COVID-19 Weekly Epidemiological Update

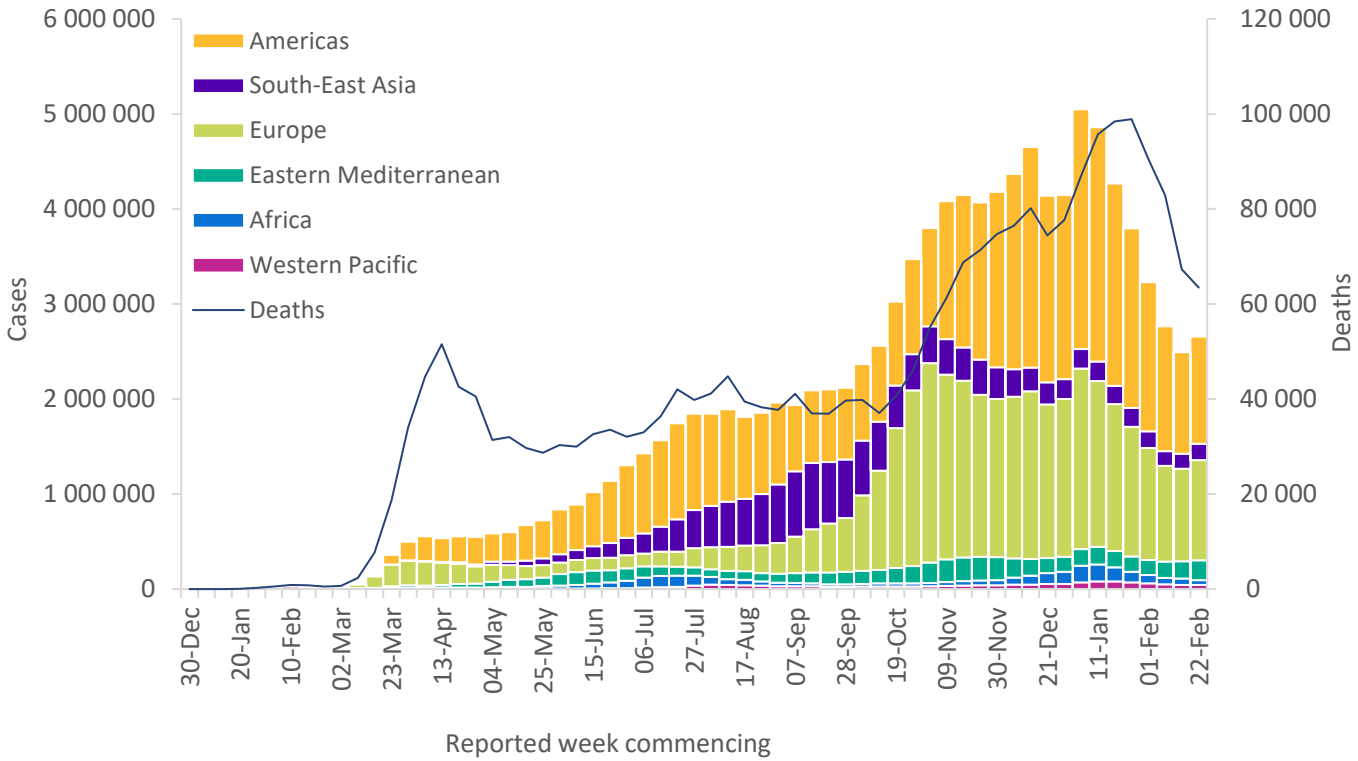
Data as received by WHO from national authorities, as of 28 February 2021, 10 am CET

In this edition:

Global overview

Over 2.6 million new cases were reported last week, a 7% increase compared to the previous week, following six consecutive weeks of declining numbers (Figure 1). The global case increase was driven by increases in the Eastern Mediterranean (14%), South-East Asia (9%), Europe (9%) and the Americas (6%). Possible reasons for this increase include the continued spread of more transmissible variants of concern (VOCs), relaxation of public health and social measures (PHSM) and fatigue around adhering to PSHM measures. Basic public health measures remain the foundation of the response. For public health authorities, that means testing, contact tracing, isolation, supported quarantine and quality care. For individuals, it means avoiding crowds, physical distancing, hand hygiene, masks and ventilation. Furthermore, immunity conferred by vaccination takes weeks at the individual level, and it may take longer to observe impacts at the population-level.

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 28 February 2021**



**See *Annex: Data, table and figure notes*

The number of global new deaths continues to decrease, with over 63 000 new deaths reported last week, a 6% decrease as compared to the previous week. New deaths decreased in four regions, Europe, Africa the Western Pacific, and the Americas (by 15%, 19%, 35% and 1%, respectively), and increased by 47% in the South East Asia Region, partly due to retrospective reporting of deaths from Nepal. The Americas reported over 1.1 million new cases and nearly 34 000 deaths, which accounted for 42% of global cases and 53% of global deaths.

In the past week, the five countries reporting the highest number of new cases were the United States of America (472 904 new cases, a 2% decrease), Brazil (373 954 new cases, a 18% increase), France (149 959 new cases, a 14% increase), Italy (112 029 new cases, an 32% increase) and India (105 080 new cases, a 21% increase).

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 28 February 2021**

WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days *	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days *	Cumulative deaths (%)
Americas	1 129 929 (42%)	6%	50 426 060 (44%)	33 951 (53%)	-1%	1 205 245 (48%)
Europe	1 055 781 (40%)	9%	38 679 334 (34%)	21 302 (34%)	-15%	861 906 (34%)
South-East Asia	171 419 (6%)	9%	13 517 009 (12%)	3 217 (5%)	47%	208 013 (8%)
Eastern Mediterranean	207 177 (8%)	14%	6 388 249 (6%)	2 562 (4%)	5%	144 479 (6%)
Africa	50 324 (2%)	-24%	2 840 208 (3%)	1 659 (3%)	-19%	71 991 (3%)
Western Pacific	44 193 (2%)	-2%	1 620 582 (1%)	786 (1%)	-35%	29 006 (1%)
Global	**2 658 823 (100%)**	**7%**	**113 472 187 (100%)**	**63 477 (100%)**	**-6%**	**2 520 653 (100%)**

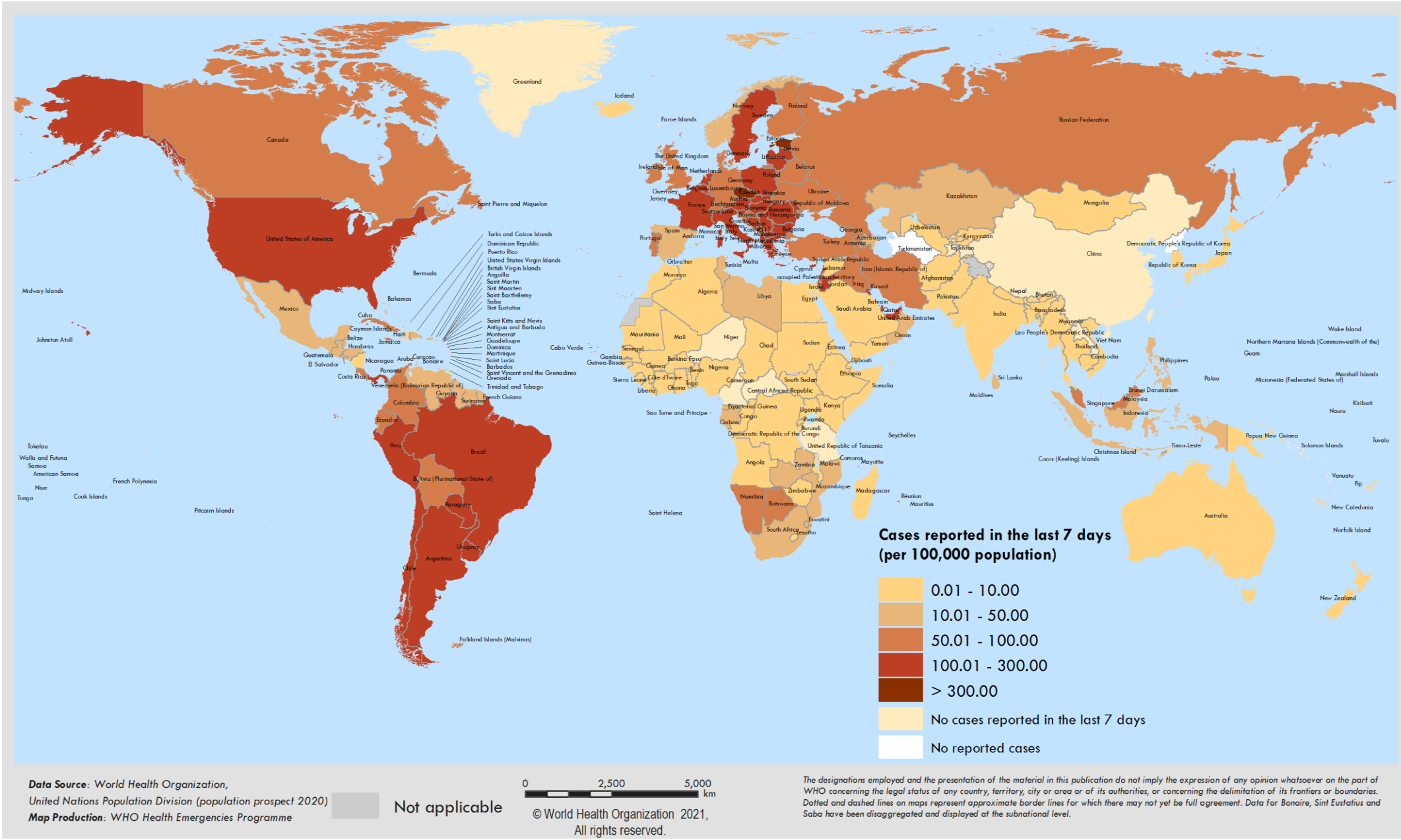
**Percent change in the number of newly confirmed cases/deaths in past seven days, compared to seven days prior. Regional percentages rounded to the nearest whole number; global totals may not equal 100%.*

**See *Annex: Data, table and figure notes*

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

- WHO COVID-19 Dashboard
- WHO COVID-19 Weekly Operational Update

Figure 2. COVID-19 cases per 100 000 population reported in the last seven days by countries, territories and areas, 22 February through 28 February 2021**



**See *Annex: Data, table and figure notes*

Special Focus: COVID-19 and international trade, travel and points of entry

The COVID-19 pandemic has had, and is having, a substantial impact on international trade and travel. In 2020, world passenger traffic fell by 2.7 billion passengers, or by 60% compared to 2019, causing a US$ 371 billion loss of gross passenger operating revenues of airlines[1]. In addition to the economic loss, travel restrictions are also having a direct impact on the lives and livelihoods of transport workers, most notably in the maritime sector. The International Maritime Organization (IMO) estimates that around 400 000 seafarers have been stranded on board commercial vessels, long past the expiry of their contracts and unable to be repatriated. A similar number of seafarers urgently need to join ships to replace these individuals[2].

