

COVID-19 Weekly Epidemiological Update

Edition 132 published 1 March 2023

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Global overview

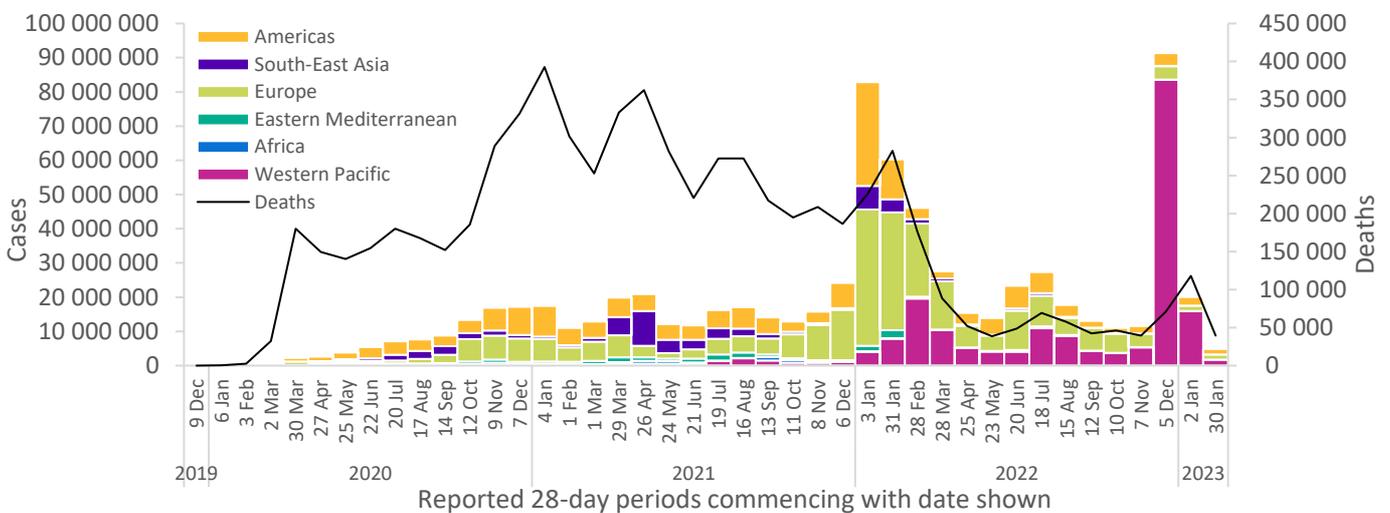
Data as of 26 February 2023

Globally, over 4.8 million new cases and over 39 000 deaths were reported in the last 28 days (30 January to 26 February 2023), a decrease of 76% and 66%, respectively, compared to the previous 28 days (Figure 1, Table 1). As of 26 February 2023, over 758 million confirmed cases and over 6.8 million deaths have been reported globally.

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

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

Figure 1. COVID-19 cases reported by WHO Region, and global deaths by 28-day intervals, as of 26 February 2023**



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

At the regional level, the number of newly reported 28-day cases decreased across all WHO regions: the Western Pacific Region (-89%), the African Region (-53%), the Region of the Americas (-38%), the South-East Asia Region (-36%), the Eastern Mediterranean Region (-22%), and the European Region (-7%). The number of newly reported 28-day deaths decreased across five regions: the Western Pacific Region (-84%), the African Region (-66%), the South-East Asia Region (-57%), the European Region (-44%), and the Region of the Americas (-22%); while reported deaths increased in the Eastern Mediterranean Region (+18%).

At the country level, the highest numbers of new 28-day cases were reported from the United States of America (1 085 170 new cases; -29%), Japan (752 935 new cases; -77%), China (537 561 new cases; -95%), Germany (376 450 new cases; +6%), and the Republic of Korea (349 277 new cases; -66%). The highest numbers of new 28-day deaths were reported from the United States of America (12 111 new deaths; -17%), China (5915 new deaths; -91%), Japan (4818 new deaths; -52%), Brazil (2186 new deaths; -24%), and the United Kingdom (2027 new deaths; -48%).

