

COVID-19 Weekly Epidemiological Update

Edition 117 published 9 November 2022

In this edition:

- [Global overview](#)
- [SARS-CoV-2 variants of concern and Omicron subvariants under monitoring](#)
- [WHO regional overviews](#)

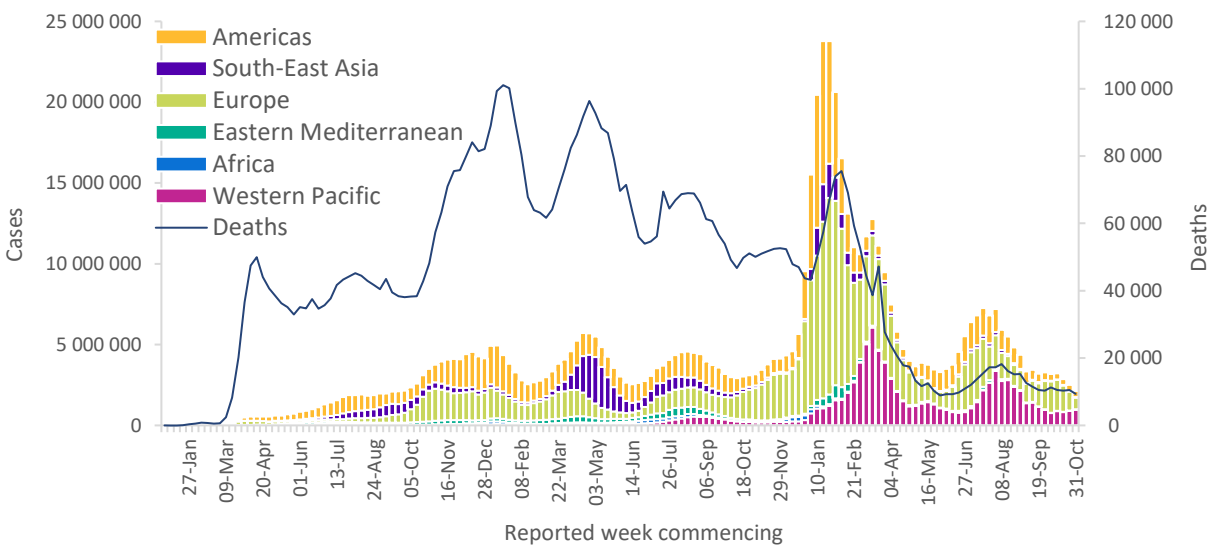
Global overview

Data as of 6 November 2022

Globally, the number of new weekly cases decreased by 15% during the week of 31 October to 6 November 2022 as compared to the previous week, with over 2.1 million new cases reported (Figure 1, Table 1). The true number of incident cases is an underestimate due to a decline in testing globally. The number of new weekly deaths decreased by 10% as compared to the previous week, with over 9400 fatalities reported. As of 6 November 2022, over 629 million confirmed cases and over 6.5 million deaths have been reported globally.

At the regional level, the number of newly reported weekly cases decreased or remained stable across four of the six WHO regions: the European Region (-39%), the African Region (-18%), the Eastern Mediterranean Region (-11%) and the Region of the Americas (-3%); while case numbers increased in the South-East Asia Region (+28%) and the Western Pacific Region (+10%). The number of new weekly deaths decreased or remained stable across four regions: the European Region (-40%), the Region of the Americas (-21%), the Eastern Mediterranean Region (-14%) and the African Region (-4%); while the number of deaths increased in the South-East Asia Region (+535%: mainly due to batch reporting from India) and the Western Pacific Region (+8%).

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 6 November 2022**



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

At the country level, the highest numbers of new weekly cases were reported from Japan (401 693 new cases; +42%), the Republic of Korea (299 440 new cases; +24%), the United States of America (266 104 new cases; +5%), Germany (224 099 new cases; -40%) and China (219 102 new cases; -15%). The highest numbers of new weekly deaths were reported from the United States of America (2480 new deaths; -20%), India (1484 new deaths; +2598% mainly due to batch reporting), China (539 new deaths; +10%), the Russian Federation (484 new deaths; -15%) and France (404 new deaths; -20%).