WHO has been engaging with and supporting stakeholders in the travel sector across all points of entry (airports, ports, and ground crossings) since the start of the pandemic, and produced its first travel-related guidance in March 2020. All guidance documents can be found here.

Managing the safe and effective recovery of international travel through a risk-based approach

To promote a safe and effective gradual recovery of international travel while managing the public health risks associated with the cross-border movement of people and goods, key stakeholders – including Member States, the travel industry and its affiliates, and the general public – requested further guidance from WHO on how to implement a risk-based approach to international travel. This was also echoed in the advice to WHO by the IHR (2005) Emergency Committee for COVID-19 at both its fifth meeting in October 2020, and its sixth meeting in January 2021.

In December 2020, WHO published guidance for national authorities on a step-by-step approach to decision-making for calibrating public health risk mitigation measures for international travel in the context of COVID-19. It is divided into three main sections: risk assessment, risk mitigation and risk communication. Key points include:

- During the COVID-19 pandemic, international travel should always be prioritized for emergencies and humanitarian actions, travel of essential personnel, repatriations, and cargo transport for essential supplies such as food, medicines, and fuel;
- As countries gradually resume international travel, introduction of risk mitigation measures aiming to reduce travel associated exportation, importation and onward transmission of SARS-CoV-2 should not unnecessarily interfere with international traffic and should be based on a thorough risk assessment that is conducted systematically and routinely;
- Decision- makers in Member States can conduct risk assessments through a mixed-method approach (explained in the guidance and the accompanying risk assessment tool) to calculate the additional burden presented by possible importation of COVID-19 cases and decide policies on the basis of whether they have the capacity to cope with this burden;
- International travellers should not be considered by nature as suspected COVID-19 cases or contacts. Therefore, WHO does not recommend travellers as a priority group for testing;
- The use of "immunity certificates" for international travel in the context of COVID-19 is not currently supported by scientific evidence and is therefore not recommended by WHO; and
- The overall health and well-being of communities should be at the forefront of considerations when deciding on and implementing international travel-related measures.

[1] ICAO (2021). Effects of Novel Coronavirus (COVID-19) on Civil Aviation: Economic Impact Analysis. https://www.icao.int/sustainability/Documents/COVID-19/ICAO_Coronavirus_Econ_Impact.pdf

[2] UN News (2021). 'An unwanted prison sentence' for seafarers stuck at home and stranded at sea. https://news.un.org/en/story/2021/01/1081482

COVID-19 diagnostic testing in the context of international travel

To limit transmission and reduce morbidity and mortality from COVID-19, countries around the globe have implemented public health and social measures (PHSM) for epidemic control. One measure considered by many countries and transport sector stakeholders is testing for SARS-CoV-2 in international travellers prior to travel, at points of entry or after travel. In addition to the risk-based travel guidance, WHO has published a scientific brief on diagnostic testing, examining the requirements and issues around testing as a tool for mitigating cross-border transmission of SARS-CoV-2. It provides an overview of SARS-CoV-2 diagnostic assays and their performance and suitability for potential use in SARS-CoV-2 testing prior to departure, at points of entry and on arrival. It also raises the following key points:

- Testing at borders is not a substitute for other public health measures, especially robust contact tracing systems;
- WHO recommends that confirmed, probable and suspected cases for COVID-19 and contacts of confirmed or probable cases do not travel. WHO also advises that travellers who are unwell or any persons who are at an elevated risk for developing severe disease and dying from SARS-CoV-2 infection, including people 60 years of age or older or those with chronic diseases or underlying health conditions, delay or avoid travelling internationally to and from areas with COVID-19 community transmission; and
- A thorough risk assessment should be a key element of the decision-making process regarding SARS-CoV-2 testing policies for international travellers. Additionally, resources and capacity to offer testing for international travellers should be assessed critically to avert negative impact on testing in high-risk settings and high-risk groups.

Impact of new variants of concern on international travel restrictions

As previously reported, evidence suggests that some newly identified variants of concern may have increased transmissibility as compared to previously circulating variants. It is likely that there will continue to be elevated risks of the exportation and importation of cases between countries via international travel, including cases of the new variants of concern. The impact on countries will depend on multiple factors including their epidemiological situation, the capacity of their health systems, and the implementation of other public health and social measures, as explained in the WHO risk-based travel guidance.

Any measures imposed to prevent the importation of SARS-CoV-2 variants of concern must, therefore, be time limited; not prejudiced towards countries readily sequencing and sharing findings; based on thorough assessments of risk; and continuously adapted to emerging information.

Considerations regarding COVID-19 vaccination for international travellers

Following the advice of the IHR (2005) Emergency Committee for COVID-19 after its sixth meeting in January 2021, WHO published an interim position paper on considerations regarding proof of COVID-19 vaccination for international travellers. At the present time, national authorities and conveyance operators should not introduce requirements of proof of COVID-19 vaccination for international travel as a condition for departure or entry, given that there are still critical unknowns regarding the efficacy of vaccination in reducing transmission; duration of protection offered by vaccination; whether vaccination offers protection against asymptomatic infection; and possible exemption of people who have antibodies against SARS-CoV-2. In addition, considering that there is limited availability of vaccines, preferential vaccination of travellers could result in inadequate supplies of vaccines for priority populations considered at high risk of severe COVID-19. WHO also recommends that people who are vaccinated should not be exempt from complying with other travel risk-reduction measures. Should the requirement of proof of COVID-19 vaccination for international travellers be introduced in the future in accordance with IHR provisions, vaccines must be approved by WHO, be of suitable quality and universally available.

WHO is working with partners to establish a governance framework and specifications for a digital vaccination certificate for possible use at both national and international levels. Regardless of any technology implemented in the future, the COVID-19 vaccination status of international travellers should be recorded

through the International Certificate for Vaccination and Prophylaxis based on the model presented in Annex 6 of the IHR. The same format could be adapted once WHO pre-qualified COVID-19 vaccines become universally available, and relevant recommendations are provided under the IHR.

Systematically reviewing the evidence available to inform and update WHO's travel guidance

WHO commissioned a systematic review, with support from the Cochrane collaboration, on the evidence available up to June 2020 on the effectiveness of travel measures on reducing international transmission of COVID-19[3]. Subsequently, since October 2020, WHO has been convening the International Travel and Health Guideline Development Group (ITH GDG) to develop guidance documents based on systematic reviews of the evidence available on the efficacy, safety and harms of specific public health interventions for the mitigation of SARS-CoV-2 transmission before, during and after travel. The ITH GDG is currently focusing on air travel, which will be followed by maritime travel and travel via land.

The first publication, Evidence to recommendations: COVID-19 mitigation in the aviation sector, describes the methodological approaches underpinning the work of the ITH GDG and presents an analytic framework that will inform interim guidance and recommendations. It presents the nine questions being addressed, which relate to infection prevention and control (IPC), health screening, quarantine and isolation, testing, contact tracing, risk communication and restriction of air travel, among others.

The second publication, Evidence to recommendations: Methods used for assessing health equity and human rights considerations in COVID-19 and aviation, describes the process that WHO is undertaking to assess the reporting of key factors related to health equity and human rights in the primary literature of specific public health interventions as they relate to COVID-19 and aviation. Guidance documents to address these nine questions are currently being developed, using the methodologies described in these documents and will be published in the coming weeks.

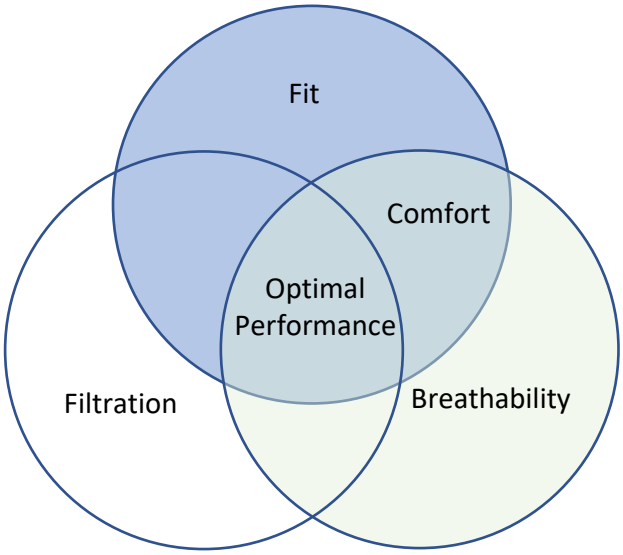
[3] Cochrane (2020). Cochrane Rapid Review examines travel-related control measures to contain the COVID-19 pandemic. https://www.cochrane.org/news/cochrane-rapid-review-examines-travel-related-control-measures-contain-covid-19-pandemic

Special Focus: The importance of fit, filtration and breathability of non-medical (fabric) masks in the context of COVID-19

Since January 2020, WHO has recommended the use of masks as part of a comprehensive set of interventions to prevent the spread of SARS-CoV-2. There are many commercial non-medical (also called fabric or cloth) masks available; however, the multitude of voluntary international standards together with the absence of regulatory oversight has made it difficult for people to know if their masks are effective barriers.

When implemented with other public health and social measures, a mask can serve as an effective barrier to prevent transmission of the SARS-CoV-2 virus, provided that it fits well, has good filtration, and the wearer can easily breathe through it (Figure 3). When any of these three parameters are not optimized, the mask may be an ineffective barrier and/or uncomfortable to wear.

