

COVID-19 Weekly Epidemiological Update

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Global overview

Data as of 11 June 2023

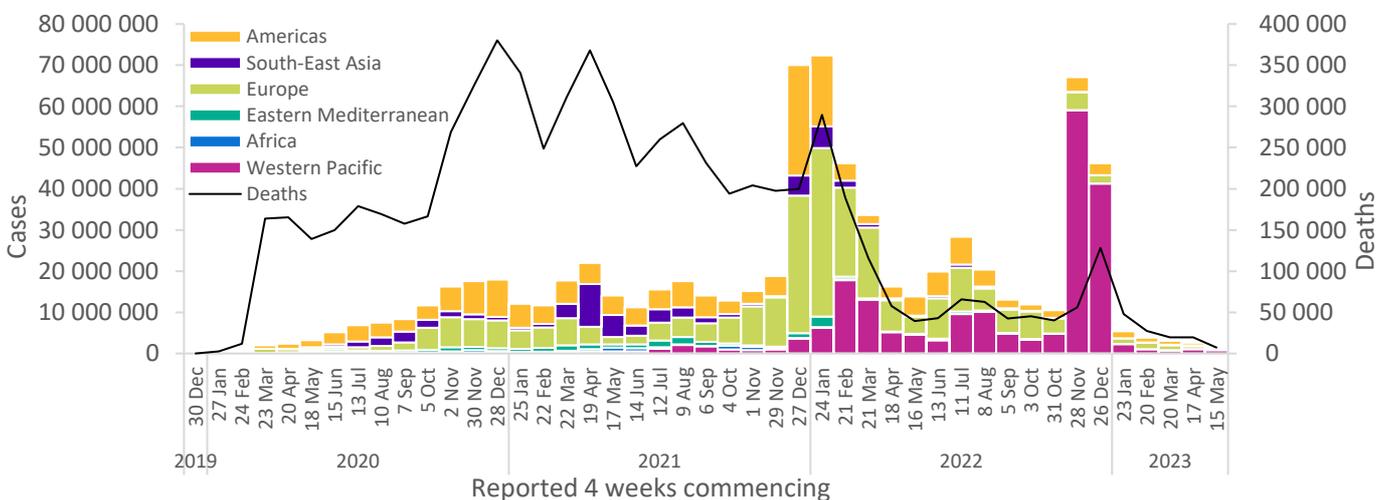
Globally, nearly 1.5 million new cases and 7300 deaths were reported in the last 28 days (15 May to 11 June 2023) (Figure 1, Table 1). At the regional level, all six WHO regions reported decreases in cases and deaths. As of 11 June 2023, over 767 million confirmed cases and over 6.9 million deaths have been reported globally.

Reported cases are not an accurate representation of infection rates due to the reductions in testing and due to continued reductions in reporting globally. During this 28-day period, only 59% (139 of 234) of countries and territories reported cases – a proportion that has been consistently declining since mid-2022. Additionally, data from previous weeks are continuously being updated to incorporate retrospective changes in reported COVID-19 cases and deaths made by countries. Data presented in this report are therefore incomplete and should be interpreted in light of these limitations.

Some countries continue to report high burdens of COVID-19, including increases in newly reported cases and, more importantly, increases in hospitalizations and deaths – the latter of which are considered more reliable indicators given the reductions in testing.

We present changes in epidemiological trends using a 28-day interval. Disaggregated 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 11 June 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 South-East Asia Region (-81%), the Region of the Americas (-69%), the Eastern Mediterranean Region (-67%), the European Region (-47%), the African Region (-30%), and the Western Pacific Region (-19%). The number of newly reported 28-day deaths decreased across all six regions: the Eastern Mediterranean Region (-77%), the Region of the Americas (-76%), the European Region (-56%), the African Region (-55%), the South-East Asia Region (-51%), and the Western Pacific Region (-41%).

