

COVID-19 Weekly Epidemiological Update

Edition 128 published 1 February 2023

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Global overview

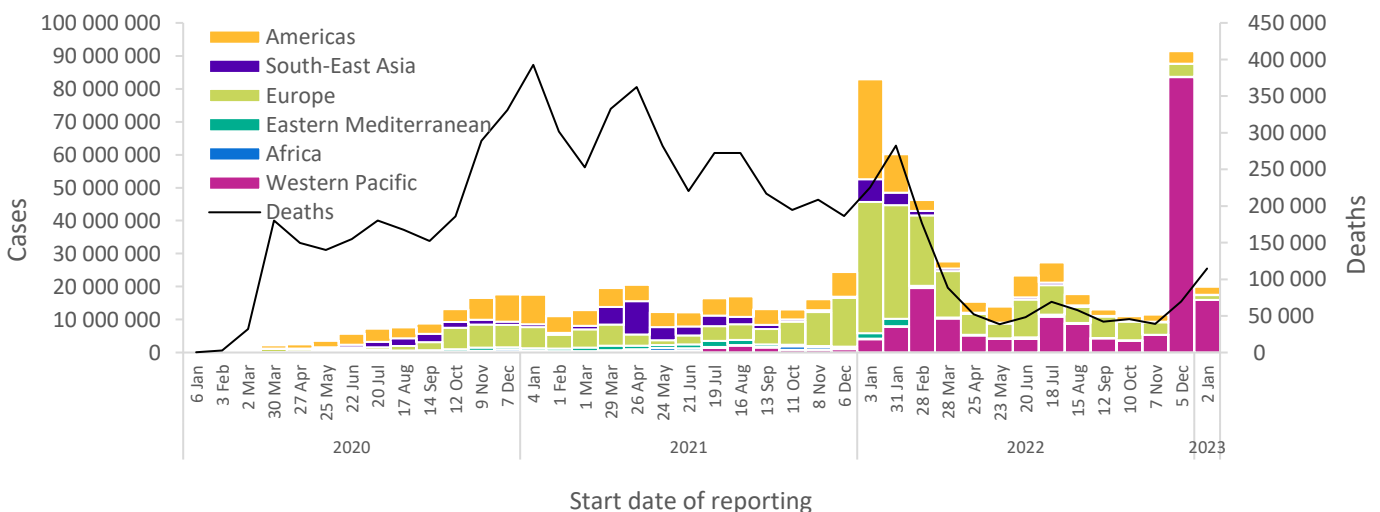
Data as of 29 January 2023

Globally, nearly 20 million new cases and over 114 000 deaths were reported in the last 28 days (2 to 29 January 2023), a decrease of 78% and an increase of 65%, respectively, compared to the previous 28 days (Figure 1, Table 1). Epidemiologic trends in recent weeks have been dominated by a large wave of cases and deaths in the Western Pacific Region, notably in China. As of 29 January 2023, over 753 million confirmed cases and over 6.8 million deaths have been reported globally.

Current trends in reported COVID-19 cases are underestimates of the true number of global infections and reinfections as shown by prevalence surveys.¹⁻⁴ This is partly due to the reduction in testing and delays in reporting in many countries. Data presented in this report may be incomplete and should, therefore, be interpreted with caution. Additionally, data from previous weeks are continuously updated to incorporate retrospective changes in reported COVID-19 cases and deaths made by countries.

From this report onwards, we present changes in epidemiological trends using a 28-day interval. This helps to smooth out weekly fluctuations in case numbers and provides a clearer picture of where the pandemic is accelerating or decelerating. Weekly data are still accessible on the [WHO COVID-19 dashboard](#), where the full dataset is available for download.

Figure 1. COVID-19 cases reported by WHO Region, and global deaths by 28-day intervals, as of 29 January 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 Western Pacific Region (-81%), the South-East Asia Region (-71%), the European Region (-63%), the Region of the Americas (-35%), the African Region (-20%), and the Eastern Mediterranean Region (-15%). The number of newly reported 28-days deaths increased across three regions: the Western Pacific Region (+173%), the Eastern Mediterranean Region (+29%), and the Region of the Americas (+13%). Death numbers decreased in three WHO regions: the South-East Asia Region (-62%), the African Region (-45%), and the European Region (-25%).

At the country level, the highest numbers of new 28-day cases were reported from China (11 354 058 new cases; -85%), Japan (3 207 097 new cases; -20%), the United States of America (1 513 538 new cases; -16%), the Republic of Korea (1 032 801 new cases; -43%), and Brazil (459 986 new cases; -54%). The highest numbers of new 28-day deaths were reported from China (62 759 new deaths; +244%), the United States of America (14 625 new deaths; +31%), Japan (10 122 new deaths; +46%), the United Kingdom (3137 new deaths; -3%), and Brazil (2889 new deaths; -24%).

