delay in reporting of deaths from India. The highest numbers of new deaths were reported from India (1650 new deaths; <1 death per 100 000; +273%), Thailand (842 new deaths; 1.2 new deaths per 100 000; -6%) and Indonesia (173 new deaths; <1 new death per 100 000; -26%).

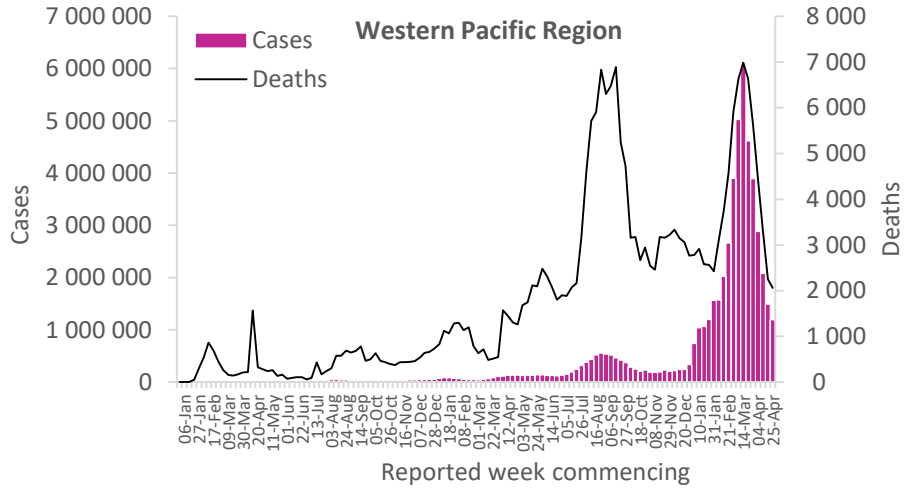


Updates from the South-East Asia Region

Western Pacific Region

In the Western Pacific Region, new weekly cases have continued to decline since March 2022. Over 1.1 million new cases were reported, a 20% decrease as compared to the previous week. However, nine (29%) countries in the Region reported an increase of 20% or greater, with some of the largest increases observed in the Solomon Islands (2202 vs 299 new cases; +636%), Fiji (110 vs 22 new cases; +400%) and New Caledonia (96 vs 36 new cases; 167%). The highest numbers of new cases were reported from the Republic of Korea (380 455 new cases; 742.1 new cases per 100 000; -35%), Australia (271 216 new cases; 1063.6 new cases per 100 000; -8%), and Japan (254 946 new cases; 201.6 new cases per 100 000; -11%).

The number of new weekly deaths in the Region shows a decrease of 8% as compared to the previous week, with over 2000 new deaths reported. The highest numbers of new deaths were reported from the Republic of Korea (742 new deaths; 1.4 new deaths per 100 000; -29%), China (416 new deaths; <1 new death per 100 000; +93%), and Japan (283 new deaths; <1 new death per 100 000; -3%).



Updates from the Western Pacific Region

Annex 1. Data, table, and figure notes

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

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.

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