

COVID-19 Weekly Epidemiological Update

Edition 148 published 22 June 2023

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Global overview

Data as of 18 June 2023

Globally, over 1.2 million new cases and over 7100 deaths were reported in the last 28 days (22 May to 18 June 2023) (Figure 1, Table 1). The African region has reported a slight increase in deaths but a decrease in cases, while the other five WHO regions have reported decreases in both cases and deaths. As of 18 June 2023, over 768 million confirmed cases and over 6.9 million deaths have been reported globally.

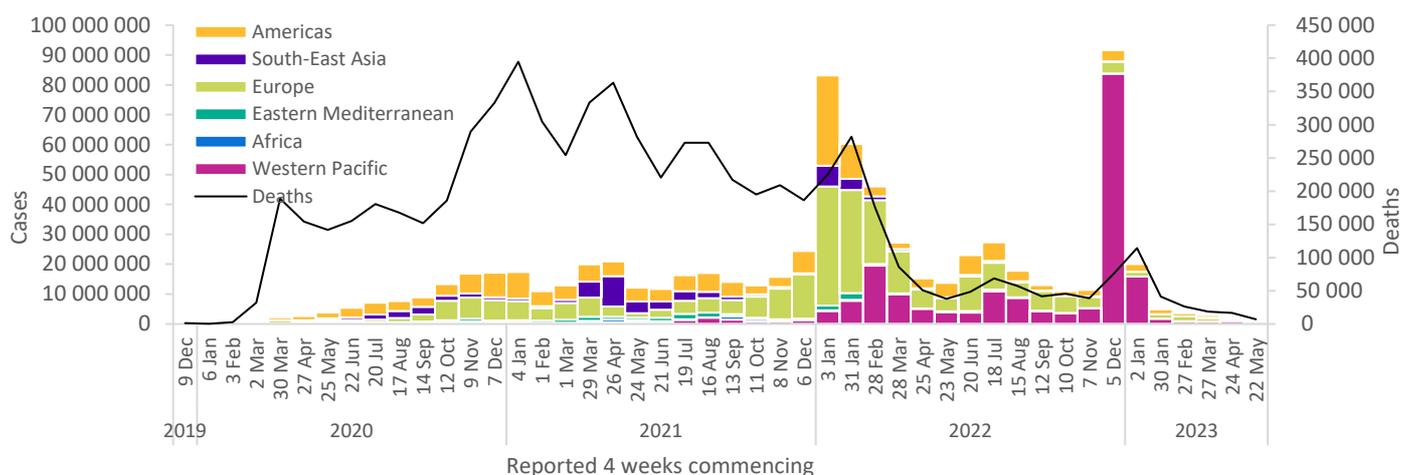
Reported cases are not an accurate representation of infection rates due to the reductions in testing and reporting globally. During this 28-day period, only 56% (133 of 234)ⁱ of countries and territories reported at least one case – a proportion that has been consistently declining since mid-2022. Additionally, 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. Global and national data on SARS-CoV-2 PCR percent positivity is available on [WHO's integrated dashboard provided by the Global Influenza Programme](#).

ⁱ The denominator of 234 includes all countries and territories that have reported at least one case of COVID-19 since the beginning of the pandemic. In contrast, the denominator of 243, which was used in previous editions of the COVID-19 Weekly Epidemiological Update, encompassed not only countries and territories but also conveyances.

Figure 1. COVID-19 cases reported by WHO Region, and global deaths by 28-day intervals, as of 18 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 (-78%), the Eastern Mediterranean Region (-71%), the Region of the Americas (-70%), the European Region (-46%), the Western Pacific Region (-33%), and the African Region (-26%). The number of newly reported 28-day deaths decreased across five regions: the Region of the Americas (-73%), the Eastern Mediterranean Region (-70%), the South-East Asia Region (-57%), the European Region (-49%), the Western Pacific Region (-28%); while the number of deaths increased slightly in one WHO Region, the African Region (+5%).

At the country level, the highest numbers of new 28-day cases were reported from the Republic of Korea (363 382 new cases; -21%), Australia (135 144 new cases; +4%), Brazil (85 987 new cases; -41%), France (71 197 new cases; -42%), and Singapore (54 581 new cases; -44%). The highest numbers of new 28-day deaths were reported from Brazil (978 new deaths; -19%), Spain (729 new deaths; +70%), the Russian Federation (577 new deaths; -13%), Australia (496 new deaths; -6%), and Italy (420 new deaths; -36%).

