

COVID-19 Weekly Epidemiological Update

Edition 153 published 27 July 2023

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Global overview

Data as of 23 July 2023

Globally, over 868 000 new COVID-19 cases and over 3700 deaths were reported in the last 28 days (26 June to 23 July 2023) (Figure 1, Table 1). While five WHO regions have reported decreases in the number of both cases and deaths, the Western Pacific Region has reported an increase in the number of both cases and deaths. As of 23 July 2023, over 768 million confirmed cases and over 6.9 million deaths have been reported globally.

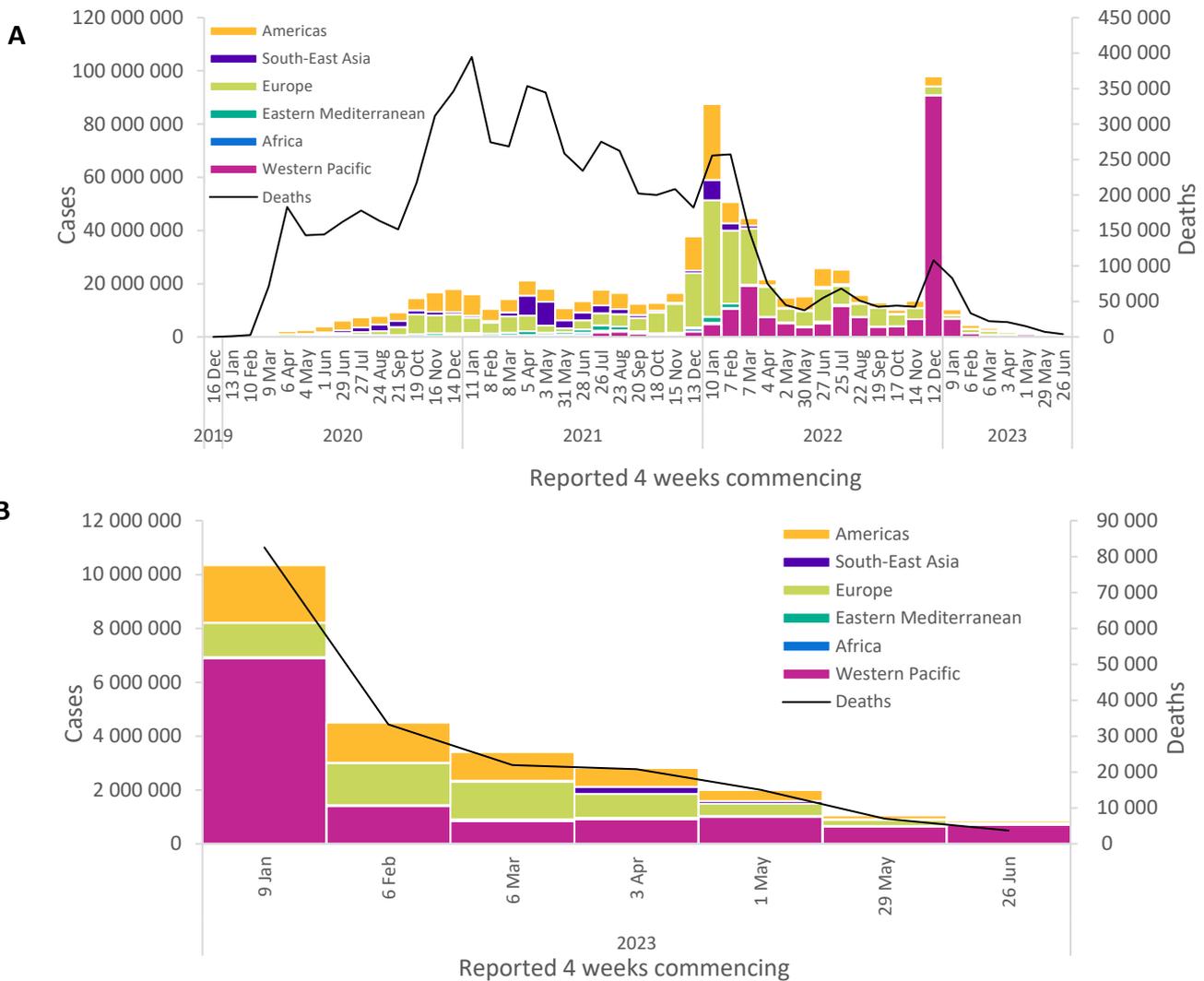
Although the public health emergency of international concern for COVID-19 was declared over on 5 May 2023, COVID-19 remains a major threat. WHO continues to urge Member States to maintain, not dismantle, their established COVID-19 infrastructure. It is crucial to sustain surveillance and reporting, variant tracking, early clinical care provision, administration of vaccine boosters to high-risk groups, improvements in ventilation, and regular communication.

Currently, reported cases do not accurately represent infection rates due to the reduction in testing and reporting globally. During this 28-day period, 52% (122 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](#). Recent data show that the SARS-CoV-2 PCR percent positivity rate from reporting countries is approximately 10%.