At the country level, the highest numbers of new 28-day cases were reported from the Republic of Korea (475 577 new cases; +14%), Australia (150 877 new cases; +25%), Brazil (113 995 new cases; -26%), France (80 644 new cases; -46%), and Singapore (59 914 new cases; -40%). The highest numbers of new 28-day deaths were reported from Brazil (1175 new deaths; -10%), the Russian Federation (516 new deaths; -41%), Italy (503 new deaths; -26%), Spain (499 new deaths; -21%), and France (497 new deaths; -47%).

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 11 June 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	850 611 (58%)	-19%	204 243 050 (27%)	960 (13%)	-41%	412 702 (6%)
Europe	367 118 (25%)	-47%	276 479 832 (36%)	3 582 (49%)	-56%	2 241 463 (32%)
Americas	190 138 (13%)	-69%	193 030 045 (25%)	2 032 (28%)	-76%	2 955 770 (43%)
South-East Asia	41 172 (3%)	-81%	61 179 469 (8%)	604 (8%)	-51%	806 271 (12%)
Eastern Mediterranean	10 786 (1%)	-67%	23 381 065 (3%)	113 (2%)	-77%	351 308 (5%)
Africa	5 884 (<1%)	-30%	9 536 044 (1%)	9 (<1%)	-55%	175 374 (3%)
Global	1 465 709 (100%)	-44%	767 850 269 (100%)	7 300 (100%)	-63%	6 942 901 (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](#)

Hospitalizations and ICU admissions

At the global level, during the past 28 days (8 May 2023 to 4 June 2023), a total of 75 189 new hospitalizations and 2015 new intensive care unit (ICU) admissions were reported (Figure 4). This represents a 36% and 41% decrease in both hospitalizations and ICU admissions, respectively, compared to the previous 28 days (10 April 2023 to 7 May 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, 36 (15%) countries reported data to WHO on new hospitalizations at least once (Figure 5). The European Region had the highest proportion of countries reporting data on new hospitalizations (20 countries; 33%), followed by the South-East Asia Region (three countries; 27%), the Eastern Mediterranean Region (three countries; 14%), the Western Pacific Region (three countries; 9%), the African Region (four countries; 8%), and the Region of the Americas (three countries; 5%). The proportion of countries that consistentlyⁱ reported new hospitalizations for the period was 9% (22 countries).