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 29 January 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	15 950 823 (80%)	-81%	199 405 018 (26%)	76 354 (67%)	173%	389 314 (6%)
Americas	2 463 829 (12%)	-35%	188 771 914 (25%)	21 638 (19%)	13%	2 913 688 (43%)
Europe	1 478 735 (7%)	-63%	271 604 230 (36%)	15 643 (14%)	-25%	2 180 312 (32%)
Africa	26 005 (<1%)	-20%	9 478 533 (1%)	98 (<1%)	-45%	175 247 (3%)
Eastern Mediterranean	19 319 (<1%)	-15%	23 242 306 (3%)	211 (<1%)	29%	349 300 (5%)
South-East Asia	17 267 (<1%)	-71%	60 755 364 (8%)	428 (<1%)	-62%	803 657 (12%)
Global	19 955 978 (100%)	-78%	753 258 129 (100%)	114 372 (100%)	65%	6 811 531 (100%)

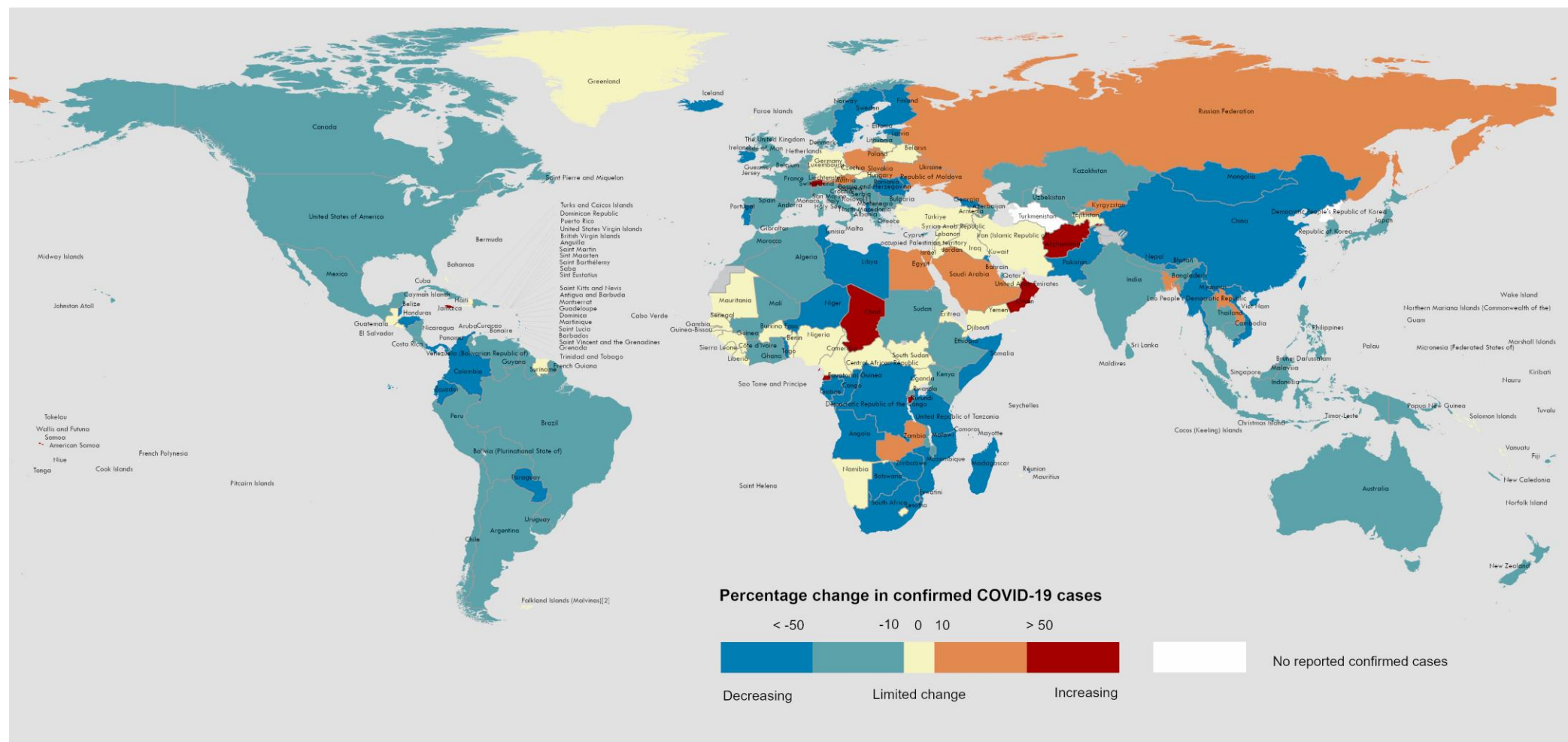
*Percent change in the number of newly confirmed cases/deaths in the past 28 days, compared to 28 days prior. Data from previous weeks are updated continuously with adjustments received from countries.