Current trends in reported COVID-19 cases and deaths should be interpreted with caution as several countries have been progressively changing COVID-19 testing strategies, resulting in lower overall numbers of tests performed and consequently lower numbers of cases detected. Additionally, data from previous weeks are continuously updated to retrospectively incorporate changes in reported COVID-19 cases and deaths made by countries.

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 6 November 2022**

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 (%)
Western Pacific	982 894 (46%)	10%	94 465 896 (15%)	1 441 (15%)	8%	277 104 (4%)
Europe	716 902 (34%)	-39%	261 741 931 (42%)	2 679 (28%)	-40%	2 120 684 (32%)
Americas	372 002 (17%)	-3%	180 398 904 (29%)	3 407 (36%)	-21%	2 858 945 (43%)
South-East Asia	43 653 (2%)	28%	60 488 431 (10%)	1 766 (19%)	535%	800 504 (12%)
Eastern Mediterranean	12 088 (1%)	-11%	23 163 578 (4%)	57 (1%)	-14%	348 744 (5%)
Africa	4 906 (<1%)	-18%	9 368 447 (1%)	55 (1%)	-4%	174 799 (3%)
Global	2 132 445 (100%)	-15%	629 627 951 (100%)	9 405 (100%)	-10%	6 580 793 (100%)

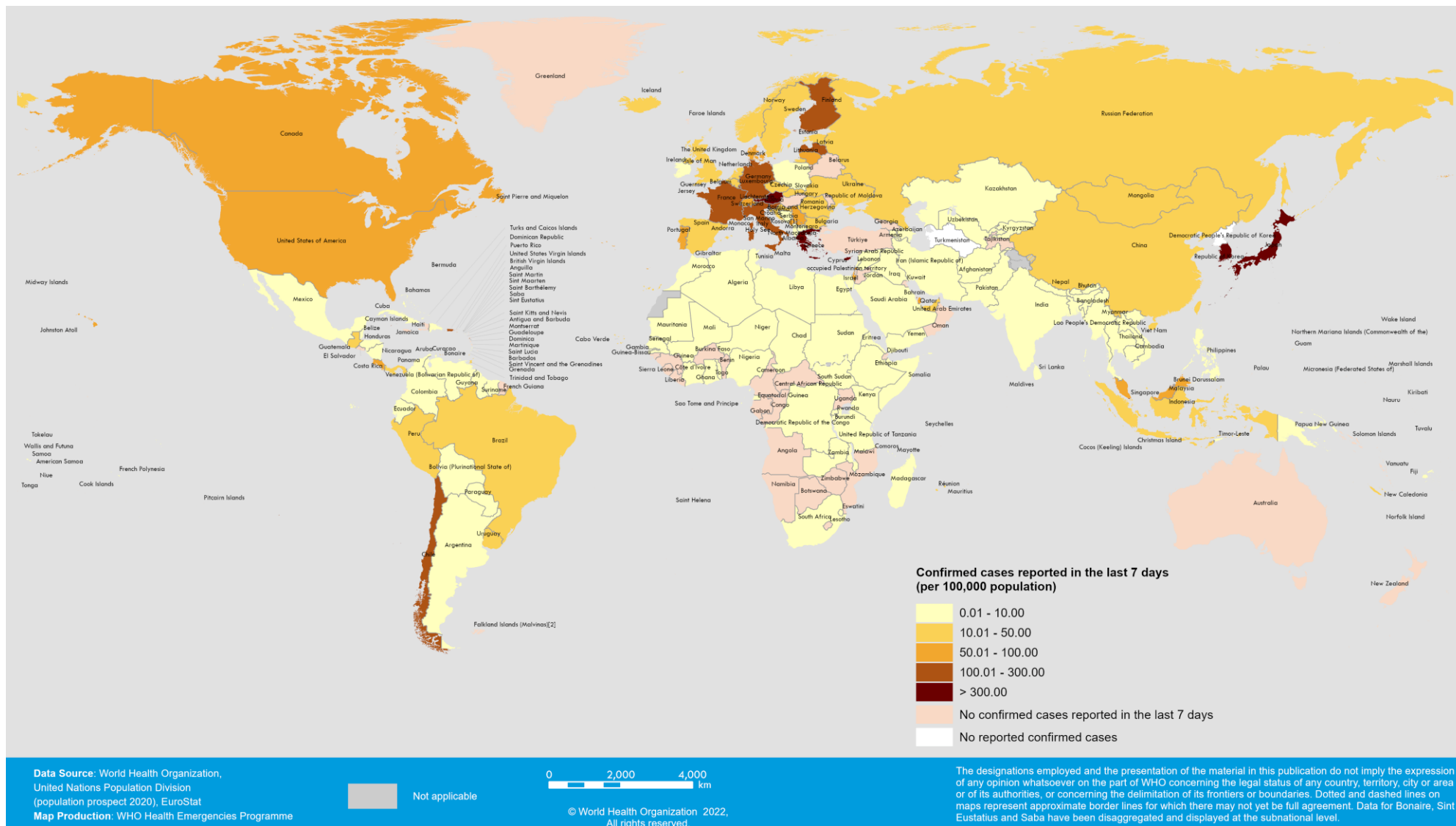
*Percent change in the number of newly confirmed cases/deaths in the past seven days, compared to seven days prior. Data from previous weeks are updated continuously with adjustments received from countries.

