

# COVID-19 Weekly Epidemiological Update

Edition 149 published 29 June 2023

In this edition:

- [Global overview](#)
- [Hospitalizations and ICU admissions](#)
- [SARS-CoV-2 variants of interest and variants under monitoring](#)
- [WHO regional overviews](#)

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## Global overview

Data as of 25 June 2023

Globally, over one million new cases and over 5700 deaths were reported in the last 28 days (29 May to 25 June 2023) (Figure 1, Table 1). While five WHO regions have reported decreases in both cases and deaths, the African Region has reported a decrease in cases but an increase in deaths. As of 25 June 2023, over 767 million<sup>i</sup> 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 62% (146 of 234) of countries and territories reported at least one case – a proportion that has been 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.

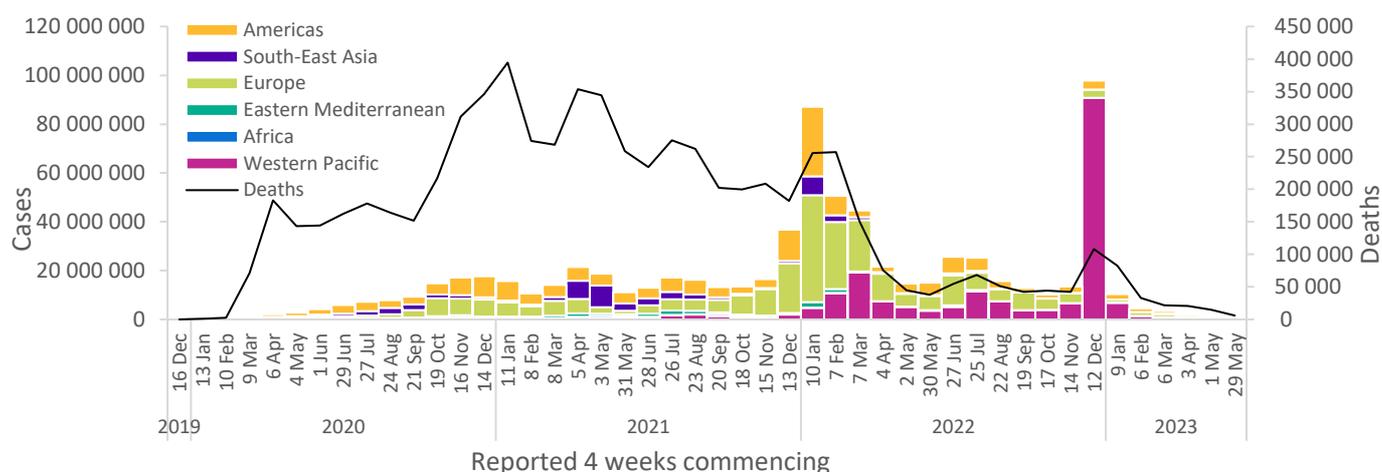
Some countries continue to report high burdens of COVID-19, including increases in newly reported cases and, more importantly, increases in hospitalizations and deaths – the latter of which are considered more reliable indicators given the reductions in testing.

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 are available on [WHO's integrated dashboard provided by the Global Influenza Programme](#)

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<sup>i</sup> Several countries are now being updated using data from the European Surveillance System (TESSy). As a result, for some of these countries, the numbers have been revised retrospectively, leading to reduced figures in certain instances. Consequently, the cumulative totals are now lower compared to the figures reported in the COVID-19 Weekly Epidemiological Update published on 22 June 2023.

**Figure 1. COVID-19 cases reported by WHO Region, and global deaths by 28-day intervals, as of 25 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 six WHO regions: the Eastern Mediterranean Region (-75%), the South-East Asia Region (-73%), the Region of the Americas (-66%), the European Region (-57%), the Western Pacific Region (-35%), and the African Region (-12%). The number of newly reported 28-day deaths decreased across five regions: the Region of the Americas (-68%), the Eastern Mediterranean Region (-63%), the European Region (-62%), the South-East Asia Region (-56%), and the Western Pacific Region (-43%); while newly reported deaths increased in the African Region (+20%).

At the country level, the highest numbers of new 28-day cases were reported from the Republic of Korea (371 513 new cases; -22%), Australia (111 543 new cases; -21%), Brazil (77 022 new cases; -41%), France (45 306 new cases; -55%), and Singapore (40 531 new cases; -56%). The highest numbers of new 28-day deaths were reported from Brazil (1055 new deaths; -10%), the Russian Federation (517 new deaths; -16%), Australia (343 new deaths; -53%), Italy (342 new deaths; -48%), and France (285 new deaths; -58%).

**Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 25 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	650 024 (63%)	-35%	204 508 315 (27%)	1 018 (18%)	-43%	413 895 (6%)
Europe	199 624 (19%)	-57%	275 679 854 (36%)	2 310 (40%)	-62%	2 242 952 (32%)
Americas	137 590 (13%)	-66%	193 094 953 (25%)	1 896 (33%)	-68%	2 956 943 (43%)
South-East Asia	24 400 (2%)	-73%	61 188 565 (8%)	421 (7%)	-56%	806 434 (12%)
Africa	6 773 (1%)	-12%	9 540 096 (1%)	24 (<1%)	20%	175 396 (3%)
Eastern Mediterranean	5 725 (1%)	-75%	23 383 754 (3%)	82 (1%)	-63%	351 341 (5%)
<b>Global</b>	<b>1 024 136 (100%)</b>	<b>-49%</b>	<b>767 396 301 (100%)</b>	<b>5 751 (100%)</b>	<b>-61%</b>	<b>6 946 974 (100%)</b>

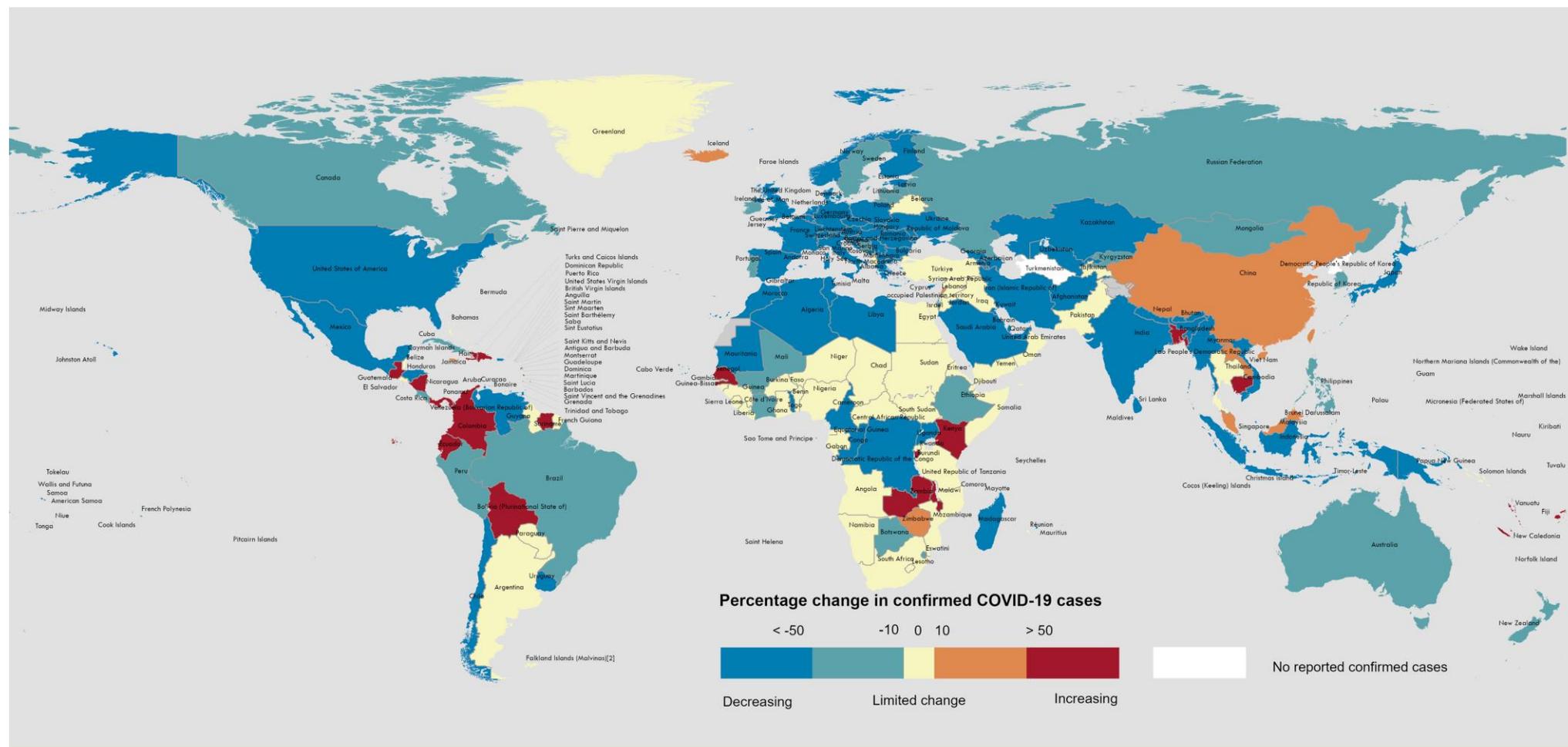
\*Percent change in the number of newly confirmed cases/deaths in the past 28 days, compared to 28 days prior. Data from previous weeks are updated continuously with adjustments received from countries.