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

The latest data and other updates on COVID-19, please see:

- [WHO COVID-19 Dashboard](#)
- [WHO COVID-19 Monthly Operational Update and previous editions of the Weekly Epidemiological Update](#)
- [WHO COVID-19 detailed surveillance data dashboard](#)
- [WHO COVID-19 policy briefs](#)

Figure 2. Percentage change in confirmed COVID-19 cases over the last seven days relative to the previous seven days, 23 to 29 January 2023**



Data Source: World Health Organization

Map Production: WHO Health Emergencies Programme



Not applicable

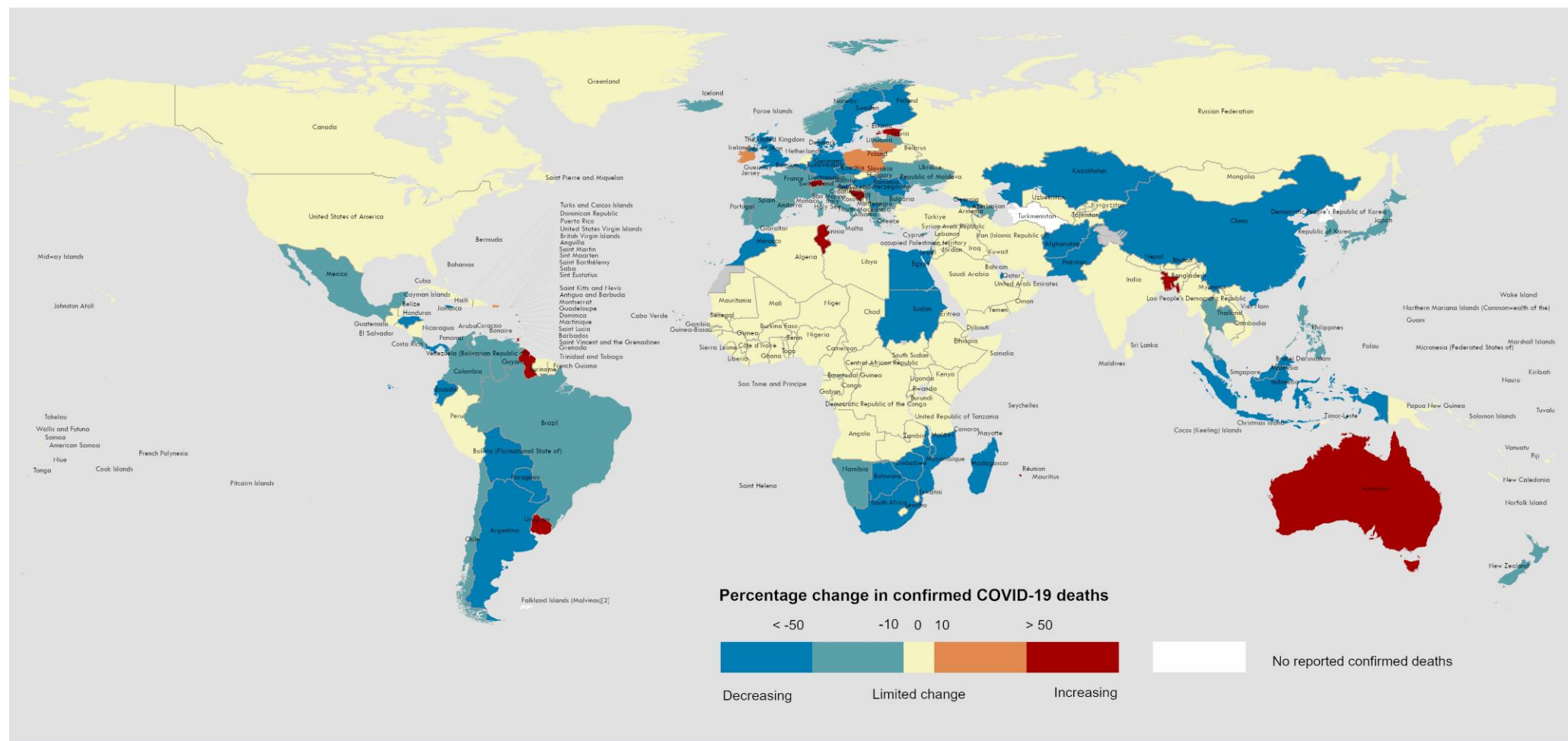


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**See [Annex 1: Data, table, and figure notes](#)

Figure 3. Percentage change in confirmed COVID-19 deaths over the last seven days relative to the previous seven days, 23 to 29 January 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](#)

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

Geographic spread and prevalence

Globally, from 30 December 2022 to 30 January 2023, 90 985 SARS-CoV-2 sequences were shared through GISAID. Among these, 90 937 sequences were the Omicron variant of concern (VOC), accounting for over 99.9% of sequences reported globally in the past 30 days.

At the global level, BA.5 and its descendent lineages remain dominant. In epidemiological week 2 (9 to 15 January 2023) they accounted for 65.7% (with 16 357 sequences) of all submitted sequences to GISAID. The prevalence of BA.2 and its descendent lineages was 14.6% (3645 sequences), while BA.4 and its descendent lineages were 0.3% (68 sequences). The top three variants globally in January 2023 were BQ.1.1 (28.2%), BQ.1 (14.1%), and XBB.1.5 (11.5%). BQ.1.1 and BQ.1 are BA.5 descendent lineages, while XBB.1.5 is a BA.2 descendent recombinant lineage.