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 26 February 2023**

WHO Region	New cases in last 28 days (%)	Change in new cases in last 28 days *	Cumulative cases (%)	New deaths in last 28 days (%)	Change in new deaths in last 28 days *	Cumulative deaths (%)
Western Pacific	1 767 793 (37%)	-89%	201 174 961 (27%)	12 132 (31%)	-84%	405 082 (6%)
Americas	1 549 542 (32%)	-38%	190 330 981 (25%)	17 208 (43%)	-22%	2 931 207 (43%)
Europe	1 474 354 (31%)	-7%	273 198 084 (36%)	9784 (25%)	-44%	2 193 431 (32%)
Eastern Mediterranean	15 103 (<1%)	-22%	23 257 697 (3%)	238 (1%)	18%	349 528 (5%)
Africa	14 258 (<1%)	-53%	9 497 673 (1%)	37 (<1%)	-66%	175 295 (3%)
South-East Asia	10 971 (<1%)	-36%	60 766 335 (8%)	186 (<1%)	-57%	803 843 (12%)
Global	4 832 021 (100%)	-76%	758 226 495 (100%)	39 585 (100%)	-66%	6 858 399 (100%)

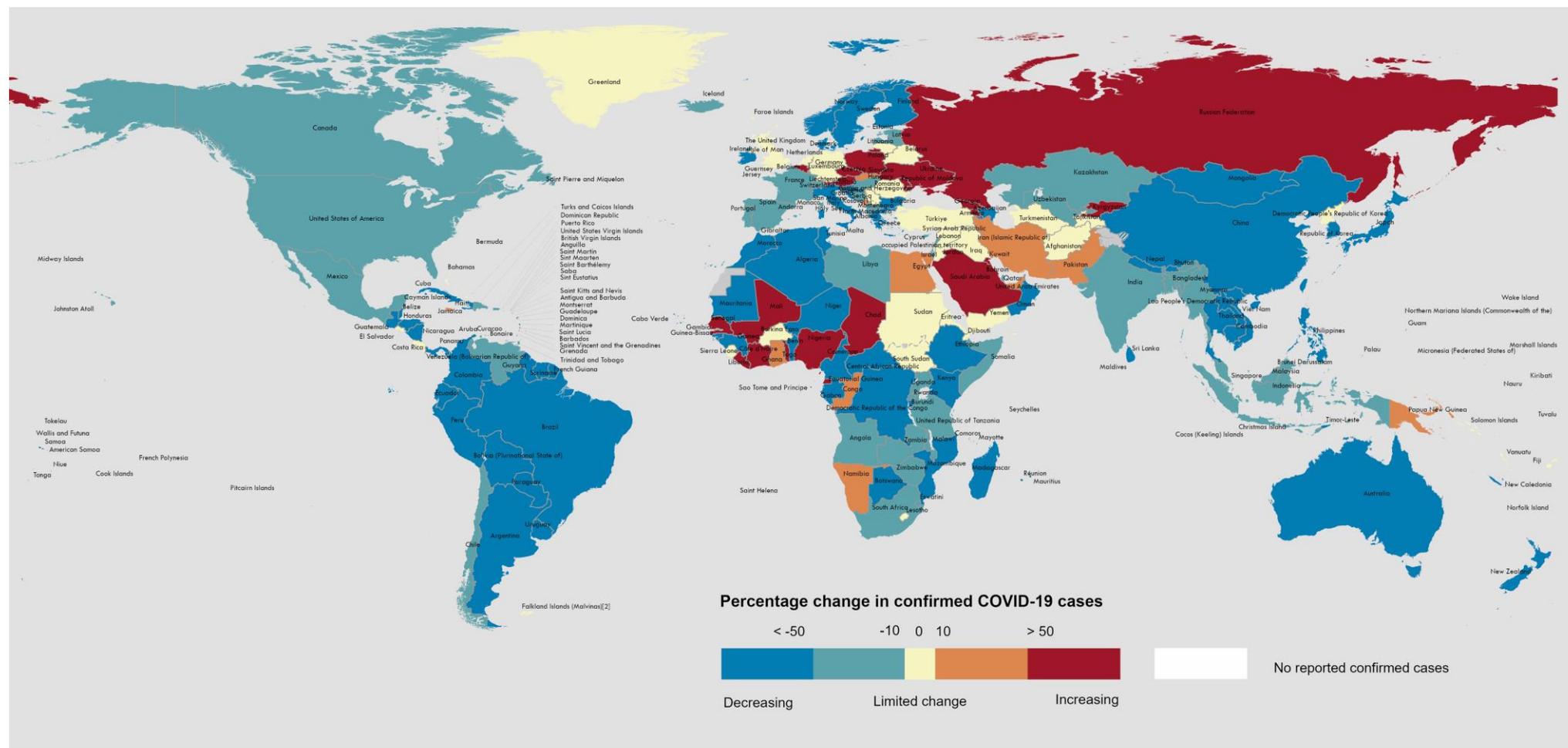
*Percent change in the number of newly confirmed cases/deaths in the past 28 days, compared to 28 days prior. Data from previous weeks are updated continuously with adjustments received from countries.