\*\*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 25 June 2023\*\*



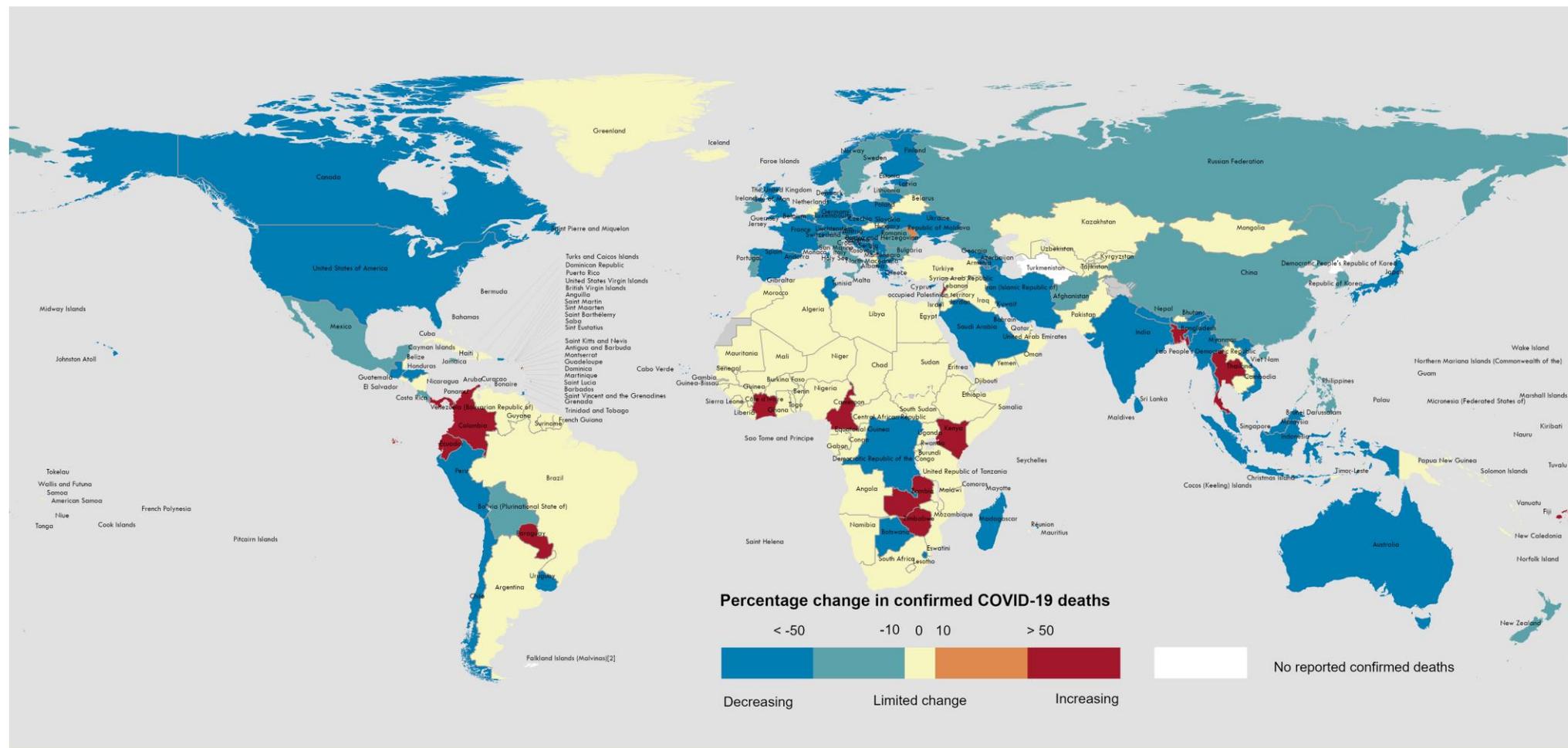
Data Source: World Health Organization  
Map Production: WHO Health Emergencies Programme

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 25 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 (22 May 2023 to 18 June 2023), a total of 62 128 new hospitalizations and 2080 new intensive care unit (ICU) admissions were reported (Figure 4). This represents a 40% and 48% decrease in both hospitalizations and ICU admissions, respectively, compared to the previous 28 days (24 April 2023 to 21 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, 40 (17%) 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 Region of the Americas (eight countries; 14%), the African Region (four countries; 8%), the Eastern Mediterranean Region (three countries; 14%), the Western Pacific Region (three countries; 9%), and the South-East Asia Region (two countries; 20%). The proportion of countries that consistently<sup>ii</sup> reported new hospitalizations for the period was 10% (24 countries) (Table 2).

Among the 24 countries consistently reporting new hospitalizations, three (13%) countries registered an increase of 20% or greater in hospitalizations during the past 28 days compared to the previous 28-day period: Afghanistan (178 vs 33; +439%), Bangladesh (269 vs 104; +159%), and Malta (86 vs 35; +146%). The highest number of new hospitalizations was reported from the United States of America (27 065 vs 37 232; -27%), Ukraine (5744 vs 8853; -35%), and France (3634 vs 7642; -52%).

Across all 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 (Figure 5). The European Region had the highest proportion of countries reporting data on new ICU admissions (17 countries; 28%), followed by the Western Pacific Region (five countries; 14%), the Region of the Americas (four countries; 7%), the Eastern Mediterranean Region (two countries; 9%), the African Region (one country; 2%), and the South-East Asia Region (one country; 10%) The proportion of countries that consistently reported new ICU admissions for the period was 8% (18 countries) (Table 2).