Variant circulation dynamics differ by WHO region and among countries within the same region due to a variety of factors, including previous circulating variants, vaccination coverage, and implemented public health and social measures. During January 2023, the top three most prevalent variants in each region were as follows:

- Africa (332 sequences): BQ.1.1 (23.7%), BA.2.10.1 (12.3%), and XBB.2 (12.1%);
- Americas (40 010 sequences): BQ.1.1 (37.5%), XBB.1.5 (19.6%), and BQ.1 (19.6%);
- Eastern Mediterranean (85 sequences): XBB.1 (37.2%), BN.1 (10.3%), and BA.5.2 (10.3%);
- Europe (40 379 sequences): BQ.1.1 (31.3%), BQ.1 (13.0%), and CH.1.1 (12.3%);
- South-East Asia (389 sequences): XBB.1 (41.1%), BQ.1.1 (14.3%), and BA.2.10.1 (6.0%);
- Western Pacific (15 515 sequences): BA.5.2 (30.1%), BF.7 (13.2%), and BQ.1.1 (8.5%).

WHO is currently prioritizing the tracking of four Omicron descendent lineages. These variants are included on the basis of signals of an increase in prevalence or signs of growth rate advantage in some countries relative to other circulating variants, and additional amino acid changes that are known or suspected to confer fitness advantage. During epidemiological week 2, 1147 sequences of BF.7 (4.6%), 11 674 sequences of BQ.1* (46.9%), including BQ.1.1 (7189 sequences, 28.9%) were reported. There were 3473 sequences of BA.2.75* (13.9%), including BA.2.75.2 (35 sequences, <1%) and CH.1.1 (1672 sequences, 6.7%). Lastly, 4049 sequences of XBB* (16.3%), including XBB.1.5 (3005 sequences, 12.1%), were submitted globally to GISAID.

Additional resources

- [Tracking SARS-CoV-2 Variants](#)
- [WHO rapid risk assessment of XBB.1.5, published on 25 January 2023](#)
- [TAG-VE statement on the situation in China, published on 3 January 2023](#)
- [Genomic sequencing of SARS-CoV-2: a guide to implementation for maximum impact on public health](#)
- [VIEW-hub: repository for the most relevant and recent vaccine data](#)

* indicates all descendent lineages.

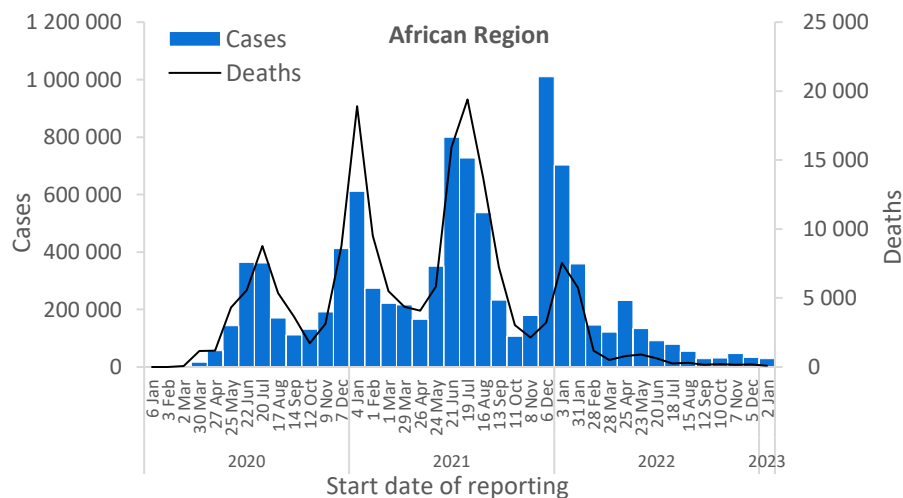
WHO regional overviews

Data for 2 to 29 January 2023

African Region

The African Region reported 26 005 new cases in the last 28 days, a 20% decrease as compared to the previous 28-day period. Nine (18%) 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 the Republic of the Congo (six vs one new case; +500%), Zambia (4514 vs 832 new cases; +443%), and Mozambique (955 vs 324 new cases; +195%). The highest numbers of new cases were reported from South Africa (5626 new cases; 10 new cases per 100 000; -1%), Réunion (5394 new cases; 602.5 new cases per 100 000; -23%), and Zambia (4514 new cases; 24.6 new cases per 100 000; +443%).

The number of new 28-day deaths in the Region decreased by 45% as compared to the previous 28-day period, with 98 new deaths reported. The highest numbers of new deaths were reported from South Africa (27 new deaths; <1 new death per 100 000; -74%), Zambia (16 new deaths; <1 new death per 100 000; +220%), and Zimbabwe (13 new deaths; <1 new death per 100 000; -24%).