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

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

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

Figure 2. Percentage change in confirmed COVID-19 cases over the last 28 days relative to the previous 28 days, as of 26 February 2023**



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

Not applicable

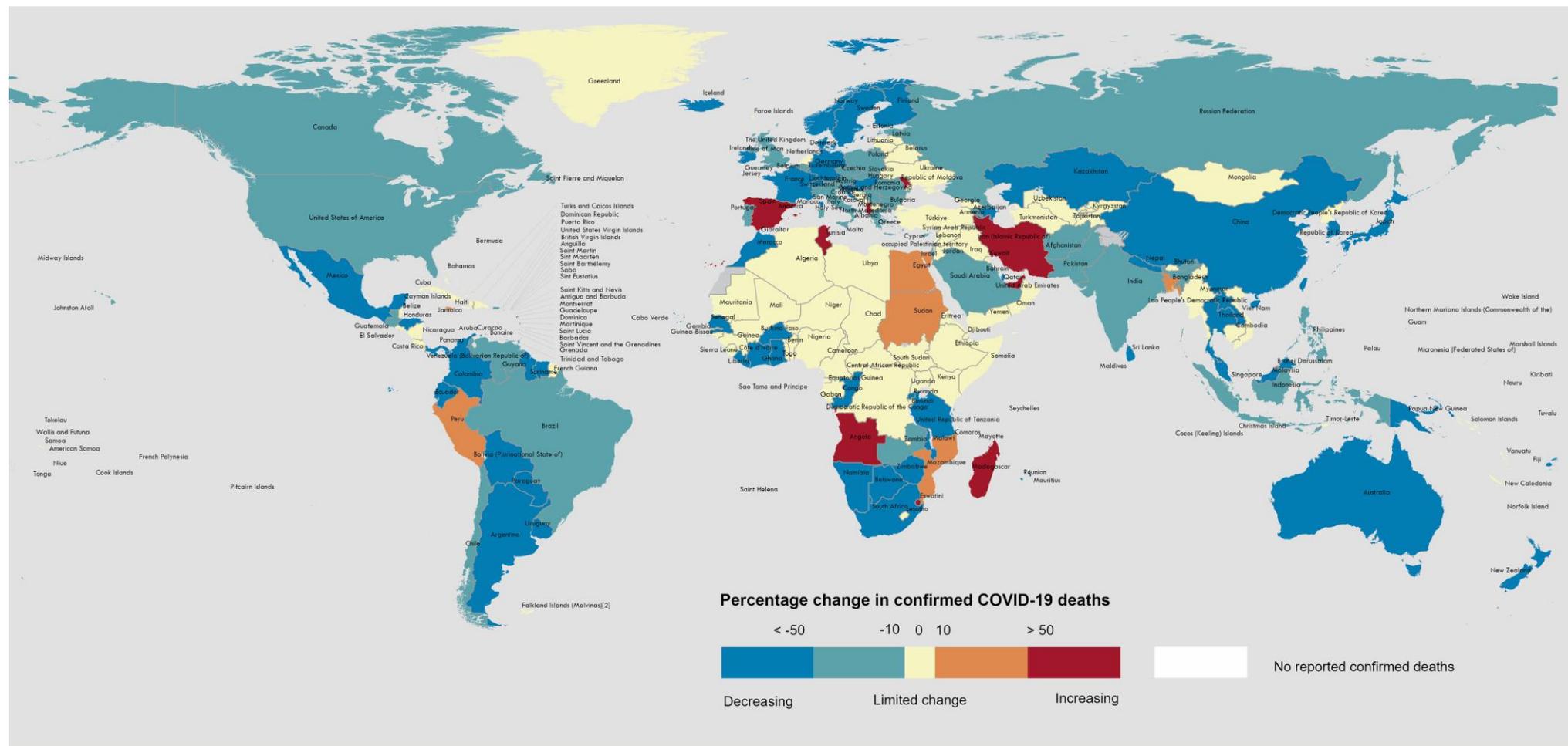
0 2,500 5,000 km

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

Figure 3. Percentage change in confirmed COVID-19 deaths over the last 28 days relative to the previous 28 days, as of 26 February 2023**



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

Not applicable

0 2,500 5,000 km

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

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

Geographic spread and prevalence

Globally, from 30 January to 26 February 2023 (28 days), 60 559 SARS-CoV-2 sequences were shared through GISAID. Among these, 60 521 sequences (99.9%) were the Omicron variant of concern (VOC).