Among the 18 countries consistently reporting new ICU admissions, two (11%) countries showed an increase of 20% or greater in new ICU admissions during the past 28 days compared to the previous 28-day period: Lithuania (19 vs 11; 73%) and Mexico (19 vs 14; +36%). The highest numbers of new ICU admissions were reported from France (438 vs 866; -49%), Australia (304 vs 325; -6%), and Ukraine (164 vs 280; -41%).

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<sup>ii</sup> “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.

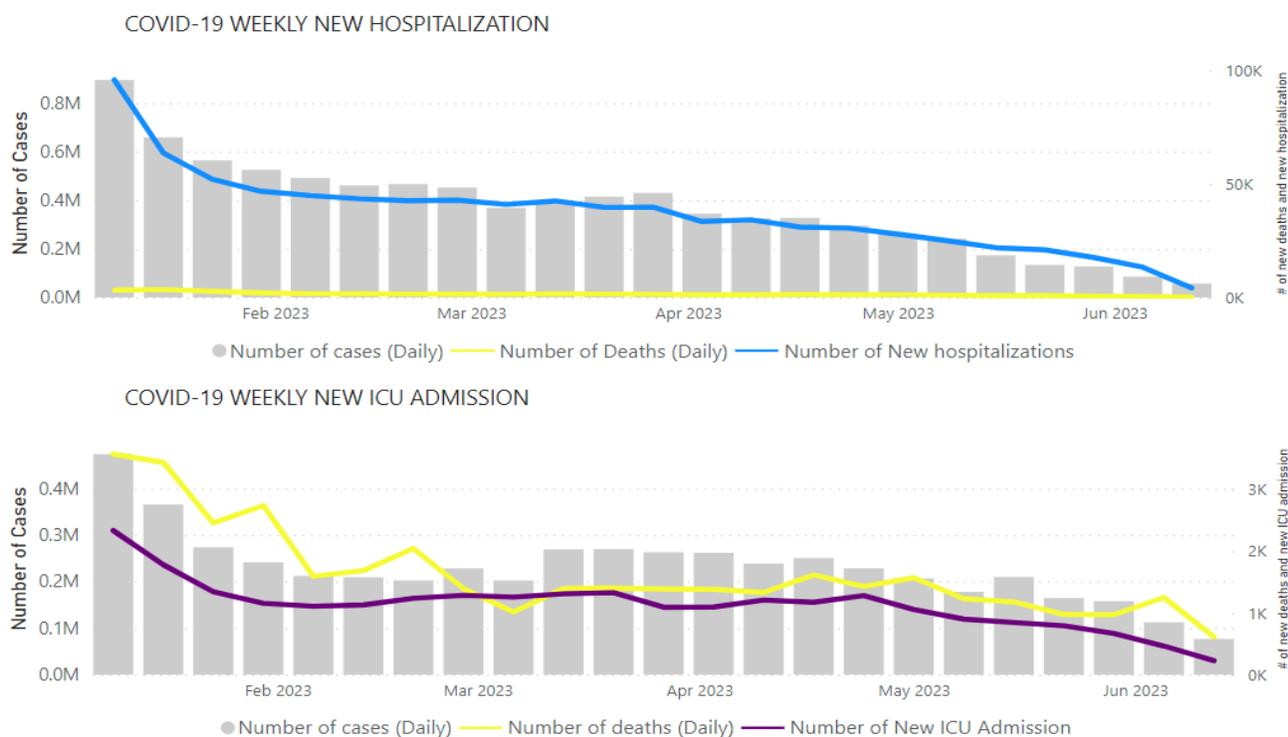
**Table 2. New Hospitalization and ICU Admissions by WHO Region with 28-day change: 22 May to 18 June 2023 compared to 24 April to 21 May 2023**

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%)	33	-18%	0/50 (0%)	N/A	N/A**
Americas	4/56 (7%)	28 213	-28%	1/56 (2%)	19	+36%
Eastern Mediterranean	2/22 (9%)	214	+189%	1/22 (5%)	3	N/D**
European	13/61 (21%)	20 423	-46%	11/61 (18%)	996	-49%
South-East Asia	2/10 (20%)	2 579	-73%	1/10 (10%)	145	-64%
Western Pacific	2/35 (6%)	2 499	-27%	4/35 (11%)	335	-16%
<b>Global</b>	<b>24/234 (10%)</b>	<b>53 911</b>	<b>-40%</b>	<b>18/234 (8%)</b>	<b>1 498</b>	<b>-46%</b>