**See Annex 1: Data, table, and figure notes

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

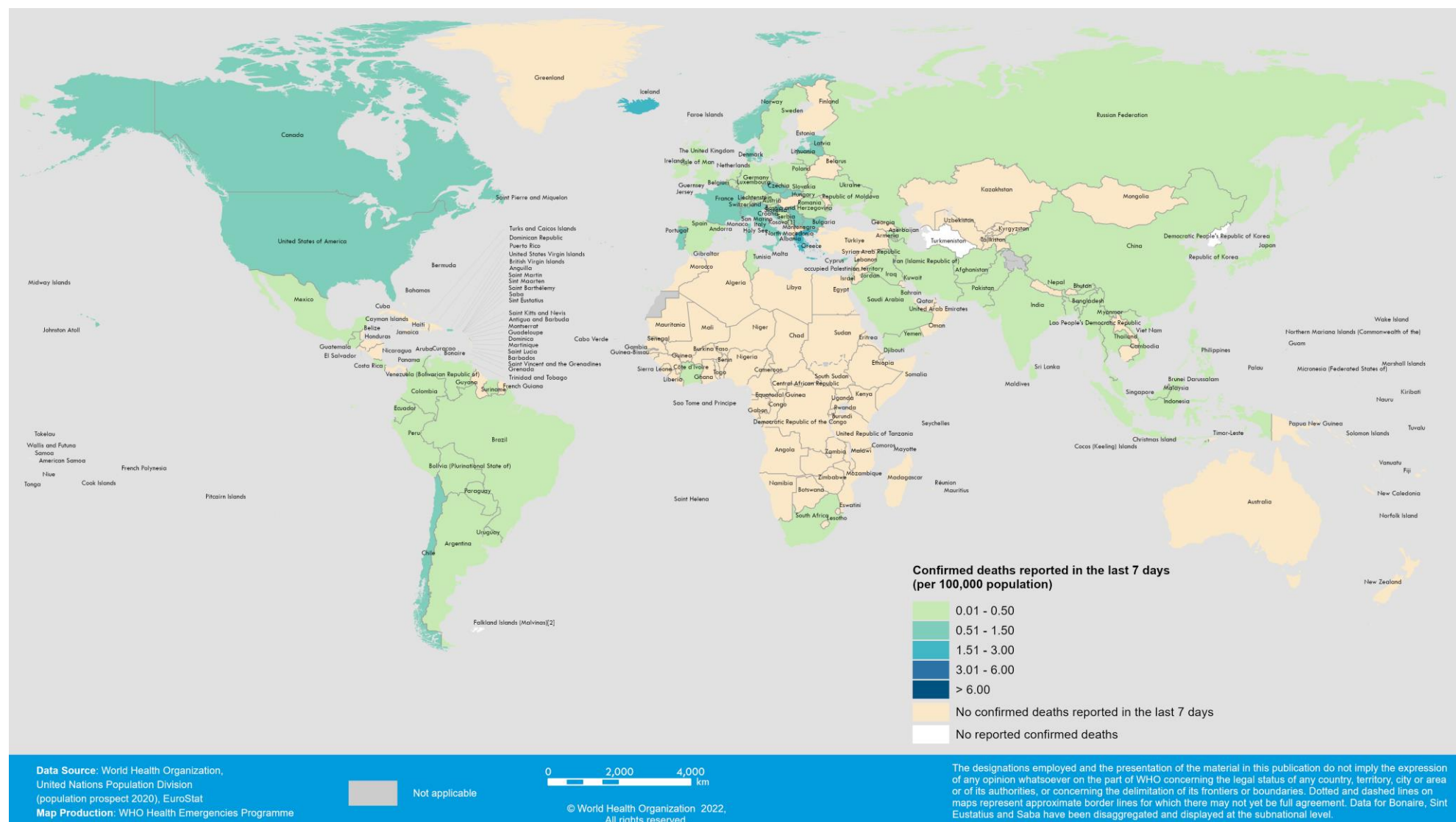
- [WHO COVID-19 Dashboard](#)
- [WHO COVID-19 Weekly Operational Update and previous editions of the Weekly Epidemiological Update](#)
- [WHO COVID-19 detailed surveillance data dashboard](#)
- [WHO COVID-19 policy briefs](#)

Figure 2. COVID-19 cases per 100 000 population reported by countries, territories and areas, 31 October – 6 November 2022*



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

Figure 3. COVID-19 deaths per 100 000 population reported by countries, territories and areas, 31 October – 6 November 2022**



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

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

Geographic spread and prevalence of VOCs

Globally, from 7 October to 7 November 2022, 114 781 SARS-CoV-2 sequences were shared through GISAID. Among these, 114 340 sequences were the Omicron variant of concern (VOC), accounting for 99.6% of sequences reported globally in the past 30 days.