There has been an increasing trend in the proportions of recombinant lineages. In epidemiological week 6 (6 to 12 February 2023), pooled recombinant variant sequences accounted for 41.5% (7748 sequences) of sequences, which has increased from 18.7% (8919 sequences) in week 2 (9 to 15 January 2023). The majority of these recombinant variants in week 6 were XBB.1.5 (32.6% of all sequences). In addition, recombinant variant XBF accounted for 1.2% of all sequences. During the same reporting period, Omicron BA.5 and its descendent lineages accounted for 31.8% of all shared sequences (5936 sequences) a reduction as compared to 61.8% in week 2 (9 to 15 January 2023). The prevalence of Omicron BA.2 and its descendent lineages remained stable (13.7% as compared to 13.9% in week 2, 2023). Unassigned sequences (all presumably Omicron awaiting descendent lineage assignment) accounted for 12.9% of the shared sequences in week 6. Omicron BA.1, BA.3 and BA.4 variants and their descendent lineages all accounted for <1% prevalence in week 6.

WHO is currently monitoring seven Omicron subvariants.⁵ These include BF.7 (BA.5 + R346T mutation in spike); BQ.1 (including BQ.1.1, with BA.5 + R346T, K444T, N460K mutations in spike); BA.2.75*^{*}; CH.1.1 (BA.2.75 + L452R, F486S); XBB* excluding XBB.1.5 (BA.2.10.1 and BA.2.75 recombinant); XBB.1.5 and XBF (BA.5.2.3 and BA.2.75.3 recombinant). These variants are being monitored due to their observed transmission advantage relative to other circulating variants and additional amino acid changes that are known or suspected to confer fitness advantage.

On 24 February 2023, WHO has published the [XBB.1.5 updated risk assessment](#). The current available information does not suggest that XBB.1.5 has additional public health risks relative to the other currently circulating Omicron descendent lineages.

Additional resources

- [Tracking SARS-CoV-2 Variants](#)
- [WHO XBB.1.5 updated rapid risk assessment, 24 February 2023](#)
- [Genomic sequencing of SARS-CoV-2: a guide to implementation for maximum impact on public health](#)
- [VIEW-hub: repository for the most relevant and recent vaccine data](#)

* Indicates all descendent lineages

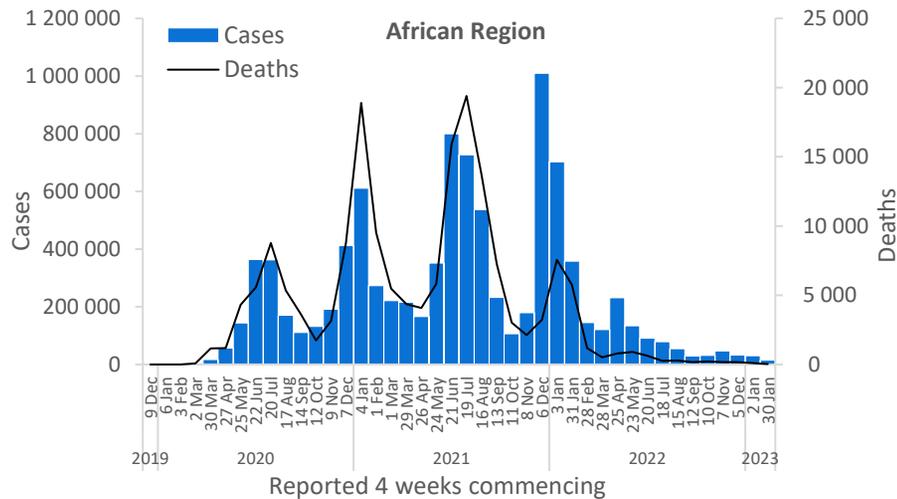
WHO regional overviews

Data for 30 January to 26 February 2023

African Region

The African Region reported over 14 000 new cases, a 53% decrease as compared to the previous 28-day period. Nine (18%) of the 50 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Mali (211 vs eight new cases; +2538%), Chad (23 vs two new cases; +1050%), and Nigeria (130 vs 13 new cases; +900%). The highest numbers of new cases were reported from South Africa (4729 new cases; 8.0 new cases per 100 000; -33%), Zambia (2964 new cases; 16.1 new cases per 100 000; -43%), and Zimbabwe (1619 new cases; 10.9 new cases per 100 000; -25%).

The number of new 28-day deaths in the Region decreased by 66% as compared to the previous 28-day period, with 37 new deaths reported. The highest numbers of new deaths were reported from Zambia (13 new deaths; <1 new death per 100 000; -24%), Mozambique (six new deaths; <1 new death per 100 000; +50%), and Zimbabwe (five new deaths; <1 new death per 100 000; -74%).