\* 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

\*\* N/A and N/D represents not available and not definable respectively

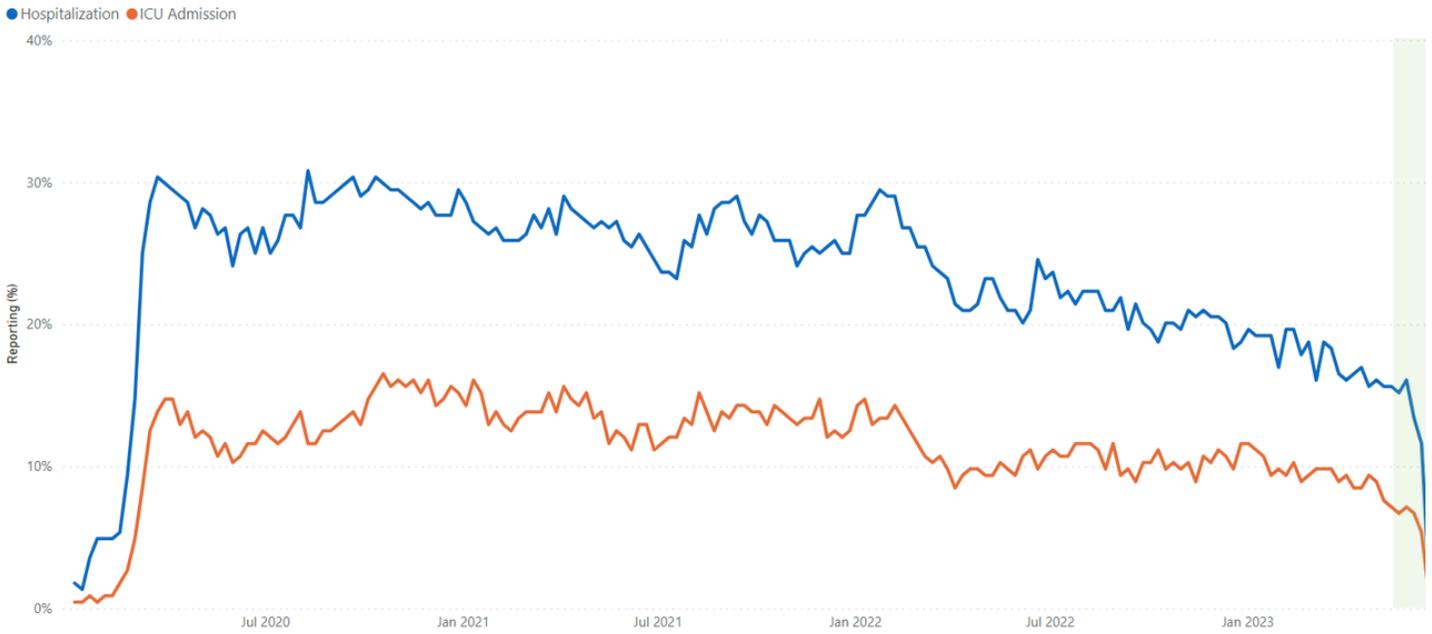
**Figure 4. COVID-19 cases, deaths, hospitalizations, and ICU admissions reported weekly to WHO, as of 18 June 2023**



Note: Recent weeks are subject to reporting delays and data might not be complete, please interpret with caution. 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 24, 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 29 May to 25 June 2023 (28 days), 13 152 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.

Globally, 114 countries have reported the detection of XBB.1.5 since its emergence. Its prevalence has been declining steadily. In epidemiological week 23 (5 to 11 June 2023), XBB.1.5 accounted for 19.8% of sequences, as compared to 32.1% in week 19 (8 to 14 May 2023). The [updated risk assessment](#) for XBB.1.5 presents supplementary laboratory and epidemiological evidence, which suggests that XBB.1.5 does not pose additional public health risks compared to other circulating variants.

XBB.1.16 has been reported from 89 countries. In week 23, XBB.1.16 accounted for 20.5% of sequences, an increase from 15.7% in week 19. Its prevalence has surpassed that of XBB.1.5 in week 23. 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 19 to week 23. The VOI and the VUMs that have shown increasing trends during the last five weeks period are highlighted in orange, those that have remained stable are highlighted in blue, 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 19 to week 23 of 2023**

Lineage	Countries <sup>§</sup>	Sequences <sup>§</sup>	2023-19	2023-20	2023-21	2023-22	2023-23
XBB.1.5* (VOI)	114	242 397	32.16	29.66	24.81	22.26	19.79
XBB.1.16* (VOI)	89	27 413	15.66	18.06	18.67	21.31	20.53
BA.2.75*	124	119 879	3.45	2.91	2.66	2.46	1.64
CH.1.1*	95	41 989	1.36	1.23	0.95	0.92	1.11
XBB*	130	62 221	4.75	5.01	5.61	5.82	6.37
XBB.1.9.1*	98	40 414	18.29	18.56	19.02	18.82	19.52
XBB.1.9.2*	79	20 604	10.32	10.52	12.03	12.15	12.18
XBB.2.3*	60	5 769	2.79	3.38	4.23	4.31	4.06
Unassigned	91	146 918	0.99	1.09	1.46	2.52	4.70
Other <sup>†</sup>	209	6 746 112	8.89	8.72	9.43	8.40	9.09

\* 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.

<sup>†</sup> Others are other circulating lineages excluding the VOI, VUMs, BA.1\*, BA.2\*, BA.3\*, BA.4\*, BA.5\*.