During epidemiological week 42 (17 to 23 October 2022), among Omicron sister lineages, BA.5 and its descendent lineages continued to be dominant globally, accounting for 74.5% of sequences submitted to GISAID. A comparison of sequences submitted to GISAID during week 41 (10 to 16 October 2022) to week 42 shows a rise in sequence prevalence from 5.8% to 7.3% for BA.2 and its descendent lineages, while BA.4 descendent lineages declined slightly from 5.2% to 4.1%. Unassigned sequences (presumed to be Omicron) account for 11.9% of sequences submitted to GISAID as of week 42.

The global variant circulation indicates a replacement of previously dominating BA.5 descendent lineages by the most recently emerging variants BQ.1 and BA.5 + R346X. Among the variants under monitoring and during week 42 as compared to week 41, BQ.1 (BA.5.3.1.1.1.1) and its descendent lineages and BA.5 + R346X are the lineages that have had the largest increases. BQ.1 rose from 9.4% to 13.4%. BA.5 with additional mutations (R346X, K444X, V445X, N450D and/or N460X) rose from 20.8% to 22.9%, mainly due to BA.5 + R346X. BA.2.75 showed a rise in sequence prevalence from 3.5% to 4.3%. XBB and its descendent lineages rose from 1.1% to 2.0%. BA.2.3.20 is rising slowly, with a prevalence of <1%.