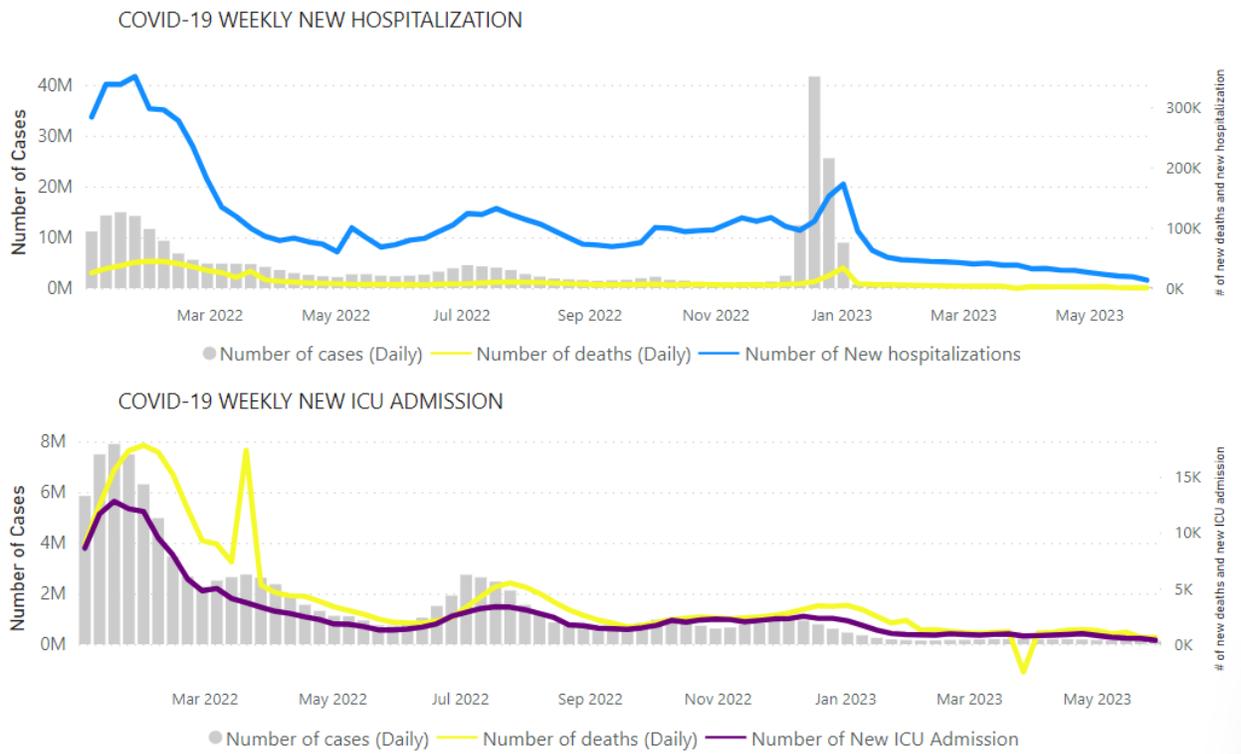
Among the 22 countries consistently reporting new hospitalizations, four (18%) countries registered an increase of 20% or greater in hospitalizations during the past 28 days compared to the previous 28-day period: Bangladesh (194 vs 83; +134%), Afghanistan (169 vs 81; +109%), Zimbabwe (38 vs 19; +100%), and Malta (69 vs 42; +64%). The highest number of new hospitalizations was reported from the United States of America (32 651 vs 44 879; -27%), Ukraine (7115 vs 11 473; -38%), and Indonesia (5436 vs 8125; -33%).

Across the six WHO regions, in the past 28 days, a total of 29 (12%) countries reported data to WHO on new ICU admissions at least once (Figure 5). The European Region had the highest proportion of countries reporting data on new ICU admissions (18 countries; 30%), followed by the South-East Asia Region (two countries; 18%), the Western Pacific Region (five countries; 14%), the Eastern Mediterranean Region (one country; 5%), the Region of the Americas (two countries; 4%), and the African Region (one country; 2%). The proportion of countries that consistently reported new ICU admissions for the period was 7% (16 countries).

Among the 16 countries consistently reporting new ICU admissions, only one (6%) country showed an increase of 20% or greater in new ICU admissions during the past 28 days compared to the previous 28-day period: Brunei (12 vs 10; +20%). The highest numbers of new ICU admissions were reported from France (578 vs 1107; -48%), Australia (329 vs 292; 13%), and Indonesia (248 vs 346; -28%).

ⁱ “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 4 June 2023



Note: Recent weeks are subject to reporting delays and should not be interpreted as a declining trend. Cases included in grey bars in the graph are only from countries reporting hospitalizations or ICU admissions, respectively.

Source: WHO Detailed Surveillance Dashboard

Figure 5. Weekly proportion of countries reporting new hospitalizations and ICU admissions: epidemiological week 1, 2020 to week 22, 2023



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

SARS-CoV-2 variants of interest and variants under monitoring

Geographic spread and prevalence

Globally, from 15 May to 11 June 2023 (28 days), 15 789 SARS-CoV-2 sequences were shared through GISAID. WHO is currently tracking two variants of interest (VOIs), XBB.1.5 and XBB.1.16, along with seven variants under monitoring (VUMs) and their descendent lineages. The VUMs are BA.2.75, CH.1.1, BQ.1, XBB, XBB.1.9.1, XBB.1.9.2, and XBB.2.3.

Globally, XBB.1.5 has been reported from 116 countries since its emergence. While XBB.1.5 remains dominant globally, its prevalence has been declining steadily. In epidemiological week 21 (22 to 28 May 2023), XBB.1.5 accounted for 30% of sequences, a decrease from 43.5% in week 17 (24 to 30 April 2023). XBB.1.16 has been reported from 69 countries. In week 21, XBB.1.16 accounted for 18% of sequences, an increase from 10.9% in week 17.