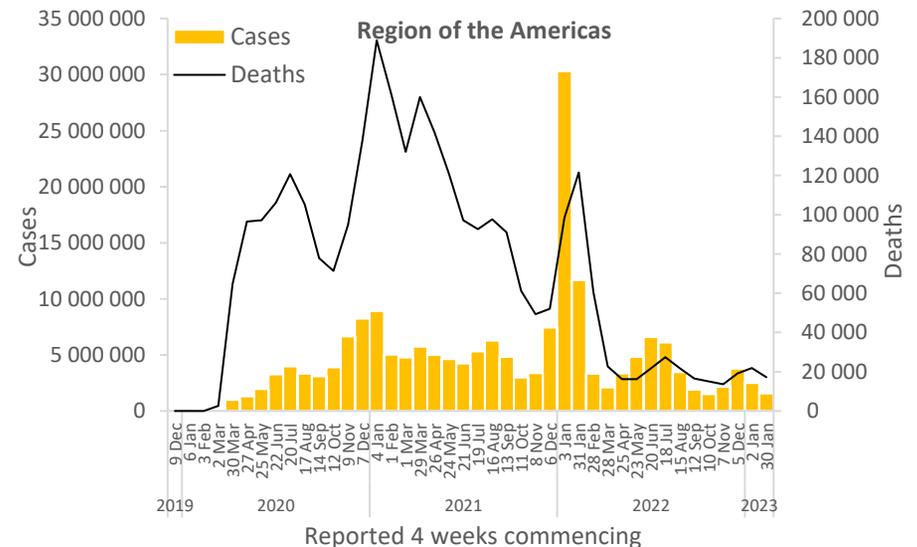


Updates from the [African Region](#)

Region of the Americas

The Region of the Americas reported over 1.5 million new cases, a 38% decrease as compared to the previous 28-day period. Two (4%) of the 56 countries for which data are available reported increases in new cases of 20% or greater: Saint Lucia (201 vs 44 new cases; +357%), and Jamaica (789 vs 616 new cases; +28%). The highest numbers of new cases were reported from the United States of America (1 085 170 new cases; 327.8 new cases per 100 000; -29%), Brazil (229 264 new cases; 107.9 new cases per 100 000; -50%), and Mexico (72 227 new cases; 56 new cases per 100 000; -34%).

The number of new 28-day deaths in the Region decreased by 22% as compared to the previous 28-day period, with 17 208 new deaths reported. The highest numbers of new deaths were reported from the United States of America (12 111 new deaths; 3.7 new deaths per 100 000; -17%), Brazil (2186 new deaths; 1.0 new death per 100 000; -24%), and Canada (743 new deaths; 2.0 new deaths per 100 000; -29%).

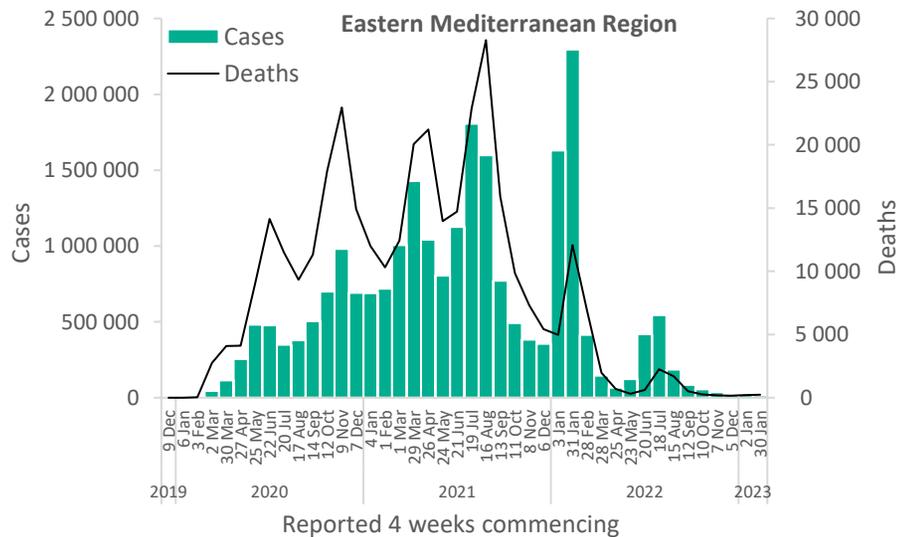


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 15 000 new cases, a 22% decrease as compared to the previous 28-day period. Three (14%) of the 22 countries for which data are available reported increases in new cases of 20% or greater: in Kuwait (310 vs 176 new cases; +76%), Saudi Arabia (1400 vs 824 new cases; +70%), and the Islamic Republic of Iran (3656 vs 2906 new cases; +26%). The highest numbers of new cases were reported from the Islamic Republic of Iran (3656 new cases; 4.4 new cases per 100 000; +26%), Lebanon (3315 new cases; 48.6 new cases per 100 000; -39%), and the United Arab Emirates (2523 new cases; 25.5 new cases per 100 000; +15%).