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 18 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	698 322 (58%)	-33%	204 340 687 (27%)	1 154 (16%)	-28%	413 410 (6%)
Europe	315 151 (26%)	-46%	276 536 948 (36%)	3 523 (49%)	-49%	2 242 740 (32%)
Americas	150 857 (12%)	-70%	193 056 651 (25%)	1 875 (26%)	-73%	2 956 210 (43%)
South-East Asia	32 139 (3%)	-78%	61 184 736 (8%)	496 (7%)	-57%	806 365 (12%)
Eastern Mediterranean	7 821 (1%)	-71%	23 382 101 (3%)	98 (1%)	-70%	351 329 (5%)
Africa	6 397 (1%)	-26%	9 538 444 (1%)	22 (<1%)	5%	175 389 (3%)
Global	1 210 687 (100%)	-48%	768 040 331 (100%)	7 168 (100%)	-58%	6 945 456 (100%)

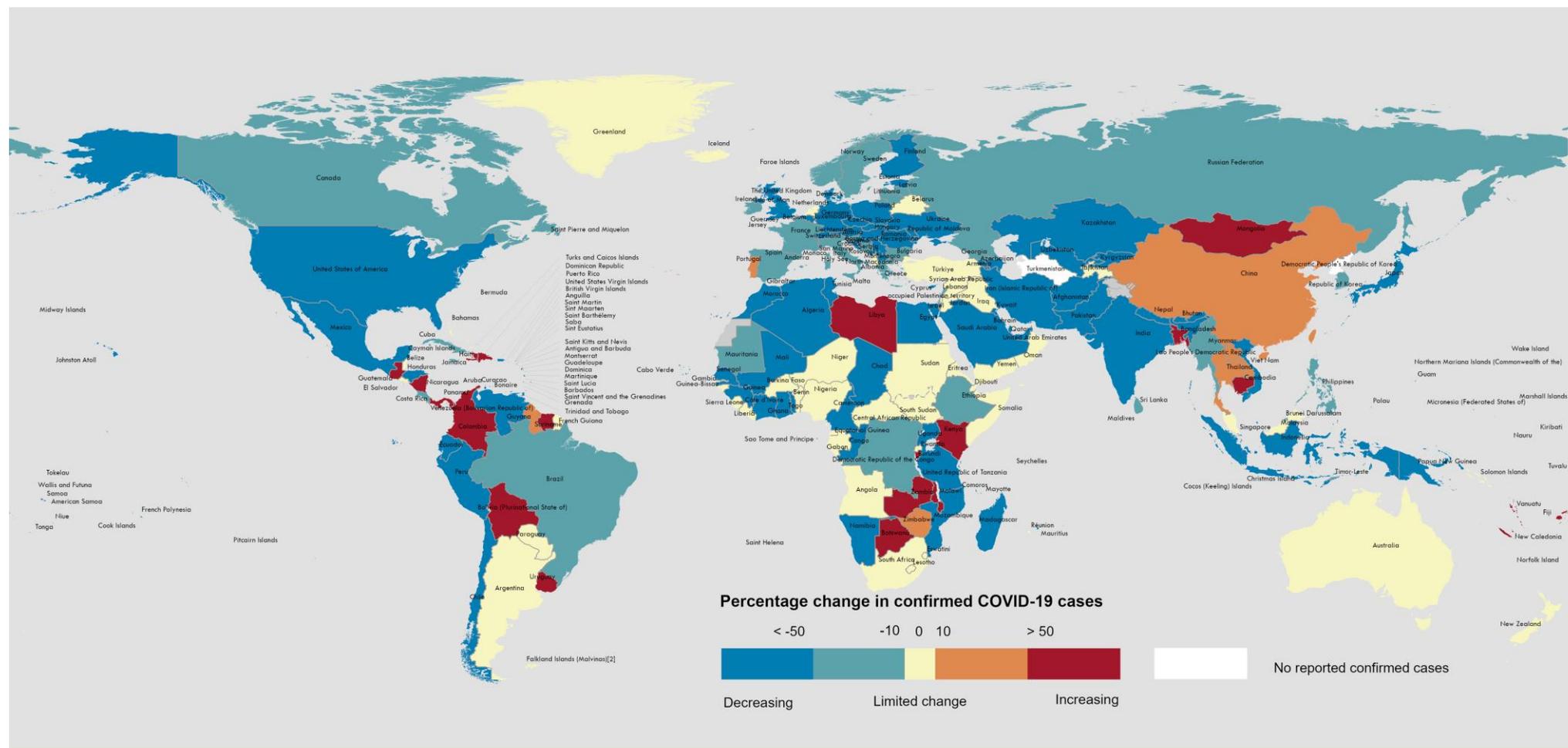
*Percent change in the number of newly confirmed cases/deaths in the past 28 days, compared to 28 days prior. Data from previous weeks are updated continuously with adjustments received from countries.