Figure 3. Illustration of the three essential parameters of filtration, breathability and fit



Good fit means the mask fully covers the nose, mouth and chin. There should be no leaks around the edges of the mask. The exhaled breath should be filtered through the surface of the mask.

Good filtration means the mask has the right fabric or combination of fabrics that filter droplets present in exhaled air.

Good breathability means the wearer can easily breathe through the material of the mask. Since masks are often rated in terms of their filtration, it is equally important to maximize breathability to ensure the wearer's comfort.

WHO first issued guidance on the composition of non-medical or fabric masks in June 2020 providing specific recommendations about the number of layers, their composition and performance, and the importance of fit. Where possible, to ensure adequate wearer comfort, the design and combination of textiles used in manufacturing the fabric masks should be independently tested for adequate fit, filtration and breathability. This is especially important for masks used for an extended period of time and/or in humid environments.

WHO continues to encourage governments to establish regulations for non-medical masks, and has published evidence-based recommendations on what to look for when purchasing a fabric mask, which are summarized below:

When purchasing a fabric mask, check the packaging for information that they have been laboratory tested:

- At least 70% filtration of particles or droplets measuring three microns (lower filtration is acceptable if the challenge particles/droplets are smaller);
- No more than 60 pascals of pressure difference per square centimetre (<60 Pa/cm2) (alternative measures such as air permeability or airflow resistance may be used);
- Guaranteed at least five cycles of washing with no performance reduction;
- No exhalation valves;
- Antimicrobial coatings or treatments are not required; if included, the treated layers must be away from the skin and be tested for inhalational and skin safety as per the ISO or REACH regulation requirements.

If there are no standards listed on the package, find a mask that has three layers, made up of:

- Inner layer made of absorbent cotton;
- Middle layer made of a non-woven spunbond polypropylene (i.e., a filter layer); and
- Outer layer made of a moisture resistant polyester or another layer of non-woven spunbond polypropylene.

More detailed information can be found in the annex section of the guidance document. Breathability may be altered when additional layers are added to increase filtration. For example, adding a second mask over the first may increase filtration and fit, but can also make breathing more difficult and uncomfortable. If people have to take off a mask to breathe, the barrier is naturally lost.

Finally, a non-medical/fabric mask should always be stored properly in designated plastic bags or containers before and after use and should be cleaned daily when used, with soap or detergent and preferably hot water (60 degrees). If hot water is not available, wash the mask with soap or detergent using water at room temperature followed by boiling the mask for one minute.

Single use masks should always be disposed of properly, preferably into a closed bin after use. Masks should never be left out after use, as used masks may contain virus which may be transmitted to the wearer or others.

WHO continues to closely monitor masks that are being developed by industry, and encourages research into textile combinations and innovative designs that maximize fit, filtration, breathability and overall comfort. Consultations with scientists, ministries of health and public health institutions continue, and updates will be provided as the science in this field evolves.

For complete information on the selection of a mask, how to wear and maintain it, visit the WHO mask webpage.

WHO technical guidance for mask use in the context of COVID-19 can be found here.

Special Focus: Update on SARS-CoV-2 Variants of Concern

WHO, in collaboration with national authorities, institutions and researchers, continues to monitor the public health events associated with SARS-CoV-2 variants and provides updates as new information becomes available. Further information on the background of the variants of concern (VOC) is available from previously published Disease Outbreak News and recent publications of the Weekly Epidemiological Update. Here we provide an update on the geographical distribution of three VOCs as reported by countries, territories and areas (hereafter countries) as of 2 March 2021 (Table 2, Annex 2). This information should be interpreted with due consideration of limitations of ongoing surveillance, including but not limited to differences between countries in sequencing capacity and which samples are prioritized for sequencing. WHO continues to advocate for strengthening surveillance and sequencing capacity, and a systematic approach to provide a representative indication of the extent of variant transmission. New potential variants of interest (VOIs) or VOCs are currently under review and may be added to future updates.

Although many countries worldwide are currently experiencing a decline in overall SARS-CoV-2 infections likely as a result of the public health and social measures (PHSM) implemented and various vaccination programme implementations, there has been an increased number of reports of variants which are of concern. Many countries across all six WHO regions have started to report increases in new cases of COVID-19 in the past month, while it is difficult to ascertain the exact proportion of all new cases which may be attributable to VOIs and VOCs, summaries on the past week's updates on VOC 202012/01, 501Y.V2 and P.1 variants of concern are outlined below.

Table 2: Key characteristics of circulating variants of concern (as of 1 March 2021)*

Nextstrain clade	20I/501Y.V1	20H/**501Y.V2**†	20J/501Y.V3
PANGO lineage	B.1.1.7	B.1.351	B.1.1.28.1, alias **P.1**†
GISAID clade	GR	GH	GR
Alternate names	**VOC 202012/01**†	VOC 202012/02	-
First detected by	United Kingdom	South Africa	Brazil / Japan
Earliest sample date	20 September 2020	Early August 2020	December 2020
Key spike mutations	• N501Y • D614G • A570D • P681H • H69/V70 deletion • Y144 deletion	• N501Y • D614G • E484K • K417N • L242/A243/L244 deletion	• N501Y • D614G • E484K • K417N
Key mutation in common	S106/G107/F108 deletion in non-structural protein 6 (nsp6)		
Number of countries reporting cases (newly reported in last week)**	106 (5)	56 (5)	29± (1)

** A more detailed version of this table is available in the previous Weekly Epidemiological Update, and an updated version will be available in the next issue.*

†While work is ongoing to establish an easy-to-pronounce and non-stigmatizing nomenclature for VOIs and VOCs, these are the names by which they will be referred to in this publication.

***Includes official and unofficial reports of VOCs detected in countries among travellers (imported cases) or community-based samples.*

± One country was removed and another added this week, resulting in the same total as reported in 23 February update

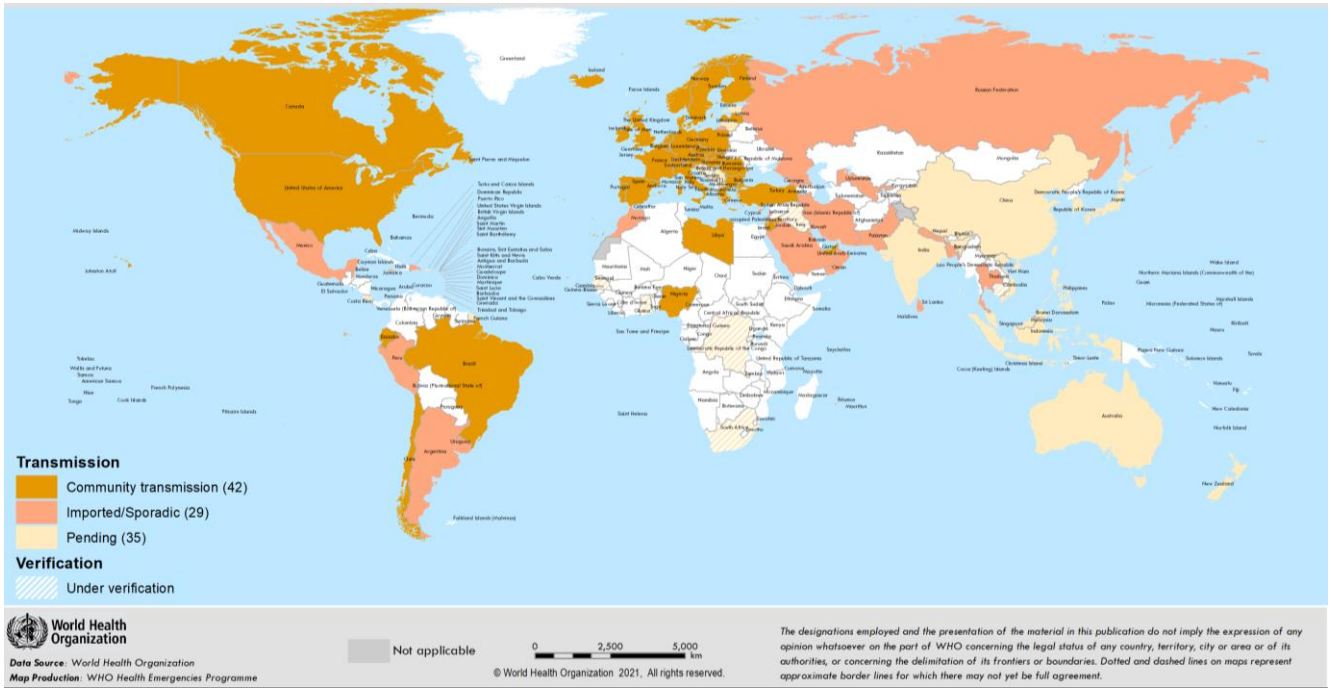
Proposed working definitions for SARS-CoV-2 VOIs and VOCs

As a supplement to last week's issue, a special edition was published with an overview of the working definitions for SARS-CoV-2 variants of interest and variants of concern, and the associated actions WHO will take to support Member States, their national public health institutes and reference laboratories, along with the recommended actions Member States should take. These definitions will be reviewed regularly and updated as necessary.

VOC 202012/01

Since our last update on 23 February, VOC 202012/01 has been detected in five additional countries. As of 2 March, a total of 106 countries across all six WHO regions have reported cases of this variant (Figure 4). Community transmission has been reported in at least 42 countries across four WHO regions, noting that transmission classification is currently incomplete for 35 (33%) countries reporting this variant.