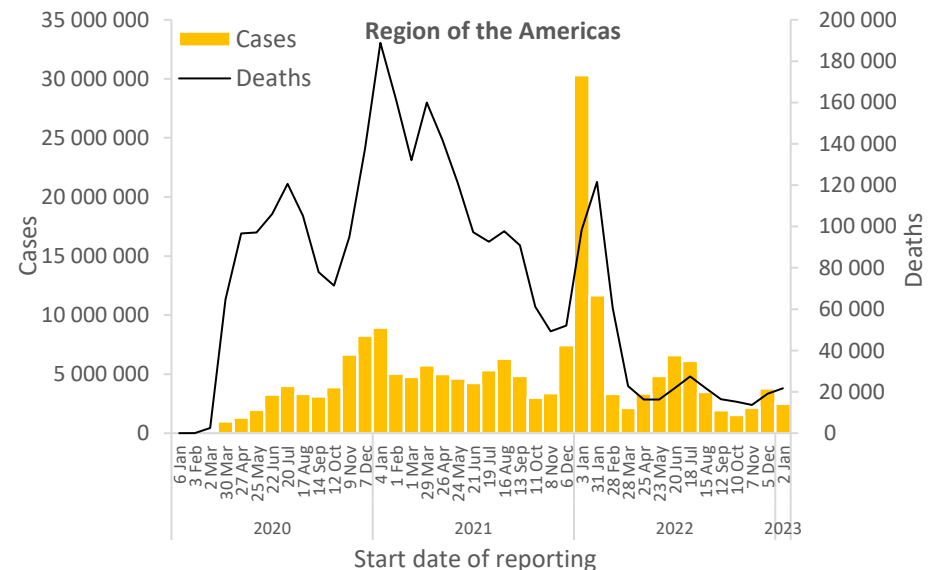


Updates from the [African Region](#)

Region of the Americas

The Region of the Americas reported 2 463 829 new cases in the last 28 days, a 35% decrease as compared to the previous 28-day period. Eleven (20%) 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 Kitts and Nevis (29 vs three new cases; +867%), Saba (four vs one new cases; +300%), and Jamaica (616 vs 167 new cases; +269%). The highest numbers of new cases were reported from the United States of America (1 513 538 new cases; 457.3 new cases per 100 000; -16%), Brazil (459 986 new cases; 216.4 new cases per 100 000; -54%), and Mexico (102 228 new cases; 79.3 new cases per 100 000; -7%).

The number of new 28-day deaths in the Region increased by 13% as compared to the previous 28-day period, with 21 638 new deaths reported. The highest numbers of new deaths were reported from the United States of America (14 625 new deaths; 4.4 new deaths per 100 000; +31%), Brazil (2889 new deaths; 1.4 new deaths per 100 000; -24%), and Canada (954 new deaths; 2.5 new deaths per 100 000; -23%).

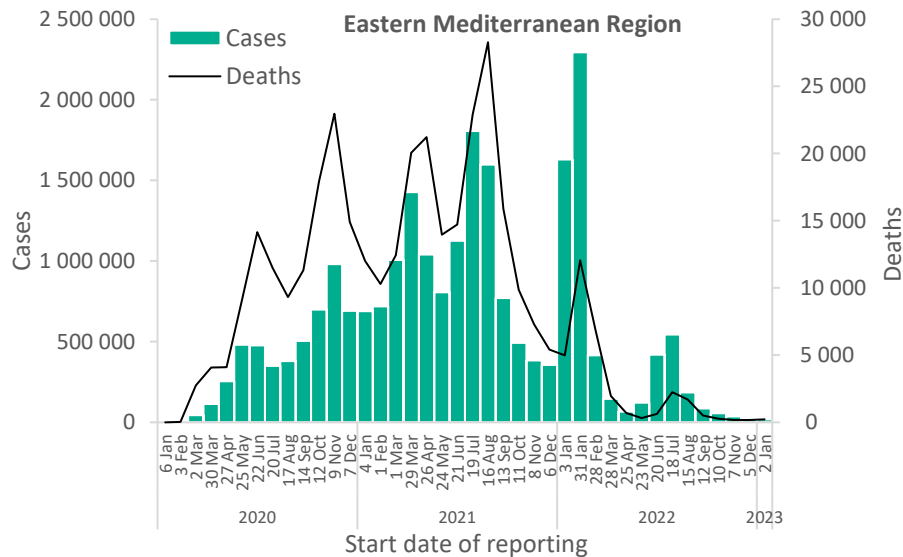


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region reported 19 319 new cases in the last 28 days, a 15% decrease as compared to the previous 28-day period. Four (18%) of the 22 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Tunisia (2707 vs 499 new cases; +442%), Lebanon (5454 vs 2094 new cases; +160%), and the Islamic Republic of Iran (2906 vs 1341 new cases; +117%). The highest numbers of new cases were reported from Lebanon (5454 new cases; 79.9 new cases per 100 000; +160%), the Islamic Republic of Iran (2906 new cases; 3.5 new cases per 100 000; +117%), and Qatar (2806 new cases; 97.4 new cases per 100 000; -70%).