**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 18 June 2023**



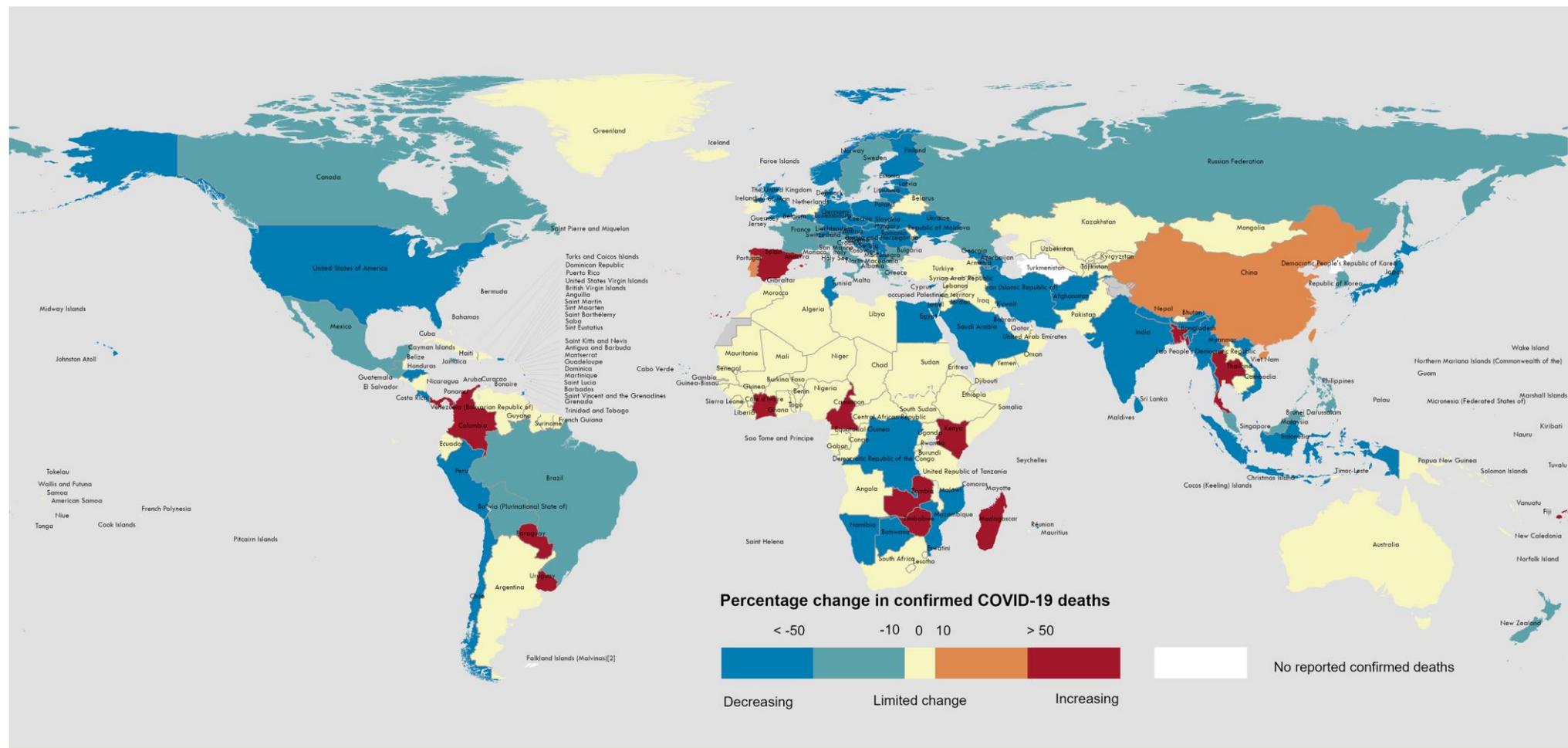
Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme

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 18 June 2023**



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

Not applicable

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

Hospitalizations and ICU admissions

At the global level, during the past 28 days (15 May 2023 to 11 June 2023), a total of 67 774 new hospitalizations and 2585 new intensive care unit (ICU) admissions were reported (Figure 4). This represents a 39% and 40% decrease in both hospitalizations and ICU admissions, respectively, compared to the previous 28 days (17 April 2023 to 14 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, 41 (18%) 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 (21 countries; 34%), followed by the South-East Asia Region (two countries; 20%), the Region of the Americas (eight countries; 14%), the Eastern Mediterranean Region (three countries; 14%), the Western Pacific Region (three countries; 9%), and the African Region (four countries; 8%). The proportion of countries that consistentlyⁱⁱ reported new hospitalizations for the period was 12% (27 countries) (Table 2).

Among the 27 countries consistently reporting new hospitalizations, four (15%) countries registered an increase of 20% or greater in hospitalizations during the past 28 days compared to the previous 28-day period: Bangladesh (233 vs 87; +168%), Zimbabwe (54 vs 23; +135%), Malta (72 vs 42; +71%) and Cuba (436 vs 281; +55%). The highest number of new hospitalizations was reported from the United States of America (27 738 vs 39 050; -29%), Malaysia (6330 vs 8024; -21%), and Ukraine (6316 vs 10 041; -37%).

Across all the six WHO regions, in the past 28 days, a total of 31 (13%) 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 (19; 31%), followed by the Western Pacific Region (five countries; 14%), the South-East Asia Region (one country; 10%), the Region of the Americas (four countries; 7%), the Eastern Mediterranean Region (one country; 5%), and the African Region (one country; 2%). The proportion of countries that consistently reported new ICU admissions for the period was 9% (21 countries) (Table 2).

Among the 21 countries consistently reporting new ICU admissions, two (10%) country showed an increase of 20% or greater in new ICU admissions during the past 28 days compared to the previous 28-day period: Slovakia (two vs one; +100%) and Mexico (20 vs 14; +43%). The highest numbers of new ICU admissions were reported from Brazil (730 vs 1068; -32%), France (507 vs 1022; -50%) and Australia (342 vs 293; +17%).

