

COVID-19 Weekly Epidemiological Update

Edition 133 published 8 March 2023

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Global overview

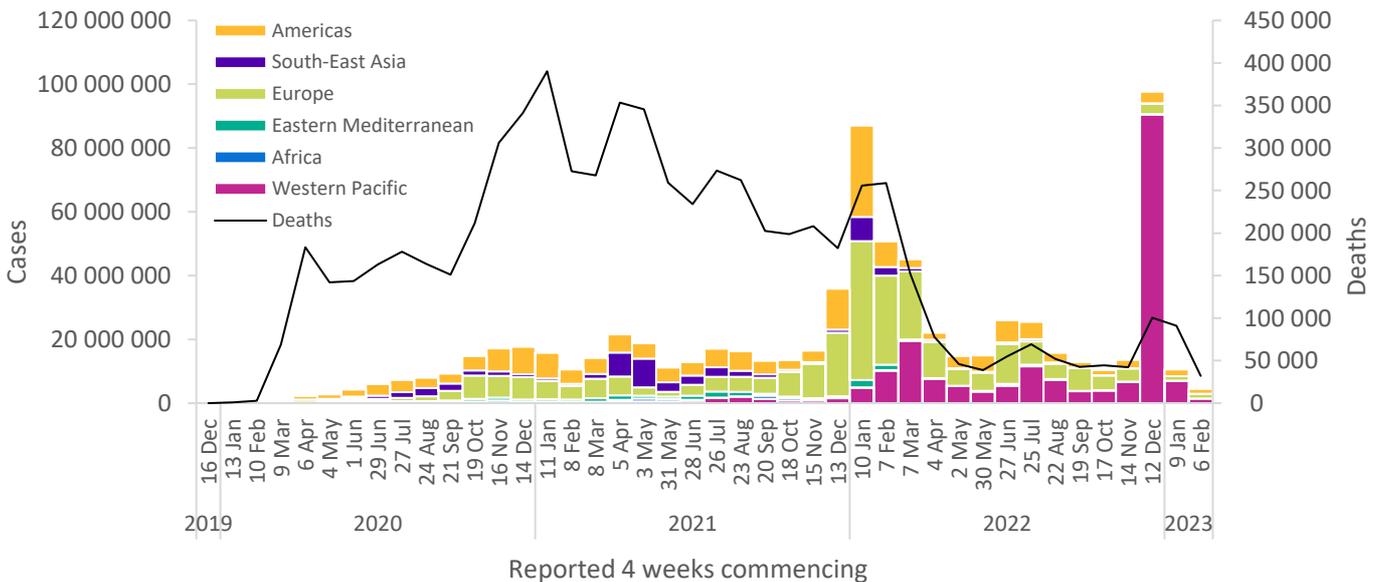
Data as of 5 March 2023

Globally, nearly 4.5 million new cases and 32 000 deaths were reported in the last 28 days (6 February to 5 March 2023), a decrease of 58% and 65%, respectively, compared to the previous 28 days (Figure 1, Table 1). As of 5 March 2023, over 759 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 5 March 2023**



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

At the regional level, the number of newly reported 28-day cases decreased across five of the six WHO regions: the Western Pacific Region (-80%), the African Region (-61%), the Region of the Americas (-31%), the South-East Asia Region (-15%), and the Eastern Mediterranean Region (-9%); while case numbers increased in the European Region (+12%). The number of newly reported 28-day deaths decreased across five regions: the Western Pacific Region (-86%), the African Region (-73%), the South-East Asia Region (-51%), the European Region (-39%), and the Region of the Americas (-32%); while death numbers 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 (1 027 596 new cases; -23%), Japan (539 251 new cases; -78%), China (454 575 new cases; -87%), Germany (379 505 new cases; +23%), and the Russian Federation (345 384 new cases; +103%). The highest numbers of new 28-day deaths were reported from the United States of America (10 856 new deaths; -29%), Japan (3432 new deaths; -65%), China (2634 new deaths; -94%), the United Kingdom (2103 new deaths; -37%), and Brazil (1931 new deaths; -25%).