WHO will continue to closely monitor the XBB and BQ.1 lineages as part of Omicron and requests countries to continue to be vigilant, to monitor and report sequences, as well as to conduct independent and comparative analyses of the different Omicron sublineages. The TAG-VE is working to improve variant risk assessment and work towards more quantitative indicators that can be used for such assessment.

Additional resources

- [Tracking SARS-CoV-2 Variants](#)
- [TAG-VE statement on Omicron sublineages BQ.1 and XBB](#)
- [COVID-19 new variants: Knowledge gaps and research](#)
- [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](#)

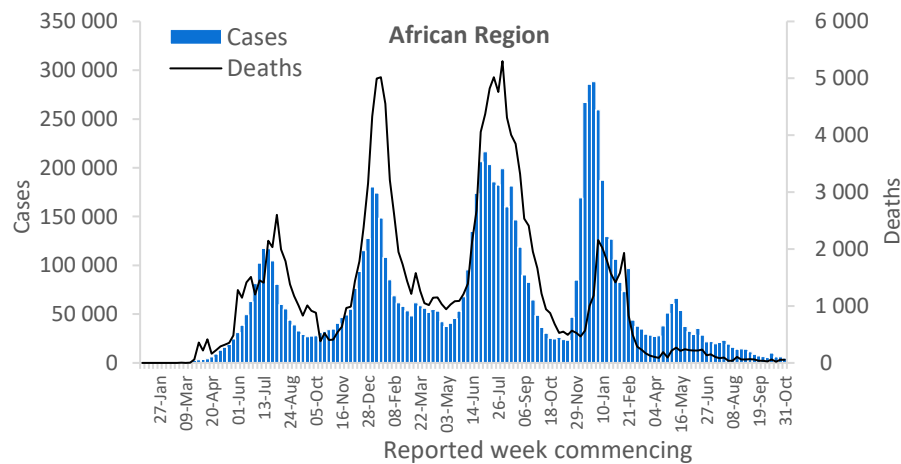
WHO regional overviews:

Epidemiological week 31 October – 6 November 2022

African Region

The African Region reported over 4900 new cases, an 18% decrease as compared to the previous week. Eight (16%) 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 Burundi (47 vs 18 new cases; +161%), the Democratic Republic of the Congo (133 vs 59 new cases; +125%) and Eswatini (60 vs 32 new cases; +88%). The highest numbers of new cases were reported from South Africa (1993 new cases; 3.4 new cases per 100 000; -16%), Kenya (593 new cases; 1.1 new cases per 100 000; +80%) and South Sudan (545 new cases; 4.9 new cases per 100 000; no cases reported the previous week).

The number of new weekly deaths in the region decreased by 4% as compared to the previous week, with 55 new deaths reported. The highest numbers of new deaths were reported from South Africa (52 new deaths; <1 new death per 100 000; -4%), Côte d'Ivoire (two new deaths; <1 new death per 100 000; no deaths reported the previous week) and Mauritius (one new death; <1 new death per 100 000; no deaths reported the previous week).