Figure 1. COVID-19 cases reported by WHO Region, and global deaths by 28-day intervals, as of 23 July 2023 (A); and last six reporting periods, 1 January to 23 July 2023 (B)**



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

At the regional level, the number of newly reported cases within a 28-day period has decreased across five of the six WHO regions: the Eastern Mediterranean Region (-75%), the European Region (-72%), the South-East Asia Region (-70%), the African Region (-48%), and the Region of the Americas (-35%); while cases increased in the Western Pacific Region (+8%). The number of newly reported deaths within a 28-day period has decreased across five regions: the Eastern Mediterranean Region (-77%), the European Region (-74%), the South-East Asia Region (-70%), the African Region (-48%), and the Region of the Americas (-31%); while deaths increased in the Western Pacific Region (+23%).

At the country level, the highest numbers of new cases reported within the 28-day period were from the Republic of Korea (593 023 new cases; +60%), Brazil (48 548 new cases; -37%), Australia (35 873 new cases; -68%), Singapore (30 214 new cases; -25%), and New Zealand (20 329 new cases; -47%). The highest numbers of new 28-day deaths were reported from Brazil (769 new deaths; -27%), Australia (623 new deaths; +82%), the Russian Federation (336 new deaths; -35%), Peru (218 new deaths; -13%), and the Republic of Korea (199 new deaths; -3%).

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 23 July 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	701 467 (81%)	8%	205 206 904 (27%)	1 252 (34%)	23%	415 147 (6%)
Americas	90 202 (10%)	-35%	193 186 730 (25%)	1 387 (37%)	-31%	2 958 446 (43%)
Europe	63 666 (7%)	-72%	275 774 521 (36%)	907 (24%)	-74%	2 245 481 (32%)
South-East Asia	7 339 (1%)	-70%	61 195 902 (8%)	126 (3%)	-70%	806 560 (12%)
Africa	4 347 (1%)	-48%	9 546 086 (1%)	15 (<1%)	-48%	175 416 (3%)
Eastern Mediterranean	1 427 (<1%)	-75%	23 385 181 (3%)	19 (1%)	-77%	351 360 (5%)
Global	868 448 (100%)	-18%	768 296 088 (100%)	3 706 (100%)	-47%	6 952 423 (100%)

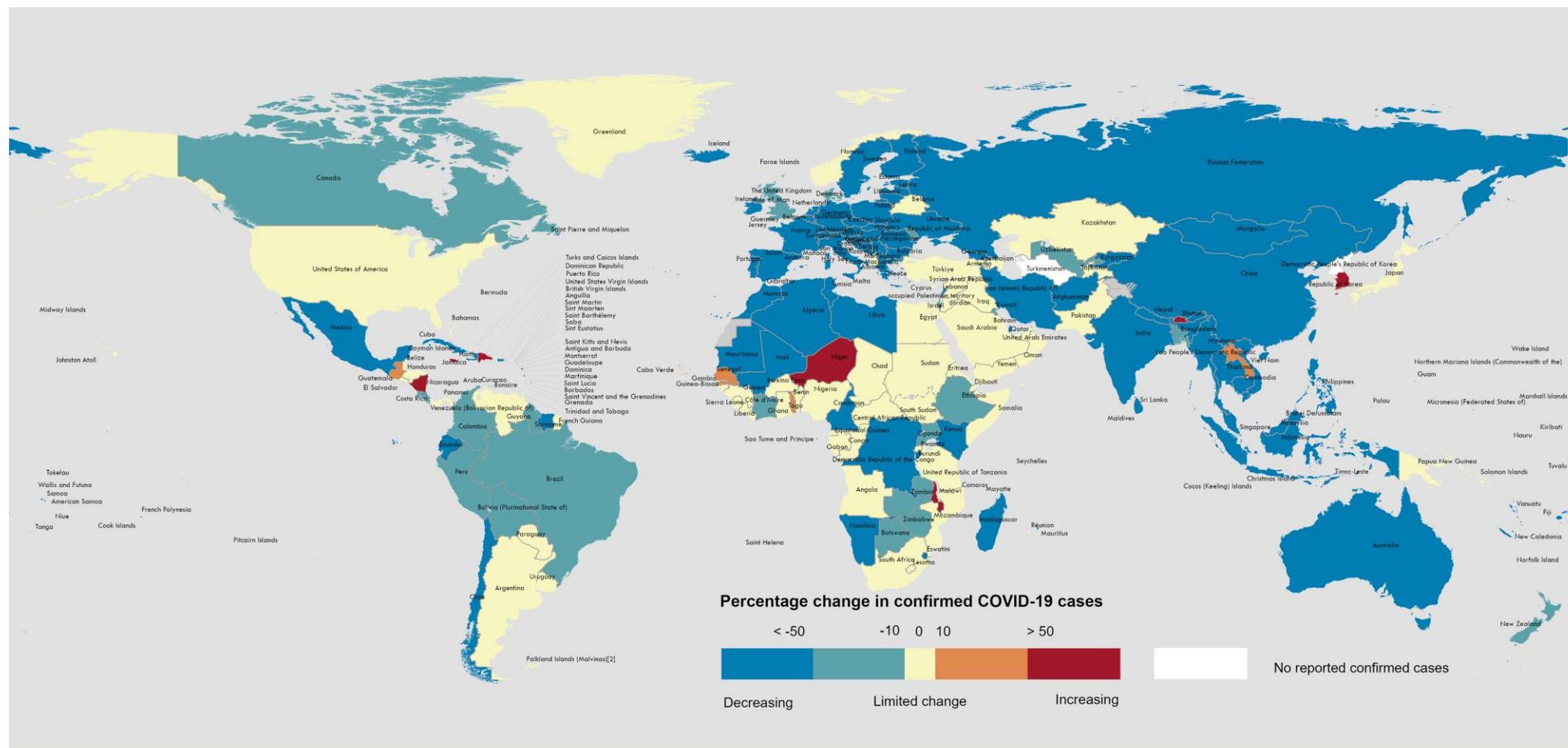
*Percent change in the number of newly confirmed cases/deaths in the past 28 days, compared to 28 days prior. Data from previous weeks are updated continuously with adjustments received from countries.