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 5 March 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 (%)
Europe	1 541 665 (34%)	12%	273 596 329 (36%)	9066 (28%)	-39%	2 196 232 (32%)
Americas	1 466 599 (33%)	-31%	190 675 785 (25%)	15 142 (47%)	-32%	2 934 318 (43%)
Western Pacific	1 426 997 (32%)	-80%	201 463 348 (27%)	7274 (23%)	-86%	406 288 (6%)
Eastern Mediterranean	17 012 (<1%)	-9%	23 263 099 (3%)	246 (1%)	18%	349 590 (5%)
South-East Asia	11 901 (<1%)	-15%	60 769 937 (8%)	168 (1%)	-51%	803 878 (12%)
Africa	11 479 (<1%)	-61%	9 500 642 (1%)	30 (<1%)	-73%	175 305 (3%)
Global	4 475 653 (100%)	-58%	759 269 904 (100%)	31 926 (100%)	-65%	6 865 624 (100%)

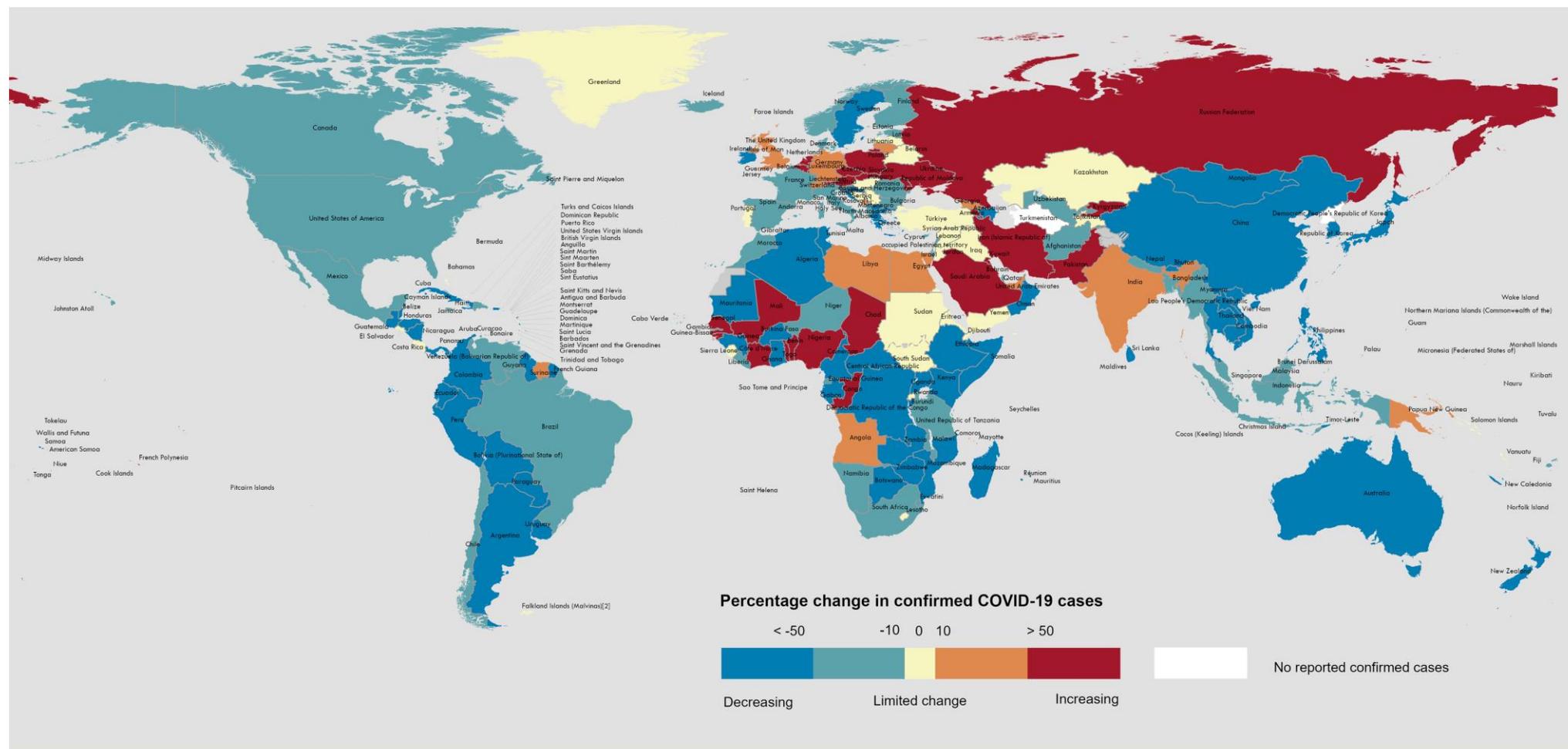
*Percent change in the number of newly confirmed cases/deaths in the past 28 days, compared to 28 days prior. Data from previous weeks are updated continuously with adjustments received from countries.