Table 2 shows the number of countries reporting the VOIs and VUMs and their prevalence from week 17 to week 21. VOI and VUMs that have shown increasing trends are highlighted in orange, while those with decreasing trends are highlighted in green. Among the VUMs, XBB, XBB.1.9.1, XBB.1.9.2, and XBB.2.3 have shown increasing trends in recent weeks, with XBB.1.9.1 accounting for almost half of the reported VUM sequences. Overall, other VUMs show declining or stable trends during the same reporting period.

Table 2. Weekly prevalence of SARS-CoV-2 VOIs and VUMs, week 17 to week 21 of 2023

Lineage	Countries [§]	Sequences [§]	2023-17	2023-18	2023-19	2023-20	2023-21
XBB.1.5* (VOI)	116	246 663	43.46	39.30	33.27	32.22	30.01
XBB.1.16* (VOI)	69	18 898	10.91	13.60	15.18	17.52	17.95
BA.2.75*	124	112 254	1.77	2.00	1.77	0.93	0.86
CH.1.1*	92	47 698	3.46	3.33	3.36	2.84	2.07
BQ.1*	150	411 988	1.36	0.90	0.68	0.40	0.40
XBB*	128	65 296	4.78	5.00	5.07	5.05	5.12
XBB.1.9.1*	93	34 308	15.30	16.75	18.40	18.79	19.22
XBB.1.9.2*	68	9 141	4.55	4.60	5.28	5.68	6.91
XBB.2.3*	61	7 010	3.65	4.14	5.09	5.57	7.46
Unassigned	103	149 689	0.88	0.59	1.15	0.78	-
Other [†]	208	6 727 113	8.10	8.53	9.91	9.67	9.22

* Includes descendant lineages, except those individually specified elsewhere in the table. For example, XBB* does not include XBB.1.5, XBB.1.9.1, XBB.1.9.2, XBB.1.16, and XBB.2.3.

[†] Others are other circulating lineages excluding the VOI, VUMs, BA.1*, BA.2*, BA.3*, BA.4*, BA.5*.

[§] Number of countries and sequences are since the emergence of the variants.

Additional resources

- [Tracking SARS-CoV-2 Variants](#)
- [WHO statement on updated tracking system on SARS-CoV-2 variants of concern and variants of interest](#)
- [WHO XBB.1.16 Updated Risk Assessment, 5 June 2023](#)
- [WHO XBB.1.5 rapid risk assessment, 24 February 2023](#)