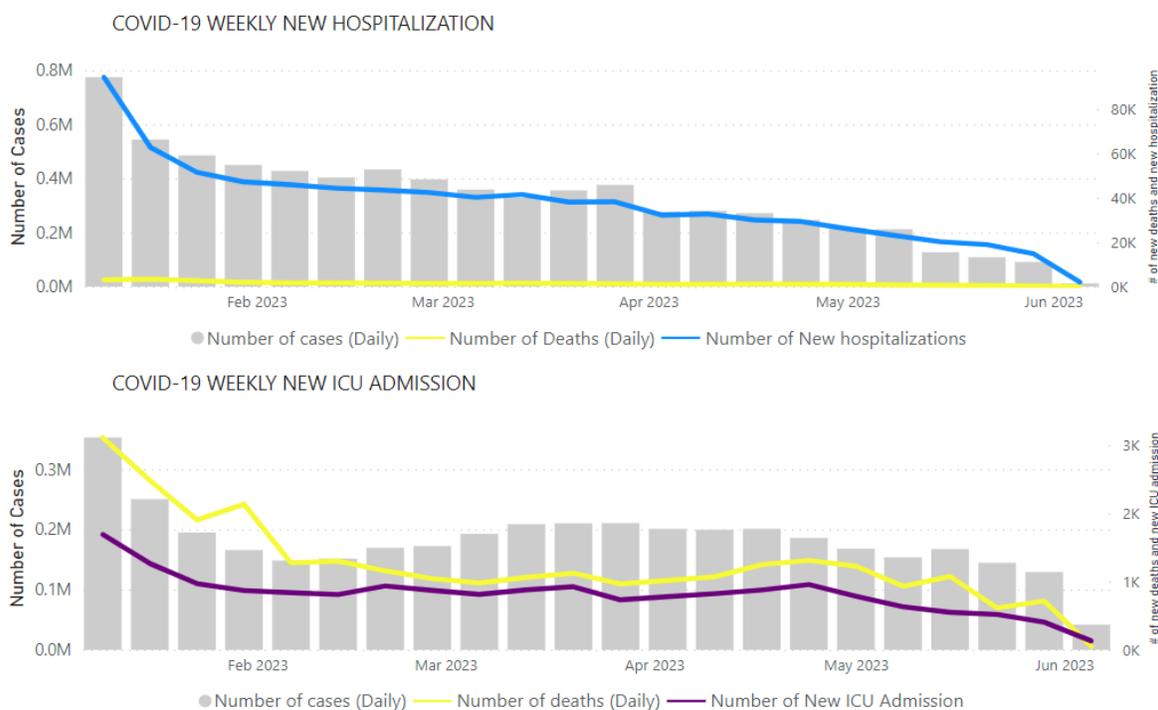
ⁱⁱ “Consistently” as used here refers to countries that submitted data for new hospitalizations and intensive care unit admissions for the four consecutive weeks that make up the 28-day period.

Table 2. New Hospitalization and ICU Admissions by WHO Region with 28-day change: 15 May 2023 to 11 June 2023 compared to 17 April 2023 to 14 May 2023

Region	New hospitalizations from countries that reported consistently in the last and previous 28 days			New ICU admissions from countries that reported consistently in the last and previous 28 days		
	Number of countries* (percentage)	Number of new hospitalizations	Percent change	Number of countries* (percentage)	Number of new ICU admissions	Percent change
Africa	1/50 (2%)	54	+135%	0/50 (<1%)	N/A	N/A
Americas	5/56 (9%)	30 847	-30%	2/56 (4%)	750	-31%
Eastern Mediterranean	1/22 (5%)	19	-82%	1/22 (5%)	<1	-100%
European	16/61 (26%)	20 659	-48%	13/61 (21%)	1018	-50%
South-East Asia	2/10 (20%)	3 701	-61%	1/10 (10%)	184	-53%
Western Pacific	2/35 (6%)	7 499	-27%	4/35 (11%)	496	1%
Global	27/234 (12%)	62 779	-39%	21/234 (9%)	2448	-39%

* To be able to compare two periods only the countries reported consistently in both (the last and previous 28 days) periods are included in the table