**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 23 July 2023**



Data Source: World Health Organization

Map Production: WHO Health Emergencies Programme

Not applicable

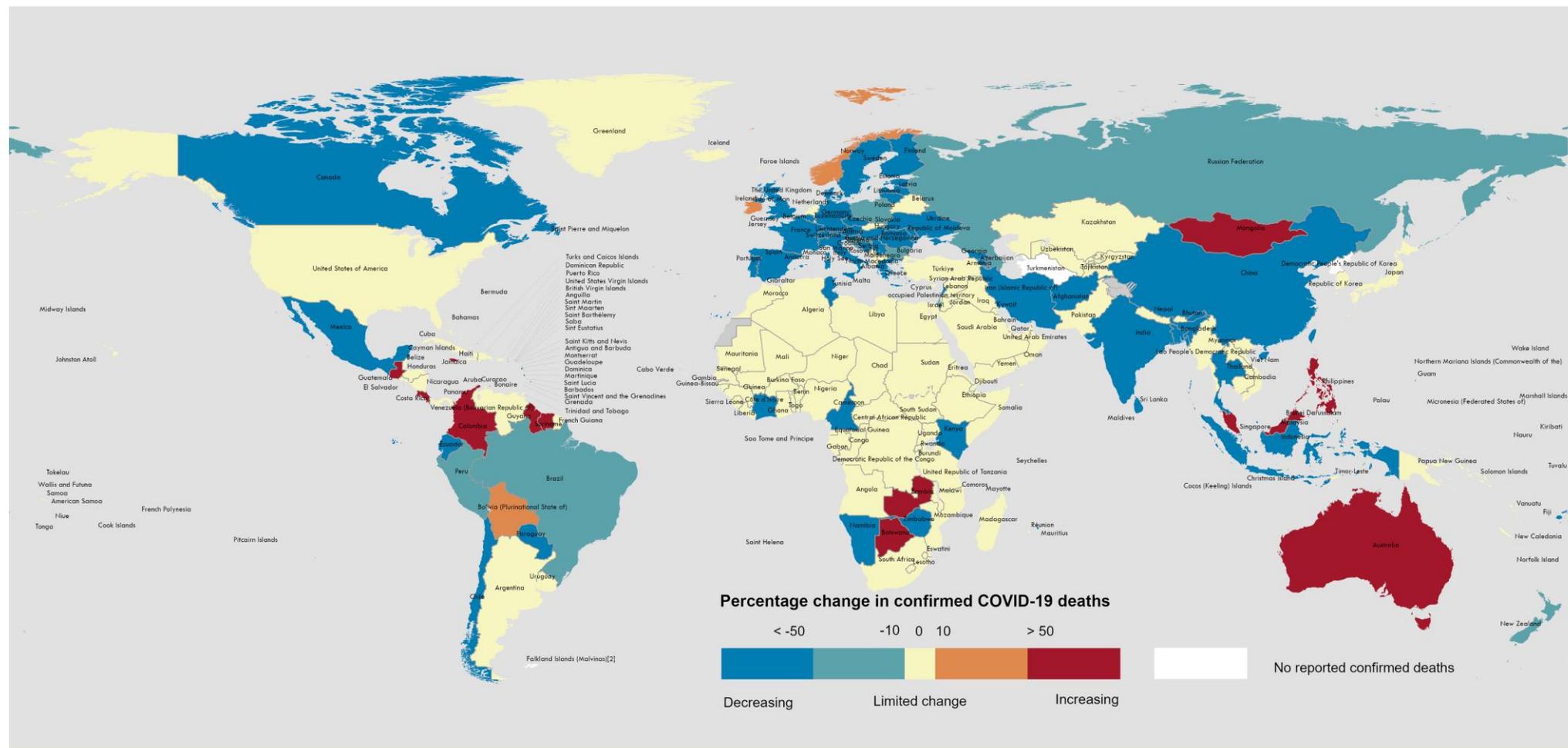


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**See [Annex 1: Data, table, and figure notes](#)

Figure 3. Percentage change in confirmed COVID-19 deaths over the last 28 days relative to the previous 28 days, as of 23 July 2023**



Data Source: World Health Organization

Map Production: WHO Health Emergencies Programme

Not applicable

0 2,500 5,000 km

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

Hospitalizations and ICU admissions

At the global level, during the analysed 28-day period (19 June 2023 to 16 July 2023), a total of 39 276 new hospitalizations and 951 new intensive care unit (ICU) admissions were reported (Figure 4). This represents a 42% and 63% decrease respectively, compared to the previous 28 days (22 May 2023 to 18 June 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, 33 (14%) 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 (19 countries; 31%), followed by the South-East Asia Region (two countries; 20%), the Eastern Mediterranean Region (two countries; 9%), Region of the Americas (five countries; 9%), the Western Pacific Region (three countries; 9%), and the African Region (two countries; 4%). The proportion of countries that consistentlyⁱ reported new hospitalizations for the period was 6% (15 countries) (Table 2).