**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 5 March 2023**



Data Source: World Health Organization

Map Production: WHO Health Emergencies Programme

Not applicable

0 2,500 5,000 km

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The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city 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. [1] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). 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). Data for Bonaire, Sint Eustatius and Saba have been disaggregated and displayed at the subnational level.

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

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

Geographic spread and prevalence

WHO is currently monitoring one variant of concern (VOC), Omicron; and seven Omicron subvariants.⁵ These subvariants 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.

Globally, from 6 February to 6 March 2023 (28 days), 59 294 SARS-CoV-2 sequences were shared through GISAID. Among these, 59 083 sequences (99.6%) were the Omicron VOC.

Since the last update on 1 March 2023, there has been a continued increasing trend in the proportions of recombinant lineages globally. In epidemiological week 7 (13 to 19 February 2023), recombinant variants accounted for 44.1% (7333 sequences) of all sequences, an increase from 25.1% (10 377 sequences) in week 3 (16 to 22 January 2023). BA.5 and descendent lineages accounted for 27.2% (4 522 sequences) in week 7 as compared to 55.7% (5855 sequences) in week 3. BA.2 and descendent lineages showed a stable trend with 14.2% (2 365 sequences) in week 7 as compared to 14.2% (5855 sequences) in week 3. BA.1, BA.3 and BA.4 collectively accounted for less than 0.1%. Unassigned sequences (all presumed Omicron while awaiting descendent lineage assignment) accounted for 14.5% of the shared sequences in week 7.

Table 2 shows the number of countries in which the given variant has been detected, and the prevalence from week 3 to week 7. At present, XBB.1.5 is the most prevalent variant and shows an increasing trend in epidemiological weeks 3 to 7 (Table 2). Currently available information does not suggest that XBB.1.5 has a higher clinical severity[§] relative to the other circulating Omicron descendent lineages.

Table 2. Weekly prevalence of Omicron subvariants under monitoring, week 3 to week 7 of 2023

Lineage*	Countries	2023-03	2023-04	2023-05	2023-06	2023-07
BA.2.75*	116	8.21	8.05	5.70	4.51	3.92
BF.7*	105	4.87	3.92	3.31	2.59	1.84
BQ.1*	133	36.40	31.56	27.31	23.24	20.03
CH.1.1*	78	5.15	6.23	7.34	7.84	9.54
XBB*	113	4.75	4.85	5.41	6.43	8.54
XBB.1.5*	79	17.98	24.54	30.08	35.70	31.98
XBF*	44	1.44	1.42	1.66	1.59	1.67
Unassigned	91	4.88	6.18	8.06	9.16	14.50
Other	207	0.95	0.76	1.07	1.10	1.87

Note: BA.2.75 and CH.1.1* are descendent lineages of BA.2 and BF.7* and BQ.1* are descendent lineages of BA.5.