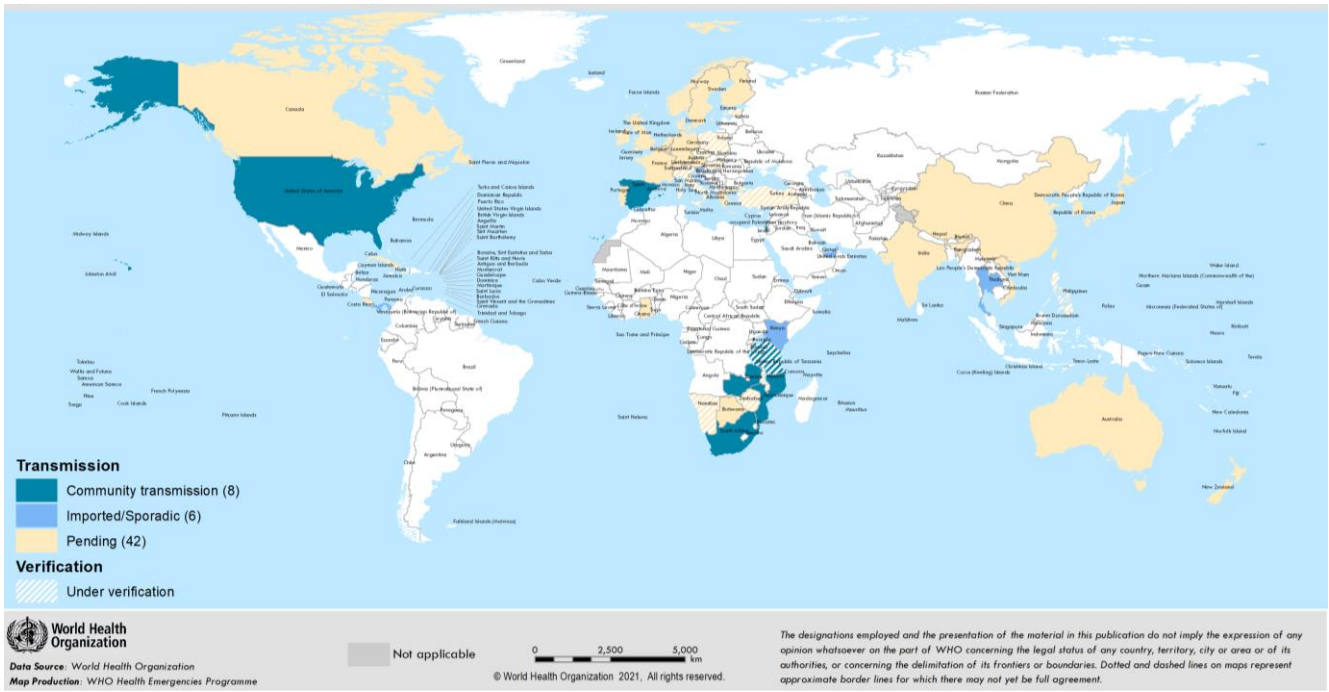
Figure 4. Countries, territories and areas reporting VOC 202012/01, as of 2 March 2021



501Y.V2

Since the last update on 23 February, 501Y.V2 has been reported from five additional countries – now totalling 56 countries across all six WHO regions (Figure 5). Community transmission of 501Y.V2 has been reported in eight countries across three WHO regions, noting the transmission classification is currently incomplete for 42 (75%) countries reporting this variant.

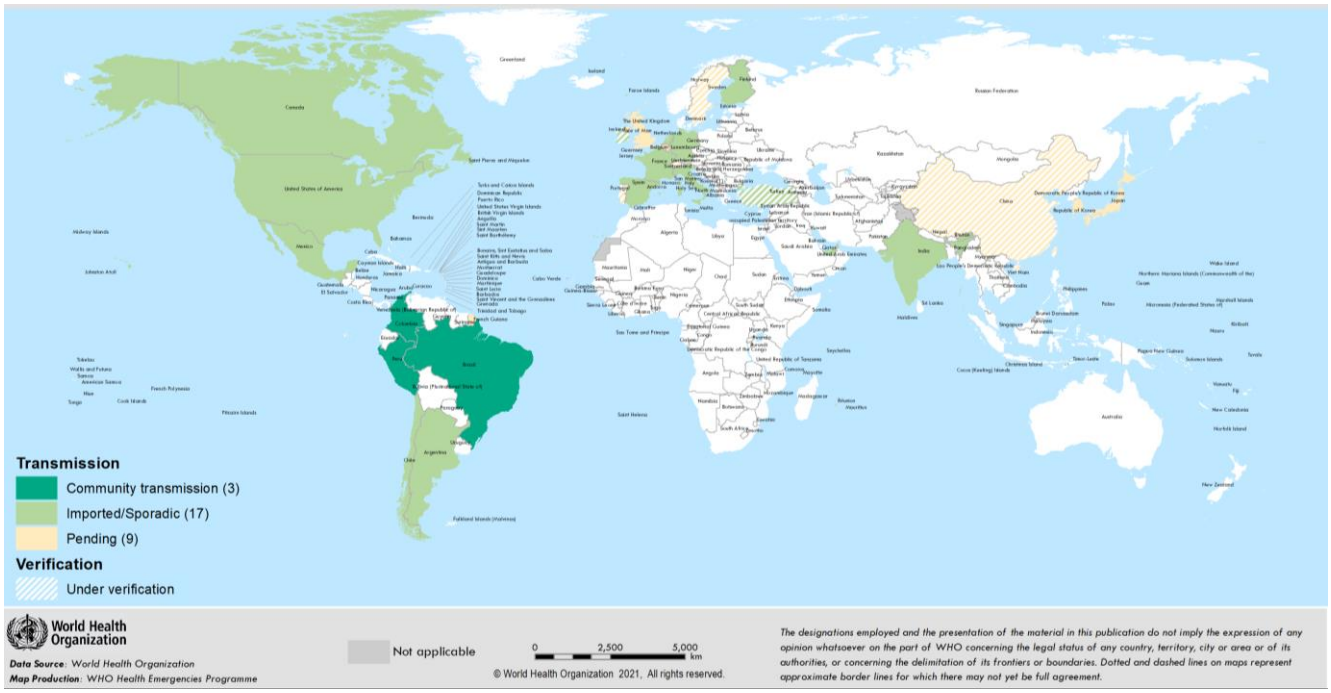
Figure 5. Countries, territories and areas reporting 501Y.V2, as of 2 March 2021



P.1

Since our last update, one country has corrected their reporting, and reporting from another amounted to one additional country. To date, this variant is reported in 29 countries across all six WHO regions (Figure 6). Community transmission of P.1 has been reported in at least three countries in one WHO region, noting the transmission classification is currently incomplete for nine (31%) countries reporting this variant.

Figure 6. Countries, territories and areas reporting P.1, as of 2 March 2021

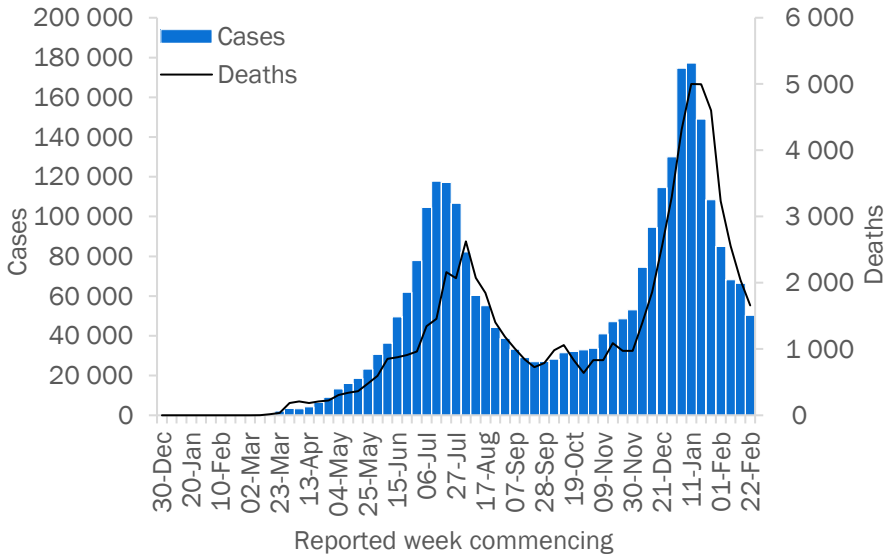


WHO regional overviews

African Region

In the past week, the African Region reported over 50 000 new cases and 1500 new deaths, a 24% and 19% decrease respectively compared to the previous week. This represents the largest decline as a percentage in new cases and the second largest decline of new deaths globally. In the region new cases in the past week rose in 17 of 49 (36%) countries and fell in 30 of 49 (64%). This week new deaths increased in 13 of 49 (28%) countries and declined in 24 of 49 (53%).

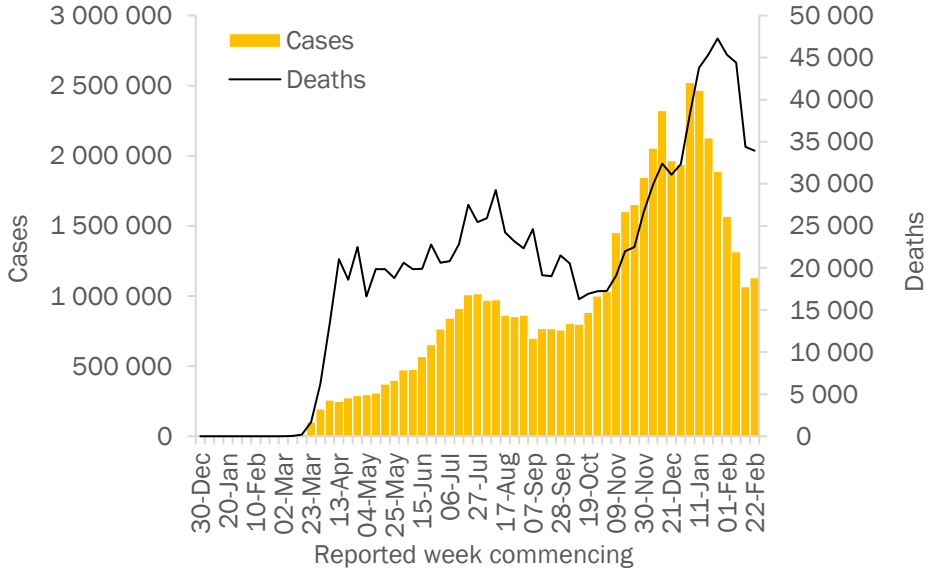
The highest numbers of new cases were reported in South Africa (9858 new cases; 16.6 new cases per 100 000 population; a 20% decrease), Ethiopia (6196 new cases; 5.4 new cases per 100 000; a 1% increase), and Nigeria (3864 new cases; 1.9 new cases per 100 000; a 34% decrease). The same countries reported the highest number of new deaths in the past week: South Africa (1001 new deaths; 1.7 new deaths per 100 000; an 11% decrease), Ethiopia (83 new deaths; 0.1 new deaths per 100 000; an 8% decrease), and Nigeria (74 new deaths; <0.1 new deaths per 100 000; a 12% decrease).