The number of new 28-day deaths in the Region increased by 29% as compared to the previous 28-day period, with 211 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (59 new deaths; <1 new death per 100 000; +23%), Saudi Arabia (50 new deaths; <1 new death per 100 000; +6%), and Lebanon (39 new deaths; <1 new death per 100 000; +388%).

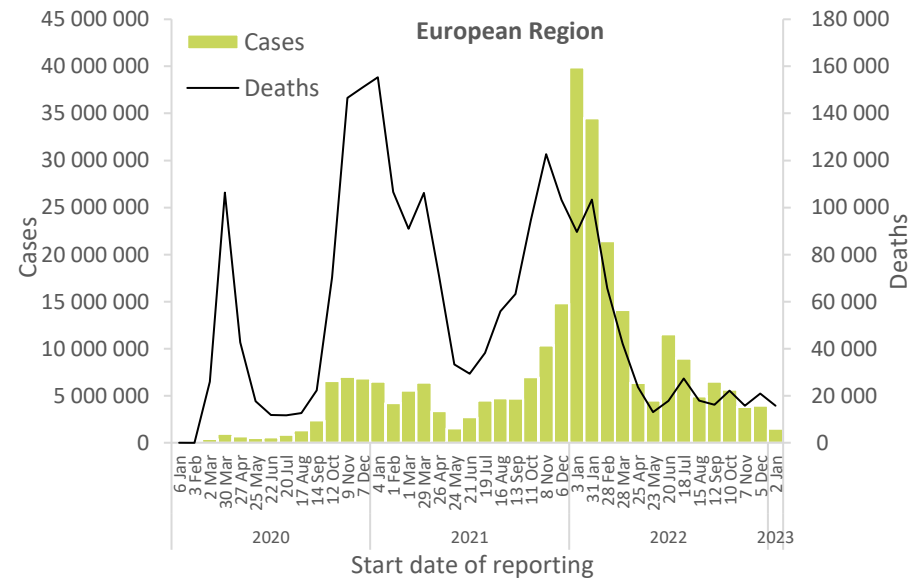


Updates from the [Eastern Mediterranean Region](#)

European Region

The European Region reported 1 478 735 new cases in the last 28 days, a 63% decrease as compared to the previous 28-day period. Four (7%) of the 61 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Kosovo^[1] (251 vs 70 new cases; +259%), Georgia (4310 vs 2591 new cases; +66%), and Montenegro (1475 vs 959 new cases; +54%). The highest numbers of new cases were reported from Germany (348 443 new cases; 419 new cases per 100 000; -57%), Italy (260 958 new cases; 437.5 new cases per 100 000; -59%), and France (184 864 new cases; 284.2 new cases per 100 000; -85%).

The number of new 28-day deaths in the Region decreased by 25% as compared to the previous 28-day period, with 15 643 new deaths reported. The highest numbers of new deaths were reported from the United Kingdom (3137 new deaths; 4.6 new deaths per 100 000; -3%), France (2042 new deaths; 3.1 new deaths per 100 000; -28%), and Italy (1915 new deaths; 3.2 new deaths per 100 000; -36%).

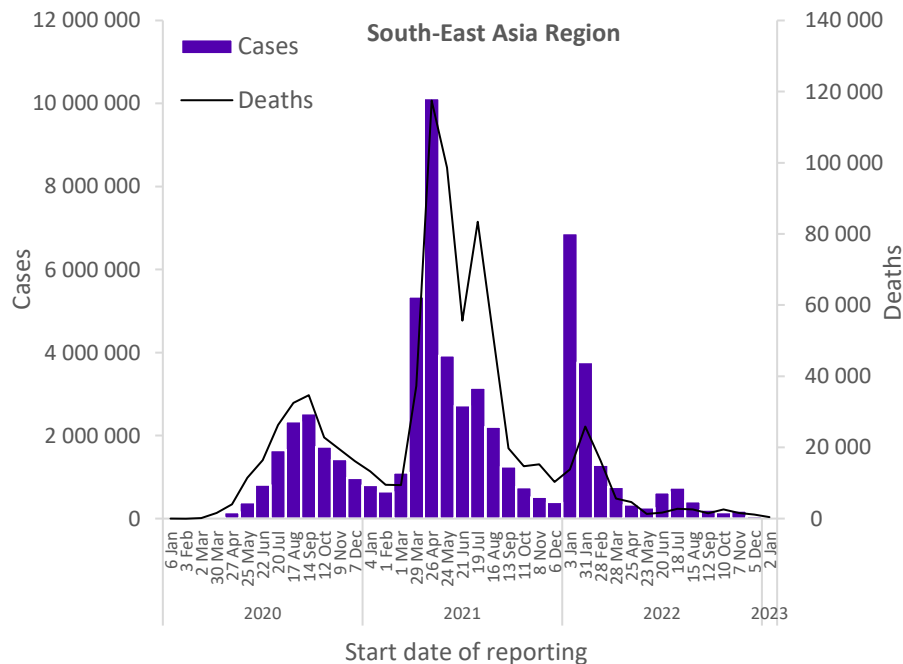


Updates from the [European Region](#)

South-East Asia Region

The South-East Asia Region reported over 17 000 new cases in the last 28 days, a 71% 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 (67 vs 26 new cases; +158%). The highest numbers of new cases were reported from Indonesia (9392 new cases; 3.4 new cases per 100 000; -77%), India (3990 new cases; <1 new case per 100 000; -24%), and Thailand (3065 new cases; 4.4 new cases per 100 000; -75%).