The number of new 28-day deaths in the Region increased by 18% as compared to the previous 28-day period, with 238 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (98 new deaths; <1 new death per 100 000; +66%), Saudi Arabia (45 new deaths; <1 new death per 100 000; -10%), and Lebanon (37 new deaths; <1 new death per 100 000; -5%).

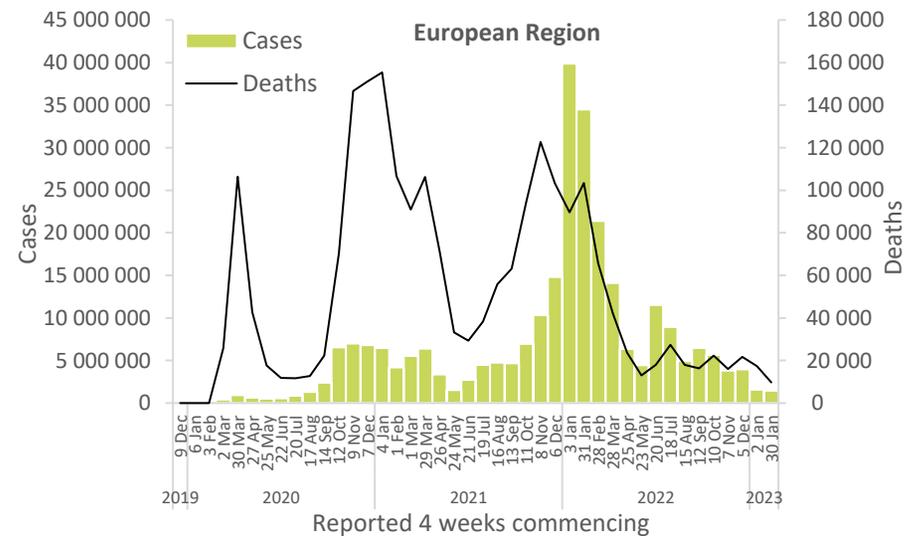


Updates from the [Eastern Mediterranean Region](#)

European Region

The European Region reported over 1.4 million new cases, a 7% decrease as compared to the previous 28-day period. Fourteen (23%) of the 61 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Republic of Moldova (8779 vs 2123 new cases; +314%), Poland (36 982 vs 9696 new cases; +281%), and Armenia (615 vs 228 new cases; +170%). The highest numbers of new cases were reported from Germany (376 450 new cases; 452.6 new cases per 100 000; +6%), the Russian Federation (314 716 new cases; 215.7 new cases per 100 000; +133%), and Austria (124 999 new cases; 1404.3 new cases per 100 000; +86%).

The number of new 28-day deaths in the Region decreased by 44% as compared to the previous 28-day period, with 9784 new deaths reported. The highest numbers of new deaths were reported from the United Kingdom (2027 new deaths; 3.0 new deaths per 100 000; -48%), Italy (1190 new deaths; 2.0 new deaths per 100 000; -40%), and the Russian Federation (1051 new deaths; <1 new death per 100 000; -14%).

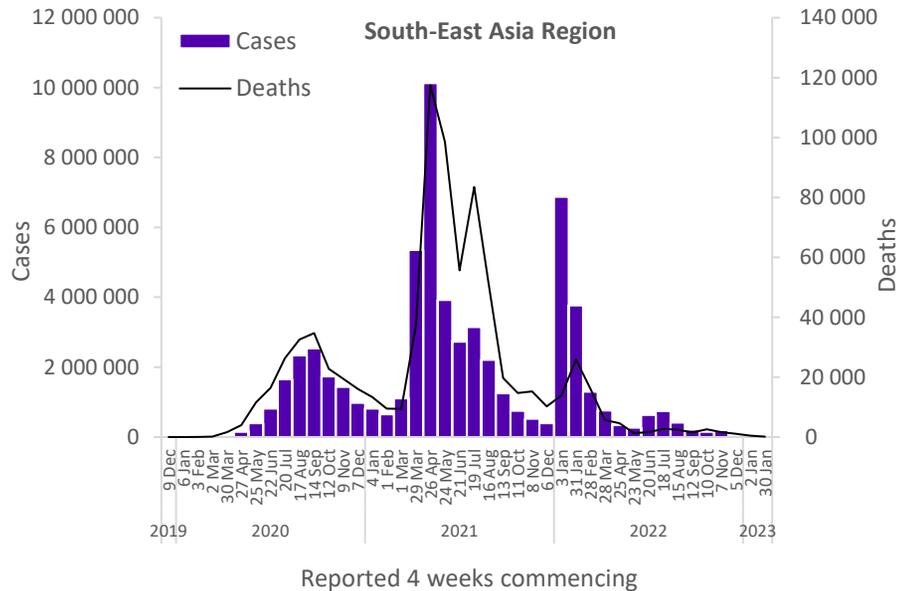


Updates from the [European Region](#)