<sup>§</sup> 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.1.5 Updated Risk Assessment, 20 June 2023](#)
- [WHO XBB.1.16 Updated Risk Assessment, 5 June 2023](#)

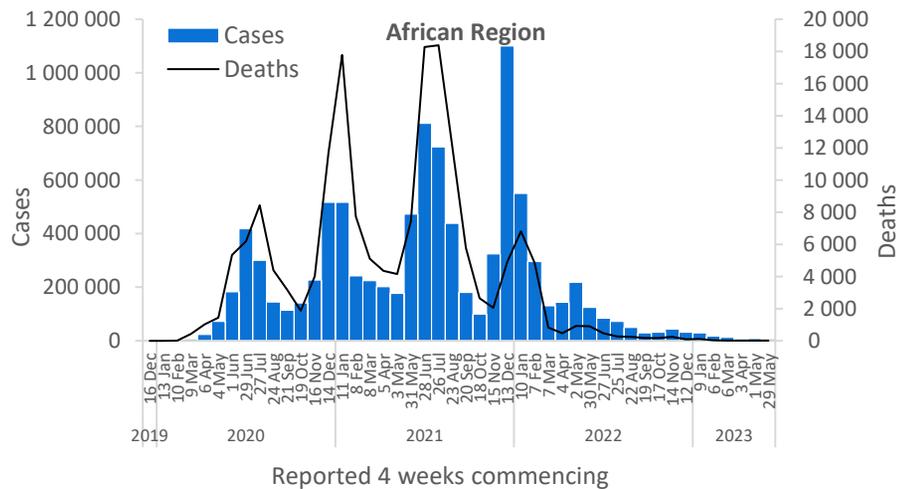
## WHO regional overviews

Data for 29 May to 25 June 2023

### African Region

The African Region reported over 6700 new cases, a 12% 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 (3027 vs 85 new cases; +3461%), Kenya (463 vs 14 new cases; +3207%), and Burundi (380 vs 31 new cases; +1126%). The highest numbers of new cases were reported from Zambia (3027 new cases; 16.5 new cases per 100 000; +3461%), Mauritius (1721 new cases; 135.3 new cases per 100 000; -67%), and Kenya (463 new cases; <1 new case per 100 000; +3207%).

The number of new 28-day deaths in the Region increased by 20% as compared to the previous 28-day period, with 24 new deaths reported. The highest numbers of new deaths were reported from Zimbabwe (14 new deaths; <1 new death per 100 000; +100%), Zambia (four new deaths; <1 new death per 100 000; no deaths reported the previous 28-day period), and Cameroon (two new deaths; <1 new death per 100 000; no deaths reported the previous 28-day period).

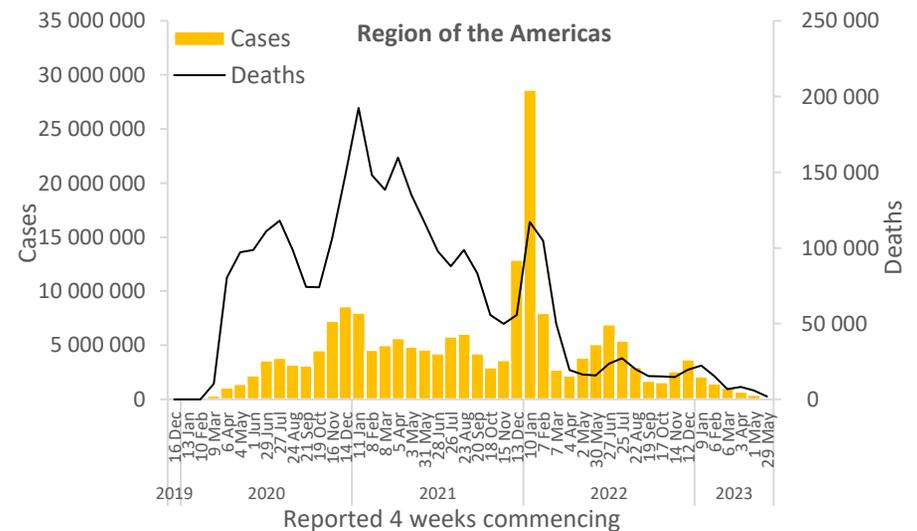


Updates from the [African Region](#)

### Region of the Americas

The Region of the Americas reported over 137 000 new cases, a 66% decrease as compared to the previous 28-day period. Thirteen (23%) 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 the Dominican Republic (1242 vs 131 new cases; +848%), Saint Martin (21 vs three new cases; +600%), and Martinique (379 vs 75 new cases; +405%). The highest numbers of new cases were reported from Brazil (77 022 new cases; 36.2 new cases per 100 000; -41%), Mexico (11 923 new cases; 9.2 new cases per 100 000; -58%), and Canada (10 480 new cases; 27.8 new cases per 100 000; -41%).

The number of new 28-day deaths in the Region decreased by 68% as compared to the previous 28-day period, with 1896 new deaths reported. The highest numbers of new deaths were reported from Brazil (1055 new deaths; <1 new death per 100 000; -10%), Peru (250 new deaths; <1 new death per 100 000; -63%), and Canada (212 new deaths; <1 new death per 100 000; -57%).