The number of new 28-day deaths in the Region decreased by 62% as compared to the previous 28-day period, with 428 new deaths reported. The highest numbers of new deaths were reported from Thailand (196 new deaths; <1 new death per 100 000; -49%), Indonesia (184 new deaths; <1 new death per 100 000; -71%), and India (35 new deaths; <1 new death per 100 000; -55%).

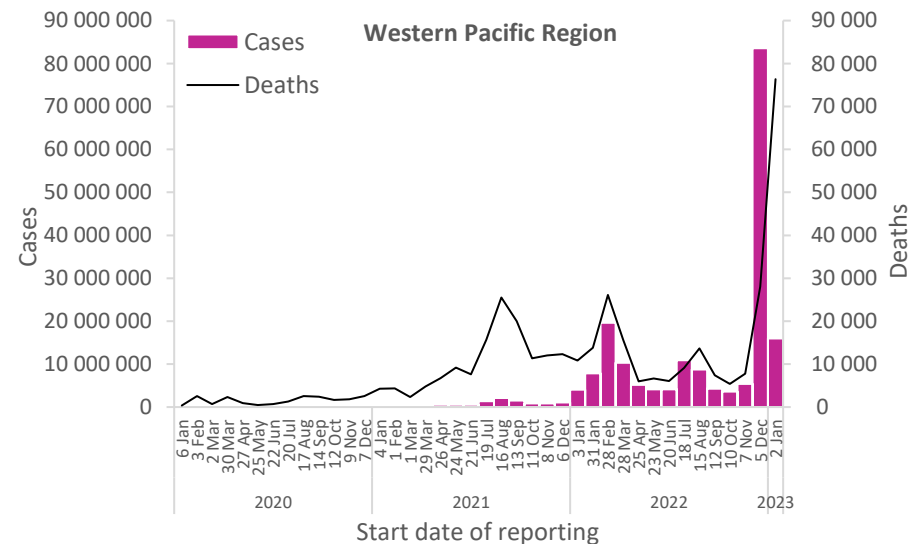


Updates from the [South-East Asia Region](#)

Western Pacific Region

The Western Pacific Region reported almost 16 million new cases in the last 28 days, an 81% 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 Samoa (96 vs 21 new cases; +357%), Micronesia (Federated States of) (442 vs 198 new cases; +123%), and American Samoa (35 vs 21 new cases; +67%). The highest numbers of new cases were reported from China (11 354 058 new cases; 771.7 new cases per 100 000; -85%), Japan (3 207 097 new cases; 2535.7 new cases per 100 000; -20%), and the Republic of Korea (1 032 801 new cases; 2014.5 new cases per 100 000; -43%).

The number of new 28-day deaths in the Region increased by 173% as compared to the previous 28-day period, with 76 354 new deaths reported. The highest numbers of new deaths were reported from China (62 759 new deaths; 4.3 new deaths per 100 000; +244%), Japan (10 122 new deaths; 8 new deaths per 100 000; +46%), and Australia (1633 new deaths; 6.4 new deaths per 100 000; +299%).



Updates from the [Western Pacific Region](#)

Hospitalizations and ICU admissions

At the global level, during the 28-day period (from 26 December 2022 to 22 January 2023), a total of 180 280 new hospitalizations and 4469 new intensive care unit (ICU) admissions were reported. The presented hospitalization data are preliminary and might change as new data become available. Furthermore, hospitalization data are subject to reporting delays. These data are also likely to include both hospitalizations with incidental cases of SARS-CoV-2 infection and those due to COVID-19 disease.

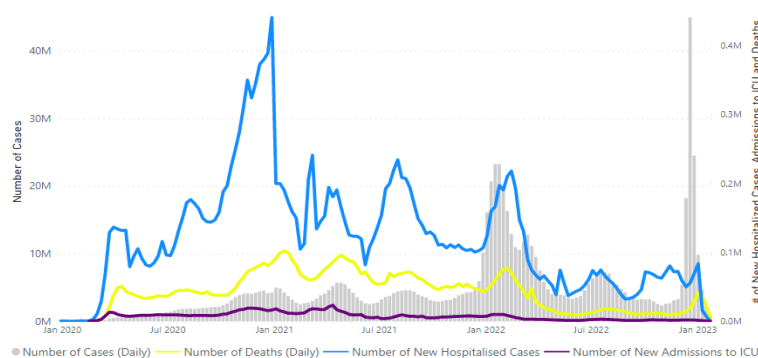
Globally, during this period, 50 (21%) countries reported data to WHO on new hospitalizations at least once. The Region with the highest proportion of countries reporting data on new hospitalizations was the European Region (24 countries; 39%), followed by the Eastern Mediterranean Region (five countries; 23%), the African Region (eight countries; 16%), Region of the Americas (eight countries; 14%), the Western Pacific Region (four countries; 11%), and the South-East Asia Region (one country; 9%). The proportion of countries that consistently[#] reported new hospital admissions for the period was 10% (24 countries).