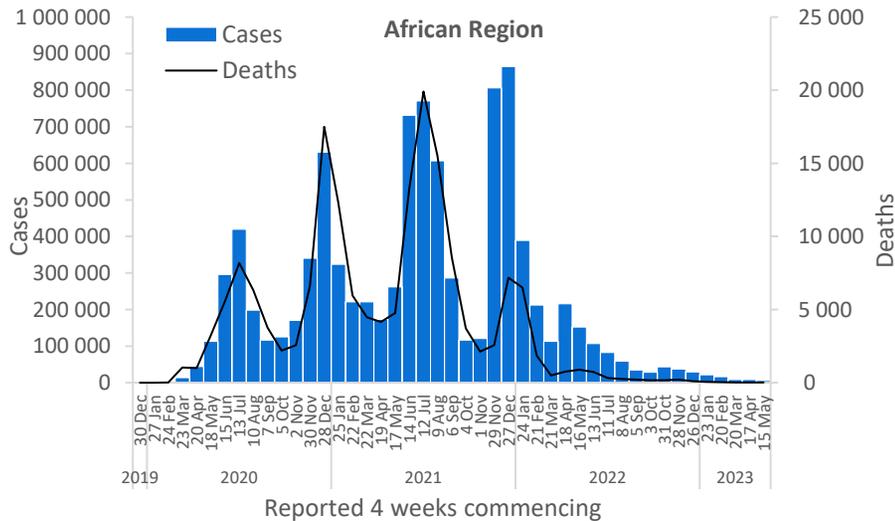
WHO regional overviews

Data for 15 May to 11 June 2023

African Region

The African Region reported over 5800 new cases, a 30% decrease as compared to the previous 28-day period. Six (12%) 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 Burundi (205 vs 23 new cases; +791%), Botswana (91 vs 15 new cases; +507%), and Zambia (1063 vs 192 new cases; +454%). The highest numbers of new cases were reported from Mauritius (3252 new cases; 255.7 new cases per 100 000; -40%), Zambia (1063 new cases; 5.8 new cases per 100 000; +454%), and Zimbabwe (320 new cases; 2.2 new cases per 100 000; +39%).

The number of new 28-day deaths in the Region decreased by 55% as compared to the previous 28-day period, with nine new deaths reported. The highest numbers of new deaths were reported from Zimbabwe (five new deaths; <1 new death per 100 000; -17%), Mauritius (two new deaths; <1 new death per 100 000; -67%), and Côte d'Ivoire (one new death; <1 new death per 100 000; no deaths reported the previous 28-day period).

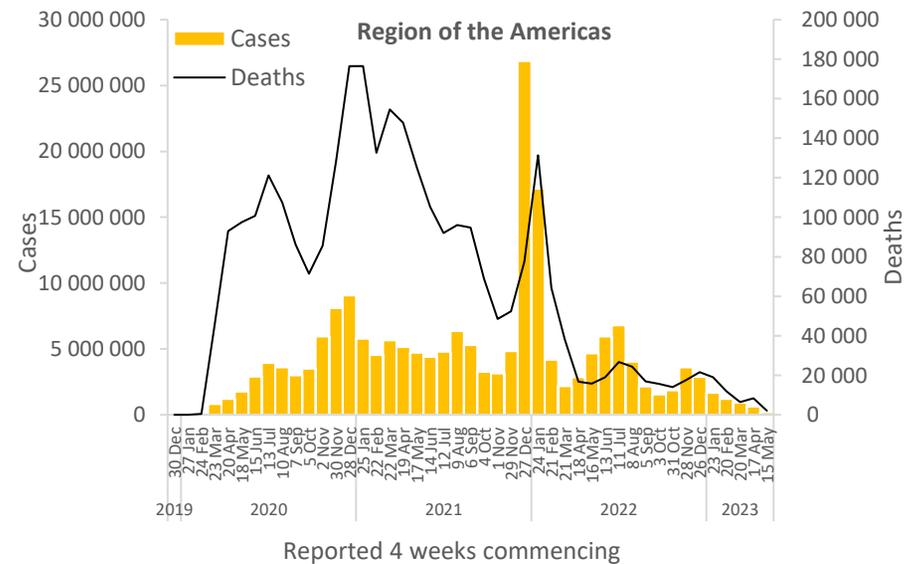


Updates from the [African Region](#)

Region of the Americas

The Region of the Americas reported over 190 000 new cases, a 69% decrease as compared to the previous 28-day period. Nine (16%) of the 56 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Saint Barthélemy (eight vs two new cases; +300%), the Dominican Republic (493 vs 142 new cases; +247%), and the United States Virgin Islands (188 vs 96 new cases; +96%). The highest numbers of new cases were reported from Brazil (113 995 new cases; 53.6 new cases per 100 000; -26%), Mexico (19 573 new cases; 15.2 new cases per 100 000; -42%), and Puerto Rico (17 063 new cases; 596.4 new cases per 100 000; -9%).

The number of new 28-day deaths in the Region decreased by 76% as compared to the previous 28-day period, with 2032 new deaths reported. The highest numbers of new deaths were reported from Brazil (1175 new deaths; <1 new death per 100 000; -10%), Canada (347 new deaths; <1 new death per 100 000; -34%), and Peru (157 new deaths; <1 new death per 100 000; -70%).