Region of the Americas

Over 1.1 million new cases and just under 34 000 new deaths were reported in the Region of the Americas this week, a 6% increase and 1% decrease respectively compared to the previous week. This represents the first rise in new cases since the week ending 10 January. This week, new cases rose in 22 of 56 (39%) countires and fell in 24 of 56 (43%). This week, new deaths increased in 11 of 56 (20%) countries and declined in 20 of 56 (36%).

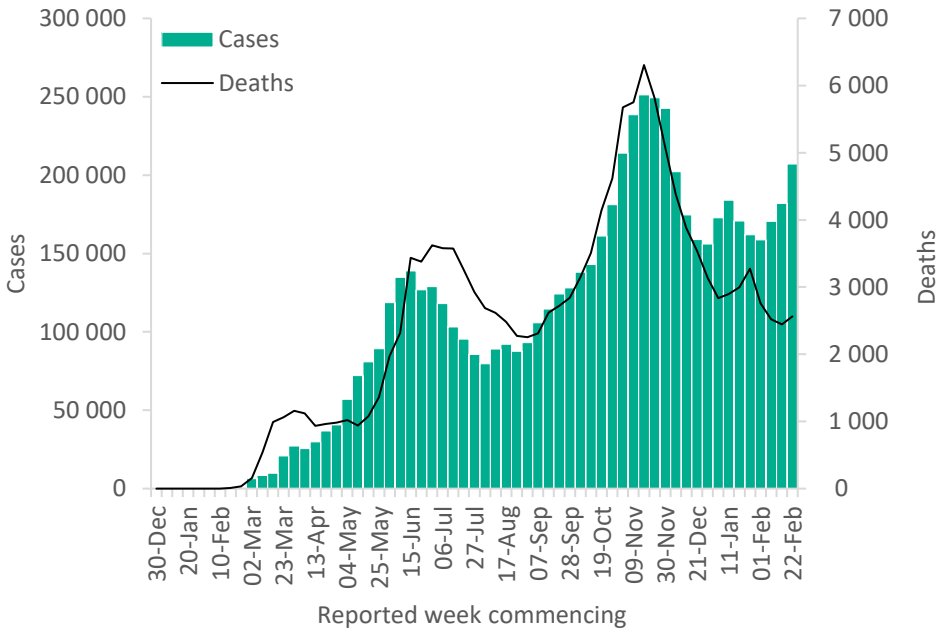
The highest numbers of new cases were reported from the United States of America (472 904 new cases; 142.9 new cases per 100 000 population; a 2% decrease), Brazil (373 954 new cases; 175.9 new cases per 100 000; an 18% increase) and Argentina (49 516 new cases; 109.6 new cases per 100 000; a 50% increase). The highest numbers of new deaths were reported from the United States of America (14 866 new deaths; 4.5 new deaths per 100 000; a 1% increase), Brazil (8070 new deaths; 3.8 new deaths per 100 000; an 11% increase), and Mexico (5509 new deaths; 4.3 new deaths per 100 000; a 14% decrease).



Eastern Mediterranean Region

In the past week, the Eastern Mediterranean Region reported over 207 000 new cases, a 14% increase compared to last week. The region reported just over 2500 new deaths, a 5% increase. Across the region 14 of 22 (64%) countries reported increases in new cases and 8 of 22 (36%) declined this week. New deaths rose in 13 of 22 countries (59%) and fell in 7 of 22 (32%).

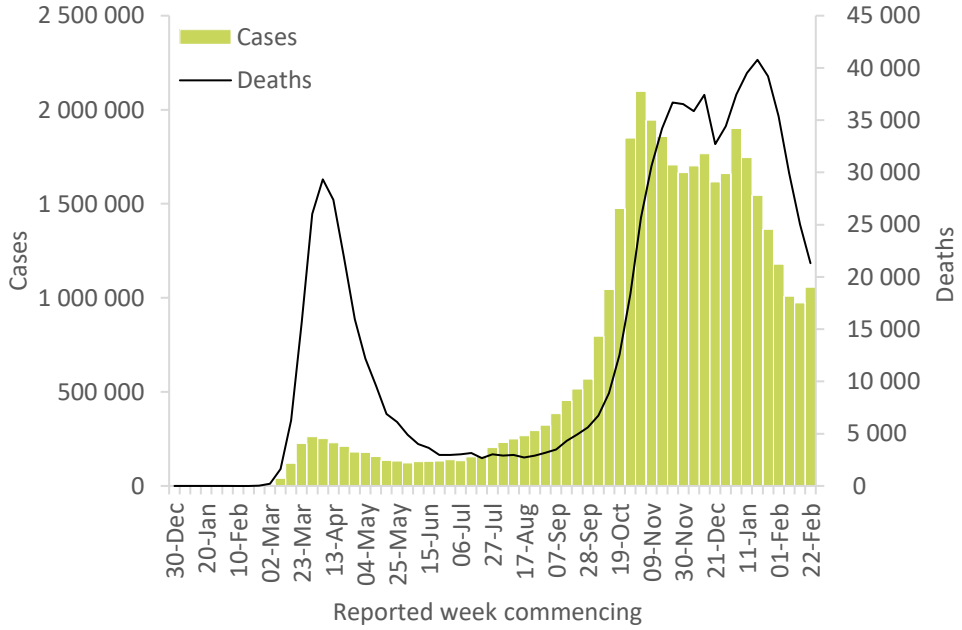
The three countries reporting the highest numbers of new cases this week were the Islamic Republic of Iran (57 078 new cases; 68 new cases per 100 000 population; a 3% increase), Iraq (27 491 new cases; 68.3 new cases per 100 000; a 19% increase) and Jordan (26 685 new cases; 261.5 new cases per 100 000; a 78% increase). The highest numbers of new deaths this week have been reported in the Islamic Republic of Iran (571 new deaths; 0.7 new deaths per 100 000 population; a 9% increase), Lebanon (355 new deaths; 5.2 new deaths per 100 000; a 6% increase) and Egypt (341 new deaths; 0.3 new deaths per 100 000; a 6% decrease).



European Region

The European Region reported over 1 million new cases and over 21 000 new deaths, an increase of 9% and decrease of 15% respectively when compared to the previous week. This represents the first rise in new cases since the week ending 10 January, and reverses declines made over the previous two reporting weeks. This week new cases rose in 36 of 61 (59%) countries and fell in 22 of 61 (36%) while new deaths rose in 16 of 61 countries (26%) and fell in 30 of 61 (49%).

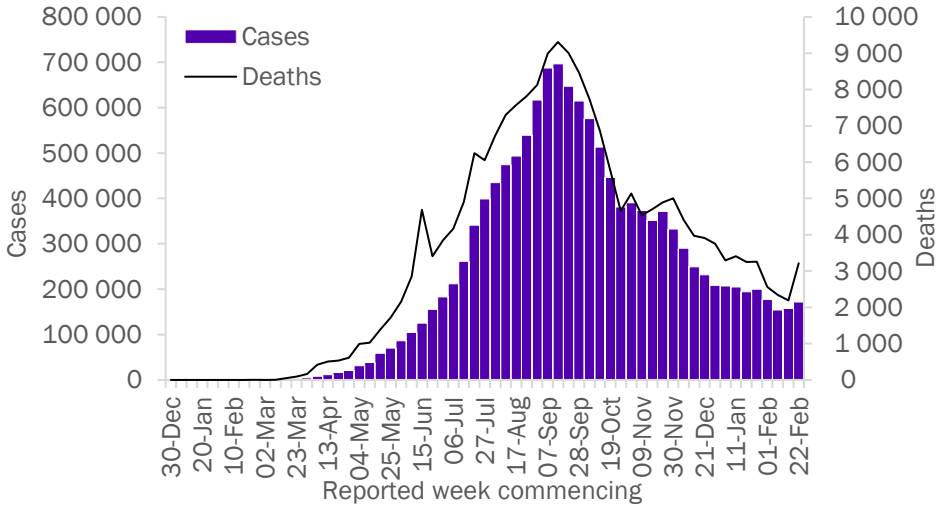
The three countries reporting the highest numbers of new cases were France (149 959 new cases; 229.7 new cases per 100 000; a 14% increase), Italy (112 029 new cases; 185.3 new cases per 100 000; an 32% increase), and Czechia (82 321 new cases; 768.7 new cases per 100 000; a 26% increase). The highest numbers of deaths were reported from the Russian Federation (2829 new deaths; 1.9 new deaths per 100 000; an 11% decrease), the United Kingdom of Great Britain and Northern Ireland (2340 new deaths, 3.4 new deaths per 100 000, a 32% decrease, and Germany (2204 new deaths; 2.6 new deaths per 100 000; a 24% decrease).



South-East Asia Region

In the past week, the South-East Asia Region reported over 171 000 new cases, an increase of 9% compared to last week while the region reported over 3200 new deaths, a 47% increase[†]. Across the region half of the countries (5/10; 50%) reported increases in new cases and the other half (5/10; 50%) declined this week. New deaths rose in 3 of 10 countries (30%) and fell in 5 of 10 (50%).