Additional resources

- [Tracking SARS-CoV-2 Variants](#)
- [WHO XBB.1.5 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 descendent lineages

[§] XBB.1.5 rapid risk assessment: <https://www.who.int/docs/default-source/coronaviruse/22022024xbb.1.5ra.pdf>

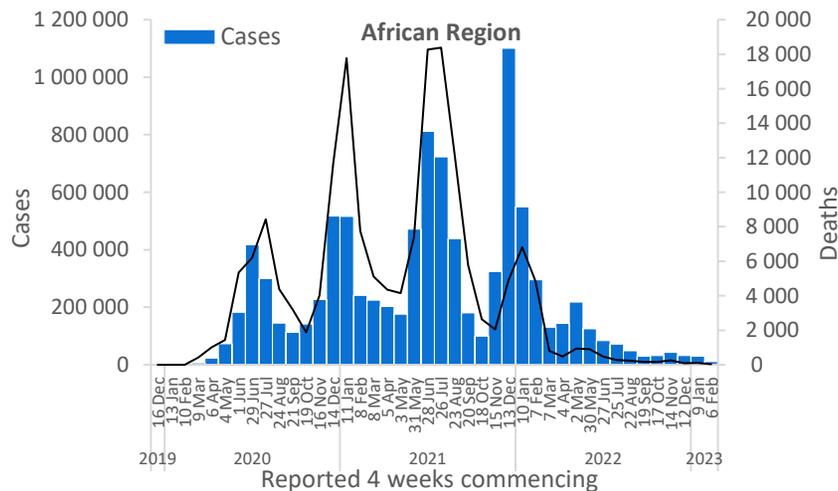
WHO regional overviews

Data for 6 February to 5 March 2023

African Region

The African Region reported over 11 000 new cases, a 61% decrease as compared to the previous 28-day period. Seven (14%) 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 Chad (26 vs one new cases; +2500%), Mali (261 vs 19 new cases; +1274%), and Côte d'Ivoire (208 vs 43 new cases; +384%). The highest numbers of new cases were reported from South Africa (4444 new cases; 7.5 new cases per 100 000; -35%), Zambia (2010 new cases; 10.9 new cases per 100 000; -68%), and Zimbabwe (1073 new cases; 7.2 new cases per 100 000; -59%).

The number of new 28-day deaths in the Region decreased by 73% as compared to the previous 28-day period, with 30 new deaths reported. The highest numbers of new deaths were reported from Zambia (nine new deaths; <1 new death per 100 000; -62%), Zimbabwe (nine new deaths; <1 new death per 100 000; -55%), and Mozambique (five new deaths; <1 new death per 100 000; similar to the previous 28-day period).

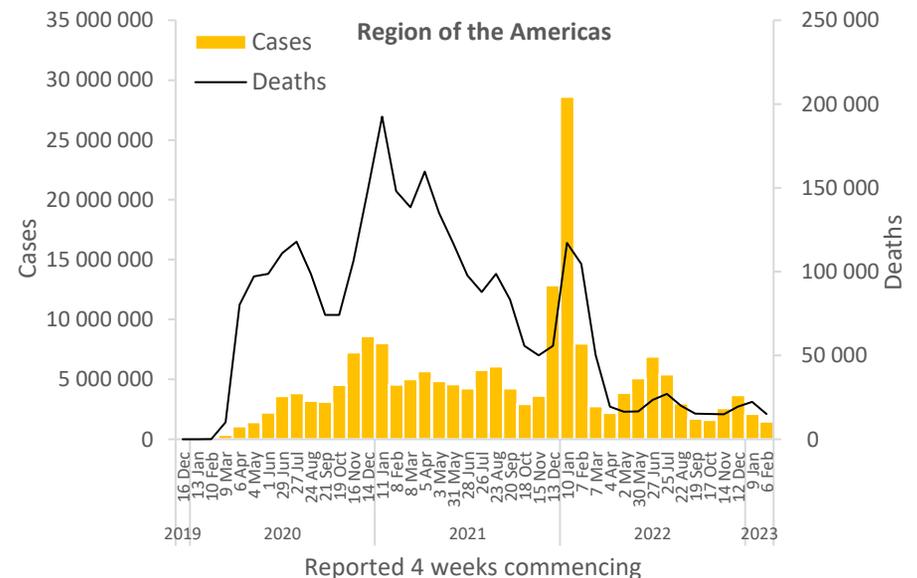


Updates from the [African Region](#)