Across the six WHO regions, in the 28-day period, a total of 35 (15%) countries reported data to WHO on new ICU admissions at least once. The region with the highest proportion of countries reporting data on new ICU admissions was the European Region (17 countries; 28%) followed by the Eastern Mediterranean Region (six countries; 27%), the Western Pacific Region (four countries; 11%), the Region of the Americas (six countries; 11%), and the African Region (two countries; 4%). No country in the South-East Asia Region reported data on new ICU admissions during the 28 days. The proportion of countries that consistently reported new ICU admissions for the period was 7% (16 countries).

Among 15 countries that reported consistently during the period with more than 200 total new hospitalizations, four countries showed an increasing trend compared to the previous 28 days (28 November to 25 December 2022): Mexico (5183 vs 3169 new hospitalizations; +64%), Greece (6434 vs 5224 new hospitalizations; +23%), Chile (2409 vs 2225 new hospitalizations; +8%) and Argentina (4023 vs 3749 new hospitalizations; +8%).

Among 11 countries that reported consistently during the period with more than 40 total new ICU admissions, five countries showed an increasing trend compared to the previous 28 days: Greece (228 vs 171 new ICU admissions; +33%), Argentina (166 vs 137 new ICU admissions; +21%), Mexico (70 vs 52 new ICU admissions; +35%), Latvia (58 vs 41 new ICU admissions; +41%) and Chile (50 vs 39 new ICU admissions; +28%).

Figure 4. COVID-19 cases, deaths, hospitalizations, and ICU admissions reported weekly to WHO, as of 22 January 2023



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

Source: [WHO Detailed Surveillance Dashboard](#)

[#]“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.

Annex 1. Data, table, and figure notes

Data presented are based on official laboratory-confirmed COVID-19 cases and deaths reported to WHO by country/territories/areas, largely based upon WHO [case definitions](#) and [surveillance guidance](#). While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change, and caution must be taken when interpreting these data as several factors influence the counts presented, with variable underestimation of true case and death incidences, and variable delays to reflecting these data at the global level. Case detection, inclusion criteria, testing strategies, reporting practices, and data cut-off and lag times differ between countries/territories/areas. A small number of countries/territories/areas report combined probable and laboratory-confirmed cases. Differences are to be expected between information products published by WHO, national public health authorities, and other sources.

A record of historic data adjustment made is available upon request by emailing epi-data-support@who.int. Please specify the countries of interest, time period, and purpose of the request/intended usage. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data. COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories, and areas, and WHO Region (reported in previous issues) are now available at: <https://covid19.who.int/table>.

'Countries' may refer to countries, territories, areas or other jurisdictions of similar status. The designations employed, and the presentation of these materials do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. Countries, territories, and areas are arranged under the administering WHO region. The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions except, the names of proprietary products are distinguished by initial capital letters.

^[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). In the map, the number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

^[2] A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

Updates on the COVID-19 outbreak in the Democratic People's Republic of Korea are not included in this report as the number of laboratory-confirmed COVID-19 cases is not reported.

Annex 2. SARS-CoV-2 variants assessment and classification

WHO, in collaboration with national authorities, institutions and researchers, routinely assesses if variants of SARS-CoV-2 alter transmission or disease characteristics, or impact the effectiveness of vaccines, therapeutics, diagnostics or public health and social measures (PHSM) applied to control disease spread. Potential variants of concern (VOCs), variants of interest (VOIs) or variants under monitoring (VUMs) are regularly assessed based on the risk posed to global public health.

The classifications of variants will be revised as needed to reflect the continuous evolution of circulating variants and their changing epidemiology. Criteria for variant classification, and the lists of currently circulating and previously circulating VOCs, VOIs and VUMs, are available on the WHO Tracking SARS-CoV-2 variants website. National authorities may choose to designate other variants and are strongly encouraged to investigate and report newly emerging variants and their impact.

WHO continues to monitor SARS-CoV-2 variants, including descendent lineages of VOCs, to track changes in prevalence and viral characteristics. The current trends describing the circulation of Omicron descendent lineages should be interpreted with due consideration of the limitations of the COVID-19 surveillance systems. These include differences in sequencing capacity and sampling strategies between countries, changes in sampling strategies over time, reductions in tests conducted and sequences shared by countries, and delays in uploading sequence data to GISAID.⁵

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