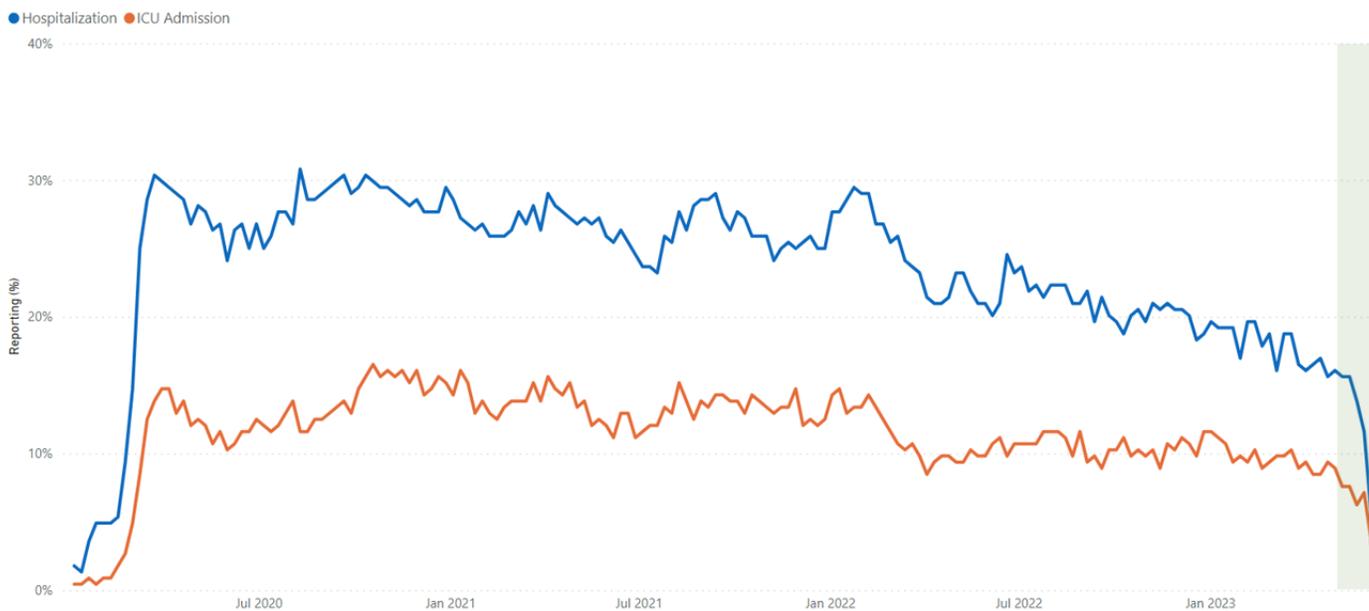
Figure 4. COVID-19 cases, deaths, hospitalizations, and ICU admissions reported weekly to WHO, as of 11 June 2023



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. Additionally due to a technical issue, data from the European region is not reflected in the figures for the last week.

Source: WHO Detailed Surveillance Dashboard

Figure 5. Weekly proportion of countries reporting new hospitalizations and ICU admissions: epidemiological week 1, 2020 to week 23, 2023



Note: Recent weeks are subject to reporting delays and should not be interpreted as a declining trend. Additionally, due to a technical issue, data from the European region is not reflected in the figure for the last week.

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

Geographic spread and prevalence

Globally, from 22 May to 18 June 2023 (28 days), 17 303 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 six variants under monitoring (VUMs) and their descendent lineages. The VUMs are BA.2.75, CH.1.1, XBB, XBB.1.9.1, XBB.1.9.2, and XBB.2.3. The variant BQ.1 has been removed from the VUM list due to its low global prevalence (below 1% over the past month).

Globally, 112 countries have reported detection of XBB.1.5 since its emergence. While XBB.1.5 continues to be the most reported lineage worldwide, its prevalence has been declining steadily. In epidemiological week 22 (29 May to 4 June 2023), XBB.1.5 accounted for 23.3% of sequences, as compared to 36.7% in week 18 (1 to 7 May 2023). XBB.1.16 has been reported from 85 countries. In week 22, XBB.1.16 accounted for 21.9% of sequences, an increase from 14.1% in week 18. An analysis of available data indicates that countries with a low prior prevalence of XBB.1.5 have experienced a significant increase in the prevalence of XBB.1.16, while countries that had a high prevalence of XBB.1.5 have reported low circulation of XBB.1.16.

Table 3 shows the number of countries reporting the VOIs and VUMs and their prevalence from week 18 to week 22. 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.1.9.2, and XBB.2.3 have shown increasing trends in recent weeks. Overall, other VUMs show declining or stable trends during the same reporting period.

Table 3. Weekly prevalence of SARS-CoV-2 VOIs and VUMs, week 18 to week 22 of 2023

Lineage	Countries [§]	Sequences [§]	2023-18	2023-19	2023-20	2023-21	2023-22
XBB.1.5* (VOI)	112	238 633	36.65	32.06	29.80	25.63	23.31
XBB.1.16* (VOI)	85	24 983	14.11	15.68	18.22	19.17	21.92
BA.2.75*	124	118 911	3.85	3.53	2.85	2.37	2.34
CH.1.1*	93	41 751	1.30	1.39	1.21	1.07	1.03
XBB*	127	61 183	5.01	4.67	4.87	5.78	5.89
XBB.1.9.1*	95	37 464	17.13	18.17	18.64	18.80	17.81
XBB.1.9.2*	77	19 049	8.20	10.39	10.80	11.74	12.05
XBB.2.3*	56	5 276	2.37	2.70	3.34	4.66	5.02
Unassigned	91	146 368	0.56	1.04	0.53	-	0.03
Other [†]	209	6 744 051	8.86	9.01	8.82	9.47	9.44

* 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](#)