Region of the Americas

The Region of the Americas reported over 1.4 million new cases, a 31% 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 the United States of America (1 027 596 new cases; 310.4 new cases per 100 000; -23%), Brazil (209 395 new cases; 98.5 new cases per 100 000; -46%), and Mexico (71 274 new cases; 55.3 new cases per 100 000; -27%).

The number of new 28-day deaths in the Region decreased by 32% as compared to the previous 28-day period, with 15 142 new deaths reported. The highest numbers of new deaths were reported from the United States of America (10 856 new deaths; 3.3 new deaths per 100 000; -29%), Brazil (1931 new deaths; <1 new death per 100 000; -25%), and Canada (689 new deaths; 1.8 new deaths per 100 000; -35%).

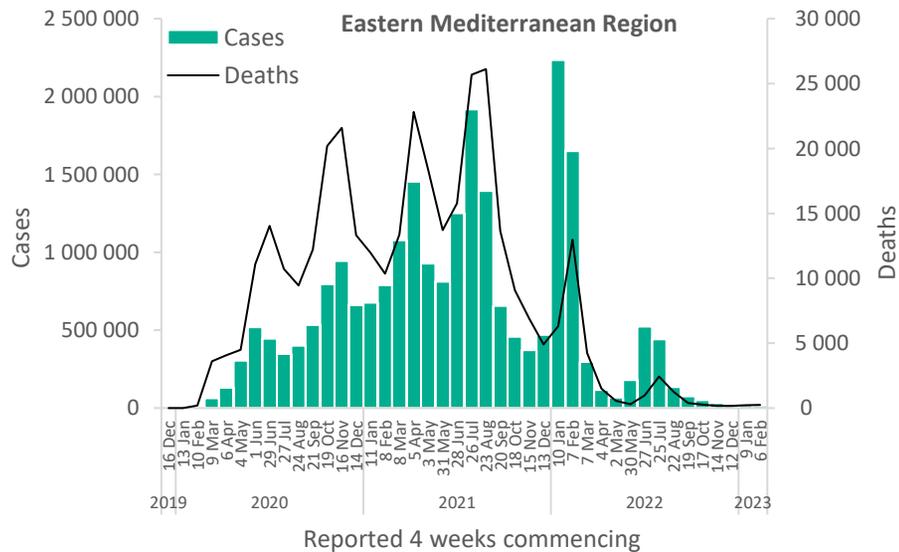


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 17 000 new cases, a 9% decrease as compared to the previous 28-day period. Seven (32%) of the 22 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Kuwait (310 vs 128 new cases; +142%), the Islamic Republic of Iran (5106 vs 2855 new cases; +79%), and Saudi Arabia (1599 vs 941 new cases; +70%). The highest numbers of new cases were reported from the Islamic Republic of Iran (5106 new cases; 6.1 new cases per 100 000; +79%), Lebanon (3012 new cases; 44.1 new cases per 100 000; -47%), and the United Arab Emirates (2790 new cases; 28.2 new cases per 100 000; +23%).

The number of new 28-day deaths in the Region increased by 18% as compared to the previous 28-day period, with 246 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (122 new deaths; <1 new death per 100 000; +144%), Lebanon (42 new deaths; <1 new death per 100 000; similar to the previous 28-day period), and Saudi Arabia (38 new deaths; <1 new death per 100 000; -24%).