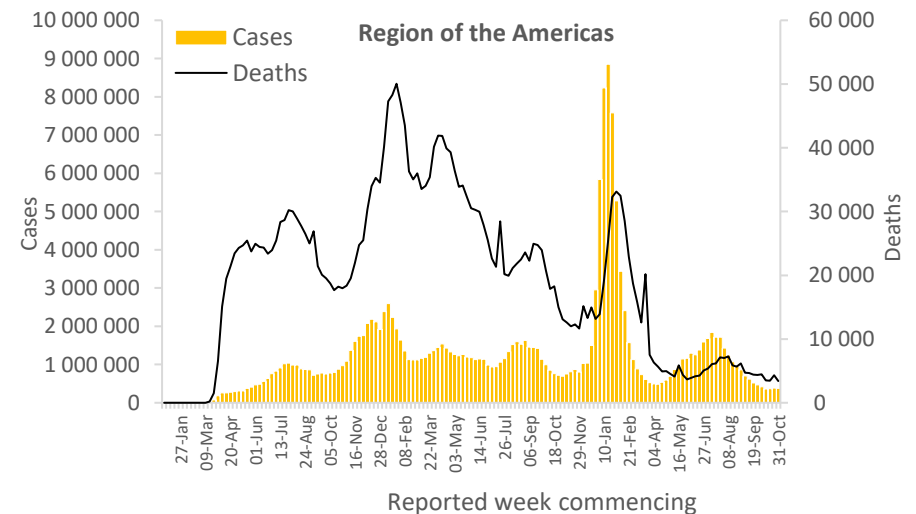


Updates from the [African Region](#)

Region of the Americas

The Region of the Americas reported over 372 000 new cases, a 3% decrease as compared to the previous week. 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 Saint Lucia (15 vs three new cases; +400%), Peru (5615 vs 2317 new cases; +142%) and Ecuador (910 vs 482 new cases; +89%). The highest numbers of new cases were reported from the United States of America (266 104 new cases; 80.4 new cases per 100 000; +5%), Chile (35 423 new cases; 185.3 new cases per 100 000; -15%) and Brazil (26 836 new cases; 12.6 new cases per 100 000; -35%).

The number of new weekly deaths in the region decreased by 21% as compared to the previous week, with 3407 new deaths reported. The highest numbers of new deaths were reported from the United States of America (2480 new deaths; <1 new death per 100 000; -20%), Canada (293 new deaths; <1 new death per 100 000; -8%) and Brazil (252 new deaths; <1 new death per 100 000; -54%).

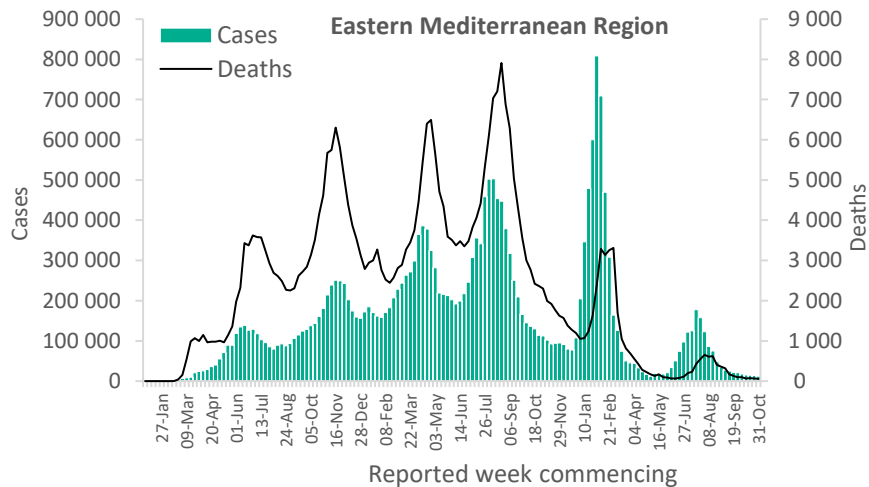


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 12 000 new cases, an 11% decrease as compared to the previous week. Five (23%) 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 (441 vs 108 new cases; +308%), Morocco (393 vs 190 new cases; +107%) and Libya (17 vs 10 new cases; +70%). The highest numbers of new cases were reported from Qatar (2702 new cases; 93.8 new cases per 100 000; -15%), the United Arab Emirates (2067 new cases; 20.9 new cases per 100 000; -8%) and Bahrain (2029 new cases; 119.2 new cases per 100 000; -5%).