The three countries reporting the highest numbers of new cases were India (105 080 new cases; 7.6 new cases per 100 000; a 21% increase), Indonesia (57 721 new cases; 21.2 new cases per 100 000; a 5% decrease) and Sri Lanka (3410 new cases; 15.9 new cases per 100 000; a 26% decrease). The three countries reporting the highest numbers of new deaths this week were Indonesia (1665 new deaths; 0.6 new deaths per 100 000; a 21% increase), India (749 new deaths; 0.1 new deaths per 100 000; a 14% increase) and Nepal (712 new deaths; 2.4 new deaths per 100 000[†])

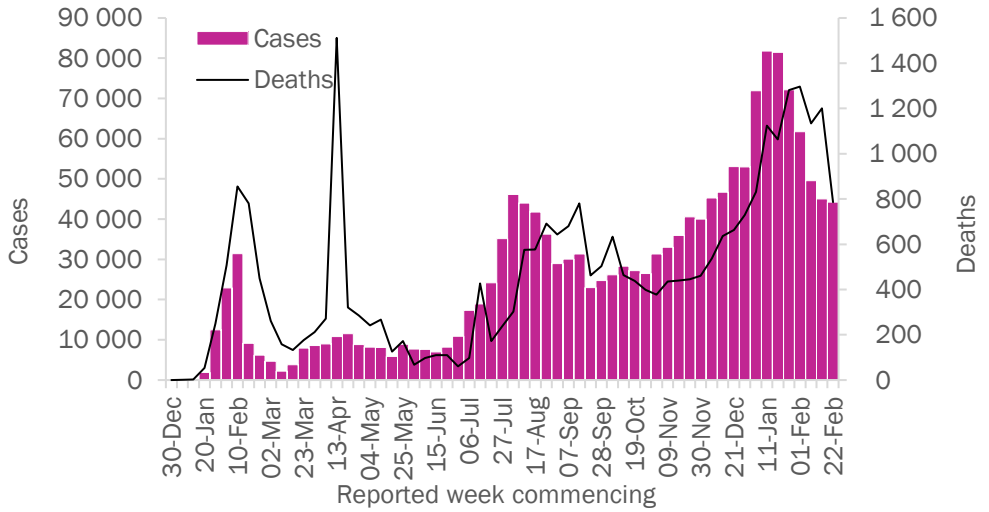


[†]The number of new deaths includes additional COVID-19 deaths in the past one year reported from different bodies managing COVID-19 pandemic within Nepal. The temporal distribution of these deaths is being confirmed

Western Pacific Region

The Western Pacific Region reported just over 44 000 new cases the past week, a 2% decrease compared to the previous week and reported just under 800 new deaths, a 35% decrease. Of the 22 countries in the region the number of new cases rose in 6 (27%) this week while they fell in 10 of 22 (45%). The number of new deaths increased in 1 of 22 countries (14%) and declined in 5 of 22 (23%) this week.

The three countries reporting the highest numbers of new cases in the region this week were Malaysia (18 043 new cases; 55.7 new cases per 100 000; a 2% decrease), the Philippines (14 959 new cases; 13.7 new cases per 100 000; a 24% increase) and Japan (7233 new cases; 5.7 new cases per 100 000; a 28% decrease). The three countries reporting the highest numbers of new deaths this week were Japan (443 new deaths; 0.4 new deaths per 100 000; a 12% decrease), the Philippines (221 new deaths; 0.2 new deaths per 100 000; a 61% decrease) and Malaysia (70 new deaths; 0.2 new deaths per 100 000; a 25% decrease).



Key weekly updates

WHO Director-General quote of the week

"Now is the time to use every tool to scale up <vaccine> production, including licensing and technology transfer, and where necessary, intellectual property waivers. If not now, then when?"

Opening remarks at the media briefing on COVID-19, 26 February 2021

2021 COVID-19 Strategic Preparedness and Response Plan

COVID-19 Strategic Preparedness and Response Plan (SPRP 2021)

Vaccinations

ChAdOx1-S [recombinant], COVID-19 vaccine

COVID-19 vaccine doses shipped by the COVAX Facility head to Ghana, marking beginning of global rollout

No-fault compensation programme for COVID-19 vaccines is a world first

Oxygen supply

COVID-19 oxygen emergency impacting more than half a million people in low- and middle-income countries every day, as demand surges

The life-saving power of medical oxygen

WHO funding in action

How WHO transforms funding into action in regions around the world

Technical guidance and other resources

- Technical guidance
- WHO Coronavirus Disease (COVID-19) Dashboard
- Weekly COVID-19 Operational Updates
- WHO COVID-19 case definitions
- COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update
- Research and Development
- Online courses on COVID-19 in official UN languages and in additional national languages
- The Strategic Preparedness and Response Plan (SPRP) outlining the support the international community can provide to all countries to prepare and respond to the virus
- Updates from WHO regions:
  - African Region
  - Region of the Americas
  - Eastern Mediterranean Region
  - South-East Asia Region
  - European Region
  - Western Pacific Region
- Recommendations and advice for the public:
  - Protect yourself
  - Questions and answers
  - Travel advice
  - EPI-WIN: tailored information for individuals, organizations and communities

Annex

Annex 1. COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories and areas, and WHO Region, as of 28 February 2021**

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
Africa	**50 324**	**2 840 208**	**253.2**	**1 659**	**71 991**	**6.4**	
South Africa	9 858	1 512 225	2 549.8	1 001	49 941	84.2	Community transmission
Ethiopia	6 196	158 053	137.5	83	2 354	2.0	Community transmission
Nigeria	3 864	155 417	75.4	74	1 905	0.9	Community transmission
Mozambique	3 804	58 772	188.0	43	630	2.0	Community transmission
Zambia	3 277	77 171	419.8	43	1 059	5.8	Community transmission
Ghana	2 930	82 586	265.8	22	594	1.9	Community transmission
Botswana	1 846	28 370	1 206.4	56	310	13.2	Community transmission
Kenya	1 655	105 648	196.5	37	1 854	3.4	Community transmission
Senegal	1 625	34 255	204.6	71	866	5.2	Community transmission
Namibia	1 349	38 644	1 520.9	16	418	16.5	Community transmission
Malawi	1 270	31 798	166.2	33	1 037	5.4	Community transmission
Algeria	1 196	112 960	257.6	21	2 979	6.8	Community transmission
Gabon	1 011	14 564	654.3	8	83	3.7	Community transmission
South Sudan	932	7 349	65.7	2	87	0.8	Community transmission
Rwanda	802	18 790	145.1	14	261	2.0	Community transmission
Côte d'Ivoire	717	32 631	123.7	7	192	0.7	Community transmission
Democratic Republic of the Congo	712	25 791	28.8	7	707	0.8	Community transmission
Guinea	591	15 894	121.0	3	89	0.7	Community transmission
Togo	583	6 851	82.8	2	83	1.0	Community transmission
Benin	491	5 634	46.5	5	70	0.6	Community transmission
Cabo Verde	325	15 324	2 756.2	4	147	26.4	Community transmission
Angola	283	20 782	63.2	8	506	1.5	Community transmission
Seychelles	264	2 592	2 635.6	1	11	11.2	Community transmission
Eswatini	238	17 002	1 465.5	5	650	56.0	Community transmission
Madagascar	233	19 831	71.6	5	297	1.1	Community transmission

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
Zimbabwe	226	35 994	242.2	26	1 458	9.8	Community transmission
Sao Tome and Principe	208	1 786	814.9	7	28	12.8	Community transmission
Equatorial Guinea	207	6 005	428.0	2	91	6.5	Community transmission
Burkina Faso	199	11 982	57.3	3	142	0.7	Community transmission
Congo	195	8 820	159.8	1	128	2.3	Community transmission
Chad	179	3 973	24.2	7	140	0.9	Community transmission
Burundi	178	2 209	18.6	0	3	0.0	Community transmission
Eritrea	162	2 847	80.3	0	7	0.2	Community transmission
Guinea-Bissau	156	3 247	165.0	2	48	2.4	Community transmission
Gambia	148	4 691	194.1	5	148	6.1	Community transmission
Uganda	136	40 335	88.2	1	334	0.7	Community transmission
Mauritania	96	17 179	369.5	5	439	9.4	Community transmission
Comoros	81	3 571	410.6	1	144	16.6	Community transmission
Mali	73	8 365	41.3	5	352	1.7	Community transmission
Sierra Leone	38	3 887	48.7	0	79	1.0	Community transmission
Lesotho	30	10 491	489.7	7	292	13.6	Community transmission
Liberia	22	2 010	39.7	0	85	1.7	Community transmission
Mauritius	7	610	48.0	0	10	0.8	Sporadic cases
Niger	7	4 740	19.6	2	172	0.7	Community transmission
Central African Republic	1	4 997	103.5	0	63	1.3	Community transmission
Cameroon	0	33 749	127.1	0	523	2.0	Community transmission
United Republic of Tanzania	0	509	0.9	0	21	0.0	Pending
Territories[iii]							
Mayotte	1 069	16 861	6 180.4	10	102	37.4	Community transmission
Réunion	854	12 416	1 386.8	4	52	5.8	Community transmission
Americas	**1 129 929**	**50 426 060**	**4 930.3**	**33 951**	**1 205 245**	**117.8**	
United States of America	472 904	28 174 978	8 512.0	14 866	506 760	153.1	Community transmission

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
Brazil	373 954	10 455 630	4 918.9	8 070	252 835	118.9	Community transmission
Argentina	49 516	2 104 197	4 655.7	946	51 946	114.9	Community transmission
Peru	46 840	1 316 363	3 992.4	1 404	46 094	139.8	Community transmission
Mexico	46 391	2 076 882	1 610.8	5 509	184 474	143.1	Community transmission
Colombia	27 791	2 244 792	4 411.7	1 007	59 518	117.0	Community transmission
Chile	25 573	821 418	4 297.0	502	20 476	107.1	Community transmission
Canada	20 886	861 472	2 282.5	339	21 915	58.1	Community transmission
Ecuador	9 502	282 599	1 601.8	200	15 713	89.1	Community transmission
Paraguay	7 919	157 603	2 209.6	126	3 152	44.2	Community transmission
Bolivia (Plurinational State of)	7 215	247 891	2 123.6	219	11 609	99.5	Community transmission
Cuba	5 677	49 161	434.0	27	318	2.8	Community transmission
Uruguay	5 165	56 542	1 627.7	38	601	17.3	Community transmission
Honduras	4 834	168 911	1 705.4	142	4 117	41.6	Community transmission
Dominican Republic	4 507	239 009	2 203.3	65	3 093	28.5	Community transmission
Panama	4 442	339 781	7 874.8	109	5 820	134.9	Community transmission
Guatemala	3 404	174 335	973.1	125	6 374	35.6	Community transmission
Venezuela (Bolivarian Republic of)	3 181	138 295	486.3	30	1 338	4.7	Community transmission
Costa Rica	2 663	204 341	4 011.3	37	2 800	55.0	Community transmission
Jamaica	1 893	22 817	770.5	26	417	14.1	Community transmission
El Salvador	1 320	59 866	923.0	55	1 847	28.5	Community transmission
Saint Lucia	496	3 356	1 827.6	7	35	19.1	Community transmission
Barbados	317	2 994	1 041.8	3	33	11.5	Community transmission
Guyana	156	8 513	1 082.3	6	195	24.8	Clusters of cases
Haiti	156	12 430	109.0	3	250	2.2	Community transmission
Antigua and Barbuda	128	726	741.4	3	14	14.3	Clusters of cases
Bahamas	100	8 519	2 166.3	0	179	45.5	Clusters of cases
Belize	66	12 293	3 091.6	0	314	79.0	Community transmission
Suriname	59	8 913	1 519.4	2	170	29.0	Clusters of cases