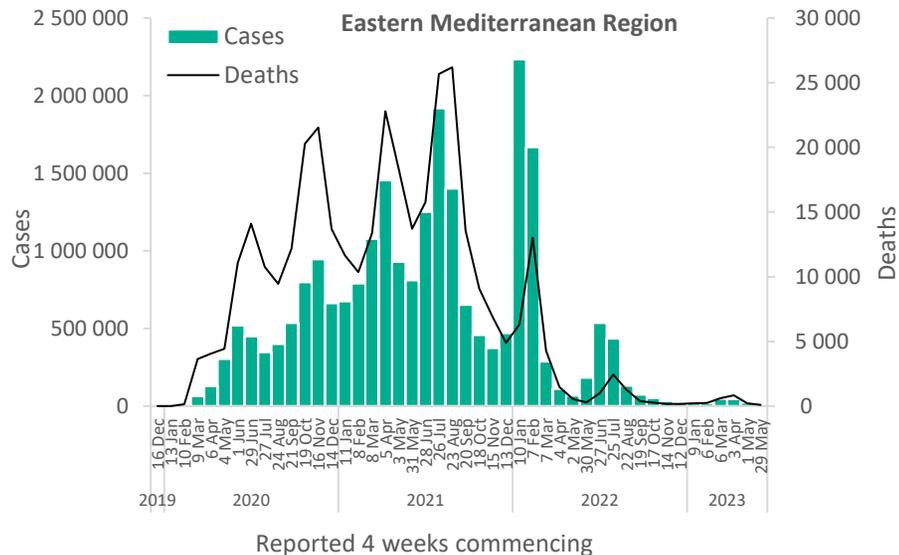


Updates from the [Region of the Americas](#)

## Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 5700 new cases, a 75% 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: Lebanon (996 vs 800 new cases; +25%). The highest numbers of new cases were reported from Afghanistan (1939 new cases; 5.0 new cases per 100 000; -69%), Qatar (1409 new cases; 48.9 new cases per 100 000; -72%), and Lebanon (996 new cases; 14.6 new cases per 100 000; +25%).

The number of new 28-day deaths in the Region decreased by 63% as compared to the previous 28-day period, with 82 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (39 new deaths; <1 new death per 100 000; -75%), Lebanon (22 new deaths; <1 new death per 100 000; +69%), and Afghanistan (13 new deaths; <1 new death per 100 000; -43%).

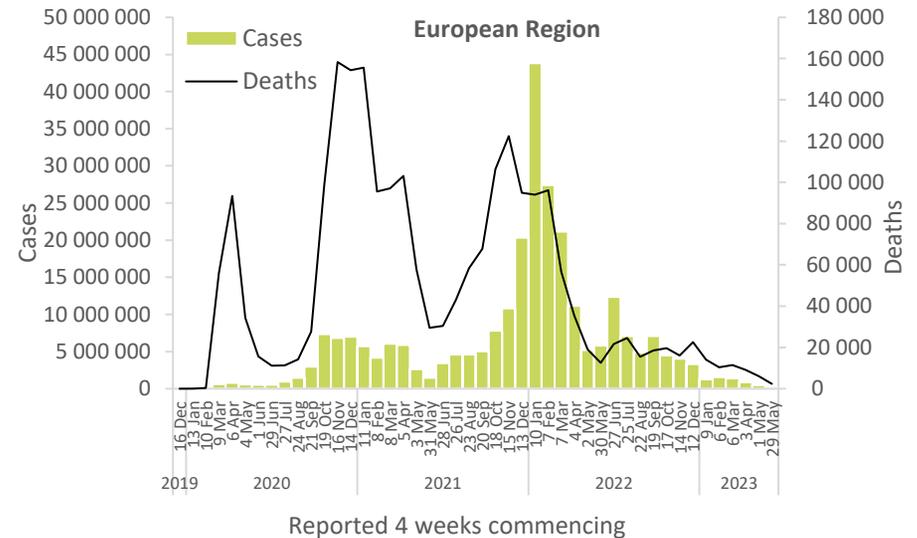


Updates from the [Eastern Mediterranean Region](#)

## European Region

The European Region reported over 199 000 new cases, a 57% 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 (45 306 new cases; 69.7 new cases per 100 000; -55%), the Russian Federation (35 536 new cases; 24.4 new cases per 100 000; -47%), and Italy (31 289 new cases; 52.5 new cases per 100 000; -53%).

The number of new 28-day deaths in the Region decreased by 62% as compared to the previous 28-day period, with 2310 new deaths reported. The highest numbers of new deaths were reported from the Russian Federation (517 new deaths; <1 new death per 100 000; -16%), Italy (342 new deaths; <1 new death per 100 000; -48%), and France (285 new deaths; <1 new death per 100 000; -58%).