The number of new weekly deaths in the region decreased by 14% as compared to the previous week, with 57 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (21 new deaths; <1 new death per 100 000; -25%), Saudi Arabia (12 new deaths; <1 new death per 100 000; -8%) and Lebanon (eight new deaths; <1 new death per 100 000; +33%).

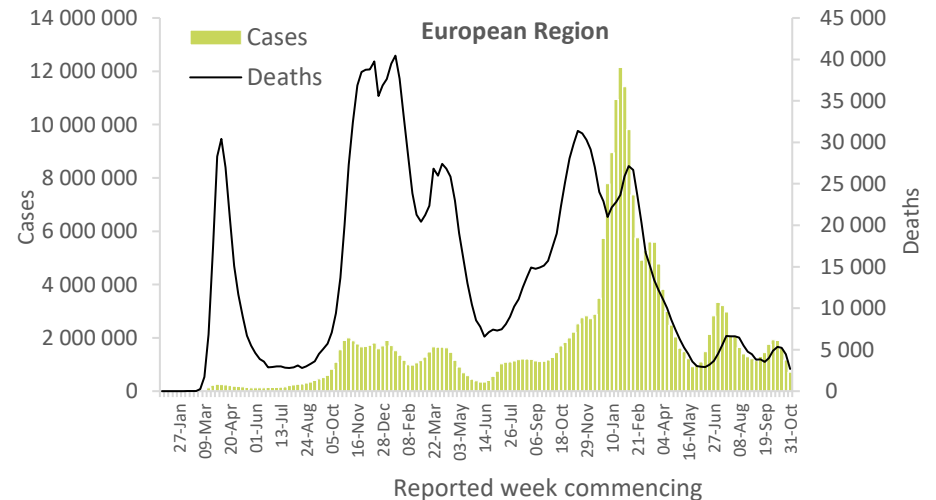


Updates from the [Eastern Mediterranean Region](#)

European Region

The European Region reported just under 717 000 new cases, a 39% decrease as compared to the previous week. Two (3%) 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 Uzbekistan (189 vs 139 new cases; +36%), and Cyprus (3544 vs 2821 new cases; +26%). The highest numbers of new cases were reported from Germany (224 099 new cases; 269.5 new cases per 100 000; -40%), France (126 497 new cases; 194.5 new cases per 100 000; -44%), and Italy (110 988 new cases; 186.1 new cases per 100 000; -47%).

The number of new weekly deaths in the region decreased by 40% as compared to the previous week, with 2679 new deaths reported. The highest numbers of new deaths were reported from the Russian Federation (484 new deaths; <1 new death per 100 000; -15%), France (404 new deaths; <1 new death per 100 000; -20%), and Italy (335 new deaths; <1 new death per 100 000; -40%).

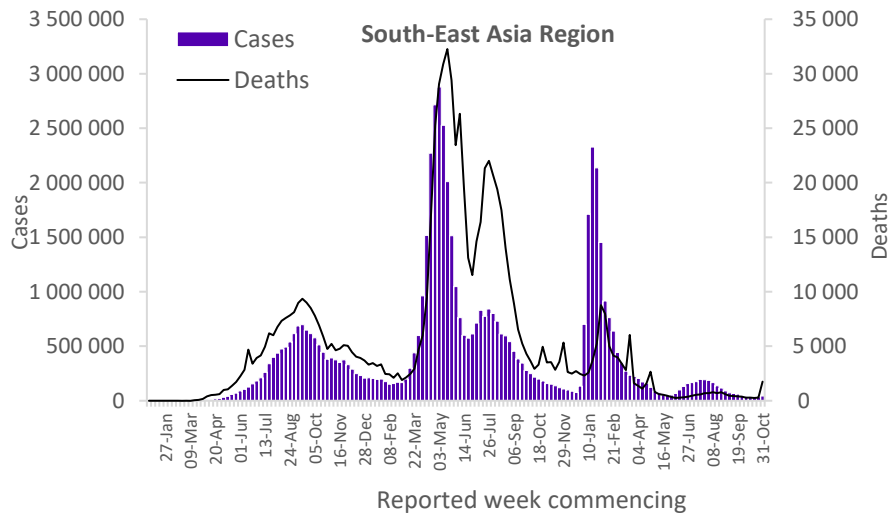


Updates from the [European Region](#)