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
Saint Vincent and the Grenadines	58	1 556	1 402.6	2	8	7.2	Community transmission
Trinidad and Tobago	38	7 704	550.5	0	139	9.9	Community transmission
Nicaragua	36	5 142	77.6	1	173	2.6	Community transmission
Dominica	8	142	197.2	0	0	0.0	Clusters of cases
Grenada	0	148	131.5	0	1	0.9	Sporadic cases
Saint Kitts and Nevis	0	41	77.1	0	0	0.0	Sporadic cases
Territories[iii]							
Puerto Rico	1 209	100 044	3 497.0	75	2 032	71.0	Community transmission
Guadeloupe	513	9 968	2 491.2	4	164	41.0	Community transmission
Aruba	251	7 804	7 309.4	1	71	66.5	Community transmission
Martinique	153	6 746	1 797.7	0	45	12.0	Community transmission
Saint Barthélemy	137	612	6 191.2	0	0	0.0	Clusters of cases
Turks and Caicos Islands	101	2 099	5 421.3	0	14	36.2	Clusters of cases
French Guiana	98	16 627	5 566.8	2	85	28.5	Community transmission
Saint Martin	98	1 554	4 019.8	0	12	31.0	Community transmission
United States Virgin Islands	71	2 646	2 533.9	0	25	23.9	Community transmission
Curaçao	42	4 708	2 869.1	0	22	13.4	Community transmission
Sint Maarten	24	2 051	4 782.9	0	27	63.0	Community transmission
Bonaire	19	406	1 941.2	0	4	19.1	Community transmission
Cayman Islands	10	438	666.5	0	2	3.0	Sporadic cases
Bermuda	6	705	1 132.1	0	12	19.3	Sporadic cases
Falkland Islands (Malvinas)	2	51	1 464.3	0	0	0.0	No cases
Anguilla	0	18	120.0	0	0	0.0	Sporadic cases
British Virgin Islands	0	153	506.0	0	1	3.3	Clusters of cases
Montserrat	0	20	400.1	0	1	20.0	Sporadic cases
Saba	0	6	310.4	0	0	0.0	No cases
Saint Pierre and Miquelon	0	24	414.2	0	0	0.0	Sporadic cases

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
Sint Eustatius	0	20	637.1	0	0	0.0	No cases
Eastern Mediterranean	**207 177**	**6 388 249**	**874.1**	**2 562**	**144 479**	**19.8**	
Iran (Islamic Republic of)	57 078	1 623 159	1 932.5	571	59 980	71.4	Community transmission
Iraq	27 491	692 241	1 721.0	138	13 383	33.3	Community transmission
Jordan	26 685	386 496	3 788.0	132	4 675	45.8	Community transmission
United Arab Emirates	20 419	388 594	3 929.0	105	1 213	12.3	Community transmission
Lebanon	19 404	372 775	5 461.5	355	4 652	68.2	Community transmission
Pakistan	8 951	578 797	262.0	274	12 837	5.8	Community transmission
Kuwait	6 568	189 890	4 446.5	39	1 078	25.2	Community transmission
Tunisia	4 972	232 615	1 968.2	219	7 974	67.5	Community transmission
Bahrain	4 544	121 778	7 156.8	24	444	26.1	Clusters of cases
Egypt	4 286	181 829	177.7	341	10 639	10.4	Clusters of cases
Qatar	3 230	163 197	5 664.5	1	257	8.9	Community transmission
Libya	3 133	132 458	1 927.7	86	2 174	31.6	Community transmission
Morocco	2 462	483 410	1 309.7	67	8 615	23.3	Clusters of cases
Saudi Arabia	2 370	377 061	1 083.1	31	6 488	18.6	Sporadic cases
Oman	2 094	140 588	2 753.1	13	1 562	30.6	Community transmission
Somalia	1 102	6 991	44.0	37	231	1.5	Community transmission
Syrian Arab Republic	390	15 533	88.8	27	1 023	5.8	Community transmission
Sudan	170	30 347	69.2	14	1 880	4.3	Community transmission
Yemen	112	2 273	7.6	13	632	2.1	Community transmission
Afghanistan	110	55 714	143.1	11	2 443	6.3	Clusters of cases
Djibouti	43	6 065	613.9	0	63	6.4	Sporadic cases
Territories[iii]							
occupied Palestinian territory	11 563	206 438	4 046.7	64	2 236	43.8	Community transmission
Europe	**1 055 781**	**38 679 334**	**4 143.9**	**21 302**	**861 906**	**92.3**	
France	149 959	3 671 208	5 624.3	2 165	85 872	131.6	Community transmission
Italy	112 029	2 907 825	4 809.4	2 021	97 507	161.3	Clusters of cases
Czechia	82 321	1 235 480	11 536.9	1 125	20 339	189.9	Community transmission

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
Russian Federation	81 353	4 246 079	2 909.6	2 829	86 122	59.0	Clusters of cases
Poland	68 219	1 706 986	4 510.3	1 598	43 769	115.6	Community transmission
The United Kingdom	64 844	4 170 523	6 143.4	2 340	122 705	180.8	Community transmission
Turkey	61 288	2 693 164	3 193.3	520	28 503	33.8	Community transmission
Germany	55 777	2 442 336	2 915.0	2 204	70 045	83.6	Community transmission
Ukraine	43 393	1 347 849	3 081.9	879	25 982	59.4	Community transmission
Netherlands	32 188	1 083 961	6 326.1	343	15 542	90.7	Community transmission
Hungary	25 576	428 599	4 436.7	675	14 974	155.0	Community transmission
Spain	22 774	3 180 212	6 801.9	529	68 813	147.2	Community transmission
Serbia	22 328	456 450	6 554.6	108	4 429	63.6	Community transmission
Sweden	22 145	657 309	6 508.5	38	12 826	127.0	Community transmission
Romania	21 888	799 164	4 154.2	492	20 287	105.5	Community transmission
Israel	17 883	764 791	8 835.9	116	5 669	65.5	Community transmission
Belgium	15 971	771 510	6 656.9	159	22 071	190.4	Community transmission
Slovakia	15 940	308 083	5 642.9	684	7 189	131.7	Clusters of cases
Austria	13 888	453 767	5 038.3	147	8 394	93.2	Community transmission
Greece	10 913	189 831	1 821.3	196	6 468	62.1	Community transmission
Bulgaria	10 267	246 706	3 550.5	328	10 167	146.3	Clusters of cases
Belarus	8 969	285 959	3 026.2	63	1 966	20.8	Community transmission
Republic of Moldova	8 611	184 856	4 582.5	164	3 924	97.3	Community transmission
Estonia	7 984	65 600	4 945.2	54	589	44.4	Clusters of cases
Portugal	7 505	803 844	7 883.4	379	16 276	159.6	Clusters of cases
Albania	7 153	106 215	3 690.8	122	1 775	61.7	Clusters of cases
Kazakhstan	5 625	262 725	1 399.2	78	3 389	18.0	Clusters of cases
Slovenia	5 375	189 630	9 121.5	24	4 110	197.7	Clusters of cases
Switzerland	5 007	552 290	6 381.4	30	9 219	106.5	Community transmission
Latvia	4 701	85 810	4 549.4	76	1 614	85.6	Community transmission

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
Ireland	4 602	218 980	4 434.8	178	4 313	87.3	Community transmission
Lithuania	3 654	199 145	7 315.4	70	3 244	119.2	Community transmission
Denmark	3 651	210 732	3 638.2	25	2 358	40.7	Community transmission
Bosnia and Herzegovina	3 641	131 690	4 013.9	93	5 088	155.1	Community transmission
North Macedonia	3 451	102 482	4 919.0	79	3 126	150.0	Community transmission
Montenegro	3 428	75 833	12 074.0	49	999	159.1	Clusters of cases
Finland	3 122	56 407	1 018.0	16	742	13.4	Community transmission
Croatia	3 028	242 973	5 918.6	97	5 526	134.6	Community transmission
Georgia	2 403	270 758	6 787.3	75	3 510	88.0	Community transmission
Norway	1 927	70 034	1 291.8	15	622	11.5	Clusters of cases
Armenia	1 656	172 058	5 806.4	28	3 192	107.7	Community transmission
Malta	1 457	22 219	5 032.1	10	313	70.9	Clusters of cases
Luxembourg	1 345	55 313	8 836.3	14	637	101.8	Community transmission
Azerbaijan	1 294	234 267	2 310.5	23	3 218	31.7	Clusters of cases
Cyprus	1 271	34 424	2 851.2	2	231	19.1	Clusters of cases
Kyrgyzstan	344	86 229	1 321.7	6	1 464	22.4	Clusters of cases
San Marino	244	3 716	10 949.4	2	74	218.0	Community transmission
Uzbekistan	232	79 886	238.7	0	622	1.9	Clusters of cases
Andorra	177	10 849	14 041.3	3	110	142.4	Community transmission
Monaco	88	1 953	4 976.6	2	24	61.2	Sporadic cases
Liechtenstein	22	2 642	6 927.7	0	52	136.4	Sporadic cases
Iceland	4	6 049	1 772.6	0	29	8.5	Community transmission
Holy See	0	26	3 213.8	0	0	0.0	Sporadic cases
Tajikistan	0	13 714	143.8	0	91	1.0	Pending
Territories[iii]							
Kosovo	2 821	68 760	3 696.0	24	1 585	85.2	Community transmission
Isle of Man	26	475	558.6	0	25	29.4	No cases
Guernsey	9	819	1 296.0	0	14	22.2	Community transmission
Gibraltar	8	4 236	12 573.1	4	92	273.1	Clusters of cases