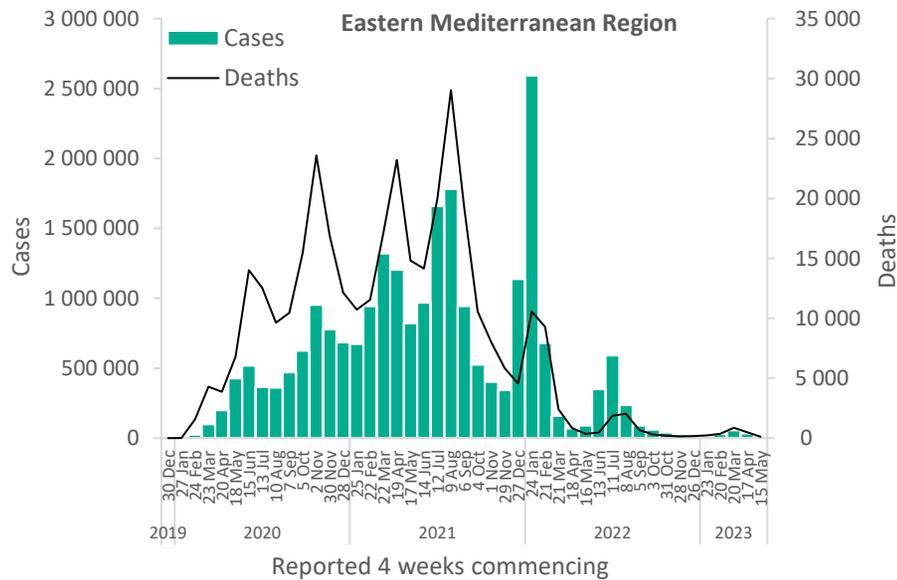


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 10 000 new cases, a 67% decrease as compared to the previous 28-day period. One (5%) of the 22 countries for which data are available reported increases in new cases of 20% or greater: Libya (11 vs nine new cases; +22%). The highest numbers of new cases were reported from Afghanistan (3785 new cases; 9.7 new cases per 100 000; -38%), Qatar (3066 new cases; 106.4 new cases per 100 000; -50%), and the United Arab Emirates (1423 new cases; 14.4 new cases per 100 000; -71%).

The number of new 28-day deaths in the Region decreased by 77% as compared to the previous 28-day period, with 113 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (69 new deaths; <1 new death per 100 000; -83%), Lebanon (16 new deaths; <1 new death per 100 000; -45%), and Tunisia (16 new deaths; <1 new death per 100 000; -60%).

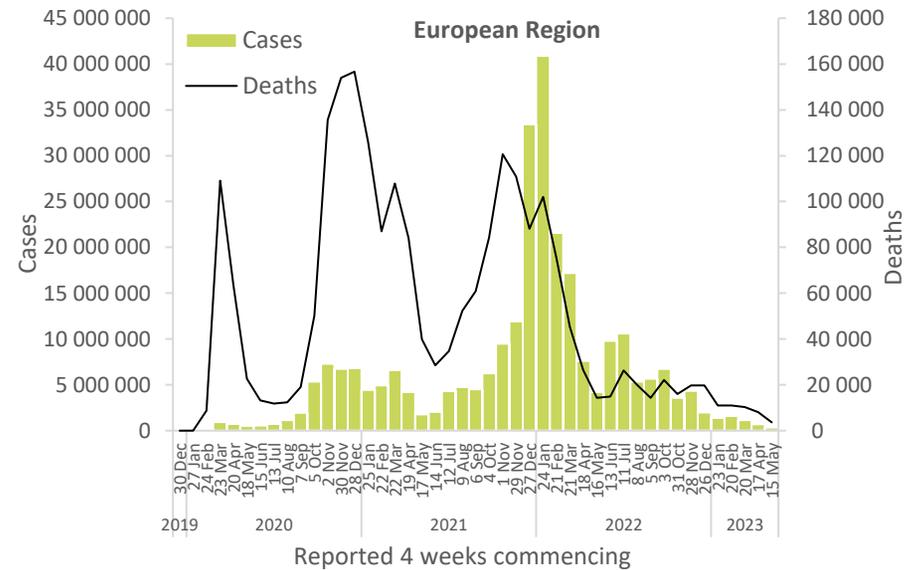


Updates from the [Eastern Mediterranean Region](#)