Among the 15 countries consistently reporting new hospitalizations, two (13%) countries registered an increase of 20% or greater in hospitalizations during the past 28 days compared to the previous 28-day period: Malta (109 vs 86; +27%) and Bangladesh (340 vs 269; 26%). The highest numbers of new hospitalizations were reported from the United States of America (25 206 vs 28 310; -11%), Malaysia (3418 vs 5559; -39%), and Italy (1482 vs 4713; -69%).

Across all six WHO regions, in the past 28 days, a total of 27 (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 (16 countries; 26%), followed by the Western Pacific Region (five countries; 14%), the South-East Asia Region (one country; 10%), the Eastern Mediterranean Region (two countries; 9%), and the Region of the Americas (three countries; 5%). The African Region did not report ICU admissions during the period. The proportion of countries that consistently reported new ICU admissions for the period was 5% (11 countries) (Table 2).

Among the 11 countries consistently reporting new ICU admissions, no country showed an increase of 20% or greater during this 28-day period. The highest numbers of new ICU admissions were reported in three countries, though there was an overall reduction in these countries from Brazil (469 vs 888; -47%), Australia (141 vs 324; -56%), and Italy (56 vs 167; -66%).

ⁱ "Consistently" as used here refers to countries that submitted data for new hospitalizations and intensive care unit admissions for the eight consecutive weeks (for the reporting and comparison period).

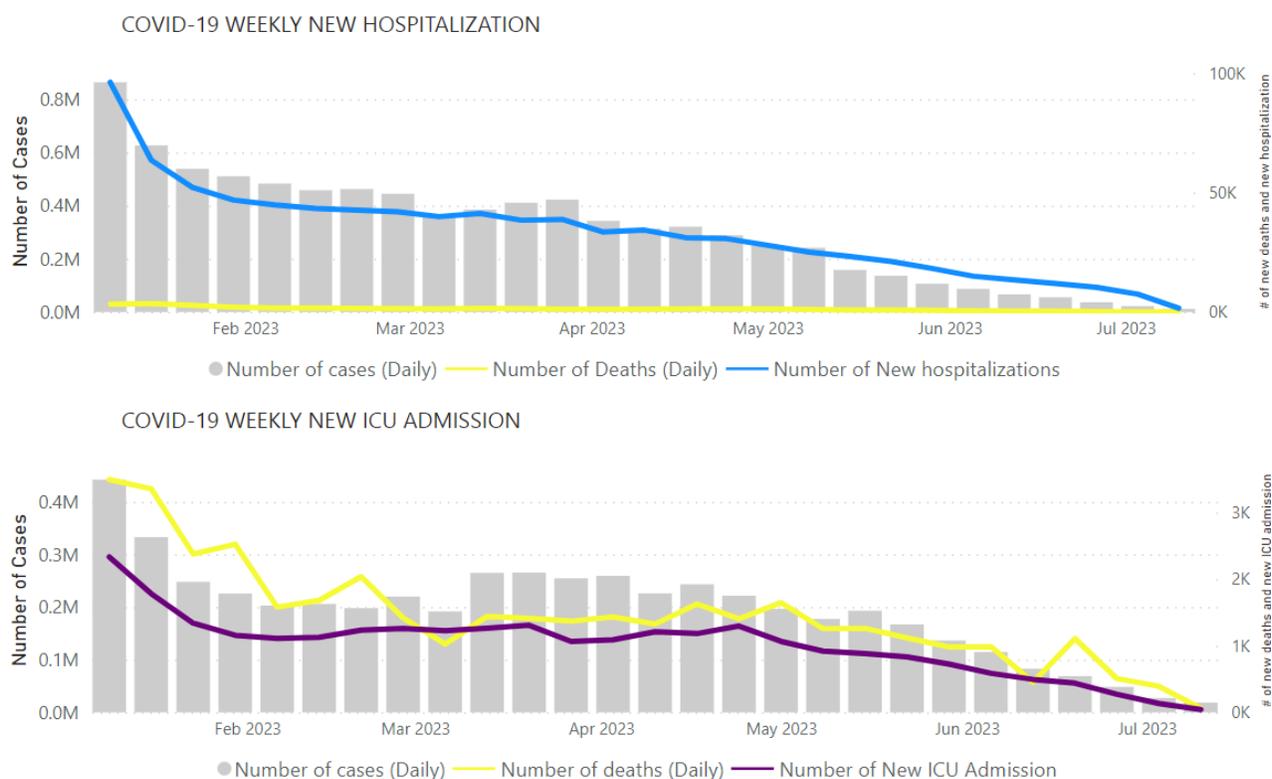
Table 2. New hospitalizations and ICU admissions in the last 28 days (with percent change) by WHO Region, 19 June 2023 to 16 July 2023 compared to 22 May to 18 June 2023

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 (4%)	22	-33%	0/50 (<1%)	N/A**	N/A
Americas	2/56 (4%)	26 623	-14%	1/56 (2%)	469	-47%
Eastern Mediterranean	0/22 (<1%)	N/A	N/A	0/22 (<1%)	N/A	N/A
European	9/61 (15%)	3 637	-61%	7/61 (11%)	92	-65%
South-East Asia	1/10 (10%)	340	+26%	0/10 (<1%)	N/A	N/A
Western Pacific	2/35 (6%)	3 985	-39%	3/35 (9%)	192	-57%
Global	15/234 (6%)	34 607	-27%	11/234 (5%)	753	-53%