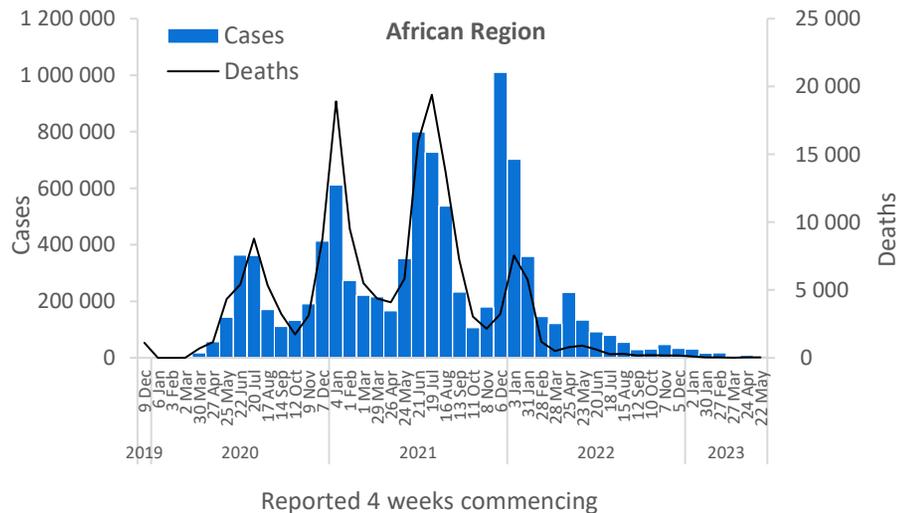
WHO regional overviews

Data for 22 May to 18 June 2023

African Region

The African Region reported over 6300 new cases, a 26% decrease as compared to the previous 28-day period. Five (10%) 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 Zambia (1966 vs 192 new cases; +924%), Kenya (392 vs 42 new cases; +833%) and Burundi (274 vs 36 new cases; +661%). The highest numbers of new cases were reported from Mauritius (2355 new cases; 185.2 new cases per 100 000; -59%), Zambia (1966 new cases; 10.7 new cases per 100 000; +924%), and the Democratic Republic of the Congo (519 new cases; <1 new case per 100 000; -37%).

The number of new 28-day deaths in the Region increased by 5% as compared to the previous 28-day period, with 22 new deaths reported. The highest numbers of new deaths were reported from Zimbabwe (11 new deaths; <1 new death per 100 000; +83%), Cameroon (two new deaths; <1 new death per 100 000; +100%), and Mauritius (two new deaths; <1 new death per 100 000; -67%).

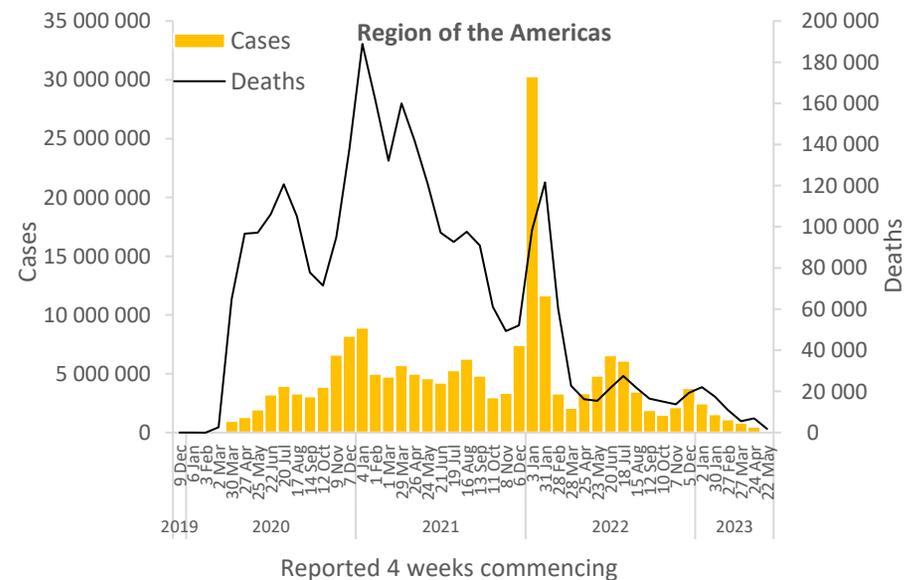


Updates from the [African Region](#)

Region of the Americas

The Region of the Americas reported over 150 000 new cases, a 70% decrease as compared to the previous 28-day period. Ten (18%) 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 Haiti (64 vs 11 new cases; +482%), Saint Kitts and Nevis (six vs two new cases; +200%), and Suriname (50 vs 18 new cases; +178%). The highest numbers of new cases were reported from Brazil (85 987 new cases; 40.5 new cases per 100 000; -41%), Mexico (15 301 new cases; 11.9 new cases per 100 000; -52%), and Canada (12 193 new cases; 32.3 new cases per 100 000; -38%).

The number of new 28-day deaths in the Region decreased by 73% as compared to the previous 28-day period, with 1875 new deaths reported. The highest numbers of new deaths were reported from Brazil (978 new deaths; <1 new death per 100 000; -19%), Canada (283 new deaths; <1 new death per 100 000; -46%), and Peru (232 new deaths; <1 new death per 100 000; -52%).