South-East Asia Region

The South-East Asia Region reported over 43 000 new cases, a 28% increase as compared to the previous week. Four (40%) of the 10 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Sri Lanka (258 vs 76 new cases; +239%), Timor-Leste (four vs two new cases; +100%) and Nepal (184 vs 95 new cases; +94%). The highest numbers of new cases were reported from Indonesia (30 670 new cases; 11.2 new cases per 100 000; +56%), India (8313 new cases; <1 new case per 100 000; -13%) and Thailand (2759 new cases; 4.0 new cases per 100 000; +8%).

The number of new weekly deaths in the region increased by 535% as compared to the previous week, with 1766 new deaths reported. The highest numbers of new deaths were reported from India (1484 new deaths; <1 new death per 100 000; +2598%), Indonesia (232 new deaths; <1 new death per 100 000; +38%) and Thailand (40 new deaths; <1 new death per 100 000; +21%).

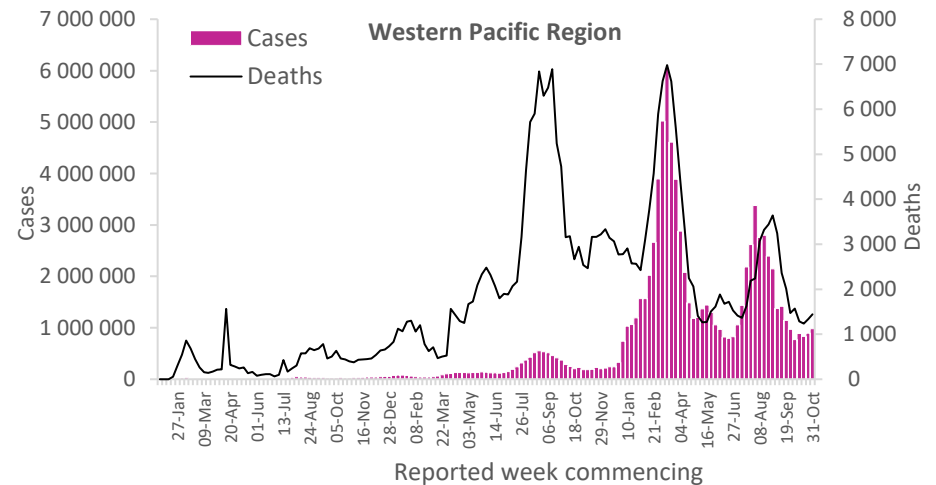


Updates from the [South-East Asia Region](#)

Western Pacific Region

The Western Pacific Region reported over 982 000 new cases, a 10% increase as compared to the previous week. Six (18%) of the 34 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Cambodia (11 vs six new cases; +83%), Mongolia (829 vs 492 new cases; +69%) and Malaysia (26 783 vs 16 750 new cases; +60%). The highest numbers of new cases were reported from Japan (401 693 new cases; 317.6 new cases per 100 000; +42%), the Republic of Korea (299 440 new cases; 584.1 new cases per 100 000; +24%) and China (219 102 new cases; 14.9 new cases per 100 000; -15%).

The number of new weekly deaths in the region increased by 8% as compared to the previous week, with 1441 new deaths reported. The highest numbers of new deaths were reported from China (539 new deaths; <1 new death per 100 000; +10%), Japan (391 new deaths; <1 new death per 100 000; +8%), and the Philippines (258 new deaths; <1 new death per 100 000; +2%).



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 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 is 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 webpage](#). 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.