* 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 represents not available

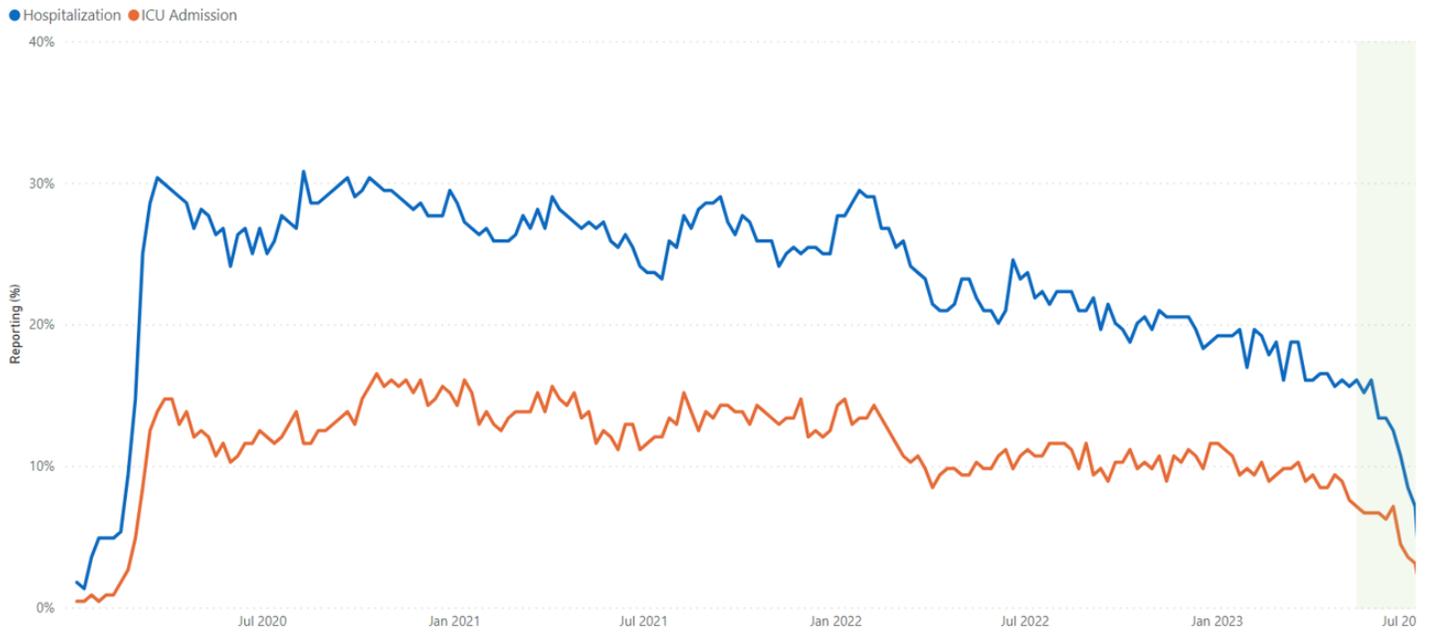
Figure 4. COVID-19 cases, deaths, hospitalizations, and ICU admissions reported weekly to WHO, as of 23 July 2023



Note: Recent weeks are subject to reporting delays and data might not be complete, note to interpret the data 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 of 2020 to week 28 of 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 26 June to 23 July 2023 (28 days), 7455 SARS-CoV-2 sequences were shared through GISAID.

WHO is currently tracking several SARS-CoV-2 variants, including:

- Two variants of interest (VOIs); XBB.1.5 and XBB.1.16.
- Seven variants under monitoring (VUMs) and their descent lineages; BA.2.75, CH.1.1, XBB, XBB.1.9.1, XBB.1.9.2, XBB.2.3 and EG.5.

Globally, 118 countries have reported the detection of XBB.1.5 since its emergence. Notably, its prevalence has seen a week-on-week decline since epidemiological week 23 (5 to 11 June 2023) when XBB.1.5 accounted for 21.6% of sequences, compared to 11.3% in week 27 (3 to 9 July 2023) (Table 3).

XBB.1.16 has been reported from 99 countries globally. Since epidemiological week 24 (12 to 18 June 2023), XBB.1.16 has become the most prevalent VOI, surpassing the prevalence of XBB.1.5. XBB.1.16 accounted for 24.1% of sequences in week 27, an increase from its prevalence of 20.5 noted in week 23.

Table 3 shows the number of countries reporting the VOIs and VUMs and their prevalence from week 22 to week 26. During the period of the last five weeks, the VOI and the VUMs that have shown **increasing trends 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, EG.5 has shown an increasing trend in its prevalence at 12.8% in week 27 compared to 4.1% in week 23. XBB also observed a slight increase in week 27 (8.2%) in comparison to week 23 (5.9%) (Table 3). Other VUMs have shown declining or stable trends during the same reporting period.