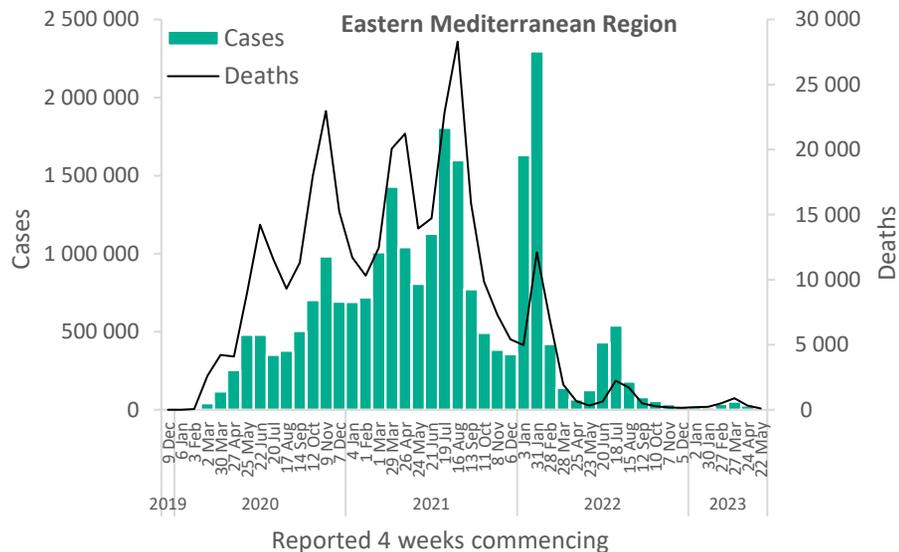


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 7800 new cases, a 71% 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 (nine vs five new cases; +80%). The highest numbers of new cases were reported from Afghanistan (2764 new cases; 7.1 new cases per 100 000; -55%), Qatar (2404 new cases; 83.4 new cases per 100 000; -57%), and the Islamic Republic of Iran (1142 new cases; 1.4 new cases per 100 000; -77%).

The number of new 28-day deaths in the Region decreased by 70% as compared to the previous 28-day period, with 98 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (60 new deaths; <1 new death per 100 000; -75%), Lebanon (18 new deaths; <1 new death per 100 000; -5%), and Tunisia (11 new deaths; <1 new death per 100 000; -68%).

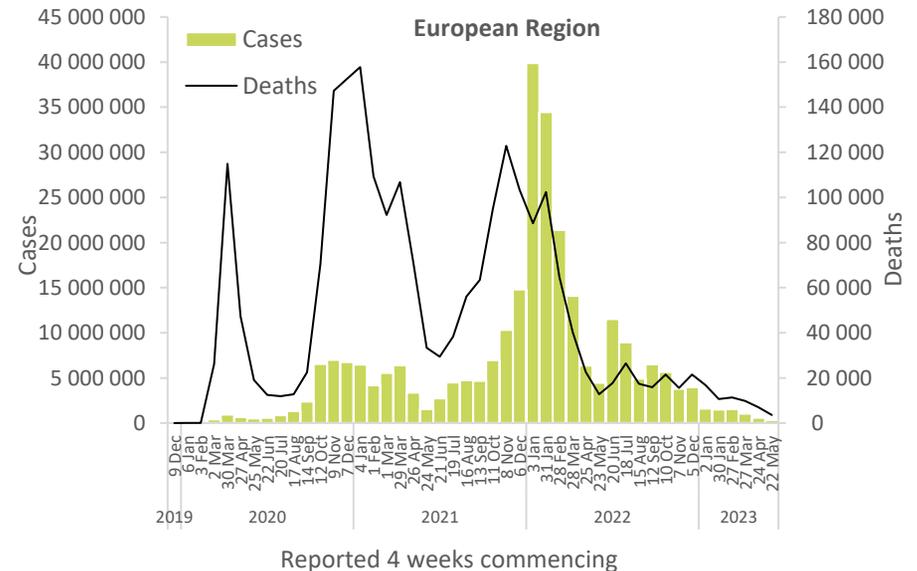


Updates from the [Eastern Mediterranean Region](#)

European Region

The European Region reported over 315 000 new cases, a 46% 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 France (71 197 new cases; 109.5 new cases per 100 000; -42%), the Russian Federation (46 109 new cases; 31.6 new cases per 100 000; -49%), and Greece (41 730 new cases; 389.3 new cases per 100 000; -25%).

The number of new 28-day deaths in the Region decreased by 49% as compared to the previous 28-day period, with 3523 new deaths reported. The highest numbers of new deaths were reported from Spain (729 new deaths; 1.5 new deaths per 100 000; +70%), the Russian Federation (577 new deaths; <1 new death per 100 000; -13%), and Italy (420 new deaths; <1 new death per 100 000; -36%).