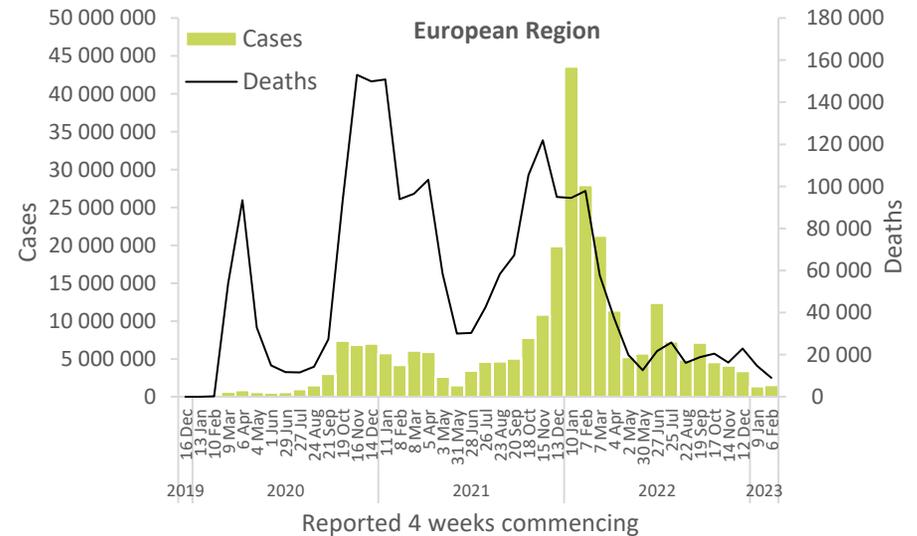


Updates from the [Eastern Mediterranean Region](#)

European Region

The European Region reported over 1.5 million new cases, a 12% increase as compared to the previous 28-day period. Nineteen (31%) 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 Kyrgyzstan (81 vs 12 new cases; +575%), Poland (49 263 vs 11 856 new cases; +316%), and the Republic of Moldova (7874 vs 2664 new cases; +196%). The highest numbers of new cases were reported from Germany (379 505 new cases; 456.3 new cases per 100 000; +23%), the Russian Federation (345 384 new cases; 236.7 new cases per 100 000; +103%), and Austria (138 388 new cases; 1554.7 new cases per 100 000; +86%).

The number of new 28-day deaths in the Region decreased by 39% as compared to the previous 28-day period, with 9066 new deaths reported. The highest numbers of new deaths were reported from the United Kingdom (2103 new deaths; 3.1 new deaths per 100 000; -37%), the Russian Federation (1019 new deaths; <1 new death per 100 000; -15%), and Italy (963 new deaths; 1.6 new deaths per 100 000; -47%).

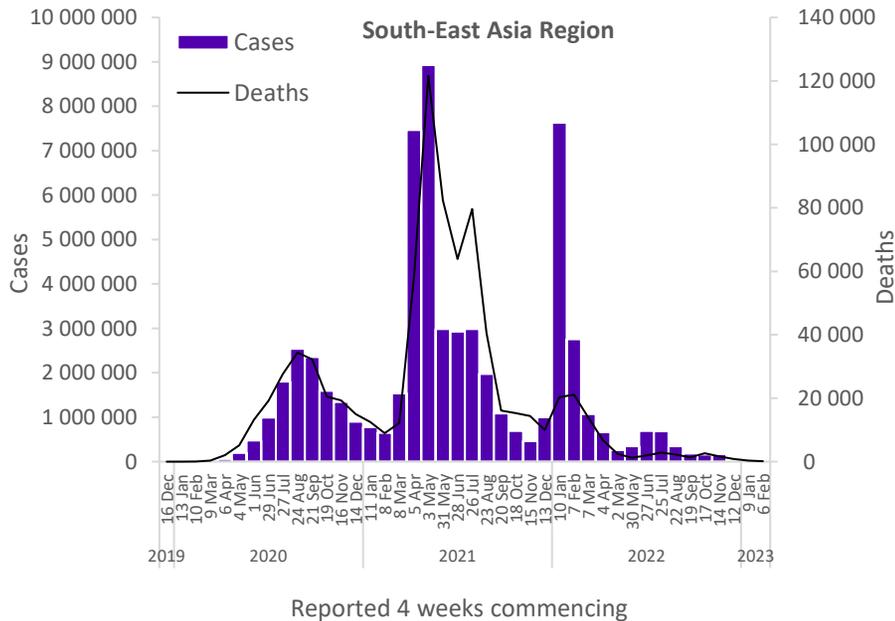


Updates from the [European Region](#)