South-East Asia Region

The South-East Asia Region reported just under 11 000 new cases, a 36% decrease as compared to the previous 28-day period. No country has reported increases in new cases of 20% or greater compared to the previous 28-day period. The highest numbers of new cases were reported from Indonesia (6055 new cases; 2.2 new cases per 100 000; -36%), India (3378 new cases; <1 new case per 100 000; -15%), and Thailand (1051 new cases; 1.5 new cases per 100 000; -66%).

The number of new 28-day deaths in the Region decreased by 57% as compared to the previous 28-day period, with 186 new deaths reported. The highest numbers of new deaths were reported from Indonesia (105 new deaths; <1 new death per 100 000; -43%), Thailand (46 new deaths; <1 new death per 100 000; -77%), and India (29 new deaths; <1 new death per 100 000; -17%).

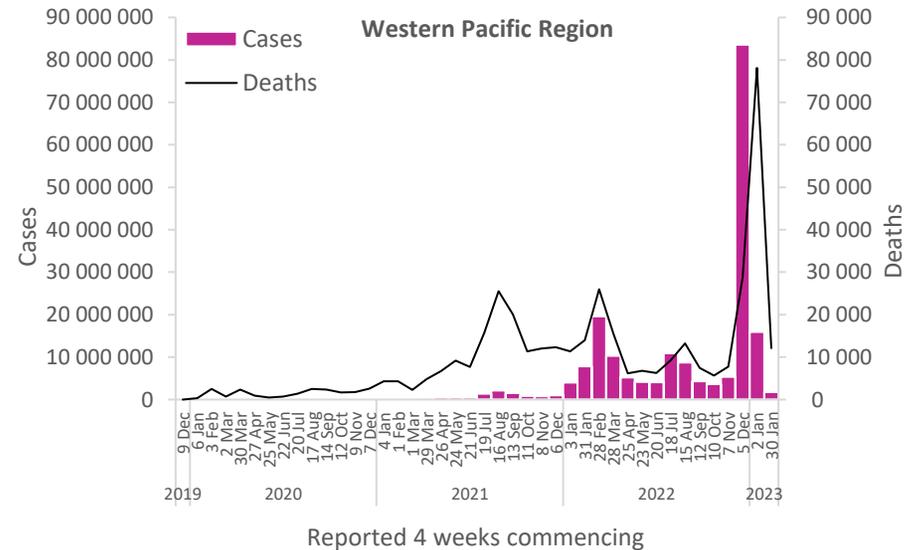


Updates from the [South-East Asia Region](#)

Western Pacific Region

The Western Pacific Region reported over 1.7 million new cases, an 89% decrease as compared to the previous 28-day period. Two (6%) of the 35 countries for which data are available reported increases in new cases of 20% or greater: Nauru (559 vs 67 new cases; +734%), and Papua New Guinea (57 vs 38 new cases; +50%). The highest numbers of new cases were reported from Japan (752 935 new cases; 595.3 new cases per 100 000; -77%), China (537 561 new cases; 36.5 new cases per 100 000; -95%), and the Republic of Korea (349 277 new cases; 681.3 new cases per 100 000; -66%).

The number of new 28-day deaths in the Region decreased by 84% as compared to the previous 28-day period, with 12 132 new deaths reported. The highest numbers of new deaths were reported from China (5915 new deaths; <1 new death per 100 000; -91%), Japan (4818 new deaths; 3.8 new deaths per 100 000; -52%), and the Republic of Korea (556 new deaths; 1.1 new deaths per 100 000; -53%).



Updates from the [Western Pacific Region](#)

Hospitalizations and ICU admissions

At the global level, during the past 28 days (23 January to 19 February 2023), a total of 42 258 new hospitalizations and 1619 new intensive care unit (ICU) admissions were reported. This represents a reduction in both new hospitalizations and ICU admissions of 83% and 49%, respectively, compared to the previous 28 days (26 December 2022 to 22 January 2023). The presented hospitalization data are preliminary and might change as new data become available. Furthermore, hospitalization data are subject to reporting delays. These data are also likely to include both hospitalizations with incidental cases of SARS-CoV-2 infection and those due to COVID-19 disease.