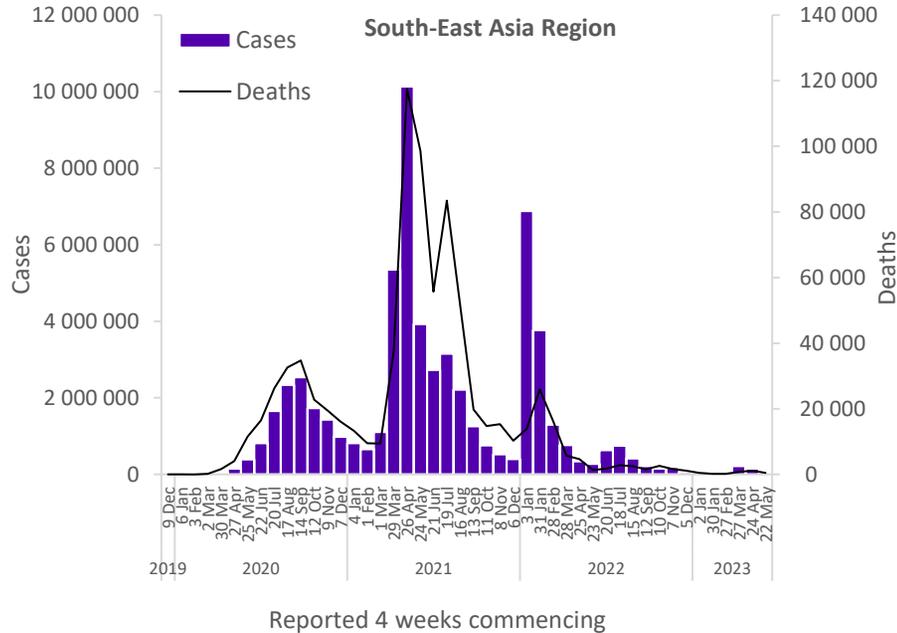


Updates from the [European Region](#)

South-East Asia Region

The South-East Asia Region reported over 32 000 new cases, a 78% decrease as compared to the previous 28-day period. Two (20%) 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 (2 844 vs 472 new cases; +503%) and Thailand (10 922 vs 8 498 new cases; +29%). The highest numbers of new cases were reported from Thailand (10 922 new cases; 15.6 new cases per 100 000; +29%), Indonesia (9038 new cases; 3.3 new cases per 100 000; -76%), and India (7019 new cases; <1 new case per 100 000; -93%).

The number of new 28-day deaths in the Region decreased by 57% as compared to the previous 28-day period, with 496 new deaths reported. The highest numbers of new deaths were reported from Thailand (239 new deaths; <1 new death per 100 000; +125%), Indonesia (170 new deaths; <1 new death per 100 000; -66%), and India (63 new deaths; <1 new death per 100 000; -87%).

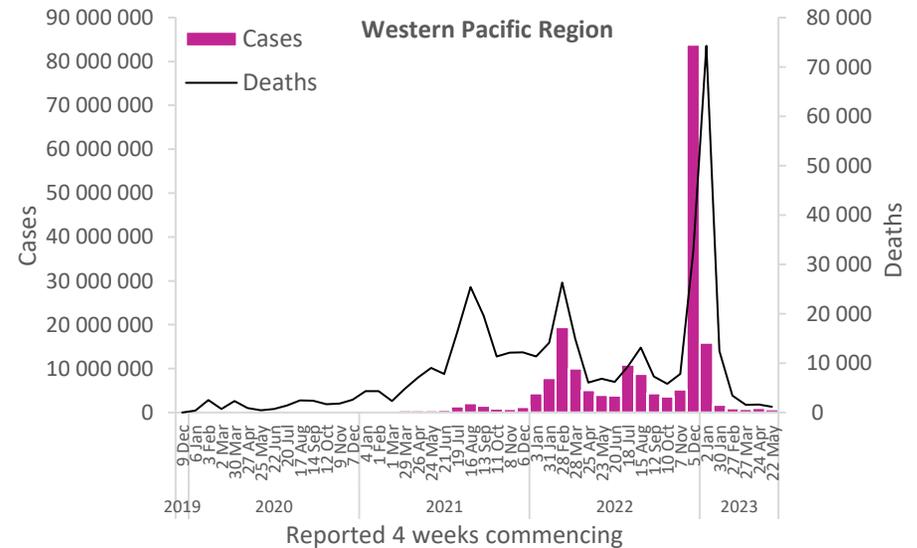


Updates from the [South-East Asia Region](#)

Western Pacific Region

The Western Pacific Region reported over 698 000 new cases, a 33% decrease as compared to the previous 28-day period. Seven (20%) 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 (151 vs three new cases; +4933%), Cambodia (143 vs eight new cases; +1688%), and New Caledonia (six vs one new cases; +500%). The highest numbers of new cases were reported from the Republic of Korea (363 382 new cases; 708.8 new cases per 100 000; -21%), Australia (135 144 new cases; 530.0 new cases per 100 000; +4%), and Singapore (54 581 new cases; 933.0 new cases per 100 000; -44%).

The number of new 28-day deaths in the Region decreased by 28% as compared to the previous 28-day period, with 1154 new deaths reported. The highest numbers of new deaths were reported from Australia (496 new deaths; 1.9 new deaths per 100 000; -6%), China (246 new deaths; <1 new death per 100 000; +11%), and the Republic of Korea (206 new deaths; <1 new death per 100 000; -21%).



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.

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