Table 3. Weekly prevalence (%) of SARS-CoV-2 VOIs and VUMs, week 23 to week 27 of 2023

Lineage	Countries [§]	Sequences [§]	2023-23	2023-24	2023-25	2023-26	2023-27
VOIs							
XBB.1.5*	118	258342	21.6	17.7	16.9	14.0	11.3
XBB.1.16*	99	38267	20.5	21.4	22.8	23.5	24.1
VUMs							
BA.2.75*	125	122475	2.8	3.3	3.1	3.4	3.2
CH.1.1*	95	42616	0.7	0.6	0.6	0.6	0.7
XBB*	130	65686	5.9	6.9	6.1	5.8	8.2
XBB.1.9.1*	100	48911	18.0	16.5	15.8	13.8	13.3
XBB.1.9.2*	85	23471	9.2	8.5	8.0	6.4	5.3
EG.5*	41	3685	4.1	6.3	7.1	11.6	12.8
XBB.2.3*	67	7788	3.8	4.0	4.7	4.3	4.0
Unassigned	94	150488	2.5	2.9	2.4	4.3	2.0
Other [†]	209	6757211	10.1	11.0	11.9	11.7	14.7

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

* 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, XBB.2.3 and EG.5

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

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](#)

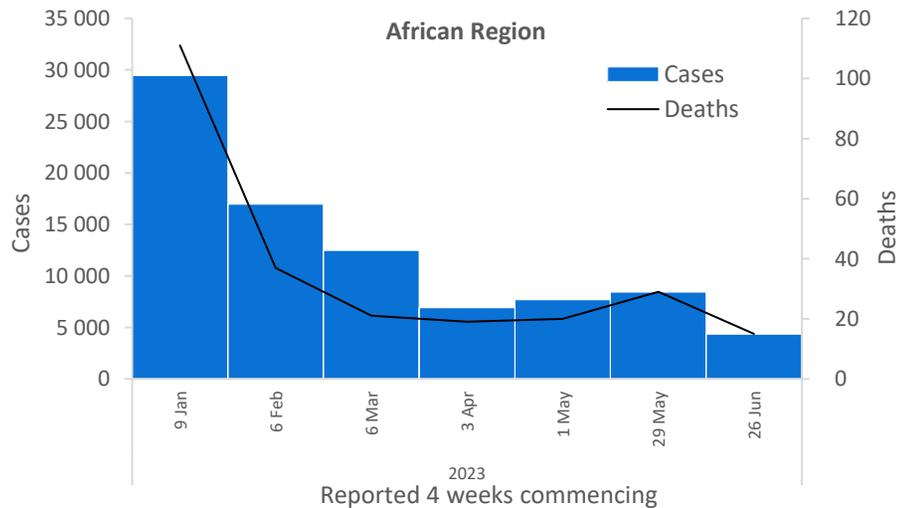
WHO regional overviews

Data for 26 June to 23 July 2023

African Region

The African Region reported over 4300 new cases, a 48% decrease as compared to the previous 28-day period. Three (6%) 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 Malawi (101 vs 63 new cases; +60%), Senegal (five vs four new cases; +25%), and Togo (six vs five new cases; +20%). The highest numbers of new cases were reported from Zambia (2265 new cases; 12.3 new cases per 100 000; -25%), Mauritius (585 new cases; 46.0 new cases per 100 000; -66%), and Uganda (405 new cases; <1 new case per 100 000; -26%).

The number of new deaths reported in the Region decreased by 48% as compared to the previous 28-day period, with 15 new deaths reported. The highest numbers of new deaths were reported from Zambia (seven new deaths; <1 new death per 100 000; +75%), Zimbabwe (four new deaths; <1 new death per 100 000; -71%), and Namibia (two new deaths; <1 new death per 100 000; -60%).

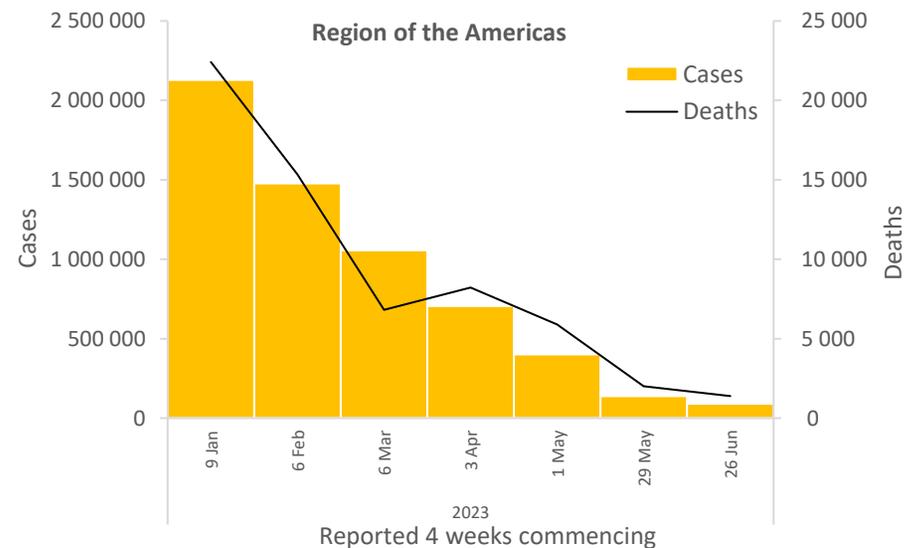


Updates from the [African Region](#)

Region of the Americas

The Region of the Americas reported over 90 000 new cases, a 35% decrease as compared to the previous 28-day period. Six (11%) 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 Curaçao (66 vs five new cases; +1220%), the Dominican Republic (4630 vs 1242 new cases; +273%), and Jamaica (458 vs 231 new cases; +98%). The highest numbers of new cases were reported from Brazil (48 548 new cases; 22.8 new cases per 100 000; -37%), Guatemala (9542 new cases; 53.3 new cases per 100 000; +30%), and Canada (5951 new cases; 15.8 new cases per 100 000; -47%).