South-East Asia Region

The South-East Asia Region reported just under 12 000 new cases, a 15% decrease as compared to the previous 28-day period. One (9%) of the 11 countries for which data are available reported increases in new cases of 20% or greater: India (4457 vs 3439 new cases; +30%). The highest numbers of new cases were reported from Indonesia (6024 new cases; 2.2 new cases per 100 000; -21%), India (4457 new cases; <1 new case per 100 000; +30%), and Thailand (946 new cases; 1.4 new cases per 100 000; -59%).

The number of new 28-day deaths in the Region decreased by 51% as compared to the previous 28-day period, with 168 new deaths reported. The highest numbers of new deaths were reported from Indonesia (98 new deaths; <1 new death per 100 000; -34%), Thailand (36 new deaths; <1 new death per 100 000; -77%), and India (30 new deaths; <1 new death per 100 000; +20%).

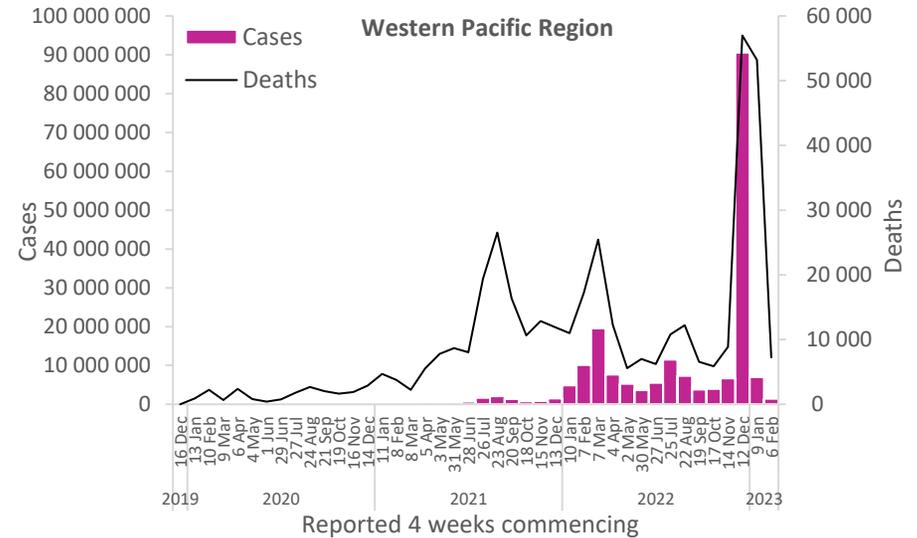


Updates from the [South-East Asia Region](#)

Western Pacific Region

The Western Pacific Region reported over 1.4 million new cases, an 80% 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 the Marshall Islands (65 vs 40 new cases; +62%). The highest numbers of new cases were reported from Japan (539 251 new cases; 426.4 new cases per 100 000; -78%), China (454 575 new cases; 30.9 new cases per 100 000; -87%), and the Republic of Korea (307 504 new cases; 599.8 new cases per 100 000; -58%).

The number of new 28-day deaths in the Region decreased by 86% as compared to the previous 28-day period, with 7274 new deaths reported. The highest numbers of new deaths were reported from Japan (3432 new deaths; 2.7 new deaths per 100 000; -65%), China (2634 new deaths; <1 new death per 100 000; -94%), and the Republic of Korea (429 new deaths; <1 new death per 100 000; -57%).



Updates from the [Western Pacific Region](#)

Hospitalizations and ICU admissions

At the global level, during the past 28 days (30 January to 26 February 2023), a total of 43 296 new hospitalizations and 1646 new intensive care unit (ICU) admissions were reported. This represents a reduction in new hospitalizations and ICU admissions of 76% and 39%, respectively, compared to the previous 28 days (2 January to 29 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 also likely include both hospitalizations with incidental cases of SARS-CoV-2 infection and those due to COVID-19 disease.