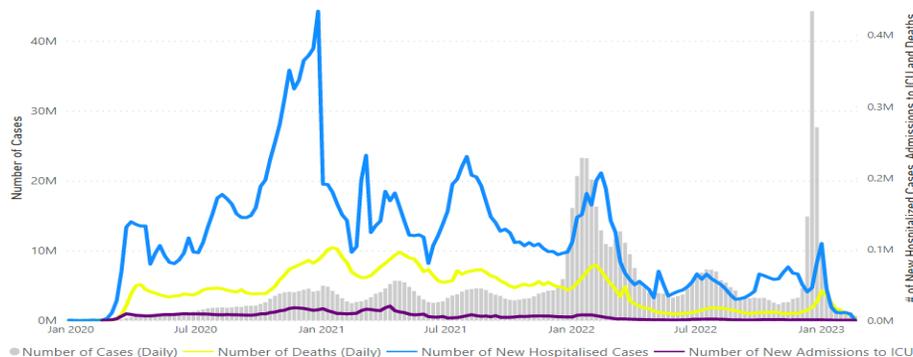
Globally, during the past 28 days, 45 (19%) countries reported data to WHO on new hospitalizations at least once. The Region with the highest proportion of countries reporting data on new hospitalizations was the European Region (24 countries; 39%), followed by the Eastern Mediterranean Region (five countries; 23%), the South-East Asia Region (two countries; 18%), the Region of the Americas (seven countries; 13%), the Western Pacific Region (three countries; 9%), and the African Region (four countries; 8%). Globally, during the past 28 days (date), 11% (25 countries) of countries consistently[#] reported new hospital admissions.

Fourteen countries among 25 countries reported consistently during the period with more than 200 total new hospitalizations, and three countries showed an increasing trend compared to the previous 28 days period. These were Slovakia (776 vs 683; 14%), Ukraine (10 388 vs 9279; 12%) and Czechia (1109 vs 1101; 1%).

Across the six WHO regions, in the past 28 days, a total of 30 (13%) countries reported data to WHO on new ICU admissions at least once. The region with the highest proportion of countries reporting data on new ICU admissions was the European Region (17 countries; 28%) followed by the Eastern Mediterranean Region (four countries; 18%), the Western Pacific Region (four countries; 11%), the South-East Asia Region (one country; 9%), and the Region of the Americas (four countries; 7%). No country in the African Region reported on ICU admissions during the period. The proportion of countries that consistently reported new ICU admissions for the period was 7% (16 countries).

Ten countries among the 16 that reported consistently had more than 40 total new ICU admissions and no country showed an increasing trend compared to the previous 28 days period.

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



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

Source: [WHO Detailed Surveillance Dashboard](#)

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

Annex 1. Data, table, and figure notes

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

A record of historic data adjustment made is available upon request by emailing epi-data-support@who.int. Please specify the countries of interest, time period, and purpose of the request/intended usage. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data. COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories, and areas, and WHO Region (reported in previous issues) are now available at: <https://covid19.who.int/table>.

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

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

^[2] A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

Updates on the COVID-19 outbreak in the Democratic People’s Republic of Korea are not included in this report as the number of laboratory-confirmed COVID-19 cases is not reported.

Annex 2. SARS-CoV-2 variants assessment and classification

WHO, in collaboration with national authorities, institutions and researchers, routinely assesses if variants of SARS-CoV-2 alter transmission or disease characteristics, or impact the effectiveness of vaccines, therapeutics, diagnostics or public health and social measures (PHSM) applied to control disease spread. Potential variants of concern (VOCs), variants of interest (VOIs) or variants under monitoring (VUMs) are regularly assessed based on the risk posed to global public health.

The classifications of variants will be revised as needed to reflect the continuous evolution of circulating variants and their changing epidemiology. Criteria for variant classification, and the lists of currently circulating and previously circulating VOCs, VOIs and VUMs, are available on the [WHO Tracking SARS-CoV-2 variants website](#). National authorities may choose to designate other variants and are strongly encouraged to investigate and report newly emerging variants and their impact.

WHO continues to monitor SARS-CoV-2 variants, including descendent lineages of VOCs, to track changes in prevalence and viral characteristics. The current trends describing the circulation of Omicron descendent lineages should be interpreted with due consideration of the limitations of the COVID-19 surveillance systems. These include differences in sequencing capacity and sampling strategies between countries, changes in sampling strategies over time, reductions in tests conducted and sequences shared by countries, and delays in uploading sequence data to GISAID.⁶

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