The number of new deaths reported in the Region decreased by 31% as compared to the previous 28-day period, with 1387 new deaths reported. The highest numbers of new deaths were reported from Brazil (769 new deaths; <1 new death per 100 000; -27%), Peru (218 new deaths; <1 new death per 100 000; -13%), and Canada (122 new deaths; <1 new death per 100 000; -61%).

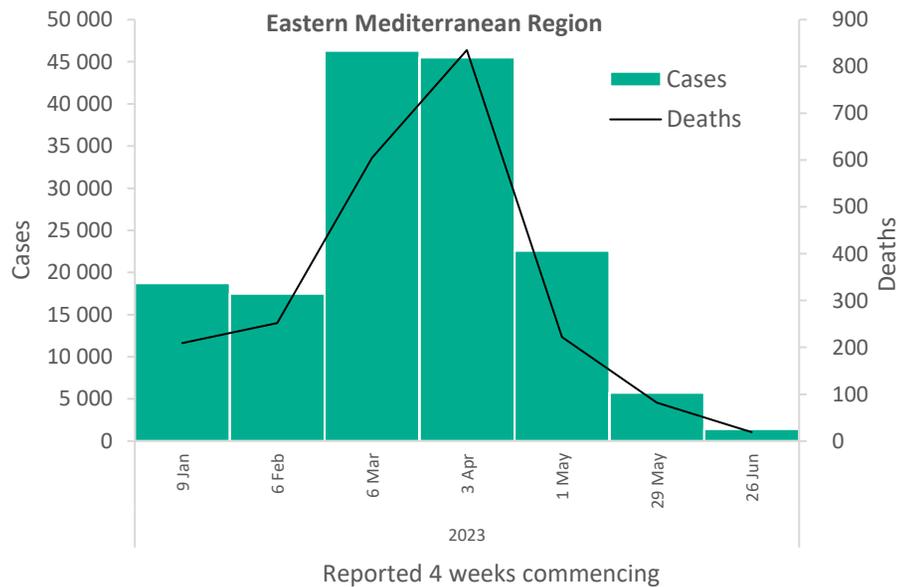


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 1400 new cases, a 75% 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 Afghanistan (867 new cases; 2.2 new cases per 100 000; -55%), the Islamic Republic of Iran (414 new cases; <1 new case per 100 000; -50%), and Morocco (109 new cases; <1 new case per 100 000; -73%).

The number of new deaths in the Region decreased by 77% as compared to the previous 28-day period, with 19 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (14 new deaths; <1 new death per 100 000; -64%), and Afghanistan (five new deaths; <1 new death per 100 000; -62%).

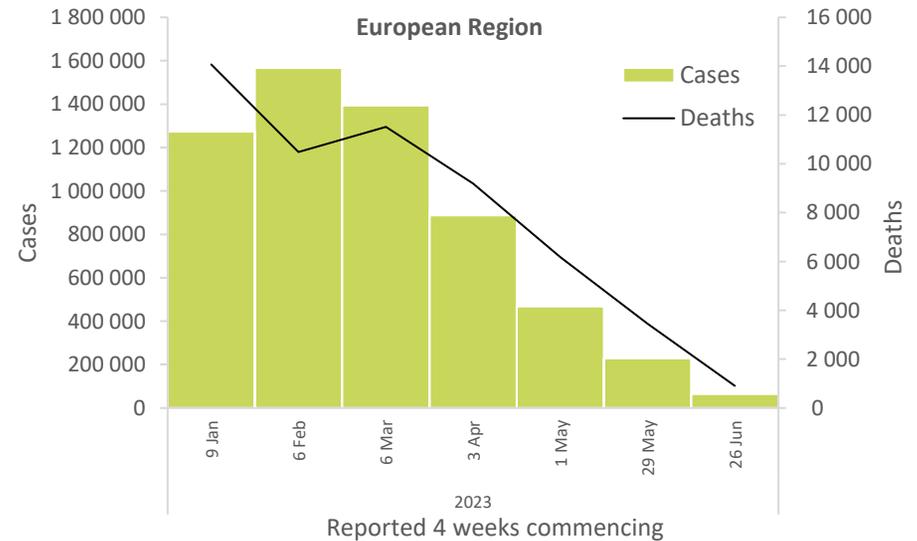


Updates from the [Eastern Mediterranean Region](#)

European Region

The European Region reported over 63 000 new cases, a 72% 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 Russian Federation (17 698 new cases; 12.1 new cases per 100 000; -50%), Italy (13 835 new cases; 23.2 new cases per 100 000; -58%), and the United Kingdom (9211 new cases; 13.6 new cases per 100 000; -44%).

The number of new deaths in the Region decreased by 74% as compared to the previous 28-day period, with 907 new deaths reported. The highest numbers of new deaths were reported from the Russian Federation (336 new deaths; <1 new death per 100 000; -35%), Italy (167 new deaths; <1 new death per 100 000; -56%), and Portugal (56 new deaths; <1 new death per 100 000; -63%).