Globally, during the past 28 days, 43 (18%) 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 (four countries; 18%), the South-East Asia Region (two countries; 18%), the African Region (five countries; 10%), the Region of the Americas (five countries; 9%), and the Western Pacific Region (three countries; 9%). The proportion of countries that consistently[#] reported new hospital admissions for the period was 12% (29 countries).

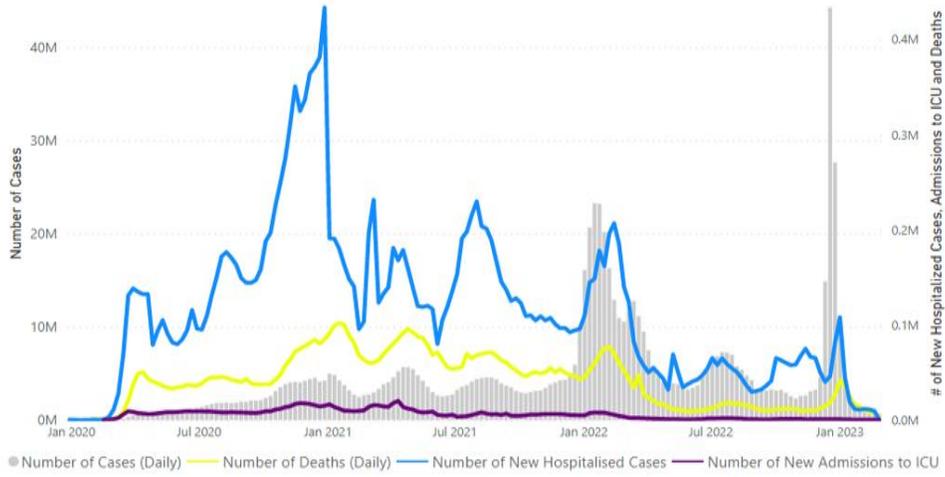
Among 29 countries consistently reporting new hospitalizations, 34% (10) registered an increase of 20% or greater during the 28 days compared to the previous 28 days period: Kyrgyzstan (45 vs two; +2150%), Czechia (1493 vs 883; +69%), Slovakia (916 vs 570; +61%), Tunisia (64 vs 44; +45%), Zimbabwe (76 vs 53; +43%), Belgium (2083 vs 1592; 31%), Ukraine (11 376 vs 8849); +29%, Albania (25 vs 20; +25%), and Luxembourg (63 vs 52; +21%). The highest numbers of new hospitalizations were reported from Ukraine (11 376 vs 8849; +29%), Italy (5398 vs 9667; -44%), Greece (3832 vs 6027; -36%), Spain (3146 vs 6305; -50%), and Lithuania (3102 vs 65 263; -95%).

Across the six WHO regions, in the past 28 days, a total of 28 (12%) 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 (15 countries; 25%) followed by the Eastern Mediterranean Region (three countries; 14%), the Western Pacific Region (four countries; 11%), the South-East Asia Region (one country; 9%), the Region of the Americas (three countries; 5%), and the African Region (two countries; 4%). The proportion of countries that consistently[#] reported new ICU admissions for the period was 7% (16 countries).

None of the 16 countries that consistently reported ICU admission data showed an increase of 20% or greater in new ICU admissions during the 28 days period compared to the previous 28 days. The highest numbers of new ICU admissions were reported from Ukraine (418 vs 386; +8%), Italy (240 vs 423; -43%), Australia (167 vs 319; -48%), Spain (120 vs 275; -56%), and Greece (112 vs 222; -50%).

[#] “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.

Figure 4. COVID-19 cases, deaths, hospitalizations, and ICU admissions reported weekly to WHO, as of 26 February 2023



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

Source: [WHO Detailed Surveillance Dashboard](#)

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.

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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