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
Jersey	2	3 215	2 955.0	1	69	63.4	Community transmission
Faroe Islands	0	658	1 346.6	0	1	2.0	Sporadic cases
Greenland	0	30	52.8	0	0	0.0	No cases
South-East Asia	**171 419**	**13 517 009**	**668.7**	**3 217**	**208 013**	**10.3**	
India	105 080	11 096 731	804.1	749	157 051	11.4	Clusters of cases
Indonesia	57 721	1 329 074	485.9	1 665	35 981	13.2	Community transmission
Sri Lanka	3 410	82 890	387.1	29	464	2.2	Clusters of cases
Bangladesh	2 807	545 831	331.4	58	8 400	5.1	Community transmission
Maldives	985	19 597	3 625.4	1	61	11.3	Clusters of cases
Nepal	714	274 065	940.6	712	2 773	9.5	Clusters of cases
Thailand	536	25 951	37.2	0	83	0.1	Clusters of cases
Myanmar	155	141 890	260.8	3	3 199	5.9	Clusters of cases
Timor-Leste	10	113	8.6	0	0	0.0	Sporadic cases
Bhutan	1	867	112.4	0	1	0.1	Clusters of cases
Western Pacific	**44 193**	**1 620 582**	**82.5**	**786**	**29 006**	**1.5**	
Malaysia	18 043	298 315	921.7	70	1 121	3.5	Clusters of cases
Philippines	14 959	574 247	524.0	221	12 289	11.2	Community transmission
Japan	7 233	431 740	341.4	443	7 860	6.2	Clusters of cases
Republic of Korea	2 682	89 674	174.9	46	1 603	3.1	Clusters of cases
Mongolia	280	2 866	87.4	0	2	0.1	Clusters of cases
Cambodia	272	805	4.8	0	0	0.0	Sporadic cases
Papua New Guinea	246	1 275	14.3	2	12	0.1	Community transmission
China	209	101 878	6.9	1	4 843	0.3	Clusters of cases
Singapore	67	59 925	1 024.3	0	29	0.5	Sporadic cases
Viet Nam	64	2 432	2.5	0	35	0.0	Clusters of cases
Australia	45	28 965	113.6	0	909	3.6	Clusters of cases
New Zealand	26	2 020	41.9	0	26	0.5	Clusters of cases

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
Fiji	3	59	6.6	0	2	0.2	Sporadic cases
Brunei Darussalam	1	186	42.5	0	3	0.7	Sporadic cases
Lao People's Democratic Republic	0	45	0.6	0	0	0.0	Sporadic cases
Solomon Islands	0	18	2.6	0	0	0.0	No cases
Territories[iii]							
French Polynesia	41	18 387	6 545.6	2	139	49.5	Sporadic cases
Guam	19	7 526	4 459.2	1	131	77.6	Clusters of cases
New Caledonia	3	58	20.3	0	0	0.0	Sporadic cases
Marshall Islands	0	4	6.8	0	0	0.0	No cases
Northern Mariana Islands (Commonwealth of the)	0	143	248.4	0	2	3.5	Pending
Samoa	0	4	2.0	0	0	0.0	No cases
Vanuatu	0	1	0.3	0	0	0.0	No cases
Wallis and Futuna	0	9	80.0	0	0	0.0	Sporadic cases
Global	**2 658 823**	**113 472 187**	**1 455.7**	**63 477**	**2 520 653**	**32.3**	

*See *Annex: Data, table and figure notes*

Annex 2. List of countries/territories/areas reporting variants of concern as of 2 March 2021**

Country/Territory/Area[i]	501Y.V2 (B.1.351)	P.1 (B.1.1.28.1)	VOC 202012/01 (B.1.1.7)
Argentina		Verified	Verified
Aruba			Verified
Australia	Verified		Verified
Austria	Verified		Verified
Bahrain			Verified
Bangladesh			Verified
Barbados			Verified
Belgium	Verified	Verified	Verified
Belize			Verified
Bosnia and Herzegovina			Unverified
Botswana	Verified		
Brazil		Verified	Verified
Brunei Darussalam	Verified		
Bulgaria			Verified
Cambodia			Unverified
Canada	Verified	Verified	Verified
Cayman Islands			Verified
Chile		Verified	Verified
China	Verified	Unverified	Verified
Colombia		Verified	
Comoros	Unverified		
Costa Rica	Verified		Verified
Croatia	Unverified		Verified
Cuba	Verified		
Curaçao			Verified
Cyprus			Verified
Czechia	Unverified		Verified
Democratic Republic of the Congo			Unverified

Denmark	Verified		Verified
Dominican Republic			Verified
Ecuador			Verified
Estonia	Unverified		Verified
Faroe Islands		Verified	
Finland	Verified	Verified	Verified
France	Verified	Verified	Verified
French Guiana		Verified	Verified
French Polynesia			Verified
Gambia	Verified		Verified
Georgia			Verified
Germany	Verified	Verified	Verified
Ghana	Verified		Unverified
Gibraltar			Unverified
Greece	Verified		Verified
Guadeloupe			Verified
Hungary	Unverified		Verified
Iceland			Verified
India	Verified	Verified	Verified
Indonesia			Verified
Iran (Islamic Republic of)			Verified
Iraq			Unverified
Ireland	Verified	Unverified	Verified
Israel	Verified		Verified
Italy	Unverified	Verified	Verified
Jamaica			Verified
Japan	Verified	Verified	Verified
Jordan			Verified
Kenya	Verified		
Kosovo[1]			Verified
Kuwait			Verified
Latvia			Verified
Lebanon			Verified

Libya			Verified
Liechtenstein			Verified
Lithuania			Verified
Luxembourg	Verified		Verified
Malawi	Unverified		
Malaysia			Verified
Malta	Unverified		Verified
Martinique			Verified
Mayotte	Verified		Verified
Mexico		Verified	Verified
Montenegro			Verified
Morocco			Verified
Mozambique	Verified		
Namibia	Unverified		
Nepal			Verified
Netherlands	Verified	Verified	Verified
New Zealand	Verified		Verified
Nigeria			Verified
North Macedonia			Verified
Norway	Verified		Verified
occupied Palestinian territory			Verified
Oman			Verified
Pakistan			Verified
Panama	Verified		
Peru		Verified	Verified
Philippines	Unverified		Verified
Poland	Unverified		Verified
Portugal	Verified	Unverified	Verified
Puerto Rico			Verified
Republic of Korea	Verified	Verified	Verified
Réunion	Verified	Verified	Verified

Romania			Verified
Russian Federation			Verified
Saint Barthélemy			Verified
Saint Lucia			Verified
Saint Martin			Verified
Saudi Arabia			Verified
Senegal			Unverified
Serbia			Verified
Singapore			Verified
Slovakia			Verified
Slovenia	Verified		Verified
South Africa	Verified		Unverified
Spain	Verified	Verified	Verified
Sri Lanka			Verified
Sweden	Verified	Unverified	Verified
Switzerland	Verified	Unverified	Verified
Thailand	Verified		Verified
The United Kingdom	Verified	Verified	Verified
Trinidad and Tobago			Verified
Turkey	Unverified	Unverified	Verified
United Arab Emirates	Verified	Verified	Verified
United Republic of Tanzania	Unverified		
United States of America	Verified	Verified	Verified
Uruguay			Verified
Uzbekistan			Verified
Viet Nam	Verified		Verified
Zambia	Verified		
Zimbabwe	Unverified		

**See *Annex : Data, table and figure notes*

Annex 3. Data, table and figure notes

Data presented are based on official laboratory-confirmed COVID-19 case 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 incidence, and variable delays to reflecting these data at 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. Due to public health authorities conducting data reconciliation exercises which remove large numbers of cases or deaths from their total counts, negative numbers may be displayed in the new cases/deaths columns as appropriate. When additional details become available that allow the subtractions to be suitably apportioned to previous days, graphics will be updated accordingly. A record of historic data adjustment made is available upon request by emailing epi-data-support@who.int. Please specify the country(ies) of interest, time period(s), 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. Global totals include 745 cases and 13 deaths reported from international conveyances.

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.

[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, number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

[i] Excludes countries, territories, and areas that have never reported a confirmed COVID-19 case (Annex 1), or the detection of a variant of concern (Annex 2).

[ii] Transmission classification is based on a process of country/territory/area self-reporting. Classifications are reviewed on a weekly basis and may be revised as new information becomes available. Differing degrees of transmission may be present within countries/territories/areas. For further information, please see: Considerations for implementing and adjusting public health and social measures in the context of COVID-19:

- No (active) cases: No new cases detected for at least 28 days (two times the maximum incubation period), in the presence of a robust surveillance system. This implies a near-zero risk of infection for the general population.
- Imported / Sporadic cases: Cases detected in the past 14 days are all imported, sporadic (e.g., laboratory acquired or zoonotic) or are all linked to imported/sporadic cases, and there are no clear signals of further locally acquired transmission. This implies minimal risk of infection for the general population.
- Clusters of cases: Cases detected in the past 14 days are predominantly limited to well-defined clusters that

are not directly linked to imported cases, but which are all linked by time, geographic location and common exposures. It is assumed that there are a number of unidentified cases in the area. This implies a low risk of infection to others in the wider community if exposure to these clusters is avoided.

- Community transmission: Which encompasses a range of levels from low to very high incidence, as described below and informed by a series of indicators described in the aforementioned guidance. As these subcategorization are not currently collated at the global level, but rather intended for use by national and sub-national public health authorities for local decision-making, community transmission has not been disaggregated in this information product.
    - CT1: Low incidence of locally acquired, widely dispersed cases detected in the past 14 days, with many of the cases not linked to specific clusters; transmission may be focused in certain population sub-groups. Low risk of infection for the general population.
    - CT2: Moderate incidence of locally acquired, widely dispersed cases detected in the past 14 days; transmission less focused in certain population sub-groups. Moderate risk of infection for the general population.
    - CT3: High incidence of locally acquired, widely dispersed cases in the past 14 days; transmission widespread and not focused in population sub-groups. High risk of infection for the general population.
    - CT4: Very high incidence of locally acquired, widely dispersed cases in the past 14 days. Very high risk of infection for the general population.
- Pending: transmission classification has not been reported to WHO.

[iii] "Territories" include territories, areas, overseas dependencies and other jurisdictions of similar status.