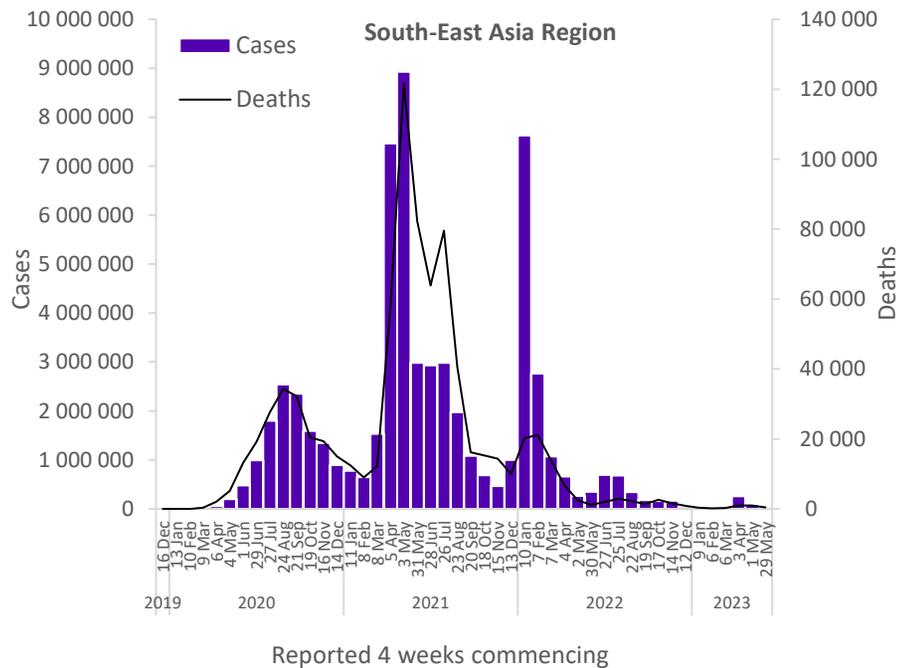


Updates from the [European Region](#)

## South-East Asia Region

The South-East Asia Region reported over 24 000 new cases, a 73% decrease as compared to the previous 28-day period. One (10%) of the 10 countries for which data are available reported increases in new cases of 20% or greater: Bangladesh (3281 vs 739 new cases; +344%). The highest numbers of new cases were reported from Thailand (9605 new cases; 13.8 new cases per 100 000; -1%), Indonesia (5492 new cases; 2.0 new cases per 100 000; -83%), and India (4208 new cases; <1 new case per 100 000; -91%).

The number of new 28-day deaths in the Region decreased by 56% as compared to the previous 28-day period, with 421 new deaths reported. The highest numbers of new deaths were reported from Thailand (233 new deaths; <1 new death per 100 000; +69%), Indonesia (126 new deaths; <1 new death per 100 000; -72%), and India (39 new deaths; <1 new death per 100 000; -88%).

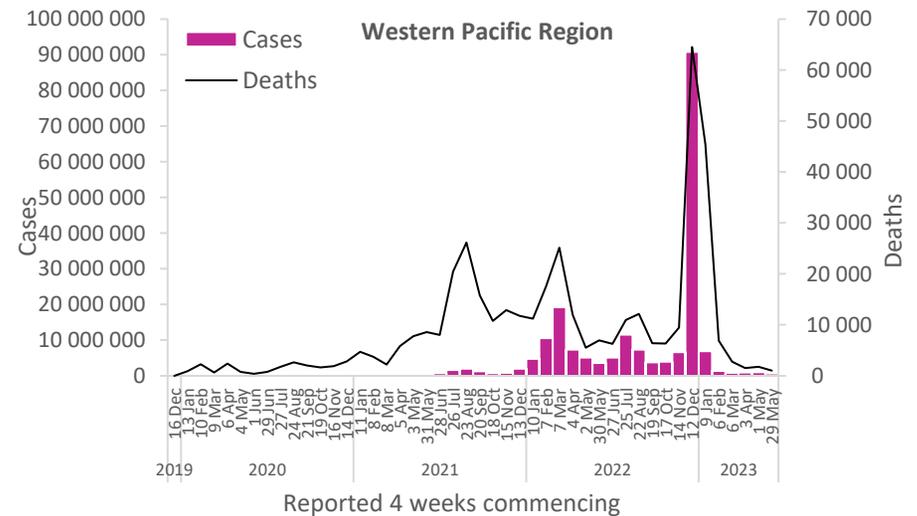


Updates from the [South-East Asia Region](#)

## Western Pacific Region

The Western Pacific Region reported over 650 000 new cases, a 35% decrease as compared to the previous 28-day period. Four (11%) 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 Cambodia (128 vs 34 new cases; +276%), Kiribati (eight vs four new cases; +100%), and the Lao People's Democratic Republic (194 vs 148 new cases; +31%). The highest numbers of new cases were reported from the Republic of Korea (371 513 new cases; 724.6 new cases per 100 000; -22%), Australia (111 543 new cases; 437.4 new cases per 100 000; -21%), and Singapore (40 531 new cases; 692.8 new cases per 100 000; -56%).

The number of new 28-day deaths in the Region decreased by 43% as compared to the previous 28-day period, with 1018 new deaths reported. The highest numbers of new deaths were reported from Australia (343 new deaths; 1.3 new deaths per 100 000; -53%), China (230 new deaths; <1 new death per 100 000; -16%), and the Republic of Korea (206 new deaths; <1 new death per 100 000; -23%).



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](mailto: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](https://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.<sup>1</sup>

## 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