European Region

The European Region reported over 367 000 new cases, a 47% decrease as compared to the previous 28-day period. One (2%) of the 61 countries for which data are available reported increases in new cases of 20% or greater: Spain (44 752 vs 31 995 new cases; +40%). The highest numbers of new cases were reported from France (80 644 new cases; 124 new cases per 100 000; -46%), Greece (50 833 new cases; 474.3 new cases per 100 000; similar with the previous 28-day period), and Italy (47 471 new cases; 79.6 new cases per 100 000; -45%).

The number of new 28-day deaths in the Region decreased by 56% as compared to the previous 28-day period, with 3582 new deaths reported. The highest numbers of new deaths were reported from the Russian Federation (516 new deaths; <1 new death per 100 000; -41%), Italy (503 new deaths; <1 new death per 100 000; -26%), and Spain (499 new deaths; 1.1 new deaths per 100 000; -21%).

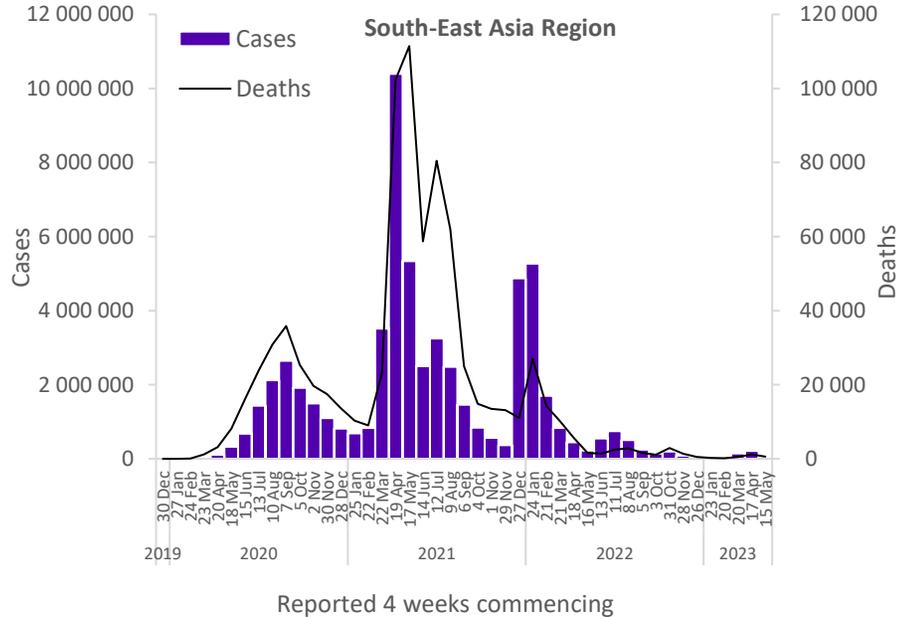


Updates from the [European Region](#)

South-East Asia Region

The South-East Asia Region reported over 41 000 new cases, an 81% decrease as compared to the previous 28-day period. Three (30%) of the 10 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Bangladesh (1992 vs 362 new cases; +450%), Thailand (11 396 vs 6954 new cases; +64%), and Sri Lanka (231 vs 179 new cases; +29%). The highest numbers of new cases were reported from Indonesia (12 783 new cases; 4.7 new cases per 100 000; -68%), India (12 114 new cases; <1 new case per 100 000; -93%), and Thailand (11 396 new cases; 16.3 new cases per 100 000; +64%).