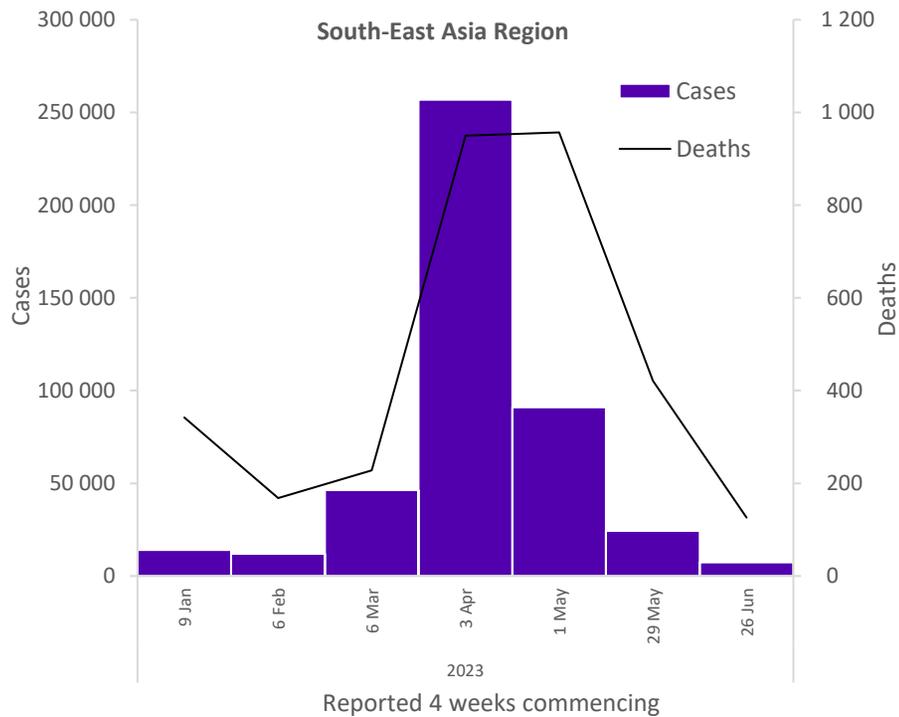


Updates from the [European Region](#)

South-East Asia Region

The South-East Asia Region reported over 7300 new cases, a 70% 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: Bhutan (17 vs two new cases; +750%). The highest numbers of new cases were reported from Thailand (3221 new cases; 4.6 new cases per 100 000; -66%), Bangladesh (1719 new cases; 1.0 new case per 100 000; -48%), and India (1312 new cases; <1 new case per 100 000; -69%).

The number of new deaths in the Region decreased by 70% as compared to the previous 28-day period, with 126 new deaths reported. The highest numbers of new deaths were reported from Thailand (90 new deaths; <1 new death per 100 000; -61%), Indonesia (14 new deaths; <1 new death per 100 000; -89%), and India (12 new deaths; <1 new death per 100 000; -69%).

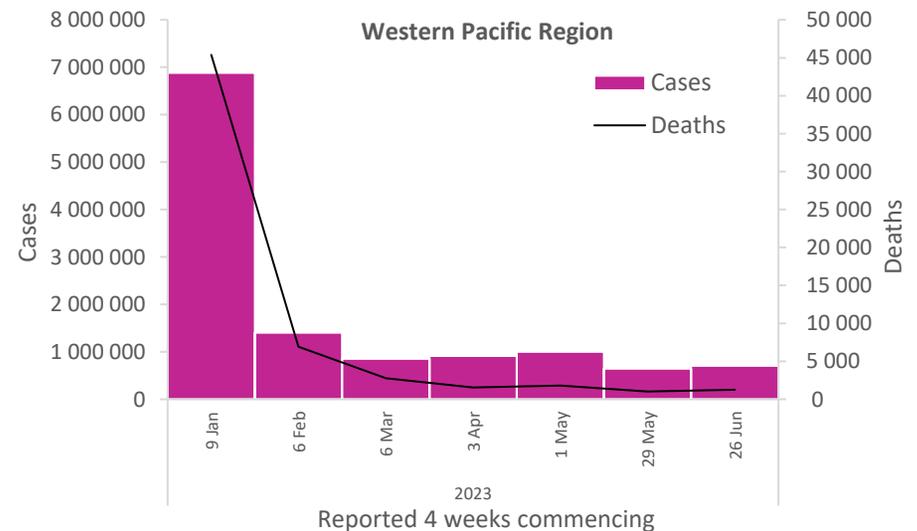


Updates from the [South-East Asia Region](#)

Western Pacific Region

The Western Pacific Region reported over 701 000 new cases, an 8% increase as compared to the previous 28-day period. Five (14%) 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 Palau (56 vs four new cases; +1300%), Micronesia (Federated States of) (13 vs one new cases; +1200%), and Tokelau (61 vs 14 new cases; +336%). The highest numbers of new cases were reported from the Republic of Korea (593 023 new cases; 1156.7 new cases per 100 000; +60%), Australia (35 873 new cases; 140.7 new cases per 100 000; -68%), and Singapore (30 214 new cases; 516.4 new cases per 100 000; -25%).

The number of new deaths in the Region increased by 23% as compared to the previous 28-day period, with 1252 new deaths reported. The highest numbers of new deaths were reported from Australia (623 new deaths; 2.4 new deaths per 100 000; +82%), the Republic of Korea (199 new deaths; <1 new death per 100 000; -3%), and Mongolia (148 new deaths; 4.5 new deaths per 100 000; no deaths reported the previous 28-day period).



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