The number of new 28-day deaths in the Region decreased by 51% as compared to the previous 28-day period, with 604 new deaths reported. The highest numbers of new deaths were reported from Thailand (243 new deaths; <1 new death per 100 000; +417%), Indonesia (212 new deaths; <1 new death per 100 000; -56%), and India (121 new deaths; <1 new death per 100 000; -82%).

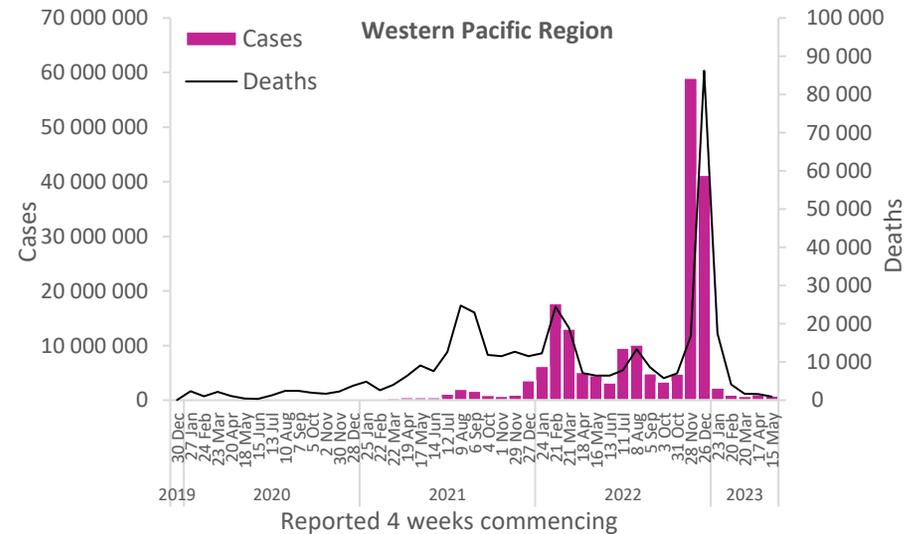


Updates from the [South-East Asia Region](#)

Western Pacific Region

The Western Pacific Region reported over 850 000 new cases, a 19% decrease as compared to the previous 28-day period. Twelve (34%) of the 35 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Fiji (108 vs three new cases; +3500%), Palau (11 vs one new cases; +1000%), and Cambodia (103 vs 10 new cases; +930%). The highest numbers of new cases were reported from the Republic of Korea (475 577 new cases; 927.6 new cases per 100 000; +14%), Australia (150 877 new cases; 591.7 new cases per 100 000; +25%), and Singapore (59 914 new cases; 1024.1 new cases per 100 000; -40%).

The number of new 28-day deaths in the Region decreased by 41% as compared to the previous 28-day period, with 960 new deaths reported. The highest numbers of new deaths were reported from the Republic of Korea (286 new deaths; <1 new death per 100 000; +24%), Australia (243 new deaths; 1.0 new death per 100 000; -59%), and China (168 new deaths; <1 new death per 100 000; +6%).



Updates from the [Western Pacific Region](#)

Summary of the Monthly Operational Update

The [Monthly 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. In this edition, highlights of country-level actions and WHO support to countries for COVID-19 and other respiratory diseases include:

- A common approach across two regions: delivering respiratory pathogen simulation exercises in Costa Rica and Lebanon
- WHO delivers essential equipment and training to support whole genome sequencing in East Malaysia
- Training on genetic characterization of influenza and SARS-CoV-2 to enhance GISRS respiratory disease surveillance in the Americas
- A global analysis of COVID-19 intra-action reviews: reflecting on, adjusting and improving emergency preparedness and response during a pandemic, examples from the African 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.

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 excepted, 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 all SARS-CoV-2 variants and to track changes in prevalence and viral characteristics. The current trends describing the circulation of variants 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.¹

References

1. Chen Z, Azman AS, Chen X, et al. Global landscape of SARS-CoV-2 genomic surveillance and data sharing. *Nature genetics*. 2022;54(4). doi:10.1038/s41588-022-01033-y